

CSAC & ISAC Annual Quality Report: Sep 2025 – Aug 2026

Introduction & Purpose

The Annual Quality Review covers the reporting period 1 Sep 2025 – 31 August 2026. This report collates feedback submitted by CSAC members via the Annual Activity and Feedback Forms (A-AFFs) and is an essential component of the Quality and Training Projects Team quality assurance processes.

CSACs were asked to identify the progress they have made against their local action plans and to provide updates in relation to; the curriculum, subspecialty trainee progression, training programme quality, SPIN, Portfolio Pathway, workforce planning, careers and recruitment. CSACs were also asked to identify the actions they would like to focus on in the new training year; Sep 2026 – Aug 2027.

The Annual Quality Review helps to identify areas of challenge across the different subspecialties as they occur and the actions CSACs are taking to address them. The feedback collated in this report will continue to inform where additional advocacy and College support may be required along with comments and responses from the relevant college Board, including:

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

The Annual Quality Report was signed off by the TQB during their September 2026 meeting.

Activity and feedback form compliance

Compliance remains consistent compared to previous completion rates with 16 out of the 17 CSACs providing responses (94%).

CSAC	2023-2024	2024-2025		2025-2026	
	A-AFF Engagement	MY-AFF Engagement	A-AFF Engagement	MY-AFF Engagement	A-AFF Engagement
Community Child Health (CCH)	Feedback submitted	Feedback submitted	Feedback Submitted	Feedback Submitted	Feedback Submitted
Child Mental Health (CMH)	Feedback submitted	Feedback submitted	Feedback submitted	Feedback submitted	Feedback Submitted

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

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

The following actions were identified by the CSACs. Progress against local action plans was reviewed during the mid-year review cycle and ratified by the TQB. The table below details the current action plans, the progress that the CSACs have made against them and the decision by TQB to close or carry over actions. Actions which have been carried over will be re-reported on in the 2026-2027 Quality Review.

CSAC	2025-2026 Local Action Plan (who is responsible & deadline)	Update provided by CSAC	Action Status ¹
CCH	1. Time spent in subspecialty training and the impact the	1. Complete – CCH Trainee Rep presented the findings of the	Close

¹ Action status has been ratified by TQB during the Sep 2026 meeting

	OOH component is having on CCH training. The CSAC continue to monitor this ongoing challenge. (All CSAC members To be completed: 31/8/26) 2. Subspecialty Curriculum Review: CSAC will work on reviewing the CCH Subspecialty curriculum (24/4/26)	BACCH trainee survey (Apr 2026). This included questions about the time spent on the general paediatric rota and in community paediatrics. The committee noted that the feedback was not surprising and will deep dive into the regions who are not having 70/30 split in training. 2. Complete	Close
CMH	1. <i>Trainee Needs Survey</i> to be written up in full, initial findings were presented at PMHA Summer meeting 2025 (Training Advisors 31/8/26) 2. Work with RCPCH / RCPsych on a multi-tier CMH framework via agreed working party. (All CSAC Members 31/8/26)	1. In progress – Currently in progress 2. In progress – Discussions and planning ongoing	Open Open
Clinical Pharm.	1. Continue to work with the college on the future options for the delivery of clinical pharmacology training (All CSAC Members 31/8/26)	1. In progress - In this period an update to DW went on 18th March. The update due on Aug 26 has not happened. Continuing to follow-up actions since then. Frequent communication/ meetings with GOSH team regarding set up of Clinical Pharmacology training post and creation of consultant job descriptions. We have also reached out more widely to other centres in the UK and there is wider interest in establishing clinical pharmacology at other centres.	Open
Diab & Endo	1. Training centre review in response to concerns (raised by trainees) about the quality of subspecialty rotational post in D&E at University Hospitals Leicester. CSAC has previously written formally to the training centre and to the TPDs for both East and West Midlands, outlining the recommended changes. However, no specific	1. In progress - Recommendations made and local centre working towards these. 2. In progress - First draft complete and submitted in April, we have received comments from RCPCH for further revisions, these will be due mid- August.	Open Open

	remedial response has been received to date. (UHL clinical lead, HOSs/TPD Date 31/8/26) 2. Revisions to Diabetes and Endocrinology curriculum in line with ESPE curriculum. (All CSAC Members Date to be completed: 24/4/26) 3. Undertake a workforce survey across paed. endocrinology and diabetes to understand the demand and capacity. (All CSAC Members Date to be completed: 30/11/25) 4. Survey views from UK Endocrine Consultants and subspecialty trainees regarding extending subspecialty training time from 24 months to 36 months minimum. (All CSAC Members Date to be completed: 31/8/26)	3. In progress - Feedback received from BSPED clinical committee has been received, survey is now ready to be circulated to the tertiary endocrine centres in the UK. 4. In progress - Feedback received from BSPED clinical committee has been received, survey is now ready to be circulated to the tertiary endocrine centres in the UK.	Open Open
Neonatal Med.	1. Neonatal Subspecialty Curriculum Review: Update the curriculum content and increase the SLO's to enable us to have specific SLO's for leadership and for procedural skills. (Whole CSAC Date to be completed: 24/4/26)	1. Complete	Close
Neph.	1. Discuss subspecialty application variability with unit leads. (Ihab Shaheen Date to be completed: 31/12/25) 2. Workforce Planning: Discussion with trainee leads to help even out the number of subspecialty posts (Ihab Shaheen Date 31/12/25) 3. Standardising the number of transplants a trainee needs to experience to allow completion of training (All CSAC Members Date to be completed: 31/8/26)	1. In progress – Discussions have commenced. 2. In progress – Discussions are in place. 3. In progress – Discussions are taking place	Open Open Open

Neurodis.	1. The Neurodisability CSAC are encouraging local and regional ND leads to develop subspecialty training posts within their regions; this needs agreement from TPD and there are often challenges with respect to covering in-patient and acute services. (Date to be completed: 31/12/25) 2. Conduct workforce surveys (x3) (All CSAC Members 31/8/26): a. Current subspecialty trainees' career goals b. Consultants who have CCT in ND (what are their posts - community vs hospital / secondary vs tertiary?) c. Gap analysis with support from BACD and BACCH - Exploration of current vacant posts in the UK at present 3. Currently updating ND curriculum. Have met with college team regarding what is required and have started to re-organise curriculum so that some current illustrations are converted into Key capabilities or learning outcomes, and new illustrations are created to reflect other curricula. (All CSAC Members Date to be completed by: 24/4/26)	1. Complete 2. In progress - Ongoing work between BACD and BACCH to replicate trainees and the ND survey with CCH. 3. In progress - We have received feedback to review illustrations and examples to align with the style of illustrations requested by the college. We are working on this feedback.	Close Open Open
Neur.	1. AAC Panel documentation to be prepared to support AAC Panel members. (Whole CSAC 31/12/25) 2. Subspecialty Curriculum Review: Update subspecialty curriculum with illustrations (All CSAC Members Date to be completed by: 24/4/26)	1. In progress – Almost complete 2. Complete	Open Close
Onc.	1. Revision of SPIN Curriculum: The Paediatric Oncology CSAC has written a position statement on the Oncology SPIN curriculum	1. In progress - Ongoing discussions regarding competencies and ability to obtain the competencies within different settings.	Open

	and made recommendations for training requirements for POSCU Leads in line with the NHS England Service Specifications. This has been submitted to Dr Tushar Vince, and we are awaiting a response prior to taking further action revising the SPIN Curriculum. (SPIN LEAD To be completed by: 1/9/25) 2. Development of Paediatric NeuroOncology and Clinical Oncology training opportunities - plans to pilot a six-month rotation at GOSH in 2026 (Dr Mette Jorgensen and Dr Sarita Depani 31/8/26) 3. Review of subspecialty centres and barriers to subspecialty post submissions to inform future workforce planning (All CSAC Members To be completed by: 31/8/26)	2. In progress - The fellowship is under development. September 2027 aim role out. There is corresponding development of a Tessa Jowell paediatric neuro-oncology fellowship which we hope to have available in parallel on a similar timeframe across the country. 3. Complete	Open Close
PAIID	1. Feedback form for subspecialty selection (Subspecialty application process). (All CSAC Members Date to be completed by 31/8/26) 2. Clearer guidance around calculating 70% time in subspecialty (& college guidance of escalation policy when trainee feels it is not met). (All CSAC Members Date to be completed by: 31/8/26)	1. Complete 2. Complete	Close Close
PEM	1. Subspecialty Curriculum: Review underway needs to be signed off in Feb joint RCPCH/RCEM meeting (All CSAC Members Date to be completed 24/4/26)	1. In progress - The curriculum has been reviewed by the CSAC team and presented to and discussed with the RCEM team. It presently sits with TQB awaiting feedback.	Open
PGHAN	1. Working to support trainees in achieving endoscopy training in view of an increase in required colonoscopy	No response from CSAC	Actions to be re-reported on in 2026 MY

	numbers. Supporting trainees attending lists and highlighting the need for ongoing support and supervision for newly appointed consultants (All CSAC Members 31/12/25) 2. Promoting and supporting the "circle" scheme allowing senior trainees to gain experience of a training list in a different unit. This had happened successfully in Southampton. The circle trainee exchange program will be rolled out in other centres. This will be discussed at the next endoscopy working group meeting.(All CSAC Members 31/12/25) 3. Hepatology curriculum review: We are reviewing the hepatology curriculum to ensure it is still relevant and appropriate to ensure knowledge, skills and competencies required for gastro trainees. (All CSAC Members 24/4/25) 4. Work on hepatology curriculum and clarify role of educational supervision of subspecialty trainees. (All CSAC Members 31/8/26)		Quality Review.
PIMM	1. Planning a workforce review project in liaison with their national metabolic society BIMDG to identify the future priorities for the workforce within their subspecialty. Liaison between CSAC and BIMDG has occurred. CSAC chair and BIMDG chair have met. (Whole CSAC Date TBC) 2. Will schedule CSAC reviews of trainees again separately in April 2026 - worked well this year and enabled	1. In progress - ongoing liaison between CSAC and BIMDG - this was discussed at the BIMDG's committee meeting and AGM in June 2026 and is progressing. 2. Complete 3. In progress - Now SPIN applications have resumed - and can be performed post CCT - CSAC and BIMDG have agreed that a SPIN aimed at equipping link paediatricians with necessary experience/skills is	Open Close Open

