CCT and CESR Class of 2016: Where are they now?

Findings of a survey carried out between February and March 2018

Royal College of Paediatrics and Child Health

Leading the way in Children's Health

Revision History

Version	Date	Comments	Author
0.1	17/08/2018	Report approved by SMT	Marie Rogers
0.2	07/09/2018	Corrections to percentages under 'Key findings – Educational supervision'	Wingsan Lok

Contents

Key findings

Cohort demographics

- The 2016 cohort of CCT and CESR award holders is comprised of 72.3% female doctors (217/300) and 27.7% male doctors (83/300).
- The highest proportion of the total cohort, 46.0%, gained their primary medical qualification from a non-UK, non-EEA country (138/300).
- 44.3% of total cohort gained their PMQ from the UK (133/300) and a further 3.7% gained their PMQ in an EEA country (11/300).
- Of the respondents, 70.2% (132/188) are female and 29.8% (56/188) are male.
- Of the total cohort, 65% (195/300) are registered with the GMC for general paediatrics, 10.3% (31/300) for neonatal medicine and 7.3% (22/300) for community child health.
- Of the respondents, 64.9% (120/185) are registered for general paediatrics, 9.2% (17/185) for neonatal medicine and 8.6% (16/185) for community child health.

Current post and location

- Of those responding, 5.3% (10/188) have moved overseas since certification. In previous CCT and CESR follow up surveys the proportion of those moving overseas has ranged between 5.2% and 11.3%.
- Of those working in the UK, 94.4% (167/177) are in a consultant post. 80.0% (8/10) of those working overseas are in a consultant post.
- 10 respondents had moved overseas since certification. 2 moved to Qatar and 1 person has moved to each of the following countries: Australia, Canada, Jersey, Kenya, Pakistan, Saudi Arabia, South Africa and Spain.
- The most commonly cited reason for leaving the UK is for a “better quality of life” (6/10; 60%). The most commonly cited factor in the CCT 2015 cohort survey was “Due to negative push factors” (88.9%), whereas this cohort did not cite that reason as often (30%).
- The NHS employs 92.0% (172/187) of respondents.
- 27.7% (48/173) are working in a different UK region to where they trained; 31.1% (14/45) of male respondents and 26.6% (34/128) of female respondents.
- 89.2% (148/166) of respondents are working in the same specialty/subspecialty as their specialist registration, 10.8% (18/166) are not.
- Of the CCT 2016 respondents, have current posts in general paediatrics (105/187), 34.2% in specialist paediatrics (64/187) and 9.6% (18/187) in community child health. Whereas according to the census 2015 data on the whole of the UK’s consultant

workforce, 42.5% are working in general paediatrics; 37.4% are in specialist paediatrics and 18.5% are in community child health.

Contract type and working patterns

- 83.9% of consultants are in substantive posts (146/174). 12.6% of consultants are in a locum post and 3.4% are in a fixed term post. Overall, 80% of respondents are in a substantive post.
- 29.8% (39/131) of female respondents and 9.3% (5/54) of male respondents are working less than full time, which gives an overall proportion of 23.8% (44/185) working less than full time.
- This is a similar overall level to the 2015 cohort respondents, where 23.2% were working less than full time, but the gender breakdown is different. In the 2015 survey 36.5% of females worked LTFT and only 1.8% of male respondents. In the 2014 cohort survey, 17.8% (32/180) of all respondents were working less than full time.
- Full time respondents work an average of 10.26 PAs in total, of which 1.72 are SPAs. Less than full time respondents work a mean of 7.14 PAs in total, of which 1.41 are SPAs.
- Considering all respondents, the mean total PAs is 9.54 and the mean SPAs is 1.65. In the 2015 cohort survey the mean total PAs across all respondents was 9.72 and mean SPAs was 1.70. In 2014, the mean total PAs across all respondents was 9.68 and mean SPAs was 1.85.

Resident shift working

- Respondents were contracted for an average of 1.80 PAs for undertaking resident shifts (N =153; SD = 2.32).

Educational supervision

- 73.2% of all respondents (115/157) and 76.2% of consultant respondents (112/147) undertake educational supervision of trainees and/or foundation year doctors.
- The majority (73/151, 48.3%) had received training in educational supervision via the RCPCH. 30.5% (46/151) had received training through their employer.
- This is a change from the 2015 cohort respondents, where the majority received training through their employer (51.5%), followed by training from the RCPCH (46.3%).
- In 2014, 11.9% (13/109) stated they had received deanery training, of the 2015 cohort, only 3.0% (3/99) had, and in the 2016 cohort 2.6% (3/114) reported deanery training.

Transition to consultant role

- 20.4% (29/142) of respondents made use of their grace period. The most common reason for making use of the grace period was “waiting for an appropriate job” (10/29, 34.5%).
- When asked how they found the transition from senior trainee, SAS doctor, or another non-consultant post to consultant, 26.8% (40/149) found it very easy or quite easy and 30.2% (45/149) found it either quite difficult or very difficult.
- On average, female respondents made slightly fewer job applications (1.16) than male respondents (1.33).

College support and career development

- Respondents were asked what support they would like from the College for transition to a consultant role. The most common response was leadership and management skills development (84/150, 56.0%).
- Respondents were asked what Continuing Professional Development (CPD) courses they would like the College to offer. The most frequent suggestions were leadership and management (13), help with writing business cases, (4), job planning (3), educational and clinical supervision (2) and general paediatrics clinical courses (3).

Background

This report presents the findings of a survey of new Certificate of Completion of Training (CCT) and Certificate of Eligibility for Specialist Registration (CESR) holders in paediatrics, approximately one year from their certification date. This survey was conducted between January and March 2018, and targeted the 2016 cohort of new CCT and CESR holders. This is the 7th cohort that the RCPCH has surveyed.

This report provides essential information to inform workforce planning and to ensure the right support is available for new consultants. Data about the number of doctors obtaining consultant posts (within or outside the UK), as well as information about choices and experiences, are vital to the College's workforce plan and can be useful to paediatric trainees when making decisions about their careers.

The survey aims to answer the following key questions:

- What proportion of CCT/CESR holders are currently employed as a doctor and working in the UK?
- Do CCT/CESR holders go on to work in the job they received accreditation for?
- Are new CCT/CESR holders obtaining substantive posts?
- What is the participation rate of new CCT/CESR holders?
- What do the working patterns of these cohorts of consultants look like; how much educational supervision and resident shift working are they undertaking?
- How many SPAs are new consultants being awarded in their contracts?
- How do new consultants find the transition from senior trainee, and how can the College support them in this?
- What is the uptake for CPD with the College, and is there anything more we should be offering in terms of CPD courses?
- What is the expectation of this cohort for their future careers?

Methodology

The 300 trainees who obtained a paediatric CCT, or who were recommended to the specialist register via CESR in 2016 were identified. Of those, 49 had requested not to be contacted via email. To boost response rate, we sent a printed version of the survey out by post to those who had requested not to receive emails from the College, but had agreed to be contacted by post. We posted printed surveys to 41 individuals (8 were not contactable by post), and received 8 postal responses.

To the remaining 251 individuals, we sent an online questionnaire hosted on SurveyMonkey via email, which was open to responses until the end of March 2018. We received 180 responses via SurveyMonkey. The overall response rate of the total cohort was 63% (188/300); and 64% (188/292) of the total eligible to contact. See Figure 1.

