# Workforce CCT Survey 2025

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

# Contents



**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.

# Introduction

Each year until 2017, the RCPCH 'Where are they now?' series surveyed paediatricians who had recently completed their specialist training to understand the working patterns - and pressures - facing new consultants, and to inform national workforce planning and advocacy. Since the last edition published in 2019, the context surrounding the paediatric workforce has changed significantly with the implementation of new two-level specialty training curriculum 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, a new national survey spanning training, transition to consultant, working patterns and post-qualification roles, launched in May 2025.

The survey was sent to 2,014 RCPCH members who had either qualified in the past five years or were due to qualify within the next 12 to 24 months. The questionnaire was tailored to each group with some shared questions and disseminated via Survey Monkey. It launched in early April 2025 and remained open for six weeks.

There was an overall response rate of 36.3%. This amounted to 731 responses in total of which 604 were from doctors who had qualified ('post-qualification'), 124 from postgraduate doctors in training (PGDiT) ('pre-qualification') and three who were no longer working as doctors.

This report describes the key findings and explores demographics, information on training and the experience of respondents on the implementation of Progress+. In addition, it aims to characterise the current landscape of newly qualified paediatric consultants and PGDiT as they transition to consultant roles, and looks at post-qualification working, including work pattern, changes to clinical and geographical area post-training, out of hours working, and future intentions. Additional information from free text responses has also been included to provide further insight to the answers provided.

# Key findings

- Seventy per cent of all respondents were female.
- Forty percent of pre-qualification respondents had obtained their Primary Medical Qualification (PMQ) outside of the UK compared to 20% in the post-qualification group.

**Working patterns**

- The majority of respondents had trained/were training less than full time: 61% of pre-qualification respondents and 52% of post-qualification respondents. In 2017, 21% of respondents were working less than full time.
- Around 60% of all respondents had switched from full time to less than full time working during training; the bulk of which was at ST6 and ST4.
- Of those who trained less than full time, around half went on to work full time after qualification.
- Of those who trained full time, most continued to work full time after qualification.
- Those working full time post-qualification averaged a total of 10.3 PAs.
- Those working less than full time post-qualification averaged a total of 7.7 PAs.
- There was little difference in APAs and SPAs between full-time and less than full time working.

**Post-qualification posts**

- 89% of post-qualification respondents were working in consultant roles - 74.4% were in substantive roles with 11.8% working as locums and 7.8% working on fixed term contracts. In 2017, 85% of respondents were in a substantive post.
- Nearly a quarter of qualified respondents intend to apply for a new role, about half of these to obtain a substantive role.
- 23% of qualified respondents took a post outside the region they had trained in.
- 83% were carrying out out-of-hour duties in post-qualification roles.
- Over 50% of post-qualification respondents indicated an intention to decrease PAs.

# Demographics

## Qualification Status

Of 731 total responses received, 124 respondents were 18 months from qualification, 604 post-qualification and three were not currently working in medicine.

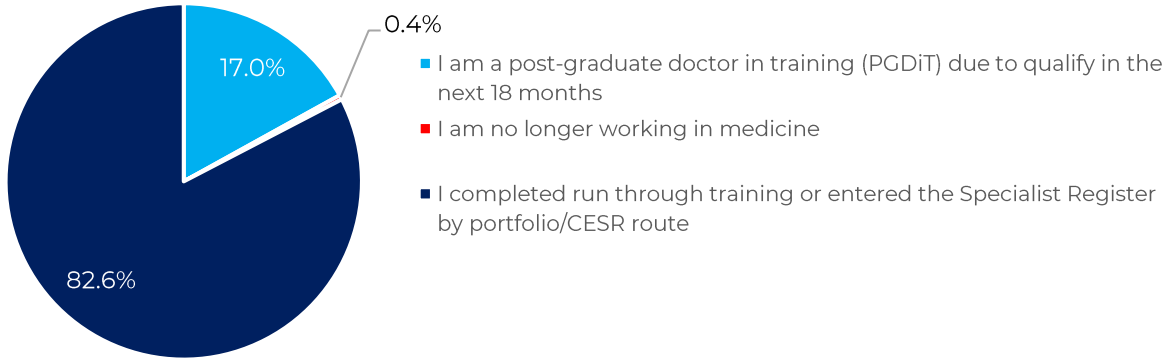


**Figure 1: Percentage of respondents by training status.**

The majority of pre-qualification respondents were over a year from completing training.

| Due to qualify | N (%) of respondents |
|---|---|
| Up to 3 months | 8 (6.5%) |
| Between 3 and 6 months | 28 (22.6%) |
| Between 6 and 12 months | 18 (14.5%) |
| Between 12 and 18 months | 70 (56.5%) |
| **Total pre-qualification** | **124 (100%)** |

**Table 1: Pre-qualification respondents due to qualify.**

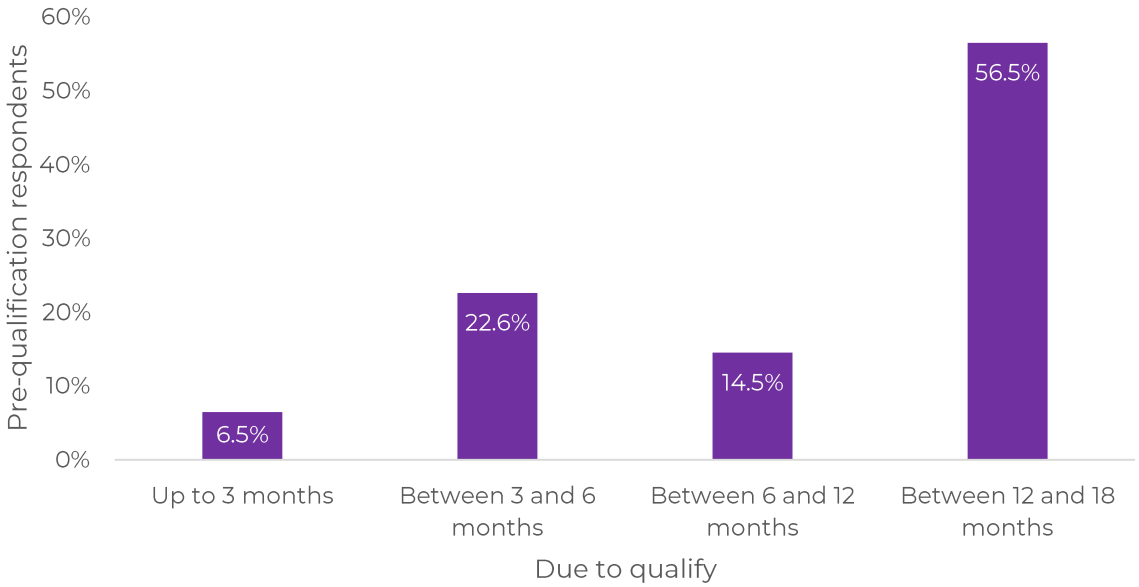


**Figure 2: Pre-qualification respondents due to qualify.**

# Primary Medical Qualification

A quarter of respondents acquired their PMQ in a non-UK medical school and have International Medical Graduate (IMG) status. However, this number was considerably higher in the pre-qualification group suggesting that over time there may be a trend towards an increase in the number of IMGs.

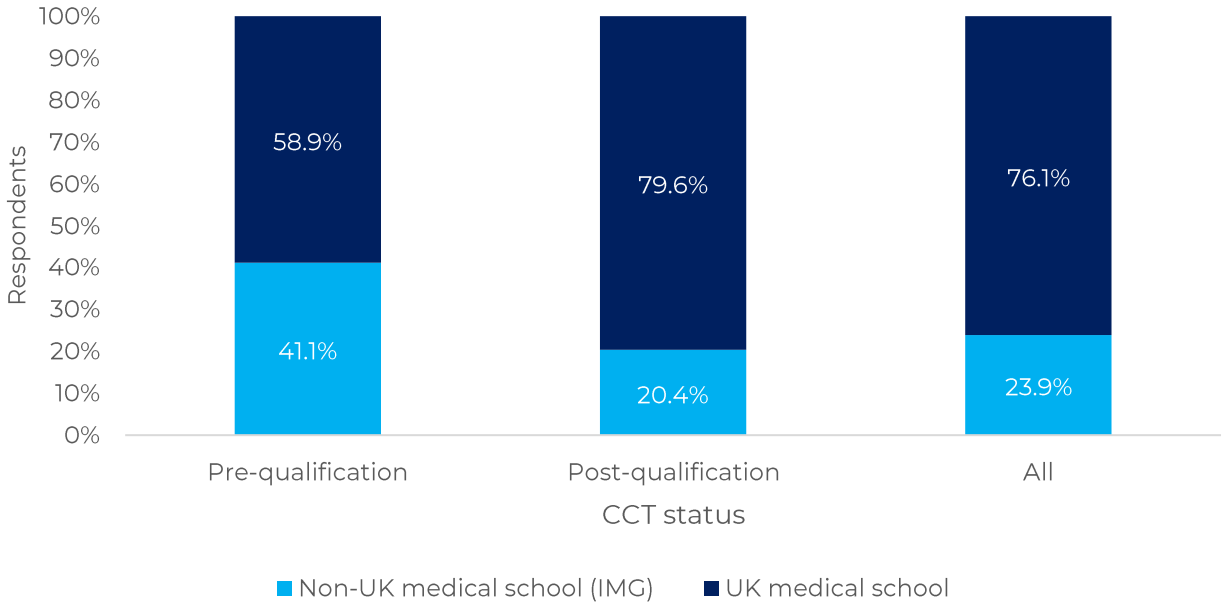


**Figure 3: Percentage of respondents who obtained their primary medical qualification (PMQ) in the UK or outside of the UK, for pre-qualification respondents, post-qualification respondents, and all respondents combined.**

# Age and Gender

Average age across respondents was 40.5 years, with those pre-qualification on average 38.5 years old and those post-qualification on average 41 years old. The majority of respondents across both groups were female, a trend that was mirrored within the individual groups.

| Gender | N (%) pre-qualification | N (%) post-qualification | N (%) All |
|---|---|---|---|
| Female | 80 (65%) | 434 (72%) | 514 (71%) |
| Male | 44 (35%) | 167 (28%) | 211 (29%) |
| Other | | <5 | <5 |
| **Total** | **124 (100%)** | **607 (100%)** | **731 (100%)** |