	trainees to attend the whole BIMDG symposium without disruption (All CSAC Members 30/4/26) 3. Ongoing work to clarify training requirements for link paediatricians (All CSAC Members 31/8/26)	now worth developing. Draft SPIN curriculum in circulation for comments and presented at BIMDG Annual Symposium.	
PICM	1. Subspecialty Curriculum Review (All CSAC Members 24/4/26) 2. Educational Supervisor Guide (Training Advisor Date 31/12/25) 3. RCoA Representatives - Seeking RCoA recognition for Anaesthetic trainees within PICM Grid. RCOA approval for anaesthetic residents in PICM - agreement from all parties that this should proceed. (All CSAC Members Date TBC) 4. Workforce survey for PICM consultants (All CSAC Members Date to be completed by 31/8/26) 5. HDU SPIN Curriculum - edits underway (All CSAC Members Date to be completed TBC) 6. Members of HDU SPIN community to join ISAC HDU SPIN Lead for sign-off reviews (SPIN Lead Date to be completed by 31/8/26)	1. In progress - Final version of curriculum pending second TQB review. 2. Complete 3. Complete 4. Complete – Data analysis underway 5. In progress - HDU SPIN Lead recruited to assist with this work. 6. Not started - Pending individual appointed to HDU SPIN Lead role starting in post.	Open Close Close Close Open Open
Pall.	1. SPIN training guides to be reviewed through TQB. (All CSAC Members 31/12/25) 2. Subspecialty training guides to be reviewed through TQB. (All CSAC Members 31/12/25) 3. Subspecialty curriculum being reviewed at present. Learning outcomes have been streamlined, with a new explicit outcome added for adult palliative care and transition, responding to recurrent trainee and trainer feedback. (All CSAC Members	1. In progress - Continues to be under review alongside curriculum revision. The guides have been paused until curriculum completed to ensure training guides and curriculum are aligned. Work on the Educational Supervisor guides also ongoing. CSAC plan to meet with Educational Supervisors and training leads following curriculum revision. 2. In progress - Continues to be under review alongside	Open Open

	Date to be completed by: 24/4/26) 4. AAC Consultant role guidance awaiting final approval. (All CSAC Members Date to be completed by: 31/8/26)	curriculum revision. The guides have been paused until curriculum completed to ensure training guides and curriculum are aligned. Work on the Educational Supervisor guides also ongoing. CSAC plan to meet with Educational Supervisors and training leads following curriculum revision. 3. Complete - The subspecialty curriculum was further revised by the CSAC as requested and re-submitted to TQB for review at the end of July. Currently awaiting feedback from this review. 4. Complete	Close Close
Resp.	1. Sleep SPIN to have its own room at the career's roadshow (SPIN Lead 31/1/26) 2. Modify the respiratory specific CSAC review form following its pilot in April 2025 (Training Advisor 31/12/25) 3. Recruit new Assessment Advisor to CSAC (Committee Admin Date TBC) 4. Finalise SSG for Portfolio Pathway (All CSAC Members Date to be completed: 1/6/26)	1. Not started - We didn't arrange a SPIN room this year, intend to do so for next. 2. In progress - To be discussed at our next CSAC meeting to agree how we use the progression form and Risr together. Then can be finalised. 3. Complete 4. In progress - Almost completed but need a few amendments. CSAC chairs are meeting with the team once GMC have finalised their plans.	Open Open Close Open
Rheum.	1. Produce video 'a day in the life of' (All CSAC Members 31/8/25) 2. Rheumatology Subspecialty Curriculum Review (All CSAC Members 24/4/26) 3. Specialty trainee additional learning events are now being implemented and will be evaluated (Beverly Almeida & Trainee Rep 31/3/26)	1. In progress - Consultant who initiated project now retired. Project taken over to complete by CSAC chair and new trainee rep. 2. In progress - Amendments / revisions being made after RCPCH feedback. 3. Complete	Open Open Close

2026-2027 Local Action Plans

CSACs were asked to detail any actions that they would like to focus on during the 2026-2027 training year. The follows actions were identified and have been added to the CSAC action log for continued monitoring.

CSAC	2026-2027 Local Action Plan	Who is responsible	Deadline
Clin. Pharm.	1. We plan to re-apply to establish a SPIN programme.	All CSAC members	31/8/27
CMH	No further actions identified by the CSAC		
Diab & Endo	1. Review and finalisation the SPIN curriculum. 2. Annual retreat for Endocrine subspecialty trainees aiming for April 2027 (education day combined with CSAC assessments) 3. Revision of current subspecialty trainee/supervisor report to be integrated with RISR ePortfolio	All CSAC members	31/8/27
Neonatal Med.	1. SSG Guidance: Development of subspeciality document to describe what is essential for portfolio pathway candidates to evidence (in progress).	All CSAC members	31/8/27
Neurodis.	1. Subspec Curriculum: Review feedback and support implementation of the revised ND curriculum following TQB and GMC approval, including development of guidance materials for trainees and trainers. 2. Review ND training programmes nationally against workforce survey findings, trainee feedback and curriculum requirements to identify gaps and reduce regional variation in training. 3. Develop and promote activities to improve recruitment and awareness of the specialty.	All CSAC members	31/8/27
Neuro.	1. Discussion about duration of training programme.	All CSAC members	31/8/27
Onc.	1. Annual review of process and barriers. Discussion around more dual centre sites e.g. Scotland 2. Ongoing review of subspeciality curriculum, noting different needs between subspecialities	All CSAC members	31/8/27
PAIID	1. Escalation pathway within the educational supervisor guide	All CSAC members	31/8/27
Pall.	1. Trainee reviews: Circulate clearer guidance for trainees of expectations in advance of upcoming CSAC reviews (including ES reports and portfolio evidence). Arrange meetings with centre leads following curriculum and ES guide revision, and incorporate expectation from CSAC review within this.	All CSAC members	31/8/27

PGHAN	No response from CSAC		
PICM	1. Further consolidation of curriculum to align with international PICM training programmes.	All CSAC members	31/8/27
PIMM	1. Planning a workforce review project in liaison with their national metabolic society BIMDG to identify the future priorities for the workforce within their subspecialty. 2. Develop a PIMM SPIN Curriculum.	All CSAC members	31/8/27
Resp.	1. Respiratory curriculum will be finalised in the coming months. 2. Respiratory SPIN curriculum will be finalised in the coming months. 3. Plan to discuss and decide how we are going to formally assess and sign off SPIN trainees as a respiratory CSAC.	All CSAC members	31/8/27
Rheum.	1. Shared practice summary about our paediatric rheumatology trainee online education sessions for the CSAC hub.	All CSAC members	31/8/27

Actions that the CSACs would like the college to support

6 CSACs noted the following actions that they would like the wider College structure to consider for the next training year (Sep 2026 - Aug 2027). The requests are included below alongside responses from the relevant college Board.

CSAC	Action requested by the CSAC	E&T Boards Responses
CCH	College to consider having a form for the applicants to specialty training to detail the time spent in training. This is to enable us to ensure that they are eligible to apply for Subspecialty training (in view of the requirement to have 24 months left in training prior to taking up a subspecialty training post)	WRB Response: Defining the use of prior experience, how it should be demonstrated, assessed and applied – even, whether it should be accommodated at all – will be a major piece of work for the WR team over the next year. It is a priority to ensure there is a clear and equitable process in place for 2027-28 recruitment and there will be a discussion at the CSAC Chairs Away Day in October 2026, to re-open the discussion.
Neonatal Med.	Expanding neonatal CSAC membership –two representatives per role minimum to adequately support the changes to the recruitment process this year, alongside the ongoing support of a large number of sub-speciality trainees.	TQB Response: The CSAC ToR states the maximum numbers of CSAC members that can be recruited to a role. The Neonatal CSAC already exceeds this number by having two Training Advisors and the previous offer from QTP of recruiting a Co-Chair has not taken up. We do support job-shares to split the work within CSACs but any additional member requests will need to be considered by TQB. The CSAC should outline the

		rationale behind their request and send to qualityandtrainingprojects@rcpch.ac.uk
Neurodis.	Provide clearer national guidance on recruitment, review shortlisting and interview processes. Explaining the expectations from ES to support subspecialty applications.	WRB Response: Following the changes that have been implemented this year, to further align with MDRS and prepare to handover the process, following this year's recruitment, we will not be looking to make further major changes, unless prompted to do so by MDRS. We have done a lot of work to provide more information to ES this year, and it will be integral to maintaining the process, to ensure the ES support and sign-off process becomes entrenched. WRB will continue to work on this and are open to all feedback and suggestions to provide the clarity needed. TQB Response: Supporting PGDiT with subspecialty recruitment featured in the Summer Educational Supervisor Virtual Roadshow (June 2026), a recording of which can be accessed on RCPCH Learning: Effective Educational Supervision - RCPCH Learning Additional guidance has also been created for ESs and can be accessed via our website: Educational supervisors - resources RCPCH
	Support assessor training for new WPBAs.	TQB Response: The team at the College are continuing to keep the Assessment Review webpages up to date as this project evolves: Assessment review - information and updates RCPCH. An implementation plan and accompanying communication strategy will also be used to support trainers and residents adopt the new WPBAs. Additional resources will also be created.
	Develop implementation guidance for the revised curriculum.	TQB Response: As part of the Subspecialty Curriculum review the College will develop an implementation strategy to support the phased implementation of the new curricula. Additional resources and guides will be created in collaboration with CSACs to ensure trainers and trainees have the necessary resources to support transition to the new curricula with minimal disruption.
	Support career promotion activities and ND awareness earlier in training.	WRB Response: Please contact the team, via ChoosePaediatrics@rcpch.ac.uk so we can integrate any plans into our ongoing careers

		work and ensure that the webpages can be aligned as appropriate.
PAIID	Separation of PID Imm and Allergy - in progress at present.	TQB Response: TQB are considering this at the September meeting. Further comments and decision to follow TQB decision.
Pall.	Develop a robust and standardised approach for periodically reviewing training centres to better understand service provision and training quality, and ensure approved training centres continue to meet the needs of the trainees.	TQB Response: The GMC were approached for a potential template which could be used by CSACs in order to assess the ongoing suitability of a training centre. The GMC responded confirming that they did not have a suitable template for this activity - and suggested that CSACs can reach out to deaneries (<i>and/ or potentially medical schools</i>) as both <u>should</u> have effective quality management processes for establishing initial suitability and for ongoing assurance. The CSAC were updated on this response (by email) on 3rd June 2026.
PICM	Subspecialty recruitment reform - both shortlisting and interview processes.	WRB Response: As above (Neurodis): Following the changes that have been implemented this year, to further align with MDRS and prepare to handover the process, following this year's recruitment, we will not be looking to make further major changes, unless prompted to do so by MDRS. We have done a lot of work to provide more information to ES this year, and it will be integral to maintaining the process, to ensure the ES support and sign-off process becomes entrenched. WRB will continue to work on this and are open to all feedback and suggestions to provide the clarity needed.