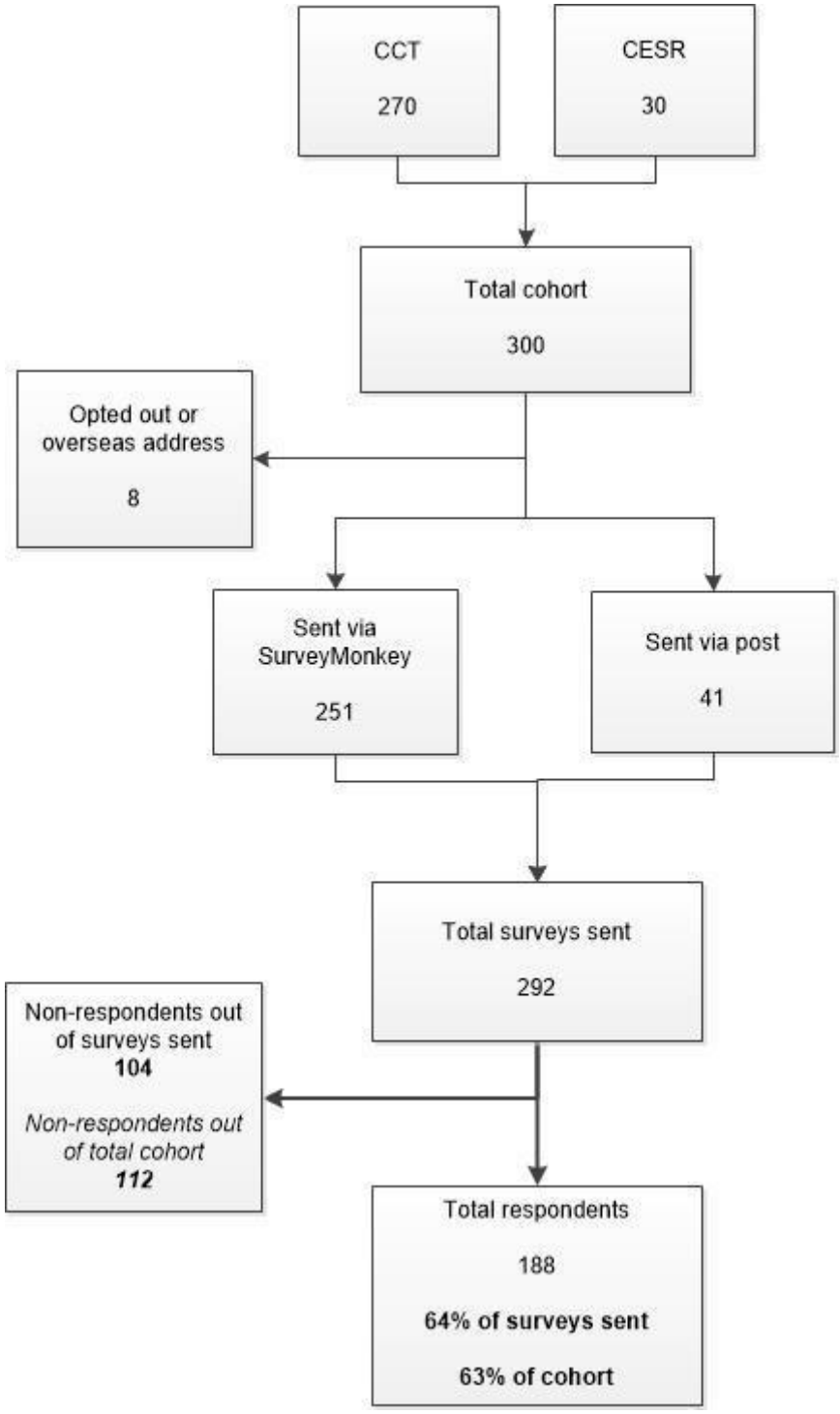

Figure 1: Response rate to CCT and CESR 2016 survey. Flow chart showing total cohort, excluded, respondents, non-respondents and response rate.

Results

1. Cohort demographics

The 2016 cohort of CCT and CESR award holders is comprised of 72.3% female doctors (217/300) and 27.7% male doctors (83/300). Of the respondents, 70.2% (132/188) are female and 29.8% (56/188) are male (Table 1). Thus, the sample is representative of the cohort in terms of gender ratio.

Table 1: Response rate of the total cohort by gender

Response status	Female	Male	Total
Respondent	132	56	188
%	70.2%	29.8%	62.7%
Non-respondent	85	27	112
%	75.9%	24.1%	37.3%
Total cohort	**217**	**83**	**300**
%	**72.3%**	**27.7%**	**100%**

The highest proportion of the total cohort, 46.0%, gained their primary medical qualification (PMQ) from a non-UK or EEA country (138/300). Of these, 88 were from India. 44.3% of total cohort gained their PMQ from the UK (133/300) and a further 3.7% gained their PMQ in an EEA country (11/300). See Table 2.

Table 2. Place of primary medical qualification (PMQ) of total cohort.

Place of PMQ	Count	%
EEA	11	3.7%
Other overseas area	138	46.0%
UK	133	44.3%
Missing	18	6.0%
Total	**300**	**100%**

Of the total cohort, 65% (195/300) are registered with the GMC for paediatrics, 10.3% (31/300) for neonatal medicine and 7.3% (22/300) for community child health. Of the respondents, 64.4% (121/188) are registered for general paediatrics, 11.2% (21/188) for neonatal medicine and 8% (15/188) for community child health (Table 3).

Table 3: GMC specialty certification by response status (total cohort and respondents)

Sub-specialty	Respondent		Non-respondent		Total	
	Count	%	Count	%	Count	%
Paediatrics	121	64.4%	74	66.1%	195	65.0%
Neonatal medicine	21	11.2%	10	8.9%	31	10.3%
Community child health	15	8.0%	7	6.3%	22	7.3%
Paediatric immunology, infectious diseases and allergy	9	4.8%	1	0.9%	10	3.3%
Paediatric emergency medicine	4	2.1%	3	2.7%	7	2.3%
Paediatric neurodisability	4	2.1%	3	2.7%	7	2.3%
Paediatric intensive care medicine	1	0.5%	5	4.5%	6	2.0%
Paediatric neurology	2	1.1%	3	2.7%	5	1.7%
Paediatric diabetes and endocrinology	2	1.1%	1	0.9%	3	1.0%
Paediatric gastroenterology, hepatology and nutrition	2	1.1%	1	0.9%	3	1.0%
Paediatric oncology	2	1.1%	1	0.9%	3	1.0%
Paediatric rheumatology	3	1.6%	0	0.0%	3	1.0%
Paediatric nephrology	0	0.0%	2	1.8%	2	0.7%
Child mental health	1	0.5%	0	0.0%	1	0.3%
Paediatric palliative medicine	0	0.0%	1	0.9%	1	0.3%
Paediatric respiratory medicine	1	0.5%	0	0.0%	1	0.3%
Total	**188**		112		**300**	

When comparing the registered specialty area of the 2015 and 2016 cohort, there are similar proportions in each specialty group. Of the CCT 2015 cohort, 65.1% of were in general paediatrics (211/324) and of the 2016 CCT cohort, 65% (195/300) were in general paediatrics; 27.7% are in specialist paediatrics (83/300) and 7.3% are in community child health (22/300).

2. Current post and location

Of those responding, 5.3% (10/188) have moved overseas since certification (Table 4). In previous CCT and CESR follow up surveys the proportion of those moving overseas has ranged between 5.2% and 11.3%. Of those working in the UK, 94.4% (167/177) are in a consultant post. 80.0% (8/10) of those working overseas are in a consultant post.

