Royal College of Paediatrics and Child Health

Leading the way in Children's Health

Executive summary

RCPCH MMC Cohort Study (Part3)

April 2014

Background and methodology

In light of key challenges faced by the paediatric workforce, the MMC cohort study aims to provide a better understanding of paediatric trainees' career intentions and progress in order to produce recommendations for how the College, NHS providers and commissioners can improve training programmes and ensure paediatric trainees are better prepared for their future career. This report will add evidence to the developing RCPCH workforce strategy.

The RCPCH sent a questionnaire to all trainees who began training in paediatrics in 2007 after approximately 1 year of training (part 1) and after 3 years of training (part 2). The 3rd part of this survey took place after their 5th year of training, and it is intended to repeat it after their 7th year.

A survey was sent using SurveyMonkey to the whole cohort, apart from those who stated they had left paediatric training to work in a different medical specialty or a different career in their response to part 2. This report presents the findings of part 3 of the study.

Key findings and recommendations

Response rate and cohort demographics

- 57.6% of the original cohort responded to part 3 - 257 individual respondents. 47.5% (212) of the original cohort have responded to all three parts of the study.
- 241/257 (93.8%) are currently working in the UK, and 16/257 (6.2%) are not currently working in the UK.
- 222 (86.4%) stated that they are currently training in paediatrics, 212 of which are in the UK.
- 19 (7.4%) stated that they are working in paediatrics but not training, 16 of whom are in the UK.
- The attrition rate between part 2 and part 3 is 9.1%, or approximately 4.6% per annum.
- Trainees in the cohort vary considerably in the year of training that they have reached and some after 5 years in paediatric training have not yet completed ST2; 40.1% of the cohort (89/222) were in an ST5 post on 1st August 2012; 45% (100/222) were in a more junior position and a small percentage, 9.5% (21/222) had advanced to ST6.

Recommendations

- RCPCH to disseminate its findings on attrition rates widely, particularly to bodies responsible for workforce planning – HEE, CfWI, LETBs and Deaneries in England, Scottish, Welsh and Northern Irish assemblies with a request that these bodies formally liaise with the College on paediatric workforce modelling.

- RCPCH carry out further research to investigate the causes of attrition among trainees to establish whether it shows variance with other specialties or other fundamental reasons. The findings to be used to support trainees who are considering leaving training and to consider ways of reducing attrition rates where possible.

Current post and preferences

- 146 (64.0%) are working full time, 50 (21.9%) are working LTFT and 32 (14.0%) are currently OOP.
- Since part 2, there has been a statistically significant increase in part time working, from 13.1% (38/290) to 22.7%. 48.6% of respondents would like to work full time and 51.4% LTFT on completion of training. The percentage wishing to work LTFT increases when looking at females only; 63.4% of whom would like to work LTFT.
- Considering their current work life balance, 68.9% were happy with their choice of paediatrics as a career.

Recommendations

- Disseminate the data in this report regarding demand for less than full time working to the College's LTFT officer for her comments and recommendations.
- Ensure each deanery has method of giving or signposting to advice for those considering LTFT working.

Training progress

- 43.7% of respondents had worked on a middle grade rota when they were ST3; 56.9% of whom stated they felt very or reasonably confident doing so.
- Over the 24 month period, respondents spent on average 11 months on a general/specialist rota, 3.3 months on community rotations and 5.5 months on neonatology rotations.
- There has been a decrease in confidence in obtaining their chosen post since part 1; after ST1 13.1% said they were not confident, in part 2 this rose to 31.3% and in part 3 it was 29.7%.
- When looking only at those who intended to be consultants, confidence is very slightly lower, with 31.5% stating they are not confident of obtaining a consultant post compared to 29.7% of all respondents.
- 78% of respondents felt that they were totally, very well or well supported by seniors in their training and development, and only 3.7% felt they were poorly supported.
- 45.1% of respondents had taken time out of training in the last 2 years.
- 43.3% (93/215) have no protected teaching time, 10.7% (23/215) have less than an hour per week, 19.5% (42/215) have an hour, and 26.5% (57/215) have more than an hour per week.