Section 2: Progress + and the curriculum

Remaining concerns with Progress+

As part of the College's ongoing monitoring of the Progress+ curriculum we ask the CSACs to highlight if they had any remaining concerns with Progress+. The responses illustrate which CSACs continue to have unresolved concerns (red), where new concerns have been reported (orange), those who previously had concerns which have since been resolved (yellow) and where there continue to be no concerns (green). The arrows indicate the movement of the subspecialties across these 4 categories when comparing their annual submission to their previous mid-year responses.

Are there any remaining concerns with Progress+?						
CSAC/ ISAC	2023-2024	2024-2025		2025-2026		Status
	A-AFF	MY-AFF	A-AFF	MY-AFF	A-AFF	
CCH	Yes	Yes	Yes	Yes	Yes	↔ Unresolved concerns
Neonatal Med.	No	Yes	Yes	Yes	Yes	↔ Unresolved concerns
PICM	No	Yes	Yes	Yes	Yes	↔ Unresolved concerns
Oncology	Yes	No	No	Yes	Yes	↔ Unresolved concerns
PIMM	No	Yes	No	Yes	Yes	↔ Unresolved concerns
Neurology	Yes	No	Yes	No	Yes	↑ New concerns
Diab & Endo	Yes	Yes	Yes	Yes	No	↓ Previous concern resolved
Nephrology	No	No	Yes	Yes	No	↓ Previous concern resolved
Neurodis.	Yes	No	Yes	Yes	No	↓ Previous concern resolved
Rheum.	Yes	No response	No	Yes	No	↓ Previous concern resolved
CMH	No	No	No	No	No	↔ No change
Clinical Pharm.	No	No	No	No	No	↔ No change
PAID	Yes	No	No	No	No	↔ No change
Palliative	No	Yes	No response	No	No	↔ No change
PEM	No response	Yes	No	No	No	↔ No change
Respiratory	No	No	No	No	No	↔ No change
PGHAN	No	No	No	No response	No response	No update provided

Encouragingly, there has been a reduction in the number of CSACs reporting concerns. Although CCH, Neonatal Medicine, PICM, Oncology and PIMM continue to have unresolved concerns, Diab & Endo, Nephrology, Neurodisability and Rheumatology's previous concerns have resolved. Neurology was the only CSAC to highlight new concerns citing an increase in the number of 'trainees facing difficulties in training in comparison to previous[ly]'. Although, it was not flagged as a concern, PEM observed that *'the coming year will allow greater understanding of what happens to or what is needed by the cohort that entered PEM training at ST4 under progress+'*

Unresolved concerns

The unresolved concerns noted by CSACs continue to be in reference to the shortened training pathway and the subspecialty curricula. A subspecialty curriculum review was launched in Oct 2025 and is currently ongoing. It is hoped that the concerns raised by

Oncology, PIMM and PICM will be addressed as part of this project, otherwise new evidence will need to be provided.

Curriculum

- Oncology - Current curriculum review ongoing
- PIMM – Subspecialty curriculum has been extensively revised. The CSAC are happy that the new curriculum, if approved, will be much more useful for trainees and responds to [trainee] feedback.
- PICM - The RCPCH position on the PICM curriculum has varied causing duplication of work and resulted in a curriculum that requires further evolution.

The CCH CSAC referenced the *CCH Leads Survey Results (October 2025)* noting concerns re. progress+, exposure to community paediatrics and the 70:30 split between community and general paediatrics. This has been detailed previously in the 2025-26 Mid-Year Quality Report, no further developments were provided by the CSAC as part of their A-AFF.

Shortened Training

Neonatal Med. – *‘trainees have significantly less experience when they commence subspecialty training and clearly require a full 36-month training in order to develop their key capabilities...and senior clinical leadership skills. The 36-month training program enables them to develop their skills but neonatal services / consultants also need to adjust their expectation of what a day 1 ST5 neonatal subspecialty trainee is able to do.’*

TQB Response: We concur with CSAC that 36 month training time is an appropriate indicative time to meet the curriculum requirements. We recognise the concerns raised by the Neonatal CSAC, however many residents will have gained experiences in Neonatal Medicine earlier in their training compared to other subspecialties, with more limited prior exposure. The Board reiterated that the emphasis should be on capability acquisition and the indicative training time should be used to support the acquisition of capabilities as detailed in the Specialty Generic and Neonatal Medicine Subspecialty curriculum.

Curriculum successes

When asked what areas of the curriculum are working well, curriculum coverage and adequate exposure to training opportunities were recurring themes. Neurology also highlighted the effective use of induction and training guides which are being used alongside their curriculum.

- Clin Pharm - *Good coverage of clinical pharmacology in addition to general paediatric competencies.*
- CCH - As indicated by the BACCH trainee survey results (June 2025) - *Trainees have many opportunities of seeing children and families with physical and developmental disorders and disabilities; children who are being looked after; safeguarding medicals and working within MDT and multi-professional teams.*

- Pall. - *Trainees are making solid progress through training, and mapping their portfolio to various elements of the current curriculum.*
- PEM - *Progress+ allows greater trainee flexibility. The curriculum is less prescriptive.*

In light of the work being undertaken by CSACs to review their subspecialty curricula, the following successes are also anticipated;

- Neurodis - *The revised curriculum provides clearer learning outcomes, stronger focus on diagnostic reasoning, neurodevelopmental assessment, MDT leadership, safeguarding, nutrition, mental health, management of complex comorbidities and holistic care.*
- Oncology - *Curriculum under review. Request to map LOs and KCs to GMC domains is sensible.*
- PIMM - *If the new curriculum is approved then the ability of trainees to accurately document their experience, exposure and capabilities should be greatly improved.*

Further support from the college regarding Progress+ and the curriculum

A few CSACs noted that support from the College would be required when implementing the new subspecialty curricula following approval from TQB and the GMC. Neurodisability also highlighted the need for; '*National implementation guidance, trainer support, assessor training, and trainee guidance materials following curriculum approval*'. In addition to this the following CSACs have requested;

CSAC	Action requested by the CSAC	E&T Boards Responses
CCH	Consideration and support to be given to ensure that community competencies in the core curriculum are being covered appropriately. Consideration to be given as to how more trainees can be exposed to community paediatrics... skills learnt in CCH (especially with regards to safeguarding and seeing vulnerable children) will be useful irrespective of what their future paediatric subspecialty will be.	TQB Response: We recognise the importance of full coverage of the core curriculum by trainees. However, we currently have no evidence from trainee feedback, curriculum monitoring, or ARCP outcomes to suggest that core community competencies are not being achieved within existing training programmes. If the CSAC have concerns they should be discussed within regions to ensure that locally areas are supporting community competencies within the delivery of the core curriculum. TQB are happy to meet with CCH to discuss further if required. The value of community paediatrics exposure is acknowledged, and Heads of School will be approached to consider how opportunities for trainee experience in this area can be further supported and enhanced.

Neuro.	Review of total duration of training in paediatric neurology.	TQB Response: Please provide your evidence to support why a review for the total duration of training would be required.
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Section 3: General subspecialty trainee progression

Management of trainees within the subspecialty

Successes & areas of good practice reported by CSACs	
Trainee progression	Training Programmes & OOP
Clin Pharm. - <i>Our previous trainee is now employed as a locum consultant at a tertiary NHS Trust.</i> Diab & Endo - <i>We are very proud of the progression of the trainees in the subspecialty; individuals are going on to substantive tertiary endocrine consultant posts.</i> Neonatal Med. - <i>11 trainees achieved CCT in 2026 following the summer ARCPs.</i> Neurodis. - <i>Successful appointment of four new subspecialty trainees in 2026 and development of updated trainee guidance to improve supervision and progression support.</i> PAIID - <i>Successful CCTs in Allergy and PID</i> Pall. - <i>Trainees who have completed subspecialist PPM training this year have been successfully appointed to consultant posts.</i> PIMM - <i>All trainees who recently obtained Outcome 6 have now been substantively appointed as Consultants which is gratifying.</i> Resp. - <i>All of our trainees have had consultant jobs following CCT.</i>	Neph - <i>Training between dual sites although this can be unsettling if the units are a significant distance apart</i> PEM - <i>feedback has been positive regarding training sites and experiences</i> Diab & Endo - <i>We have a high proportion of trainees who have gone on to have OOPR to pursue academic interests, some of whom are successfully managing NIHR clinical lecturer posts alongside subspecialty training.</i>
	CSAC Support
	Neuro. - <i>Positive feedback from trainees in annual survey about CSAC support.</i> Onc. - <i>Positive feedback about CSAC review process and support provided to shape residents training pathways.</i>

The majority of CSACs had no concerns to raise in relation to the management of trainees within their subspecialties. Those that did, highlighted trainees requiring additional support, variable training provision and supervisor engagement and potential knowledge gaps.

Concerns: Trainees

- Neonatal Med. Continue to be proactive in managing trainees requiring additional support; *Currently approx. 10 trainees are having additional support from CSAC (reviews requiring two panel members) due to support with return to training, or difficulties with portfolio engagement / demonstrating progress.*

Concerns: Supervisor Engagement and/or understanding

- Neonatal Med. - *The familiarity of educational supervisors across the country is variable. Where there are concerns around curriculum engagement there has been involvement of the Chair and an additional CSAC member to meet the trainees and provide regular planned ongoing review of progress. The CSAC have also been engaging with the subspecialty curriculum review and the development of ES Guidance docs to support trainers.*

Concerns: Training provision

- Neurology - *One trainee had to move deanery as training could not be delivered in deanery.*
- Respiratory - *Continued problem of variation in time in specialty between different centres across the UK*

Concerns: Quality of documentation

- Pall. - *The CSAC discussed that during recent face to face reviews with trainees, trainees were able to share extensive clinical experience but key elements of such experience/ cases/ reflections were omitted from their portfolio, and evidence within the portfolio at times was significantly less detailed than would be expected. CSAC feel that particularly trainees approaching CCT should attend their review ready for sign off of subspecialty training rather than use this meeting as an opportunity to address outstanding gaps. Educational supervisors have a role in supporting trainees with this also ahead of review.*

TQB Response: TQB have added this item to Palliative's Action Log and will await an update from the CSAC as part of their MY-AFF to see how they have encouraged greater and more consistent engagement from their residents and supervisors.

Subspecialty trainee wellbeing & further support from the College.

We asked the CSACs if they were aware of any wellbeing issues amongst their subspecialty trainees and if so, what action had been taken to address them. Requests for further support have been included below.

