Head of School Mid-Year Quality Report Sep 2025 – Feb 2026

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Introduction & Purpose

The Mid-Year Quality Report covers the reporting period 1 Sep 2025 – 28 Feb 2026. 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.

MY-AFF helps to identifies areas of challenge across the different regions as they occur and the actions HoSs are taking to address them. 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.

The feedback collated in this report will continue to inform where additional advocacy and College support may be required along with comments and responses from the relevant college Board, including:

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

The Mid-Year Quality Report will be signed off as part of the Training and Quality Board Meeting held in May 2026.

A huge thank you to all members who contributed to the Mid-Year Quality Review process. The College will circulate the 2025-2026 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 2025 – Aug 2026.

Activity and feedback form compliance

All HoSs were sent a Mid-Year Activity and Feedback Form (MY-AFF) in Jan 2026 and were given 8 weeks to submit their responses. 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 2025. It is also a helpful opportunity to establish where additional College support may be required.

14 out of the 18 HoSs completed the MY-AFF (77.8%), which reflects higher engagement as compared to last years Mid year review, which had 12 out of 18 HoS completing the review. The below table illustrates how engagement with the quality reporting process compares across the Annual and Mid-Year reporting points for each HoS:

HoS region	2024-2025: MY-AFF Engagement (Sep 2024-Feb 2025) Survey open Jan - Feb 2025	2024-2025: AFF Engagement (Sep 2024 - Aug 2025) Survey open July-mid Sep 2025	2025-2026: MY-AFF Engagement (Sep 2025-Feb 2026) Survey open Jan - Feb 2026
Wessex	Feedback submitted	Feedback submitted	Feedback submitted
Northern (North-East England)	No feedback submitted	Feedback submitted	Feedback submitted
Thames Valley	No feedback submitted	Feedback submitted	Feedback submitted
London	No feedback submitted	Feedback submitted	Feedback submitted
East of England	No feedback submitted	Feedback submitted	No feedback submitted
West of Scotland	Feedback submitted	Feedback submitted	No feedback submitted
Yorkshire and Humber	Feedback submitted	Feedback submitted	Feedback submitted
North-West	Feedback submitted	Feedback submitted	Feedback submitted
East Midlands	Feedback submitted	No feedback submitted	Feedback submitted
East of Scotland	Feedback submitted	Feedback submitted	Feedback submitted
North of Scotland	Feedback submitted	Feedback submitted	Feedback submitted
Wales	Feedback submitted	Feedback submitted	Feedback submitted
Northern Ireland	No feedback submitted	Feedback submitted	No feedback submitted
South-West (Peninsula)	Feedback submitted	No feedback submitted	Feedback submitted
West Midlands	Feedback submitted	Feedback submitted	Feedback submitted
South-West (Severn)	Feedback submitted	Feedback submitted	Feedback submitted
KSS	No feedback submitted	No feedback submitted	Feedback submitted
Southeast Scotland	Feedback submitted	Feedback submitted	No feedback submitted
AFF Compliance rate %	66.66%	83.33%	77.77%
AFF Compliance rate	12/18	15/18	14/18

Section 1: Local Action Plans

1.1 Update on 2025/2026 Local Action Plans

The following actions were identified and logged as part of the 2024-2025 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 May meeting.

HoS	2025-2026 Local Action Plan (who is responsible & Deadline)	Update provided by HoS	Action Status
Wessex (Sumit Bokhandi)	1. Continue to evolve the process of longitudinal supervision. (HoS and TPD, Date to be completed: 30/9/25) (carry	1. All ST1s recruited to programme over past 3 years have now been allotted longitudinal ES. All those undertaking SPIN modules will keep their SPIN supervisors as ES. All	In progress

	forward from 2024/25 Action plan)	subspecialty residents already had longitudinal ES in place. The process of allocating longitudinal ES will need continue over the next 2-3 years before we can complete the process. The allocation is now done centrally by Dr. Bevington (TPD) and the deanery programme management team. The date of completion would therefore need to be changed to Sep 2028.	
	2. Restructure the training numbers at each ST year in line with Progress+ (HoS, TPD's, NHSE, Date to be completed: 30/9/2028) (carry forward from 2024/25 Action plan)	2. All ST3s who step up to middle grade roles would need to have done at least 6 months of tertiary level neonates. This process has been facilitated by getting agreement from University Hospitals Southampton to train 2 more residents every 6 months through Trust-funded ST3 training posts.	In progress
	3. Align the ARCP process for paeds in Wessex to the RCPCH recommendations, particularly with regard to gateways and acceleration processes. (HoS, Date to be completed: July 2027)	3. Work in progress- HoS is in consultation with local associate deans to outline a policy/SoP re: frequency of ARCP and acceleration	In progress
Northern (North-East England) (filled by John Williams, deputy HoS, HoS – Emma Riley)	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:	1. Although the Northeast is still involved and supporting recruitment this year we are not leading it which has felt appropriate given we have led on this for a few years now. A rotational basis for this moving forward seems the fairest outcome.	Completed

	30/5/2025) (carry forward from 2024/25 Action plan)		
	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) (carry forward from 2024/25 Action plan)	2. There have been some sessions planned for supervisors but there have been significant gaps in terms of sickness/planned leave within the TPD network, particularly relating to mentoring. There is ongoing work aligned with ED&I that means we are up to date with statistics relating to differential attainment in the region (positive improvements made) and will continue to monitor this. Drop-in sessions with TPDs/head + deputy head of school have been initiated to try to bridge some gaps if there are supporting trainee discussions that need to be had above and beyond that which is provided by supervisors/college tutors.	In progress
	3. Team development - team leadership training and analysis planned. Aim to build resilience with team and strengthen working relationships further. (HoS, Date to be completed: Dec 2025)	3. Useful day as a team with group dynamics analysed and roles adjusted slightly accordingly. Follow up session arranged to check progress, but team have maintained momentum of their own accord. Useful exercise to understand strengths of rest of team which were not always as predicted.	Completed
	4. Focus on trainees moving into the region and supporting them to settle during Internal deanery transfer - (HoS,	4. Support link has had role extended and is very good with a high level of experience in this role now. A few IDTs this year have had support and one combined	In progress

	Date to be completed: Dec 2025) *Additional actions that the region is working on that were not included in Sep 2025-Aug 2026 action plan* 1. Streamlining process around assigning placement locations	IDT and return from maternity leave and was provided with support well for this. Team have discussed using one of the drop-in sessions to meet any of these IDT trainees and establish a baseline for mutual understanding of differences/similarities from previous deanery and any additional needs they may express. 1. Managing expectations around placement locations. It had been suggested we were outliers in terms of trying to accommodate a lot of social requests as part of the placement planning process. It would appear other schools in the deanery do this less and it was highlighted that while we are trying to be helpful it is hard to be entirely objective about choosing which social "need" is more valid than another. Therefore, a guide for trainees as to how we prioritise requests is being finalised and will be circulated. The main message will be that consideration will be prioritised for training needs with trainees that are in their period of grace will be given last consideration when it comes to placement choices.	
Thames Valley	1. Have clearer criteria for OOP applicants locally	1. 6-month notice required	Completed

