

# RCPCH Medical Workforce Census 2015

March 2017



**RCPCH**

Royal College of  
**Paediatrics and Child Health**

*Leading the way in Children's Health*

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## **About the census**

This is the ninth biennial census produced by the RCPCH since 1999. It provides a snapshot of how trained and trainee paediatricians were working on 30 September 2015, and the structure of child health services in the UK.

We collected using the RCPCH electronic web portal (EWP) data collection system. We gave the clinical director or lead at each organisation providing child health services access to the EWP in October 2015. Clinical directors or leads could delegate parts of the data collection to colleagues.

The online data collection system comprised a series of sections as shown below. Where appropriate, we pre-populated the return with data from the 2013 census (1). Respondents could add or remove sections from their return to reflect changes since the last census.

We entered data from the questionnaires onto an Access database and analysed using Microsoft Access and Excel. All data presented in the tables and figures in this report are from the census apart from the information about paediatric trainees and child populations by region. Where we use other sources, they are referenced.

All data presented in the report relate to the UK unless otherwise specified.

## **Response rate**

We invited all organisations in the UK who provide child health services (195) to complete a census return. Of these 67.2% (131 of 195) provided a complete response, 20.5% (40 of 195) provided a partial response and 11.8% (23 of 195) did not respond at all. Where we received no response, we conducted additional research to complete a basic set of data for each organisation.

## What information do we collect?

Full versions of the questionnaires are available from the RCPCH website at:

[www.rcpch.ac.uk/census](http://www.rcpch.ac.uk/census).

### Organisation

This section captures information at service provider-level. It includes;

- clinical director or lead paediatrician's contact details,
- information about reconfiguration or reorganisation of children's services, workforce pressures,
- and access to technology.

### Hospital

This section captures information at hospital level. It includes;

- type of services provided,
- short stay paediatric assessment unit staffing,
- paediatric emergency department staffing,
- and other alternative staffing arrangements.

We ask respondents to enter details general paediatric inpatient and neonatal rotas. This includes;

- information about the rota tier,
- total number of posts and whole time equivalent (WTE) on the rota,
- type of doctor staffing the rota,
- number of vacant posts,
- and details about non-standard arrangements.

### Community child health services

This section captures information about community child health services, including geographical area covered and service lead.

### Lead roles

This section captures information about provision and staffing of a series of named, designated and other lead roles.

## **Safeguarding**

This section asks about the provision of safeguarding services. It includes;

- the physical abuse service,
- the child sexual abuse service,
- and sudden unexpected death in infancy (SUDI)/procedural response to unexpected death in childhood (PRUDIC) service.

## **Tertiary services**

This section asks about the provision of tertiary services, including which services are provided at which hospital, and clinical networking arrangements.

## **Medical workforce**

The census captures the following paediatric medical staff working in the NHS on 30 September 2015:

- Consultants, professors, senior lecturers, and readers.
- Associate specialists, staff grades, and specialty doctors.
- Trust grade doctors or other non-training grades including clinical fellows and hospital practitioners.

The census does not capture information about trainee doctors. The rota section asks for a breakdown of the type of posts on each rota tier, which includes trainees. For consultants, we only identify those in the RCPCH training subspecialties as subspecialists. We collect data on non-paediatric consultants who work with children such as paediatric cardiologists, dermatologists and haematologists; but these are not included in the count of paediatricians.

Respondents amend, add or delete details of each member of paediatric medical staff in their trust. We also ask respondents to complete a form for each vacant career grade post within the organisation.

## **Why do we run the census?**

We use the information gathered to:

- provide members and other stakeholders, including the public, with a unique view of the growth and trends in the UK paediatric workforce.
- provide members and others with data that can be used to benchmark and improve standards at local, regional and national levels.
- provide valuable data for developing the RCPCH workforce planning strategy.

Data from the 2013 census has been used to:

- monitor trends in the paediatric workforce and child health services.
- inform the development of the College's policy position in relation to workforce issues.
- inform the revision of Facing the Future standards for acute general paediatric standards in 2015.
- inform the development of service standards for paediatric gastroenterology, hepatology and nutrition.
- inform the development of standards for short stay paediatric assessment units (SSPAU).
- respond to enquiries from members, commissioners, national planning bodies and others.
- provide background information for invited service reviews.
- provide evidence for reviewing future training numbers in all four UK countries.

## Key findings

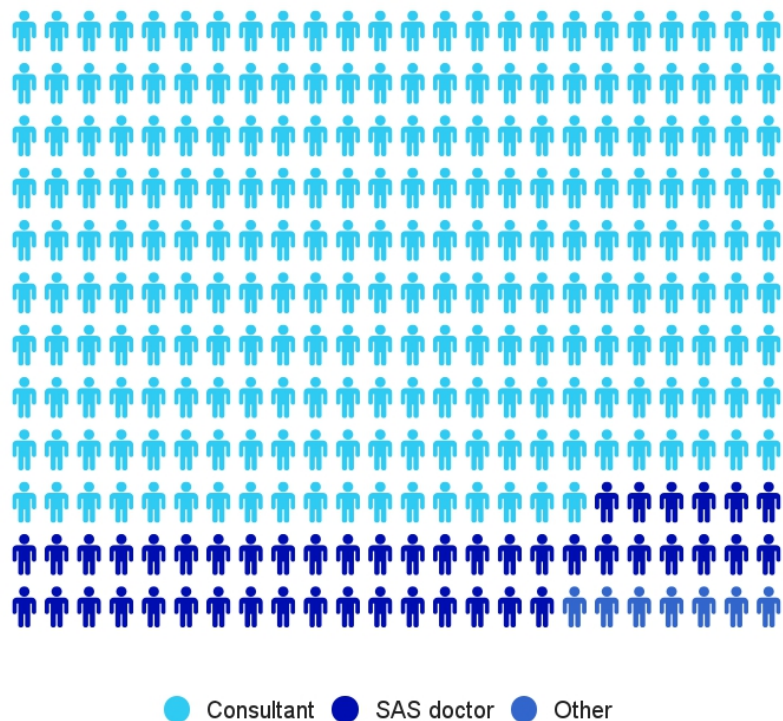
- There has been continued growth in the paediatric consultant workforce – 7.5% between 2013 and 2015. However, there has been a 12.5% decline in SAS doctors in the same period and vacancy rates have increased across all grades. The growth in consultant numbers is likely to be due to increased demand for consultant presence in the hospital and continued high vacancy levels.
- For the first time, there are more female paediatric consultants than male. Across all grades, there are more women than men in the workforce; and 74% of paediatric trainees are female.
- Paediatric services are heavily reliant on doctors trained outside of the UK; 6.2% graduated with their primary medical qualification in the EEA (outside UK) and 33.9% in the rest of the world.
- Advanced nurse practitioners are now employed to working with children and young people in 60.3% of hospitals; however there has been little increase in the proportion working on paediatric medical rotas. Only 2.6% of units employ physicians' associates to work with children and young people.
- Across the UK, there has been a small reduction in the number of inpatient units, neonatal units and outpatient services. Paediatric emergency departments and short stay paediatric assessment units (SSPAUs) have increased in number since 2013.
- 31.3% of inpatient units and 41.1% of neonatal units had to close to new admissions due to shortages of nurses and/or doctors in the year before the census date.
- Recruitment is the biggest challenge facing paediatric services; 45% of all workforce and service pressures cited by respondents related to recruitment across all sectors of the workforce, but in particular paediatric trainees.
- The average number of doctors on tier 1 and tier 2 rotas continues to fall short of Facing the Future standards (2). Contrary to British Association for Perinatal Medicine standards (3), separate consultant rotas exist in only 92.6% of neonatal intensive care units, however there has been an improvement since 2013.
- In Scotland, 71.4% of subspecialty services deliver planned work as part of a funded/managed clinical network; compared to 40.4% in England.
- Despite an improvement since the 2013 census, 22.0% of organisations do not have a board level champion for child health services.

# The paediatric medical workforce

## Workforce numbers

### Career grade workforce

There are 3996 consultants, 808 SAS doctors and 109 other non-training grade doctors working in paediatrics in the UK; a total of 4913 career grade paediatricians (Table 1). In 2013, we recorded 3718 consultants, and a total of 4737 career grade paediatricians.



This is an estimated 3756.9 whole time equivalent (WTE) consultants, 669.9 WTE SAS doctors and 88.3 WTE other non-training grades. This is 4515.1 WTE in total (Table 2), compared to 4310.4 in 2013 (1). Between 2013 and 2015 there has been a 3.7% increase in headcount and a 4.7% increase in WTE.

Variation in the WTE paediatricians per 100,000 children aged 0-15 by region, as highlighted in the 2013 census, continues in 2015. There are 41.5 WTE consultants per 100,000 children in London, compared to 25.3 in Midlands and the East of England (Figure 1). Growth in consultant WTE has meant the ratios have improved in all regions except London since 2013. The greatest rises are in Wales (27.5 to 30.7), Scotland (29.6 to 33.9)

and Northern Ireland (23.4 to 27.8). Ratio increases in the remaining English regions are smaller. The ratio of SAS doctors per 100,000 children aged 0-15 has decreased in all the English regions and Wales between 2013 and 2015. In Scotland the ratio fell marginally, but in Northern Ireland there was a considerable increase reported (11.2 to 15.2).

## **Consultants**

We continue to see a growth in consultant numbers. There has been an increase in headcount of 7.5% between 2013 and 2015, an approximate annual increase of 3.7% (Table 3). The rise in non-academic consultants was 7.1% and the rise in academics 17.5%. However, validation against findings from the Medical Schools Council 2013 and 2015 censuses suggests that we had an undercount in 2013 which may be responsible for the apparent growth (4), (5).

## **SAS doctors**

The number of SAS doctors in paediatrics reported in the census continues to fall; from 923 in 2013 to 808 (12.5% decrease) (Table 4). Since 2011 SAS doctor numbers have decreased by 46%. The number of specialty doctors increased by 11.7%, associate specialists fell by 17.2% and staff grades fell by 39.8%.

One reason for the decline in SAS doctors could be the conversion of vacant SAS posts into consultant posts. 15.9% (89 of 569) of SAS doctor posts would be converted to consultant posts if they were to become vacant; for a further 36.2% (206 of 569) it was not known whether the post would be converted (Figure 2).

The percentage of SAS doctors working at consultant level of authority has increased from 19.5% in 2013 to 22.4% in 2015 (Table 5). Among associate specialists this rate is higher at 42.6% than for specialty doctors (4.7%) and staff grades (5.8%).

## **Other non-training grade doctors**

The number and whole time equivalent of other non-training grades showed a small rise in the 2015 census from 96 (81.3 WTE) in 2013 to 109 (88.3 WTE) (Table 1). This follows considerable decreases since 2005. However rota composition data indicated that there are 508 WTE trust and other grade doctors working on tier 1 and tier 2 rotas (Table 38), suggesting significant under-reporting of this grade of doctor.

## **Trainee workforce**

In June 2015, there were an estimated 3779 trainees in the paediatric workforce, of which 74.0% (2796 of 3779) are female (Table 6). For years ST1 to ST7 the proportion of female doctors ranges between 71.7% and 79.6%. For ST8, it is lower at 64.7% (277 of 428).

The UK fill rate at ST1 in 2016 was 94%; however Northern Ireland, Scotland and Wales had 100% fill rates (Table 7). There was considerable regional variation in England; the fill rate in Yorkshire and Humber, the second largest training region, was 74% (Table 7). Regional variation is also seen in competition ratios – in the UK this was 1.7, however it was 0.8 in Yorkshire and Humber. Competition ratios in Northern Ireland, Wales and Scotland were all at or above the UK average.

Smaller recruitment rounds took place at ST2, ST3 and ST4. The fill rate across all four years was 91.7% (Table 8).

## **Advanced nurse practitioners and physician's associates**

Only five of the 189 responding units (2.6%) employ physician's associates to work with children and young people in the hospital. All of those units are in England. We asked respondents for the WTE of physician's associates working in the unit. Only three responded, employing a total of nine WTE physician's associates.

60.3% (114 of 189) of units in the UK employ advanced nurse practitioners (ANPs) to work with children and young people within the hospital (Table 9). ANPs are employed in all four nations, however fewer units do so in Wales (25.0%) compared to the other three nations.

Based on the responses provided, we estimate there are a total of 426 WTE ANPs working in paediatrics; on average 3.7 WTE per unit (Table 10).

## **Vacancies**

Based on responses provided, we estimated vacancy numbers and rates by grade and job type across all organisations (Table 11). Across the whole paediatric career grade workforce, we estimate vacancy rates of 5.4%. For consultants, this is 3.8%, for SAS doctors 7.5%, and other non-training grade doctors, 34.5%. Vacancy rates also vary by job type; the highest consultant vacancy rates are for community child health (8.5%) and 50% general/50% community posts (11.0%).

Vacancy rates appear to have increased across all grades and job types since the 2013 census. In 2013, the overall vacancy rate was 3.9%; 2.5% for consultant posts, 6.2% for SAS doctor posts and 26.7% for other non-training posts (1).

Table 12 estimates whole time equivalent of vacancies by grade and country. There is an estimated 261.3 WTE across the UK, 220.1 of which are in England. 70.0% (142 of 203) of vacant posts had been vacant for more than three months (Table 13).

## **Types of paediatric post**

The proportion of the consultant workforce in a tertiary specialist post has increased since the last census; from 32.1% (1193 of 3718) (1) to 33.4% (1330 of 3986) (Table 14).

For the first time, we added the job type general paediatrician with a special interest as an option. As a result, there has been a decrease in consultants in specialist in DGH/other centre working in a tertiary network posts since the last census (from 7.9% to 4.0%) and 100% general paediatrician roles (from 36.7% to 13.4%). Respondents classified 27.4% (1093 of 3986) of consultant posts as general paediatricians with a special interest (Table 14).

Respondents classified 10.5% (419 of 3986) of consultant posts as 100% community paediatricians, and 6.8% (271 of 3986) as community paediatricians with a special interest. The remaining 4.4% (177 of 4986) are in mixed general paediatric and community child health roles (Table 14). There has been no change in the proportion of the consultant workforce working in community child health since 2013.

The majority of SAS doctors are working as 100% community paediatricians (49.5%, 400 of 808) and 100% general paediatricians (22.2%, 179 of 808).

There is variation in the proportion of doctors in each specialty area across the four UK nations (Figure 3). The proportion of specialists is highest in Scotland (35.7%, 157 of 440), and lowest in Wales (22.4%, 55 of 245). The proportion of doctors working in general paediatrics is highest in Northern Ireland (43.1%, 81 of 188) and lowest in Wales (42.0%, 103 of 245). The proportion of doctors working in community child health is highest in Wales (35.5%, 87 of 245) and lowest in England (24.9%, 983 of 3952).

Since 2013, there has been an 11.5% increase in subspecialist consultants in tertiary centres. The largest growth subspecialties are rheumatology, gastroenterology, hepatology and nutrition, neurodisability and neonatal medicine.

There are a total of 1485 consultants and an estimated 1430.5 WTE working as specialists in tertiary centres or as subspecialist consultants in DGHs and other centres (Table 15).

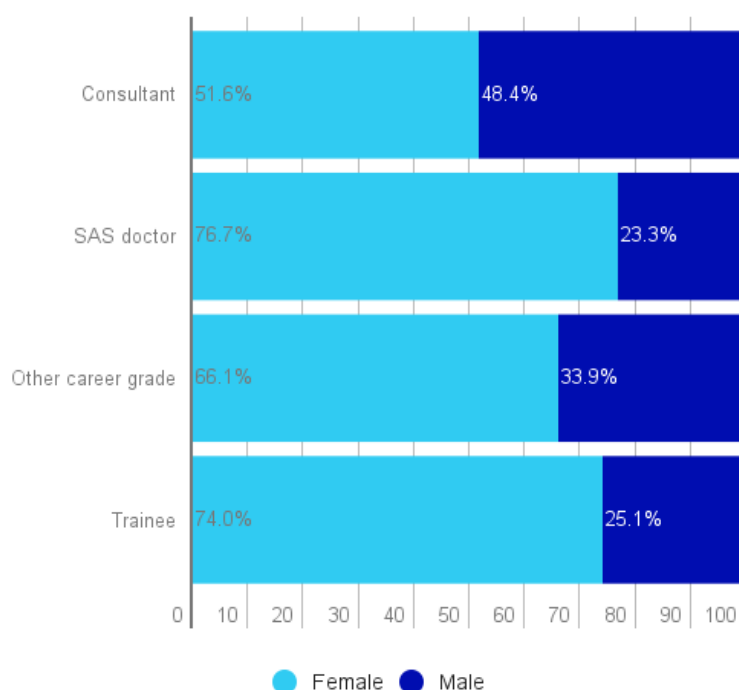


## Workforce characteristics

### Gender

Women make up the majority of the workforce across all grade groups, both by headcount and WTE (Figure 4). 76.7% (620 of 808) of SAS doctors are female, the equivalent of an estimated 74.0% (496.5 of 671.1) of WTE. 66.1% (72 of 109) of other non-training grade doctors are female, the equivalent of an estimated 62.0% (55.0 of 88.6) of WTE.

For the first time, the proportion of women in the consultant workforce is greater than the proportion of men; 51.6% (2062 of 3996) are women. There has been a slow and continuous growth in the proportion of women in the paediatric consultant workforce since 1999 (Table 19).