CSAC	Wellbeing issue	Action taken by the CSAC to address it	Further support the CSAC would like from the College
Clin Pharm.	We are aware of some external issues that have caused wellbeing issues.	The CSAC are supporting them appropriately.	<i>No further support requested</i>
Neonatal Med.	Wellbeing issues are known to CSAC members.	The CSAC arrange frequent meetings with trainees who are experiencing wellbeing	Early notification of ARCP dates from the Deaneries to facilitate early planning for CSAC review meetings

CSAC	Wellbeing issue	Action taken by the CSAC to address it	Further support the CSAC would like from the College
		issues. This can be up to 4 meetings between ARCPs for trainees who need additional support.	prior to ARCP panels. This takes a significant time to plan alongside existing diary commitments of CSAC members.
TQB Response: The Neonatal Medicine CSAC are invited to write a summary detailing this issue so it can be included for discussion at upcoming Head of School and TQB meetings.			
Neph.	Current concerns are regarding lack of consultant posts on completion of training and some are doing fellowships/ research as an out of programme activity.	<i>No further action noted by the CSAC.</i>	<i>No further support requested</i>
Onc.	Theme of burnout recognised.	Increased informal support sessions offered.	Further support/sessions regarding managing burnout throughout training.
WRB Response: We can work with our trainee rep (a current Oncology trainee), to see what additional support and guidance can be produced. It may fit with one of the webinars, in our planned series and could also be a use for the Thrive standards.			
PAIID	Differences in deanery with regards to interpretation of LTFT rules for progression (e.g. some deaneries say 80% is same as 100% and others do not) and OOH rules for academic trainees as well as SPA given across different deaneries.	Support and signposting/mediation arranged by the CSAC.	Support with deaneries to offer consistency.
TQB Response: PAIID have been invited to write a summary detailing this issue so it can be included for discussion at upcoming Head of School and TQB meetings.			
PICM	PICM sub-specialist trainees face many of the same issues as other subspecialist	The ISAC meets annually with all trainees and specifically references wellbeing and then works	<i>No further support requested</i>

CSAC	Wellbeing issue	Action taken by the CSAC to address it	Further support the CSAC would like from the College
	trainees, with the added burden of a significant burden of OOH working and recurrently emotionally complex cases.	with local supervisors to address any areas where needs are identified.	
Pall.	CSAC are aware of wellbeing issues.	The CSAC ensure trainees are well supported.	<i>No further support requested</i>

Section 4: Quality Management of Training posts/ Programmes

Quality Management of Training posts/ programmes

We want to continue to understand what successes and ongoing challenges CSACs are navigating in relation to training posts and programmes. The following successes were noted;

Successes

The CSACs are continuing to advocate for high quality training in their respective subspecialties, other successes include;

- Diab & Endo – All training posts are consistently being filled every year. *Requests are being made from new centres for accreditation for subspecialty training, this is currently being processed.*
- Neph. - *Current trainees complete training with excellent knowledge and professional attitude.*
- Neurodis. - *Completion and submission of the revised curriculum, successful recruitment, and workforce survey work informing future programme development.*
- Onc. - *POTG support group created and improved networking highlighting post CCT roles.*
- PAIID - *Successful new subspecialty posts - support for and engagement of new posts and trainees to ensure quality of trainee upheld (PID Imm).*
- PICM - *The ISAC is in continual dialogue with training post leads. New joint post at Kings/ECH agreed.*
- PIMM - *Previous changes in Manchester which were undertaken following a letter from the CSAC have been embedded and now two trainees are about to successfully complete training there underlining the success of the CSAC's intervention.*
- Pall. - *We have recently approved a new PPM training site in South Yorkshire.*

The committees below are aware of the following issues and where possible have taken steps to address them. Asks for additional support or advocacy from the College have also been included below.

CSAC	Any ongoing issues with training posts or programmes?	Action taken by the CSAC to address it	Further support the CSAC would like from the College
CMH	Lack of clarity regarding the future of CMH subspecialty training.	Working with RCPCH to clarify this	CSAC would like to see CMH subspecialty training reestablished and rolled out nationally
TQB Response: A joint RCPCH / RCPsych working party agreed to develop a multi-tiered CMH training framework. The CSAC have been asked to contribute to this framework but their contribution is still pending which has prevented this initiative from progressing further.			
Neonatal Med.	Access to outpatient experience, particularly neurodevelopmental follow-up clinics is variable across different regions.	Sub-speciality centres are aware. Feedback of the essential nature of this exposure for neonatal subspecialty trainees is raising awareness across training centres. Some trainees are using study leave to access this training or are attending in their own time as progression to CCT is requisite on this experience.	No further support requested
Neph.	One centre still has an onerous general paediatric on call.	This is being addressed by the CSAC.	No further support requested
Neurodis.	Regional variation in programmes may exist.	The CSAC plans a review of all ND training programmes against workforce needs, trainee feedback and the revised curriculum.	No further support requested
PIMM	New Scottish post seems to be going well although there remains concern about level of consultant supervision due to sickness leave and only LFTF consultants in post. The trainee seems to be	We will keep this under review - and the Scottish NHS are intending to invest in the Consultant body there.	No further support requested

CSAC	Any ongoing issues with training posts or programmes?	Action taken by the CSAC to address it	Further support the CSAC would like from the College
	happy and gaining good experience.		
Pall.	Adult placements continue to be geographically variable in terms of ease of access of placement and expectations during adult palliative care placement – deanery requirements can conflict with service realities.	CSAC will address this following revision of curriculum.	No further support requested
Resp.	London consultants feel that there are not enough training posts for respiratory in London.	<i>No further information provided by the CSAC</i>	No further support requested

Section 5: SPIN

The SPIN Review is in the final stages of being concluded. Interventions introduced as part of the review to support consistent curriculum structures and timely review and sign-off processes should now be embedded into the business and usual activity for the CSACs currently offering SPIN. To ensure regular quality review, SPIN will be separated out from the CSAC Quality Review Report and a new SPIN Quality Report will be created from the 2026-2027 training year onwards. SPIN Leads will contribute to this process with additional input from CSACs as required.

CSACs that currently offer SPIN were asked to provide an update on their modules and to identify any themes from current SPIN practitioners and supervisors. Additional feedback was also sought from the 3 SPIN Leads who oversee modules which sit outside of the existing CSAC structure; Adolescent Health, Cardiology and Dermatology. Below are the number of people participating in SPIN across Trainees, Post-CTT and Doctors in Paediatrics (DiP). The number of sign-offs completed in the previous training year (1 Sep 2024 – 31 Aug 2025) have also been included alongside the number of SPINs signed-off during the first and second half of the current training year (1 Sep 2025 – 28 Feb 2026 and 1 Mar – 31 Aug 2026).

SPIN	Total No. of Spinners ²	Total No. of SPINs signed off			What % of SPINs do you anticipate signing-off within 8-weeks of portfolio submission?
		1 Sep 2024 – 31 Aug 2025	1 Sep 2025 – 28 Feb 2026	1 Mar 2026 – 31 Aug 2026	
Adolescent Health	13 Trainee 10 Post-CCT Total: 23	0	2	1	100%
AVM (CCH)	2 Trainee 1 Post-CCT 1 DiP Total: 4	0	0	0	100%
Cardiology	39 Trainee 17 Post-CCT Total: 56	2	3	4	100%
CMH	5 Trainee 1 Post-CCT Total: 6	1	1	1	90%
Dermatology	7 Trainee 7 Post-CCT Total: 14	1	1	0	100%
Diabetes (D&E)	98 Trainee 47 Post-CCT Total: 145	3	4	19	25%.
Epilepsy (Neuro.)	58 Trainee 36 Post-CCT 2 DiP Total: 96	4	4	5	100%
HDU (PICM)	94 Trainee 32 Post-CCT 1 DiP Total: 127	3	10	8	100%
Neonatal Med.	246 Trainee 49 Post-CCT Total: 295	8	10	12	100%
Neph.	28 Trainee 9 Post-CCT Total: 37	4	0	2	100%
Neurodisability	2 Trainee 3 Post-CCT Total: 5	0	0	0	Closed to new applicants
Oncology	52 Trainee 8 Post-CCT Total: 60	0	2	2	90%
Allergy (PAIID)	33 Trainee 11 Post-CCT Total: 44	5	3	2	CSAC unable to provide a response to this question.
ID (PAIID)	31 Trainee 7 Post-CCT Total: 38	0	1	1	CSAC unable to provide a response to this question.
PGHAN	28 Trainee 6 Post-CCT Total: 34	2	3	2	<i>No response submitted by the CSAC</i>

² Figures have been extracted from ePortfolio. There may be some discrepancy with these figures if individuals are no longer completing SPIN but still have a SPIN role assigned on their ePortfolio.

SPIN	Total No. of Spinners ²	Total No. of SPINs signed off			What % of SPINs do you anticipate signing-off within 8-weeks of portfolio submission?
		1 Sep 2024 – 31 Aug 2025	1 Sep 2025 – 28 Feb 2026	1 Mar 2026 – 31 Aug 2026	
Palliative	12 Trainee 4 Post-CCT Total: 16	2	4	0	100%
Respiratory (Resp.)	69 Trainee 12 Post-CCT Total: 81	4	6	0	100%
Sleep (Resp.)	4 Trainee 3 Post-CCT Total: 7	0	0	0	100%
Rheum.	15 Trainee 7 Post-CCT Total: 22	2	3	0	100%
Safeguarding	2 Post-CCT Total: 2	0	1	0	Closed to new applicants
Totals (All SPIN):	1112	41	58	59	

Timely Sign-off

One of the interventions introduced as part of the SPIN Review was instating an 8-week sign-off window for all completed SPIN Portfolios. In most cases, CSACs anticipated meeting this deadline so the SPIN Lead wanted to gain a better understanding of the reasons why some CSACs were able to meet this deadline consistently, while others self-reported that they would not meet this expectation. Below are the reasons cited by CSACs for what helps and hinders sign-off.

Helped	Hindered
Establishing a network of reviewers who can sign-off - We now have 4 of us on the committee so this can be shared and discussed. (Derm.) - A two-reviewer panel approach is being introduced to strengthen consistency and ensure a balanced view of trainee progress. (Pall.)	Volume of portfolio submissions This is significantly limited by the burden of SPIN reviews (Diabetes is one of the most subscribed SPINs) (Diab & Endo)
Committed SPIN Leads - I am committed to signing these off within the deadline and have so far achieved this 100% of the time. (Adolescent Health) - All neonatal SPIN portfolio are reviewed within 8 weeks after submission. In general SPIN portfolio review takes around 1.5 to 2 hours. Need to review 3 to 4 portfolio every month to achieve 100% target within 8 weeks. (Neonatal Med.)	Staffing capacity - CSAC panel are all in full time NHS posts with no time attributed towards this. (Diab & Endo) - Availability of CSAC committee members dedicated to support the SPIN curriculum will hinder timely completion. (Neonatal Med.)

