RCPCH Workforce Census 2022

Overview Report: Key findings and recommendations

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Royal College of Paediatrics and Child Health
Leading the way in Children's Health

The RCPCH Workforce Census 2022 provides an overview of paediatric and child health workforce focusing on consultants and SAS doctors working in the UK. This report highlights key findings from the full-length report and includes three key recommendations.

Introduction

For Census 2022, we devised a new, low-burden route for data collection (1). Individual College members were invited to submit answers to key objective questions in contrast to previous censuses where the survey was completed by clinical leads/ directors on behalf of their trust/ health boards. With individuals targeted, the final number of respondents was 1515 from across the ten NHS Regions (seven in England, Northern Ireland, Scotland and Wales); this is compared to 129 fully complete clinical lead/ director responses for the 2017 Census (2). For 2022, the response rate was approximately 19%, which is comparable to the College Membership Survey, 2021 (3) (as previous workforce censuses were sent to clinical leads/ directors only, we cannot compare directly with previous census response rates).

We analysed each of the key questions pertaining to primary job type, specialty, working pattern, programmed activities (PA), on-call duties and retirement plans collected as part of the Census survey. Data were amalgamated with additional sources of information from across the College: demographic information from our College database, equality, diversity and inclusion (EDI) data collection, and Community Child Health data from the College Membership survey (3, 4). We provided descriptive analysis of each of the key categories and in addition, explored the relationships between them.

Here, we present the key findings from the full workforce census report with recommendations.

Recommendations

1

Each nation should develop a bespoke child health workforce strategy

NHS England (NHSE)/Health Education England (HEE), Health Education and Improvement in Wales (HEIW), Scottish Government, Convention of Scottish Local Authorities (COSLA) and NHS Education for Scotland (NES) and the Department of Health in Northern Ireland should continue to develop a **bespoke child health workforce strategy** with an integrated approach across the four nations. The plans should include transparent and independently verified projections of workforce supply and demand, and should cover the next five, ten, and twenty years, fully costed by governments across the UK.

Each strategy should:

a. Respond to immediate needs and financial pressures and take into account new and emerging models of care to deliver robust professional and service standards. Furthermore, the plans should consider future and growing Children and Young People (CYP) need.

b. Be based on robust data and modelling of future trends, eg growing less than full time working, which should be collected on a national and local level so that there is better insight of workforce pressures and tackle the healthcare workforce staff shortages to deliver the best care for children throughout the country.

c. Develop a multi-disciplinary workforce in all parts of the UK including remote, rural, and large urban areas and take a whole system approach that considers sustainable working of advanced clinical practitioners, doctors, physician associates, nurses, health visitors, allied health professionals, and support roles across community, mental health, schools, education and hospitals.

d. Consult children and young people on what they would like the workforce to look like and the knowledge and skills they require to deliver a safe and sustainable, high-quality service.

2

NHS organisations and senior leaders should support the wellbeing of the child health workforce and modern ways of working

NHS organisations and senior leaders should support staff to work in the pattern they want to and improve their health, wellbeing, and work-life balance.

This should include:

a. Protecting staff from burnout by ensuring that all staff take annual leave, necessary breaks, and that they have access to health and wellbeing support when needed.

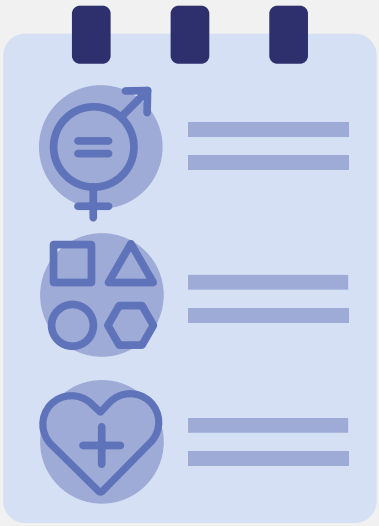
b. Engaging with staff to develop an inclusive and caring environment so that staff are happy in the workplace, quality of service is improved, and patients are safe.

c. Employers looking positively on requests for less than full time training and job sharing, in line with modern ways of working including flexible employment models.

d. Better understanding of the workplace culture profile and demographics and identifying the reasons why staff leave and the development opportunities that might have encouraged them to stay. This should include urgent reform of the pension tax rules that are punishing doctors for working extra shifts.

3

NHS organisations and senior leaders should ensure equality, diversity and inclusion are integral to workforce planning



NHS organisations and senior leaders should:

a. Set up equality, diversity and inclusion initiatives and groups to ensure the workforce and leadership reflects the diversity of the population that it serves.

b. Support a diverse workforce by establishing inclusive working models for all including those who have neurodiversity and accessibility needs and reduce barriers to developing their careers.

c. Ensure EDI processes are monitored and measured for success so that equal opportunities, fair recruitment and development processes are available for all.

d. Provide training on the importance of diversity and recognising unconscious bias.

