Realtime prediction of workforce demand The RCPCH MMC cohort study



Leading the way in Children's Health

Background

Predicting the future health service requirements for a competent and capable workforce is difficult. However it could be argued that some constants in the system are not usefully measured. A case in point is the profile of doctors wishing to pursue a career in paediatrics. In 2007 Modernising Medical Careers transformed the post graduate medical education by enabling a run through training pathway for paediatricians. This enabled a unique opportunity to follow an entire cohort of paediatric trainees until they became consultants

The first part of the study relating to the ST1 year was completed in 2008 and part 2 began in February 2011 with an aim to establish:

- The career intentions in terms of the type of paediatrician they wish to become, their expectations regarding the specialty/sub-specialty they expect to work in, part-time/full time working and geographical restrictions on where they work;
- · The level of confidence they have about their career choices and the reasons for change in confidence;
- · The status of their training in terms of exam passes, out of programme experience and current grade;
- · Reasons for attrition; identifying those original cohort members who have left paediatrics and to find out why;
- · The reasons for changes in career intentions and the cohort's attitude to work-life balance.

Methods

In 2008 an on-line questionnaire using SurveyMonkey was sent to all 440 doctors who commenced training in paediatrics in 2007 at the end of their ST1 year. 348 (79.1%) responded.

In 2011, a second on-line questionnaire relating to the 3rd year after the start of training was sent to the same group including previous non-responders - 354 (80.5%) responded. The responses to 40 separate questions were stored in a Microsoft Access database and analysed using Access and Excel.

Part 2 identified 39 trainees who were no longer in paediatrics of whom 26 agreed to take part in a telephone follow up survey. 15 of these were interviewed about their reasons for leaving paediatric training and their responses form a subset of the main data.



46.0% of the cohort stated that they would like to work less than full time as consultants compared with 17.8% of consultant paediatricians recorded as less than full time in the College's 2009 census.

Figure 5: Geographical constraints

Where would you like to work?	Total
UK	266
	84.4%
Abroad	40
	12.7%
No answer	9
	2.9%
Total	315

84.4% of respondents would like to work in the UK when they complete their training, and the remaining 12.7% would like to work abroad.

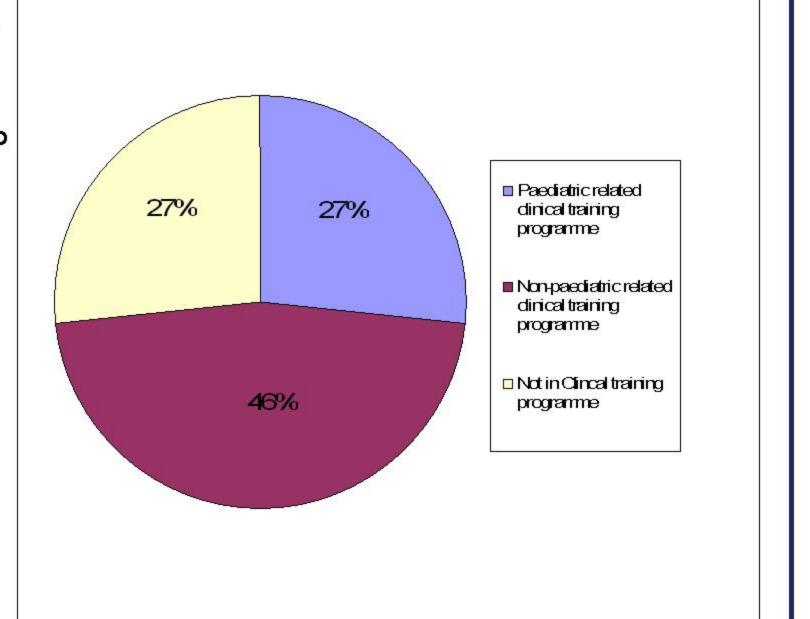
61.9% stated that their job applications would be limited by geographical constraints.