Helped	Hindered
Available information When all information is available (Resp.)	Communication with CSACs No email Risr notification to update it had been sent. Clarification on how RCPCH determine which CSAC advisor it is sent to for sign off - could it be sent to both leads to ensure it isn't missed? (Onc.)
TQB Response: Staffing capacity/volume of submissions/8 week deadline: Thank you to all those who have implemented this and nearly meet/meet this requirement. We appreciate that for some this is challenging amidst clinical commitments. As this has been feasible for most we will maintain this requirement and ask for colleagues to strive to meet this. We recommend Diabetes & Endo colleagues speak directly with Neonates/HDU CSAC Chairs/SPIN Leads who have met the requirement and have a substantial volume of applications so that best practice and practical tips can be shared from those who have been able to meet this requirement. Communication with CSACs: They may be blocked by NHS firewalls so we recommend asking your IT to whitelist emails from noreply@risrmail.rcpch.ac.uk. Reminder emails about the 8 week deadline are only sent to those currently unable to meet the deadline.	

Programme Status & Curriculum Readiness

As part of the SPIN Review the boundaries of the curriculum have been redefined. Each SPIN should have a maximum of 5 Learning Outcomes (LO) with up to 5 Key Capabilities (KC) housed in each. All LOs and KCs must cover the 9 GMC GPC Domains along with an assessment strategy that covers all modalities. Those offering SPIN modules were asked to confirm if their curriculum is up to date and meets the newly defined standards.

No <i>A review of our curriculum is pending</i>	In progress <i>We have submitted recent curriculum revisions to the college / TQB for review</i>	Yes <i>Our curriculum is up to date and meets the required standards</i>
Oncology (Expecting submission in Sep 2026)	Adolescent Health AVM Cardiology Child Mental Health Diabetes Palliative Medicine Respiratory Sleep	Allergy Dermatology Epilepsy HDU ID Neonatal Med. Nephrology Rheumatology

Current Themes across SPIN

Those offering SPIN were asked to identify the consistent themes emerging from their practitioners, trainers, and CSAC SPIN leads including strengths and areas of concern, as well as any patterns around assessment, supervision, or trainee experience.

Strengths	Areas of Concern
Supervision & Support	Supervision & Support
AVM -Increased awareness and interest in AVM SPIN. Trainees feel well supported by supervisors. Neonatal Med. – The CSAC have a SPIN trainee representative who is exploring the best platform to develop a community for SPIN trainees (investigating NHS Futures and scope for creating a Neonatal Medicine SPIN space on this platform). CSAC aware that any platform that is developed would need to be monitored to ensure governance of the chosen platform is maintained. SPIN trainee guidance and FAQ document in progress.	CMH Specialist mental health supervision has been a bit difficult in some areas. Cardiology - Latest matter is surgical centres rightly refusing to take more SPIN applicants until the local centre confirms it will provide funding for the Educational Supervision. Neonatal - Previously, supervision and access to teaching were flagged as needing improvement. The new teaching programme and additional support re: supervision guidance should address these. There is ongoing work as to what forums exist or could be developed to support SPIN supervisors in their roles as current engagement is variable.
TQB Response: The Neonatal Medicine platform for community support sounds fantastic however RCPCH staff would not have capacity to moderate this so it would need to be maintained by the CSAC. Any resources from the RCPCH should be included as hyperlinks so as to maintain links to current guidance as downloads from the RCPCH website will be updated from time to time.	
Training sites	Training sites
AVM - New sites added to support AVM SPIN training. CMH - There has been creative flexibility in setting these programmes up. Diabetes - No specific concerns have been raised, at the point of application for SPIN training the CSAC and trainer have to agree the curriculum can be met in the proposed training centre. Where there are gaps, suggestions are made to buddy up with another centre to gain relevant experience. Rheum. - The CSAC remain committed to ensure SPIN training standards are consistent nationally and assessment decisions are robust: SPIN training must involve a recognised training grid centre.	AVM - Geographical constraints due to limitation of training sites. Cardiology - Slowly improving regulation of SPIN applications, which until recently were virtually unregulated by local centres with trainees appearing at the surgical centres for experience, without prior scoping of training capacity. Improving (reducing) practice of surgical centres appointing more SPIN applicants than training capacity allows for, as a means of covering service requirements. Pall. - Ongoing concerns re: the overall structure of SPIN placements, particularly the balance between time in specialist centres and district general hospitals. PPM CSAC Spin Leads have discussed extensively with TQB the ongoing concerns of the CSAC with the current proposed SPIN model, and efforts to align PPM SPIN with that of other

Strengths	Areas of Concern
Flexibility	subspecialties. A 6 month tertiary/ 6 month DGH model gives us great concern re: training quality, case exposure and supervision. A scoping exercise within the UK on DGH PPM training capacity showed that only one centre felt able to deliver the proposed model which strongly suggests that underlying capacity and infrastructure challenges are ongoing. The CSAC feel deeply uncomfortable with trainees enrolling in a model where, based on our collective experience, the likelihood of achieving the required competencies may be limited.
High quality training	TQB Response: Training sites (Pall.) This has been discussed extensively at TQB and further updates will follow after the next tabled TQB meeting, scheduled for 16 September 2026.
Adolescent health - There is a shared view that the SPIN module addresses an important gap in training and equips trainees with competencies that are increasingly required in acute and community settings. • High relevance to clinical practice: Trainees report that the competencies are directly applicable to everyday paediatric work, particularly in areas such as communication with young people, confidential consultations, mental health assessment, transition planning and management of complex psychosocial issues. • Enhanced confidence and capability: Supervisors note improved trainee confidence in engaging adolescents, undertaking HEADSSS assessments, and adopting a holistic biopsychosocial approach to care. • Strong multidisciplinary engagement: The SPIN encourages exposure to multidisciplinary working, which is viewed as a major strength and reflects contemporary adolescent healthcare delivery.	Evidencing capabilities
	Adolescent Health- Portfolio evidence requirements: Trainees occasionally describe uncertainty regarding the quantity and type of evidence needed to demonstrate achievement of competencies, particularly for capabilities that are developed across multiple settings.
	TQB Response: Guidance on what types of evidence should be linked to what key capabilities can be found in the curriculum and illustrations. CSACs are encouraged to include this guidance in the curriculum review.
	Access to training opportunities

Strengths	Areas of Concern
CMH - They have led to the appointment of very strong and well trained paediatricians with special interest in CMH Epilepsy - New SPIN curriculum should be more relevant for trainees with up to date illustrations. Rheum. - Positive trainee involvement and engagement - the Paediatric Rheumatology Trainee Group are particularly proactive in organising educational opportunities through their online educational events, and this is open to SPIN trainees.	Onc. - Access to SPIN training appears inequitable across the country. Increasing complexity of care required in a POSCU. Training and competencies needs to meet increased requirement, concern that reduced training time within a PTC will not be adequate. Residents are currently resorting to obtaining experience outside of the training programme to meet these needs. Pall. - Concerns that some trainees may not be getting enough exposure to specialist palliative care environments within current arrangements and alongside general paediatric commitments.
	TQB Response: Onc & Pall - TQB are aware of this concern however after discussions with TV and at TQB it was felt training needs to be delivered in a DGH as well as tertiary centre. Both CSAC letters have been received. This discussion will be discussed at the forthcoming TQB on 16 September 2026.
	Protected time for training
	Adolescent health - Protected time for training: Competing service demands can limit trainees' ability to attend specialist clinics, multidisciplinary meetings and educational opportunities. AVM - Paediatric trainees face challenges in arranging SPIN training due to difficulties obtaining protected time away from their paediatric training Dermatology - We have not had any recent people completing SPIN since the new committee have taken over - this is significantly because people can only really complete the SPIN in training if they take and OOP(something) as there are so few (if any) training posts where doctors can access paediatric dermatology. Post CCT there are also very limited options. Rheum. - Service Pressures can affect SPIN training opportunities.

Strengths	Areas of Concern
	TQB Response: the Trainee Committee have a sub-group, the Training Charter Working Group who are exploring ways to support amongst other issues, ensuring protected SPA time. We could explore linking into that protected time for SPIN training. Training Services will raise this with the Working Group. TQB agree that taking an OOPE for SPIN is not recommended and should only be in exceptional circumstances.

Support Needs & Development Priorities

Those offering SPIN were asked to consider what resources or support would help them to deliver a high quality module:

Learning Opportunities and OOPE Access

- Adolescent Health - Greater visibility of existing adolescent health training opportunities, including specialist clinics, regional networks, and multidisciplinary services, would help trainees maximise learning.
Support for Out of Programme Experience (OOPE) opportunities in adolescent health, particularly in centres with established specialist services, could provide valuable exposure for trainees from regions with fewer local opportunities.
- AVM – Paediatric TPD support is needed for future Paediatric Trainees interested in undertaking AVM SPIN training
- Cardiology – The evolving matter is of local centres continuing to place SPIN trainees on OOP to fill the mandatory allocation at a surgical centre, in the expectation that centre will fund the Educational Supervision.
- CMH - OOPE opportunities
- Dermatology - More opportunities for people to be able to do this as part of training but at the least, ability to do this as an OOPT (previously some have had to do it as an OOPE and that is really not right - happy to discuss further).

TQB Response: As above, TQB agree that taking an OOPE for SPIN is not recommended and should only be in exceptional circumstances.

Regional/ National Placement Networks

- Adolescent Health - Development of regional or national placement networks could facilitate access to specialist experiences and reduce geographical variation in training provision.
- Allergy & ID - Equity issue with some deaneries not offering PID/Imm and Allergy SPIN
- Diab & Endo – Involvement of college and wider diabetes network for SPIN assessments, given Diabetes SPIN is one of the most subscribed modules.

- Onc. – Access to relevant PTC for appropriate training programme for this subspeciality.

TQB Response: Colleagues are free to network via TPDs and establish networks. This is encouraged as the aspiration is a hub and spoke model.

Equity issue and establishing networks: this is noted and understood. Training availability in deaneries is beyond the control of RCPCH so we would encourage dialogue with centres to map out where there are opportunities.

Sufficient time in training/ Programme structure

- Pall. - CSAC feel strongly that trainees require sufficient time in tertiary centres to have breadth of training required for PPM SPIN. We remain very keen to work constructively with TQB to develop a model that is both scalable and maintains the standards required for PPM training.

