



Quick read: Workforce CCT Survey 2025

Since the last RCPCH survey of newly-qualified paediatric consultants, the context surrounding the workforce has changed significantly with the implementation of Progress+, the general increase in flexible working, the pandemic and rising pressures faced by the health sector as a whole. With these changes in mind, we launched a new national survey spanning training, working patterns and post-qualification roles that was sent to RCPCH members who had either qualified in the past five years or were due to qualify within the next 12 to 24 months and ran for six weeks.

Findings

- 70% of all respondents were female while 40% of pre qualification respondents had obtained their PMQ outside of the UK.
- 61% of pre-qualification and 52% of post-qualification respondents undertook less than full time (LTFT) training with 60% having switched during training; this was shown to be happening earlier in the training pathway.
- Of those who trained less than full time, around half went on to work full time after qualification.
- Full time consultants were working an average of 10.3 PAs compared to 7.7 PAs in LTFT, but there was little difference in APAs/SPAs.
- 74% of post-qualification respondents were working in substantive consultant roles, while nearly a quarter of qualified respondents intended to apply for a new role, the majority to obtain a substantive role.
- 23% took a post outside the region they had trained in.
- Over 50% of post-qualification respondents indicated an intention to decrease PAs.



70% of all respondents were female.



Increase in respondents who had obtained their Primary Medical Qualification (PMQ) outside of the UK - from 20% in newly-qualified consultants to 40% in those still in training.



Around 60% of all respondents had switched from full time to less than full time working during training.



23% of those who trained less than full time, went on to work full time after qualification.



Those working less than full time post-qualification averaged a total of 7.7 PAs (cf 10.3 in full time) but there was little difference in APAs and SPAs between full-time and less than full time working.



23% of qualified respondents took a post outside the region they had trained in.

Discussions and conclusions

1. This survey highlights a need to carefully map training posts to future service needs within a geographical area.
2. The demographic composition of the workforce had not changed significantly in recent years with the majority female and an average qualification age of 40 despite moving to a competency-based training programme and the option of accelerated training.
3. The biggest change over the last decade is the number of paediatric doctors choosing to train less than full time (LTFT). This was mirrored by the latest GMC National Training Survey, which demonstrated a significant increase from 24.9% to 59.7% over the last decadeⁱ.
4. We also saw an earlier shift to LTFT training from ST4-7 to ST3-6, which may reflect a general change in LTFT being regarded as the 'norm' in addition to the ST3 pay increment suggesting greater emphasis on wellbeing.
5. A quarter of respondents switched from training LTFT to working full time once they had qualified reflecting that they do not feel the need to work LTFT to maintain a work-life balance. Several factors may feed into this choice, such as, reduced unsocial hours as a consultant, reduced burden of not having to document progress in training, more flexibility in place of work, allocated time in job plan to complete administrative tasks, increased satisfaction and recognition in work delivered.
6. The average number of PAs for FT and LTFT have not significantly changed over the last ten years. However, average number of SPAs allocated has increased, particularly in those working LTFT and as such the overall increase in LTFT, SPA time and corresponding decrease in DCC (within the same overall PA time), may explain the recent expansion of consultant workforce.
7. Consultants are in general working in the clinical and geographical area in which they trained. However, with a lack of available posts being the main driver in changing roles and the fact that fewer than 10% of PGDiT had secured a consultant role, this may be an early indication that ratio of applicants to advertised post is increasing and more paediatricians will not directly enter a consultant post following qualification.
8. Consideration needs to be given as to how posts are advertised so as not to prejudice applications from those wishing to work both FT and LTFT while job plans need to factor in time required to deliver necessary DCC alongside SPA considering how consultants can work collaboratively to ensure continuity care, job satisfaction and sustainability within the workforce, irrespective of the pattern of working.

i General Medical Council, National Training Survey 2025, Education Data Tool; Less than full time by survey year, Specialty Category: Paediatrics and Child Health. <https://edt.gmc-uk.org/other-nts-reports/less-than-full-time-ltft>