**Table 2: Gender of respondents, pre-qualification, post-qualification, and all respondents**

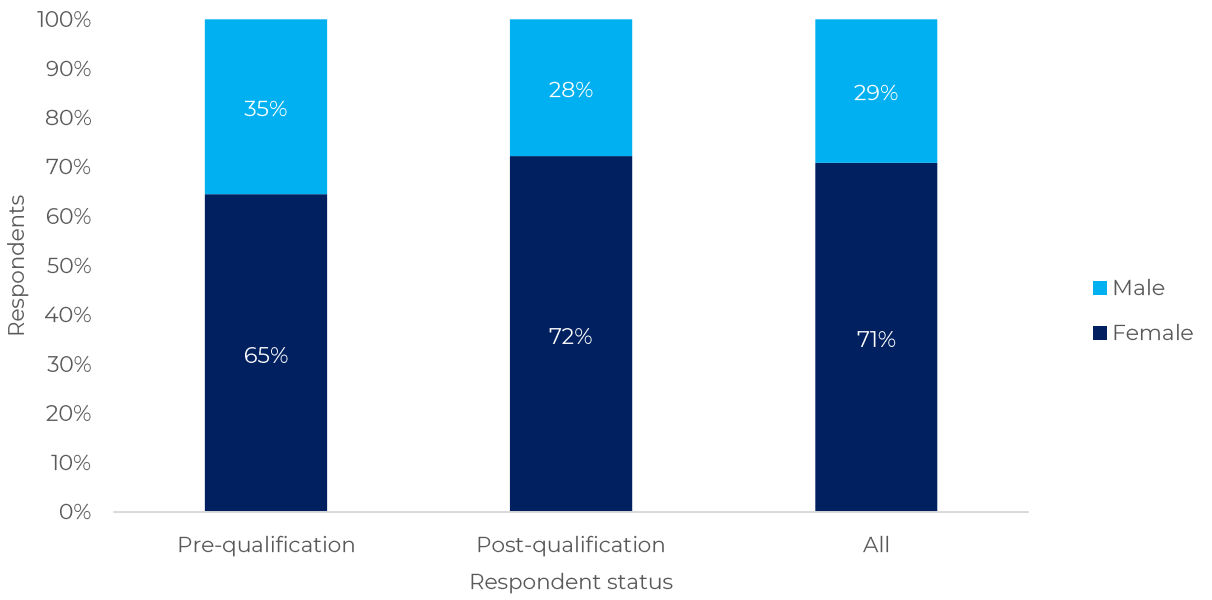


**Figure 4: Percentage of respondents by gender, pre-qualification, post-qualification, and overall.**

## Regional distribution

The geographical distribution of respondents was based on NHS Trust affiliation in England and Scotland, Wales and Northern Ireland as a whole. The largest number of respondents were based in London, followed by the Midlands; the South East; and the North East and Yorkshire.

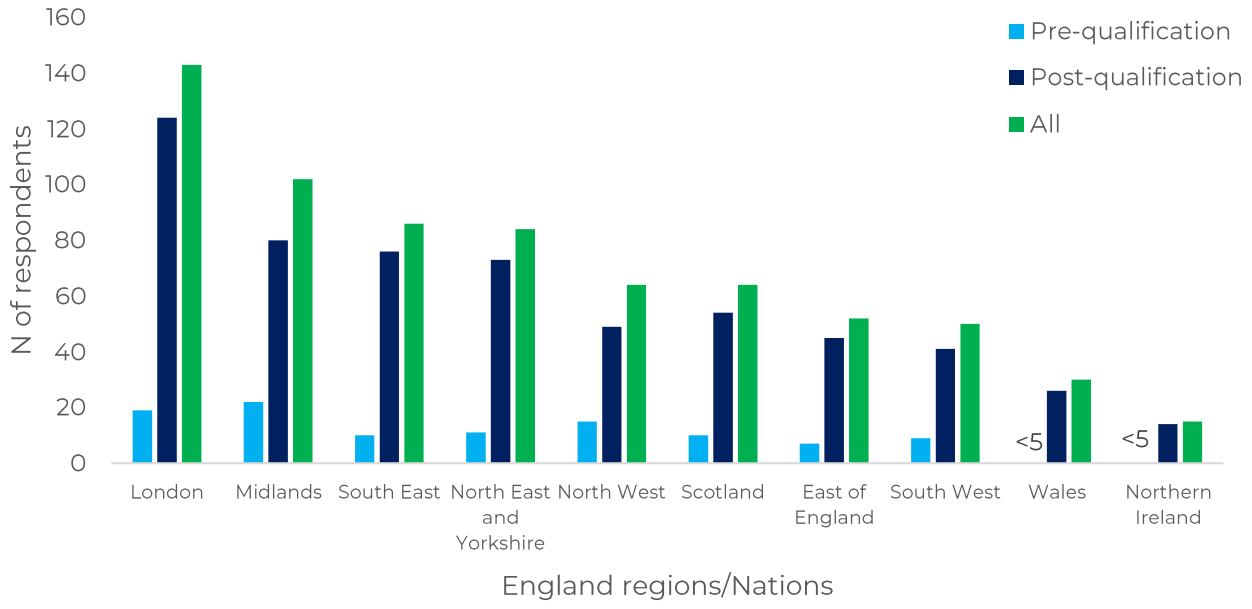


**Figure 5: Number of pre-qualification, post-qualification, and overall respondents by NHSE region and Devolved Nation currently in.**

All regions across the four nations showed a clear pattern of predominance of female paediatricians over male.

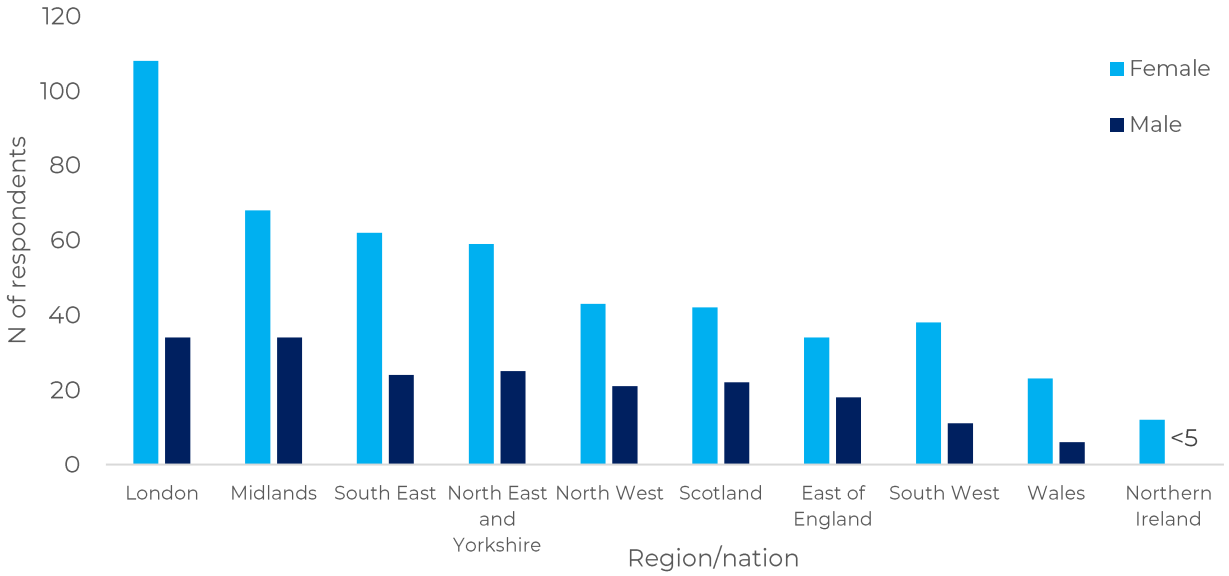


**Figure 6: Number of overall respondents by gender and NHS England region or Devolved Nation.**

Areas such as East of England and Midlands had a greater proportion of doctors who had trained in non-UK medical schools.

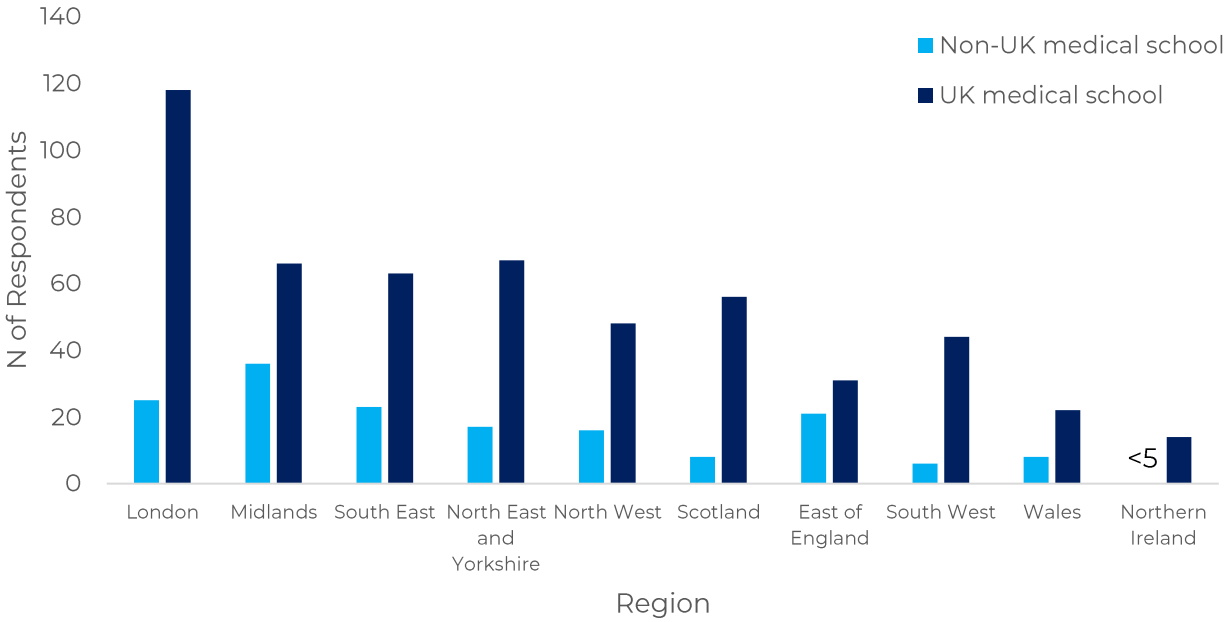


**Figure 7: Number of respondents by primary medical qualification (PMQ) and NHS England region and Devolved Nations.**

# Training

Most respondents had qualified via 'run through programme' training (98.8%) with only seven having gone through portfolio pathway.  For the pre-qualification group, 60.3% were training in General Paediatrics, while for the group already qualified, 56.3% were training in General Paediatrics.

