

# The Paediatric Workforce: Focus on Wales

## 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 Wales. 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 Wales, we received full responses from 3/7 local health board and partial responses from a further 3/7. Where no or partial response was received, we used alternative sources of data, including organisation websites, the GMC register and Specialist Info, to ensure basic information was known.

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](http://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

### Child health services in Wales

In Wales, there are:

- 7 local health boards providing both acute and community child health services,
- 12 paediatric inpatient units
- 11 neonatal units
- 14 paediatric outpatient services
- 11 short stay paediatric assessment units
- 3 hospitals with dedicated paediatric emergency departments
- 3 local health boards providing tertiary level services<sup>1</sup>

25.0% (2/8) of responding inpatient units in Wales 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 Wales had to close on average 0.6 times, compared to 2.9 times across the UK.

50.0% (4/8) of neonatal units in Wales 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. Units in Wales had to close on average 2.8 times, compared to 3.8 times across the UK.

Facing the Future<sup>i</sup> recommends 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)<sup>2</sup> general paediatric rotas in Wales is 11.1 WTE and on general/neonatal shared rotas is 9.8 WTE. On tier 2 (middle grade)<sup>3</sup> general paediatric rotas the average establishment was 10.4 and on tier 2 shared general/neonatal rotas it was 7.6 WTE.

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<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> 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.

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 (junior) rotas (including neonatal only rotas) was 13.1% in Wales and across all Tier 2 (middle grade) rotas was 20.1%. This means that in practice, rotas are falling 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. The College's most recent survey in early 2017 records vacancy rates of 14.6% on tier 1 and 23.4% on tier 2 across the UK.

In Wales, 50.0% (2/4) 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 25.0% (1/4) of subspecialty services, compared to 39.8% (66/166) across the UK.

In Wales, 1/5 (20.0%) of responding local health boards do not have a board level champion for child health services; 22.0% (33/150) across the UK.

### **Workforce challenges in Wales**

Workforce pressures (i.e. recruitment and retention) were the predominant challenge in Wales; half (6/12) of all workforce pressures cited by local health boards in Wales related to recruitment, with the remaining half relating to funding (1), quality and safety (1), workload (1), infrastructure, expectations on services (1) and service design (1). Concerns about recruitment relate specifically to nursing, allied health professionals and other staff shortages, difficulty recruiting paediatric non-consultant, non-training grade staff, difficulty recruiting paediatric consultants, 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 in order to meet Facing the Future standards for acute general paediatrics<sup>i</sup> and specialist service standards<sup>ii,iii,iv,v</sup>. This is coupled with a required increase in the number of paediatric trainees each year to 465<sup>vi</sup>.

In Wales, we estimate that given the current configuration of services an extra 84-91 WTE consultants are required to meet the RCPCH Facing the Future and specialist services standards; an increase of 49-53% above the 170.7 WTE consultants recorded in our 2015 Workforce Census.

## **Requirement for paediatric and neonatal trainee numbers in Wales**

To guarantee the supply of consultants in the future, the Welsh government 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 Welsh workforce planners to model future requirements.

## **The paediatric career grade workforce in Wales**

In Wales, there was a 9.9% (161 to 177) growth in paediatric consultant headcount and a 17.1% (82 to 68) fall in staff, associate specialist and specialty (SAS) doctor headcount between 2013 and 2015. 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. It should be noted that in 2013 we received full responses from 85.7% (6/7) of local health boards. Where no or partial response was received, we used alternative sources of data to estimate staffing numbers.

In Wales, there were an estimated 9.5 WTE career grade vacancies in 2015. Across the UK, career grade vacancy rates have increased since 2013.

Paediatric services in Wales are heavily reliant on doctors trained outside of the UK; 4.4% (11/251) graduated with their primary medical qualification in the EEA (outside UK) and 41.0% (103/251) 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 Wales, 46.3% (82/177) 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 25.0% (3/12) of hospitals in Wales (60.3% across the UK); an estimated 9 WTE ANPs. However, across the UK there has been little increase in the proportion working on paediatric medical rotas. No hospitals in Wales reported employing physician's associates (5 in England).

