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

Paediatric workforce later careers survey

Introduction

With the ongoing demand and clinical challenges faced by the current paediatric workforce, there is an overwhelming need to retain experienced senior doctors not only to preserve a high-quality service but also to support newly qualified doctors and those in training. It is vital, therefore, that as senior consultants and SAS doctors approach the latter years of their careers their needs are well supported and work planning adapted accordingly [1-4].

Senior paediatricians benefit both patients and the wider medical community supported by longstanding relationships and networks central to complex care. Alongside safe and expert clinical care of children, senior paediatricians are essential to the training, supervision and mentoring of new consultants, SAS doctors and resident doctors [2, 3, 5]. However, as paediatricians enter the latter part of their career, workload and in particular out of hours working need to be accommodated, both at the individual, and more critically, the departmental level.

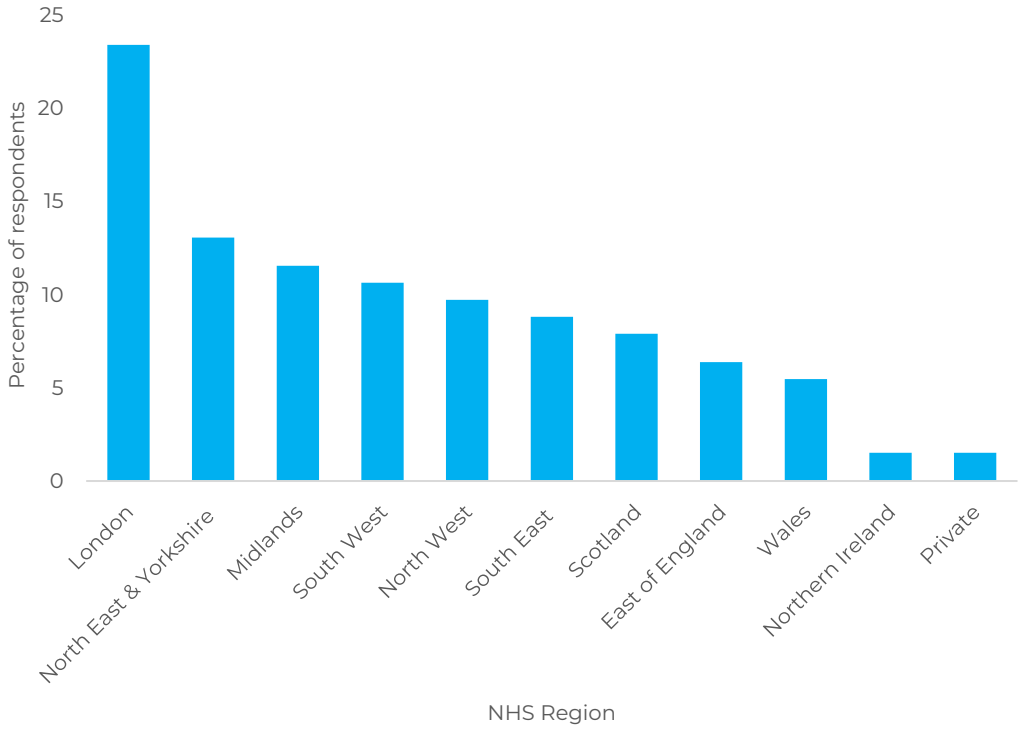
NHS England has pledged to support senior doctors advocating flexible working, reduced on call commitments and portfolio careers. The 10 Year Workforce plan, for example, recommends upskilling and offering opportunities for enhanced, advanced and consultant practice [6]. This encourages an increase in the number of senior clinical decision-makers while portfolio careers enable a balance of clinical responsibilities with educational, leadership, management and research roles. NHS England have also pledged reforms to the legacy pension scheme to facilitate partial retirement and/or a 'decade of retirement' approach through which older staff can draw down their pension, work more flexibly and remain in the workforce longer.

To understand the way in which the latter stages of senior paediatricians' careers can impact service provided, it is necessary to characterise later career workload allowing both changes in day to day working and retirement intentions to be factored into future work and succession planning at both a local and national level. In spring 2026, the College conducted a snapshot survey of UK consultant paediatricians and SAS doctors aged 55 years plus gathering information on clinical workload and out of hours working alongside retirement intentions.