The gender makeup of the workforce varies by job type. Community child health has a majority female workforce, whilst subspecialists are more likely to be male. 78.8% (275 of 349) of community paediatricians with a special interest and 79.8% (671 of 841) of 100% community paediatricians are female (Figure 5). 40.9% (70 of 171) of specialists in a DGH/other centre, and 47.0% (649 of 1380) of specialists in a tertiary centre are female.

## Age

The average age of the paediatric workforce has changed little since the last census; from 48.7 to 48.6 (Table 20). The average age of consultants is 48.3, and of SAS doctors is 50.8, remaining similar to the 2013 census. Female paediatricians are on average around two years younger than male, 47.8 compared to 49.7. The difference is greater when looking at consultants only; 47.2 compared to 49.5.

The female consultant workforce continues to have a younger profile than males (Figure 6). Females outnumber males in all age groups under 50 and 60.7% of consultants under 40 are now female. Among 50-54 year olds, there are only 6 more males than females.

Both male and female SAS doctors are most commonly between the ages of 55 and 59 (Figure 7). Females outnumber males across all age groups.

The modal age group of general paediatric consultants is 40-44. Community child health consultants are more likely to be between 45 and 54. Other subspecialist consultants are more likely to be between 45 and 49 (Figure 8). There are two possible hypotheses for this difference; consultants tend to specialise as their career progresses, or there is a lack of younger consultants taking up community child health and other subspecialties.

## Place of primary medical qualification

59.9% (2944 of 4912) of the paediatric workforce graduated with their primary medical qualification in the United Kingdom, 6.2% (305 of 4912) graduated in the European Economic Area (EEA) and 33.9% (1664 of 4912) in other parts of the world (Table 21). The proportion graduating outside of the UK and wider EEA is higher amongst SAS doctors (43.9%, 355 of 808) and other non-training grades (56.9%, 62 of 109).

## Contracts and job planning

95.6% (3547 of 3710) of the consultant workforce has a permanent contract, with the remainder in locum or fixed term posts. 95.9% (723 of 754) of SAS doctors and 67.3% (68 of 101) of other non-training grade doctors are in permanent contracts (Table 22). In 2013, 95.6% (3369 of 3523) of consultants and 96.5% (885 of 917) of SAS doctors were in permanent contracts.

## **Consultant contracts**

The census collected data on total contractual programmed activities, and direct clinical care PAs. We received total PA information for 60.6% (2423 of 3996) of consultants. We received direct clinical care PA information for 57.0% (2276 of 3996) of consultants.

For consultants working full time (10 or more PAs), the average number of total PAs is 10.8, and the average number of direct clinical care PAs is 8.2. For consultants working less than full time (less than 10 PAs), the average number of total PAs is 7.2, and the average number of direct clinical care PAs is 5.4 (Table 23). Average total PAs for all consultants has increased from 9.9 in 2013 (1) to 10.1 in 2015. This increase has been in direct clinical care PAs; from 7.4 in 2013 to 7.6 in 2015.

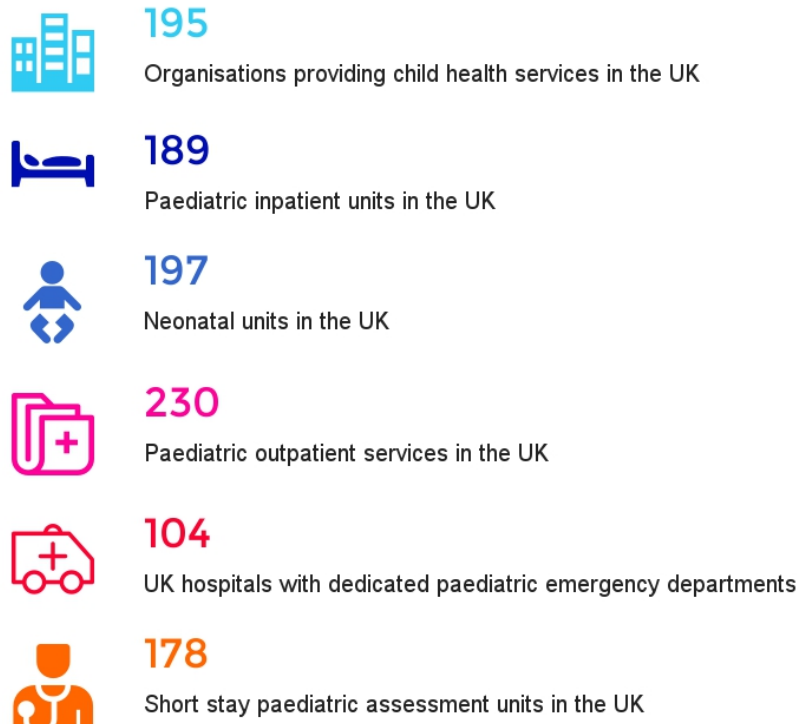
21.5% (522 of 2423) of consultants are contracted to work less than 10 PAs per week, 73.5% (1780 of 2423) between 10 and 12 PAs with the remainder working more than 12 PAs (Table 24). Among women, the proportion contracted to work less than 10 PAs increases to 33.1% (422 of 1276).

We subtracted the number of direct clinical care PAs from the total PAs worked by each doctor to give a number for non-direct clinical care PAs. Non-direct clinical care PAs may include time for supporting professional activities and for any extra responsibilities. Across the UK, those working less than 10 PAs had an average of 1.8 PAs for non-direct clinical care activities. Those working between 10 and 12 PAs in total had an average of 2.4 non-direct clinical care PAs. Those working more than 12 PAs in total had on average 3.5 non-direct clinical care PAs (Table 25). The British Medical Association model consultant contract for England sets out, for a typical 10 PA contract, 7.5 PAs for direct clinical care and 2.5 PAs for supporting professional activities (6).

## **SAS doctor contracts**

52.6% (301 of 572) of the SAS doctor workforce is in a full time (1 WTE) post. 14.3% (82 of 572) work between 0.80 and 0.99 WTE, 19.8% (113 of 572) work between 0.60 and 0.79 WTE, and the remainder work less than 0.60 WTE (Table 26). Less than full time working is much more common among female SAS doctors; 56.0% (249 of 445) work full time compared to 16.7% (21 of 126) of male SAS doctors.

# Child health services in the UK



## Service configuration

The number of separate organisations providing child health services is 195, having reduced by two since the last census (Table 27). Both of the reductions are in England. The structure of services in Scotland, Northern Ireland and Wales remained unchanged. Since the last census, the number of organisations providing secondary acute paediatric and community services, and community services only has reduced. The number of organisations providing secondary acute paediatrics only rose from 32 to 40.

Scotland, Wales and Northern Ireland provide child health services as part of an integrated health board or health and social care trust. Organisational structure is much more variable in England, with a mixture of acute only, community only and integrated organisations. In England, 40.1% (69 of 172) organisations offering child health services are acute and community trusts, 33.1% (57 of 172) are acute only trusts, 11.6% (20 of 172) are tertiary trusts and 6.4% (11 of 172) are community trusts. A small proportion is provided in mental health/community trusts, social enterprises and an independent provider (Table 28).

The number of acute units, defined as services having either inpatient services, neonatal unit or a paediatric assessment unit, rose by one to 234 in 2015. There were four more

units reported in England, two less in Scotland and one less in Northern Ireland. The number of units providing inpatient services fell by two, outpatients by three and neonatal units by six. Children were seen in five less emergency departments in 2015 than in 2013 but in six more dedicated paediatric units. The largest change in services provided was an increase from 166 paediatric assessment units to 178.

## **Acute services**

### **Inpatient services**

#### **Age of admission to inpatient services**

Across the UK, the modal maximum age of children admitted to inpatient units is 16, whilst the mean is 17 (Table 30). There is some variation across the UK nations, in England the modal maximum age is 16 (47 units) and at a further 44 units the maximum age is 18. In Northern Ireland the modal maximum age is 14 (5 units). In Wales, the modal maximum is 17 (5 units). In Scotland, all 12 responding units reported employing a maximum age of 16.

39.4% (61 of 155) of units across the UK have a separate adolescent ward or area (Table 31). The proportion is lowest in Northern Ireland, where only 1 of the 8 responding units (12.5%) has a separate adolescent ward or area (5). The age range of children seen in the adolescent ward/area varies, however the modal range is 12 to 18 years (Table 32, Table 33).

#### **Closure to new admissions**

Due to shortages of nurses and/or doctors, 31.3% (41 of 131) of responding units across the UK had to close to new admissions in the year before the census date (Table 34). The average number of closures across all 131 responding units was 2.9 times during the year.

## **Rotas**

### **Rota numbers and whole time equivalent**

Table 35 shows the number of rotas and estimated WTE for each tier of the rota in each country and for the whole of the UK. Respondents provided WTE information for 76.7% of all rotas. We have weighted WTE on a cell-by-cell basis to provide an estimate of the total WTE of staff on rotas. There are 255 tier 1 rotas with 2511.2 WTE posts, 236 tier 2 rotas with 2115 WTE posts and 259 consultant rotas with 2151.6 WTE posts.

In the UK, there were 23 (7.5%) fewer tier 1 rotas, 9 (3.6%) fewer tier 2 rotas and 7 fewer (2.6%) consultant rotas than in 2013. Most of the changes between 2013 and 2015 have occurred in England, where there are 36 fewer rotas in total.

The WTE on tier 3 rotas has increased slightly (1.7%) between 2013 and 2015; the changes occurring in Northern Ireland and Scotland. There has been a 7.2% fall in the WTE of tier 2 doctors and 5.1% on tier 1. These reductions have occurred solely in England with small increases in WTE in Northern Ireland, Scotland and Wales.

The average WTE of staff on all three rota tiers and types of rota are shown in Table 36. For tier 1 the average WTE is 9.9, for tier 2, 9.0 and for tier 3 (consultant), 8.3. The lowest WTE are on neonatal only rotas where the comparative averages are 9.0 (tier 1), 8.5 (tier 2) and 7.2 (tier 3). There are 59 rotas which comprise 14 WTE or more staff; we expect in most cases this entails two doctors on the same tier being on duty at the same time which increases the average WTE.

### **Rota vacancies**

We received rota vacancy data for 74% of rotas. After weighting, we estimate that there were 173.7 WTE vacancies on tier 1, 286.9 WTE vacancies on tier 2 and 135.9 on tier 3 (Table 37). The vacancy rate on each rota tier has increased since 2013 to 7.1% on tier 1, 13.7% on tier 2 and 6.3% on tier 3. Combined general/neonatal rotas show the highest vacancy rates on each tier. Over half of vacancies were filled by locums – 56.5% on tier 1, 58.2% on tier 2 and 68.7% on tier 3. However on neonatal rotas, locum fill rate is lower – 27.8% on tier 1, 36.2% on tier 2 and 40% on tier 3.

### **Rota staffing composition**

The tier 1 and tier 2 rotas are mainly staffed by doctors in the paediatric training programme, with a small growth in other groups of staff to provide these services (Table 39). On tier 1, 56.7% of the WTE time on the rota is provided by trainees and foundation year (FY) doctors compared to 60.3% in 2013. The WTE of general practitioner specialty trainee (GP ST) doctors on tier 1 has risen from 26.7% (705) in 2013 to 28.3% (710.9) in 2015. There has also been a rise in the employment of trust grade doctors on tier 1 rotas from 6.2% (162.7) to 7.8% (195.3) in 2015.

On tier 2, trainees account for 69.1% of rota WTE in 2015 compared to 72.9% in 2013. There have been small changes in the proportion of consultants (2.4% to 3.7%), advanced nurse practitioners (2.3% to 3.4%) and trust doctors (13.0% to 14.9%).

Neonatal rotas have a different composition when compared to general paediatric and general/neonatal rotas. On tier 1 neonatal rotas, 55.4% of WTE are trainees compared to

33.2% on general paediatric and combined rotas. 20.4% of general paediatric and combined rotas are FY doctors compared to 10.2% of neonatal rota WTE. GP ST doctors occupy 37.3% of general paediatric and combined WTE, but only 3.4% of neonatal rota WTE. Nurse practitioners (including advanced) make up 16.8% of neonatal rotas, but only 2.5% of general paediatric and combined rotas.

On tier 2, nurse practitioners (including advanced) make up 11.4% of WTE on neonatal rotas and 1.6% of general paediatric and combined rotas. SAS doctors provide 10.0% of the WTE on general paediatric and combined rotas but only 4.0% on neonatal rotas. The WTE of SAS doctors working on rotas has fallen from 209.2 to 177 between 2013 and 2015.

## **Outpatient services**

There are 230 units in the UK offering paediatric outpatient services. 189 are in England, 10 in Northern Ireland, 17 in Scotland and 14 in Wales (Table 39). These services provide an average of 16.8 general paediatric clinics per week in England, 12.4 in Northern Ireland, 16.1 in Scotland and 20.2 in Wales.

## **Emergency departments**

Children are seen in the emergency department in 85.2% (207 of 243) of units in the UK. Children are seen in a dedicated paediatric emergency department (PED) in 43.0% (104 of 242) of units (Table 40). England has a higher proportion of units with a PED (48.5%, 96 of 198) compared to Scotland (21.1%, 4 of 19), Wales (21.4%, 3 of 14) and Northern Ireland (9.1%, 1 of 11).

We asked respondents to indicate who is working in the emergency department, and how they are rostered to work (Table 41). Looking specifically at the presence of consultants in the emergency department, 20.3% (32 of 158) have a paediatric consultant present (rostered) in the emergency department (ED) for all or part of the opening hours (Table 41). 20.9% (33 of 158) do not have paediatric consultants working in the ED at all. 45.3% (71 of 157) have a paediatric emergency medicine consultant present (rostered) in the ED for all or part of the opening hours. However, 50.3% (79 of 157) do not have paediatric emergency medicine consultants working in the ED at all.

Interestingly, 20.2% (31 of 153) have a trained general practitioner present (rostered) for all or part of the opening hours.

## Paediatric assessment units

There are 178 paediatric assessment units across the UK. The majority are known as paediatric assessment units (45.8%) and short stay paediatric assessment units (43.0%) (Table 42). 72.0% (172 of 239) of hospitals have one paediatric assessment unit, and 1.3% (3 of 239) has two units (Table 43).

50.7% (72 of 142) of PAUs are open 24 hours a day, 7 days a week and 22.5% (32 of 142) are open office hours and evenings, 7 days a week. The rest operate a range of opening hours less than 24 hours a day and/or 7 days a week (Table 44).

### Location

68.8% (97 of 141) units are co-located with a paediatric inpatient unit, and 21.3% (30 of 141) are co-located with the emergency department. Of the remaining units, 11.3% (16 of 141) are standalone units in hospitals without paediatric inpatients (Table 45).

### Staffing arrangements

We asked respondents to indicate who is working in the paediatric assessment unit, and how they are rostered to work (Table 46). PAUs vary in terms of staffing and rota arrangements. Looking at presence of paediatric consultants, 40.8% (56 of 137) of PAUs have a paediatric consultant present (rostered) for all or part of the opening hours. 36.5% (50 of 137) have a paediatric consultant present when required as part of the general inpatient rota with time allowed, and 19.7% (27 of 137) with no time allowed. 2.9% (4 of 137) do not have a paediatric consultant working in the unit (Table 46).

7.5% of units have a paediatric emergency medicine consultant present (rostered) for all or part of the opening hours. 88.7% (118 of 133) do not have paediatric emergency medicine consultants working in the unit at all. 37.8% (50 of 132) of PAUs have advanced children's nurse practitioners (ACNPs) present (rostered) for all or part of the opening hours; however 54.5% (72 of 132) do not have ACNPs working in the unit at all.

## Lead roles

Since the 2013 census, there have been changes to NHS management arrangements, particularly in England with the implementation of clinical commissioning groups. This has affected the way lead roles are fulfilled within paediatrics, and makes comparisons with previous census data difficult.

We asked respondents whether each lead role exists within their organisation, and if it exists, whether it was filled. In some cases, respondents stated that the roles were provided by another organisation. In some instances, such as the designated doctor for safeguarding, there will not be one role holder per organisation, so caution should be taken over the interpretation of Table 47.

In line with changes in public health commissioning in England, a healthy child programme coordinator only exists or is provided by another organisation in 16.3% of services and an immunisation coordinator in 31.5%. The fill rate for all roles remains high; across all lead roles, 97.1% (825 of 964) of posts are filled (Table 47).

There has been a small increase in the proportion of lead roles occupied by consultants from 75.2% in 2013 to 77.2% in 2015. This accompanies a decline over the same period of roles filled by SAS doctors from 16.5% to 12.5%. The proportion of designated officers for special educational needs (SEN) who are SAS doctors, for example, has decreased from 21.8% to 11.9% between 2013 and 2015 (Table 48).

## Programmed activities for lead roles

The average number of PAs allocated for lead roles remained similar to 2013 figures. For the designated doctor for safeguarding (2.8 PAs) and named doctor for safeguarding (1.9 PAs) there was no change. The healthy child programme coordinator fell from 1.5 to 0.4 and immunisation coordinator from 0.9 to 0.5 (Table 49). This echoes the reduction in paediatric involvement in public health roles as shown in Table 47.

## Lead role employer

For 41.6% of lead roles, the employer for the lead role part of the contract was the acute trust/health board and for 19.3% an integrated acute and community trust/health board. Clinical commissioning groups (CCGs) were the employer in 14.4% of instances. For the three lead roles which are comparable with 2013, the percentage of roles employed by CCGs rose. In 2013, 20.8% of designated doctors for safeguarding were the employed by a CCG and in 2015 this had increased to 34.5%. For designated doctors for looked after children, there was an increase from 13.2% to 24.7%, and for named general practitioner

for safeguarding from 59.3% to 72.7% (Table 50). This change is a result of the implementation of new NHS management arrangements in England.