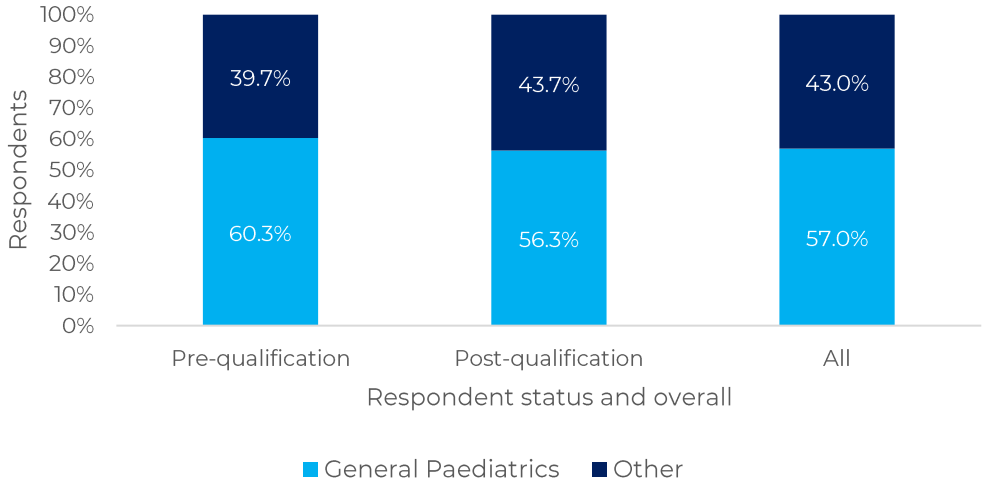


**Figure 8: Percentage of pre-qualification, post-qualification, and overall respondents by subspecialty.**

## Subspecialty Paediatrics

Of the pre-qualification respondents, just under 40% were training in a sub-specialty, while within the qualified group, 35.6% were working in General Paediatrics and Subspecialty and 9.8% in Subspecialty only. The most common sub-specialties for both groups were neonatal medicine, community child health and paediatric emergency medicine.

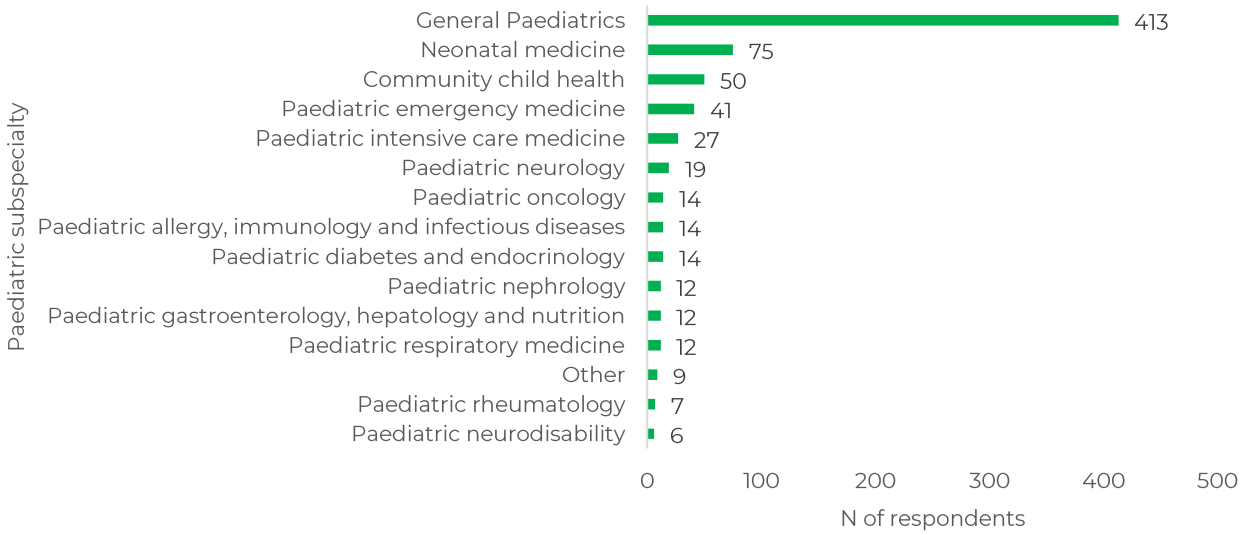


**Figure 9: Number of all respondents by subspecialty. "Other" is comprised of: Paediatric inherited metabolic medicine; Paediatric palliative medicine; Child mental health; Paediatric clinical pharmacology and therapeutics.**

# Time in Training

Most respondents had spent three years completing their Level 3 (specialty) training, with around a quarter taking over three years. Almost twice as many in the qualified group took three years to complete their training compared to the pre-qualification group; the reverse was seen for two years. This should be treated with caution, however, given that some of the pre-qualified respondents may have responded in terms of current status and not predicted duration.

| Time in Level 3 training (WTE) | N (%) pre-qualification | N (%) post-qualification |
|---|---|---|
| Over three years | 30 (25.0%) | 134 (24.1%) |
| Three Years | 40 (33.3%) | 313 (56.2%) |
| Two years | 35 (29.2%) | 60 (10.8%) |
| Other | 15 (12.5%) | 50 (8.9%) |
| **Total** | **120** | **557** |

**Table 3: Pre-qualification and post-qualification respondents by time spent in specialty training, number and percentage.**

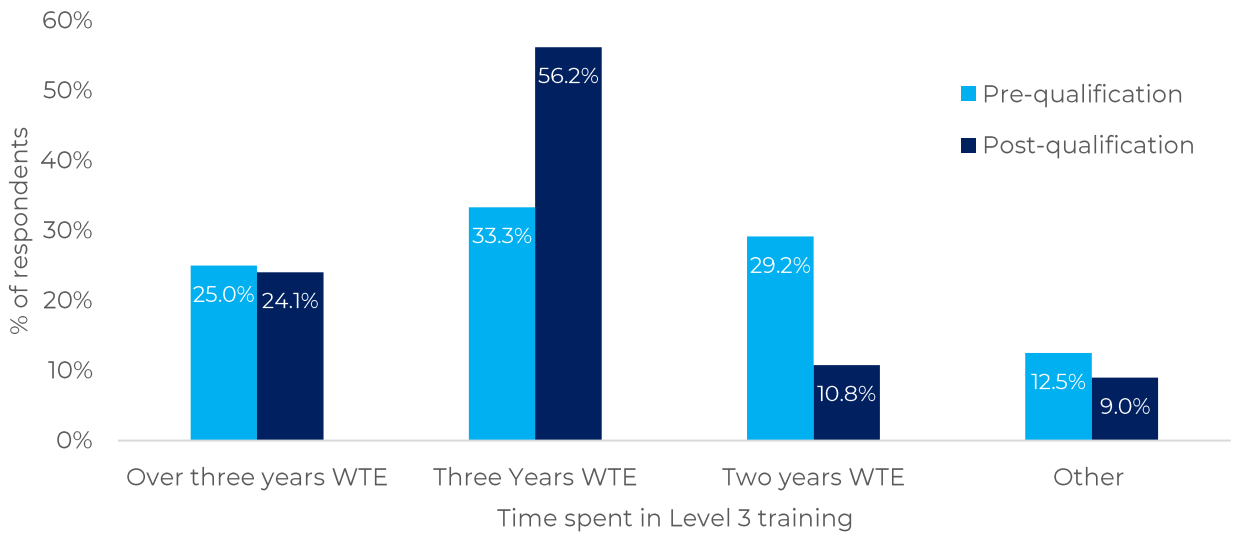


**Figure 10: Percentage of pre-qualification and post-qualification respondents by time spent in specialty training (level 3) whole time equivalent (WTE).**

# Training Pattern

Nearly half (46.5%) of all respondents trained or were training at Full time (FT). Based on this sample, numbers training at Less than Full Time (LTFT) have increased to 61.3% in the pre-qualification group compared to 51.8% of those post-qualification. For both groups approximately 60% switched from FT to LTFT during their training. For those still in training this tended to be from ST3-ST6, while for those now qualified this was slightly later from ST4-ST7.

| Training pattern | N (%) pre-qualification | N (%) post-qualification | N (%) all |
|---|---|---|---|
| Less than Full time (LTFT) | 76 (61.3%) | 291 (51.8%) | 367 (53.5%) |
| Full time (FT) | 48 (38.7%) | 271 (48.2%) | 319 (46.5%) |
| **Total** | **124 (100%)** | **562 (100%)** | **686 (100%)** |

**Table 4: Number and percentage of pre-qualification, post-qualification, and overall respondents by full time (FT) or less than full time (LTFT) training pattern.**

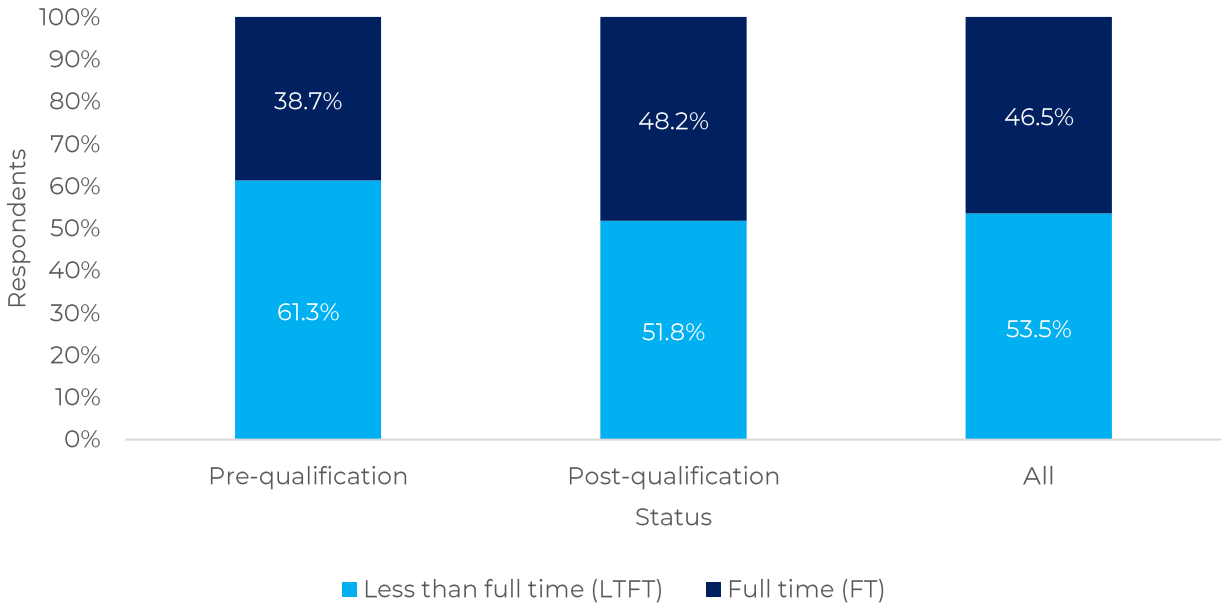


**Figure 11: Percentage of pre-qualification, post-qualification, and overall respondents by training pattern, full time (FT) or less than full time (LTFT).**

The majority of female paediatricians have trained or are training LTFT with 63.7% in the qualified group increasing to 72.5% in the pre-qualification group; this is reflective of the trend towards LTFT training. The data also show that while more male paediatricians train FT than LTFT, there is a move towards working LTFT with 21.4% in the post-qualification group compared to 40.9% in the pre-qualification group.

| Gender | Training pattern | N (%) pre-qualification | N post-qualification | N (%) all |
|---|---|---|---|---|
| Female | Full time (FT) | 22 (27.5%) | 145 (36.3%) | 167 (35%) |
| | Less than full time (LTFT) | 58 (72.5%) | 255 (63.7%) | 313 (65%) |
| Male | Full time (FT) | 26 (59.1%) | 125 (78.6%) | 151 (74.4%) |
| | Less than full time (LTFT) | 18 (40.9%) | 34 (21.4%) | 52 (25.6%) |