TQB Response: TQB are aware of this, discussions taken place and CSAC advised of outcomes. As above, TQB discussions on this are tabled for 16 Sep 2026.

Supervisor Development and Training

- Adolescent Health - Increased access to development opportunities for educational and clinical supervisors would enhance confidence in supporting trainees undertaking the SPIN module. Opportunities for networking and sharing experiences between supervisors and SPIN leads would help disseminate successful models of delivery and assessment.
- Allergy & ID & CMH - Supervisor training
- Neonatal Med. – Ongoing support to engage with SPIN supervisors to ensure high-quality training and supervision incl. awareness of mandatory assessments, and detail around curriculum engagement for SPIN trainees.
- Resp. – Clarity around supervisor training would be helpful. What criteria should be in place to assign SPIN approved training site?

TQB Response - Training Sessions: We could investigate running a SPIN lead and Supervisor day in 2027 to facilitate sharing best practice and networking. This would need to be a virtual event and require a subgroup of CSAC Chairs/SPIN Leads to participate in planning, delivery and content as it would need to be expert led.

SPIN Sites: SPIN sites do not need to be a GRID centre and SPIN is not required to be a GRID-lite offering. There is no set criteria for approval however you should be confident that a clinician would be able to access opportunities which would enable them to demonstrate the key capabilities of the SPIN curriculum.

Training & Information Sharing

- CMH - Research opportunities
- Diabetes – College to support training of SPIN assessors outside the CSAC to help carry out SPIN completion assessments.
- Neonatal Med. - Collating and centralising information about regional events teaching events aimed at SPIN trainees would be a very helpful resource which could be managed centrally (and advertised) by the college.

TQB Response: RCPCH do support the CSAC coopting and training SPIN assessors. It is not recommended that RCPCH itself train SPIN assessors outside the CSAC as RCPCH are not clinical experts. The CSAC is free to coopt member to assist with SPIN reviews.

Neonatal Med. Regional events: Teaching events aimed at Neonatal SPIN trainees is supported and would sit best on the community platform you are planning. However, it can be added to the RCPCH website if you share it with us. This would need to be in a Word document or other format as might be required by our media team. We can also signpost to training via eportfolio notifications.

Trainee Meetings & Mid-point Reviews

- Neonatal Med. - Feedback was obtained from SPIN trainees in relation to potential mid-point reviews, this was felt to be beneficial. CSAC continue to consider how this could be progressed given the significant existing workload associated with CSAC reviews for ARCPs. Would need additional CSAC members to be able to progress this.
- Epilepsy – Regular annual meeting with SPIN trainees and supervisors by CSAC team.

TQB Response: It is recommended to coopt CSAC members to help with mid-point reviews - this is permitted under the ToR.

Section 6: Portfolio Pathway

The number of Portfolio Pathway (PP) reviews was consistent during the second half of the training year, between 1 Mar 2026 – 31 Aug 2026, 10 PP evaluations were completed by 4 CSACs. The table below charts the number of applications completed by each CSAC during each reporting stage and the outcomes. Applications still in progress have not been included. The number of approved applications is shown below in brackets.

	2023-2024	2024 – 2025		2025 – 2026	
	Annual QR	Mid-Year QR	Annual QR	Mid-Year QR	Annual QR
CSAC	No. of apps & outcomes	No. of apps & outcomes	No. of apps & outcomes	No. of apps & outcomes	No. of apps & outcomes
CCH	1 review (0)				2 new (0)
CMH					
Clinical Pharm.					

Diab & Endo.	1 new (1)				
Neonatal Med.	3 new (1) 2 reviews (2)				
Neph.	1 new (1)		1 new (0)		1 new (1) 1 review (1)
Neurodis.					
Neuro.	1 new (0)			1 new (1)	
Onc.	1 new (0) 2 reviews (2)	1 new (1)	1 new (0) 1 review (1)	3 new (1)	3 new (2) 2 reviews (2)
PAIID	1 new (1)			1 new (1)	
PEM	1 new (1)				
PGHAN		2 new (0)	1 new (1)		
PICM		1 new (0)	2 new (1)		2 reviews (1)
PIMM					
Pall.		1 new (0)			
Resp.	1 review (1)		1 new (0)		
Rheum.	1 new (1)		1 review (1)	1 new (1)	
Totals	10 new (6) 6 reviews (5)	5 new (1) 0 reviews	6 new (2) 2 reviews (2)	6 new (4) 0 reviews	6 new (3) 5 reviews (4)

PP Application & Sign-off Process: Improvements & Barriers

The CSACs who have been involved in the PP process were asked if there are any ways in which the current application and sign-off process could be improved. Neonatal Medicine, Neurology and PICM noted no current issues and offered no suggested improvements. CCH and Oncology recommended the following;

- CCH - Long time scales where they are known to be coming and then short time periods to review large amounts of evidence. But a useful process and we are keen to be a part of this to ensure parity with trainees who have gone through the traditional training route.
- Onc. - Reduce size of review (currently >200 pages). Development of separate transplant portfolio pathway.

TQB Response - Time scales: the timing of evaluations is largely determined by the applicant deciding their application is complete, so expected submission dates can change substantially at short notice. We will always advise assessors if the evidence will arrive less than two weeks before the scheduled assessor panel meeting and give assessors the option to reschedule. Evidence is verified by the GMC before it is released to RCPCH.

Size of review: Our Speciality Specific Guidance and GMC guidance directs applicants to submit less documentation, targeted to our learning outcomes and focusing on quality over quantity. Applications vary on how closely this guidance is followed and the GMC cannot refuse valid evidence. We will advise the GMC to amend and clarify our evidence guidance where possible.

Re. transplant portfolio pathway: eligible applicants may apply for Portfolio Pathway in an area of practice that does not have a sub-specialty syllabus, if it is viable for a doctor to be employed in a consultant role within that sub-section of practice.

The following barriers preventing the CSAC/ISAC from assessing applicants within the given timeframe were identified;

Time

- Time is a big issue – these take a long time to go through and are not remunerated either through the college or through departments giving time for College activities that do not directly relate to revalidation / training needs in a department. Therefore, have to be done in free time which is a challenge when the college team want regular meetings during their working week (which is a completely reasonable ask by them but challenging to manage with a full time job). (CCH)
- Timescales are difficult due to volume/size of PP and often multiple reviews (Onc.)

Workload

- The general workload for the CSAC is very high given the number of resident doctors in the programme. It would be helpful to have additional resources in terms of CSAC membership/co-opt to assist with this. (Neonatal Med.)

TQB Response - Time: If more time is needed to review evidence please let the PP Team know and they can look to facilitate this. Assessor panels could potentially be deferred if workload takes priority. The caveat to this would be that such applications would be at risk of being allocated by the GMC to GMC Associates if they have a panel scheduled before an RCPCH panel. If an assessor needs some protected time to work on Portfolio Pathway, Training Services can issue a letter of support for this workload to be recognised by their employer.

Workload: we are planning to recruit general paediatric Portfolio Pathway Assessors over the next few months and can widen this to consider recruiting sub-specialty Portfolio Pathway Assessors. We can raise this at the next TQB and CSAC Chairs Forum for CSAC approval and/or comment.

Do the Specialist Learning Outcomes and Key Capabilities in your sub-specialty syllabus adequately address the requirements for a successful Portfolio Pathway application?

The Training Services Team are working to align the Subspecialty Specific Guidance (SSGs) with the GMC's 4 Domains of Good Medical Practice and each subspecialty's Learning Outcomes and Key Capabilities. In light of the current Subspecialty Curriculum Review some revisions may be required following approval by TQB and the GMC. However, CSACs confirmed that currently the specialist LOs and KCs adequately address the requirements for a successful Portfolio Pathway application.

Section 7: Careers, Recruitment & Workforce

Careers Promotion

CSACs continue to support the promotion of their subspecialties through RCPCH coordinated events, workshops, webinars, via associated societies, regional programmes, trainee stories, improved pre-application guidance, *Choose Paediatrics* and career and recruitment events. It was highlighted by many that current competition ratios for training posts and consultant roles are indicative of the increased interest and awareness of paediatrics and associated career pathways and opportunities.

Subspecialty Recruitment Process

Subspecialty recruitment continues to be a competitive process, to see a full break down of the application figures including fill rates, please refer to the *2025-2026 Mid-Year Quality Report* where this was reported in full.

The Medical Recruitment Team continue to refine existing processes in anticipation of MDRS taking over Paediatric and Subspecialty recruitment. The following questions were posed to the CSACs with the view of working towards refining subspecialty recruitment processes so they can be applied Nationally while taking into consideration the nuances of each subspecialty.

With alternative methods to shortlisting and defining eligibility for interview being introduced, what are your main concerns, as a sub-specialty, to interviewing all applicants who meet minimum eligibility requirements via the Confirmation of Eligibility process?	
Concerns	No concerns
Benchmarking across multiple panels • How to ensure split panels are equitable. (Onc.) • Greater number of trainees shortlisted requiring an increased number of panels making more challenging to ensure parity at the interview (Diab & Endo) • Volume of interviews and maintaining quality control across two rounds of interviews. (Resp.) Consultant/ CSAC capacity • There will be too many trainees to interview for such a small number of CSAC members. (Neph.) • Existing concerns include increased consultant workload with limited capacity. (Neurodis.) • Quantity of time and number of volunteer consultant hours required (PICM)	• No new concerns. Keen to see how this year goes. Would advocate for a process that auto scores objective application questions - presentations/publications etc. (PEM) • We rarely get large numbers of applicants and in practice have always interviewed most if not all applicants. At most 1 applicant has been rejected at shortlisting so this won't affect our workload greatly although it seems disingenuous to the inexperienced applicant if they are clearly far below the standard of 2 or 3 other applicants for the same post. (PIMM) • Small speciality – with not many applicants therefore not a concern to us. We think the minimum application cut off is very minimal (Rheum.)

