

The Paediatric Workforce: Focus on Northern Ireland

Introduction

The RCPCH has carried out a census of paediatricians and child health services every two years since 1999. This briefing focusses on data from the RCPCH Workforce Census 2015 which relates specifically to Northern Ireland. Data collection was launched on 30 September 2015 and closed in summer 2016, before results were analysed and the UK-wide reports launched in May 2017. In Northern Ireland, we received full responses from 100% (5/5) of health and social care trusts.

For more detail on the UK wide picture and our key recommendations, see the State of Child Health short report on The Paediatric Workforce and the Paediatric Workforce Data and Policy Briefing. All documents are available from: www.rcpch.ac.uk/workforce.

The RCPCH is responsible for the postgraduate training of paediatricians in the UK. We provide career support and run examinations and are responsible for setting the curricula for general paediatric and subspecialty paediatric training. We also aim to improve outcomes through research, standards, quality improvement and policy. We use our workforce intelligence to inform national planning bodies and to advocate for the right workforce to meet the needs of infants, children and young people.

Key findings

Workforce challenges in Northern Ireland

Over half (9/15) of all workforce pressures cited by trusts in Northern Ireland related to recruitment, with the remaining 6 relating to workload (2), policy and political issues (2), expectations on services (1) and quality and safety (1). Concerns about recruitment relate specifically to difficulty recruiting paediatric non-consultant, non-training grade staff, nursing, allied health professionals and other staff shortages, and difficulty recruiting paediatric trainees.

Paediatrics is experiencing similar pressures across the whole of the UK – with recruitment being the biggest issue for all four nations. The RCPCH is calling for an increase across the UK of at least 752 whole time equivalent (WTE) consultants to meet Facing the Future standards for acute general paediatricsⁱ and specialist service standards^{ii,iii,iv,v}. This is coupled with a required increase in the number of paediatric trainees each year to 465^{vi}.

In Northern Ireland, we estimate that given the current configuration of services an extra 30-31 WTE consultants are required to meet the RCPCH Facing the Future and specialist services standards; an increase of 28-29% above the 107 WTE consultants recorded in our 2015 Workforce Census.

Requirement for paediatric and neonatal trainee numbers in Northern Ireland

To guarantee the supply of consultants in the future, the Northern Ireland Assembly will need to set out a plan for deciding how many trainees to train and doctors to recruit. They should also be minded that the numbers of trainees, along with other medical staff will need to be adequate to meet RCPCH, BAPM and other standards for safe cover on rotas and to minimise the high level of rota gaps which we have seen in recent years. This will require recruitment and retention initiatives. The RCPCH is happy to work with Northern Irish workforce planners to model future requirements.

The paediatric career grade workforce in Northern Ireland

In Northern Ireland, there was a 17.9% (95 to 112) growth in paediatric consultant headcount and a 31.6% (57 to 75) growth in staff, associate specialist and specialty (SAS) doctor headcount between 2013 and 2015. It should be noted that in 2013 the response rate from Northern Ireland was very low, so data were estimated using other sources where not provided. Across the UK there was a 7.5% (3718 to 3996) growth in the consultant headcount and a 12.5% decline (923 to 808) in SAS doctor headcount.

In Northern Ireland, 12.4 WTE career grade vacancies were reported in the census. Across the UK, career grade vacancy rates have increased since 2013.

Paediatric services in Northern Ireland are reliant on doctors trained outside of the UK; 9.9% (19/192) graduated with their primary medical qualification in the EEA (outside UK) and 10.4% (20/192) in the rest of the world. Across the UK, 6.2% graduated with their primary medical qualification in the EEA (outside UK) and 33.9% in the rest of the world.

In Northern Ireland, 53.6% (60/122) of paediatric consultants are women. For the first time, there are more female paediatric consultants than male across the UK and 74% of paediatric trainees are women.

Advanced nurse practitioners (ANPs) are now employed to work with children and young people in 72.7% (8/11) of hospitals in Northern Ireland (60.3% across the UK); an estimated 18.7 WTE ANPs. However, across the UK there has been little increase in the proportion

working on paediatric medical rotas. No hospitals in Northern Ireland reported employing physician's associates (5 in England).