**Table 5: Number and percentage of pre-qualification, post-qualification, and overall respondents by gender and training pattern.**

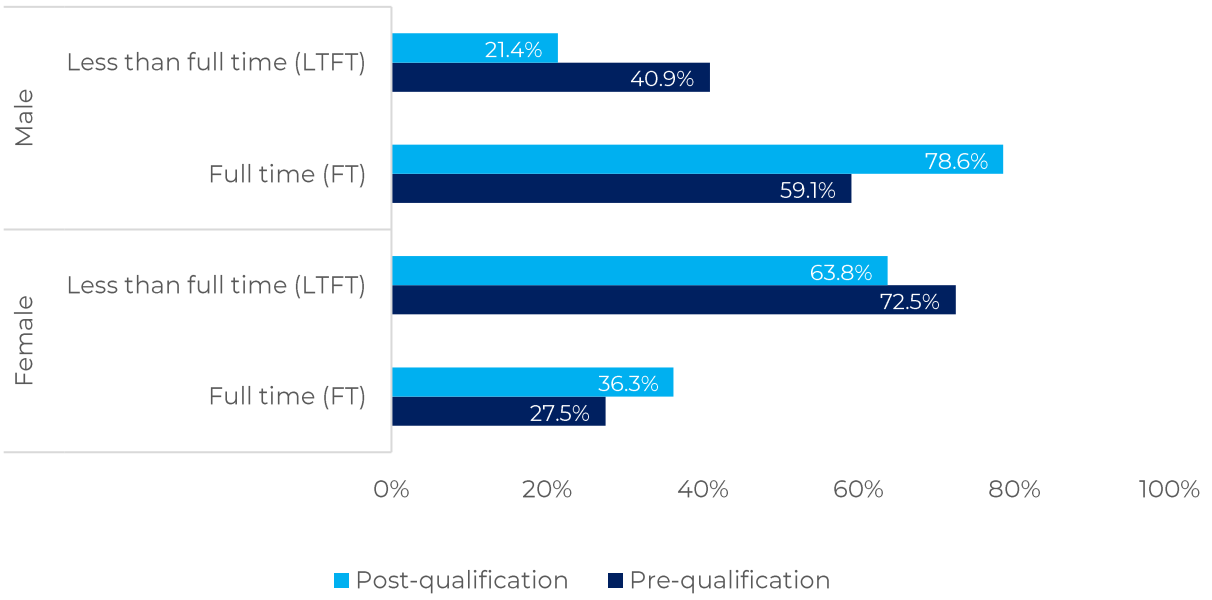


**Figure 12: Percentage of pre-qualification and post-qualification respondents by gender and training pattern.**

When looking regionally, there is a clear pattern of LTFT training exceeding that of FT across all regions in England except for East of England, Scotland and Northern Ireland.

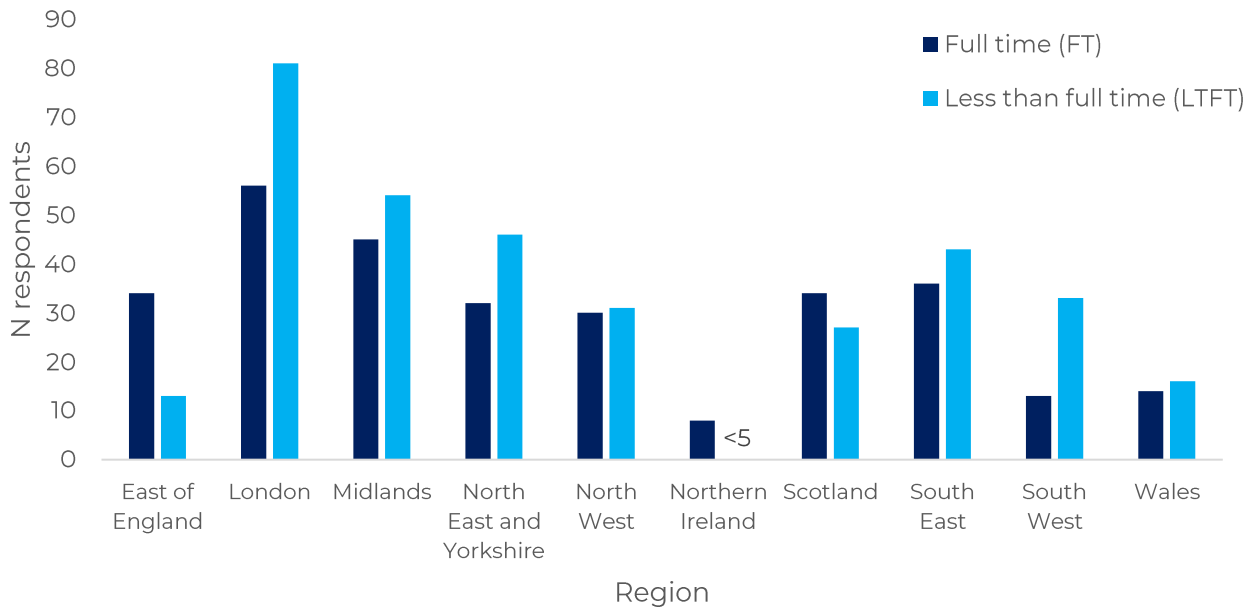


**Figure 13: Number of overall respondents by NHS England region and Devolved Nation by training pattern.**

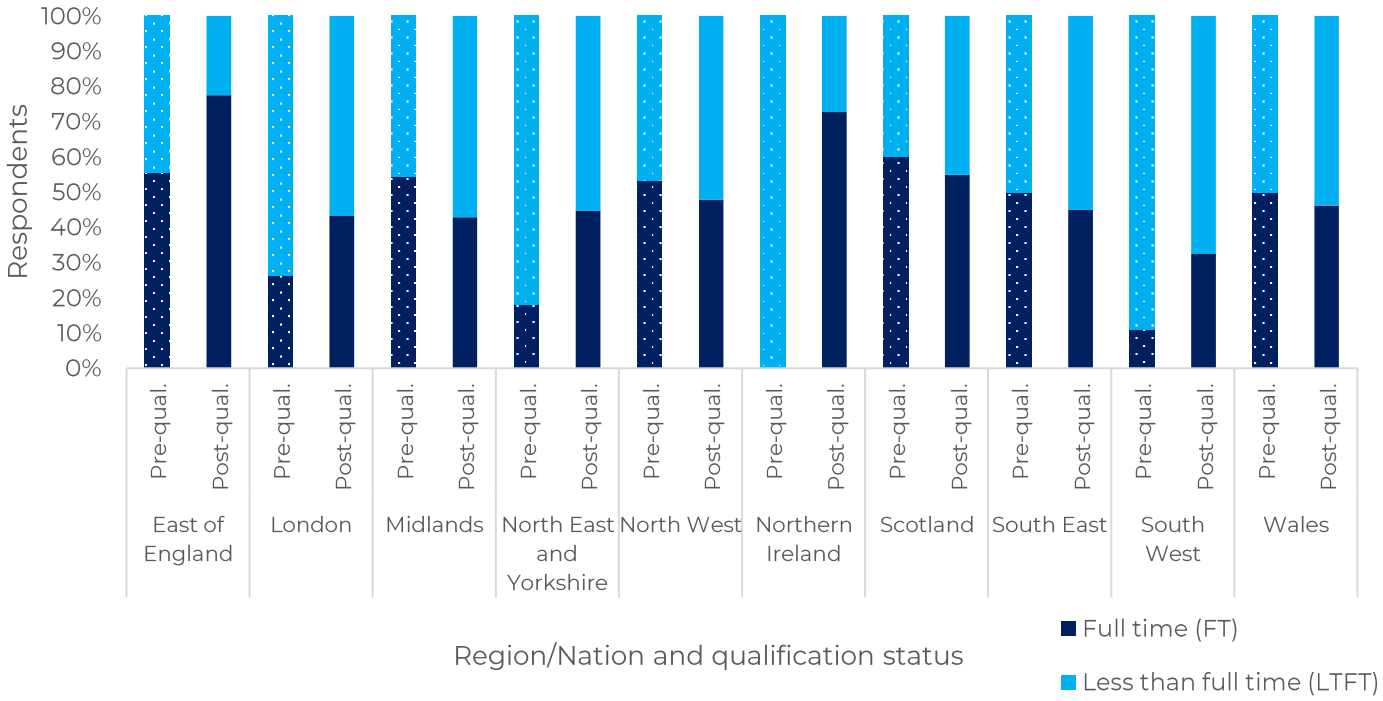


**Figure 14: Percentage of pre-qualification and post-qualification respondents by NHS England region and Devolved Nation and training pattern.**

There were no notable differences between time spent in training and working pattern other than for those training over three years where the majority were working LTFT.

| Time in Level 3 Training | Training Pattern | N (%) pre-qualification | N (%) post-qualification |
|---|---|---|---|
| Two years | FT | 18 (15.0%) | 172 (30.9%) |
| | LTFT | 22 (18.3%) | 141 (25.3%) |
| Three years | FT | 15 (12.5%) | 24 (4.3%) |
| | LTFT | 20 (16.7%) | 36 (6.5%) |
| Over three years | FT | 6 (5.0%) | 44 (7.9%) |
| | LTFT | 24 (20.0%) | 90 (16.2%) |
| Other | FT | 6 (5.0%) | 27 (4.8%) |
| | LTFT | 9 (7.5%) | 23 (4.1%) |
| **Total** | | **120 (100%)** | **557 (100%)** |

**Table 6: Time spent in level 3 training by training pattern (FT or LTFT) for pre-qualification and post-qualification respondents, number and percentage.**

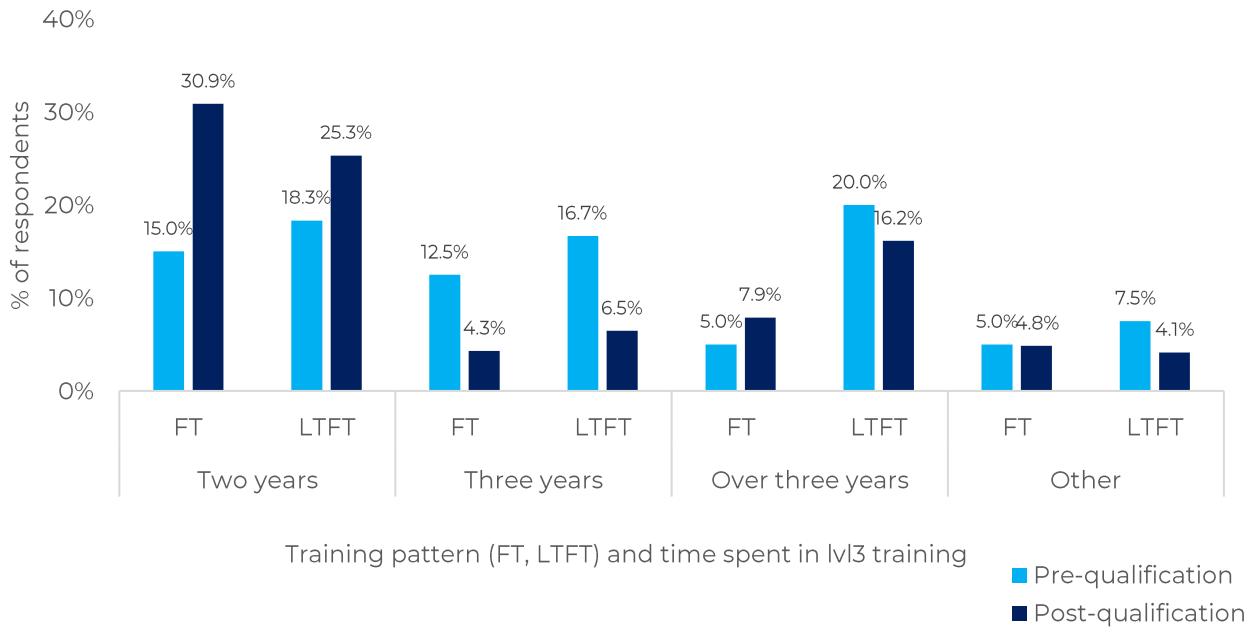


**Figure 15: Percentage of pre-qualification and post-qualification respondents by duration of level 3 training and their training pattern.**

For both sets of respondents, the majority believed that the duration of their Level 3 training was sufficient.