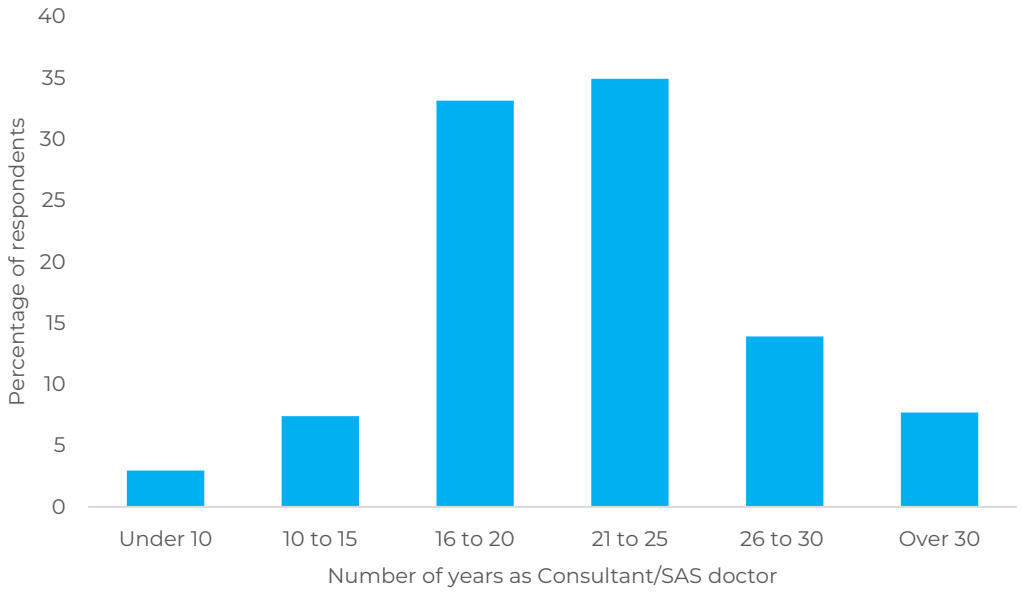
Survey Results

Demographics

There were 338 respondents with 94% Consultants and 6% SAS doctors. 64% were working as sub-specialty paediatricians while the remaining 36% were General Paediatricians; almost a quarter were based in London.



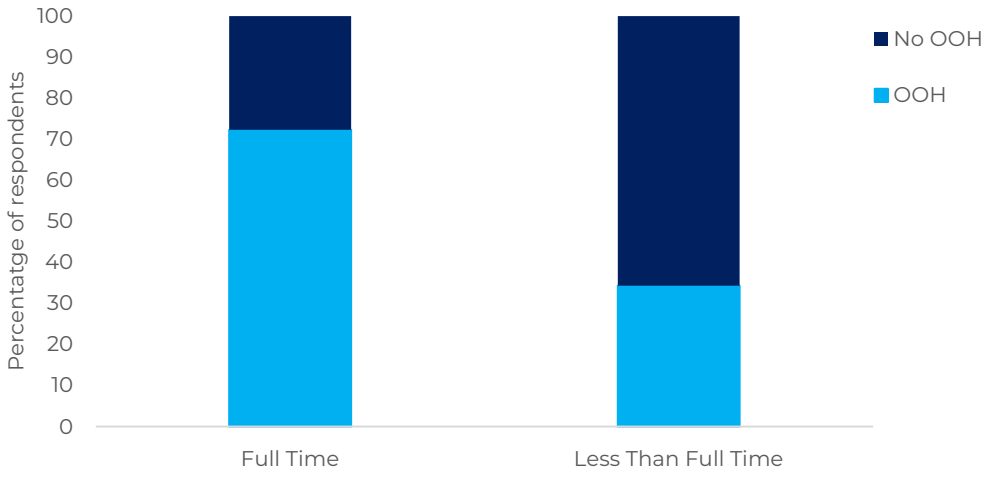
The majority of respondents had worked as consultants or SAS doctors for between 16 to 25 years (68%), and just over half (57%) were working full time.