1 respondent was not currently working as a doctor. Their comments indicated this was because they had recently adopted children, and had turned down a consultant job offer because the employer could not offer less than full time working.

Table 4. Current grade of respondents and location of job

Current grade	UK		Overseas		Total	
	Count	%	Count	%	Count	%
Consultant	167	94.4%	8	80.0%	175	93.1%
Senior lecturer	4	2.3%	1	10.0%	5	2.7%
Specialty doctor	3	1.7%	0	0.0%	3	1.6%
Clinical fellow	2	1.1%	0	0.0%	2	1.1%
Other non-training grade	1	0.6%	1	10.0%	2	1.1%
Not currently employed as a doctor	-	-	-	-	1	0.5%
Total	**177**	**94.1%**	**10**	**5.3%**	**188**	**100%**

Of the 10 respondents who moved overseas since certification, 2 have moved to Qatar and 1 person has moved to each of the following countries: Australia, Canada, Jersey, Kenya, Pakistan, Saudi Arabia, South Africa and Spain (Table 5).

Table 5. Destination countries of those moving overseas

Destination country	Number of respondents
Australia	1
Canada	1
Jersey	1
Kenya	1
Pakistan	1
Qatar	2
Saudi Arabia	1
South Africa	1
Spain	1
Total	**10**

The most commonly cited reason for leaving the UK for a "better quality of life" (6/10; 60%; Figure 2). The most commonly cited factor in the CCT 2015 cohort survey was "Due to negative push factors" (88.9%), whereas this cohort did not cite that reason as often (30%).

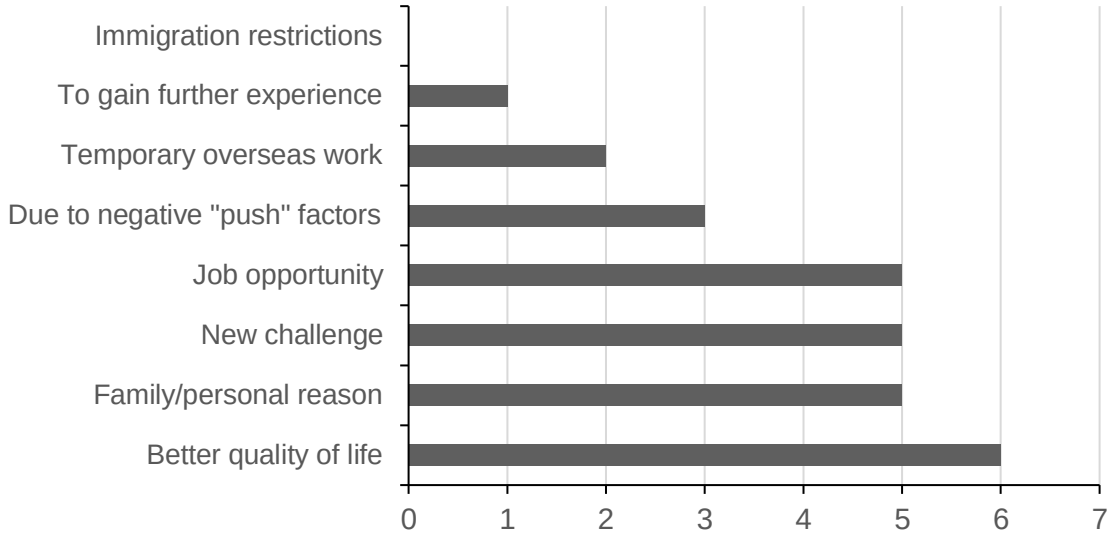

Figure 2. Reasons for leaving the UK*.

**10 respondents had moved overseas; respondents could select more than one response to this question.*

The NHS employs 92.0% (172/187) of respondents. A further 5 are working in an academic setting within the UK. Of the 10 who are overseas, 5 are working in a public healthcare system and 4 in a private healthcare system and one person is unemployed (Table 6).

Table 6. Type of organisation currently working in.

Organisation	Count	%
NHS	172	92.0%
University	5	2.7%
Public healthcare system overseas	5	2.7%
Private healthcare system overseas	4	2.4%
Not currently working as a doctor	1	0.5%
Total	**187***	**100%**

**1 respondent did not answer this question*

Table 7 indicates that 27.7% (48/173) are working in a different UK region to where they trained; 31.1% (14/45) of male respondents and 26.6% (34/128) of female respondents.

Table 7. Movement of region following training by gender (of those working in the UK ad trained in the UK)

	Working in same region		Working in different region		Total
	Count	%	Count	%	
Female	94	73.4%	34	26.6%	128
Male	31	68.9%	14	31.1%	45
Total	**125**	**72.3%**	**48**	**27.7%**	**173***

**Not included: 10 respondents working overseas and 5 trained overseas.*

Figure 3 shows whether respondents trained in the same region as they are now working, or a different region, broken down by region of post. 100% of respondents remained to take a post in their training region in North East England (8/8), Northern Ireland (5/5) and West Scotland (2/2). No respondents who trained in North Scotland remained in that region for work (but only 1 person responded from this region), 33.3% remained in East Scotland (1/3) and 46.7% remained in the East of England (8/15).