Distinguishing between candidates • Develop questions to separate closely ranked candidates. (Onc.) • There is a reduced ability to distinguish the most suitable candidates through current processes. (Neurodis.) • Concerns as to how we are going to discern trainees who will be good for respiratory subspecialty if there is only an interview process and no consideration of their CVs/application form. (Resp.) Quality Control • Dilute the quality of trainees shortlisted (Diab & Endo) Time implications • Time and panel member numbers. (Neuro) • Time and resource to interview all, will interview reliably distinguish good candidates, question writing (PAIID) • Time required for interviews if interviewing all applicants. However, in our small subspecialty this would likely still be completed within one day. (Pall.) • The time involved to interview all applicants could be a concern. (Resp.)	
WRB Response - Equitability of panels – changes to questions should lead to more specific scoring schedules, with more clarity around how and where points should/shouldn't be awarded. All panels will have the opportunity to calibrate as a group on each day of interviews, before the first candidate – with a later start and plans for a much-reduced briefing, more time can be allocated as well, as required. Time and resource for interviews – apart from a couple of sub-specialties, the number of additional consultants needed shouldn't be excessive and the team will be going out to request for availability earlier this year, inviting any UK consultants to get involved. Assessors/ interviewers do not need to be solely those from within the CSAC and non-CSAC members should be encouraged to join, to ensure a wider spread. With no shortlisting this year now, we hope there can be a bit of a trade off with the amount of time previously needed in the busy lead-up to Christmas no longer required. With the two-station set-up, it will be possible to interview comparable amounts of applicants in less time, so days will be shorter.	

We have recently discussed the possibility of both limiting application attempts to **2 per PGDiT**, and also the possibility of removing the 'prior experience' - please share any thoughts/concerns you have on the feasibility of introducing these changes?

Limiting application attempts	Removing 'prior experience'
CCH - Limiting everyone to the same number of attempts would feel like an excellent step – there is considerable inequity at present with those who work LTFT, take some OOPs and who can fit in a number of parental leaves 'gaming the system' to have multiple attempts which those that work full time are not able to do. This is not how the system was envisaged to work and is allowing those who can afford to work in certain ways / are not on visas an advantage. Levelling the playing field will be much better, and also hopefully prevent trainees from wanting to accelerate their training so much too. Diab & Endo - As a CSAC we do not feel strongly about limiting the application attempts to 2. Neonatal Med. - It would be important to ensure limiting trainees to applying only twice does not disadvantage either trainees who work FT and are progressed to ST5 early based on capability or those who working LTFT / go on parental leave in ST4/5 given the differences in timing of gateway to ST5 according to ARCP vs timing of application window in the calendar year. Neph. - Currently know of at least 3 trainees who have applied more than twice who are excellent (one of which has recently been given a Consultant post). It also may disadvantage those who apply when the available posts are a low number (in 2025 this was 2). PAIID - limiting to 2 seems ok- this is more than many currently have. PEM - This is feasible, PEM is a 2 year program. Planning should allow for the multiple potential years of first application. The introduction of such a system may need	Diab & Endo - We as a specialty do not approve retrospective experience to be counted towards subspecialty training. Neonatal Med. - If trainees are appointed to sub-specialty training at ST5 it is essential that they could have prior access to the subspecialty curriculum on their e-portfolios in order to evidence their experience. These trainees should have 'prospectively approved' training posts within a neonatal care or approved allied speciality setting. Neurodis. - Not specifically discussed. The CSAC would likely favour ensuring candidates demonstrate genuine commitment and relevant capabilities rather than relying solely on time-based experience. It is useful to review if the new process appropriately identifies the right candidates. Neuro. - Prior experience for one year seems reasonable to include to allow someone to reapply. Onc. - Would have concerns about removing prior experience PAIID - Not to remove prior experience- essential for many of our trainees PIMM - Removing prior experience may make it difficult for some trainees to apply twice though without indicative training time available if we can't count relevant prior experience Resp. - Prior experience is tricky & I think would limit our pool of applicants significantly. Rheum. - We are concerned about removing the prior experience requirement entirely. Prior experience helps ensure applicants have sufficient understanding of the specialty

Limiting application attempts	Removing 'prior experience'
a phased approach to ensure no individual is penalised. PIMM - Limiting applications to 2 is OK PICM - This may work. Resp. - We do not think there is a need to limit application attempts to 2. Rheum. - We think limiting to 2 attempts per applicant is wise.	to make an informed career choice and are able to demonstrate genuine commitment and relevant competencies. Without this requirement, there is a risk of applications from trainees with limited exposure to the specialty, potentially leading to poorer informed career decisions and greater variation in preparedness at the start of subspecialty training.
WRB Response: This will be discussed in depth at the CSAC Chairs Away Day in October, so all feedback received will be very helpful to stoke discussions. We want to have an agreed and equitable process in place for subsequent recruitment rounds, following the away day.	

If we do continue allowing trainees to evidence 'prior experience', when applying from ST5+, how can the process be better administered, standardised and linked to capabilities, as opposed to time?

Evidence recorded via ePortfolio

- CCH - *Reflections of skills learnt/ experience. Logbook if performed specific procedures (e.g. number of safeguarding medicals and reports written).*
- Neonatal Med. - *The new curriculum may help to address this and we will review this following implementation. Educational supervisors need to be informed on how to assess trainees progress (particularly with reference to the new curriculum) to be able to make a sound judgement of the value of 'prior experience'.*
- Neurodis. - *Link evidence explicitly to curriculum capabilities and learning outcomes using structured portfolio evidence rather than duration of experience alone. This aligns with the direction of the revised curriculum. It is important to be clearer about the level of training and not to consider the SHO experience year to be added to the subspecialty training period.*
- PEM - *Potentially but this requires prior approval by the CSAC and access to the relevant portfolio to allow for contemporaneous entries*
- PIMM - *It would be great if RISR could allow retrospective "relinking" of uploaded evidence onto a tertiary curriculum. We could ask that prospective applicants be given access to the PIMM curriculum in preparation for subspecialty application.*

Motivation for undertaking a particular subspecialty

- Neph. - *Without any experience in the specialty it would be difficult to understand why a trainee would want to commit to subspecialty training. I guess as training will commence in subspecialty training it is more important to understand if they have the skills, qualities or passion for the specialty*

- Rheum. - *We don't currently have a 'time' – but would expect a trainee to have explored what Paediatric Rheumatology is about and been proactive and shown some form of commitment*

Subspecialty Forms

- PAIID - *this is difficult due to many nuances that prevents standardisation. Using a form in PID has helped to make this easier. Has to be individualised by subspecialties. Academic experience could be more standard across all subspecialties. Prospective application is helpful but cannot assess candidate's performance in post prospectively. Insufficient time in training for retrospective application.*

Time-based training

- Neuro. - *Will still need to be time-based for paediatric neurology as curriculum requirements will not be achieved during training otherwise and will require extension. We would just be pushing the issue to a later stage of training instead of dealing with it upfront.*

WRB Response: As noted above – will be discussed at away day and all comments/feedback is much appreciated.

With growing concerns regarding the number of sub-specialty consultant roles available for PGDiTs at the point of CCT, what is your current approach, as a CSAC to monitoring your sub-specialty's overall workforce and ongoing workforce requirements?

Matching training posts with potential Consultant posts

- Clin. Pharm - We are actively working with Trusts to create appropriate job plans
- Neph. - We have tried to match training posts to potential consultant posts but this is almost impossible. To train just enough doesn't allow for unexpected posts or new posts becoming vacant / currently the balance appears right with only a few trainees not being able to apply for a substantive post and that is often related to a family commitment that prevents them from moving to another region.

Workforce surveys & monitoring

- Diab & Endo - We will be undertaking a workforce survey which will be helpful in this regard.
- Neurodis. - Consultant and trainee workforce surveys, recruitment outcomes, workforce trend analysis, and review of future consultant workforce requirements. We have conducted the survey about the capacity.
- Neuro. - Ongoing workforce programme in place with BPNA
- PEM - This is something we are increasingly aware of and we are monitoring closely, the difficulty is that departments voice wanting to and needing to recruit but are limited by local financial pressures, this may be political motivated and the College may be of assistance here.
- PICM & PIMM - Workforce survey in progress.

No current workforce monitoring

- CCH - We are not keeping track of CCH adverts / posts recruited to. We are not hearing of a mismatch between CCTs and jobs available.
- Neonatal Med - We would be keen to collaborate with national/College working groups to look at neonatal workforce planning in the context of any recommendations from current reviews of neonatal and maternity services.
- PAID - Really difficult for CSAC to predict. Deaneries do not have national oversight of national posts available nor the likelihood of consultant posts becoming available. Increasingly challenging with LTFT trainees and consultants.
- Pall. - Challenges within our subspecialty are often around lack of available funding for consultant posts, or geographical locations of available consultant jobs compared to location of training posts (as in all subspecialties). The fundamental workforce issue in our small and growing subspecialty is the need to increase the number of appropriately trained PPM consultants which requires expansion of funded training capacity.
- Resp. - Needs improvement and we are open to suggestions as to how to do this - we at the moment remain in an situation of undersupply of trainees & vacant jobs We are constantly reviewing this and to our knowledge all our recent CCT respiratory trainees have got consultant jobs.
- Rheum. - We have similar concerns and have no way of monitoring. We think this is going to become a bigger issue in the future.

WRB Response: This will also be covered in depth at the CSAC Chairs Away Day in October - we are planning on putting together some insights/analysis on recruitment/training trends for each CSAC covering number of posts/ applications/posts filled, working patterns, locations, time in training, predicted CCT date. More on this once we've had the away day and have an idea how best to facilitate and collaborate with CSACs.

Workforce planning

CSAC	What data and evidence does the CSAC collect to inform workforce planning?	What plans does the CSAC have regarding supporting future workforce planning?	What data and evidence could the College provide to inform workforce planning? ³
Clin. Pharm.	Outcome roles of all previous trainees.	Undertaking work with College currently.	No request from the CSAC for additional data.
Neph.	Potential retirement dates and jobs available collected by the BAPN.		Not sure
PEM	Knowledge of trainee number, CCT dates, approved consultant posts.	Workforce planning project in progress with BIMDG.	No request from the CSAC for additional data.