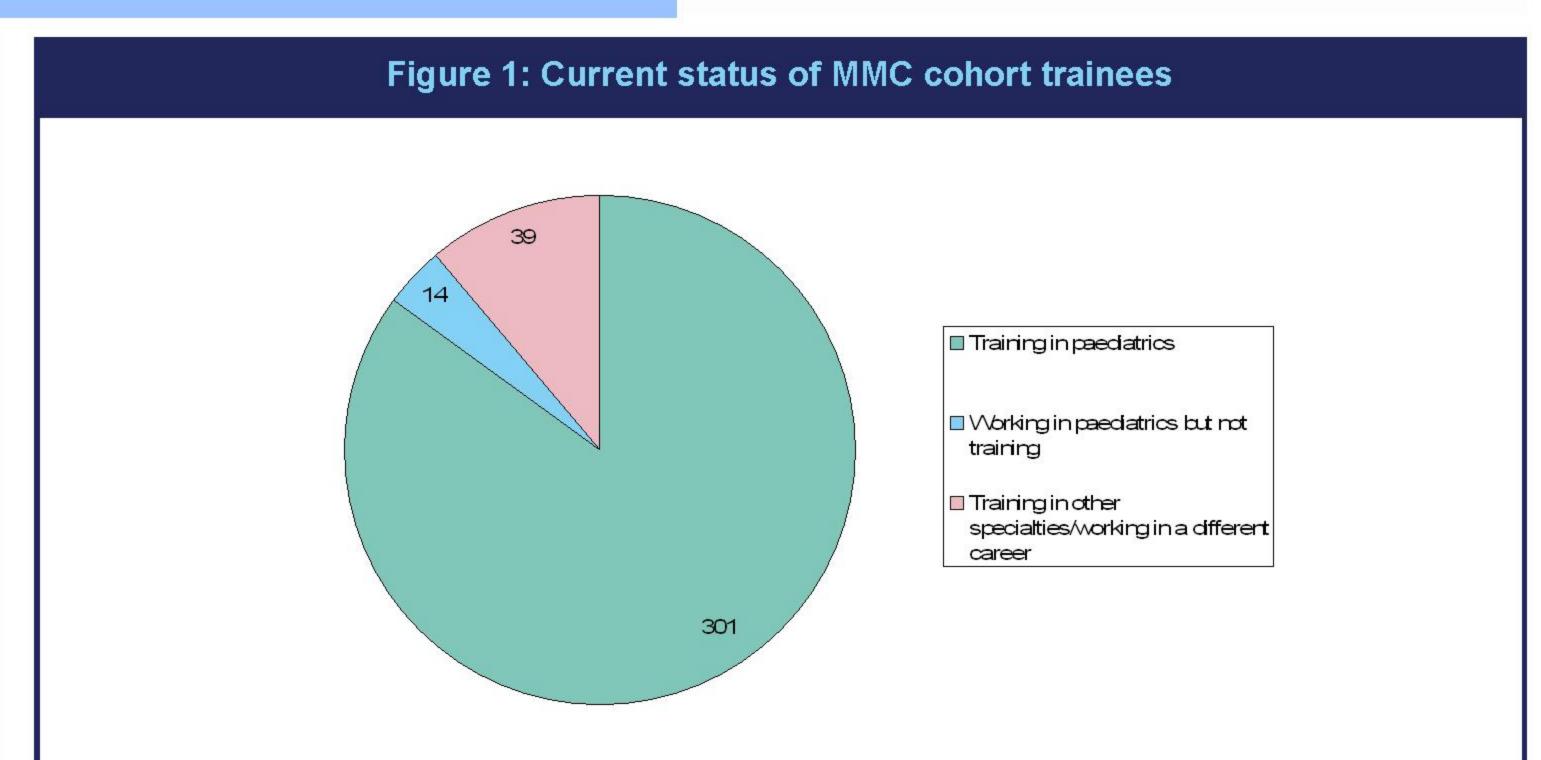
Figure 6: Destinations of respondents who have left paediatrics

Of the 15 interviewees, 4 (26.7%) were now in a paediatric related clinical training programme such as paediatric cardiology and clinical genetics, 7 (46.7%) were in a non-paediatric related clinical training programme and 4 (26.7%) are not in a clinical training programme. The most common destination was GP training, with 4 leavers taking this route.