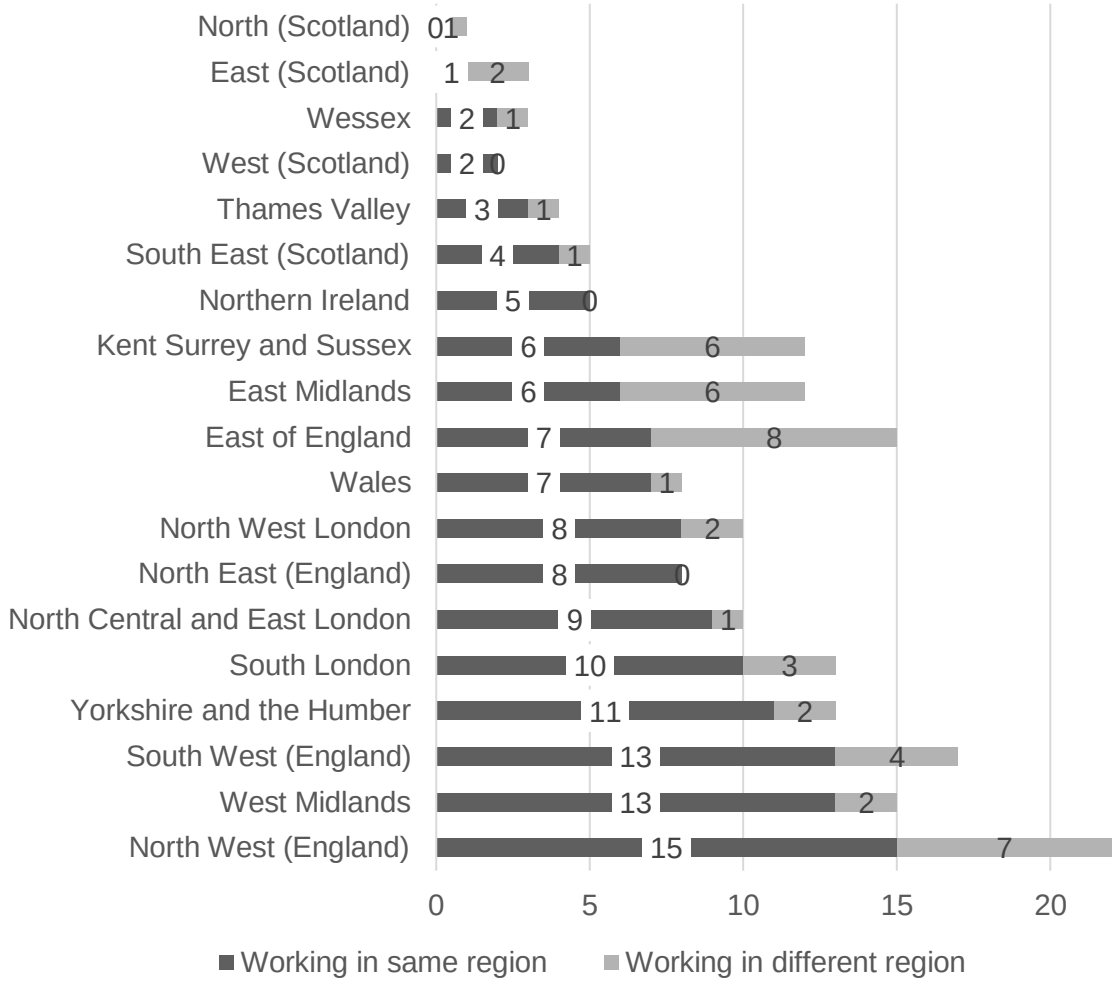

Figure 3. Number of respondents who are working in the same region as they trained in and number working in a different region, by region of post. N = 173.

The primary reason for moving region was that there were no suitable posts available in the training region (37.5% of respondents; 18/48). See Figure 4.

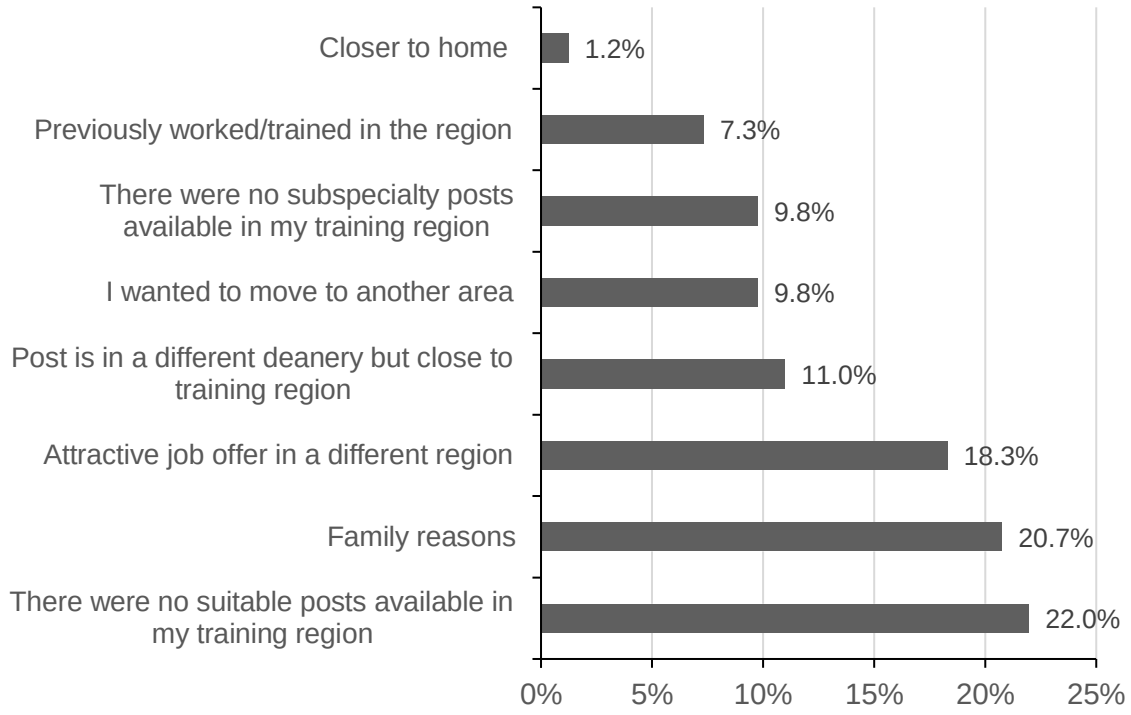

Figure 4. Reason for moving from training region after completion of training*.

**48 people responded. Respondents could select more than one response. Percentages shown are the proportion of people who gave the response.*

89.2% (148/166) of respondents are working in the same specialty/subspecialty as their specialist registration, 10.8% (18/166) are not. A further 21 stated that the question was not applicable (Table 8).

Table 8. Number of respondents working in the same specialty or subspecialty as their Specialist Registration (SR).

Response	Count	%
Same specialty as SR	148	89.2%
Different specialty to SR	18	10.8%
Total	**166***	**100%**

**1 missing; 21 responded not applicable.*

Table 9 compares the specialty area (general paediatrics, community child health, and other subspecialist paediatrics combined) of the CCT/CESR 2016 respondents' current post, to the specialty area of the consultants in the 2015 RCPCH workforce census. Of the CCT 2016 respondents, have current posts in general paediatrics (105/187), 34.2% in specialist paediatrics (64/187) and 9.6% (18/187) in community child health. Whereas

according to the census 2015 data about the whole consultant workforce, 42.5% are in general paediatrics; 37.4% are in specialist paediatrics and 18.5% are in community child health.

Table 9: The specialty group of the CCT 2016 respondents' current post, compared to the entire consultant workforce, according to RCPCH's 2015 medical workforce census.

Specialty group	Specialty of current post (CCT 2016)		Consultant workforce (Census 2015)	
	Count	%	Count	%
General paediatrics	105	56.1%	1694	42.5%
Specialist paediatrics	64	34.2%	1491	37.4%
Community child health	18	9.6%	736	18.5%
50/50	NA	NA	65	1.6%
Total	**187***		**3986**	

**1 respondent was not currently working as a doctor.*

3. Contract type and working patterns

Table 10 shows that 83.9% of consultants are in substantive posts (146/174). 12.6% of consultants are in a locum post and 3.4% are in a fixed term post. Overall, 80% of respondents are in a substantive post.

Table 10. Contract type of respondents by current grade

Current grade	Honorary		Fixed term		Locum		Substantive		Total
	Count	%	Count	%	Count	%	Count	%	
Consultant	0	0.0%	6	3.4%	22	12.6%	146	83.9%	**174**
Senior lecturer	1	20.0%	2	40%	1	20%	1	20%	**5**
Clinical fellow	0	0.0%	2	100%	0	0.0%	0	0%	**2**
Other non-training grade	0	0%	0	0%	1	50%	1	50%	**2**
Specialty doctor	0	0%	1	50%	1	50%	0	0%	**2**
Total	**1**	**0.5%**	**11**	**5.9%**	**25**	**13.5%**	**148**	**80.0%**	**185***

**3 people did not answer this question: 1 consultant, 1 specialty doctor and 1 not currently working as a doctor.*

29.8% (39/131) of female respondents and 9.3% (5/54) of male respondents are working less than full time, which gives an overall proportion of 23.8% (44/185) working less than full time (Figure 5). This is a similar overall level to the 2015 cohort respondents, where 23.2% were working full time, but the gender breakdown is different. In the 2015 survey 36.5% of females worked LTFT and only 1.8% of male respondents. In the 2014 cohort survey, 17.8% (32/180) of all respondents were working less than full time.