(Geetha Anand)	given the increasing number of applicants. - (HoS and TPD, Date to be completed: Summer 2026) 2. Rheumatology subspecialty training post to commence - (HoS and TPD, Date to be completed: Summer 2026) 3. To further develop the Cardiology SPIN pathway - (HoS and TPD, Date to be completed: Summer 2026)Required to answer. Single choice.	2. Post approved and started 3. Need to work on making it easy for trainees to get a surgical placement	Completed In progress
London (Atefa Hossain)	1. Renew TPD team (TPD, Date to be completed: 31/3/2025) (carry forward from 2024/25 Action plan) 2. Complete school projects (TPD, Date to be completed: 31/3/2025) (carry forward from 2024/25 Action plan) 3. Support for trainers supervising resident doctors with neurodivergence. (LSP HoS/TPD, Date to be completed: August 2026)	1. TPD's have been re-appointed, and contracts given until March 2027. We have also created an ST3 TPD role to support with transition from Tier 1 to Tier 2. 2. Ongoing projects to broaden access to regional simulation training and enhance local simulation training programmes. 3. TPD's have had training from PG systems dean on supporting residents with neurodivergence. We discussed how we may support residents who are noted to have neurodivergent characteristics from evidence on e-portfolio at ARCP (MSF, ESTR, exam failure, poor engagement with e-portfolio) and offer support. Online training scheduled to be delivered to ESs across	Completed In progress In progress

	4. Continue to improve ARCP processes (LSP HoS/TPD, Date to be completed: August 2026)Required to answer. Single choice.	the region in the next few months. 4. With over 250 ARCP's in Winter, and over 850 ARCP's in Summer we are starting to see improvements in our ARCP processes. We have appointed a TPD to oversee ARCP's. Sadly we have lost HET officers due to NHSE restructuring. We now have 1.5 HET officers to support a school that oversees training for >1000 residents.	In progress
East of England (Shazia Hoodbhoy)	1. HoS to step down as completed 6 years and hand over to successor. (Deanery, Date to be completed: August 2026) 2. Streamline RTT process. (SuPPoRTT TPD, Date to be completed: March 2026) 3. Work closely with the team working on developing training at the Cambridge Children's Hospital. (TBC person to complete, Date to be completed: August 2027) 4. Develop more SPIN rotations, dependent on speciality placements being available at Addenbrookes (person to complete and Date to be completed: TBC) 5. Update Website (person to complete and date to be completed: TBC) 6. Blended Learning -set up platform and upload teaching packages (TPD for Blended Learning,	Mid-Year AFF 2025/26 not submitted	

	Date to be completed: December 2026) 7. Expand SiM training in the region (SIM and Curriculum TPDs, Date to be completed: September 2026) 8. Develop and Establish mentoring for Residents (Mentoring TPD, Date to be completed: TBC) 9. Pilot both arms the new MRCPCH Clinical exam - Work place based clinical skills assessment and Clinical Exam (Previous HoS Dr Nanduri, Date to be completed: TBC)		
West of Scotland (Chris Lilley)	1. Migration of WOS PG Cert Paediatrics to Scotland wide regional training for level 1(Lead and completion date not identified, please enlist in comments below) (carry forward from 2024/25 Action plan) 2. Allocation of trainee uplift for Scotland to regions following annual submission to transitions group. (Lead and completion date not identified, please enlist in comments below) (carry forward from 2024/25 Action plan) 3. Survey of efficacy of Scotland wide programme changes in support of progress plus. (Lead and completion date not identified, please enlist in comments below) (carry	Mid-Year AFF 2025/26 not submitted	

	forward from 2024/25 Action plan) 4. Subspecialty coordination for Scotland (Lead and completion date not identified, please enlist in comments below) (carry forward from 2024/25 Action plan) 5. Review of essential courses to inform study budget. (Specialty training committee, Date to be completed: December 2025) 6. Ongoing support for changes to programmes because of progress plus and the move to a 7-year programme. Annual review to scope the possible impact on CCT holders and ST1 recruitment (Specialty training Board, Date to be completed: December 2025)		
Yorkshire and the Humber (Kay Tyerman and Chakra Vasudevan [deputy HoS])	1. Improve feedback to PGDiTs (School and RCPCH, Date to be completed: 30/9/2025) (carry forward from 2024/25 Action plan) 2. Contribution to recruitment board alongside Northern and Northwest Deanery to improve number of volunteers for ST1 national shortlisting and interviews. (Faculty, Date	1. Feedback now included in CS Induction form on portfolio. Delivery of Training to Educators across region supported by School. Ongoing Informal visits to meet trainers and PDiT in local hospitals. 2. 3 x TPDs from Y&H leading on delivery of 2 out of 3 recruitment days.	Completed Completed

	to be completed: August 2026)		
Northwest (Guy Makin)	1. 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. (Lead and completion date not identified, (carry forward from 2024/25 Action plan)	1. As a school we have asked all host trusts to identify opportunities to provide training in mental health and in care of 18–24-year-olds. This work has progressed well in some host trusts and is less developed in others. We continue to work with our College Tutors to improve these opportunities. There is no end date for this, it will be an ongoing year on year objective of the school. Responsibility rests with the school executive.	In progress
	2. Provide resident doctors with minimum rotations of posts that will mean less disruption. (School executive, ongoing action no end date) (carry forward from 2024/25 Action plan)	2. We have created a rotation based in Lancashire and advertised this separately to the remaining GM&L and C&M rotations. We will review how attractive this has been to ST1 applicants, and review RD's feelings about the rotation over the next 3 years. We are looking at linking other posts in a similar way. There is no end date for this, it will be an ongoing year on year objective of the school.	In progress
	3. Identify steps to collaborate more effectively with ANPs/ACPs and PAs working in paediatrics to share teaching resource and mutual learning (Guy Makin & Sunil Bagewadi, date to be completed: September 2026) *Additional actions that the region is working on that*	3. We are investigating whether the training needs of ANPs and ACPs in paediatrics and neonates overlap with those of our RDs, and if so whether our existing training programme for RDs can be made available to ANPs and ACPs. A similar process will be applicable to PAs.	In progress

	were not included in Sep 2025-Aug 2026 action plan 1. ARCP process improvement.	1. We continue to use a variety of approaches to try and improve the ARCP process- targeting the RDs to ensure that they are clear about timings and requirements, and the trainers, to ensure that they understand what is needed as an ES and as an ARCP panel member.	
East Midlands (Joe Fawkes)	1. Continue to run Effective Educational Supervision courses (Lizzie Starkey - DHoS, Date to be completed: 31/12/2025) (carry forward from 2024/25 Action plan)	1. We have successfully run RCPCH EES courses and have more planned. Approximately 50-55 people have been trained on each course. We have collaborated with RCPCH and NHSE to continue these courses and included funding in our annual budget.	Completed
	2. Inform trainees about process of requesting reasonable adjustment at the start of training (TPDs, Date to be completed: 31/12/2025) (carry forward from 2024/25 Action plan)	2. This was discussed in our annual School of Paediatrics conference and information about support processes are available through our School website.	Completed
	3. To strengthen links with and support our local medical school paediatric societies. (Lead and completion date not identified, please enlist in comments below) (carry forward from 2024/25 Action plan)	3. A presentation on paediatric careers was given to the inaugural Leicester Medical School Paediatric Society conference. We have offered to support their next conference. Publicity around our School of Paediatrics annual school conference was shared with Leicester and Nottingham Medical School Paediatric societies and a small number of	Completed

		medical students presented work at the conference.	
	4. Increasing our support for senior resident doctors and new consultants through **improved 'stepping Up'** support. (Lead and completion date not identified, please enlist in comments below) (carry forward from 2024/25 Action plan) *Additional actions that the region is working on that were not included in Sep 2025-Aug 2026 action plan* 1. Trainee activities	4. We have a stepping up group that helps provide advice for senior resident doctors and new consultants. We encourage recipients of ARCP outcome 6s to get a consultant mentor. The School advises and supports senior resident doctors when they seek to get short periods of acting up experience. 1. We continue to provide subspeciality mock interviews and have involved senior trainees in this process. We will be involving our academic trainees group in the organisation of our 2026 annual conference.	In progress
East of Scotland (Joanna Chisholm)	1. Consider the need for acknowledgement of the differences between Scotland and England child protection procedures for candidates sitting START (RCPCH*, Date to be completed: Feb 2025) (carry forward from 2024/25 Action plan) *since it is RCPCH as the action lead, please let us know if we have met this action No new actions listed in the Annual AFF (2024/25) submitted	1. Unsure if this has been actioned. Have not had feedback re start from trainees recently	Completed

