RCPCH Census 2017: Question Sets   **29th September 2017**

Key

** Mandatory field, * Required field, + Preload

1. About the organisation

#	Question	Question type and answer options	Validation	Guidance notes	Pre-loaded
Clinical director or service lead for paediatrics					
1.1.	Title**	Dropdown list - Dr, Prof, Mrs, Miss, Ms, Mr			+
1.2.	First name**	Single line of text			+
1.3.	Surname**	Single line of text			+
1.4.	Post title**	Single line of text			+
1.5.	Address of your organisation*	Single line of text for each line of the address			+
	Line 1*				
	Line 2				
	Line 3				
	Line 4				
	Line 5				
	Postcode*	Postcode	Postcode format only.		+
	Country**	Dropdown list – England, Northern Ireland, Scotland, Wales			+ Used to validate other questions. Not editable by users.
1.6.	Telephone number (office hours)	Telephone number	Allows number and text.		+
1.7.	Email address*	Email address	Email format only.		+
1.8.	Organisation type*	- NHS Trust - NHS Foundation Trust - NHS Health and Social Care Trust (Northern Ireland) - NHS Health Board (Scotland) - NHS Local Health Board (Wales) - Social enterprise/Community interest	Options based on Country.		

		company - Private organisation/independent provider - Other			
i.		Please specify other details			
1.9.	Which services does your organisation provide? (Please select all that apply) *	- Secondary acute paediatrics - Tertiary paediatrics - Tertiary neonatal paediatrics - Community paediatrics - Other community child health services (may include nursing, AHPs etc. - Child and adolescent mental health/learning disabilities	Allow respondents to select all that apply.		

2. Reconfiguration of children's services

#	Question	Question type and answer options	Validation	Guidance notes	Pre-loaded
Reconfiguration of children's services					
2.1	Have there been active plans to reconfigure the child health service since 30 September 2015?*	Yes/No	If NO, skip to question 3.	**Reconfiguration** is defined as a change to the configuration of child health services that involves external service design - i.e. the closing of units, creation of new units or the merger of provider organisations.	
a.	What is the status of those plans?*	Radio buttons or dropdown - The plans are being/have been agreed and implemented - The plans are under development or consideration - A decision has been made not to go ahead with reconfiguration - Other	Answer if YES to 2.1		
b.	Please describe the reconfiguration plans.*	Text/comment box (2000 characters)	Answer if YES to 2.1		

3. Workforce pressures

#	Question	Question type and answer options	Validation	Guidance notes	Pre-loaded
Workforce pressures					
3.1	Please select the service and workforce pressures or issues that you feel pose a significant risk to your service or to children, young people and their families. (Please select all that apply)*	- Paediatric training post vacancies and gaps - Difficulty recruiting paediatric consultants - Difficulty recruiting paediatric non-consultant, non-training grade staff - Clinical workload - Funding - Medical staff shortage (unfunded posts) - Nursing, allied health professionals and other staff shortages - Inadequate information systems and administrative back up - Organisational change - Patient/Public expectations on services - Ensuring/maintaining the quality of training - Quality and experience of staff - Uncertainty surrounding immigration rules - Patient safety - Reductions in other (non-paediatric) services (e.g. mental health services, community nursing teams) - Other (Not listed) - None of the above	Allow respondents to select all that apply.		
i.	If the pressures or issues concerning you are not listed, please provide details.	Comment box (1000 characters)			
3.2	Do you have a board-level lead/champion for children's services? *	Radio buttons or dropdown list - No - Yes – Children and Young People's (CYP) service director - Yes – Directorate director - Yes – Medical director - Yes – Non-executive director - Yes – Nursing director - Yes – other		*Royal College of Nursing* [The role of children and young people's nurses in commissioning and planning services](#) states that every organisation should have a children's champion at executive board level.	

#	Question	Question type and answer options			Validation	Guidance notes	Pre-loaded
i.	Please specify other details	Comment box (200 characters)					

4. Safeguarding and child protection

#	Question	Question type and answer options			Validation	Guidance notes	Pre-loaded
Safeguarding and child protection							
4.1	How is the **physical abuse** assessment service provided in your area?*		Weekdays	Weekends and bank holidays			
		Office hours (approx. 09:00-17:00)	- The general paediatric service/rota - The community child health service - Another trust/health board or service provider - Not provided in this area - Other	- The general paediatric service/rota - The community child health service - Another trust/health board or service provider - Not provided in this area - Other			
		Other please specify	Free text	Free text			
		Evenings (approx. 17:00-21:00)	(as above)	(As above)			