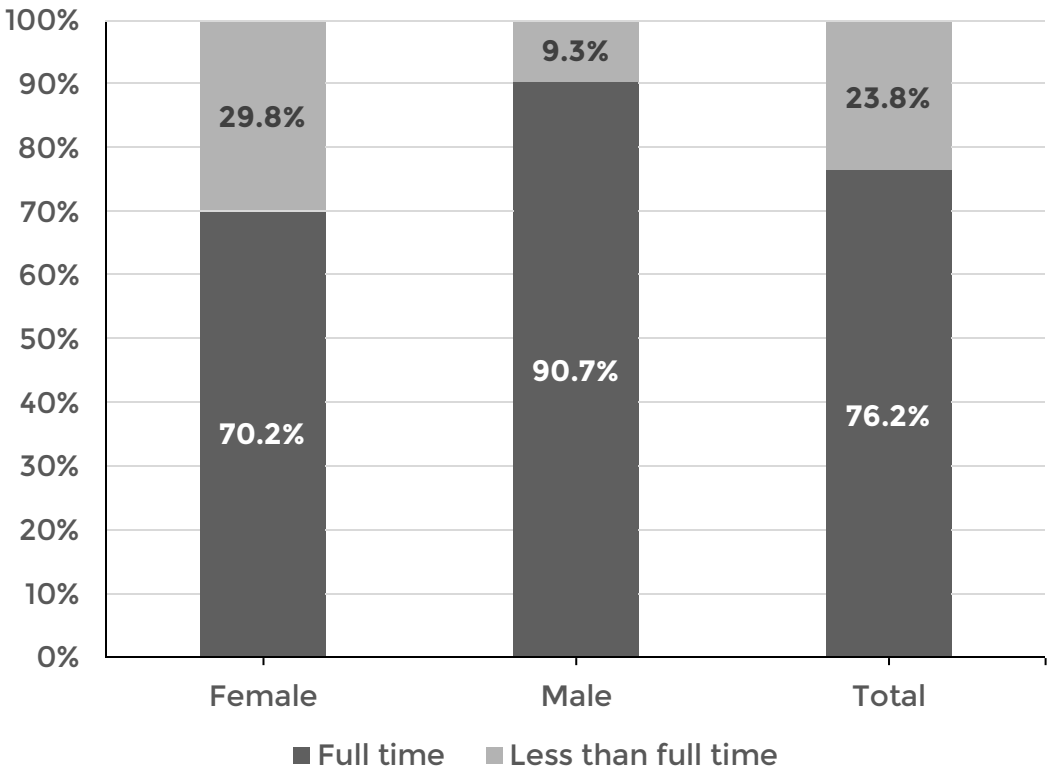

Figure 5. Participation status by gender. N =185*.

**3 respondents did not answer the question (2 female and 1 male)*

Respondents in full time employment work an average of 10.26 PAs in total, of which 1.72 are SPAs. Respondents in less than full time employment work an average of 7.14 PAs in total, of which 1.41 are SPAs. Considering all respondents, the mean total PAs is 9.54 and the mean SPAs is 1.65 (Table 11; Figure 6). In the 2015, cohort survey the mean total PAs across all respondents was 9.72 and mean SPAs was 1.70. In 2014, the mean total PAs across all respondents was 9.68 and mean SPAs was 1.85.

Table 11: Average programmed activities (PAs) and supporting professional activities (SPAs) by participation status

Participation status		Total PAs	Total SPAs
Full time	Mean	10.26	1.72
	N	129	129
	Std. Deviation	0.72	0.63
Less than full time	Mean	7.14	1.41
	N	39	39
	Std. Deviation	1.88	0.59
Total	**Mean**	**9.54**	**1.65**
	N*	**168**	**168**
	Std. Deviation	**1.72**	**0.64**

**20 respondents did not answer this question.*

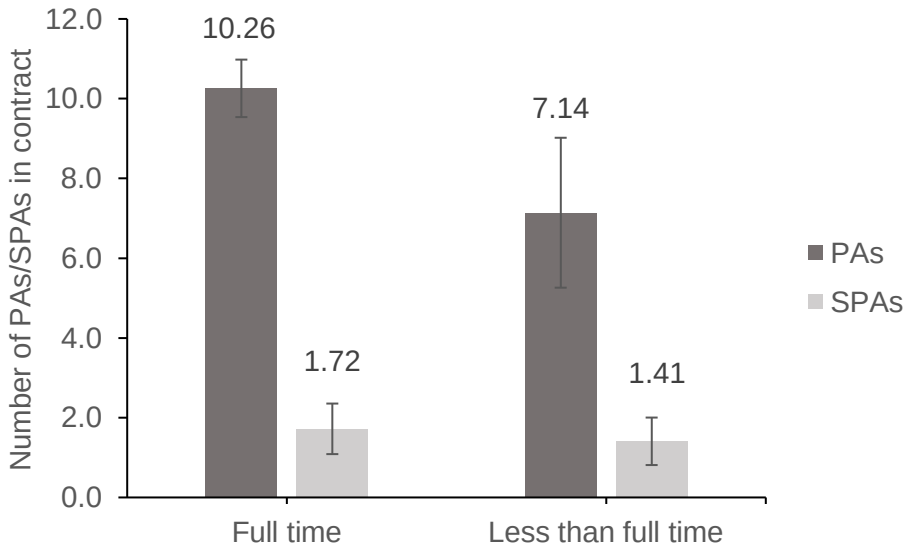

Figure 6. Average programmed activities (PAs) and supporting professional activities (SPAs) by participation status. Error bars show standard deviation

4. Resident shift working

Respondents were asked what type of resident shift they work and on which rota tier (Table 12). Respondents were contracted for an average of 1.80 PAs for undertaking resident shifts (N =153; SD = 2.32).

Table 12. Resident shift working (RSW): tier and shift type*.

Shift type	Tier 2 rota		Tier 3 (consultant) rota		Total	
	Count	%	Count	%	Count	%
Night shifts	5	3.2%	26	16.5%	28	17.7%
Twilight shifts e.g. 7-10pm	3	1.9%	49	31.0%	49	31.0%
Weekday-during day time	4	2.5%	75	47.5%	76	48.1%
Weekend shifts	6	3.8%	60	38.0%	62	39.2%
Total	8	5.1%	97	61.4%	97	61.4%

**Percentages calculated out of the total number of respondents to the question "do you work resident shifts?" (158).*

5. Educational supervision

73.2% of respondents (115/157) and 76.2% of consultant respondents (112/147) undertake educational supervision of trainees and/or foundation year doctors (Table 13).

Table 13. Do you undertake educational supervision of trainees and/or foundation year doctors?

Current grade	Yes		No		Total
	Count	%	Count	%	
Clinical fellow	0	0.0%	2	100.0%	2
Consultant	112	76.2%	35	23.8%	147
Not currently employed as a doctor	0	0.0%	0	0.0%	0
Other non-training grade	0	0.0%	2	100.0%	2
Senior lecturer	3	60.0%	2	40.0%	5
Specialty doctor	0	0.0%	1	100.0%	1
Total	**115**	**73.2%**	**42**	**26.8%**	**157***

**31 respondents did not answer the question*

The majority (73/117, 62.4%) had received training in educational supervision via the RCPCH. 39.3% (46/117) had received training through their employer (see Figure 7). This is a change from the 2015 cohort respondents, where the majority received training through their employer (51.5%), followed by training from the RCPCH (46.3%). In 2014, 11.9% (13/109) stated they had received deanery training, of the 2015 cohort, only 3.0% (3/99) had, and in the 2016 cohort 2.6% (3/114) reported deanery training.