Interviewees gave a wide variety of reasons for leaving paediatric training. The most common (6 out of 20) was attraction to another specialty. Other reasons included not enjoying neonatology, lack of training programme flexibility, personal/family reasons and rota intensity and staffing pressures.

When asked whether they would recommend paediatrics to other doctors or medical students, all 15 respondents said that they would.





Of those responding, 85% are still training in paediatrics, 4% are working in paediatrics but not training, and 11% are training in another specialty or working in a different career.

Figure 2: Comparison of trainees' career intentions with current consultant jobs

Shows the proportion of trainees who intend to work in each job type compared with the actual posts reported in the College's 2009 workforce census. Considerable differences exist between intentions and reality for community and specialist roles. The post popular subspecialties amongst the cohort are neonatology, oncology and paediatric cardiology.

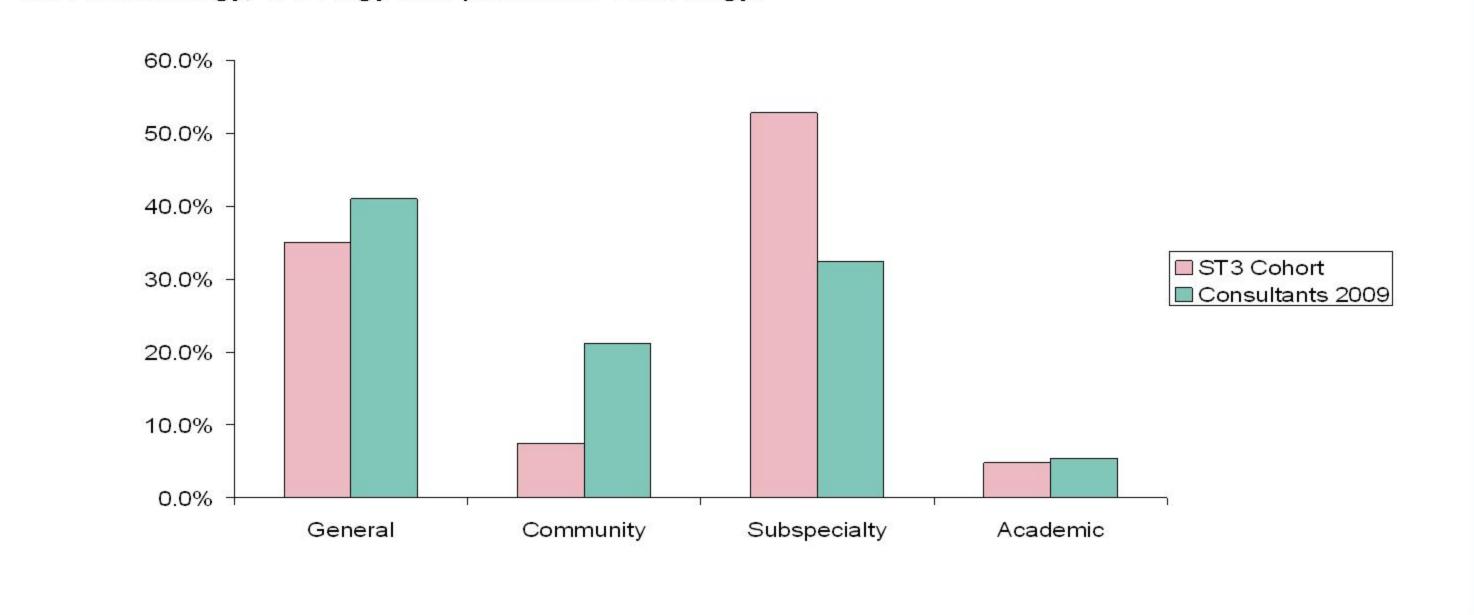
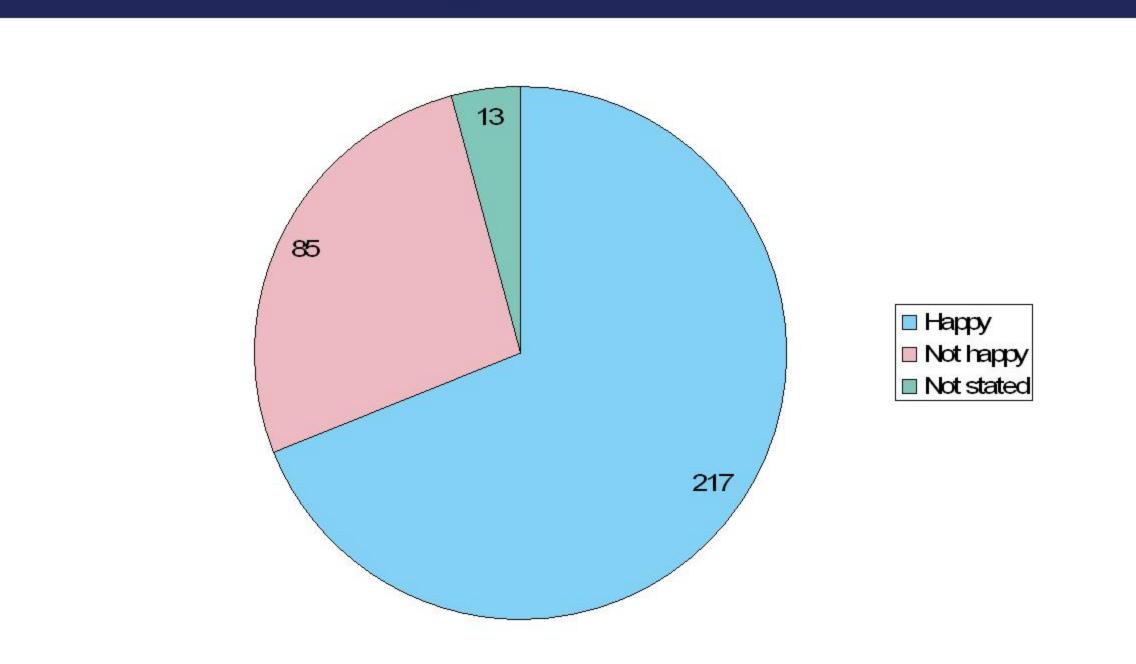


Figure 4: Considering your current work life balance, are you happy with choosing paediatrics as a career?



Of 315 respondents, 68.9% (217) said that they were happy, 27.0% (85) were not happy with their choice, and 4.1% (13) did not answer.

Conclusions

In "Paediatrics: CfWI medical fact sheet and summary sheet – (August 2011)" the CfWI noted there was a small mismatch between the IC Census data and the data presented by the RCPCH. Additionally there was uncertainty around the actual time trainees take to complete training in Paediatrics. In order to address this the MMC cohort study provides a unique opportunity for real-time data collection to active inform future workforce strategy. We are not aware of other organisations undertaking this level of detailed evaluation.

Key Points

The expectations and intentions of trainee paediatricians in regard to their future career vary considerably from the structure of the current trained workforce in terms of job type and level of part-time working. The number and percentage of doctors who leave paediatric training is high and needs to be addressed.

Future work

At the end of 2012, we will be following up the group again when they have completed their ST5 year. The main themes will be attrition, changes in career intention and whether trainees are receiving suitable training.