North of Scotland (Shyla Kishore)	1. Supporting IMGS (Lead and completion date not identified, please enlist in comments below) (carry forward from 2024/25 Action plan)	1. Planning to organise a deanery workshop.	In progress
	2. Delivery of SoT curriculum and focused training to achieve middle grade key capabilities (Lead and completion date not identified, please enlist in comments below) (carry forward from 2024/25 Action plan)	2. Consultant delivered weekly teaching, Regional study days.	In progress
	3. Faculty Development training for Trainers (HoS, Date of completion: May 2026)	3. Plan to organise some talks in the morning and some workshops in the afternoon	In progress
	4. Trainee regional study day to include updates about College (Dr Stewart Cox, ST7 trainee, Date of completion: May 2026) *Additional actions that the region is working on that were not included in Sep 2025-Aug 2026 action plan* 1. Piloting the new assessments in our region(lead and date of completion not specified)	4. Ongoing and recurring teaching schedule	In progress In progress
Wales (Gillian Body)	1. Further review of opportunities in psychological and public health (School, TPDs and trainees, Date to be completed: 31/8/2025) (carry forward from 2024/25 Action plan)	1. Currently we have one trainee aiming to complete a CAMHS SPIN (first in Wales), and we have one post in the region that we are able to use for trainees to have a specific CAMHS post. This is typically used for CCH subspecialty trainees, but general paediatric trainees	Completed

	2. Increasing CCH workforce: Utilising the CCH networks and the CSACs to look at new sites and the USP of each location. Aim to complete for Spring 26 in order to go into HEIW workforce submission (with a plan for new posts from 2027) (HoS, Date to be completed: Sporing 2026) (carry forward from 2024/25 Action plan)	have taken advantage of this. We are now working on incorporating CAMHS and public health training into our new regional teaching programme. 2. The information has been submitted to HEIW, and this will be submitted to the Welsh Assembly as part of the workforce plan. This is also the topic of discussion at the NSAG meetings.	In progress
Northern Ireland (Julie Lewis)	1. Quality Improvement project to improve attendance at regional teaching and the quality of teaching provided (Lead and completion date not identified) 2. Improve implementation of SPA time within the region (Lead and completion date not identified)	Mid-Year AFF 2025/26 not submitted	
South-West (Peninsula) (Giles Richardson)	1. Review of school structure within Peninsula to look at associated PA time for TPD's (Head of School, TPDs, Program manager, Head of Multi-professional Education management (NHSE), Date to be	1. NHSE has determined that the 2 regions within Southwest (Severn & Peninsula) will become a Single School and that this merger will commence from April 2026. There will be a single Head of School and working with them will be a	In progress

	completed: 31/10/2025) (carry forward from 2024/25 Action plan)	new team of TPDs and school management team. Discussions within the 2 schools to determine shape of new team, number of EMCs and role allocation continues.	
	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) (carry forward from 2024/25 Action plan)	2. Aligned with the design to have a Single School of Paediatrics Southwest will be a merger of other processes including Quality Assurance. A recent Quality Panel for November 2025 (actually held January 2026 as originally postponed due to Industrial Action) was held as a joint Quality Panel to review all regions within the Southwest. Lay representative Chair and TPDs completing reports. Subsequent reports and School visits required will need administrative support.	In progress
	3. Review of training placements - to be more trainee friendly and enhance resilience (Paediatric school - HoS, TPDs, Date to be completed: 31/10/2025) (carry forward from 2024/25 Action plan)	3. Aligned with move towards Single School and to be concordant with The Medical Training Review - Phase 1 diagnostic report, we continue to look at placement preferences and allocation that will include longer placements in one location and with reduced travel between different hospitals. This may be formalised through new geographies in a Single School of Paediatrics and continued work on this is expected.	In progress
		4. Discussion at School Boards and encouragement for ES	

	4. Review of regional plans for longitudinal educational supervision (Paediatric School with regional DME support, Date to be completed: 31/10/2025) (carry forward from 2024/25 Action plan)	to undertake. There remains a fundamental concern between Trusts, DMEs and ES about the allocation of funding to support longitudinal supervision which may include supervision of a trainee within a different location. Ongoing work required.	In progress
	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) (carry forward from 2024/25 Action plan)	5. Ongoing with RCPCH trainee rep - consider number and roles of volunteer resident doctors. Expressions of interest disseminated. Ongoing plan for natural turnover. Single School will lead to further clarity about required roles.	In progress
	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) (carry forward from 2024/25 Action plan)	6. Single School of Paediatrics (Southwest) will take shape from April 2026.	Completed
	Additional actions that the region is working on that were not included in Sep 2025-Aug 2026 action plan 1. Appointment of Regional Paediatric Training Fellow to oversee PaedsHub educational platform. Recruitment at end of 2026 with regional NHSE monies		

West Midlands (Sarah Ellis)	1. To understand the place of academic paediatric in West Midlands. (HoS and Dean, Date to be completed: 30/9/2025) (carry forward from 2024/25 Action plan)	1. Survey of all trusts to determine appetite to host academic RD within department - aiming to create an opt in approach rather than a last-minute begging for supernumerary post (due to funding issues of OOH component). Survey in planning stages and due to be sent and academic placements ready for Sep 26 rotations.	In progress
	2. Recruitment (funding sourced) to work alongside academic advisor to work with academics at all stages of their academic journey to promote and support RD and trusts (HoS, Date to be completed: Dec 2025)	2. New TPD for academics in place (Jan 2026) Formalised job plan to include ARCP process as academic rep and TPD clinics to career plan for academic aspirants	Completed
	3. School of Paediatrics SuppoRTT Champion – recruitment (funding sourced) to work with RD to support the SuppoRTT process at all stages (HoS, Date to be completed: Dec 2025)	3. New School of Paediatrics SupoRTT champion in post (Dec 2025). To work with TPDs and trust champions to ensure SupoRTT offered to all RD OOP. Study day planned for 'returning to work while breast feeding'. Presenting at LES annual study day to share widely the process and support available.	Completed
	4. Reinstate TPD clinics (despite lack of any NHSE admin support) for	4. New Microsoft form developed to capture data and enable sign posting to	

	both RD AND supervisors to provide career advice and an escalation pathway to ensure correct signposting and placement planning (HoS, Date to be completed: Jan 2026)	correct TPD (all TPDs to take part on rotation). Booking offer to Rd / LES - jointly or separately to ensure escalation pathway available to all for any queries. Follow up questionnaire to be sent. Data collected to be used to direct future educational events - may be too soon for March 26 LES study day Launch delayed.	In progress
	5. Revamp monthly newsletter and update School of Paediatrics website to include recordings of monthly teaching and extra resources (HoS, Date to be completed: Jan 2026)	5. More succinct newsletter developed with key messages for sharing Survey of feedback sent and responded to advise on contents - all that responded wanted it to continue! Newsletter with read receipt to ensure accessing all RD and LES - has already led to a n update on circulation list Digitisation process still ongoing Website - ongoing	In progress
	6. 2nd Annual School of Paediatric Conference – plan and host conference to provide opportunity for RD presentation of research, QI, and good practice (Deputy HoS, Date to be completed: Jan 2026)	6. 19th January 2026 - venue confirmed - booking form shared (listed on S/L course list) - abstract submissions link now closed - shortlisting in progress - external speakers arranged	In progress
	Additional actions that the region is working on that were not included in Sep 2025-Aug 2026 action plan 1. SPIN revamp	1. In West Midlands we have always allocated SPIN based	