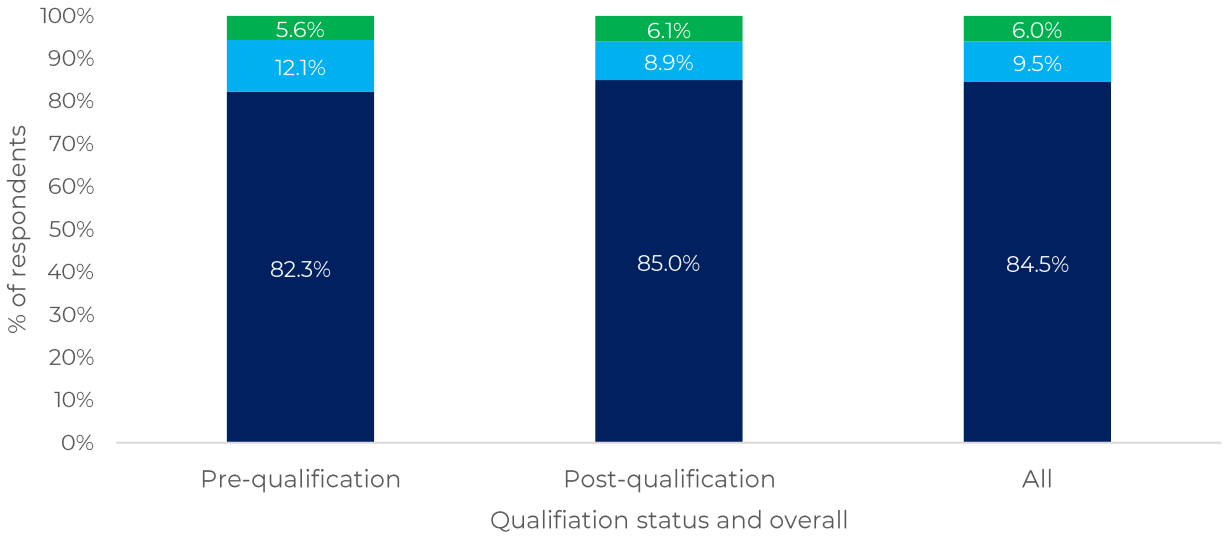


**Figure 16: Percentage of pre-qualification, post-qualification, and overall respondents by their perception on the duration of level 3 training: sufficient; too long; or too short.**

Feedback from 100 respondents on the duration of paediatric training revealed a divided perspective, but a common theme across all responses was dissatisfaction with the distribution of training time - specifically, insufficient exposure to subspecialty areas and an overemphasis on general paediatrics. A lack of outpatient experience, often due to service provision demands, was also frequently highlighted.

Senior PGDiT who felt that the programme was too short or only just sufficient often pursued additional experience through Out of Programme training (OOPE), research (OOPR), or post-CCT fellowships. The impact of the COVID-19 pandemic was noted as a factor that prolonged training while limiting opportunities to acquire key procedural skills, such as colonoscopy for

gastroenterology trainees. Limited outpatient exposure also contributed to a sense that the training period was insufficient.

Those who felt the programme was too long commonly reported minimal clinic exposure and extended placements in areas misaligned with their career aspirations, particularly in the later stages of training. Some perceived their roles as heavily service-focused, with limited educational value. Additionally, time spent abroad was not always recognised within training, contributing further to concerns around overall duration.

Around a third (36%) of pre-qualification respondents had accelerated training compared to half of post-qualification respondents.

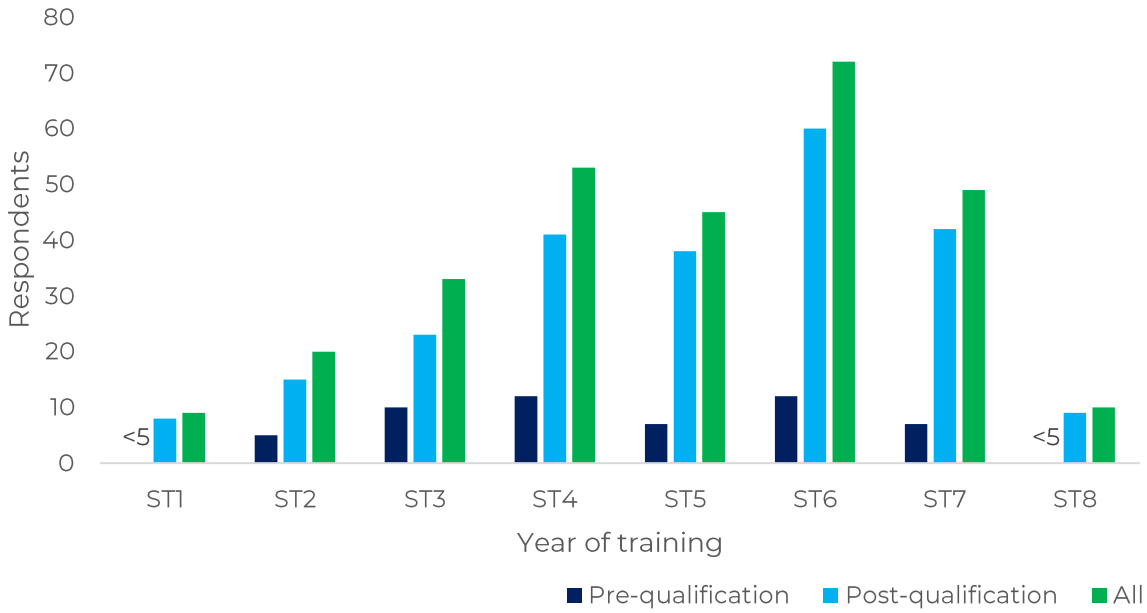


**Figure 17: Number of pre-qualification, post-qualification, and overall respondents who changed training pattern by the year of training they moved to LTFT training.**

## Progress +

When asked whether the implementation of Progress+ had impacted their training 35.5% of pre-qualification respondents said that it had.

Senior PGDiT reported challenges associated with transitioning to a new curriculum, including the time-intensive task of re-tagging existing evidence and adapting to updated e-portfolio requirements. Frequent changes to the e-portfolio system were perceived as disruptive, with additional demands related to signing off new competencies. Concerns were also raised about increasing competition for consultant posts due to a perceived bottleneck.

Additionally, some trainees noted difficulties supervising more junior PGDiT and highlighted a reliance on senior PGDiT to undertake responsibilities such as child protection medicals. Collectively, these factors highlight the multifaceted challenges PGDiT face while adapting to evolving training frameworks alongside increasing clinical responsibilities.

## SPIN Training

Nearly half of respondents in training (43.5%) and a third of those who had qualified (32%) had completed a SPIN module, the most common being neonatal medicine, diabetes and high dependency care (HDC). A small group were also in the process of completing the Child protection/ Safeguarding SPIN module.

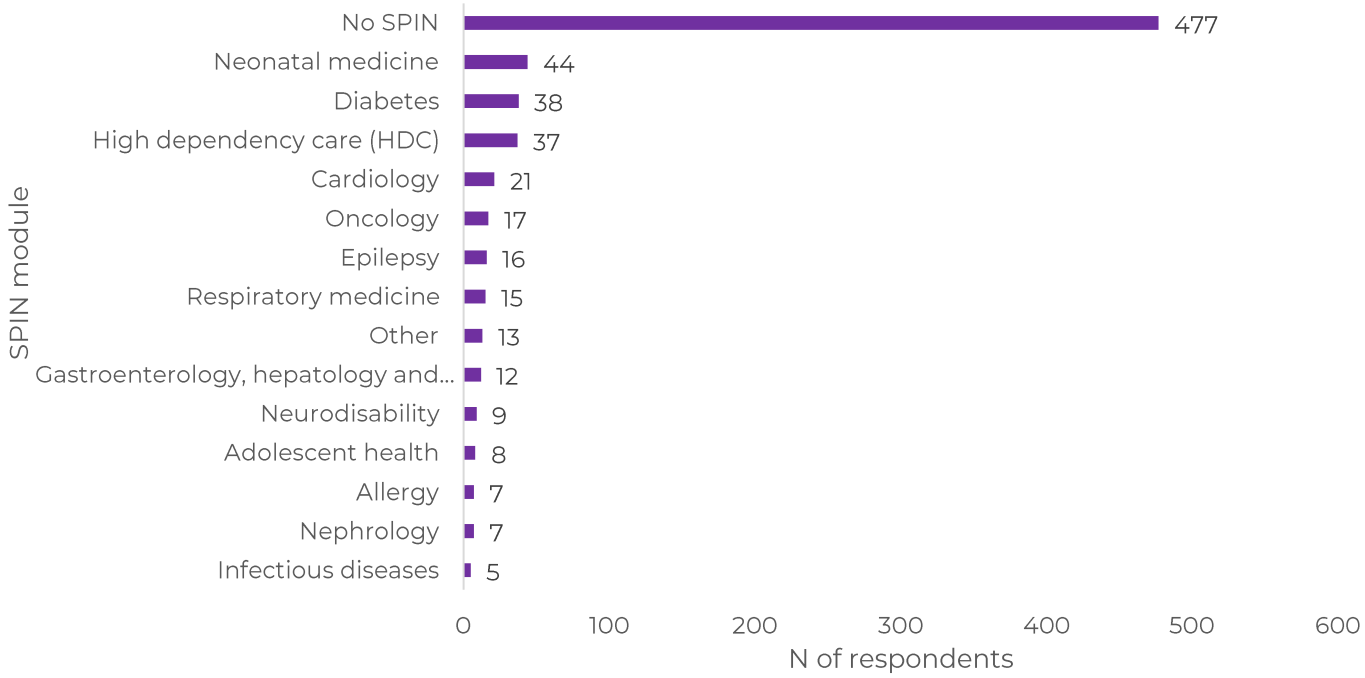


**Figure 18: Number of respondents by SPIN status. "Other" is comprised by Rheumatology; Palliative medicine; Child mental health; Dermatology; Sleep medicine; Audiovestibular medicine.**

## Interdeanery transfers

A similar percentage of pre (19.4%) and post (17.5%) qualification respondents had undergone an interdeanery transfer whilst training, with the vast majority being due to family and personal reasons and almost a third for sub-specialty training/post.