			Weekdays	Weekends and bank holidays			
		Overnight (approx. 21:00-09:00)	(as above)	(as above)			
4.2	How is the **child sexual abuse** assessment service provided in your area?*		Weekdays	Weekends and bank holidays			
		Office hours (approx. 09:00-17:00)	- The general paediatric service/rota - The community child health service - Paediatric Sexual Assault Referral Centre (SARC) - Another trust/health board or service provider - Not provided in this area - Other	- The general paediatric service/rota - The community child health service - Paediatric Sexual Assault Referral Centre (SARC) - Another trust/health board or service provider - Not provided in this area - Other			
		Other please specify	Free text	Free text			
		Evenings (approx. 17:00-21:00)	(As above)	(As above)			
		Overnight	(As above)	(As above)			

				Weekdays	Weekends and bank holidays			
			(approx. 21:00-09:00)					
4.3	How is the **female genital mutilation (FGM)** assessment service provided in your area?*		Office hours (approx. 09:00-17:00)	- The general paediatric service/rota - The community child health service - Paediatric Sexual Assault Referral Centre (SARC) - Another trust/health board or service provider - Not provided in this area - Other	- The general paediatric service/rota - The community child health service - Paediatric Sexual Assault Referral Centre (SARC) - Another trust/health board or service provider - Not provided in this area - Other			
			Other please specify	Free text	Free text			
			Evenings (approx. 17:00-21:00)	(As above)	(As above)			
			Overnight (approx. 21:00-	(As above)	(As above)			

			Weekdays	Weekends and bank holidays			
		09:00)					
4.4	How is the **sudden unexpected death in infancy and childhood (SUDIC) or procedural response to unexpected death in childhood (PRUDIC)** service provided in your area?*		Weekdays	Weekends and bank holidays			
		Office hours (approx. 09:00-17:00)	- The general paediatric service/rota - The community child health service - Another trust/health board or service provider - Not provided in this area - Other	- The general paediatric service/rota - The community child health service - Another trust/health board or service provider - Not provided in this area - Other			
		Other please specify	Free text	Free text			
		Evenings (approx. 17:00-21:00)	(As above)	(As above)			
		Overnight (approx. 21:00-09:00)	(As above)	(As above)			

5. Lead roles

#	Question	Question type and answer options	Validation	Guidance notes	Pre-loaded
Lead roles					
Do the following roles exist within your organisation?					
5.1	Designated doctor for safeguarding (E, W and NI)*	- Yes, provided by our organisation - Yes, but provided by another organisation - No, role does not exist		Qu 5.1-5.16 displayed based on Country.	
a.	Is the position currently filled?*	Yes/No	Answer if "Yes, provided by our organisation" to qu. 5.1.		
b.	Which organisation provides this lead role?*	Free text	Answer if "Yes, but provided by another organisation" to qu. 5.1.		
c.	Grade of staff occupying role*	- Paediatric associate specialist - Paediatric specialty doctor - Paediatric staff grade - Consultant paediatrician - General practitioner - Nurse - Other (please specify)	Answer if "Yes" to qu. 5.1 (a).		
i.	Other details please specify	Free text			
d.	WTE allocation for role (in job plan) *		Answer if "Yes" to qu. 5.1 (a).		
5.2	Named doctor for safeguarding (E, W and NI)*	- Yes, provided by our organisation - Yes, but provided by another organisation - No, role does not exist	Follow up questions as per 5.1.		
5.3	Paediatrician with a special interest in child protection (S)*	- Yes, provided by our organisation - Yes, but provided by	Follow up questions as per 5.1.		

		- another organisation - No, role does not exist			
5.4	Lead Paediatrician in Child Protection (S)*	- Yes, provided by our organisation - Yes, but provided by another organisation - No, role does not exist	Follow up questions as per 5.1.		
5.5	Named general practitioner (GP) for safeguarding children (or equivalent)*	- Yes, provided by our organisation - Yes, but provided by another organisation - No, role does not exist	Follow up questions as per 5.1.		
5.6	Designated medical officer for Special Educational Needs and Disability (E, S and NI)*	- Yes, provided by our organisation - Yes, but provided by another organisation - No, role does not exist	Follow up questions as per 5.1.		
5.7	Designated medical officer for Additional Learning Needs (W) *	- Yes, provided by our organisation - Yes, but provided by another organisation - No, role does not exist	Follow up questions as per 5.1.		
5.8	Medical adviser for adoption/fostering*	- Yes, provided by our organisation - Yes, but provided by another organisation - No, role does not exist	Follow up questions as per 5.1.		
5.9	Designated doctor for looked after children*	- Yes, provided by our organisation - Yes, but provided by another organisation - No, role does not exist	Follow up questions as per 5.1.		
5.10	Named doctor for looked after children*	- Yes, provided by our organisation - Yes, but provided by another organisation - No, role does not exist	Follow up questions as per 5.1.		
5.11	Child death overview panel child health representative (E, S and NI) *	- Yes, provided by our organisation	Follow up questions as per 5.1.		