Figure 1: Consultant and SAS doctor age profile by UK nation

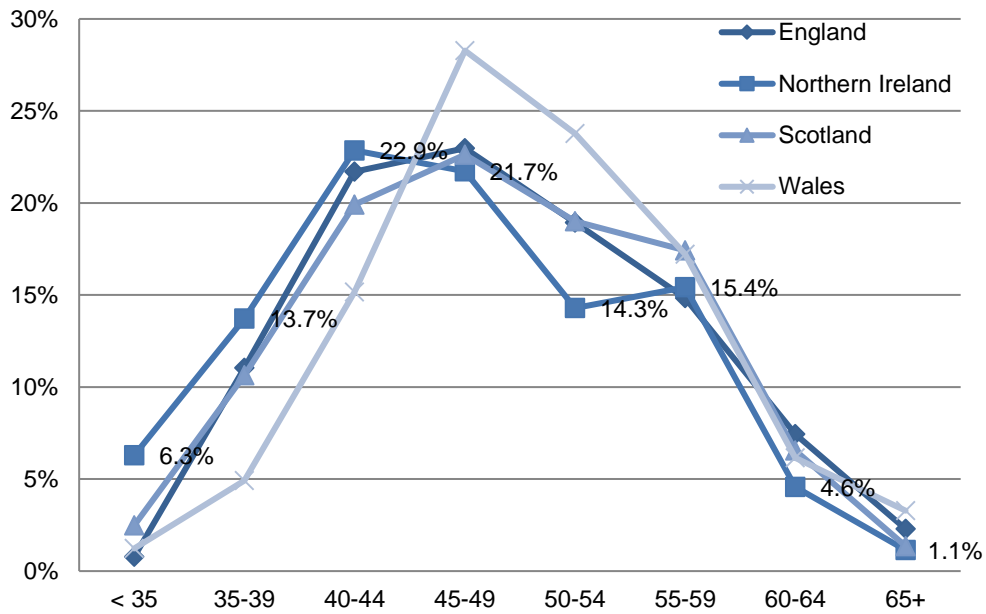


Figure 1 shows the age profile of consultant and SAS doctors by UK nation. England, Scotland and Northern Ireland have similar age profiles, with the largest proportions in the 40-44 and 45-49 age groups. Wales has an older age profile, with the largest proportion (28.3%) in the 45-49 age group and a higher proportion (23.8%) in the 50-54 age group than the other three nations.

The paediatric trainee workforce in Northern Ireland

In 2016, recruitment into paediatrics at ST1 level achieved 100% fill rate in Northern Ireland, with a completion ratio of 1.7 applications to every post. Across the UK, the fill rate was 94.0%, due to a reduction in fill rate in England.

Table 1: Recruitment at ST1, fill rate and competition ratio

Country	2015		2016	
	Fill rate	Comp. ratio	Fill rate	Comp. ratio
England	96.5%	2.1	93.1%	1.6
Northern Ireland	100%	2.4	100%	1.7
Scotland	100%	2.9	100%	3.0
Wales	95.5%	1.0	100%	2.1
Overall ST1	96.8%	1.9	94.0%	1.7

Child health services in Northern Ireland

In Northern Ireland, there are:

- 5 health and social care trusts providing child health services,
- 8 paediatric inpatient units
- 7 neonatal units
- 10 paediatric outpatient services
- 6 short stay paediatric assessment units
- 1 hospital with a dedicated paediatric emergency department, and
- 1 health and social care trust providing tertiary level services¹

42.9% (3/7) of responding inpatient units in Northern Ireland had to close to new admissions due to shortages of nurses and/or doctors in the year before the census date. This compares to 31.3% (41/131) of inpatient units across the UK. Units in Northern Ireland had to close on average 2.3 times, compared to 2.9 times across the UK.

50.0% (3/6) of responding neonatal units in Northern Ireland had to close to new admissions due to shortages of nurses and/or doctors in the year before the census date. This compares to 41.1% (46/112) of neonatal units across the UK. Neonatal units in Northern Ireland had to close on average 2.2 times, compared to 3.8 times across the UK.