## **Service level agreements for lead roles**

33.3% (250 of 751) of lead roles had a service level of agreement (SLA) in place for the lead role part of the contract, 29.7% (223 of 751) were not sure and 37.0% (278 of 751) did not have an SLA in place (Table 51). SLAs are most commonly in place for designated doctor for safeguarding roles (58.5%, 48 of 87) and designated doctor for child death roles (50.7%, 35 of 71).

## **Safeguarding**

94.6% (141 of 149) of responding organisations stated that a physical abuse service exists within their area. 76.2% (112 of 147) stated that a sexual abuse service exists within their area (1). All responding organisations in Scotland, Northern Ireland and Wales had both services within their organisation. 76% (111 of 146) of organisations stated that a Sudden Unexpected Death in Infancy (SUDI) or Procedural Response to Death in Infancy (PRUDiC) service exists within their area (Table 52).

### **Physical abuse service**

The provision of physical abuse service rotas in 2015 (Table 55) was similar to 2013. 47.9% (67 of 140) services provided a separate rota compared to 48.8% in 2013. 42.9% (60 of 140) of physical abuse services formed part of the general paediatric rota (45.8% in 2013) (1).

Where there is a separate rota for physical abuse, 53.7% (36 of 67) services have trainees on the rota alongside consultants/SAS doctors (Table 54). Those trainees have access to consultant supervision at all times. 70.1% (47 of 67) of services are based in community settings.

29.9% (20 of 67) separate rotas operate 24 hours/7 days a week and 61.2% (41 of 67) operate only in office hours (Table 55). Where a 24/7 service does not operate, the out of hours service is most often provided by the general paediatric rota. In seven services, another trust/health board/provider operates the service.

### **Child sexual abuse service**

51.8% (58 of 112) of services provide a separate rota for assessment of child sexual abuse (Table 56). Other trusts/health boards/service providers delivered the rota in 25.9% (29 of

112) of organisation. Otherwise the service was delivered by a range of organisations including the community paediatric rota, non-NHS organisations, sexual assault referral centres and forensic medical examiners. The level of provision of services outside the organisation reflects an increasing centralisation of child sexual abuse services.

In-hours assessments for separate rotas are usually carried out in a hospital location (41.4%, 24 of 58) or at a sexual assault referral centre (36.2%, 21 of 58) (Table 57).

Where there is a separate rota for child sexual abuse, 79.3% (46 of 58) are staffed by consultants and/or SAS doctors only (Table 58). 15.5% (9 of 58) of services are staffed by consultants, SAS doctors and trainees, but trainees have access to consultant supervision at all times. 55.2% (32 of 58) of services are based in community settings.

37.9% (22 of 58) of separate rotas operate 24 hours/7 days a week and 41.4% (24 of 58) operate only in office hours (Table 59). There are three services which operate in office hours and evening and nine have other operating hours.

Out of hours provision for child sexual abuse is provided by the general paediatric rota in 11 of 36 non-24/7 services and by other trust/health board/service provider in a further 11 instances, with other services provided largely by either sexual assault referral centres, forensic medical examiners, the community paediatric rota in combination or on their own, emphasising the fragmented nature of this service. In England, this is likely to change as NHS England is commissioning more paediatric SARCs. RCPCH, together with the Faculty of Forensic and Legal Medicine, have written a specification for paediatric SARCs (7).

Out of hours assessments for rotas without 24/7 coverage are generally undertaken in a limited range of locations – 52.8% (19 of 36) in a sexual assault referral centre and 36.1% (13 of 36) in hospitals (Table 60).

## **SUDI or PRUDIC service**

Of those organisations which have a sudden unexpected death in infancy (SUDI) service in the area, 45.9% (51 of 111) provide this on the general paediatric rota, 35.1% (39 of 111) have a separate rota and in 9.0% (10 of 111) it is provided by another trust, health board or service provider (Table 61).

Where there are separate SUDI/PRUDIC rotas, 56.4% (22 of 39) are for 24 hours/7 days a week, 25.6% (10 of 39) for office hours and seven have other operating hours (Table 62). Out of hours provision for non-24 hour services is by the general paediatric rota in six of 17 services, by a nurse led service in four of 17 services and not provided in one service.

## Subspecialty services

### Distribution of subspecialty services

The census focusses on the largest paediatric subspecialties; neonatal medicine and community child health.

#### Community child health services

70.8% (138 of 195) of child health organisations include community child health (CCH) services, including all those in Scotland and Northern Ireland (Table 63). Because some organisations cover a wide geographic area, they may contain more than one separate community child health service. This means that there are a total of 169 distinctly managed CCH services in the UK.

#### Neonatal services

There are 194 neonatal units of all levels in the UK, representing a fall from 203 reported in 2013 (1). There are seven fewer neonatal units in England and one fewer in each of Scotland and Wales (Table 64). After cross-checking and verifying census returns with neonatal network information, there are 59 neonatal intensive care units (NICUs) in the UK. This represents 30.4% (59 of 194) of all neonatal units. In Scotland NICUs account for 60% (9 of 15) of neonatal units. In Wales 45.4% (5 of 11) are NICUs, whereas in Northern Ireland only 1 of 7 (14.3%) neonatal units is a NICU.

Contrary to British Association of Perinatal Medicine (BAPM) standards (3), separate rotas do not exist in all neonatal intensive care units. 92.6% (50 of 54) had a separate tier 3 (consultant) rota, 88.9% (48 of 54) a separate tier 2 (middle grade) rota and 90.7% (49 of 54) a separate tier 1 rota (Table 65). This indicates better compliance the BAPM standard than in 2013, although caution should be exercised because of the reclassification of levels we have undertaken. It is also interesting to note that separate rotas are increasing in level 2 units.

Due to shortages in nurses and/or doctors, 41.1% (46 of 112) of responding units had to close to new admissions in the 12 months before 30 September 2015 (Table 66). In the 2013 census, 25.5% of units reported closures. NICUs reported closing to new admissions on average 7.1 times in the 12 months before 30 September 2015 compared to 2.8 in 2013. LNUs closed on average 2.9 times compared to 3.6 in 2013. Special care units (SCUs) closed on average 3.3 times compared to 2.7 in 2013. The maximum number of times reported by a unit was a NICU reporting 73 closures to new admissions.

## **Other subspecialty services**

There has been a small decrease in the number of subspecialty services (other than neonatology or community child health) in the UK, from 256 in 2013 to 243 in 2015 (Table 67). This has occurred across eight separate paediatric training subspecialties. 10 of the 13 reductions have occurred in England. Caution should be taken with this data as some tertiary centres did not provide data. If information could not be found from other sources, 2013 data was used.

## **Networked service arrangement**

There is some variation in terms of network arrangements for paediatric subspecialty services by UK country. In England, 40.4% (46 of 114) of subspecialty services are part of a funded/managed clinical network for planned work. In Scotland, the proportion is 71.4% (25 of 35) (Table 68). For emergency work, 34.2% (39 of 114) of services in England are part of a funded/managed clinical network. In Scotland 65.7% (23 of 35) of services are part of a funded/managed clinical network for emergency work. Caution should be exercised over comparisons with subspecialty services in Wales due to the low number of responses.

Table 69 and Table 70 break down network arrangements by subspecialty. However caution should be taken over comparisons due to low responses in some areas, and variations in the requirements for networking between subspecialties.

# **Workforce challenges and service standards**

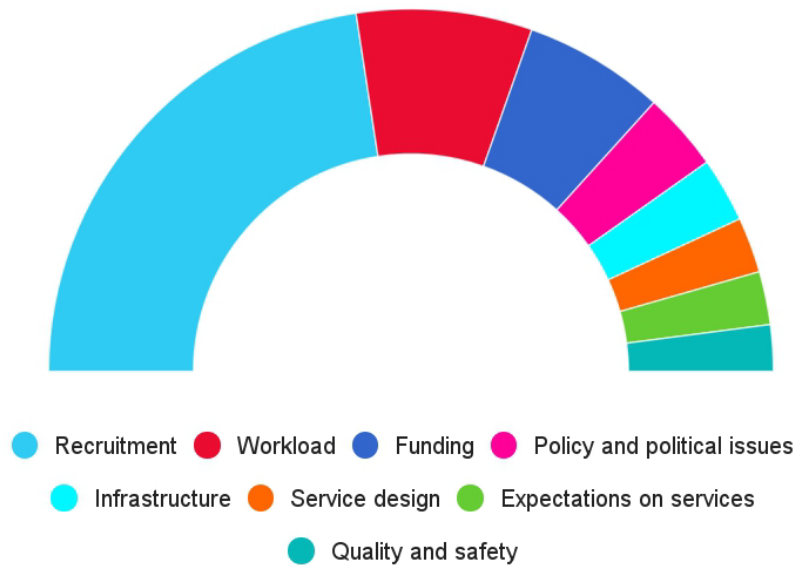
## **Reconfiguration**

There have been active plans to reconfigure the child health service in the two years prior to the census date in 48.7% (76 of 156) of UK organisations (Table 71). Of those, 38 (50.0%) organisations have plans under development or consideration; in 36 (47.4%) plans are being or have been agreed and implemented, and in two (2.6%) organisations plans are on hold or not going ahead.

When asked to describe reconfiguration plans, 103 specific reasons were provided by the 76 organisations. The most common reasons were closure or part closure of a service (29), workforce or working pattern changes (22), Management or administrative change (13), reorganisation of community child health services (8) and service expansion (7).

## Workforce and service pressures

We asked respondents to state the top three service and workforce pressures or issues that they feel pose a significant risk to the service, or to children young people and their families (Table 72).



45.2% (219 of 485) of all pressures related to recruitment – including difficulty recruiting paediatric trainees, nursing, allied health professionals and other staff shortages, difficulty recruiting paediatric non-consultant, non-training grade staff, and difficulty recruiting paediatric consultants. 15.7% (76 of 485) related to workload, and 12.6% (61 of 485) to funding. Other themes cited were infrastructure, service design, expectations of services and quality and safety.

## Support for services

Royal College of Nursing (RCN) guidance (8) states that every organisation should have a children’s champion at executive board level. 78% (117 of 150) of organisations have a board level champion for child health services. This is most commonly a nursing director (27), medical director (24), directorate director (23) or non-executive director (20) (Table 73). In 2013, 71.4% of responding organisations had a board level champion for child health services (1).

The Children’s Surgical Forum Standards for Children’s Surgery (9) state that a named consultant should be available for liaison and immediate cover, and to advise on ongoing safeguarding issues. 63.0% (97 of 154) of units do have this arrangement, a further 5.2% (8

of 154) do but not for all children, and a further 2.6% (4 of 154) stated they had joint arrangements (Table 74).

It was announced in December 2015 that free Wi-Fi would be made available in NHS buildings to improve medical treatment and patient experience (10),(11). Currently, staff has access to Wi-Fi in 48.0% (72 of 150) of organisations. The public have access to Wi-Fi in 48.7% (73 of 150) of organisations (Table 75).

Desktop computers are provided by the trust/health board in 94.6% (141 of 149) of organisations, 42.7% (61 of 143) of organisations provide laptops, 17.9% (25 of 140) provide smart phones, 2.2% (3 of 138) provide digipens (input device capturing handwriting) and 14.5% (21 of 145) provide tablets (Table 76).

53.8% (78 of 145) said that they did not have tablets but that it would improve the service, 27.1% (38 of 140) said that smart phones would improve the service, 26.6% (38 of 143) said that laptops would improve the service and 25.4% (35 of 138) said that digipens would improve the service.

# Data tables

## 1. The paediatric medical workforce

### 1.1. Workforce numbers

#### 1.1.1. Career grade workforce

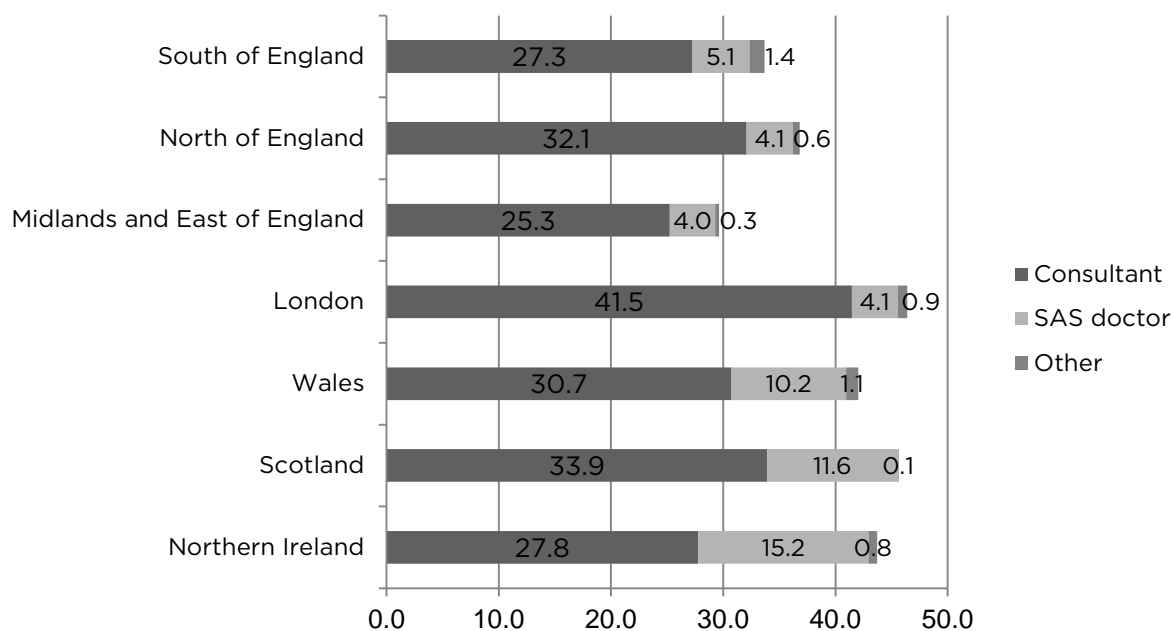
**Table 1: Headcount of career grade workforce, by country**

	England		Scotland		Wales		Northern Ireland		UK	
	No.	%	No.	%	No.	%	No.	%	No.	%
Consultant	3384	84.2%	323	71.6%	177	70.5%	112	58.3%	3996	81.3%
SAS doctor	538	13.4%	127	28.2%	68	27.1%	75	39.1%	808	16.4%
Other	97	2.4%	1	0.2%	6	2.4%	5	2.6%	109	2.2%
<b>Total</b>	<b>4019</b>	<b>100%</b>	<b>451</b>	<b>100%</b>	<b>251</b>	<b>100%</b>	<b>192</b>	<b>100%</b>	<b>4913</b>	<b>100%</b>

**Table 2: WTE of career grade workforce, by country**

	England		Scotland		Wales		Northern Ireland		UK	
	WTE*	%	WTE*	%	WTE*	%	WTE*	%	WTE*	%
Consultant	3165.0	85.7%	309.5	74.4%	170.7	73.1%	107.0	63.5%	3756.9	83.2%
SAS doctor	450.3	12.2%	106.3	25.5%	56.7	24.3%	58.4	34.7%	669.9	14.8%
Other	78.5	2.1%	0.5	0.1%	6.0	2.6%	3.0	1.8%	88.3	2.0%
<b>Total</b>	<b>3693.9</b>	<b>100%</b>	<b>416.4</b>	<b>100%</b>	<b>233.4</b>	<b>100%</b>	<b>168.4</b>	<b>100%</b>	<b>4515.1</b>	<b>100%</b>

\*WTE estimated based on 3226 doctors for whom WTE information was provided.



**Figure 1: WTE paediatricians per 100,000 children aged 0-15, by region**

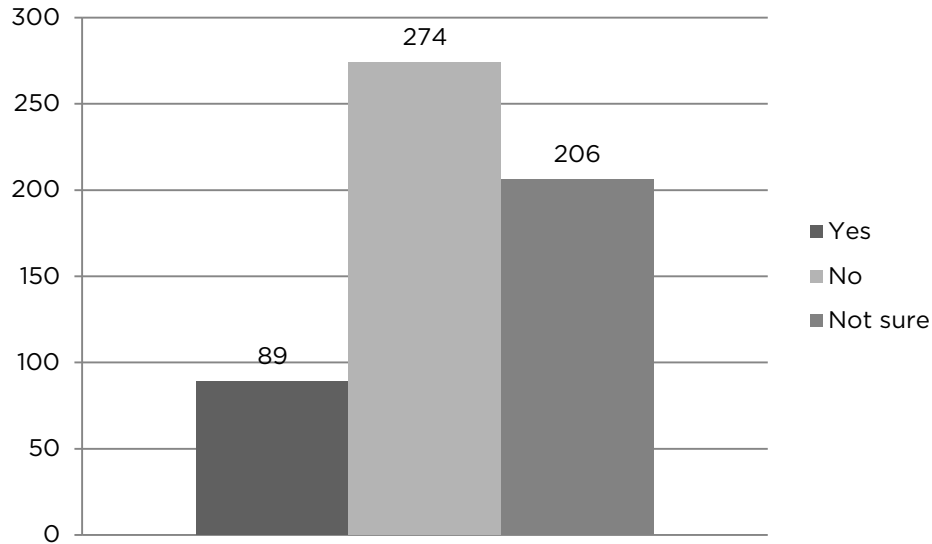
**Table 3: Consultant trends, 2001 to 2015**

	2001	2003	2005	2007	2009	2011	2013	2015	% change 2013 to 2015
Non-academic consultants	1995	2337	2544	2761	3088	3262	3575	3828	7.1%
Academic consultants	191	182	179	164	176	156	143	168	17.5%*
<b>Total</b>	<b>2186</b>	<b>2519</b>	<b>2723</b>	<b>2925</b>	<b>3264</b>	<b>3418</b>	<b>3718</b>	<b>3996</b>	<b>7.5%</b>

\*Validation against findings from the Medical Schools Council 2013 and 2015 censuses suggests that we had an undercount in 2013 which may be responsible for the apparent growth this year (4), (5).