		- Yes, but provided by another organisation - No, role does not exist			
5.12	Designated doctor for child deaths (E and NI) *	- Yes, provided by our organisation - Yes, but provided by another organisation - No, role does not exist	Follow up questions as per 5.1.		
5.13	Designated doctor for Sudden Unexpected Death in Infancy (S) *	- Yes, provided by our organisation - Yes, but provided by another organisation - No, role does not exist	Follow up questions as per 5.1.		
5.14	Procedural Response to Unexpected Deaths in Childhood practitioner (W) *	- Yes, provided by our organisation - Yes, but provided by another organisation - No, role does not exist	Follow up questions as per 5.1.		
5.15	Immunisation coordinator*	- Yes, provided by our organisation - Yes, but provided by another organisation - No, role does not exist	Follow up questions as per 5.1.		
5.16	Healthy Child Programme coordinator*	- Yes, provided by our organisation - Yes, but provided by another organisation - No, role does not exist	Follow up questions as per 5.1.		
Comments					
5.17	Please use the text box to record any additional information, comments about the census and workforce issues, or any suggestions for improvement.	(4000 characters)			

6. Hospital services

#	Question	Question type and answer options	Validation	Guidance notes	Pre-loaded
Hospitals					
6.1 Hospitals (sub-table)					
Hospital information					
1.1.	Unit/hospital code**				+ Not editable by users.
1.2.	Unit/hospital name**				+ Not editable by users.
1.3.	Does the hospital have a paediatric inpatient service?*	Yes/No	If answer NO, skip to 1.4.		+
a.	What is the maximum age of children admitted to your inpatient ward?*	0 to 99			
b.	Is there a separate adolescent ward or area?*	Yes/No	Answer if YES to 1.2		
i.	What is the minimum age of children admitted to your adolescent ward/area?*	0 to 99	Allow to answer if YES to 1.3b		
ii.	What is the maximum age of children admitted to your adolescent ward/area?*	0 to 99	Allow to answer if YES to 1.3b		
c.	How many times has the paediatric inpatient unit had to close to new admissions in the year prior to 30 September 2017 due to shortages of nurses and/or doctors?*	Number	Answer if YES to 1.2		
d.	What level of paediatric critical care (PCC) does this unit provide?*	- No critical care provision - Level 1 PCC - Level 2 PCC - Level 3 PCC	Answer if YES to 1.2	A **Level 1 PCCU** will exist in every hospital admitting children and will be able to deliver Level 1 CC (basic CC HRG) if required. A **Level 2 PCCU** will be able to deliver Level 2 CC (intermediate CC HRG) and	

				will not be present in every hospital with in-patient paediatrics. In addition a Level 2 PCCU will be able to deliver Level 1 care. A **Level 3 PCCU** (a PICU) will be able to deliver Level 3 CC (advanced CC HRGs). In addition a Level 3 PCCU will be able to deliver Level 1 and 2 care. *High Dependency Care for Children - Time To Move On* (October 2014)	
1.4.	Does the hospital have a paediatric outpatient service?*	Yes/No			+
2. Neonatal care					
2.1	Level of neonatal unit*	- No neonatal unit - Special care unit - Local neonatal unit - Neonatal intensive care unit		**Special care units (SCUs)** provide special care for their own local population. Depending on arrangements within their neonatal network, they may also provide some high dependency services. In addition, SCUs provide a stabilisation facility for babies who need to be transferred to a neonatal intensive care unit (NICU) for intensive or high dependency care, and they also receive transfers from other network units for continuing special care. **Local neonatal units (LNUs)** provide neonatal care for their own catchment population, except for the sickest babies. They provide all categories of neonatal care, but they transfer babies who require complex or longer-term intensive care to a NICU, as they are not staffed to provide longer-term intensive care. The majority of babies over 27 weeks of gestation will usually	+