³ For example; time in training, flexible working, geographical distribution of posts

CSAC	What data and evidence does the CSAC collect to inform workforce planning?	What plans does the CSAC have regarding supporting future workforce planning?	What data and evidence could the College provide to inform workforce planning? ³
PIMM	Workforce planning project in progress with BIMDG	Workforce planning project in progress with BIMDG	No request from the CSAC for additional data.
Pall.	The CSAC collects data to inform workforce planning, our subspecialty is small and expanding. Challenges within our subspecialty are often around lack of available funding for consultant posts, or geographical locations of available consultant jobs compared to location of training posts (as in all subspecialties). We consider that the fundamental workforce issue is the need to increase the number of appropriately trained PPM consultants. This requires expansion of funded training capacity, rather than modification of SPIN structure in a way that risks diluting training quality.	New additional training site approved this year. CSAC will continue to review and support applications for additional training centres. We need to increase the number of trained PPM consultants although this requires expansion of funded training capacity. Demand for specialist consultants far exceeds our ability to train.	No request from the CSAC for additional data.
CMH	CSAC have done a training needs workforce survey which we use as evidence and is available for the college.	CSAC keen to support - but there is some doubt from the college about the future of CMH as a subspecialty.	No request from the CSAC for additional data.
TQB Response: As noted above, there is already an ongoing discussion on CMH workforce that we are waiting the CSAC to contribute to.			
CCH	At present none.	We are aware the numbers of CCH workforce will decrease in view of a significant proportion of Consultants, Associate Specialists and Staff Grade doctors approaching retirement	None re: workforce planning. However, as mentioned previously, having information re: time in training for applicants to specialty training would enable us to ensure that they are

CSAC	What data and evidence does the CSAC collect to inform workforce planning?	What plans does the CSAC have regarding supporting future workforce planning?	What data and evidence could the College provide to inform workforce planning? ³
		age. Therefore, recruiting more CCH clinicians is a priority.	eligible to apply for Subspecialty training.
Diab & Endo	Workforce planning survey distributed to all tertiary centres, approved by the BSPED clinical committee.	Through the survey we are trying to establish the number of consultant posts currently available and any anticipated increases in workforce across 5 years (including retirements/ replacements/ new posts).	It would be much appreciated if the college could provide on an annual summarised report on the current take-up of subspecialty posts, flexible working of trainees and anticipated dates of CCT.
Neonatal Med.	Trainee progress throughout sub-speciality training and numbers achieving CCT.	Ongoing concern within CSAC around availability of robust information to plan future workforce needs across the UK.	Time in training, time to CCT from being recruited to sub-speciality training (with indication of full-time vs less than full time working), geographical distribution of posts, competition ratio of posts at shortlisting / interview.
Neurodis.	Consultant workforce data, trainee demographics, recruitment data, flexible working patterns, career aspirations, service delivery models and future workforce requirements.	Continue workforce surveys, review training programmes nationally, align training with future service needs and workforce trends and use findings to inform curriculum development and recruitment.	National data on training numbers, time to CCT, LTFT working, consultant vacancies, geographical distribution of posts, recruitment fill rates, retention and career destination data.
Neuro.	Work being done by BPNA already.		Geographical distribution and time in training would be important information to collect.
Onc.	At present we don't collect this data but will discuss how to do this moving forward.	Keen to support. Further discussions with RCPCH required.	Number of subspecialty posts and SPIN posts to adequately staff units across the country. Time in training, flexible working, geographical distribution of posts particularly distribution of posts in training and post CCT roles available

CSAC	What data and evidence does the CSAC collect to inform workforce planning?	What plans does the CSAC have regarding supporting future workforce planning?	What data and evidence could the College provide to inform workforce planning? ³
PAIID	We have not formally been asked to do this or supported to do this.	Potential for bigger piece of work to support current facing the future work.	We feel that this is college work rather than subspecialty work. We cannot enforce or stop a deanery from putting forward a post.
PICM	Workforce survey data analysis underway.	Ongoing recruitment, producing consultants who are trained to the highest possible standard	General workforce data metrics.
Resp.	Currently we don't formally collect this information but we do know who has CCT and has got a consultant job.	None at present	Time in training, flexible working, geographical distribution of posts.
Rheum.	None currently – not within our remit/ control or influence	To discuss at next CSAC meeting.	We think the issue is more with lack of information about consultant workforce distribution: current consultant numbers, vacancy rates, and regional variation in service provision.
WRB Response: The workforce team will be compiling reports for each CSAC with a focus on recruitment and training data. This will inform workforce planning/recruitment for the 2027-2028 round - to be discussed at the Away Day.			

Are there any specific areas where the College can support CSACs to work with decision-makers and relevant stakeholders within the NHS around workforce and recruitment?

CSAC	Areas identified by the CSACs	E&T Boards Responses
CCH	It would be helpful for the college to flag the high numbers of community paediatricians who will retire in the next ten years – and that this will leave a gap. The college should be advocating for more community paediatric posts being developed.	WRB Response: The workforce team can help provide this information based on existing data, but a more detailed characterisation would likely require a new data collection.
Neonatal Med.	We would be keen to collaborate with national/College working groups to look at neonatal workforce planning in the context of any recommendations from current reviews of neonatal and maternity	WRB Response: As noted above, we are very happy and keen to support any sub-specialties in workforce planning and will be discussing this at the CSAC Chairs Away Day in October.

	services. It would be helpful to have consistent liaison with the RCPCH AAC team on the number of Consultant Neonatal Medicine posts recruited to nationally, and similar for Paediatrics with a Special Interest in Neonatal Medicine. This would help to inform the numbers for subspec. recruitment to neonatal medicine (as recruitment generally reflects projected workforce needs).	We did discuss briefly, when previous training figures were shared with CSACs, the possibility of having an ongoing sharing system between the team, potentially via SharePoint. We can look at this again but will still give the caveat that AAC numbers do not include every consultant post recruited to. However, we are now actively tracking NHS Jobs and contacting trusts who have not requested an AAC, so will have a better idea of numbers going forward.
Neurodis.	National workforce intelligence. Advocacy with NHS workforce planners. Support for recruitment reform. Sharing workforce data across specialties.	WRB Response: The workforce team can provide data from recent College surveys and to some extent from external sources but information re sub-specialities is generally quite limited. We would tend to look to the CSACs to help provide the data on their specialty - to be discussed at the Away Day.
Neuro.	Reviewing specific workforce requirements in some deaneries.	
PIMM	No this is outside the role of the RCPCH sadly - although we would encourage RCPCH reps on AACs to be stricter in assessing the rigour of PIMM training that non-UK applicants for substantive posts have also the quality of PiMM experience necessary to be appointed as a link general paediatrician. This is currently very variable - once SPIN is available then this should form the basis of assessing the level of experience either (1) obtained or (2) clearly planned to be obtained.	WRB Response: Please see above re: AAC data and tracking. Regards SPIN, we must be careful how this is used, particularly any suggestion of it being a suitable equivalent for experience evidenced at consultant interviews.
Resp.	Conduct an effective workforce survey. It would be helpful to have discussion about how the CSAC can engage with workforce planning - at the moment most trusts have no money to make new jobs and we have no role to affect that. Further information about how we should be engaging would be useful if we are expected to do so.	WRB Response: The workforce team (in collaboration with other teams in the College) is currently working on a comprehensive characterisation of the workforce as part of the State of Paediatrics. However, for individual sub-specialty data, we will need CSAC support – to be discussed at the Away Day.

Alternative career pathways

CSAC	Does the CSAC have any requests from the College for additional support to promote alternative careers pathways in their sub-specialty?	E&T Boards Responses
CCH	Consideration of Community SPIN to allow other paediatricians to transfer to CCH even after the end of their training. Requests have come through directly to the CSAC from drs who have completed training and are looking to work in CCH about how best to achieve and evidence post-CCT training to be able to apply for Consultant roles in CCH. A SPIN would be ideal to help with this.	TQB Response: Applications for new SPIN modules can be submitted to TQB for consideration using the SPIN Proposal Form. However, care must be taken when considering how SPIN is used, particularly any suggestion of it being a suitable equivalent for experience evidenced at consultant interviews.
Neonatal Med.	The numbers of neonatal med. Con posts recruited to nationally vs alternative career pathways would help us to better support those trainees currently in subspecialty training or those who are recruited in the future.	WRB Response: Please see above re: workforce plans and potential for data collection – the State of Paediatrics project may also be helpful.
Rheum.	Wider support/report on consultant/ workforce need and guidance may help with lobbying TRUSTS/hospitals to expand workforce to deliver best possible care. Many units are significantly understaffed and we have no influence in developing posts where they are needed. We think the issue is more with lack of information about consultant workforce distribution: current consultant numbers, vacancy rates, and regional variation in service provision.	WRB Response: On the subject of lobbying trusts etc, this is a little outside our remit/capability – however, we do have a drive to ensure that suitable tool-kits and standards docs for working in all areas of paediatrics and sub-specialties are available. This will at least provide levels of nationally expected and acceptable standards for working that can be used to help frame the types of local discussions mentioned.

Section 8: General Feedback

Is there anything else that you would like to make the College aware of? Is there anything that the RCPCH could do to support the CSAC better/ differently, if so, what?	
CSAC	CSAC Response
Neph.	Recent change in curriculum was predominantly an administrative task. The college sometimes appears to not recognise that these roles are voluntary.
TQB Response: We are always aware that these roles are unpaid and often completed with little hospital SPA support. This is of course also the case for members of TQB. We endeavour to give reasonable notice and provide staff support for any curriculum changes. All CSACs were given 6 months' notice and were provided with all the information to undertake the review. We also met in January to help with any questions and direction. If the CSAC would like a discussion with TQB and E&T leadership on their concerns for the sustainability of the CSAC into the future we would be happy to arrange a meeting.	

PICM	The ISAC is a voluntary role. The demands for lengthy documents or surveys (such as this one) to be completed at short notice are unhelpful.
Rheum.	Earlier communication of key timelines - recognition of summer holidays particularly and sensible deadlines. Support for succession planning and committee sustainability, recognising that CSAC roles are voluntary and increasingly challenging to maintain alongside service commitments. This may include facilitating more co-opted members, role-sharing arrangements, or leadership development opportunities.
TQB Response (PICM & Rheum): We fully recognise these roles are voluntary and try to keep requirements down to the essential only. The responsibility of all CSACs is to contribute to the Annual Quality Review Cycle is to ensure we are able to move concerns and issues forward transparently and effectively. This includes completing 1 Mid-Year and 1 Annual Activity and Feedback Form. Requests for CSAC involvement in this process is not issued at short notice; all dates (including CSAC deadlines) are published 6-months in advance on the CSAC Resources Hub. In addition to this all CSACs are reminded of upcoming reporting periods in advance during CSAC meetings and given at least 1 month to complete and submit their feedback.	
Resp.	It would be useful to understand how this information (A-AFF) is used. Some of these questions have raised questions as to how the college sees the CSAC's role in areas such as workforce planning and future of NHS type questions. What role are we playing/what power we have to enact change, for example over no. of consultant posts or subspecialty available posts etc? Maybe someone from the college could come to a meeting for a Q&A?
TQB Response: This is the only form that is regularly requested for completion by CSACs. As we've covered before at CSAC Chairs Forums and Assemblies, this is then reviewed by TQB and WRB to inform their workplan with CSACs for the coming year. It also provides transparency between CSACs and shared solution finding.	
WRB Response: Workforce is going to be the overarching topic of the CSAC Chairs Away Day following discussion at the previous CSAC Chairs Forum. More information to follow.	