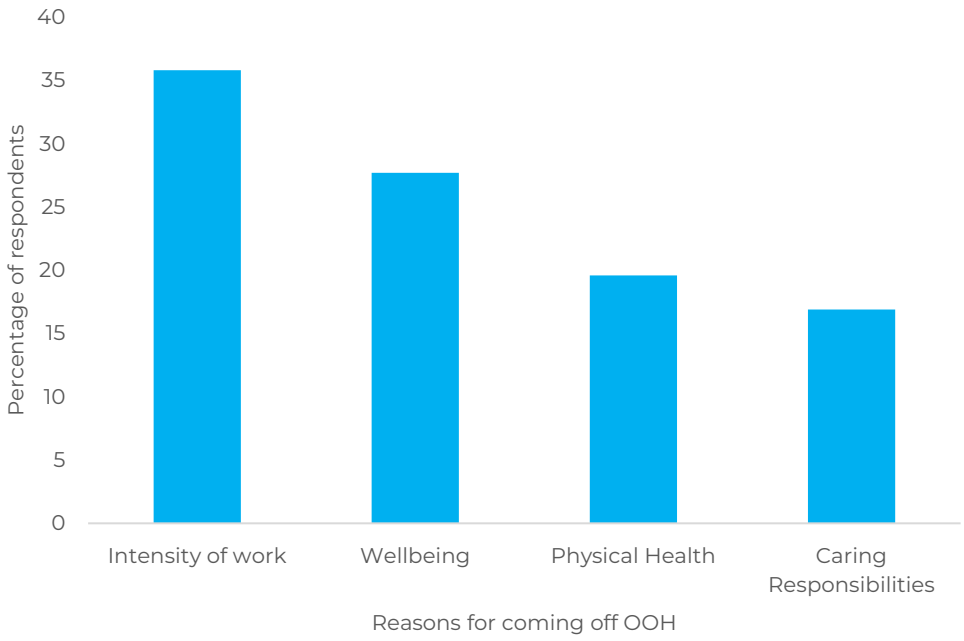
Out of Hours working

56% of respondents worked Out of Hours (OOH) with 93% feeling clinically able to perform these duties. Of those working OOH, 83% were doing non-resident on call (NROC) with 80% of those working Category A NROC (return to site when called or handle complex remote tasks, with immediate return common). 52% of sub-specialists were working OOH, compared to 63% of general paediatricians, indicative of the fact that some sub-specialties are more outpatient based. Furthermore, almost three quarters of those in full time employment worked OOH compared to 34% of those working less than full time (LTFT).

A quarter of respondents (23%) had reduced their OOH hours working over the last five years with 32% in the last year, 43% in the last 1-2 years and 25% in the last 3-5 years; in a third of cases OOH working had been cut by 50%. 60% of those whose hours had not been reduced said that they would like them to be.



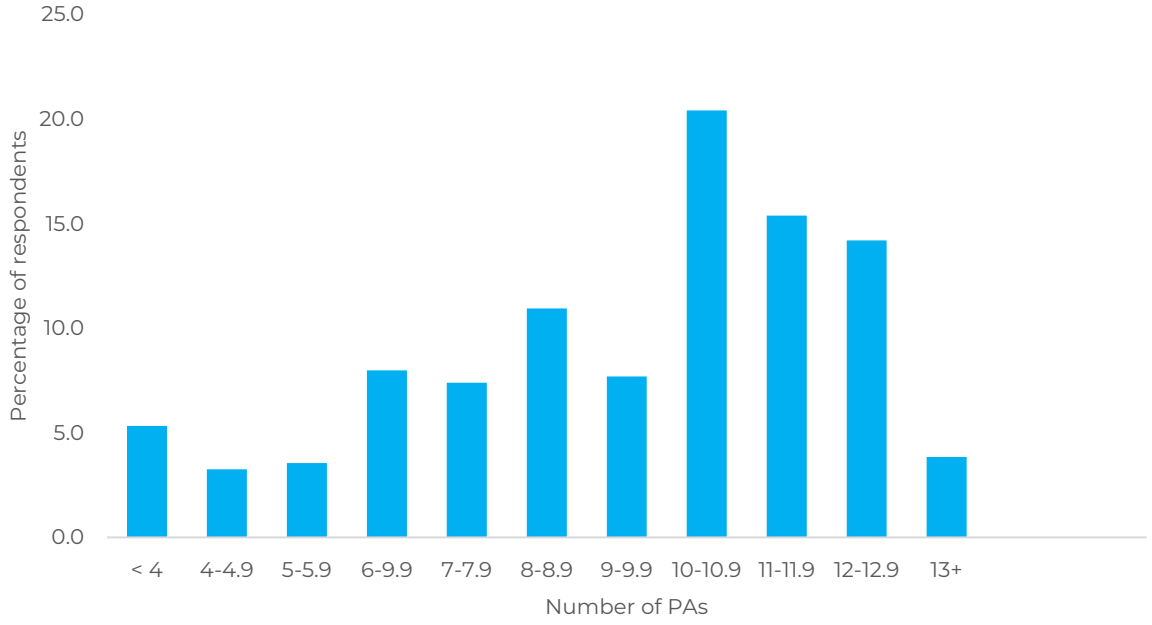
Almost half (44%) had stopped working OOH and this was mainly due to intensity of work and wellbeing (64%).