				receive their full care, including short periods of intensive care, within their LNU. Some networks have agreed variations on this policy, due to local requirements. Some LNUs provide high dependency care and short periods of intensive care for their network population. LNUs may receive transfers from other neonatal services in the network, if these fall within their agreed work pattern. **Neonatal intensive care units (NICUs)** are sited alongside specialist obstetric and feto-maternal medicine services, and provide the whole range of medical neonatal care for their local population, along with additional care for babies and their families referred from the neonatal network. Many NICUs in England are co-located with neonatal surgery services and other specialised services. Medical staff in a NICU should have no clinical responsibilities outside the neonatal and maternity services. Department of Health (2009) Toolkit for High Quality Neonatal Services.	
a.	How many times has the neonatal unit had to close to new admissions in the year prior to 30th September 2017 due to shortages in nurses and/or doctors?*	Number		Answer if Special care unit, Local neonatal unit or Neonatal intensive care unit for 2.1	

3.	**Emergency department**				
3.1	Are children seen in the emergency department?*	Yes/No			
3.2	Are children seen in a dedicated paediatric emergency department?*	Yes/No		A dedicated paediatric emergency department is one with separate waiting, assessment and treatment areas for children.	

6.2 Hospital SSPAU (sub-table)

Hospital SSPAU					
6.2	Does this unit have one or more short stay paediatric assessment unit (SSPAU) or equivalent unit?*	Yes/No		An SSPAU or equivalent unit is defined as: A hospital-based facility in which infants, children and young people with acute illness, injury or other urgent referrals from clinicians can be assessed, investigated, observed and treated with an expectation of discharge in less than 24 hours. (*Standards for Short-Stay Paediatric Assessment Units, RCPCH, 2017*)	+
1.	Hospital name	List of hospitals within the organisation			+
1.	What type of SSPAU or equivalent is this unit?*	- *Short stay paediatric assessment unit* - *Paediatric assessment unit* - *Clinical decision unit* - *Short stay ward* - *Other*		For more information about SSPAUs, see: *Standards for Short-Stay Paediatric Assessment Units*	
a.	Other details please specify	Free text			
2.	Where SSPAU (or equivalent) located?*	- *Co-located with emergency department* - *Co-located with paediatric inpatient unit* - *Co-located with emergency department and paediatric inpatient unit)* - *Standalone (on a site without an ED or paediatric inpatient unit)* - *Other*		Co-location means that the SSPAU or equivalent is on the same hospital site as the paediatric inpatient unit and/or emergency department.	
a.	Other details please specify	Free text			

| 3. | Total hours SSPAU (or equivalent) open per week* | - *24 hours/7 days a week*
- *Office hours, weekdays only*
- *Office hours, 7 days a week*
- *Office hours and evening, weekdays only*
- *Office hours and evening, 7 days a week.*
Other | | Please select the option that most closely fits the opening hours at your unit. | |
| a. | Other details please specify | Free text | | | |

6.3 Hospital rotas

General paediatric and neonatal rotas

6.3	Do you have general paediatric and/or neonatal rotas within this organisation?	Yes/No			+
1.	Hospital name	List of hospitals within the organisation			+
2.	Rota tier	- Tier 1 (junior) - Tier 2 (middle grade) - Tier 3 (consultant) - Other (non-standard)			+
3.	Rota service	- General paediatrics - Neonatal medicine - General/neonatal			+
	Whole Time Equivalent (WTE) of establishment on rota (please include vacancies).*	<table><tr><td>Grade</td><td>WTE</td></tr><tr><td>ST doctors (paeds) (1-3)</td><td></td></tr><tr><td>ST doctors (paeds) (4-8)</td><td></td></tr><tr><td>ST doctors (subspecialty paeds)</td><td></td></tr><tr><td>ST doctors (non-paediatric)</td><td></td></tr><tr><td>FY doctors</td><td></td></tr><tr><td>GP specialty trainees</td><td></td></tr><tr><td>Trust and other doctors</td><td></td></tr><tr><td>Paediatric or neonatal nurse practitioners</td><td></td></tr><tr><td>Paediatric or neonatal advanced nurse practitioners</td><td></td></tr><tr><td>Consultants (acute)</td><td></td></tr><tr><td>Consultants (community)</td><td></td></tr><tr><td>Consultants (tertiary)</td><td></td></tr></table>		Please provide a breakdown showing the whole time equivalent of each grade of the rota establishment. You should include posts that are currently vacant, gaps or filled by a locum. One whole time equivalent is equal to one full time post (i.e 10 PAs for a consultant) Please enter 0 if not applicable.	