		on RD career plans and placement availability but due to difficulty in confirming appropriate supervision we are having a revamp of process for Sep 26 start. - survey to trusts to confirm what SPINs can be provided from a facilities and education perspective (based on SPIN Curriculum) - confirm that departments can accommodate the supervisor required for SPIN (SPIN supervisor) - review trusts offerings with placement availability - SPIN TEAMS event to educate and share process and offerings for 2026/27 - local application process to include competitive interview for those over subscribed - Overseen by TPD for OOP/SPIN/subspecialty training	In progress
South-West (Severn) (Maria Tsakmakis)	1. Discussion regarding Longitudinal Supervision pilot implemented in the previous year, at next joint School board. To decide regarding full implementation from Sept 2026 (Lead and completion date not identified) *Additional actions that the region is working on that were not included in Sep 2025-Aug 2026 action plan* 1. Merger to a single school of Paediatrics	2. Completed. Not taken forward for full implementation in September 2026. Moving to a single SW school so planning for this has needed to be prioritised. 1. This will be taking effect from April 2026	Completed Completed
KSS (Catherine Wynne)	(All actions carry forward from 2024/25 Action plan as MY		

	and AFF for 2024/25 not submitted) 1. Finalise programme for regional training for academic year (TPD, Date to be completed: 30/8/2025) 2. Implement longitudinal educational supervision (HoS, Date to be completed: 30/8/2025) 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) 4. Create additional subspecialty posts suitable for experience pre-application for subspecialty training and for SPIN (HoS, Date to be completed: 30/8/2025)	1. The TPD responsible for education organises the programme throughout the year. There is a PGDiT currently doing a FPT post, creating an annual rolling programme of regional training days for ST1/2 doctors. A pilot of running the sessions on a fixed day will be carried out in 2026-2027. 2. There has been some resistance from College Tutors due to job planning issues. Longitudinal educational supervision will be implemented for all new ST1 doctors in September 2026. We aim to introduce longitudinal educational supervision for those entering ST3 and ST5 in September 2026. 3. Document completed and discussed at STC. To be published on website and implemented. 4. Conversion of ST3 general paediatric post to PEM experience post in Brighton in September 2025. Conversion of ST4 general paediatric post to PEM experience post in Brighton in September 2024. 2 new subspecialty expansion posts created in Brighton September 2025. 1 post filled as HDU experience post contributing to HDU	In progress Not started In progress In progress

	Additional actions that the region is working on that were not included in Sep 2025-Aug 2026 action plan 1. Revision of study leave list to align with Thames Valley and Wessex. 2. Creation of additional community paediatric subspecialty training rotation	SPIN. Other post (gastroenterology) vacant. Supernumerary ST3 ACF piloting respiratory experience post from September 2025-September 2026. Mapping of subspecialty experience and potential SPIN posts underway for whole region.	
Southeast Scotland (Laura Jones)	1. 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) (carry forward from 2024/25 Action plan) 2. 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) (carry forward from 2024/25 Action plan) 3. Ongoing support of Health Board EDI groups, trainee-led EDI forum, rollout of the Active	Mid-Year AFF 2025/26 not submitted	

	Bystander programme and dissemination of existing good practice. (EDI remains a standing agenda item for all Training Committee and Scottish Training Board meetings.) (Lead and completion date not identified)		

1.2 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*
North of Scotland	1. Review of assessments to avoid assessment burden.	Training and Quality Team: This is being addressed through the Assessment review which began in 2025 and is currently in the consultation phase. More details can be found here: Assessment review - information and updates | RCPCH This page was created when the Assessment review began early last year and is regularly updated.
Yorkshire and Humber	1. Consistency in CSAC approach to planning and recruitment to subspecialty posts including equitable process of approving retrospective training and length of training programmes.	Medical Recruitment Team: Workforce data was made available to CSACs in 2024, showing spread and number of posts, and the teams have been encouraging more scrutiny of the number of posts that are submitted for recruitment each year. Further work in this area is to be a part of the next phase of workforce strategy. Regarding retrospective approval of training, we have been trying to

		establish a consistent, standardised approach for several years now but the CSACs have struggled to provide clear guidance. We are now looking at an alternative approach, that may see us move away from the use of retrospective training.
Northern (North-East England)	1. Lack of consistency with CSAC opinions on length of training time required, how much training time will be considered prospectively. Difficulty in applying for subspecialty training when out of sync when trainees are less than full time. We have advised slowing down or speeding up (60% up to 80% or vice versa) to try to fall into the appropriate timeline for subspecialty applications and taking up a place. We have not extended CCT date, but it appears this has been happening in some deaneries so ensuring consistency there and allowing subspecialty trainees that are out of sync to start their training at a start date other than September each year.	<u>Training and Quality Team</u> Length of training timelines as detailed in Progress+ are indicative, and that flexibility (which is at the core of the P+ curriculum) is what will drive timelines. The sub-specialty level of 3 years is the indicative time given to all but there are a variety of factors that will impact completion for trainees – HoSs might find a reminder of Cathryn Chadwick's article on capability progression helpful Paediatric training and capability-based progression | RCPCH. Training programmes for each sub-specialty should be nationally consistent. <u>Medical Recruitment Team:</u> It is not possible, or pragmatic, to run more than one annual recruitment cycle but we would be open to discussions around trainees who may be out of synch and may need to start between Aug/Sept and Feb/Mar, as part of an amended deferral process, so will add this to an upcoming HoS agenda.
South-West (Peninsula)	1. Workforce projections and oversight of continued long-term vacancies within rosters. Potential impact of workforce expansion plans on Paediatric posts.	<u>Workforce team:</u> Internal discussions ongoing regarding the development of a State of the Nation report for 2027. In the meantime, there is a lot of data that can be referenced in the workforce evidence library:

		https://www.rcpch.ac.uk/resources/paediatric-workforce-information-evidence-library
KSS	1. Continuing standardisation for procedure for acceleration of training, particularly for LTFT PGDiTs. 2. Further review of MSF to increase objectivity	Training and Quality Team: 1. We have detailed resources regarding acceleration of training in general and further guidance on LTFT and training at these two pages on our website: ❖ Less Than Full Time training guidance | RCPCH ❖ Paediatric training and capability-based progression | RCPCH 2 . MSF review was last conducted during 2022. At present MSF is not being updated as part of the Assessment Review. QTP will get in touch to ascertain what the HoS is referring to as 'increasing objectivity.
London	1. As previously discussed at Heads of School meeting we would appreciate RCPCH to provide clarity on resident eligibility for subspecialty training so that the process is equitable and fair for all.	Medical Recruitment Team: It would be useful to have a bit more information as to what elements of eligibility are being referred to here, but I suspect it is regarding when PGDiTs can and can't apply? In which case, please refer above to what has been mentioned above about wanting to standardise that element of eligibility, to reiterate that all sub-specialty programmes should be able to be completed in 24-36 months, in the Progress+ curriculum, as training is not time-based.

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 (these could include concerns with the curriculum and the attached assessment strategy).