Key findings

Specialty and Associate Specialist doctors' (SAS) workforce

- SAS doctors make up 12.9% of respondents with 32.8% working less than full time.
- Regional disparity of SAS doctors with the greatest proportion working in London, Midlands, and the South East; and the lowest in the North East and North West.
- A statistically lower-than-expected number of SAS doctors working as specialist paediatricians.

Primary job type and sub-specialty

There is notable variability in the provision of child healthcare across sub-specialties and geographical areas.

- Most respondents are general paediatricians (41.5%) followed by specialists (37.2%) in particular, neonatal medicine and community child health paediatricians (18.3%).

There is a statistically higher-than-expected

number of community paediatricians working less than full time compared to generalists and specialists.

The average number of PAs for full time working goes

beyond the recommended

contractual ten PAs for most subspecialties.

Contract and working patterns

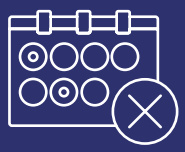
- Almost 30% of consultant and SAS doctors are working less than full time.

There are more female paediatricians working less than full time **(40.8%)** than male **(12.9%);** this is in the context of female paediatricians comprising 61% of the workforce within the census.

- The average age of those working less than full time is 48.2 years, approximately three years lower than that of those working full time, 51.3 years.
- Fewer than 5% of respondents working full time are doing a mix of clinical and research work; for less than full time this figure falls to less than 1%.

Programmed activities (PA)

- Less than full time respondents in the East of England and London have a weekly average of 0.1 PA for research compared to 0.5 for those working full time.
- For leadership PAs, England, Northern Ireland, Scotland and Wales have a weekly average of 1.0, 0.7, 0.39 and 0.83 respectively for those working full time; respondents from Wales reported a higher average leadership PA for less than full time (1.0) compared to full time.



Regional breakdown of full time supporting professional activities (SPAs) show that, with the exception of the North East, none reach the recommended **2.5 SPAs per week**[5].

On-call

On-call duties were reported by **64.8%** consultants and 44.4% SAS doctors.

- SAS doctors undertaking on-call duties:
  - 25.5% are female, 18.9% male.
  - 38.8% working full time and 5.6% working less than full time.

Consultants undertaking on-call duties:

37.8% female,

12.9% male

with a higher proportion of women performing on-call duties across all frequency groups; this is in the context of female paediatricians making up 61% of the workforce within the census.

50.8% working full time,

14% less than full time.

23%

of respondents are undertaking on-call duties at 1:5 or more frequently.

- Specialist paediatricians undertaking on-call duties are older than both generalists and those performing combined general and neonatal duties.
- Specialist paediatricians perform more on-call duties than both general and neonatal paediatricians.
- 62% of respondents carry out on-call duties and 14 of 18 subspecialties do 50% or more.

Retirement

17.5%

of respondents indicated that they wish to retire before 60; the average age of these respondents was under 50 years.

- A statistically higher-than-expected number of female respondents (18.1%) intend to retire at 55–59 years of age in comparison to male (12.6%).

A statistically higher-than-expected number of London-based paediatricians predict that they will **retire later** than other regions.

Retire and return

18% of respondents stated that they intend to return to work for the NHS after retirement,

30% stated they had no intention of returning to work after retirement. Half were unsure.

- Just under 2% of respondents had already retired and returned.
- A statistically higher-than-expected number of male paediatricians (22.1%), in comparison to female (15.6%), predict that they will work after retirement, while 53.9% female and 46.5% male paediatricians are uncertain if they would retire and return.
- There was a statistically higher-than-expected number of paediatricians in the North East who do not plan to work after retirement, with the reverse seen in London.

Equality, diversity and inclusivity (previously collected information in Census respondents only)

- The majority of respondents identified as Christian, followed by No Religion and Hindu.
- Half of respondents identified as English/Welsh/Scottish/Northern Irish/British with the second largest group identifying as Indian.

A third

of respondents identified as having a disability or long-term condition, and of those who did over three quarters did not face a barrier or limitation.

- The number of respondents were relatively split between those who were child carers and those who were not, while over a quarter of respondents were adult carers.
- In London, the South West and the North East there were statistically fewer-than-expected paediatricians caring for children and working full time; the opposite pattern was seen in the North West and Midlands.
- For those caring for adults, statistically fewer-than-expected paediatricians were working full time, but this was not impacted by region.

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