		SAS doctors (acute/tertiary)				
		SAS doctors (community)				
		General practitioner (trained)				
		WTE Total				
4.	WTE of vacant posts on rota*			Allow answer to 2 d.p.	Include posts where there has been a failure to recruit and/or the post holder is out of programme	
5.	WTE of posts filled by a locum*			Allow answer to 2 d.p. Must not exceed response to qu. 4.		
6.	Comments	Comment box				

7. Medical staffing

#	Question	Question type and answer options	Validation	Guidance notes	Pre-loaded
Medical staffing					
Paediatric service staffing					
7.1	How many **headcount** trust or other non-training grade doctors are employed to work within the paediatric service in your organisation?*	Number	Allow whole number only.	Include non-consultant, non-SAS doctor and non-training paediatric posts, including: - Trust grade doctors - Clinical fellows - All other non-training grade doctors who are not included in the detailed staffing section relating to consultants and SAS doctors.	
7.2	How many **WTE** trust or other non-training grade doctors are employed to work within the paediatric service in your organisation?*	Number	Allow decimals up to 2 d.p	Include non-consultant, non-SAS doctor and non-training paediatric posts, including: - Trust grade doctors - Clinical fellows - All other non-training grade doctors who are not included in the detailed staffing section relating to consultants and SAS doctors.	
7.3	How many **WTE** vacant trust or other non-training grade posts are there within the paediatric service in your organisation?*	Number	Allow decimals up to 2 d.p	Include non-consultant, non-SAS doctor and non-training paediatric posts, including: - Trust grade doctors - Clinical fellows All other non-training grade doctors who are not included in the detailed staffing section relating to consultants and SAS doctors.	
7.4	How many **WTE** physician associates are employed to work within the hospital setting with children	Number	Allow decimals up to 2 d.p	Enter 0 if none. Physician associates (also known as physician assistants) support doctors in the diagnosis and management of	

	and young people?*			patients. They are trained to perform a number of roles including: - taking medical histories - performing examinations - diagnosing illnesses - analysing test results - developing management plans. They work under the direct supervision of a doctor. (NHS Careers).	
7.5	How many **WTE** advanced children's or neonatal nurse practitioners are employed to work within the hospital setting with children and young people?*			Enter 0 if none.	

Staff members

You will need to complete a medical staff record for each member of the paediatric consultant and SAS doctor workforce in your organisation as at 30 September 2017. Details of medical staff who were employed by your organisation at the time of the last census have been pre-loaded. Please ensure you check all data that has been preloaded and update it where required.

Include:
- All consultants, including all academic consultants who have clinical sessions and SAS doctors (staff grade, specialty doctors and associate specialists) working in general paediatrics.
- Specialist paediatricians (consultants and SAS doctors) working in one of the 17 paediatric subspecialties.

Do not include:
- Specialist consultants from other non-paediatric training specialties, including paediatric dermatology, paediatric cardiology, haematology, genetics, audiovestibular medicine, paediatric surgery, anaesthesia, radiology or laboratory specialties.
- Other non-training grade doctors, for example clinical fellows and trust grade doctors. We ask for the overall number and WTE of these staff, but do not require details for each doctor.
- Trainees.

#	Question	Question type and answer options	Validation	Guidance notes	Pre-loaded
7.6 Personal information (sub-table)					
Personal information					
1.	Title**	Drop down – Dr, Prof, Mrs, Miss, Ms, Mr			+

2.	First name**	Single line of text			+
3.	Surname**	Single line of text			+
4.	Gender*	Male/Female			+
5.	Age group*	- Under 35 - 35-39 - 40-44 - 45-49 - 50-54 - 55-59 - 60-64 - Over 65 - Not known (tick box)			+
6.	GMC Number*	Number	Up to 7 digit string.		+
7.	Place of graduation for primary medical degree*	Radio buttons - United Kingdom - European Economic Area - Other			+
8.	Contract type*	Dropdown - Permanent - Fixed term - Locum – known term - Locum – unknown term - Honorary - Not known			
9.	Main hospital or centre based at	Single line of text			
Job type and grade					
10.	Grade - primary appointment*	Dropdown - Consultant - Professor - Reader - Senior lecturer - Specialty doctor - Associate specialist - Staff grade		Include consultant grade and SAS doctors. Trainees and other non-training grade doctors should not be included. Include all professors, readers and senior lecturers that provide clinical care in your organisation.	+
11.	Job type*	Dropdown - Specialist in a tertiary centre - 100% general paediatrician			+