## Grace period

The majority of pre-qualification respondents (60%) were unsure whether they would take a grace period, while 81.7% post-qualification respondents did not make use of theirs.

# Post Qualification Working

## Pre-qualification first role planning

Of 123 respondents, 17 (13.8%) had secured a post-qualification role following one to two applications. This low number is not unexpected given that most respondents in this group were six months or more from qualification. Of the 17 new roles, ten were as consultant, six were clinical fellow and one was an academic post. 11 were intending to work FT and six LTFT, but over a third suggested that they may change this pattern in the future. The majority were also going to be working in the same geographical area in which they had trained.

## First role post-qualification

The majority of respondents (71.6%) who had qualified were still in their first post-training role with the remaining 28.4% having changed roles more than once since completing training. Of those who had remained in their first position, 91% were in a consultant role, whereas only 60% of those who ended up changing jobs initially worked as consultants.

For both groups, the first role was largely in the clinical area in which they had trained, particularly in the case of paediatric subspecialty.

| First role in clinical area trained in | Number (%) of respondents | | |
|---|---|---|---|
| | General Paediatrics | General Paediatrics + SPIN | Subspecialty |
| Yes | 115 (80.4%) | 110 (71%) | 236 (93.7%) |
| No | 28 (19.6%) | 45 (29%) | 16 (6.3%) |
| **Total** | **143** | **155** | **252** |

**Table 7: Number and percentage of respondents grouped by clinical are trained in and whether they were working in that same clinical area.**

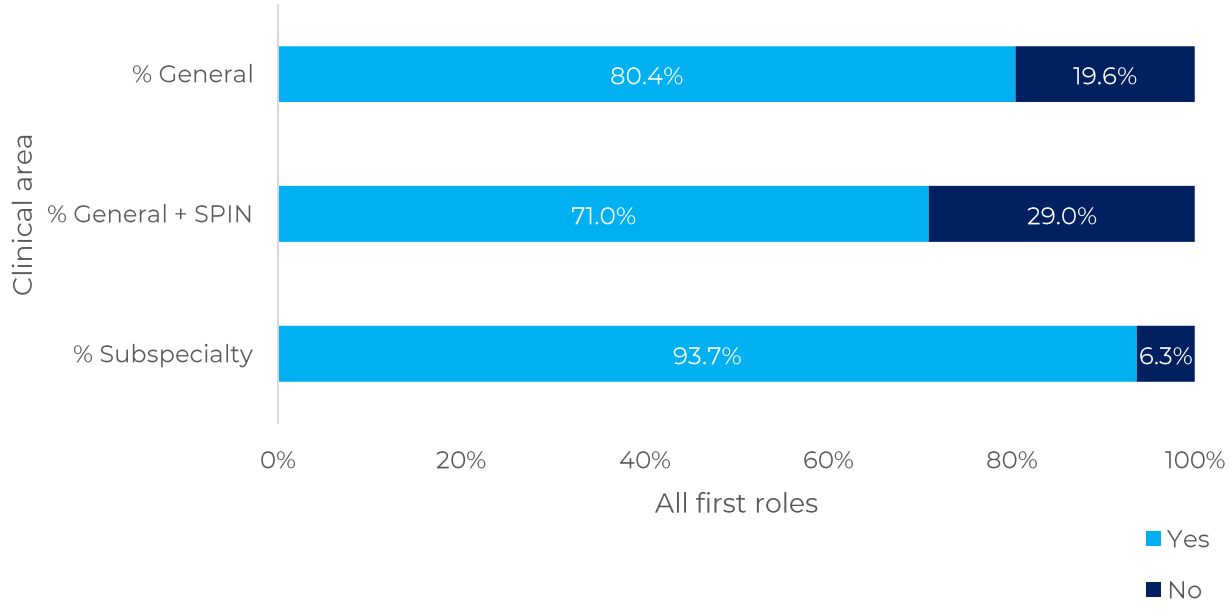


**Figure 19: Percentage of respondents' first roles grouped by whether they were in the same clinical area trained.**

Similarly, 77% of respondents stayed in the region in which they had trained. Where respondents had moved, this was mainly due to a lack of posts in the region where they had trained or for personal/family reasons.

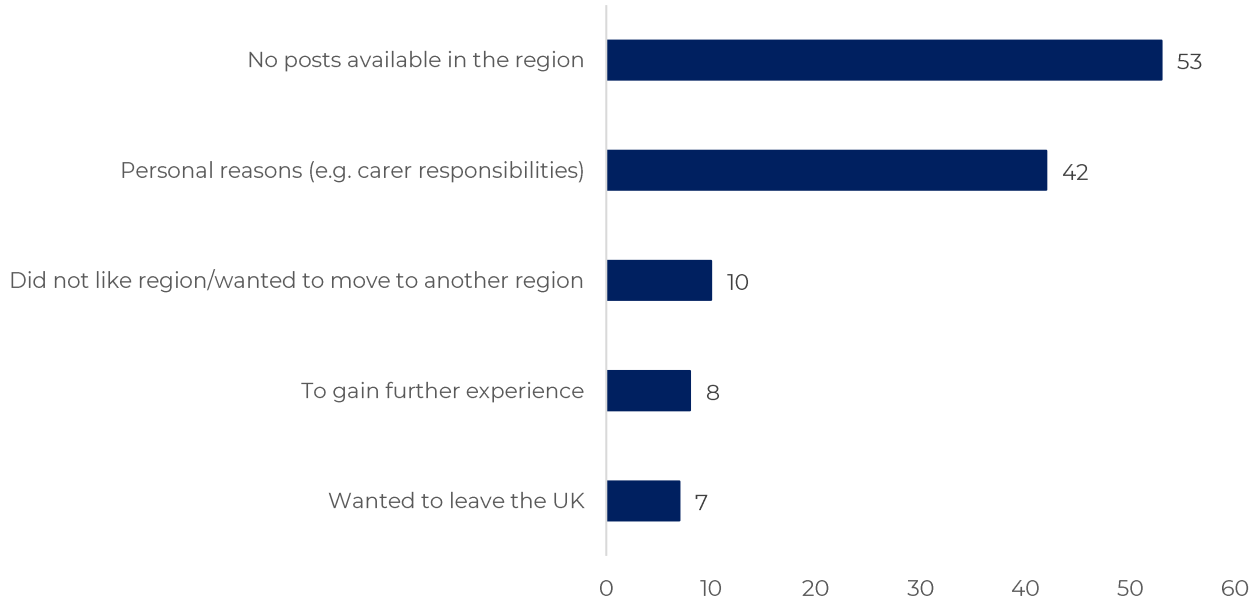


**Figure 20: Respondents who had moved region following training, i.e. their first role was in a different region than the region they had trained in.**

The highest proportion working in the same region in which they trained were based in Northern Ireland (although overall numbers were small) and Wales.

England, London and the South West had the highest proportion working where they had trained; the lowest proportion was in the South East.

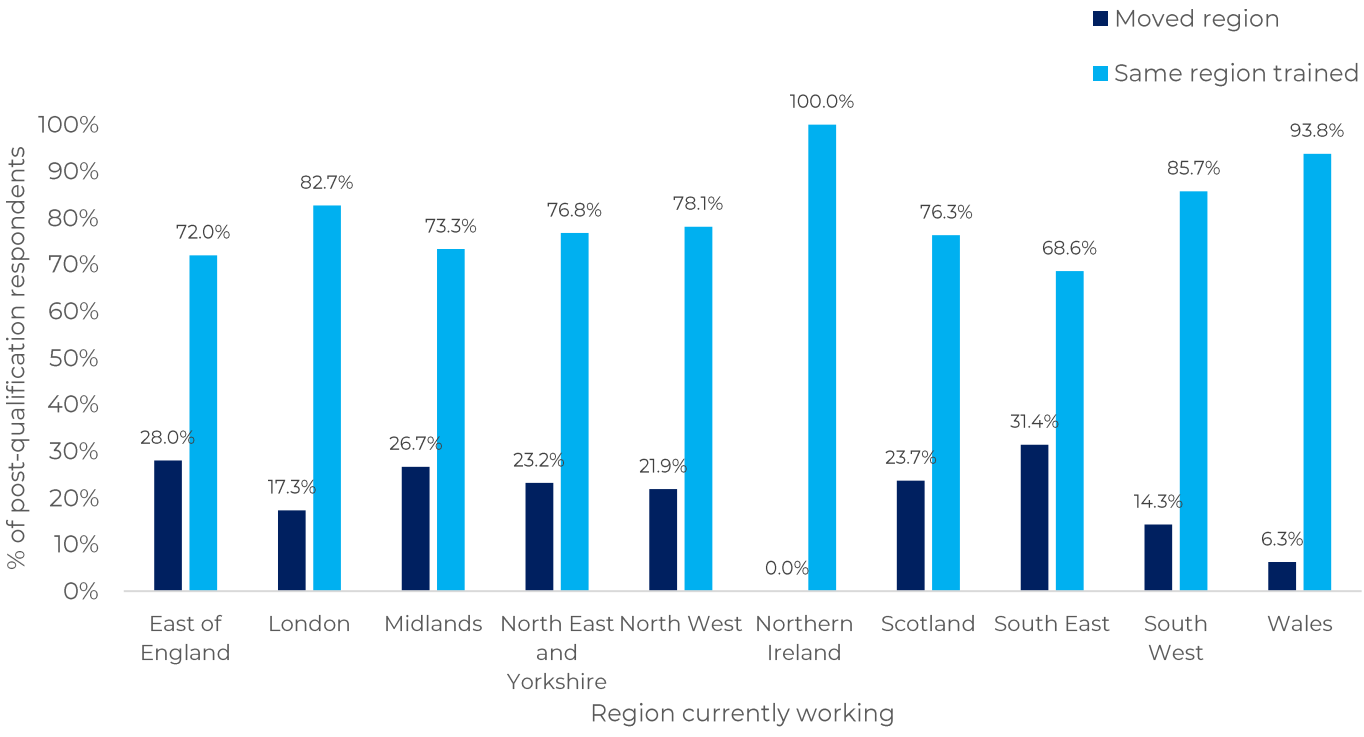


**Figure 21: Percentage of post-qualification respondents in each NHS England region or Devolved Nation that moved from region trained and those who remained in the region trained.**

# Respondents with multiple roles since qualifying

158 respondents had worked in their first post qualification role for on average one year and two months. The majority were working as either consultants (59.5%) or clinical fellows (24.7%); over half of whom were working as locums and over a third on fixed contracts. Most were working in the clinical area in which they had qualified particularly sub-specialty, but this was slightly lower than those who were still in their first role. For example, 75% of those who had trained in General Paediatrics with a SPIN were working as such in their first role, this is compared to 55% of those who received equivalent training but ended up changing jobs.