Recommendations

- Consultants and managers need to be cautious about conflating confidence with competence and ensure that when planning rota cover and presence on the ward, Facing the Future standards are adhered to.
- Deaneries/LETBs to increase available training slots to reflect the proportion of future consultants in their region where appropriate.
- At Deanery/LETB level more flexible rotations to be planned so that number of NTNs can be spread evenly throughout a region and individual units are not burdened by having to employ disproportionate amount of locums.
- Make members aware of the findings regarding confidence and support from seniors, and possibly amend paediatrician's handbook. Use findings to stress to employers' the importance of supervision, teaching and training time in consultant contracts and the need to allow for this time through SPAs.

- Explore ways of increasing access to career guidance and information during training.
- Work with colleagues responsible for education and training/college tutors to triangulate the findings around the amount of protected teaching time to ensure the response to the survey is not due to misunderstanding of the questions.
- If findings are corroborated, the College should work towards ensuring appropriate teaching time is promoted via the tutor network in trusts and deaneries, and consider developing a College standard or guideline and/or including this in the paediatric guidance checklist or the paediatricians' handbook.

Geographic preferences

- 10% of respondents would like to work abroad on completion of training; this is similar to the findings of our latest CCT holders follow up survey in which 10.2% stated they were currently working abroad.
- 74.1% of female respondents and 50.9% male respondents stated that their application for a consultant post would be limited due to geographical constraints.
- 70.5% of females and 58.6% of males stated their choice of training programme was limited due to geographical constraints.
- The most commonly cited geographic constraints to applying for a consultant post and choice of training programme were "My partner/spouse's job is fixed to this area" (83.2%), "I own a house" (66.5%) and "I like it here and my social network is in this area" (58.7%).
- 15.6% (40/257) had made an application for deanery transfer, and of these 80.0% (32/40) were successful.

Career intentions

- 93 (38.6%) intend to be general paediatricians, 78 (32.4%) intend to be subspecialty paediatricians, 20 (8.2%) intend to be paediatricians in community child health and 15 (6.2%) academic paediatricians. 25 doctors (10.4%) are undecided and five doctors do not intend to be paediatricians.
- The percentage of trainees intending to be subspecialty paediatricians has risen since part 1, up to 32.4% from 24.4%, although it peaked at 38.7% in part 2.
- Those intending to be general paediatricians fell between parts 1 and 2 of the study from over half to 25.7% in part 2, but rose again to 93 (38.6%), perhaps again reflecting the availability of grid positions.

Subspecialty intentions

- The largest proportions of those intending to be subspecialists plan to go into community child health with 20 (21.7%) and neonatology with 19 (20.7%).
- There has been an increase between part 2 and part 3 in the proportion of the cohort intending to work in community child health on completion of training, but there is still a potential shortfall in the proportion intending to go into CCH when compared to the proportion of the current workforce working in that area.

Recommendations

- Ensure engagement occurs between the Community Child Health CSAC and the College (plus BACCH) to ensure adequate grid training opportunities are created to sustain the future workforce for non-acute care. This should go hand-in-hand in collaboration with BACCH on workforce modelling for CCH as part of the RCPCH workforce strategy.
- Improvements in more people wanting to do CCH as above, but College must work to increase numbers pursuing these careers. Consideration should be given to promoting these careers to men, otherwise there is a danger that this is seen as female only specialty.

Resident shift working

- 63.3% of trainees who have worked in a unit where consultants do resident shift work expect to do so, compared to 45.2% of those who have not worked in a unit where consultants work resident shift work.
- 41.1% of respondents felt that resident shift working provided better quality service, 37.9% were undecided, and 21.0% did not think it provided a better quality service.
- 58.9% of respondents do not think that resident shift working is sustainable in the long term.

Recommendations

- The College should continue to work collaboratively with trainees to examine the risks and benefits of RSW and to clarify why there is a need for this way of working given the workforce planning imperatives i.e. with fewer trainees in future and the need to protect training time; resident shift working will be part of the solution to sustain safe services. This should include further promotion of RSW models in practice.
- The College will continue to support the development of career portfolios and long term job planning for the individual doctor, and team job planning for the service. Resident shift working needs to be part of the overall service design with built in flexibility for doctors to change their job plans as they progress through their careers.
- To take forward recommendations in the College's workforce strategy to ensure there is the right workforce based on the right model of care, which truly engages children, young people and their parents and carers, from the point of design through implementation and with on-going evaluation.