**Table 4: SAS grade doctor trends, 1999 to 2015**

	2001	2003	2005	2007	2009	2011	2013	2015	% change 2013 to 2015
Specialty doctor	0	0	0	0	222	244	290	324	11.7%
Associate specialist	190	274	364	390	528	557	464	384	-17.2%
Staff grade	815	846	801	749	497	256	166	100	-39.8%
SCMO	235	147	88	40	18	5	0	0	0.0%
CMO	241	153	74	37	17	5	3	0	0.0%
Clinical assistant	20	15	10	11	3	0	0	0	0.0%
<b>Total</b>	<b>1501</b>	<b>1435</b>	<b>1337</b>	<b>1227</b>	<b>1285</b>	<b>1067</b>	<b>923</b>	<b>808</b>	<b>-12.5%</b>



**Figure 2: Would SAS doctor post be converted to consultant post if it became vacant?**

**Table 5: SAS doctor working at consultant level of authority**

		Yes	No	Not sure	Total
Associate specialist	No.	112	124	27	263
	%	42.6%	47.1%	10.3%	100%
Specialty doctor	No.	11	215	9	235
	%	4.7%	91.5%	3.8%	100%
Staff grade	No.	4	63	2	69
	%	5.8%	91.3%	2.9%	100%
<b>Total</b>	<b>No.</b>	<b>127</b>	<b>402</b>	<b>38</b>	<b>567</b>
	<b>%</b>	<b>22.4%</b>	<b>70.9%</b>	<b>6.7%</b>	<b>100%</b>

## 1.1.2. Trainee workforce

**Table 6: Estimated trainee numbers by gender, June 2015**

		Female	Male	Unknown	Total
Other*	No.	63	52	5	120
	%	53%	43%	4%	100%
ST1	No.	334	92	20	446
	%	74.9%	20.6%	4.5%	100.0%
ST2	No.	368	94	7	469
	%	78.5%	20.0%	1.5%	100.0%
ST3	No.	394	101	0	495
	%	79.6%	20.4%	0.0%	100.0%
ST4	No.	387	117	0	504
	%	76.8%	23.2%	0.0%	100.0%
ST5	No.	356	114	0	470
	%	75.7%	24.3%	0.0%	100.0%
ST6	No.	316	124	1	441
	%	71.7%	28.1%	0.2%	100.0%
ST7	No.	301	105	0	406
	%	74.1%	25.9%	0.0%	100.0%
ST8	No.	277	151	0	428
	%	64.7%	35.3%	0.0%	100.0%
<b>Total</b>	<b>No.</b>	<b>2796</b>	<b>950</b>	<b>33</b>	<b>3779</b>
	<b>%</b>	<b>74.0%</b>	<b>25.1%</b>		

\*Other includes FTSTA, LAT, MTI(P) and SpR. Estimated based on RCPCH e-portfolio data extracted in June 2015.

**Table 7: Recruitment to ST1, 2016 recruitment round**

<b>Region</b>	<b>Places</b>	<b>Applications</b>	<b>Accepted</b>	<b>% of total applications</b>	<b>Fill Rate</b>	<b>Competition ratio</b>
HE Midlands	28	35	25	4.7%	89.3%	1.3
HE East of England	31	38	28	5.1%	90.3%	1.2
HE Kent, Surrey and Sussex	23	23	21	3.1%	91.3%	1.0
HE North East	19	34	18	4.6%	94.7%	1.8
HE North West	41	73	41	9.8%	100%	1.8
HE South West	22	55	22	7.4%	100%	2.5
HE Thames Valley	14	21	14	2.8%	100%	1.5
HE Wessex	13	20	13	2.7%	100%	1.5
HE West Midlands	36	40	33	5.4%	91.7%	1.1
HE Yorkshire and the Humber	49	41	35	5.5%	71.4%	0.8
London	103	241	103	32.4%	100%	2.3
Northern Ireland	14	24	14	3.2%	100%	1.7
Scotland	22	67	22	9.0%	100%	3.0
Wales	15	31	15	4.2%	100%	2.1
<b>Overall ST1</b>	<b>430</b>	<b>743</b>	<b>404</b>	<b>100%</b>	<b>94.0%</b>	<b>1.7</b>

**Table 8: Summary of recruitment at ST1-4, 2016 recruitment round**

<b>Training level</b>	<b>Places</b>	<b>Accepted</b>	<b>Fill rate</b>
ST1	430	404	94.0%
ST2	18	14	77.8%
ST3	17	16	94.1%
ST4	87	72	82.8%
<b>Overall</b>	<b>552</b>	<b>506</b>	<b>91.7%</b>

### 1.1.3. Advanced nurse practitioners and physicians' associates

Only 5 of the 189 responding units (2.6%) employ Physician's Associates to work with children and young people in the hospital setting. All of those units are in England. 54 units did not respond to this question. Respondents were asked for the WTE on PAs working in the unit, only 3 responded, employing a total of 9 WTE PAs.

**Table 9: Proportion of units employing advanced nurse practitioners (ANPs), by country**

	<b>Count of units with ANPs</b>	<b>% of units with ANPs</b>	<b>Total</b>
England	91	61.1%	149
Scotland	12	70.6%	17
Northern Ireland	8	72.7%	11
Wales	3	25.0%	12
<b>UK</b>	<b>114</b>	<b>60.3%</b>	<b>189*</b>

\*54 units did not respond to this question.

**Table 10: WTE of ANPs by country**

	<b>Actual total ANPs WTE</b>	<b>Av. WTE per unit</b>	<b>Estimated total WTE</b>
England	316.9	3.8	351.7
Scotland	44.0	4.0	48.0
Northern Ireland	18.7	2.3	18.7
Wales	9.0	3.0	9.0
<b>UK</b>	<b>388.6</b>	<b>3.7</b>	<b>426.0</b>

\*Based on 104 units providing WTE data. 10 units did not provide WTE data.

## 1.2. Vacancies

**Table 11: Estimated vacancies and vacancy rates, by grade and job type**

	<b>Generalist</b>	<b>Community</b>	<b>Specialist</b>	<b>50/50</b>	<b>Total</b>
<b>Consultant</b>	57	68	21	8	155
Filled posts	1694	736	1484	65	3986
Vacancy rate	3.3%	8.5%	1.4%	11.0%	3.8%
<b>SAS doctor</b>	43	21	0	1	65
Filled posts	237	499	60	12	808
Vacancy rate	15.3%	4.1%	0.0%	10.0%	7.5%
<b>Other non-training</b>	56	1	0	0	57
Filled posts	86	22	0	1	109
Vacancy rate	39.5%	5.7%	NA	0.0%	34.5%
<b>Total</b>	<b>156</b>	<b>91</b>	<b>21</b>	<b>9</b>	<b>278</b>
<b>Total filled posts</b>	<b>2017</b>	<b>1257</b>	<b>1551</b>	<b>78</b>	<b>4887*</b>
<b>Vacancy rate</b>	<b>7.2%</b>	<b>6.7%</b>	<b>1.4%</b>	<b>10.7%</b>	<b>5.4%</b>

\*Job type not available for 10 filled posts. Total 4913 paediatric posts. Vacancy information was received from 74.9% of organisations. The number of vacancies recorded has been weighted to provide an estimate of vacancy numbers across the UK and estimated vacancy rates.

**Table 12: Estimated WTE of vacancies by grade and country**

	<b>England</b>	<b>Scotland</b>	<b>Northern Ireland</b>	<b>Wales</b>	<b>UK</b>
Consultant	109.3	14.7	9.6	9.5	143.1
SAS doctor	54.7	4.6	2.8	NA	62.2
Other non-training	56.0	NA	NA	NA	56.0
<b>Total</b>	<b>220.1</b>	<b>19.3</b>	<b>12.4</b>	<b>9.5</b>	<b>261.3</b>

**Table 13: Proportion of posts vacant for more than 3 months, by country**

	<b>Vacant more than 3 months</b>	<b>%</b>	<b>Total</b>
Consultant	83	72.2%	115
SAS doctor	31	63.3%	49
Other non-training	28	71.8%	39
<b>Total</b>	<b>142</b>	<b>70.0%</b>	<b>203*</b>

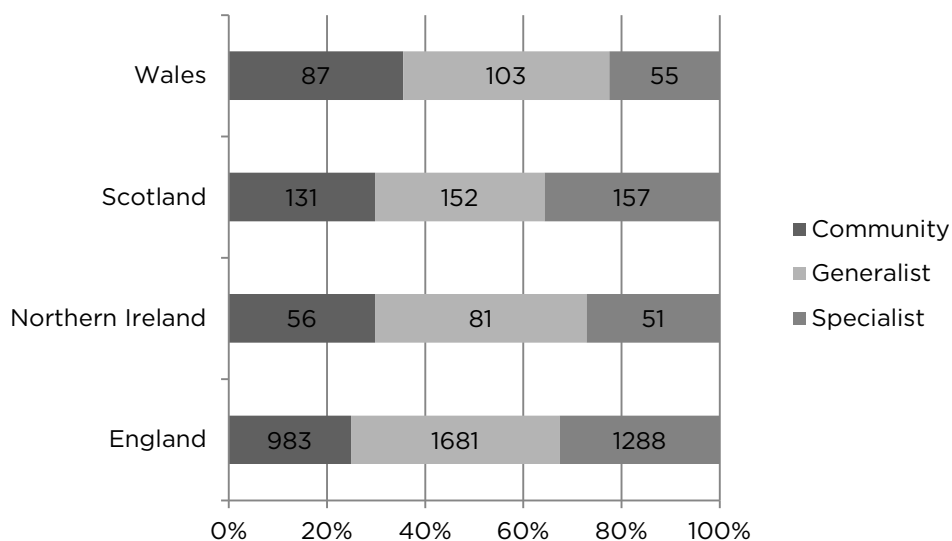
\*Information not provided for 5 vacant posts. 208 vacant posts recorded in census.

### 1.3. Type of paediatric post

**Table 14: Job type by grade**

	Consultant		SAS		Other		Total	
	No.	%	No.	%	No.	%	No	%
Specialist in a tertiary centre	1330	33.4%	50	6.2%	0	0.0%	1380	28.1%
Specialist in a DGH/other centre working in a tertiary network	161	4.0%	10	1.2%	0	0.0%	171	3.5%
100% general paediatrician	535	13.4%	179	22.2%	86	78.9%	800	16.3%
75% general / 25% community	66	1.7%	12	1.5%	0	0.0%	78	1.6%
50% general / 50% community	65	1.6%	12	1.5%	1	0.9%	78	1.6%
General paediatrician with a special interest	1093	27.4%	46	5.7%	0	0.0%	1139	23.2%
75% community / 25% general	46	1.2%	21	2.6%	0	0.0%	67	1.4%
100% community paediatrician	419	10.5%	400	49.5%	22	20.2%	841	17.2%
Community paediatrician with a special interest	271	6.8%	78	9.7%	0	0.0%	349	7.1%
<b>Total</b>	<b>3986</b>	<b>100%</b>	<b>808</b>	<b>100%</b>	<b>109</b>	<b>100%</b>	<b>4903*</b>	<b>100%</b>

\*Job type was not provided for 10 doctors.



**Figure 3: Job type by country\***

\*Job type was not provided for 27 doctors. 77 doctors in 50% community/50% general paediatric posts have not been included.

**Table 15: Subspecialty consultants, count and estimated WTE**

	Specialist in a tertiary centre		Specialist in a DGH/other centre in a tertiary network		Total	
	No.	WTE*	No.	WTE*	No.	WTE*
Neonatal medicine	348	341.2	118	115.8	466	457.0
Intensive care	161	159.7	5	5.0	166	164.7
Neurology	128	123.4	4	3.1	132	125.5
Gastroenterology, hepatology and nutrition	104	97.9	4	4.0	108	101.9
Respiratory medicine	97	93.0	10	9.6	107	102.6
Oncology	103	101.8	0	0	103	101.8
Diabetes and endocrinology	83	80.2	5	5.0	88	85.2
Immunology, infectious disease and allergy	76	70.4	4	3.0	80	73.4
Emergency medicine	69	67.9	5	4.9	74	72.8
Nephrology	65	62.0	1	1	66	63.0
Rheumatology	41	37.1	0	0	41	37.1
Neurodisability	19	17.3	3	3.0	22	20.3
Inherited metabolic medicine	19	13.8	0	0	19	13.8
Palliative medicine	10	8.4	0	0	10	8.4
Child mental health	2	2	1	1.0	3	3.0
<b>Total</b>	<b>1325</b>	<b>1275.2</b>	<b>160</b>	<b>155.3</b>	<b>1485</b>	<b>1430.5</b>

\*WTE estimated, where no WTE is given for a subspecialty, 1 WTE is assumed.

\*\*5 doctors with unknown subspecialties not included.

**Table 16: Subspecialty SAS doctors, count and WTE**

Subspecialty	No.	WTE*
Oncology	22	20.0
Neonatal medicine	20	19.2
Emergency medicine	3	3.0
Neurology	2	1.6
Diabetes and endocrinology	3	2.6
Gastroenterology, hepatology and nutrition	2	2.0
Immunology, infectious disease and allergy	2	2.0
Respiratory medicine	2	2.0
Child mental health	1	1.0
Not known	3	2.5
<b>Total</b>	<b>60</b>	<b>55.8</b>

\*WTE is estimated, where no WTE is given for a subspecialty, 1 WTE is assumed.

**Table 17: Special interests of general paediatricians**

Special interest group	Special interest	Special interest total	Special interest group total
Diabetes and endocrinology	Diabetes	210	308
	Endocrinology	98	
Neonatology			189
Respiratory medicine	Asthma	15	183
	Cystic fibrosis	36	
	Respiratory medicine	129	
	Syncope	3	
Immunology, infectious disease and allergy	Allergy	128	166
	Immunology	3	
	Infectious disease	31	
	Tropical medicine	4	
Neurology	Chronic fatigue syndrome	6	139
	Epilepsy	82	
	Headache/migraine	2	
	Neurology	47	
	Sleep medicine	2	
Gastroenterology, hepatology and nutrition	Bowel disorders	3	98
	Gastroenterology	82	
	Hepatology	2	
	Nutrition	11	
Oncology			80
Cardiology			77
Vulnerable children	Adoption and fostering	3	61
	Child protection	12	
	Looked after children	2	
	Safeguarding	43	
	Special educational needs and disability	1	
Nephrology	Bladder disorders	5	56
	Nephrology	51	
Emergency medicine			44
Rheumatology	Musculoskeletal conditions	4	44
	Rheumatology	40	
Neurodisability	Disability	2	28
	Neurodisability	26	
Haematology			28
Intensive care	High dependency care	14	24
	Intensive care	10	
Non direct clinical interest	Management	2	23
	Medical education/training	16	
	Quality improvement	2	
	Research	1	

	Simulation	2	
General	Acute paediatrics	4	21
	Ambulatory medicine	17	
Neurodevelopmental	Attention deficit hyperactivity disorder	2	18
	Audiovestibular medicine	3	
	Autism spectrum disorder	7	
	Neurodevelopmental paediatrics	6	
Metabolic medicine	Growth	6	12
	Metabolic medicine	6	
Child mental health	Behavioural paediatrics	3	12
	Eating disorders	8	
	Mental health	1	
Dermatology			11
Community child health			9
Genetics	Clinical genetics	1	8
	Haemoglobinopathies	7	
Adolescent medicine			8
Palliative care			7
Public health	Obesity	5	6
	Public health	1	
Urology	Genital problems	4	4
Pain medicine			3
Clinical pharmacology			2
Radiology			1
Child death			1
Forensic paediatrics			1
Other			8
<b>Total</b>			<b>1680</b>

**Table 18: Special interest of community child health paediatricians**

Special interest group	Special interest	Special interest total	Special interest group total
Vulnerable children	Adoption and fostering	57	187
	Child protection	32	
	Looked after children	38	
	Safeguarding	47	
	Special educational needs and disability	13	
Neurodevelopmental	Attention deficit hyperactivity disorder	29	146
	Audiovestibular medicine	30	
	Autism spectrum disorder	37	
	Down's syndrome	5	
	Neurodevelopmental paediatrics	36	
	Visual impairment	9	