From 14 responses, only 2 regions noted concerns. Rest of the regions had no concerns.

- East Midland - We would still like to find ways for paediatric resident doctors to gain paediatric primary care experience. If the RCPCH or other HoS have good models they have used to achieve this then sharing practice would be helpful.
- KSS - Concerns about removing airway support from mandatory DOPS list. Standardisation of length of training for subspecialty training across specialties. Reduction in overall training time has reduced the number of opportunities to apply for subspecialty training, doctors encouraged to take OOP to mitigate this. This needs to be reviewed.

TQB response:

Airway has not been removed (there continues to be 'maintaining a safe airway'). It is now as a key capability but not a DOPs any longer. DO3 CLO3 KC5 and DO3 CLO3 KC6.

People can exceed this mandatory element, but the minimum is 'maintaining' – this matches standards set by other groups e.g. resus council .

Section 3: General subspecialty Trainee Progression

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

Any concerns regarding trainee management in the region

Majority of respondents reported no issues, some noted concerns and some had positive feedback to share. Overall issue with rota gaps remains a concern.

- KSS - Small but significant numbers of trainees appointed through national recruitment are applying to IDT or requesting changes of pre-allocated posts early in training even if no change in circumstances. For e.g. -Trainee accepted post for ST1-2 rotation on south coast while living in north London (commuting time approx. 2 hours each way) requesting change in post and/or IDT due to challenging commute.
- East Midlands – The amount of support NHSE is able to offer for programme management including rotations and ARCPs is diminishing. There are frequent changes of NHSE staff and the uncertainty staff have over their roles, and job security is having an impact on programme management.
- Wales - We have been trying to address areas that are hard to evidence by developing teaching sessions / study days. Access to OPD space and time can be a challenge across the regions.
- Northern (Northeast England) - We are seeing trainees taking longer to complete theory exams (often because they start attempting them later than previously) which means it is more challenging knowing who will be able to move

to the tier 2 rota when planning placements and has meant providing 6 months at time rather than being able to offer 12-month information to trainees. We continue to see rota gaps as more trainees take time out for various reasons or convert to LTFT training. We are good at providing flexibility, but it does mean fewer people on rotas and poorer training experience for some. Some units have some trust posts but not all and there is an understanding that more units need these to staff rotas, but they are caught in the situation where Trusts are financially struggling to fund these posts.

We aren't struggling with lots of adverse outcomes at ARCP.

Successes to share

- London – If concerns arise, we are able to discuss with the PG systems Dean. We are privileged to have an engaged and helpful Professional Support Unit who are able to provide guidance in a timely manner.
- North of Scotland – We are able to provide excellent experience in general paediatrics especially remote and rural. We also offer opportunities for personalised training pathways
- South-West (Peninsula) – Majority of resident doctors are progressing well with only a handful of unsatisfactory outcomes at ARCP. Recent quality panel has identified locations where training is going well and also those sites that may require additional support. Deanery has been supportive of OOP requests throughout.
- South-West (Severn) - School team works hard to offer individualised training pathways with a focus on career aspirations. Offering F2F meeting with each resident doctor following ARCP review. No concerns received regarding management of resident doctors or training pathway. Successful implementation of change to training programme with Progress+
- West Midlands - Good oversite of ARCP process by TPD Assessments and TPD Programmes and close working of the TPD team means that RD are escalated appropriately and training pathways supported as needed - escalation / referrals. Easy access to senior deanery staff - APD/The Dean, means quick resolution of any queries.
- Thames Valley – We have flexible and bespoke training pathways.
- Northwest - We have instituted quality panels this year which have been received well by RDs and trainers.
- Northern (Northeast England) - We have certainly been very supportive of OOP requests and hardly ever decline an application. This has been in part because of trying to support trainees that are out of sync to apply for subspecialty training so that they have the same chance as full time trainees.
- East Midlands - We get positive feedback about our supported return to work processes, our school conference, our mock subspecialty interviews, and our

school board engagement with resident doctor forums. The external representatives on our ARCP panels have been complimentary of our ARCP processes and the knowledge our senior education team have of our resident doctors.

- Yorkshire and Humber - PGDiT representatives integral to School Board and Curriculum Delivery Groups enabling roll out of Integrated care posts and earlier step up to Tier 2 working.
- East of Scotland - all trainees who have achieved CCT have been supported to find consultant posts
- KSS - Named TPD according to geographical area- model works well.
- Wales - We have 2 'Stretch' posts in DGHs in our region that are for senior trainees in their last year to show readiness for CCT. They are 3 months (for 80% or FT), or 6 months (for 60%), so around 8 trainees per year can have the opportunity. They work like an acting up post, running ward weeks, outpatient lists, delivering teaching, opportunities for looking at a complaint / chairing meeting etc. They can be on call as a consultant if the situation allows, but with a consultant also. They are universally well received, and trainees gain a great deal from them. They don't formally count as an AUC post and remain paid as a PGDiT in the usual way.

Trainee Wellbeing issues and steps taken to resolve them.

30% respondents had no issues to report. Others noted, mostly being positive steps taken:

- North of Scotland - Trainees are referred to Trainee wellbeing and development service
- West Midlands - New SuppoRTT champion - to see if this increases the uptake of SuppoRTT resources offered.
- Yorkshire and Humber – All PGDiT identified as having wellbeing issues are supported locally by College Tutors and local employers with oversight from locational TPD and deanery resources to provide coaching/mentoring/ neurodiversity support.
- East Midlands - Like all regions we have a proportion of resident doctors with significant physical or mental health issues. We have a TPD with a wellbeing remit, a school supported return to work champion and we have a good occupational health service and a well-developed professional support and wellbeing service.
- Thames Valley - We have wellbeing champions (trainees and trainers)/social events etc.
- South-West (Severn) - Aware of individual issues and support in place.
- South-West (Peninsula) - There has been an influx of trainees through national recruitment who have an IMG background and this region is not always seen as being able to fully support cultural needs - local Trusts are addressing this issue.

Resident doctors have arrived in a training grade position and immediately process a request for IDT or IPT (pathway of movement between Peninsula and Severn). The requests for movement are not always an unforeseen change in circumstance. Better communication of training programs and location needs to be shared with PaedsNRO at the point of application so that regional trainees understand where they will be completing their training.

- Northern (NE England) - There is ongoing fatigue at gaps in rotas. Within our gift is being less flexible with OOP but that is not what we feel is best for trainees, so we have so far managed to continue to support this process. Trainees on rotas with gaps are probably not all achieving targets in trainee charter in terms of SPA time etc.
- KSS - Wellbeing issues in several trainees-supported by TPDs and appropriately signposted to PSU and health services as appropriate.
- London - As Heads of School we hold 3x trainee contact meetings per month (with another TPD present). Residents can self-refer for these meetings allow them to have a confidential supportive conversation to discuss wellbeing, careers guidance or other issues.

Support requested from RCPCH around trainee progression.