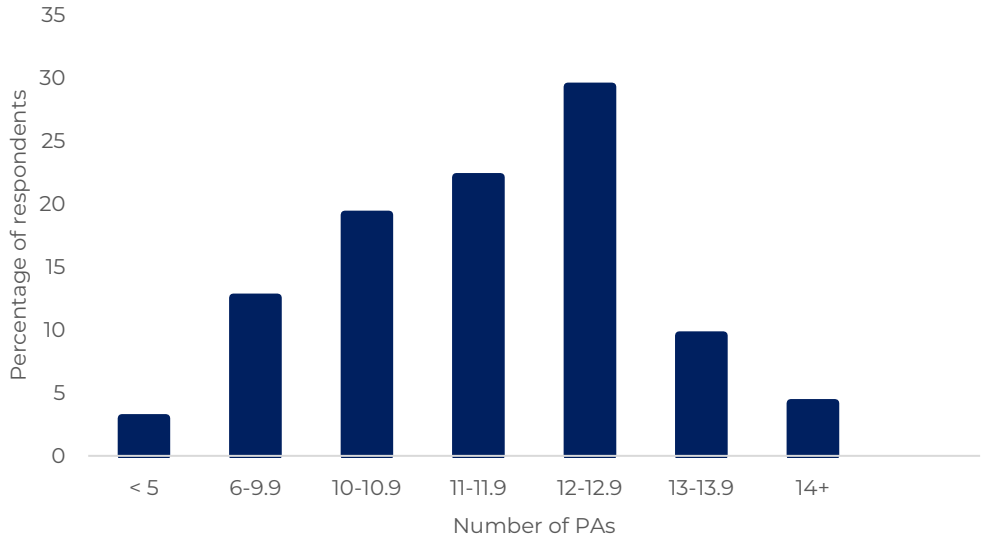
Where relevant, 48% of respondents were sufficiently confident in their ST6/ST7 resident doctors to manage OOH, 13% were in most cases while 39% were not. 48% also said that they would not offer resident doctors post-qualification contracts to cover OOH in the absence of expansion of consultant posts, while 40% said they would. However, 79% felt sufficiently confident in their newly-appointed consultants to manage OOH.