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Neurodisability	Disability	8	94
	Neurodisability	84	
	Neurorehabilitation	2	
Neurology	Chronic fatigue syndrome	2	20
	Epilepsy	13	
	Neurology	3	
	Sleep medicine	2	
Child mental health	Behavioural paediatrics	10	12
	Mental health	2	
Community child health	Child development	11	12
	Community child health	1	
Non-clinical	Management	2	11
	Medical education/training	6	
	Research	3	
Gastroenterology, hepatology and nutrition	Bowel disorders	4	11
	Gastroenterology	3	
	Nutrition	4	
Nephrology	Bladder disorders	6	8
	Nephrology	2	
Child death			8
Immunology, infectious disease and allergy	Allergy	3	7
	Immunology	4	
Palliative care			6
Neonatology			6
Respiratory medicine	Asthma	3	6
	Respiratory medicine	3	
Child public health	Public health	2	5
	Sexual health	3	
Diabetes and endocrinology	Diabetes	2	3
	Endocrinology	1	
Adolescent medicine			3
Rheumatology			2
Forensic pathology			2
Cardiology			2
Intensive care			1
Haematology			1
Oncology			1
General			1
Dermatology			1
Metabolic medicine			1
Ear, nose and throat			1
Other			7
<b>Total</b>			<b>565</b>

### 1.4. Workforce characteristics

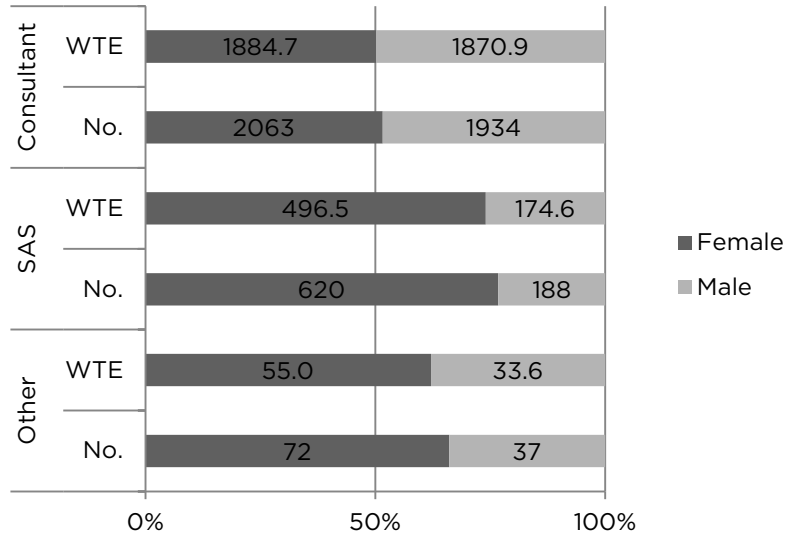


Figure 4: Headcount and WTE of grade, by gender

Table 19: Changes in gender balance of consultants, 1999 to 2015

		1999	2001	2003	2005	2007	2009	2011	2013	2015
Male	No.	1149	1304	1489	1537	1580	1742	1756	1867	1934
	%	59.4%	59.7%	59.1%	56.4%	54.0%	53.4%	51.4%	50.2%	48.4%
Female	No.	784	880	1030	1186	1345	1522	1662	1851	2062
	%	40.6%	40.3%	40.9%	43.6%	46.0%	46.6%	48.6%	49.8%	51.6%
<b>Total</b>		<b>1933</b>	<b>2184</b>	<b>2519</b>	<b>2723</b>	<b>2925</b>	<b>3264</b>	<b>3418</b>	<b>3718</b>	<b>3996</b>

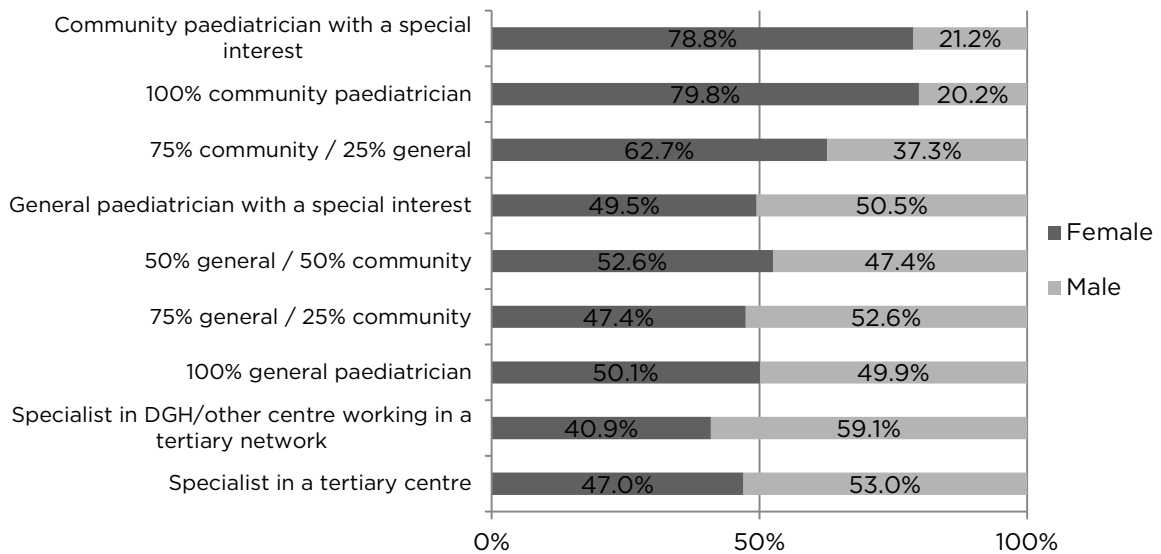
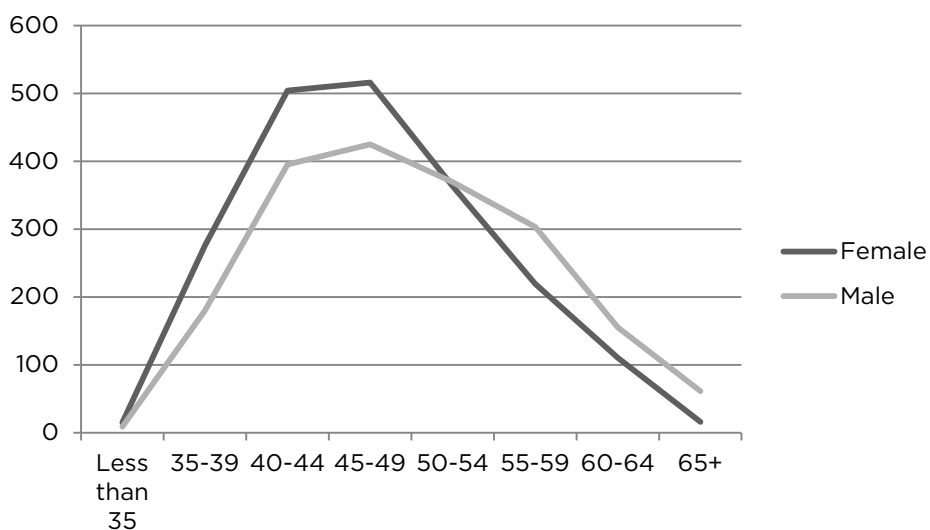


Figure 5: Gender balance by job type, all grades\*

\*Job type was not provided for 10 doctors.

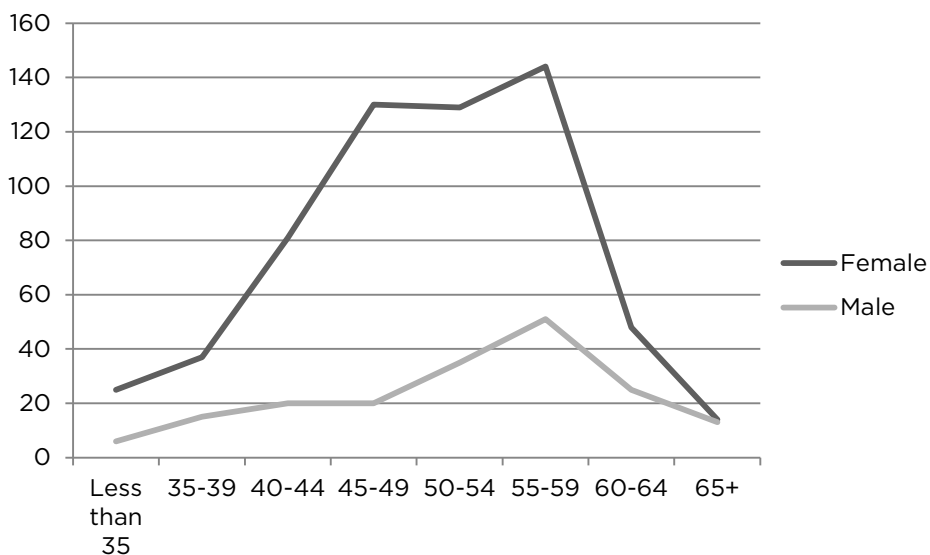
**Table 20: Average age by grade and gender**

	Female	Male	Overall
Consultant	47.2	49.5	48.3
SAS doctor	50.3	52.4	50.8
Other non-training	42.2	46.4	43.7
<b>Overall</b>	<b>47.8</b>	<b>49.7</b>	<b>48.6</b>



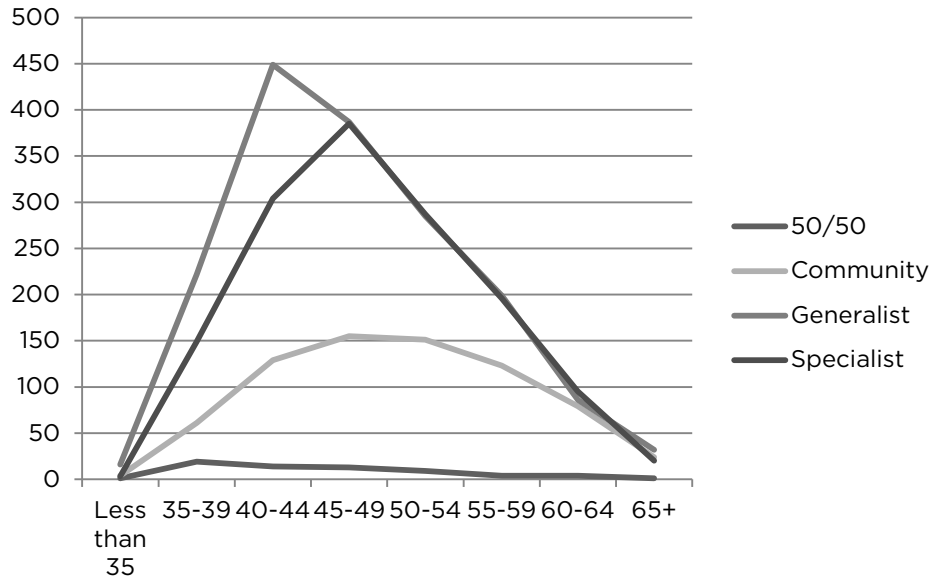
**Figure 6: Consultant age profile, by gender\***

\*Does not include 80 consultants where age group is unknown.



**Figure 7: SAS doctor age profile, by gender\***

\*Does not include 15 SAS doctors where age group is unknown.



**Figure 8: Consultant age profile, by job type\***

\*Age was not provided for 80 consultants and job type was not provided for 10.

**Table 21: Place of graduation with primary medical qualification (PMQ) by grade**

		United Kingdom	European Economic Area	Other	Total
Consultant	No.	2510	238	1247	3995
	%	62.8%	6.0%	31.2%	
SAS doctor	No.	395	58	355	808
	%	48.9%	7.2%	43.9%	
Other	No.	38	9	62	109
	%	34.9%	8.3%	56.9%	
<b>Total</b>	<b>No.</b>	<b>2943</b>	<b>305</b>	<b>1664</b>	<b>4912*</b>
	<b>%</b>	<b>59.9%</b>	<b>6.2%</b>	<b>33.9%</b>	<b>100%</b>

\*Place of PMQ is unknown for 1 consultant.

## 1.5. Contracts and job planning

**Table 22: Contract type by grade**

		<b>Permanent</b>	<b>Locum</b>	<b>Fixed term</b>	<b>Total</b>
Consultant	No.	3547	124	39	3710
	%	95.6%	3.3%	1.0%	100%
SAS doctor	No.	723	6	25	754
	%	95.9%	0.8%	3.3%	100%
Other non-training	No.	68	1	32	101
	%	67.3%	1.0%	31.7%	100%
<b>Total</b>	<b>No.</b>	<b>4338</b>	<b>131</b>	<b>96</b>	<b>4565*</b>
	<b>%</b>	<b>95.0%</b>	<b>2.9%</b>	<b>2.1%</b>	<b>100%</b>

\*Contract type not known for 348 doctors.

### 1.5.1. Consultant contracts

**Table 23: Consultant average contracted programmed activities by job type and participation rate**

<b>Full time (more than 10 PAs)</b>			
	<b>No.</b>	<b>Av. Total PAs</b>	<b>Av. DCC PAs</b>
Generalist	893	10.9	8.2
Specialist	589	11.0	8.3
Community	277	10.6	7.9
50/50	26	10.7	8.3
<b>Total</b>	<b>1785</b>	<b>10.8</b>	<b>8.2</b>
<b>Less than full time (less than 10 PAs)</b>			
Generalist	225	7.1	5.4
Specialist	77	7.0	5.4
Community	177	7.3	5.4
50/50	12	8.0	6.4
<b>Total</b>	<b>491</b>	<b>7.2</b>	<b>5.4</b>
<b>Overall</b>			
Generalist	1118	10.1	7.6
Specialist	666	10.5	8.0
Community	454	9.3	6.9
50/50	38	9.8	7.7
<b>Total</b>	<b>2276*</b>	<b>10.1</b>	<b>7.6</b>

\*Based on 2276 consultants for whom total PA and DCC PA information was provided.

**Table 24: Consultant programmed activities by gender**

	Female		Male		Total	
	No.	%	No.	%	No.	%
Less than 10 PAs	422	33.1%	100	8.7%	522	21.5%
10 to 12 PAs	815	63.9%	965	84.1%	1780	73.5%
More than 12 PAs	39	3.1%	82	7.1%	121	5.0%
<b>Total</b>	<b>1276</b>	<b>100%</b>	<b>1147</b>	<b>100%</b>	<b>2423*</b>	<b>100%</b>

\*Based on the 2423 consultants for whom total PA information was provided.

**Table 25: Average non-direct clinical care programmed activities by country**

		England	Scotland	Wales	Northern Ireland	UK
Less than 10	No.	410	53	13	15	491
	Av. Non-DCC PAs	1.8	1.5	2.4	1.5	1.8
10 to 12	No.	1073	122	89	53	1337
	Av. Non-DCC PAs	2.4	2.2	2.7	2.1	2.4
More than 12	Count	317	106	0	25	448
	Av. Non-DCC PAs	3.4	3.7	NA	3.3	3.5
<b>Total</b>	<b>No.</b>	<b>1800</b>	<b>281</b>	<b>102</b>	<b>93</b>	<b>2276*</b>
	<b>Av. Non-DCC PAs</b>	<b>2.5</b>	<b>2.6</b>	<b>2.7</b>	<b>2.3</b>	<b>2.5</b>

\*Based on 2276 consultants for whom total PA and DCC PA information was provided.

## 1.5.2. SAS doctor contracts

**Table 26: SAS doctor participation rates by gender**

	Female		Male		Total	
	No.	%	No.	%	No.	%
Full time (1.0 WTE)	196	44.0%	105	83.3%	301	52.6%
0.8 to < 1.0 WTE	77	17.3%	5	4.0%	82	14.3%
0.6 to < 0.8 WTE	106	23.8%	7	5.6%	113	19.8%
< 0.6 WTE	66	14.8%	9	7.1%	75	13.1%
<b>Total</b>	<b>445</b>	<b>100%</b>	<b>126</b>	<b>100%</b>	<b>571*</b>	<b>100%</b>

\*Based on 70.7% response rate. A total of 808 SAS doctors were recorded in the census.

## 2. Child health services in the UK

### 2.1. Service configuration

**Table 27: Services provided by child health organisations, by country**

	England	Scotland	Northern Ireland	Wales	UK
Secondary acute and community services	65	7	4	4	80
Secondary acute, community and tertiary services	25	4	1	3	33
Secondary acute and tertiary services	16	0	0	0	16
Secondary acute services only	40	0	0	0	40
Community services only	26	0	0	0	26
<b>Total</b>	<b>172</b>	<b>11</b>	<b>5</b>	<b>7</b>	<b>195</b>

**Table 28: Organisation type in England\***

	No.	%
Acute and community trust	69 (45)	40.1%
Acute trust	57 (19)	33.1%
Tertiary trust	20 (13)	11.6%
Community trust	11 (3)	6.4%
Mental health and community trust	10 (7)	5.8%
Social enterprise	4	2.3%
Independent provider	1	0.6%
<b>Total</b>	<b>172 (87)</b>	

\*Northern Ireland, Scotland and Wales provide child health services within integrated health boards and health and social care trusts.

\*\*The number of foundation trusts are given in brackets, i.e. 69 (45) denotes a total of 69 acute and community trusts, of which 45 are foundation trusts.