Region	Support requested by the HoS	*College Response – Please add in responses/ more info here*
Thames Valley	Support with SPIN pathways- smaller Deaneries will find it difficult to provide some SPIN modules	TQB response: This is a deanery issue; the college only has oversight. Whilst the college appreciates and understands the issue this has on trainees, this is a local training placement issue.
East Midlands	Clarity over training times across different sub-specialties would be helpful e.g. PEM trainees usually ask to finish after 2 years of specialty training e.g. the end of ST6 whilst other sub-specialties require longer.	TQB response: Training times are indicative. RCPCH endeavours to produce recommendations and standard guidance, however individual subspecialty requirement may be different.
South-West (Severn)	Agreeing flexibility at national level for brief extension of training time to support LTFT doctors and application for sub-specialty training	Medical recruitment team: If you refer to the Gold Guide, p81-82, there is a table that outlines extension rules. Decisions around how these are applied, do need to

		be made regionally but provision should be made according to those guidelines.
Northern (North-East England)	Application to subspecialty timing and progression into subspeciality training so that things are more standardised across deaneries and across CSAC would be helpful as already discussed.	Medical recruitment team: Please note above (p22-23).
South-West (Peninsula)	Early communication with PaedsNRO about anticipated placements in Southwest for future recruitment rounds.	Medical recruitment team: This communication would be directly between PaedsNRO and the deanery – is the problem that you would want to be contacted earlier, as a regional team?
KSS	Improvement in clarity and standardisation regarding time and competency-based training with clear unambiguous communications to trainees.	Training and Quality Team: Details of this is published here, with recent updates made by Cathryn Chadwick: Paediatric training and capability-based progression | RCPCH
Wales	The ARCP form is not useful with regards to transition points, and the trainees do not all automatically move to their new curriculum when transitioning to ST5. It would be helpful if the form simply said, 'What date does the trainee move to the next grade' and 'what is the next grade'. Very few trainees change year with a rotation change and rotation changes have no bearing on the progress of a trainee. A clear statement from the college that trainees cannot evidence their entire curriculum with self-reflection, and they should have a range of Mini-Cex and CBDs (e.g., there is no fixed number, but it would be expected that a trainee will have 4 or 5 Mini-Cex / CBD per training year to demonstrate a range of feedback on progress).	Training and Quality Team: The ARCP form was initially simple with two simple questions as mentioned in the comment. Based on feedback from other HoSs additional questions were introduced, so there will be no changes in the near future. As ARCP dates and outcomes vary around time and outcomes, there isn't any automatic process for curriculum change to specialty level within ePortfolio. It would be easier if deaneries would email us a list of those moving to subspecialty level and we could then do a bulk upload. All details about the workplace-based assessments that trainees should be completing can be found here: Assessment guide | RCPCH. Trainees are expected to undertake a range of assessments throughout their programme.

	Also, that a range of evidence around the capabilities is expected to give a holistic view. Do not let trainees link to more than 2 domains, and 2 KC. You say they shouldn't, so why let them? OR if you can't do this, then let the person completing the SLE 'untag' the completely irrelevant linking. It is so hard at ARCP or as an ES to try and see what is completed satisfactorily when there is mass inappropriate linking.	Technical capacities of ePortfolio does not let us completely lock down to tagging to a certain number of domains/KC. However, there is a disclaimer in all assessments and logs, highlighting to trainees that they should not tag to more than 2 KC and if they are, then they need to give a rationale. There are a lot of resources around tagging on the website and ePortfolio usage guides. Eventually it's down to individual trainees. It would be worthwhile for deaneries to send reminders on tagging prior to ARCP season.

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

35% of respondents had no concerns to report. The others raised some concerns:

- North of Scotland - we have to support trainees to go to Glasgow to access experience that is not available in the North of Scotland i.e. PICU or some subspeciality experience like rheumatology, endocrinology. This leaves a gap in our rota when trainees go out of our programme to access subspecialty experience as part of SPIN training.
- Northwest - As a large region travel between placements has been an issue. We have developed a Lancashire specific rotation for the first time this year to see whether this helps reduce travel and improves RD satisfaction.
- West Midlands - Peripheral trusts in the deanery remain difficult to staff out of rotations and therefore extending rotations by longer than 6 months difficult to implement. Offering compromise when traveling longer distances with a matched rotation closer to home is well received.

  Aiming to look at smaller geographical rotations going forward but some areas very oversubscribed. - geographical preference form to all RD spring 26.

  Some trusts very underrepresented from a training post perspective - an expansion of posts to increase capacity in some areas would help.

  One paediatric trust under QA review - visit planned Feb 2026.

- SW Peninsula - Current issues highlighted in recent (Jan 2026) Quality Panel - follow up visits to be worked on.
- East Midlands - We work with our quality team to review units with ongoing problems or significant red flags on GMC surveys. This has included quality visits and follow up reviews of previous quality visits recently.
- Thames Valley - Very tight rotas in some of our DGHs.
- KSS - Continued challenges of filling posts due to: LTFT (most doctors start full-time, then reduce to LTFT after entering training), parental leave and OOP. Addressed by increasing ST1 and ST3 recruitment
- Wales - One of our posts had a HEIW quality visit and have put into place some significant changes with good feedback. One unit had a change to rotas made by management (due to not employing clinical fellows /ANP), this has been addressed by us in the School programme team with support from HEIW. This is ongoing and we await further feedback from PGDiT.
- London - CCH training posts; There have been issues where funding for CCH placements has been paid to acute trusts (where resident undertakes OOH work) but no SLA in place to reimburse the community trust for the placement fee.

  We have also had community trusts stating that they are unable to provide suitable training for core residents and serving notice on the placement. We are fearful that if this trend continues, there will be a negative impact on residents having early exposure to the speciality and potential reduce uptake to subspecialty training posts in the future.

Successes to share

- North of Scotland – Accelerated training pathways have been supported in our programme
- Northwest - We have instituted quality panels this year which have been received well by RDs and trainers.
- West Midlands – Feedback sought form all RD that CCT with open question regarding training program - of the two CCTing in Dec 25 all positive regarding training journey and support received. Will continue survey with next round of RD CCTing and act on feedback provided.
- SW Peninsula - We have looked toward Trusts to find funding for additional posts to help mitigate the chronic vacancy rate.
- Yorkshire and Humber – Successfully advertised Infectious disease and allergy subspeciality posts.
- East Midland - We ran a very successful NHSE Paediatric Palliative Care Fellowship for 12 months that received excellent feedback from the resident doctor in the Fellowship and from Rainbows Hospice. This was jointly funded by

NHSE and Rainbows Hospice. If the next round of Fellowship rules allows it we would like to repeat this Fellowship.

- SW Severn - Successful implementation of a change to the training pathway to align with Progress+.
- Wessex - We now have a division of posts in the "East" and "West" of the region. This has been a welcome change as fed back by the residents.
- Thames Valley - Excellent feedback for supervision
- Northern (North-East England) - Training posts are being filled well. The only difficulty comes when anticipated full time trainees are no longer full time when they arrive.
- KSS - Pilot for 4-year core rotations in 1 Trust and/or geographical location to start with recruitment for September 2026.

  Increasing numbers of Trust-funded posts through national post redistribution/expansion. New subspecialty training rotation in neurodisability to start in September 2026. Improving uptake of FPT
- Wales - We have full recruitment at ST1, and good success at subspecialty recruitment. We have been able to expand our programme with new training posts.

Support requested from RCPCH around post and programme management.