**Figure 1: Consultant and SAS doctor age profile by UK country**

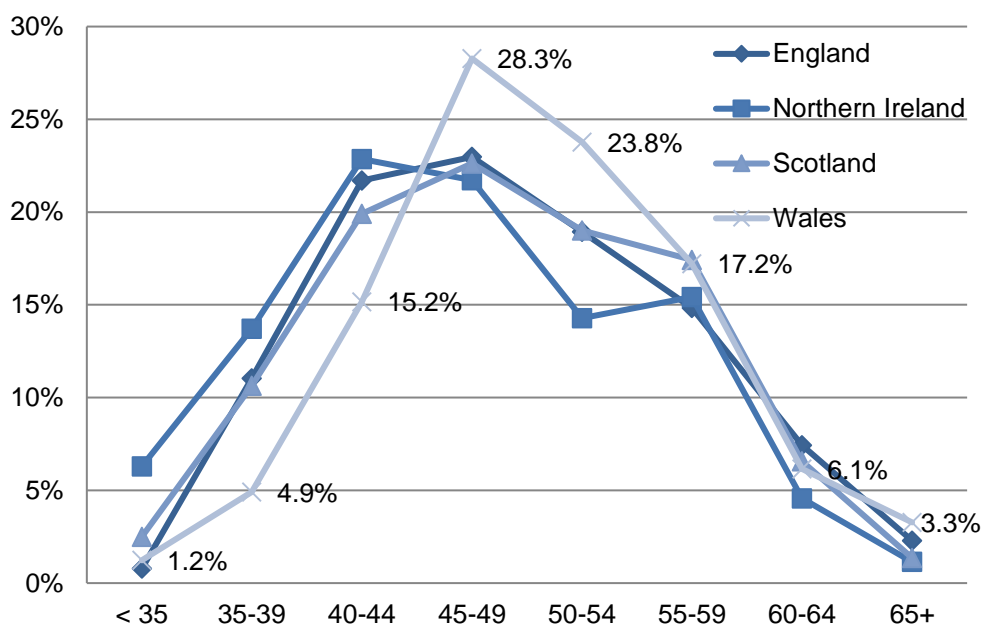


Figure 1 shows the age profile of consultant and SAS doctors by UK nation. England, Scotland and Northern Ireland have similar age profiles, with the largest proportions in the 40-44 and 45-49 age groups. Wales appears to have an older age profile, with the largest proportion in the 45-49 age group and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

### The paediatric trainee workforce in Wales

In 2017, recruitment into paediatrics at ST1 level achieved 87.5% fill rate in Wales; a fall on the 100% fill in 2016 and 95.5% fill in 2015. Across the UK, the fill rate in 2017 was 89.9%, down from 94.0% in 2016. In 2016 the competition ratio at ST1 in Wales was 2.1, compared to 1.7 across the UK as a whole.

**Table 1: Recruitment at ST1, fill rate**

Country	2015	2016	2017
England	96.5%	93.1%	89.4%
Northern Ireland	100%	100%	92.9%
Scotland	100%	100%	100.0%
Wales	95.5%	100%	87.5%
<b>Overall ST1</b>	<b>96.8%</b>	<b>94.0%</b>	<b>89.9%</b>

## Summary

There is a shortfall in the paediatric workforce in Wales. Despite growth in career grade paediatricians, very 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 – particularly neonatal units. 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 Wales 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.

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<sup>i</sup> RCPCH. Facing the Future: Standards for Acute General Paediatric Services. 2015. Available at: [www.rcpch.ac.uk/facingthefuture](http://www.rcpch.ac.uk/facingthefuture). Accessed 16 June 2017.

<sup>ii</sup> BAPM. Service Standards for Hospitals Providing Neonatal Care. 2010. Available at: [http://www.bapm.org/publications/documents/guidelines/BAPM\\_Standards\\_Final\\_Aug2010.pdf](http://www.bapm.org/publications/documents/guidelines/BAPM_Standards_Final_Aug2010.pdf). Accessed 16 June 2017.

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

<sup>iv</sup> NHS England. 7 Day Service Clinical Guidance – Paediatric Intensive Care, 2016.

<sup>v</sup> 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](http://www.bapm.org/publications/documents/guidelines/BAPM_Standards_Final_Aug2010.pdf). Accessed 16 June 2017.

<sup>vi</sup> RCPCH. Workforce Data and Policy Briefing. 2017. Available at: [www.rcpch.ac.uk/workforce](http://www.rcpch.ac.uk/workforce). Accessed 16 June 2017.