**Table 29: Service provided within acute units, by country**

	England	Northern Ireland	Scotland	Wales	UK
Inpatients	155	8	14	12	189
Outpatients	189	10	17	14	230
Neonatal unit	163	8	15	11	197
Emergency department	171	8	15	13	207
Dedicated paediatric ED	96	1	4	3	104
Paediatric assessment units	149	6	12	11	178
<b>Total acute units</b>	<b>193</b>	<b>10</b>	<b>17</b>	<b>14</b>	<b>234</b>

## 2.2. Acute services

### 2.2.1. Inpatient services

**Table 30: Maximum age of children seen on inpatient unit, by country**

Country	Maximum age							Average age	Total units
	14	15	16	17	18	19	20-24		
England	0	3	47	13	44	13	3	17.3	123
Northern Ireland	5	1	2	0	0	0	0	14.6	8
Scotland	0	0	12	0	0	0	0	16.0	12
Wales	0	0	2	5	3	0	0	17.1	10
<b>UK</b>	<b>5</b>	<b>4</b>	<b>63</b>	<b>18</b>	<b>47</b>	<b>13</b>	<b>3</b>	<b>17.0</b>	<b>153*</b>
<b>% of UK units</b>	<b>3.3%</b>	<b>2.6%</b>	<b>41.2%</b>	<b>11.8%</b>	<b>30.7%</b>	<b>8.5%</b>	<b>2.0%</b>		

\*36 units with inpatient services did not respond to this question.

**Table 31: Proportion of units with separate adolescent ward, by country**

	Units with separate adolescent ward	% of responders	Total units
England	51	40.8%	125
Northern Ireland	1	12.5%	8
Scotland	5	41.7%	12
Wales	4	40.0%	10
<b>UK</b>	<b>61</b>	<b>39.4%</b>	<b>155*</b>

\*34 units with inpatient services did not respond to this question

**Table 32: Minimum age of children seen in dedicated adolescent ward**

Country	Adolescent ward minimum age									Average age	Total units
	9	10	11	12	13	14	15	16	17		
England	1	2	6	15	6	6	0	3	1	12.6	40
Northern Ireland	0	0	0	0	0	0	1	0	0	15.0	1
Scotland	0	0	0	3	1	0	0	0	0	12.3	4
Wales	0	1	0	2	1	0	0	0	0	11.8	4
<b>UK</b>	<b>1</b>	<b>3</b>	<b>6</b>	<b>20</b>	<b>8</b>	<b>6</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>12.5</b>	<b>49*</b>

\*12 units with separate adolescent wards did not respond to this question.

**Table 33: Maximum age of children seen in dedicated adolescent ward**

Country	Adolescent ward maximum age						Average age	Total units
	15	16	17	18	19	20-14		
England	1	4	3	31	7	2	18.1	48
Northern Ireland	0	0	0	1	0	0	18.0	1
Scotland	0	5	0	0	0	0	16.0	5
Wales	0	0	2	1	0	1	18.3	4
<b>UK</b>	<b>1</b>	<b>9</b>	<b>5</b>	<b>33</b>	<b>7</b>	<b>3</b>	<b>17.9</b>	<b>58*</b>

\*3 units with separate adolescent wards did not respond to this question.

**Table 34: Closure of inpatient unit to new admissions in the year before 30 September 2015.**

Country	Unit closed to new admissions	% of units had to close	Total units	Average no. of times unit has closed
England	33	31.7%	104	3.4
Northern Ireland	3	42.9%	7	2.3
Scotland	3	25.0%	12	0.8
Wales	2	25.0%	8	0.6
<b>UK</b>	<b>41</b>	<b>31.3%</b>	<b>131*</b>	<b>2.9</b>

2.2.2. Rotas

Table 35: Number of rotas and total WTE by tier, service provided and country

	England		Northern Ireland		Scotland		Wales		UK	
	Rotas	WTE	Rotas	WTE	Rotas	WTE	Rotas	WTE	Rotas	WTE
<b>Tier 3</b>										
General paediatrics	67	583.4	1	14.0	7	71.3	4	32.8	79	708.9
General/neonatal	89	795.9	7	47.5	7	53.9	9	57.4	112	950.7
Neonatal	56	396.2	1	5.5	8	64.0	3	24.8	68	492.0
<b>Total</b>	<b>212</b>	<b>1775.5</b>	<b>9</b>	<b>67.0</b>	<b>22</b>	<b>189.2</b>	<b>16</b>	<b>114.9</b>	<b>259</b>	<b>2151.6</b>
<b>Tier 2</b>										
General paediatrics	54	490.8	1	8.0	7	77.2	3	31.1	65	614.3
General/neonatal	92	834.5	5	39.2	6	58.8	9	68.5	112	999.6
Neonatal	49	422.5	1	8.0	6	47.1	3	25.8	59	501.1
<b>Total</b>	<b>195</b>	<b>1747.8</b>	<b>7</b>	<b>55.2</b>	<b>19</b>	<b>183.1</b>	<b>15</b>	<b>125.4</b>	<b>236</b>	<b>2115.0</b>
<b>Tier 1</b>										
General paediatrics	70	694.0	3	27.0	7	78.0	4	44.2	84	846.7
General/neonatal	77	825.7	6	45.0	7	63.0	7	68.8	97	999.8
Neonatal	62	563.1	1	8.0	7	65.2	4	28.7	74	664.7
<b>Total</b>	<b>209</b>	<b>2082.9</b>	<b>10</b>	<b>80.0</b>	<b>21</b>	<b>206.2</b>	<b>15</b>	<b>141.7</b>	<b>255</b>	<b>2511.2</b>

\*WTE estimated based on data provided.

**Table 36: Average WTE by rota tier and service provided**

	Tier 1 (junior)	Tier 2 (middle grade)	Tier 3 (consultant)	Total
General paediatrics	10.1	9.5	9.0	9.5
General/neonatal	10.3	8.9	8.5	9.2
Neonatal	9.0	8.5	7.2	8.2
<b>Total</b>	<b>9.9</b>	<b>9.0</b>	<b>8.3</b>	<b>9.0</b>

\*Non-standard rotas have not been included due low numbers.

\*\* Averages will include rotas where 2 doctors of same tier are on duty at same time.

**Table 37: Estimated WTE of vacancies, vacancy rate and locum fill by rota tier and service**

	Estimated WTE of vacancies*	Vacancy rate	% filled by locum
<b>Tier 3</b>			
General paediatrics	46.3	6.5%	62.6%
General/neonatal	73.9	7.8%	76.4%
Neonatal	13.9	2.8%	40.0%
<b>Total</b>	<b>135.9</b>	<b>6.3%</b>	<b>68.7%</b>
<b>Tier 2</b>			
General paediatrics	79.1	12.9%	50.1%
General/neonatal	148.8	14.9%	69.1%
Neonatal	59.0	11.8%	36.2%
<b>Total</b>	<b>286.9</b>	<b>13.7%</b>	<b>58.2%</b>
<b>Tier 1</b>			
General paediatrics	37.5	4.4%	60.6%
General/neonatal	106.5	10.7%	61.9%
Neonatal	29.7	4.5%	27.8%
<b>Total</b>	<b>173.7</b>	<b>7.1%</b>	<b>56.5%</b>

\*WTE estimated based on data provided.

**Table 38: Tier 1 and Tier 2 rota staffing composition**

	General and general/neonatal		Neonatal		Total	
	WTE*	%	WTE*	%	WTE*	%
<b>Tier 1</b>						
ST1-3 paediatric trainee	531.7	28.8%	357.6	53.8%	889.4	35.4%
ST4-8 paediatric trainee	24.0	1.3%	2.1	0.3%	26.2	1.0%
Subspecialty paediatric trainee	28.6	1.5%	7.1	1.1%	35.7	1.4%
ST non-paediatric	29.1	1.6%	1.4	0.2%	30.5	1.2%
FY doctor	376.8	20.4%	67.6	10.2%	444.4	17.7%
GP ST doctor	688.2	37.3%	22.8	3.4%	710.9	28.3%
Trust and other	101.3	5.5%	94.1	14.2%	195.3	7.8%
Nurse practitioner	14.7	0.8%	24.9	3.7%	39.6	1.6%
Advanced nurse practitioner	31.5	1.7%	87.1	13.1%	118.6	4.7%
SAS doctor (acute)	7.0	0.4%	0.0	0.0%	7.0	0.3%
Consultant (acute)	1.3	0.1%	0.0	0.0%	1.3	0.1%
General practitioner	12.7	0.7%	0.0	0.0%	12.7	0.5%
<b>Total</b>	<b>1846.8</b>	<b>100%</b>	<b>664.7</b>	<b>100%</b>	<b>2511.6</b>	<b>100%</b>
<b>Tier 2</b>						
ST1-3 paediatric trainee	112.5	7.0%	8.6	1.7%	121.2	5.8%
ST4-8 paediatric trainee	944.0	58.9%	311.1	62.8%	1255.2	59.6%
Subspecialty paediatric trainee	48.7	3.0%	28.5	5.8%	77.2	3.7%
Trust and other	242.8	15.1%	69.9	14.1%	312.7	14.9%
Nurse practitioner	9.0	0.6%	1.4	0.3%	10.5	0.5%
Advanced nurse practitioner	15.6	1.0%	55.0	11.1%	70.6	3.4%
SAS doctor (acute)	152.7	9.5%	20.0	4.0%	172.7	8.2%
Consultant (acute)	75.5	4.7%	0.7	0.1%	76.2	3.6%
Consultant (community)	1.7	0.1%	0.0	0.0%	1.7	0.1%
SAS doctor (community)	7.8	0.5%	0.0	0.0%	7.8	0.4%
<b>Total</b>	<b>1610.3</b>	<b>100%</b>	<b>495.3</b>	<b>100%</b>	<b>2105.6</b>	<b>100%</b>

\*WTE estimated based on data provided. The total estimated WTE at tier 1 and tier 2 differs from Table 35 due to the method of calculating the breakdown of WTE.

### 2.2.3. Outpatient services

**Table 39: Outpatient services and average no. of weekly general paediatric clinics, by country**

	No. of units with outpatients	No. of responding units	Average no. of weekly outpatient clinics
England	189	134	16.8
Northern Ireland	10	10	12.4
Scotland	17	13	16.1
Wales	14	12	20.2
<b>Total</b>	<b>230</b>	<b>169</b>	<b>16.7</b>

## 2.2.4. Emergency departments

**Table 40: Emergency department provision by country**

	Units where children seen in ED		Total units	Units where children seen in dedicated PED		Total units
	No.	%		No.	%	
England	171	85.9%	199	96	48.5%	198
Scotland	15	78.9%	19	4	21.1%	19
Wales	13	92.9%	14	3	21.4%	14
Northern Ireland	8	72.7%	11	1	9.1%	11
<b>UK</b>	<b>207</b>	<b>85.2%</b>	<b>243</b>	<b>104</b>	<b>43.0%</b>	<b>242*</b>

\*No information available regarding children seen in dedicated PED for 1 unit.

**Table 41: Emergency department staffing arrangements**

		Present (rostered) for all opening hours	Present (rostered) for part of the opening hours	Present when required as part of general inpatient rota (Time allowed)	Present when required as part of general inpatient rota (No time allowed)	Do not work in this unit	Total responding units*
Paediatric consultant	No.	5	27	34	59	33	158
	%	3.2%	17.1%	21.5%	37.3%	20.9%	100%
Paediatric emergency medicine consultant	No.	10	61	5	2	79	157
	%	6.4%	38.9%	3.2%	1.3%	50.3%	100%
Paediatric SAS doctor	No.	11	14	19	33	79	156
	%	7.1%	9.0%	12.2%	21.2%	50.6%	100%
Paediatric EM SAS doctor	No.	4	19	7	2	119	151
	%	2.6%	12.6%	4.6%	1.3%	78.8%	100%
Paediatric ST4-8	No.	21	10	39	38	49	157
	%	13.4%	6.4%	24.8%	24.2%	31.2%	100%
Paediatric ST1-3	No.	21	12	39	47	37	156
	%	13.5%	7.7%	25.0%	30.1%	23.7%	100%
ACNP	No.	5	34	6	8	99	152
	%	3.3%	22.4%	3.9%	5.3%	65.1%	100%
General practitioner (trained)	No.	6	25	1	1	120	153
	%	3.9%	16.3%	0.7%	0.7%	78.4%	100.0%
Physician's Associate	No.	0	3	1	1	145	150
		0.0%	2.0%	0.7%	0.7%	96.7%	100%

\*158 units provided staffing information, however some units did not respond in relation to particular staff.

## 2.2.5. Short stay paediatric assessment units

**Table 42: Paediatric assessment unit type**

<b>SSPAU type</b>	<b>No.</b>	<b>%</b>
Paediatric assessment unit	65	45.8%
Short stay paediatric assessment unit	61	43.0%
Clinical decision unit	6	4.2%
Short stay ward	4	2.8%
Short stay and paediatric assessment unit	2	1.4%
Observation/assessment bay	2	1.4%
Day unit	1	0.7%
Beds allocated in the ward	1	0.7%
<b>Total</b>	<b>142*</b>	

\*SSPAU type is unknown for 36 units. Total 178 SSPAUs.

**Table 43: Number of paediatric assessment units per hospital unit**

<b>No. of PAUs</b>	<b>No.</b>	<b>%</b>
0	64	26.8%
1	172	72.0%
2	3	1.3%
<b>Total</b>	<b>239*</b>	

\*PAU number not known for 4 hospitals. Total 243 hospitals

**Table 44: Paediatric assessment unit opening hours**

<b>Opening hours</b>	<b>England</b>	<b>Scotland</b>	<b>Wales</b>	<b>Northern Ireland</b>	<b>UK</b>	<b>%</b>
24 hours/7 days a week	61	7	3	1	72	50.7%
Office hours and evenings, 7 days a week	29	1	1	1	32	22.5%
Office hours and evenings, weekdays only	19	0	2	1	22	15.5%
Office hours, weekdays only	4	2	1	3	10	7.0%
Other	5		1	0	6	4.2%
<b>Total</b>	<b>118</b>	<b>10</b>	<b>8</b>	<b>6</b>	<b>142*</b>	

\*Opening hours unknown for 35 units. Total 177 SSPAUs.

**Table 45: Paediatric assessment unit, by presence of inpatient services at hospital**

<b>PAU location</b>	<b>Inpatient ward at hospital</b>		<b>Total</b>	<b>%</b>
	<b>Yes</b>	<b>No</b>		
Co-located with paediatric inpatient unit	97	0	97	68.8%
Co-located with emergency department	25	5	30	21.3%
Stand alone	0	10	10	7.1%
Co-located with emergency department and paediatric inpatient unit	2	0	2	1.4%
Co-located with paediatric outpatient unit	1	0	1	0.7%
Co-located with urgent care centre	0	1	1	0.7%
<b>Total</b>	<b>125</b>	<b>16</b>	<b>141*</b>	

\*Location unknown for 36 units. Total 177 SSPAUs.

**Table 46: Paediatric assessment unit staffing arrangements**

		Present (rostered) for all opening hours	Present (rostered) for part of the opening hours	Present when required as part of general inpatient rota (Time allowed)	Present when required as part of general inpatient rota (No time allowed)	Do not work in this unit	Total responding units*
Paediatric consultant	No.	18	38	50	27	4	137
	%	13.1%	27.7%	36.5%	19.7%	2.9%	100%
Paediatric emergency medicine consultant	No.	2	8	4	1	118	133
	%	1.5%	6.0%	3.0%	0.8%	88.7%	100%
Paediatric SAS doctor	No.	16	26	29	11	53	135
	%	11.9%	19.3%	21.5%	8.1%	39.3%	100%
Paediatric emergency medicine SAS doctor	No.	1	0	5	0	124	130
	%	0.8%	0.0%	3.8%	0.0%	95.4%	100%
Emergency medicine consultant	No.	3	4	1	1	120	129
	%	2.3%	3.1%	0.8%	0.8%	93.0%	100%
Paediatric ST4-8	No.	46	24	37	9	19	135
	%	34.1%	17.8%	27.4%	6.7%	14.1%	100%
Emergency medicine HST	No.	4	6	2	1	117	130
	%	3.1%	4.6%	1.5%	0.8%	90.0%	100%
Other middle grade equivalent	No.	12	17	16	4	81	130
	%	9.2%	13.1%	12.3%	3.1%	62.3%	100%
Paediatric ST1-3	No.	51	23	34	8	16	132
	%	38.6%	17.4%	25.8%	6.1%	12.1%	100%
Emergency medicine CST1-3	No.	2	4	8	2	114	130
	%	1.5%	3.1%	6.2%	1.5%	87.7%	100%
Other ST	No.	4	7	6	1	105	123
	%	3.3%	5.7%	4.9%	0.8%	85.4%	100%

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Other junior doctor equivalent	No.	14	12	11	4	83	124
	%	11.3%	9.7%	8.9%	3.2%	66.9%	100%
ACNP	No.	13	37	8	2	72	132
	%	9.8%	28.0%	6.1%	1.5%	54.5%	100%
Nurse	No.	113	8	9	0	4	134
	%	84.3%	6.0%	6.7%	0.0%	3.0%	100%
General practitioner (trained)	No.	0	4	1	1	123	129
	%	0.0%	3.1%	0.8%	0.8%	95.3%	100%
GP ST/FY doctor	No.	43	31	29	12	15	130
	%	33.1%	23.8%	22.3%	9.2%	11.5%	100%
Physician's associates	No.	0	2	0	0	123	125
	%	0.0%	1.6%	0.0%	0.0%	98.4%	100%

\*144 units provided staffing information, however some units did not respond in relation to particular staff.