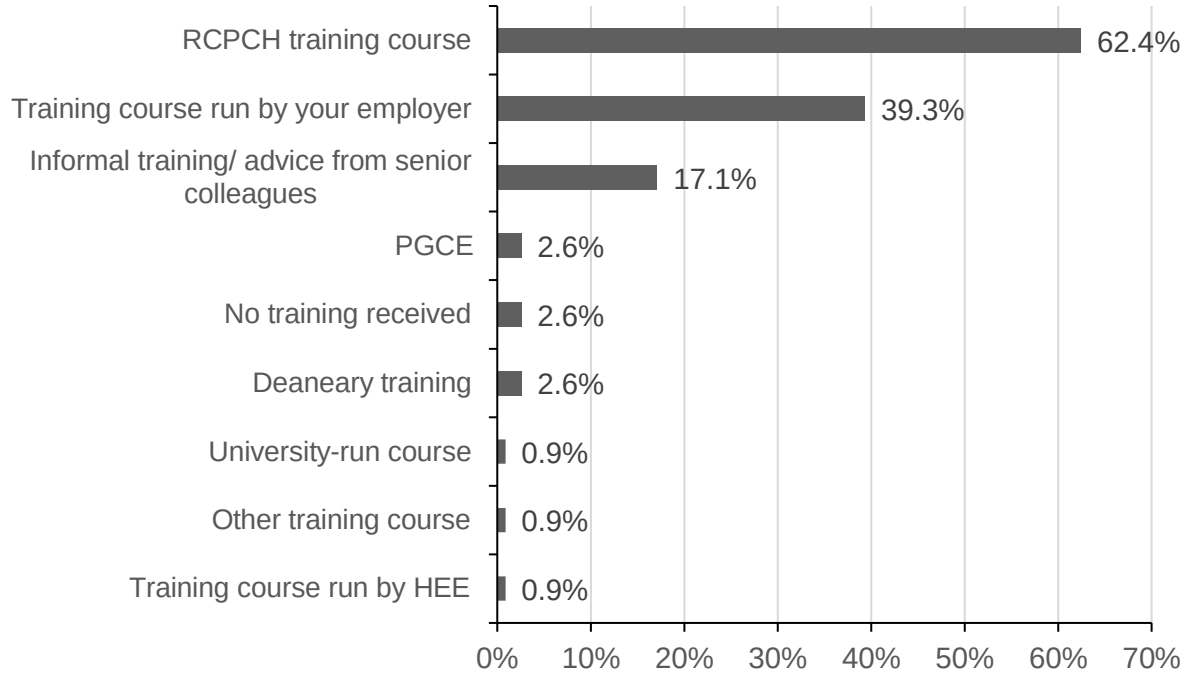

Figure 7. Educational supervision training received*.

**Respondents could tick more than one response. Percentages calculated out of number of respondents (117).*

6. Transition to consultant role

20.4% (29/142) of respondents made use of their grace period. The most common reason for making use of the grace period was "waiting for an appropriate job" (10/29, 34.5%) Figure 8.

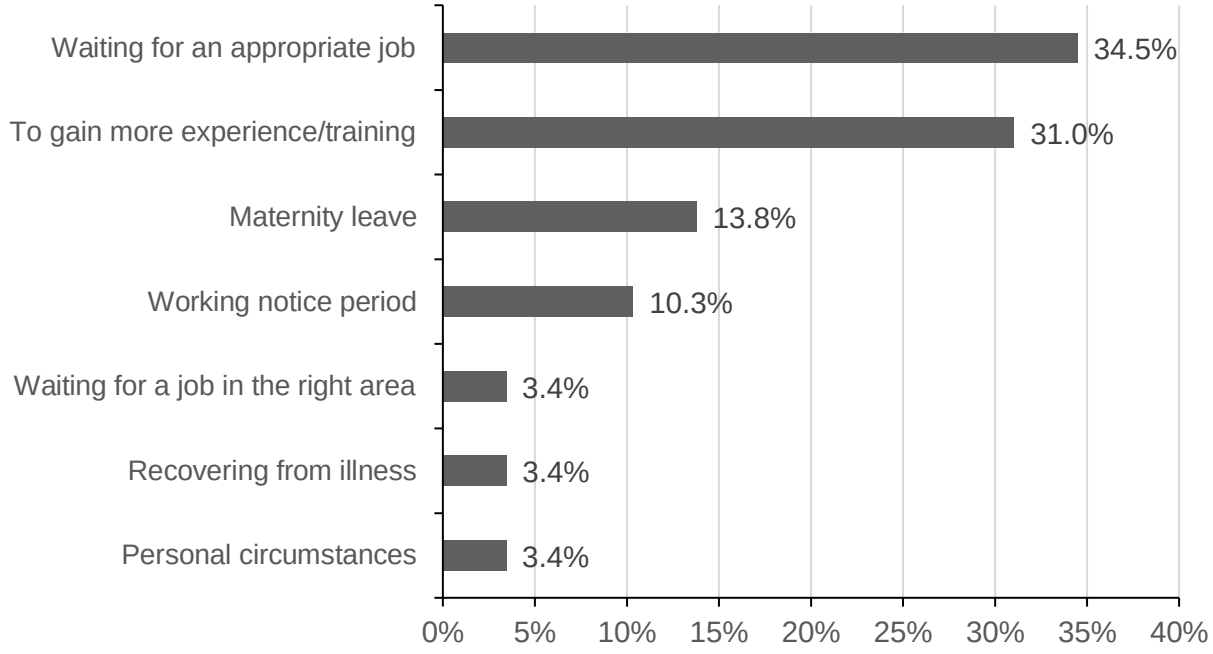

Figure 8. Reasons for making use of grace period. N = 29.

When asked how they found the transition from senior trainee, SAS doctor, or other non-consultant post to consultant, 26.8% (40/149) found it very easy or quite easy and 30.2% (45/149) found it either quite difficult or very difficult (Figure 9).

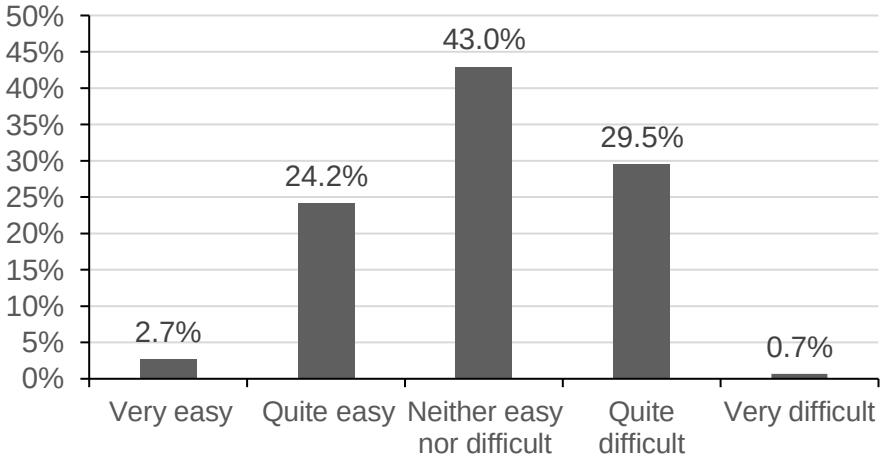

Figure 9. Ease of transition*.

**35 people did not respond, plus 4 not applicable responses excluded. N = 149.*

On average, female respondents made slightly fewer job applications (1.16) than male respondents (1.33) (Figure 10).