¹ A tertiary level service provides one or more of the 16 paediatric subspecialist services (not including community child health) which accept referrals from another hospital or other consultants.

Facing the Future standards¹ recommend at least 10 whole time equivalent (WTE) posts per general paediatric training rota. The average WTE establishment (if all rota posts were filled) on tier 1 (junior)² general paediatric rotas in Northern Ireland is 9.0 WTE and on general/neonatal shared rotas is 7.5 WTE. On tier 2 (middle grade)³ general paediatric rotas the average establishment was 8.0 and on tier 2 shared general/neonatal rotas it was 7.8 WTE. However, this is before vacancies due to failure to recruit or out of programme activities are considered. The vacancy rate reported across all tier 1 rotas (including neonatal only rotas) was 21.3% in Northern Ireland and across all tier 2 rotas was 10.5%. This means that in practice, rotas are falling further short of Facing the Future recommendations. Across the UK, the vacancy rate on Tier 1 rotas was 7.1% and on Tier 2 rotas it was 13.7%. It should be noted that vacancies are constantly changing due to the nature of trainee rotations, so these data provide a snapshot.

In Northern Ireland, 23.1% (3/13) of responding subspecialty services deliver planned work as part of a funded/managed clinical network; compared to 45.8% (76/166) across the UK. There are funded/managed clinical network arrangements for emergency work in 23.1% (3/13) of subspecialty services, compared to 39.8% (66/166) across the UK.

In Northern Ireland, 2/5 (40%) of responding health and social care trusts do not have a board level champion for child health services; 22.0% (33/150) across the UK.

² As part of a 3 tier hospital rota arrangement, the tier 1 or junior rota may comprise a combination of specialty trainees from years 1-3, GP trainees, Foundation Year 1 and 2 doctors, and nurses.

³ As part of a 3 tier hospital rota arrangement, the tier 2 or middle grade rota may comprise a combination of specialty trainees from years 4-8, SAS doctors, advanced nurse practitioners and resident consultants.

Summary

There is a shortfall in the paediatric workforce in Northern Ireland. Despite growth in career grade paediatricians, high vacancy rates remain, particularly on tier 1 and tier 2 rotas. Service leads are highly concerned about recruitment issues and the pressure exerted on already stretched services, as demonstrated by the proportion of units closing to new admissions. There is a heavy reliance on doctors trained outside of the UK; clarity is required around the future immigration status of non-UK nationals working in the NHS. Workforce planning in Northern Ireland must take into account the changing demographics and working patterns of paediatricians by recruiting the right number of trainees to allow for less than full time working, parental leave and experience in research, education, management or overseas medicine.

The RCPCH is now conducting its 2017 census and will have updated information available later in 2018.

ⁱ RCPCH. Facing the Future: Standards for Acute General Paediatric Services. 2015. Available at: <https://www.rcpch.ac.uk/improving-child-health/better-nhs-children/service-standards-and-planning/facing-future/facing-future>. Accessed 20 November 2017.

ⁱⁱ BAPM. Service Standards for Hospitals Providing Neonatal Care. 2010. Available at: https://www.bapm.org/sites/default/files/files/Service_Standards%20for%20Hospitals_Final_Aug2010.pdf. Accessed 16 June 2017.

ⁱⁱⁱ BACCH. Community Paediatric Workforce Requirements: To meet the needs of children in the 21st century, 1999. Available at: <http://www.bacch.org.uk/downloads/training/bacch-cpworkforce-21c.pdf>. Accessed 16 June 2017.

^{iv} NHS England. 7 Day Service Clinical Guidance – Paediatric Intensive Care, 2016.

^v RCPCH, BAPN, Care NK. Improving the standard of care of children with kidney disease through paediatric nephrology networks 2011. Available at: http://www.bapm.org/publications/documents/guidelines/BAPM_Standards_Final_Aug2010.pdf. Accessed 16 June 2017.

^{vi} RCPCH. Workforce Data and Policy Briefing. 2017. Available at: www.rcpch.ac.uk/workforce. Accessed 16 June 2017.