## 2.3. Lead roles

Table 47: Lead roles in child health services

	Response rate			Lead role exists				Lead role filled	
	Expected returns*	No. of responses	Response rate	Existing roles	Provided by other organisation	Total roles existing	% of responses	Lead role filled	Role filled % of existing roles
Designated doctor for safeguarding	196	146	74.5%	93	17	110	75.3%	87	93.5%
Named doctor for safeguarding	211	167	79.1%	160	2	162	97.0%	157	98.1%
Named GP for safeguarding children (or equivalent)	200	144	72.0%	37	18	55	38.2%	33	89.2%
Designated doctor for looked after children	205	154	75.1%	92	20	112	72.7%	89	96.7%
Named doctor for looked after children	205	152	74.1%	60	10	70	46.1%	58	96.7%
Designated doctor for child deaths	194	136	70.1%	72	12	84	61.8%	71	98.6%
Child death overview panel child health representative	191	132	69.1%	80	5	85	64.4%	79	98.8%
Designated medical officer for SEND	197	145	73.6%	68	4	72	49.7%	67	98.5%
Medical adviser for adoption/fostering	214	164	76.6%	110	13	123	75.0%	107	97.3%
Healthy Child Programme coordinator	199	141	70.9%	17	6	23	16.3%	17	100%
Immunisation coordinator	199	146	73.4%	39	7	46	31.5%	38	97.4%
<b>Scotland only roles</b>									
Lead Paediatrician in Child Protection	13	11	84.6%	10	0	10	90.9%	10	100%
Paediatrician with a special interest in child protection	9	5	55.6%	3	0	3	60.0%	3	100%
<b>Wales only roles</b>									
PRUDiC practitioner	8	5	62.5%	4	0	4	80.0%	4	100%
Designated medical officer for ALN	14	11	78.6%	5	0	5	45.5%	5	100%
<b>Total</b>	<b>2255</b>	<b>1659</b>	<b>73.6%</b>	<b>850</b>	<b>114</b>	<b>964</b>	<b>58.1%</b>	<b>825</b>	<b>97.1%</b>

\* The number of expected returns varies as not all roles are applicable in each UK nation, and in some organisations more than one of the same role exists.

**Table 48: Lead roles, by grade occupying the role**

		<b>Consultant</b>	<b>SAS doctor</b>	<b>General practitioner</b>	<b>Nurse, midwife or health visitor</b>	<b>Other</b>	<b>Not specified</b>	<b>Total</b>
Designated doctor for safeguarding	No.	82	2	0	0	1	2	87
	%	94.3%	2.3%	0.0%	0.0%	1.1%	2.3%	100.0%
Named doctor for safeguarding	No.	144	11	0	0	0	2	157
	%	91.7%	7.0%	0.0%	0.0%	0.0%	1.3%	100.0%
Named general practitioner for safeguarding children (or equivalent)	No.	2	0	29	1	0	1	33
	%	6.1%	0.0%	87.9%	3.0%	0.0%	3.0%	100.0%
Designated doctor for looked after children	No.	68	19	0	0	0	2	89
	%	76.4%	21.3%	0.0%	0.0%	0.0%	2.2%	100.0%
Named doctor for looked after children	No.	40	15	0	1	1	1	58
	%	69.0%	25.9%	0.0%	1.7%	1.7%	1.7%	100.0%
Designated doctor for child deaths	No.	65	3	0	0	1	2	71
	%	91.5%	4.2%	0.0%	0.0%	1.4%	2.8%	100.0%
Child death overview panel child health representative	No.	69	3	0	4	1	2	79
	%	87.3%	3.8%	0.0%	5.1%	1.3%	2.5%	100.0%
Designated medical officer for SEND	No.	55	8	0	1	1	2	67
	%	82.1%	11.9%	0.0%	1.5%	1.5%	3.0%	100.0%
Medical adviser for adoption/fostering	No.	70	35	0	0	0	2	107
	%	65.4%	32.7%	0.0%	0.0%	0.0%	1.9%	100.0%
Healthy Child Programme coordinator	No.	3	1	0	9	2	2	17
	%	17.6%	5.9%	0.0%	52.9%	11.8%	11.8%	100.0%
Immunisation coordinator	No.	24	3	2	6	3	0	38

	%	63.2%	7.9%	5.3%	15.8%	7.9%	0.0%	100.0%
<b>Scotland only roles</b>								
Lead paediatrician in child protection	No.	8	1	1	0	0	0	10
	%	80.0%	10.0%	10.0%	0.0%	0.0%	0.0%	100.0%
Paediatrician with a special interest in child protection	No.	2	1	0	0	0	0	3
	%	66.7%	33.3%	0.0%	0.0%	0.0%	0.0%	100.0%
<b>Wales only roles</b>								
Designated medical officer for ALN	No.	5	0	0	0	0	0	5
	%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
PRUDiC practitioner	No.	1	1	0	1	0	1	4
	%	25.0%	25.0%	0.0%	25.0%	0.0%	25.0%	100.0%
<b>Total</b>	<b>No.</b>	<b>638</b>	<b>103</b>	<b>32</b>	<b>23</b>	<b>10</b>	<b>19</b>	<b>825</b>
	<b>%</b>	<b>77.2%</b>	<b>12.5%</b>	<b>3.9%</b>	<b>2.8%</b>	<b>1.2%</b>	<b>2.3%</b>	<b>100.0%</b>

**Table 49: Average number of PAs allocated per lead role**

<b>Lead role</b>	<b>Average PAs</b>
Designated doctor for safeguarding	2.8
Named doctor for safeguarding	1.9
Named general practitioner for safeguarding children (or equivalent)	1.9
Lead Paediatrician in Child Protection (Scotland)	2.3
Paediatrician with a special interest in child protection (Scotland)	4.5
Designated doctor for looked after children	1.9
Named doctor for looked after children	1.5
Designated doctor for child deaths	1.1
Child death overview panel child health representative	0.7
PRUDiC practitioner (Wales)	1
Designated medical officer for SEND	1.1
Designated medical officer for ALN (Wales)	0
Medical adviser for adoption/fostering	2
Healthy Child Programme coordinator	0.4
Immunisation coordinator	0.5

\*Based on filled roles for which PA data was provided.

**Table 50: Employer for role holder for lead role part of contract**

		Acute trust/health board	Community trust	Integrated acute and community trust/health board	Clinical commissioning group	Social enterprise	Public Health Wales	Other	No response	Total
Designated doctor for safeguarding	No	25	9	15	30	0	2	1	5	87
	%	28.7%	10.3%	17.2%	34.5%	0.0%	2.3%	1.1%	5.7%	
Named doctor for safeguarding	No	94	19	28	2	1	0	1	12	157
	%	59.9%	12.1%	17.8%	1.3%	0.6%	0.0%	0.6%	7.6%	
Named general practitioner for safeguarding children (or equivalent)	No	2	1	1	24	0	0	4	1	33
	%	6.1%	3.0%	3.0%	72.7%	0.0%	0.0%	12.1%	3.0%	
Designated doctor for looked after children	No	28	12	16	22	1	1	3	6	89
	%	31.5%	13.5%	18.0%	24.7%	1.1%	1.1%	3.4%	6.7%	
Named doctor for looked after children	No	23	10	16	2	0	0	1	6	58
	%	39.7%	17.2%	27.6%	3.4%	0.0%	0.0%	1.7%	10.3%	
Designated doctor for child deaths	No	38	6	8	17	0	0	1	1	71
	%	53.5%	8.5%	11.3%	23.9%	0.0%	0.0%	1.4%	1.4%	
Child death overview panel child health representative	No	36	5	12	12	1	0	1	12	79
	%	45.6%	6.3%	15.2%	15.2%	1.3%	0.0%	1.3%	15.2%	
Designated medical officer for SEND	No	27	13	15	1	1	0	2	8	67
	%	40.3%	19.4%	22.4%	1.5%	1.5%	0.0%	3.0%	11.9%	
Medical adviser for adoption/fostering	No	33	21	29	8	1	0	4	11	107
	%	30.8%	19.6%	27.1%	7.5%	0.9%	0.0%	3.7%	10.3%	
Healthy Child Programme coordinator	No	6	3	4	0	0	0	1	3	17
	%	35.3%	17.6%	23.5%	0.0%	0.0%	0.0%	5.9%	17.6%	

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Immunisation coordinator	No	17	5	11	1	1	0	1	2	38
	%	44.7%	13.2%	28.9%	2.6%	2.6%	0.0%	2.6%	5.3%	
<b>Scotland only roles</b>										
Lead Paediatrician in Child Protection (Scotland)	No	9	0	1	0	0	0	0	0	10
	%	90.0%	0.0%	10.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Paediatrician with a special interest in child protection (Scotland)	No	3	0	0	0	0	0	0	0	3
	%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
<b>Wales only roles</b>										
Designated medical officer for ALN (wales)	No	0	0	2	0	0	0	0	3	5
	%	0.0%	0.0%	40.0%	0.0%	0.0%	0.0%	0.0%	60.0%	
PRUDiC practitioner (Wales)	No	2	0	1	0	0	0	0	1	4
	%	50.0%	0.0%	25.0%	0.0%	0.0%	0.0%	0.0%	25.0%	
<b>Total (filled roles)</b>	<b>No</b>	<b>343</b>	<b>104</b>	<b>159</b>	<b>119</b>	<b>6</b>	<b>3</b>	<b>18</b>	<b>71</b>	<b>825</b>
	<b>%</b>	<b>41.6%</b>	<b>12.6%</b>	<b>19.3%</b>	<b>14.4%</b>	<b>0.7%</b>	<b>0.4%</b>	<b>2.2%</b>	<b>8.6%</b>	

**Table 51: Service level agreement in place for role**

		<b>Yes</b>	<b>Not sure</b>	<b>No</b>	<b>Responders</b>	<b>Total filled lead roles</b>
Designated doctor for safeguarding	No.	48	19	15	82	87
	%	58.5%	23.2%	18.3%		
Named doctor for safeguarding	No.	30	34	81	145	157
	%	20.7%	23.4%	55.9%		
Named general practitioner for safeguarding children (or equivalent)	No.	2	25	4	31	33
	%	6.5%	80.6%	12.9%		
Lead Paediatrician in Child Protection	No.	1	5	4	10	10
	%	10.0%	50.0%	40.0%		
Paediatrician with a special interest in child protection	No.	0	1	2	3	3
	%	0.0%	33.3%	66.7%		
Designated doctor for looked after children	No.	40	23	19	82	89
	%	48.8%	28.0%	23.2%		
Named doctor for looked after children	No.	12	16	22	50	58
	%	24.0%	32.0%	44.0%		
Designated doctor for child deaths	No.	35	19	15	69	71
	%	50.7%	27.5%	21.7%		
Child death overview panel child health representative	No.	21	28	21	70	79
	%	30.0%	40.0%	30.0%		
PRUDiC practitioner	No.	0	1	2	3	4
	%	0.0%	33.3%	66.7%		
Designated medical officer for SEND	No.	21	13	25	59	67
	%	35.6%	22.0%	42.4%		
Designated medical officer for ALN	No.	0	1	1	2	5
	%	0.0%	50.0%	50.0%		
Medical adviser for adoption/fostering	No.	32	24	40	96	107

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	%	33.3%	25.0%	41.7%		
Healthy Child Programme coordinator	No.	3	5	6	14	17
	%	21.4%	35.7%	42.9%		
Immunisation coordinator	No.	5	9	21	35	38
	%	14.3%	25.7%	60.0%		
<b>Total</b>	<b>No.</b>	<b>250</b>	<b>223</b>	<b>278</b>	<b>751</b>	<b>825</b>
	<b>%</b>	<b>33.3%</b>	<b>29.7%</b>	<b>37.0%</b>		

## 2.4. Safeguarding

**Table 52: Safeguarding service arrangements, by country**

	Physical abuse service exists within area			Sexual abuse service exists within area			SUDI service exists within area		
	No.	%	Total	No.	%	Total	No.	%	Total
England	122	93.8%	130	94	72.9%	129	99	77.3%	128
Scotland	9	100%	9	9	100%	9	7	77.8%	9
Northern Ireland	5	100%	5	5	100%	5	1	20.0%	5
Wales	5	100%	5	4	100%	4	4	100%	4
<b>Total</b>	<b>141</b>	<b>94.6%</b>	<b>149*</b>	<b>112</b>	<b>76.2%</b>	<b>147**</b>	<b>111</b>	<b>76.0%</b>	<b>146***</b>

\*46 organisations did not provide information about their physical abuse service arrangements.

\*\*48 organisations did not provide information about their sexual abuse service arrangements.

\*\*\*49 organisations did not provide information about their SUDI/PRUDIC service arrangements.

### 2.4.1. Physical abuse service

**Table 53: Provision of physical abuse service**

	No.	%
Separate rota	67	47.9%
General paediatric rota	60	42.9%
Other trust/health board/service provider	11	7.9%
Other	2	1.4%
<b>Total</b>	<b>140*</b>	<b>100%</b>

\*1 organisation with a physical abuse service did not respond to this question.

**Table 54: Separate physical abuse rotas - location and staffing of service**

Rota staffing	Rota location				Total	
	Community		Hospital			
	No.	%	No.	%	No.	%
Consultants/SAS doctors and trainees	26	55.3%	10	50.0%	36	53.7%
Consultants/SAS doctors only	21	44.7%	10	50.0%	31	46.3%
<b>Total</b>	<b>47</b>	<b>100%</b>	<b>20</b>	<b>100%</b>	<b>67</b>	<b>100%</b>

Where there are paediatric trainees on the rota, all 36 stated that the trainees had access to consultant equivalent supervision at all times.

**Table 55: Separate physical abuse rotas - hours of operation and provision for non 24/7 rotas**

Hours of operation	Out of hours provision	No.	%
24 hours/7 days a week		20	29.9%
Office hours		41	61.2%
	<i>General paediatric rota</i>	34	
	<i>Other trust/health board/service provider</i>	7	
Office hours and evening		4	6.0%
	<i>General paediatric rota</i>	4	
Shorter than office hours		2	3.0%
	<i>General paediatric rota</i>	2	
<b>Total</b>		<b>67</b>	<b>100%</b>

## 2.4.2. Child sexual abuse service

**Table 56: Provision of child sexual abuse service**

	No.	%
Separate rota	58	51.8%
Other trust/health board/service provider	29	25.9%
Community paediatric rota	9	8.0%
Non NHS organisation (i.e. private provider)	4	3.6%
Sexual assault referral centre	3	2.7%
Forensic medical examiners only	3	2.7%
General paediatric rota	3	2.7%
Other	3	2.7%
<b>Total</b>	<b>112</b>	<b>100%</b>

**Table 57: Separate child sexual abuse rotas - location of assessments in-hours**

	No.	%
Hospital location	24	41.4%
Sexual assault referral centre	21	36.2%
Community location	6	10.3%
Community location and SARC	2	3.4%
Community or hospital location	2	3.4%
Hospital and SARC	1	1.7%
Theatres	1	1.7%
Dedicated police suite	1	1.7%
<b>Total</b>	<b>58</b>	<b>100%</b>

**Table 58: Separate child sexual abuse rotas - location and staffing of service**

Rota staffing	Rota location						Total	
	Community service		Hospital		Other			
	No.	%	No.	%	No.	%	No.	%
Consultants/SAS doctors only	27	84.4%	10	71.4%	9	75.0%	46	79.3%
Consultants/SAS doctors and trainees	5	15.6%	4	28.6%	0	0.0%	9	15.5%
Other	0	0.0%	0	0.0%	3	25.0%	3	5.2%
<b>Total</b>	<b>32</b>	<b>100%</b>	<b>14</b>	<b>100%</b>	<b>12</b>	<b>100%</b>	<b>58</b>	<b>100%</b>

**Table 59: Separate child sexual abuse rotas - hours of operation and out of hours provision**

Hours of operation	Out of hours provision	No.	%
24 hours/7 days a week		22	37.9%
Office hours		24	41.4%
	<i>General paediatric rota</i>	8	
	<i>Other trust/health board/service provider</i>	8	
	<i>Forensic medical examiners or SARC</i>	4	
	<i>Other</i>	4	
Office hours and evening		3	5.2%
	<i>General paediatric rota</i>	1	
	<i>Community paediatric rota</i>	1	
	<i>Advice only OOH, older children to SARC</i>	1	
Other		9	15.5%
	<i>Other trust/health board/service provider</i>	3	
	<i>Other</i>	3	
	<i>General paediatric rota</i>	2	
	<i>Community paediatric rota</i>	1	
<b>Total</b>		<b>58</b>	<b>100%</b>

**Table 60: Separate child sexual abuse rotas without 24/7 coverage - location of assessments out of hours**

	No.	%
Sexual Assault Referral Centre	19	52.8%
Hospital location	13	36.1%
Not known	1	2.8%
Dedicated police suite	1	2.8%
Community or hospital location	1	2.8%
Hospital and SARC	1	2.8%
<b>Total</b>	<b>36</b>	<b>100%</b>

### 2.4.3. Sudden Unexpected Death in Infancy (SUDI) and Procedural Response to Unexpected Deaths in Childhood (PRUDIC) service

**Table 61: Provision of SUDI/PRUDIC service**

	<b>No.</b>	<b>%</b>
General paediatric rota	51	45.9%
Separate rota	39	35.1%
Other trust/health board/service provider	10	9.0%
Community paediatric rota	4	3.6%
Nurse led service	3	2.7%
Other	4	3.6%
<b>Total</b>	<b>111</b>	<b>100%</b>