# Current role post qualification

Please note that there is some overlap with the section above in terms of respondents, as we have included those where first and current roles are one and the same.

The overwhelming majority of respondents were working as consultants (89%) followed by positions as clinical fellows. Of these 74.4% were in substantive roles with 11.8% working as locums and 7.8% working on fixed term contracts.

The chart below displays the type of contract in percentage by NHS England region and Devolved Nations.

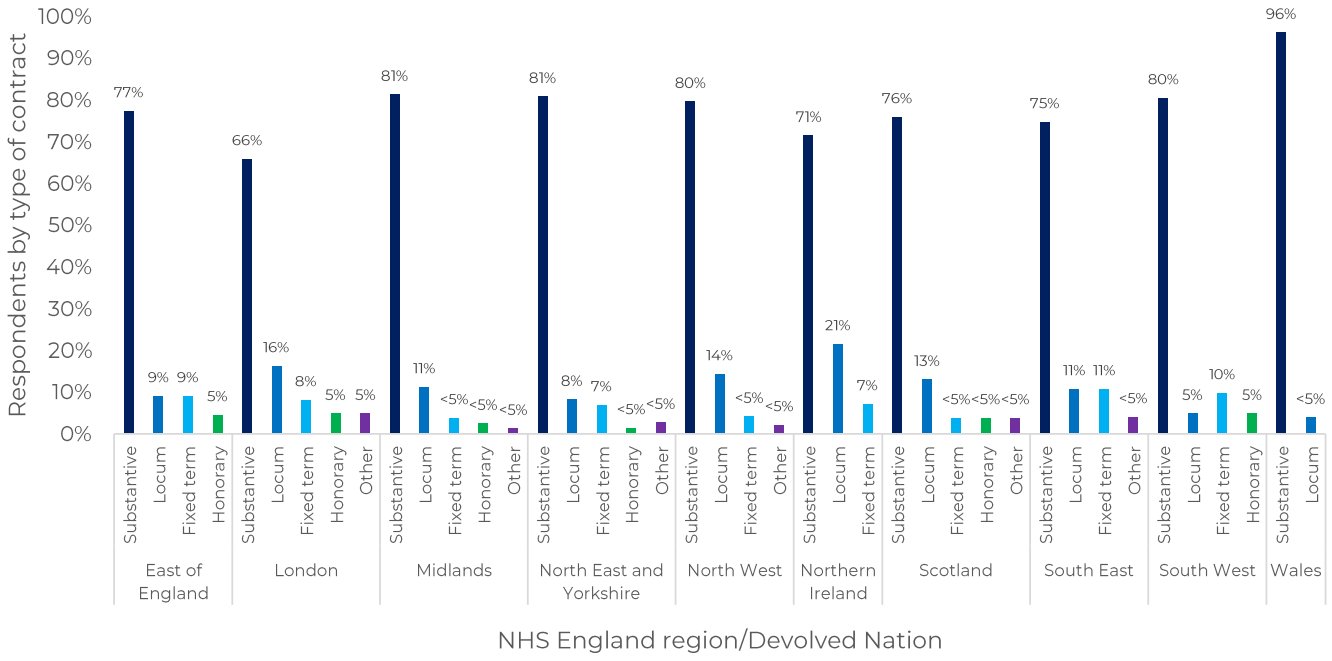


**Figure 22: Percentage of respondents by type of contract for each NHSE region and Devolved Nations.**

Most were working in the area in which they trained, with 94.1% in subspecialty roles, 80.9% in General Paediatric roles and 78% in General Paediatric + SPIN. Of the 61 who were working in a different clinical area nearly a fifth was due to lack of posts in their clinical area and just over 10% due to a lack of posts in their preferred regions. 13.1% were waiting to complete their SPIN training and the same proportion had completed additional training following qualification; just over 10% had changed for personal reasons. Similarly, 72.5% were working in the same geographical area in which they had trained. For those who had moved, the main motivators were lack of regional posts available and personal reasons; for those had left the UK, the majority was due to personal reasons and work/life balance.

# Working pattern

The majority of qualified respondents were in full time (FT) roles (64.5%) with 35.5% working less than full time (LTFT).

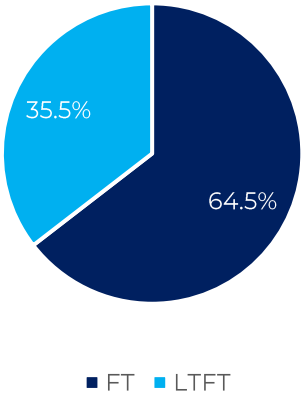


**Figure 23: Proportion of post-qualification respondents by their current working pattern.**

To understand working patterns further, we explored the way in which respondent working pattern changed pre and post qualification. The largest group (40.7%) were those who had trained FT and were now working FT, while nearly 30% had trained LTFT and continued this working pattern post-qualification. Of particular interest is that nearly a quarter of respondents had changed from LTFT to FT working when they qualified but only a small percentage moved in the opposite direction.

| Working pattern: pre and post qualification | N (%) of respondents |
|---|---|
| Pre and post qualification FT | 229 (40.7%) |
| Pre and post qualification LTFT | 158 (28.1%) |
| Pre-qualification LTFT Post-qualification FT | 133 (23.7%) |
| Pre-qualification FT Post-qualification LTFT | 42 (7.5%) |
| **Total** | **562 (100%)** |

**Table 8: Respondents grouped by changes in working pattern: pre and post qualification.**

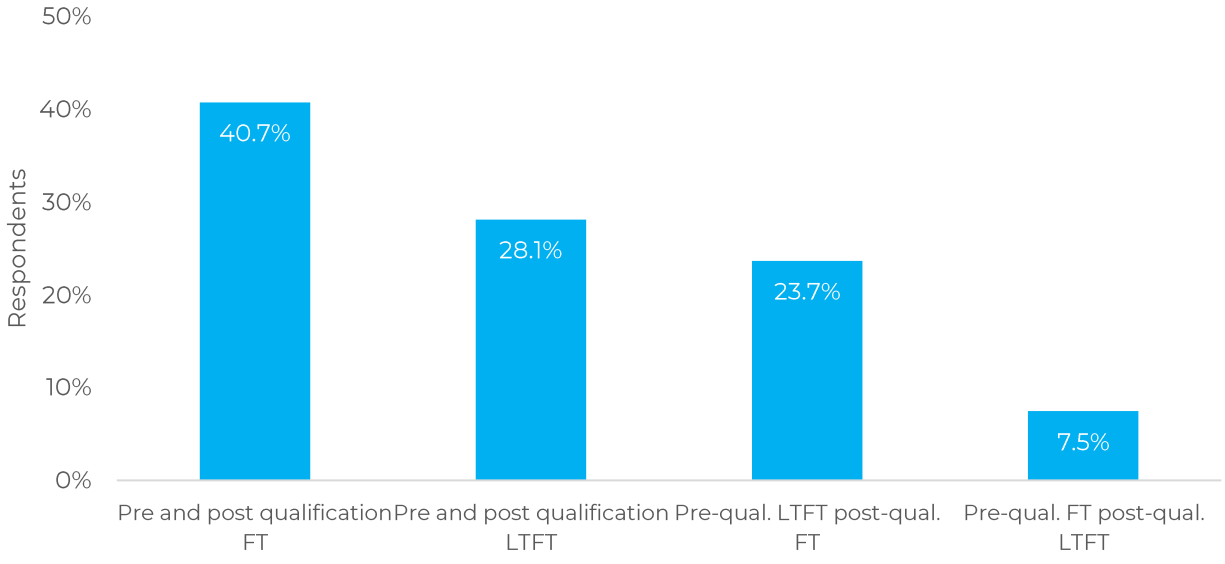


**Figure 24: Percentage of respondents grouped by transition path from training to working.**

# Programmed Activities

The average number of programmed activities (PAs) for FT working was 10.25, while those for LTFT working was 7.69. The main difference was for Direct Clinical Care (DCC) where those working FT were doing on average 7.96 DCC PAs per week compared to those LTFT working six DCC PAs. There was little difference, however, for both Supporting Professional Activities (SPA) and Additional Professional Activities (APA).

| Working pattern | N of respondents | DCC | SPA | APA | Total PAs |
|---|---|---|---|---|---|
| FT | 364 | 7.96 | 1.90 | 1.64 | 10.25 |
| LTFT | 200 | 6.00 | 1.62 | 1.59 | 7.69 |
| **Total** | **564** | **7.29** | **1.81** | **1.63** | **9.42** |

**Table 9: Average of programmed activities per respondent, broken down by working pattern, type of PA (DCC, SPA, APA), and total PAs in contract.**

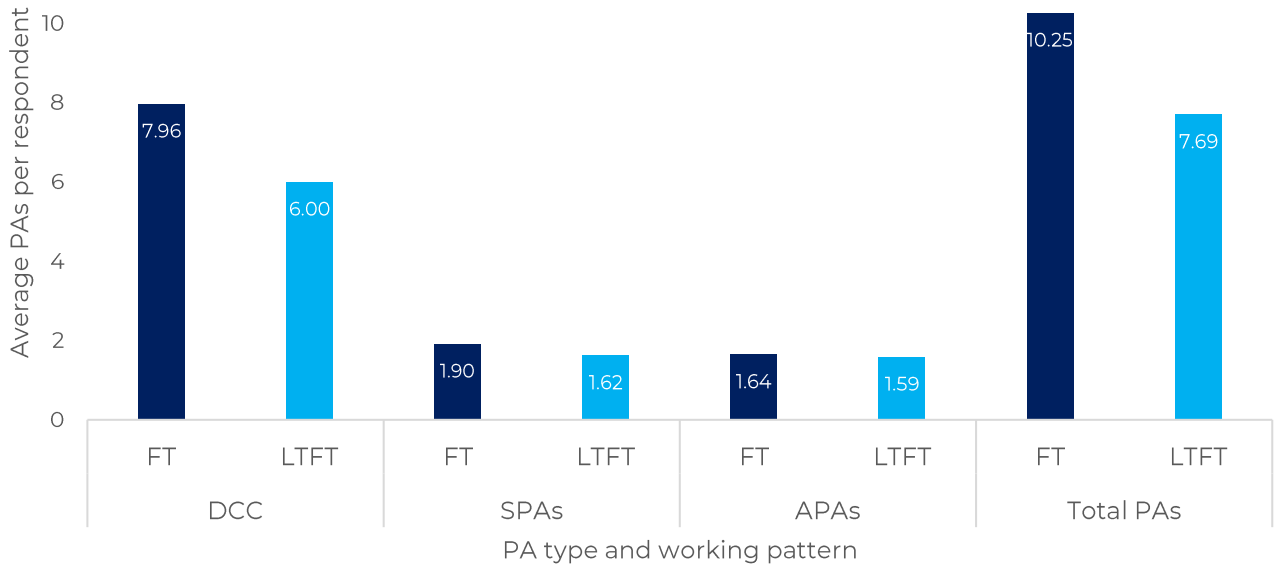


**Figure 25: Average PAs by PA type and working pattern.**

# Out of Hours working

Most respondents (83%) were participating in out of hours working. This was mainly, non-resident on call (NROC) either a) expected to attend for weekend ward round and emergencies and b) expected to attend for emergency and work weekend days.