Region	Support requested by the HoS	*College Response – Please add in responses/ more info here*
Thames Valley	Request to increase training numbers.	Medical recruitment team: The College does not have the powers to increase training numbers. We would be happy to write supportive emails to the School for local negotiations and will continue advocate at the national level. Our Workforce Evidence Library online has useful data sources. Consideration could be given to other roles, such as SAS and LED roles as well.
North of Scotland	Guidance about tier 2 working and Readiness to tier 2. It would have been better to have full MRCPCH before end of ST3 and that would have full advocated trainees' progression to Tier 2 working independently	TQB response: There are current variations in this across different deaneries. The membership exam has been adapted to a higher-level exam. And with the changes in the

		curriculum, this is irrelevant. Changes are being undertaken across the curriculum and assessment review, with the aim to be more authentically reflective of current clinical practice – part of wider info gathering to inform decision making.
East Midlands	An ongoing problem is the fact that a resident doctors working 60% requires the same amount of supervision as a full-time resident doctor. However, there will be two 60% resident doctors in one post and consequently the supervision workload has doubled but the funding for supervision, the number of available supervisors and the time available for supervision has not increased. This creates problems with providing supervisors generally and creates barriers to longitudinal supervision. The very high levels of LTFT working makes this a significant problem.	<u>Training and Quality team response</u>: Team to contact HoS for further clarification and possibly bring to future HoS meeting for discussion.
KSS	Review process of eligibility for application at ST3 level, particularly regarding previous neonatal experience. Although eligibility form does clearly state experience needed, some trainees do not appear to have the necessary experience when they start ST3. This has led to the need to change rotations at short notice. In some cases, this is not possible, so they enter ST4 without the necessary experience.	<u>Medical recruitment team:</u> As of 2025-26 recruitment, local teams should receive information regarding ST3 applicants prior Neonatal and Gen Paeds experience, when informed of their appointments, to allow for better preparation. However, if candidates are found to have falsely evidenced capabilities on their application form, this should be reported back to the recruitment.
Wales	This has been discussed at the college Head of Schools, but a review of the eligibility / start / indicative training time remaining	<u>Medical recruitment team:</u> Please refer to the relevant notes above (p22-23).

	for LTFT trainees and those who rotate out of sync with subspecialty recruitment. This makes programme planning very challenging. Also, a review of the length of the training posts so appropriate advice given and choices can be made.	

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:

- Northwest– The school contributes to local careers events in Liverpool and Manchester to promote paediatrics to medical students.
- West Midlands - local careers fayre with medical school.
- SW Severn - Promotion of specialty at regional level. Introduction to Paediatrics course for foundation doctors.
- SW Peninsula - Single school formation will allow the region to work at attending careers fairs at 3 different medical school within region.
- Y&H - Bi-annual Paediatric Career Events + attendance at Medical School Careers event
- KSS - No specific events, but engagement with events for medical students.
- NE England(Northern) - We have organised a careers fair with trainee reps to help explain spin/subspecialty training options and speak to consultants/trainees within those particular specialities. We don't have any issue filling the posts we have so do not feel we need to sell the Northeast as a region. GMC survey results have been very positive.
- Wales – Consideration to host a foundation careers day, although we have not had any problem with recruitment for a number of years.
- East of Scotland - this may be something that the college rep might take forward.
- East Midlands – We have contributed to the Leicester Medical School Paediatric society conference, have invited medical students to our annual conference and are happy to support careers fairs as long as they give us enough notice.
- London - Trainee committee engagement with this programme will be worked upon.
- Wessex - Have had increased local interest in the field of paediatrics and we encourage foundation year supervisors to arrange taster weeks/days for F1/F2 doctors.
- Thames Valley - At PAFTAs in an informal way.

When asked if any support was expected from college, most respondents had no request, except for SW Peninsula who requested help with merchandise, or promotion of Paediatrics through the RCPCH welcomed at careers fairs, and North of Scotland who requested RCPCH to run some promotion sessions in Scotland.

Section 6: National ST and Sub-specialty Recruitment

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

- North of Scotland – Successful in our recruitment. With expansion of posts, we would like to recruit 6 ST1 posts and remainder would be ST3
- Northwest - We have not had any problems recruiting to ST1 posts. The quality of those applying to ST3 posts can be very variable. We have not had any problems recruiting to sub-speciality posts.
- West Midlands - Very difficult to pre-plan ST1 numbers for next year due to changes in LTFT and large numbers taking OOP and therefore remaining in the program numbers. Increasing numbers of RD and huge reluctance of consultants to take on role of LES. No ST3 posts in this round.
- Thames Valley - We could do with having more training numbers locally as it has not been possible to fill rotas using NON training grade doctors.
- NE England - No issues recruiting to ST1. Challenge to ST3 recruitment is knowing whether the ST3 recruits will need to be on tier 1 rota as sometimes there are no gaps on tier 1 rota but several gaps on tier 2 rota. Recruiting at a level other than ST1 where they are guaranteed to be on tier 1 or tier 2 rota would be better as at ST3 we need to consider they may be able to work on either rota but that makes it harder to plan how many we wish to advertise for. As discussed, applications for subspecialty training out of sync are more common and still challenging to work around while we are only recruiting to start training in September.
- East of Scotland - all of our ST3 entrants last year immediately requested IDT having clearly accepted posts with the intention of wanting to work elsewhere in the UK. Similarly, when the first round of IDT opened, we had requests into region from other ST3s in the UK. There are a number of excellent FYs and clinical fellows who have trained locally and want to train in paediatrics in the area who have not been shortlisted for posts.

  The process is hugely frustrating. There is no appeals process and trainees who have queried their shortlisting scores are being directed back to TPDs and college reps and when I queried this with recruitment, I was told that the questions had been set by us.

  Not sure that some of the application questions are helpful. Having shortlisted this year for the first time the lack of clarity around some of the questions and what is acceptable evidence is frustrating. Almost every applicant is now listing a publication of some sort - some of these are not actually publications. Trainees who have completed foundation training in the UK appear to have no priority for posts over trainees coming in from overseas.

- SW Severn - Recruiting LTFT doctors for FT posts
- SW Peninsula - The recruitment process is still overlooking excellent LEDs within region - these can be doctors out of Foundation training, or those of an IMG background. The shortlisting criteria still seem to weight the wrong areas too much.

  Those applying to the SW region will need greater clarity of where they are going to for their training. We cannot continue to have resident doctors find themselves in Devon or Cornwall and expect to move as the family is in Wales or the Midlands through an immediate IDT process.
- Y&H - administrative error in 2024/2025 resulted in disproportionate ST1 recruitment in South Yorkshire v West Yorkshire.
- East Midlands - It can be hard to know if ST3 recruits are expecting to be on a tier 1 or 2 rota. This is problematic when declaring vacancies as we might be able to accommodate an ST3 at tier 1 but not tier 2 or vice versa.
  Our medical students are very concerned about competition ratios to get into Paediatric training. Resident doctors completing training are reporting increased competition for consultant posts.
- Wessex - No current challenges. We have usually recruited fully to ST1. Our subspecialty posts too have had keen interest from residents.
- KSS - Doctors recruited at ST3 often do not have sufficient prior experience, particularly in neonatology.

  Managing posts when doctors recruited to ST1 or ST3 are on parental leave at the time of the start of the post. There have been several cases when they have deferred the start of the rotation by 1 year. This leaves the posts vacant at a time when competition for posts at recruitment is very high.

  As previously noted, doctors are accepting posts/rotations at national recruitment without being prepared to move or make appropriate arrangements to commute or stay in/near hospital when working. They are expecting to swap posts or IDT from the outset. This is unfair when there are doctors who have not succeeded in their applications for training who are already working in the region.
- Wales - Not being able to offer subspecialty posts as LTFT is challenging, and being able to do so would allow us to offer more posts. This will only increase. There is inconsistency in subspecialty posts and changing advice from CSACs
  See comment on the page about programme management also relating to subspecialty.
- London - Having to recruit to WTE posts at ST1, when many residents choose to go LTFT results in gaps on rotas. NHSE guidance states that posts with filled with residents working LTFT 0.8 are not filled with another LTFT resident.

Changes that have been introduced regarding the identification of post numbers or creation of programmes/rotations for ST1, ST3 or Sub-specialty, that have worked well and that other schools may benefit from knowing.