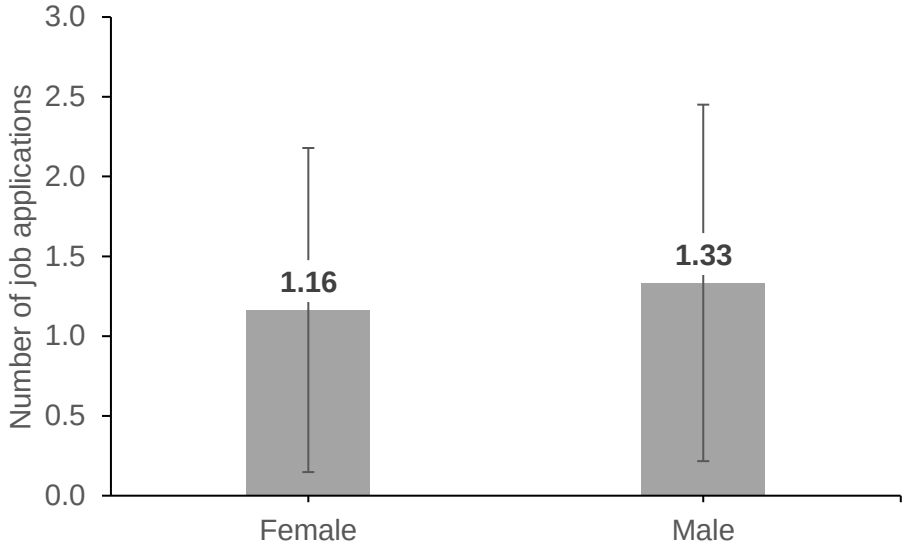

Figure 10. Average number of consultant job applications before obtaining current post, by gender

7. College support and career development

Respondents were asked what support they would like from the College for transition to a consultant role. The most common response was leadership and management skills development (84/150, 56.0%; Figure 11).

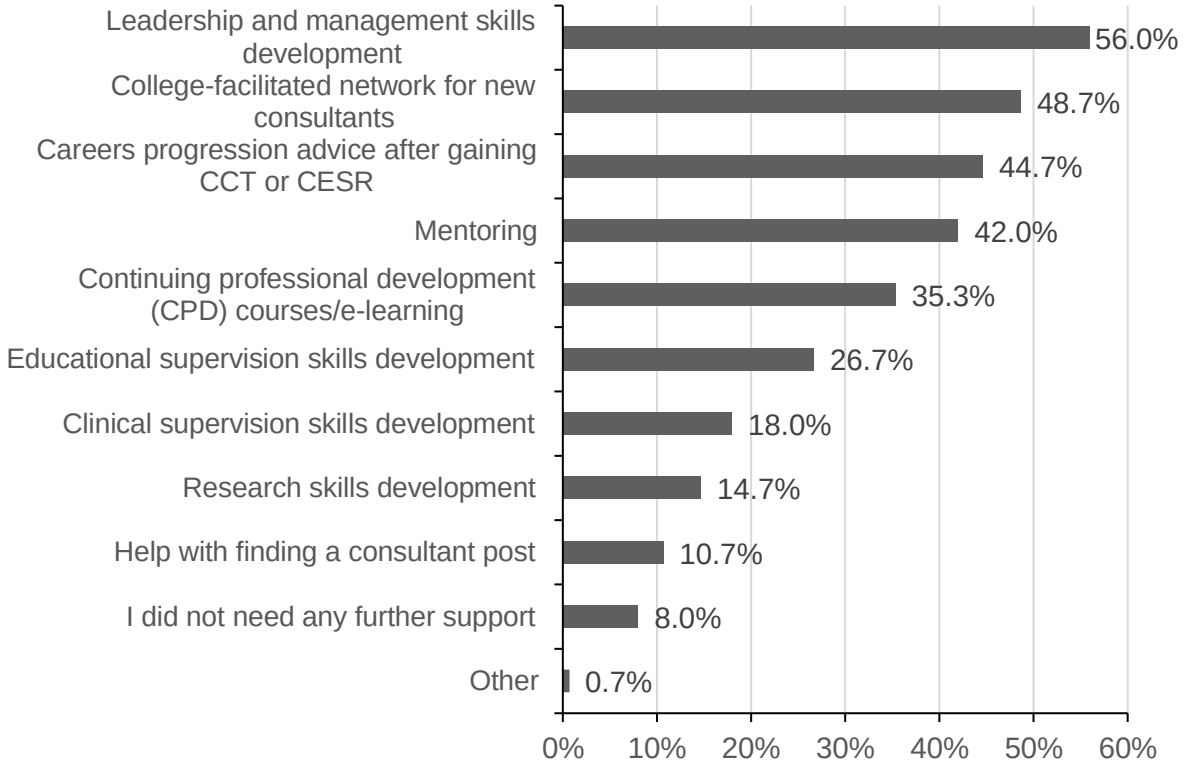

Figure 11. Support from College for transition to consultant role*.

**Percentages calculated out of number of respondents to the question. N = 150.*

Respondents were asked what Continuing Professional Development (CPD) courses they would like the College to offer. A wide range of suggestions were made, which are summarised in

Table 14. The most frequent suggestions were leadership and management (13), help with writing business cases, (4), job planning (3), educational and clinical supervision (2) and general paediatrics clinical courses (3). Respondents also wanted courses to be run across the country, rather than London-centred (3), or to have the option to join remotely (1).

Table 14. CPD courses that respondents would like the College to offer

CPD course suggestion	Count
Leadership and management skills	13
How to write a business case	4
Help with job planning	3
More courses offered in the North / not just London	3
Clinical courses for general paediatrics	3
Educational and clinical supervision courses	2
How to prepare for appraisal and revalidation	2
How to set up a new service or clinic	2
More e-learning modules	2
Peer support and networking for new consultants	2
Adolescent transition training	1
Child protection courses	1
Clinical updates for new consultants	1
Community Child Health	1
Complaint handling	1
Complex patient management	1
Coping with lack of resources/finances	1
Current courses are appropriate	1
Dealing with doctors in difficulty	1
How to keep a service safe with ever increasing demands	1
How to make use of RCPCH online program	1
How to run a service	1
How to secure funding for services	1
Investigating and providing feedback on incident reports	1
Investigating errors	1
Legal issues in Paediatrics	1
More non-clinical skills courses	1
More options to join London-based courses remotely by video call	1
Politics; NHS in wider context and how to campaign advocate for change	1
Quality improvement	1
Research methodologies, particularly qualitative research	1
Resilience	1
Service planning	1
Shared learning events with other specialties, such as dermatology or GP	1
Time management	1
Top tips for new consultants	1
Transition to the consultant role	1

Understanding NHS management systems	1
Updates on advances in paediatric subspecialties	1

Respondents were given a set of phrases, for each phrase they were asked whether they expect their career to develop in that way and whether they would like their career to develop in that way (Table 15; Figure 12).

Table 15. Career development expectations.