Professional Activities and Other roles

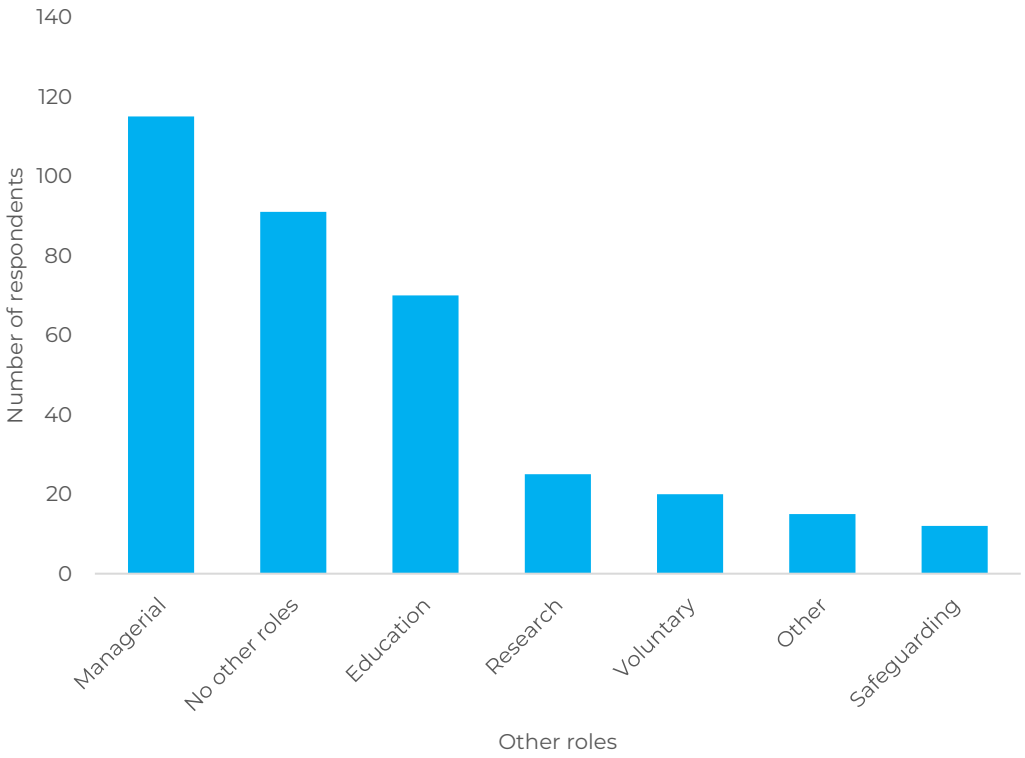
Given that the recommended number of professional activities (PA) is 10, it is not unexpected that the largest group of respondents (20%) were working 10-10.9 PAs with a further 15% and 14% working 11-11.9 PAs and 12-12.9 PAs respectively. When analysed by working pattern, the average number of PAs for those working full time was 11 and less than full time was 7.



Half of respondents had reduced the number of PAs they worked with the majority having previously worked over 10 PAs. 61% of respondents had reduced both clinical and supporting PAs, with another 29% clinical only.

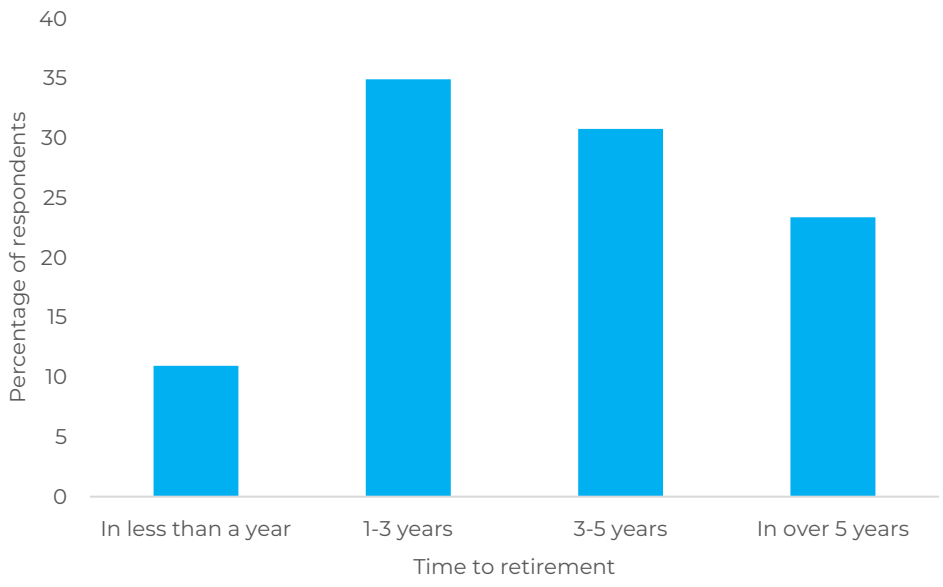


When it came to other roles the majority of respondents were working as managers (n=115) or in education (n=70) with a significant number having multiple roles. In most cases this amounted to an additional 1-2 PAs while a large portion of respondents (n=91) had not taken on any additional roles.



Retirement

35% of all respondents already draw down on their pension, with a further 42% planning on doing so: 63% in the next two years and 30% in the next 2-5 years. Just over a third of respondents plan to retire within the next one to three years, with almost another third in three to five years.



Conclusions

For senior paediatricians aged 55 years plus, over half were working OOH mainly as Category A NROC and primarily coming from those working full time. Almost half had stopped working OOH, largely due to intensity of work and wellbeing, while another quarter had reduced their OOH working. Confidence in newly appointed consultants to manage OOH was significantly higher than confidence in ST6/ST7 resident doctors highlighting the fact that the majority of respondents believed that the training pathway equips those at end of training to take up and deliver consultant role.