**Table 62: Separate SUDI/PRUDIC rotas - hours of operation and out of hours provision**

<b>Hours of operation</b>	<b>Out of hours provision</b>	<b>No.</b>	<b>%</b>
24 hours/7 days a week		22	56.4%
Office hours		10	25.6%
	<i>General paediatric rota</i>	4	
	<i>Nurse led service</i>	3	
	<i>Other trust/health board/service provider</i>	1	
	<i>Other</i>	2	
Other		7	17.9%
	<i>General paediatric rota</i>	2	
	<i>Community paediatric rota</i>	1	
	<i>Nurse led service</i>	1	
	<i>No overnight cover</i>	1	
	<i>Other</i>	2	
<b>Total</b>		<b>39</b>	<b>100%</b>

## 2.5. Subspecialty services

### 2.5.1. Distribution of subspecialty services

**Table 63: Community child health (CCH) services, by country**

		Distinctly managed CCH services	Organisations with community services	Total organisations
England	No.	141	115	172
	%		66.9%	
Wales	No.	12	7	7
	%		100%	
Scotland	No.	11	11	11
	%		100%	
Northern Ireland	No.	5	5	5
	%		100%	
<b>UK</b>	<b>No.</b>	<b>169</b>	<b>138</b>	<b>195</b>
	<b>%</b>		<b>70.8%</b>	

**Table 64: Neonatal units by level of service provided and country**

	England		Scotland		Wales		Northern Ireland		UK	
	No.	%	No.	%	No.	%	No.	%	No.	%
Level 3 (NICU)	44	27.3%	9	60.0%	5	45.5%	1	14.3%	59	30.4%
Level 2 (LNU)	79	49.1%	3	20.0%	2	18.2%	4	57.1%	88	45.4%
Level 1 (SCU)	38	23.6%	3	20.0%	4	36.4%	2	28.6%	47	24.2%
<b>Total</b>	<b>161</b>	<b>100%</b>	<b>15</b>	<b>100%</b>	<b>11</b>	<b>100%</b>	<b>7</b>	<b>100%</b>	<b>194</b>	<b>100%</b>

**Table 65: Separate neonatal unit rotas, by level of service provided**

		Separate Tier 3 rota	Separate Tier 2 rota	Separate Tier 1 rota	No. of units
Level 3 (NICU)	No.	50	48	49	54
	%	92.6%	88.9%	90.7%	100%
Level 2 (LNU)	No.	16	7	21	83
	%	19.3%	8.4%	25.3%	100%
Level 1 (SCU)	No.	2	4	4	42
	%	4.8%	9.5%	9.5%	100%
<b>Total</b>	<b>No.</b>	<b>68</b>	<b>59</b>	<b>74</b>	<b>179*</b>
	<b>%</b>	<b>38.0%</b>	<b>33.0%</b>	<b>41.3%</b>	<b>100%</b>

\* Total 194 neonatal units. 15 units did not provide rota data.

**Table 66: Neonatal unit closures in the 12 months before 30 September 2015 due to shortages in medical staff**

	<b>No. units closed 1 or more times</b>	<b>% units closed</b>	<b>Average times closed</b>	<b>Max times closed</b>	<b>Total responding units</b>
Level 3 (NICU)	14	48.3%	7.1	73	29
Level 2 (LNU)	23	43.4%	2.9	33	53
Level 1 (SCU)	9	30.0%	3.3	35	30
<b>Total</b>	<b>46</b>	<b>41.1%</b>	<b>4.1</b>	<b>73</b>	<b>112*</b>

\*82 units with neonatal services did not respond to this question.

**Table 67: Subspecialty services (paediatric training subspecialties) by country**

	<b>England</b>	<b>Northern Ireland</b>	<b>Scotland</b>	<b>Wales</b>	<b>Total</b>
Child mental health	4	0	0	0	4
Allergy, immunology and infectious disease	12	1	3	0	16
Clinical pharmacology	1	0	0	0	1
Diabetes and endocrinology	21	1	3	1	26
Emergency medicine	10	1	2	0	13
Gastroenterology, hepatology and nutrition	21	1	3	2	27
Inherited metabolic medicine	7	1	3	0	11
Intensive care medicine	19	1	1	1	22
Nephrology	10	1	3	1	15
Neurodisability	7	1	1	0	9
Neurology	20	1	4	2	27
Oncology	17	1	3	1	22
Palliative medicine	4	0	0	1	5
Respiratory medicine	22	1	4	1	28
Rheumatology	13	1	3	0	17
<b>Total</b>	<b>188</b>	<b>12</b>	<b>33</b>	<b>10</b>	<b>243</b>

## 2.6. Networked service arrangements

**Table 68: Network arrangements for paediatric subspecialties - planned work and emergency work, by country**

	England		Scotland		Northern Ireland		Wales		UK	
	No.	%	No.	%	No.	%	No.	%	No.	%
<b>Network arrangements for planned work</b>										
Funded/managed clinical network	46	40.4%	25	71.4%	3	23.1%	2	50.0%	76	45.8%
Informal clinical network	52	45.6%	1	2.9%	1	7.7%	2	50.0%	56	33.7%
Not part of a clinical network	16	14.0%	9	25.7%	9	69.2%	0	0.0%	34	20.5%
<b>Total</b>	<b>114</b>	<b>100%</b>	<b>35</b>	<b>100%</b>	<b>13</b>	<b>100%</b>	<b>4</b>	<b>100%</b>	<b>166</b>	<b>100%</b>
<b>Network arrangements for emergency work</b>										
Funded/managed clinical network	39	34.2%	23	65.7%	3	23.1%	1	25.0%	66	39.8%
Informal clinical network	49	43.0%	1	2.9%	1	7.7%	1	25.0%	52	31.3%
Not part of a clinical network	26	22.8%	11	31.4%	9	69.2%	2	50.0%	48	28.9%
<b>Total</b>	<b>114</b>	<b>100%</b>	<b>35</b>	<b>100%</b>	<b>13</b>	<b>100%</b>	<b>4</b>	<b>100%</b>	<b>166*</b>	<b>100%</b>

\*No response provided by 102 subspecialist services.

**Table 69: Network arrangements for planned work, by paediatric subspecialty**

		<b>Funded/ managed clinical network</b>	<b>Informal clinical network</b>	<b>Not part of a clinical network</b>	<b>Total</b>
Child mental health	No.	1	0	1	2
	%	50.0%	0.0%	50.0%	100%
Neonatal medicine	No.	23	1	1	25
	%	92.0%	4.0%	4.0%	100%
Paediatric allergy, immunology and infectious disease	No.	3	4	3	10
	%	30.0%	40.0%	30.0%	100%
Paediatric clinical pharmacology	No.	0	1	0	1
	%	0.0%	100%	0.0%	100%
Paediatric diabetes and endocrinology	No.	6	6	2	14
	%	42.9%	42.9%	14.3%	100%
Paediatric emergency medicine	No.	0	2	8	10
	%	0.0%	20.0%	80.0%	100%
Paediatric gastroenterology, hepatology and nutrition	No.	6	8	2	16
	%	37.5%	50.0%	12.5%	100%
Paediatric inherited metabolic medicine	No.	5	1	1	7
	%	71.4%	14.3%	14.3%	100%
Paediatric intensive care medicine	No.	5	4	1	10
	%	50.0%	40.0%	10.0%	100%
Paediatric nephrology	No.	3	5	2	10
	%	30.0%	50.0%	20.0%	100%
Paediatric neurodisability	No.	0	2	3	5
	%	0.0%	40.0%	60.0%	100%
Paediatric neurology	No.	6	8	2	16
	%	37.5%	50.0%	12.5%	100%
Paediatric oncology	No.	9	3	1	13
	%	69.2%	23.1%	7.7%	100%
Paediatric palliative medicine	No.	0	1	1	2
	%	0.0%	50.0%	50.0%	100%
Paediatric respiratory medicine	No.	6	4	5	15
	%	40.0%	26.7%	33.3%	100%
Paediatric rheumatology	No.	3	6	1	10
	%	30.0%	60.0%	10.0%	100%
<b>Total</b>	<b>No.</b>	<b>76</b>	<b>56</b>	<b>34</b>	<b>166*</b>
	<b>%</b>	<b>45.8%</b>	<b>33.7%</b>	<b>20.5%</b>	<b>100%</b>

\*No response provided by 102 subspecialist services.

**Table 70: Network arrangements for emergency work, by paediatric subspecialty**

		<b>Funded/ managed clinical network</b>	<b>Informal clinical network</b>	<b>Not part of a clinical network</b>	<b>Total</b>
Child mental health	No.	0	1	1	2
	%	0.0%	50.0%	50.0%	100%
Neonatal medicine	No.	21	1	3	25
	%	84.0%	4.0%	12.0%	100%
Paediatric allergy, immunology and infectious disease	No.	3	3	4	10
	%	30.0%	30.0%	40.0%	100%
Paediatric clinical pharmacology	No.	0	0	1	1
	%	0.0%	0.0%	100%	100%
Paediatric diabetes and endocrinology	No.	5	6	3	14
	%	35.7%	42.9%	21.4%	100%
Paediatric emergency medicine	No.	0	2	8	10
	%	0.0%	20.0%	80.0%	100%
Paediatric gastroenterology, hepatology and nutrition	No.	6	6	4	16
	%	37.5%	37.5%	25.0%	100%
Paediatric inherited metabolic medicine	No.	5	1	1	7
	%	71.4%	14.3%	14.3%	100%
Paediatric intensive care medicine	No.	5	4	1	10
	%	50.0%	40.0%	10.0%	100%
Paediatric nephrology	No.	3	5	2	10
	%	30.0%	50.0%	20.0%	100%
Paediatric neurodisability	No.	0	1	4	5
	%	0.0%	20.0%	80.0%	100%
Paediatric neurology	No.	5	8	3	16
	%	31.3%	50.0%	18.8%	100%
Paediatric oncology	No.	7	4	2	13
	%	53.8%	30.8%	15.4%	100%
Paediatric palliative medicine	No.	0	1	1	2
	%	0.0%	50.0%	50.0%	100%
Paediatric respiratory medicine	No.	3	5	7	15
	%	20.0%	33.3%	46.7%	100%
Paediatric rheumatology	No.	3	4	3	10
	%	30.0%	40.0%	30.0%	100%
<b>Total</b>	<b>No.</b>	<b>66</b>	<b>52</b>	<b>48</b>	<b>166*</b>
	<b>%</b>	<b>39.8%</b>	<b>31.3%</b>	<b>28.9%</b>	<b>100%</b>

\*No response provided by 102 subspecialist services.

## 2.7. Workforce challenges and service standards

### 2.7.1. Reconfiguration

**Table 71: Reconfiguration plans since September 2013, by country**

	England		Scotland		Wales		Northern Ireland		UK	
	No.	%	No.	%	No.	%	No.	%	No.	%
Reconfiguration plans	66	48.2%	4	44.4%	4	80.0%	2	40.0%	76	48.7%
<i>Plans under development or consideration</i>	31		2		3		2		38	
<i>Plans being/have been agreed and implemented</i>	33		2		1		0		36	
<i>Not going ahead/on hold</i>	2		0		0		0		2	
No reconfiguration plans	71	51.8%	5	55.6%	1	20.0%	3	60.0%	80	51.3%
<b>Total</b>	<b>137</b>	<b>100%</b>	<b>9</b>		<b>5</b>		<b>5</b>		<b>156*</b>	

\*39 organisations did not respond to this question.

### 2.7.2. Workforce pressures

**Table 72: Workforce pressures, by country**

	England		Northern Ireland		Scotland		Wales		UK	
	No.	%	No.	%	No.	%	No.	%	No.	%
Recruitment	190	44.5%	9	60.0%	14	45.2%	6	50.0%	219	45.2%
Workload	70	16.4%	2	13.3%	3	9.7%	1	8.3%	76	15.7%
Funding	56	13.1%	0	0.0%	4	12.9%	1	8.3%	61	12.6%
Policy and political issues	30	7.0%	2	13.3%	2	6.5%	0	0.0%	34	7.0%
Infrastructure	25	5.9%	0	0.0%	3	9.7%	0	0.0%	28	5.8%
Service design	22	5.2%	0	0.0%	0	0.0%	2	16.7%	24	4.9%
Expectations on services	20	4.7%	1	6.7%	1	3.2%	1	8.3%	23	4.7%
Quality and safety	14	3.3%	1	6.7%	4	12.9%	1	8.3%	20	4.1%
<b>Total</b>	<b>427</b>	<b>100%</b>	<b>15</b>	<b>100%</b>	<b>31</b>	<b>100%</b>	<b>12</b>	<b>100%</b>	<b>485</b>	<b>100%</b>

\*Organisations were able to provide more than one pressure, and some may have provided more than one pressure under the same theme.

### 2.7.3. Support for services

**Table 73: Board level champion for children's services**

		England		NI, Scotland and Wales		UK	
		No.	%	No.	%	No.	%
No		27	20.6%	6	31.6%	33	22.0%
Yes	Nursing director	26		1		27	
	Medical director	23		1		24	
	Directorate director	20		3		23	
	Non-executive director	16		4		20	
	CYP service director	6		2		8	
	Other	13		2		15	
	Subtotal	104	79.4%	13	68.4%	117	78.0%
<b>Total</b>		<b>131</b>		<b>19</b>		<b>150*</b>	

\*45 organisations did not respond to this question.

**Table 74: Do children admitted for surgery have a named paediatric consultant responsible for overall management of care and liaison between teams?**

	No.	%
Yes	97	63.0%
Yes, but not all children	8	5.2%
Joint arrangements	4	2.6%
No	41	26.6%
No paediatric surgery at this hospital	4	2.6%
<b>Total</b>	<b>154*</b>	<b>100.0%</b>

\*No response received from 35 inpatient units.

**Table 75: Staff and public access to WIFI**

	England		Scotland		Northern Ireland		Wales		UK	
	No.	%	No.	%	No.	%	No.	%	No.	%
<b>Staff WIFI access</b>										
Yes	65	49.6%	3	33.3%	2	40.0%	2	40.0%	72	48.0%
No	58	44.3%	6	66.7%	3	60.0%	2	40.0%	69	46.0%
Not sure	8	6.1%	0	0.0%	0	0.0%	1	20.0%	9	6.0%
<b>Public WIFI access</b>										
Yes	64	48.9%	5	55.6%	2	40.0%	2	40.0%	73	48.7%
No	47	35.9%	4	44.4%	3	60.0%	3	60.0%	57	38.0%
Not sure	20	15.3%	0	0.0%	0	0.0%	0	0.0%	20	13.3%
<b>Total</b>	<b>131</b>	<b>100%</b>	<b>9</b>	<b>100%</b>	<b>5</b>	<b>100%</b>	<b>5</b>	<b>100%</b>	<b>150*</b>	<b>100%</b>

\*45 organisations did not respond to this question.

**Table 76: Paediatric medical staff access to technological tools**

	Desktop computer		Laptop computer		Smart phone		Digipen		Tablet	
	No.	%	No.	%	No.	%	No.	%	No.	%
Yes trust provide it	141	94.6%	61	42.7%	25	17.9%	3	2.2%	21	14.5%
Yes, staff provide their own	0	0.0%	9	6.3%	51	36.4%	0	0.0%	5	3.4%
No, but would improve the service	5	3.4%	38	26.6%	38	27.1%	35	25.4%	78	53.8%
Not needed for service	3	2.0%	35	24.5%	26	18.6%	100	72.5%	41	28.3%
<b>Total</b>	<b>149</b>	<b>100%</b>	<b>143</b>	<b>100%</b>	<b>140</b>	<b>100%</b>	<b>138</b>	<b>100%</b>	<b>145</b>	<b>100%</b>

\*Response not received from all 195 organisations.

## Key terms

ACNP	Advanced Children’s Nurse Practitioner
ANP	Advanced Nurse Practitioner
BAPM	British Association of Perinatal Medicine
CCT	Certificate of completion of training
CESR	Certificate of eligibility for the specialist register
CST	Certificate of specialty training
CCG	Clinical commissioning group
CCH	Community child health
Consultant	Includes professors, readers, senior lecturers and consultants with honorary status (academics)
DCC	Direct clinical care
DGH	District general hospital
ED	Emergency department
EEA	European Economic Area
EWP	Electronic Web Portal
FT	Full time
FY	Foundation year doctor
GP ST	General practice specialty trainee
LETB	Local education and training board
LNU	Local neonatal unit
LTFT	Less than full time
NICU	Neonatal intensive care unit
PA	Programmed activity
PAU	Paediatric assessment unit – see SSPAU
PED	Paediatric emergency department
PRUDIC	Procedural response to unexpected death in infancy
SARC	Sexual assault referral centre
SAS doctor	Specialty, staff and associate specialist grade doctor. Previously known as SSASG doctors
SCU	Special care unit
SEN	Special educational needs
SLA	Service level agreement
SPA	Supporting professional activity
SpR	Specialist registrar
SSPAU	(Short stay) paediatric assessment unit – a paediatric service, either attached to a paediatric or emergency department or a stand-alone unit sometimes on sites with no inpatient paediatric services, which can provide an alternative to acute paediatric admission and includes facilities for investigating, observing and treating children.
ST(1-8)	Specialty trainee in paediatrics, levels 1 to 8
SUDI	Sudden unexpected death in infancy
WTE	Whole time equivalent

## **Acknowledgements**

We'd like to thank our members and their NHS colleagues for their support in completing the census. We'd particularly like to thank the following for their contribution to the report:

Dr Simon Clark, Officer for Workforce Planning, RCPCH

Dr Carol Ewing, Vice President Health Policy, RCPCH

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