Career expectations	Expect to happen		Would like to happen	
	Count	%	Count	%
No longer working in medicine	7	4.7%	6	4.0%
Working in a different medical specialty	6	4.0%	8	5.3%
Move into a different area of paediatrics	18	12.0%	19	12.7%
Less Direct Clinical Care (DCC)	12	8.0%	33	22.0%
Working in medicine outside the UK	21	14.0%	41	27.3%
Less resident shift working	15	10.0%	53	35.3%
More involved in trust and service management	55	36.7%	65	43.3%
Undertaking more academic/research work	34	22.7%	76	50.7%
Carrying out more specialist work	76	50.7%	81	54.0%
Undertaking more medical education work	55	36.7%	85	56.7%
Undertaking roles for the College	21	14.0%	86	57.3%

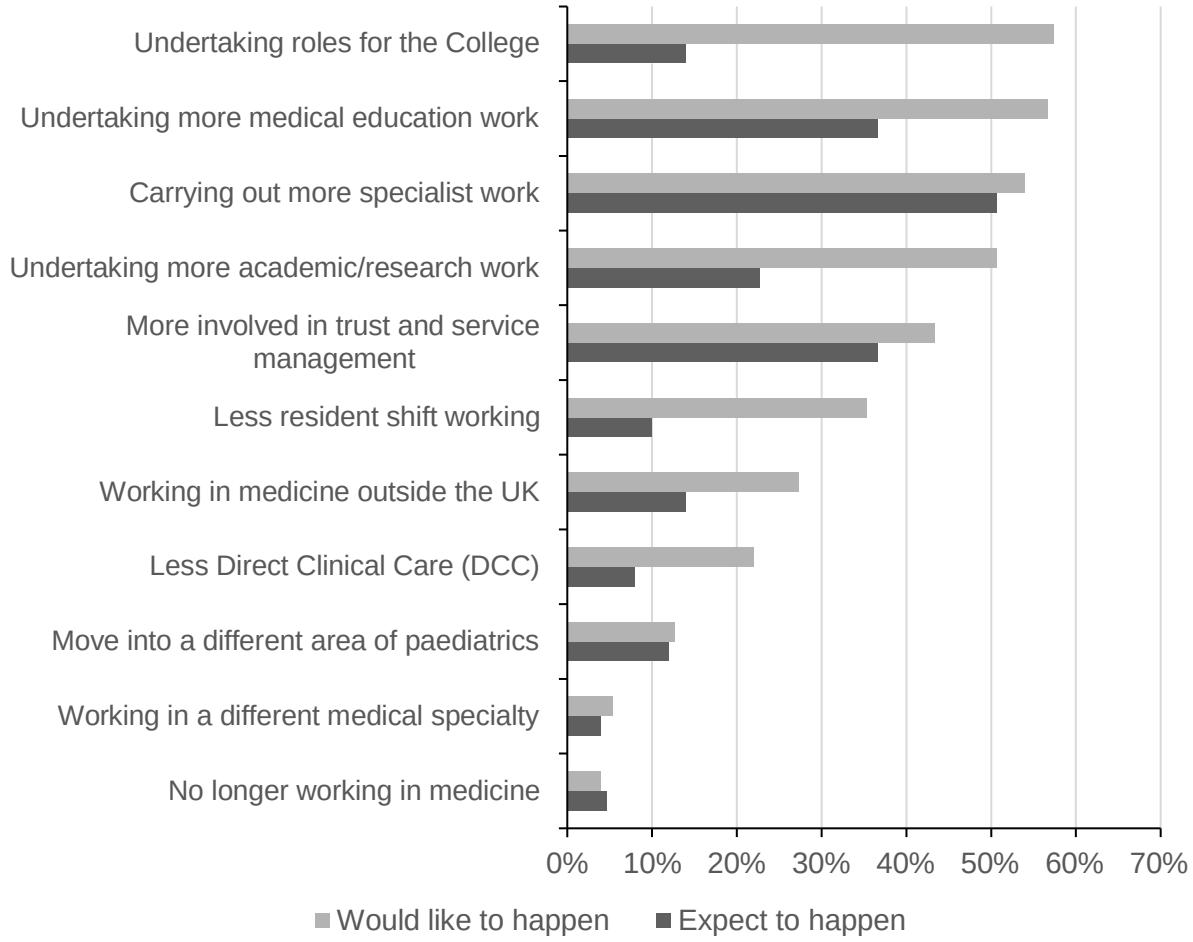

Figure 12. Career development expectations. N = 150

Discussion

The findings from this survey have shown some consistent trends over recent years, which are useful for the RCPCH and national bodies to model future workforce supply and demand. The number of new CCT and CESR holders obtaining permanent UK consultant posts shortly after obtaining their CCT or CESR remains reassuringly high.

Data from this CCT survey demonstrate that it is increasingly likely that new CCT holders will obtain a UK consultant position quickly and in the specialty and region of their choice. This is also supplemented by the changing behaviour of trainees in terms of less than full time working and out of programme activity. It is becoming a buyer's market for new CCT holders. This is evidenced by the following:

- 2016 (5.3%) and 2015 (5.2%) have seen the lowest proportions of new CCT holders moving abroad after CCT since we began these surveys (the highest level was 11.3%).
- Fewer doctors are working in a different region from their training region after CCT – 31.7% of 2015 cohort respondents and 27.7% of 2016 cohort respondents.
- There has been an increase of those who are working in the same specialty as their specialist registration with the GMC, from 77% in 2015 to 89.2% in 2016.
- The mean number of job applications before respondents obtained their current post has fallen from 1.26 to 1.16 for women and from 1.82 to 1.33 for men between the 2015 and 2016 cohorts.

The downside of new CCT holders being able to work in the region of their choice is that it makes it harder to recruit in areas where recruitment at consultant and trainee level is already a problem, which will have an adverse impact on service delivery. It is also a reflection of the make-up of a workforce, many of whom have families and for whom it is therefore more difficult to move home. The decreased lack of competition for consultant jobs may also raise concerns about the quality of the future workforce.

As noted before in previous years' reports, there is an apparent mismatch between the specialist registration of new CCT holders and roles in the workforce e.g. 27.7% of new CCT holders are registered for a subspecialty, excluding community child health, compared to 34.2% working in these areas. Perhaps the main concern is the continuing low number of new CCT holders with a registered specialty of community child health. This fell from 28 (8.6%) in the 2015 cohort to 22 (7.3%) in the 2016 cohort. Weighting up from our sample, we estimate that approximately 28 of the 2016 cohort will have taken up consultant community paediatrician posts.

This is against a backdrop of the RCPCH and BACCH report "Covering all Bases" 2017 [1] which estimated a shortfall of around 25% in the community child health workforce. To meet this shortfall and account for retirements, there would need to be an increase of

approximately 77 new consultants in each of the next five years. Given that the age profile in community paediatrics is higher than average, the prospects for increasing this section of the workforce is challenging. This demand is supported by a recent audit that showed 50 community consultant posts advertised in the first 3 months of 2018 alone [2].

There has been a slight rise in the rate of less than full time (LTFT) working, from 23.2% in 2015 to 23.8% in 2016. It is interesting to note that the number of male doctors working LTFT has risen from 1.6% in 2015 to 9.3% in 2016. If this trend continues, this may lead to a greater increase in LTFT working than previously predicted, as traditionally LTFT working was predominantly done by women.

Resident shift working amongst new consultants has increased to 61.4% for all types of resident shifts, although only 17.7% work resident nights. The expectation that resident shift working will get less as their career develops has decreased in line with this. From this survey however, only a small number of new consultants (8, 5.1%) undertake resident shifts on tier 2 rotas (i.e., acting down).

More new consultants undertake educational supervision of trainees than previously. In 2015, the majority undertook training in educational supervision that was provided by their employer, but this fell from over half to around 30% in 2016 and now education supervision training provided by RCPCH is the most common. This may have implications for future RCPCH education provision.

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18th July 2018

1. Royal College of Paediatrics and Child Health and British Association for Community Child Health, *Covering all bases - Community Child Health: A paediatric workforce guide*. 2017: https://www.rcpch.ac.uk/sites/default/files/2018-03/covering_all_bases_community_child_health_-_a_paediatric_workforce_guide.pdf.
2. Bhrolchain, C.N., *Personal correspondence*. June 2018.