Given the nationwide average of c.10 PAs, unsurprisingly over half of respondents were working 10 PAs or more, the largest group being 10-10.9 while the average number of PAs for those working full time was 11 and less than full time, 7. However, half of respondents overall had reduced the number of PAs they worked, primarily in terms of clinical care. The majority were also working as managers or in education, amounting to 1-2 PAs in their job plans for additional roles. Finally, over a third of respondents plan to retire within the next 1-3 years, with almost another third in 3-5 years.

While these findings are taken from a small sample of later careers paediatricians, the reduction in PAs and plan for full retirement within the next three years is indicative of a significant impact not only on service delivery but also on the supervision and training of the future paediatric workforce. Most doctors over the age of 50 years fall within the 1995 Section of the NHS Pension Scheme indicating a normal retirement age of 60 years [3, 7]. This was corroborated by our RCPCH Workforce Census 2022, which showed that 57% of respondents planned to retire between the ages of 60 and 64 years[8]. Workforce plans need to urgently consider the impact of retirement on delivery of acute services, while also factoring in the impact on delivery of essential non-clinical roles including training, supervision, research and the strategic development of clinical services. This will be exacerbated by the gradual increase in LTFT working patterns at SAS and consultant grade with consequent decrease in DCC PAs decreasing relative to the full-time quota.

There is a general feeling that the intensity of work resulting from providing a consultant-led service and need to be available to come in quickly to deliver work on site when required is the main driver for consultants and SAS doctors wanting to reduce their OOH. Wellbeing and job satisfaction need to be addressed to ensure paediatrics remains an attractive career path, while consideration should be given to team job planning to support senior paediatricians coming off OOH work, while simultaneously supporting early-careers consultants.

Recommendations

1. **Workforce planning and new ways of working**

   - Use data on turnover, flexible working and service demands to guide strategic discussions at least six to twelve months ahead of any potential workplan or personnel changes.
   - Take a team-based approach to job planning and consider the wider workforce ensuring roles are complementary with policies and processes clearly defined.
   - Embed non-clinical and voluntary roles undertaken by senior doctors including mentoring, teaching and supervision in to job planning.

2. **Flexible working for senior doctors**

   - Promote and support options for flexible working including reduced or no on-call/out-of-hours responsibilities, job sharing, annualised hours contract and remote working.
   - Consider alternatives to on-call working including evening and weekend elective clinical sessions.
   - Consider skill mix across the broader multi-disciplinary team.

3. **Retirement conversations**

   - Hold conversations around retirement early enough to help senior paediatricians plan and consider their options. Ideally, this would start with discussions around intentions for the next decade in doctors between 50 and 55 years.
   - Identify those senior paediatricians most likely to leave and discuss possible options between the individual, team, and employer to support retention.
   - Ensure support for later-career doctors is communicated.
   - Clinical leads should begin discussions about doctors' intentions for the next 10 years as early as felt necessary, but by age 55 years.
   - Provide formal information for doctors nearing retirement.

4. **Flexible retirement**

   - Have a clear and accessible policy on flexible retirement
   - Support senior doctors to reduce pensionable pay by 10%, without reducing hours/ programmed activities.
   - Signpost doctors in late-stage career to financial advice and provide access to information to help raise awareness of pensions taxation and the options that exist for colleagues worried about its impact.

5. **Support health and wellbeing**

   - Optimise health and wellbeing, offering proactive and confidential occupational health support to late-career paediatricians

References

1. Academy of Medical Royal Colleges. Medical careers: A flexible approach in later years 2018 [Available from: https://www.aomrc.org.uk/wp-content/uploads/2018/04/Flexible-careers_April_2018.pdf.
2. RCP Edinburgh. Later careers 2023. 2023.
3. NHS England. Retaining doctors in late stage career guidance 2023
4. Flexible Working in the NHS: A toolkit for individuals. In: England N, editor. 2022.
5. Academy of Medical Royal Colleges. SAS workforce and mentorship. 2023.
6. UK Government. 10 Year Health Plan for England: fit for the future. 2025.
7. NHS England. National Retention Programme
8. Royal College of General Paediatrics. Workforce Census 2022: Service and Design 2022 [Available from: https://www.rcpch.ac.uk/work-we-do/workforce-service-design/about-workforce-census.

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