- East Midlands - We have created a small number of trust funded training posts across the region.

- SW Severn - Ongoing work with the move to a single school.
- SW Peninsula - We have moved away from ST3 recruitment and moved to over-recruiting at ST1 supplemented through Trust funds. We will now work closely with the expansion post plan.
- KSS - Core rotations ST1-4 will be allocated at time of ST1 recruitment in pilot to start in September 2026. Each rotation is based in 1 Trust and/or 1 geographical area.
- Wales - We have participated in the LTFT pilot, and this has worked well.

Section 7: Workforce

HoS were asked about plans around workforce planning, future priorities regarding workforce development and sustainability, 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 - It is becoming increasing difficult for trainees to get Consultant jobs after CCT as all the Health Boards are facing financial challenges. Our trainees managed to get consultant jobs because some of our previous consultants left the Health Board to go abroad and some trainees opted to work part-time. Supporting trainers to find time to support trainees is becoming challenging as we have increasing number of trainees due to LTFT working requiring a wider pool of supervisors.
- Northwest – No plans to increase RD numbers, nor opportunity to do so. Increased our annual recruitment to ST1 to keep overall RD numbers the same with the move from 8 year to 7-year training. We aim to offer high quality training so that we recruit high quality RDs who then chose to stay in the Northwest and deliver excellent health care to our local population and excellent training to the next generation of RDs.
- NE England - We are short at tier 2 level. Allowing more recruitment at this level would be beneficial. Local trusts are left to try to find locally employed doctors to fill gaps, but this is more challenging in the Northeast which has less of a geographical pull than some areas of the country. There are limits to what can be achieved given the climate of finance and nationally driven numbers for recruitment. Other than making it harder to go LTFT or OOP it is difficult to boost rota gaps without further allowance for recruitment at tier 2 level.
- Thames Valley - Expansion of middle grade level posts. Plan to have HoS/TPD and trainee meetings on a regular basis.
- Y&H - Recruitment carefully aligned to availability of training posts to ensure that ability to use slot share supports workforce particularly in DGH settings. Subspecialty posts carefully mapped to anticipated consultant vacancy e.g. neonatal posts and neurology posts. Ongoing re-evaluation of number of posts advertised at ST1 and ST3, taking into consideration desire to facilitate IDT.
- East of Scotland - advertise for LATs when able. Encouraging employing boards to look at ways to maintain staffing numbers when numbers of trainees fluctuate and ensure posts are recruited to.

- South-West (Severn) – Expansion of posts. Moving to a single school structure across the southwest. Standardising training across the region. Establishing a base Trust for duration of training.
- South-West (Peninsula) - This will become more complex with amalgamation of the schools - but we do try to slot share LTFT trainees effectively. We are looking at regional expansion posts but appreciate that these are very small in number for Paediatrics. We need to nurture our own resident doctors through the training in the right specialty, in the right region and at the right training pace. Trainee friendly rotations, smaller geographies and longitudinal supervision are all designed to interest and improve resilience as well as promoting the general paediatrician agenda. RDs need to understand that not all trainees need to train inside the regional children's hospital and yet we wish to support those wanting subspecialty experience or a SPIN module.
- Wales - We are working with HEIW and Welsh government to increase our CCH posts as this is a workforce crisis area.
- East Midlands - We carefully consider how many posts to declare through central recruitment and whether we can accept IDTs. We are looking to make SPIN training options clearer for our resident doctors and have recently moved the remit for overseeing SPIN training in East Midlands South to a different TPD to balance out TPD workloads and provide additional SPIN oversight. Some aspects of workforce planning need to be centralised in terms of the number of people trained, Schools and the RCPCH should continue to lobby for more Paediatric training as part of the national expansion programme, which so far has not included Paediatrics. We continue to provide careers advice to resident doctors through TPDs and supervisors, to help them plan careers that align to their interests and strengths.
- KSS - Increasing expansion and redistribution posts across the region to reduce historical imbalances in posts between different Trusts. Aim to create more subspecialty experience posts at core and specialty level with rotations allowing SPIN. Increasing ST1 recruitment will hopefully ensure better fill rates later in training when there are more doctors working LTFT and taking parental leave /OOP.
- Wessex – Recruit to "WTE" capacity within each site, rather than looking at individual posts within the site (e.g.: we have 5x 0.8 WTE residents in 4 WTE posts within a Trust). Future plans include a combination of offering flexible working, increase interest in taster weeks for F1/F2s.
- London - due to progress+ and moving to seven-year training, we have seen gaps emerging in the workforce. No posts given to paediatrics in London in recent expansion.

Support requested from RCPCH around workforce planning and development.

- Consideration of advertising and recruiting to LTFT posts at subspecialty level.
- There seems to be an expectation that Consultant jobs are easier to get if you have SPIN. College could clarify and address this aspect on their website
- There is no funding for Head of School, hence we would appreciate if College could support funding and admin support for Head of School role in North of Scotland.

- National data on new consultant posts in Paediatrics / Paediatric subspecialities linked to numbers in training would give a helpful national oversight.
- Ongoing campaigning for funding for places (not just transfer of 5 LED posts to paediatric posts with negligible funding which only covers supervision costs).
- To learn how other regions are maybe getting this right.

Workforce team response:

- Regarding recruiting to LTFT – we are actively looking at ways that this might work and keeping a track on the LTFT pilot that has been run for national posts.
- Regarding SPIN for consultant roles, we are very clear in our AAC guidance that SPINs should not be included in essential criteria for role descriptions; we are happy to be consulted on any such situations via AAC@rcpch.ac.uk
- Regarding data, we are in the early stages of planning a state of the nation report for paediatrics but have a number of pieces of data currently accessible via the evidence library as well, in the meantime: https://www.rcpch.ac.uk/resources/paediatric-workforce-information-evidence-library
- Regarding funding for posts etc, the College does not have the power to create new posts. This has to be agreed through NHSE, HEIW, NIMDTA or NES (with the devolved nation DHSCs) and local Health Boards/Trusts. We continue to advocate for a focus on paediatrics at a national level and provide the online Workforce Evidence Library for information that may support cases made by Schools for post growth.

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	*College Response – Please add in responses/ more info here*
College to support us in running training sessions for trainers and trainees.	Training and Quality Team: Team to contact relevant HoS to understand the requirement in further detail, however: To support trainers, we run our own trainer support sessions (EES course, ES roadshow, College Tutor events etc).

	For trainees, various courses are run by EPD team, and the college has a lot of guidance material and resources on the website.
I think the RCPCH is a supportive college and tries very hard to help Schools of Paediatrics.	Training and Quality Team: Team is appreciative for the positive feedback.
Earlier consultation with schools regarding how changes to assessment and curriculum are made.	Training and Quality Team: QTP team has been updating about the assessment review since last year, via the webpages: Assessment - the rationale for change | RCPCH, Assessment review - update from the Trainee Committee on starting the pilot stage | RCPCH (both published early 2025) and continuous updates to Assessment review - information and updates | RCPCH . Information about assessment change and the sub-specialty curriculum review have also been updated on at several meetings over the last year, including CSAC Assemblies, Heads of School and Trainee committee meetings. We will ensure timely comms for both are circulated, as and when changes are agreed.
Maintain consistency between schools across the country when it comes to subspecialty training/CSAC actions/extending CCT dates. The flexibility to apply for IDT before even starting in a region is also very difficult to manage.	T&Q team/ Medical recruitment team: Please refer again to the relevant notes above (p22-23).
The subspecialty team are particularly helpful!	Medical recruitment team: Team is appreciative for the positive feedback.