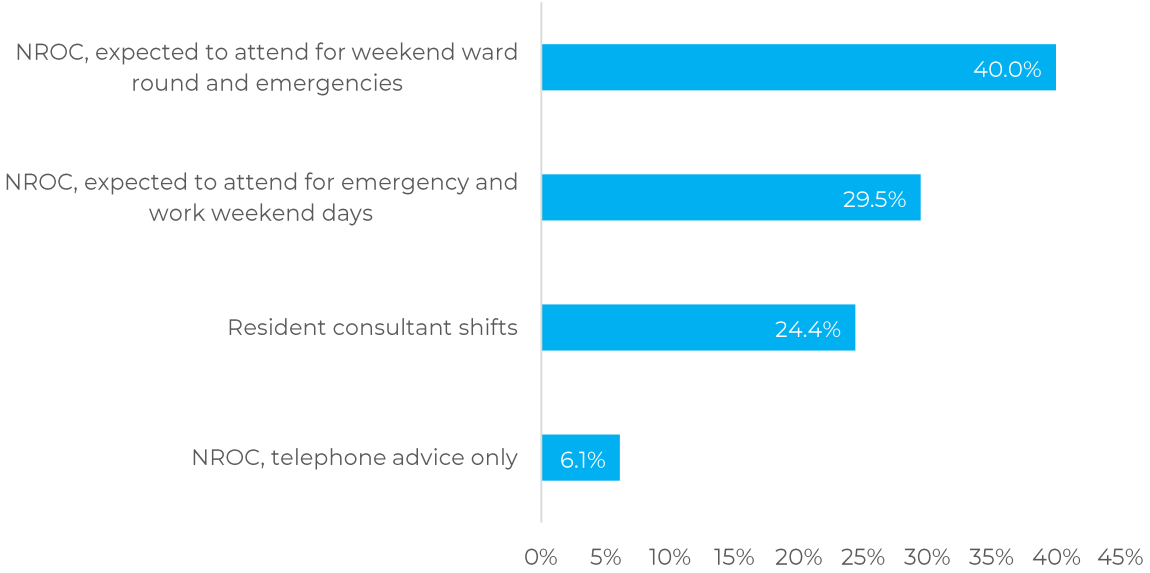


**Figure 26: Percentage of type of out of hours duties.**

# Future intentions

The vast majority of respondents do not plan to apply for a new role (76.8%), while of the 23.2% who are planning to change roles, just over half said that this will be in a different trust; likewise half plan to adjust their PAs.

When asked to specify reasons why they want to apply for a new role, 117 entered comments.

| Reason for applying to a new consultant role | N (%) |
|---|---|
| For substantive role | 56 (47.9%) |
| Personal reasons (ie family, moving, opportunities) | 33 (28.2%) |
| For consultant post | 10 (8.5%) |
| To work in trained clinical area | 9 (7.7%) |
| Other | 9 (7.7%) |

**Table 10: Respondents who expressed intention of applying for a new consultant role organised by themed free text answers on the reason why they intend to change roles.**

Finally, the majority of those who intended to change their PAs in the future (73.5%) wanted to decrease their PAs because of personal commitments such as childcare, because they felt that they were working too much, or they wanted to take up additional roles. The 26.5% who intend to increase their PAs wanted to do so as childcare commitments were reducing, they wanted to maintain clinical insight and earn more, or they felt they had to in order to reflect actual workload and cover the volume of work required.

# Discussions and conclusions

This Workforce survey provides a window into the changing way paediatricians choose to train and work when they enter the specialist register, providing insight into working patterns, first roles and the training experience.

The demographic composition of our cohort reflects that of the paediatric workforce with the majority (70%) identifying as female[1] and average qualification age around 40 years; the latter having not changed significantly in recent years despite moving to a competency-based training programme (Progress) in 2018 and the option of accelerated training[2].

The biggest change over the last decade, however, is the number of paediatric doctors choosing to train less than full time (LTFT). According to the latest GMC National Training Survey, this has increased from 24.9% in 2015 to 59.7% in 2025[3] and is mirrored in our results with 61.3% of those in the pre-qualification group training LTFT compared to 51.8% in the group already qualified. Strikingly this also applied to all genders, with double the number of male respondents training LTFT, compared to those already qualified. 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 which suggests greater emphasis on wellbeing rather than caring responsibilities. There was also some degree of geographical variation with more respondents training full time (FT) than LTFT in East of England, Northern Ireland and Scotland, whereas in Wales and other regions in England, the majority trained LTFT. The move to LTFT training and geographical variations in pattern of training need to be considered in long-term workforce planning across all subspecialty areas including general paediatrics.

Despite the general shift to LTFT training not all those training LTFT chose this working pattern post-qualification. While the majority (40.7%) trained and were subsequently working FT, nearly a quarter of respondents switched from training LTFT to working FT once they had qualified; a similar proportion (28.1%) continued to work LTFT. Paediatricians opting to change to FT as a consultant may predominantly be those who have moved to 80% LTFT over their training years but do not feel the need to work LTFT to maintain a work-life balance. Several factors may play in to this choice, such as, reduced unsocial hours in consultant role, 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. The draw to working FT may also be due to greater relative financial remuneration/ increased cost of living as well as an individual feeling of obligation to work FT when appointed to a consultant role, particularly if not substantive and wanting to secure a future long-term post.

Although the past CCT surveys focussed on a different cohort type and any comparisons should be treated with caution, it appears that the average number of PAs for FT and LTFT have not significantly changed over the last ten years (RCPCH, 2015[4]). However, the average number of SPAs allocated has increased, particularly in those working LTFT. The overall increase in LTFT, relative

1 General Medical Council, National Training Survey 2025, Education Data Tool: 2028 female/ 771 male. https://edt.gmc-uk.org/other-nts-reports/less-than-full-time-ltft

2 According to GMC, paediatric graduates joining the register were between 35 and 39 for 63% of respondents in 2021, varying from 59% to 67% in the previous five years. https://edt.gmc-uk.org/progression-reports/specialty-destination

3 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

4 RCPCH, CCT and CESR Class of 2015: Where are they now? 2017, p. 16. https://www.rcpch.ac.uk/sites/default/files/2018-07/cct_class_of_2015_-_full_report_0.pdf

increase in SPA time and corresponding decrease in time spent delivering DCC within the same overall PA time, may to some degree explain the recent expansion of consultant workforce (68% increase in England, 52% in Scotland, 45% in Wales increase in headcount paediatric consultants[5]) needed to maintain the status quo. This is a situation that looks to continue with just over 50% of post-qualification respondents indicating an intention to decrease PAs because of personal commitments; with a smaller number indicating a move in the opposite direction despite lessening childcare commitments.

The majority of respondents from both groups felt that the length of level 3/specialty training was adequate, in keeping with the 2019 report despite being prior to the implementation of the Progress curriculum. There was, however, a feeling that too much time was spent on service delivery with a preference to be able to focus on skills aligned to clinical areas of interest (subspeciality/SPIN) and for more outpatient exposure. Over a third of pre-qualification respondents felt that they had been impacted by the move to Progress+ in 2023, with a variety of reasons given from the burden of having to re-link existing evidence to highlighting the challenges in having to supervise less experienced colleagues in core training.

Generally, respondents are working in the clinical area in which they trained, particularly in subspecialities and remaining geographically close to their training centres too; the main driver for moving being a lack of available posts. Just over 70% of post-qualification respondents were still in their first post following completion of training, with 91% in consultant roles. However, only 60% of those who had moved role post-qualification had held a consultant post as their first role. While most pre-qualification respondents were not within six months of their qualification date and therefore, not in a position to apply for a consultant post, the fact that fewer than 10% had secured a consultant role may be an early indication that the ratio of applicants to advertised post may be increasing and that more paediatricians will not directly enter a consultant post following qualification. There were also concerns re competition for posts and potential bottleneck in post-qualification career progression and the majority of pre-qualification respondents were unsure if they would need to take up their period of grace (POG), compared to over 80% of post-qualification respondents who had not.

Overall, this survey highlights a need to carefully map training posts to future service needs within a geographical area enabling post-qualification paediatricians to work close to the region in which they have trained and within their desired clinical area. Although many doctors who train LTFT switch to FT working post-qualification, there has nevertheless been an increase in LTFT consultant working with an expressed desire to reduce PAs. And while LTFT applications are welcome to FT consultant posts, job plans are predominantly advertised as FT, which may result in applicants accepting FT posts when ideally, they wish to continue to work LTFT. Careful consideration needs to be given, therefore, as to how posts are advertised so as not to prejudice applications from those wishing to work both FT and LTFT. Job plans also need to factor in time required within a department to deliver necessary DCC alongside individual SPA considering how consultants can work collaboratively to ensure continuity of care, job satisfaction and sustainability within the workforce, irrespective of the pattern of working.

5 NHS England, Workforce statistics March 2015 to March 2025; NHS Education for Scotland, TURAS Data intelligence, Official Workforce Statistics, June 2014 to June 2024; Welsh Government, StatsWales, Medical and dental staff by specialty and year, 2014 to December 2024.

# Acknowledgements

The following people contributed to this report:

The RCPCH Workforce Information Team led on the question development, data collection, analysis and reporting: Nawsheen Boodhun (Head of Workforce and Careers); Sarah Gregory (Workforce Manager), Davide Carzedda (Analyst), Kay Tyerman (Officer for Workforce; Paediatric Consultant Nephrologist).

With thanks to Megan Peng (Associate Director for Workforce) and all the members of the Workforce Planning Board for providing feedback and support, in particular Intikhab Zafurallah (Consultant Paediatric Intensivist) and Subhan Christudas (Consultant General Paediatrician).

Henna Davé (Careers and Community Administrator) for support with communications and dissemination, and Felicity Beal (Paediatric PGDiT) for support in contextualising some of the free text findings.

We would also like to thank everyone who contributed by giving their time to complete the survey.

# Workforce CCT Survey 2025

**Published by RCPCH** September 2025

Royal College of Paediatrics and Child Health
Incorporated by Royal Charter and registered as a Charity in England and Wales: 1057744 and in Scotland: SCO38299.
Registered Office 5-11 Theobalds Road, London WC1X 8SH.
Patron HRH The Princess Royal.

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