		- 75% general / 25% community - 50% general / 50% community - 75% community / 25% general - 100% community paediatrician - Community paediatrician with a special interest - General paediatrician with a special interest - Specialist in DGH/other centre working in a tertiary network			
a.	Subspecialty*	Dropdown - Child mental health - Clinical pharmacology and therapeutics - Community child health - Diabetes and endocrinology - Emergency medicine - Gastroenterology, hepatology and nutrition - Immunology, infectious disease and allergy - Inherited metabolic medicine - Intensive care - Neonatal medicine - Nephrology - Neurodisability - Neurology - Oncology - Palliative medicine - Respiratory medicine - Rheumatology	Answer if Specialist in a tertiary centre or specialist in a DGH/other centre working in a tertiary network to qu. 3.2		+
b.	Subspecialty or special interest *	Single line of text	Answer if Community paediatrician with a special interest or General paediatrician		

			with a special interest to qu. 3.2		
c.	Does this doctor take part in the general paediatric acute on call rota? *	Yes/No	Allow to answer if Specialist in a tertiary centre or specialist in a DGH/other centre working in a tertiary network to qu. 3.2		
12.	Does this doctor have a university contract? *	Yes/No	Allow to answer if Professor, Reader or Senior Lecturer (qu 3.1)		
13.	Is this SAS doctor working at consultant level of seniority?	Yes/No/Not sure	Allow to answer if Specialty doctor, Associate specialist or Staff grade (qu. 3.1)		
Contract					
14.	Is the contract measured in programmed activities (PAs) or whole time equivalent (WTE)?*	PAs/WTE (radio buttons)			
1.	Total PAs in contract*	Number	Answer if PAs to qu 4.1.	For clinicians with a university contract, please include total PAs contracted for both clinical and	

				academic work.	
			Up to 20. Allow up to 2 d.p		
2.	PAs for direct clinical care (DCC) in contract *	Number	Answer if PAs to qu 4.1. Up to 20, must be less than answer to 4.2 Allow up to 2 d.p		
3.	WTE in contract*	Number	Answer if WTE to qu 4.1. Up to 1. Allow up to 2 d.p.		
Comments					
15.	Please use the text box to record any additional information or comments about this section.	Comments box			
Vacancies					

Please include all consultant and SAS doctor grade vacancies in your paediatric service as at 30 September 2017.

Include:
- All consultants, including all academic consultants who have clinical sessions and SAS doctors (staff grade, specialty doctors and associate specialists) working in general paediatrics.
- Specialist paediatricians (consultants and SAS doctors) working in one of the 17 paediatric subspecialties.

Do not include:
- Specialist consultants from other non-paediatric training specialties, including paediatric dermatology, paediatric cardiology, haematology, genetics, audiovestibular medicine, paediatric surgery, anaesthesia, radiology or laboratory specialties.
- Other non-training grade doctors, for example clinical fellows and trust grade doctors. We ask for the overall number and WTE of these staff, but do

not require details for each doctor.
- Trainees.

#	Question	Question type and answer options	Validation	Guidance notes	Pre-loaded
7.7 Vacancy (sub-table)					
7.7	Are there any consultant or SAS doctor grade vacancies in your organisation?*	Yes/No	If Yes, allow to add vacancy records.		
1.	Grade of vacancy*	- Consultant - Professor - Reader - Senior lecturer - Specialty doctor - Associate specialist - Staff grade			
2.	Job type*	- Specialist in a tertiary centre - 100% general paediatrician - 75% general / 25% community - 50% general / 50% community - 75% community / 25% general - 100% community paediatrician - Community paediatrician with a special interest - General paediatrician with a special interest - Specialist in DGH/other centre working in a tertiary network			
3.	Is the contract measured in programmed activities (PAs) or whole time equivalent (WTE)? *	PAs/WTE			
a.	Total number of PAs in contract*		Allow to answer if PAs to question 6.3. Up to 20, allow up to 2 d.p.		
b.	WTE in contract*		Allow to		

			answer if WTE to question 6.3. Up to 1. Allow up to 2 d.p.		
4.	Is the post currently filled by a locum?*	Yes/No			4.
5.	Has the post been vacant for more than 3 months?*	Yes/No			5.

8. Subspecialty services

#	Question	Question type	Validation	Guidance notes	Pre-loaded
Subspecialty services form					
8.1 Community child health services (sub-table)					
8.1	Does your organisation provide community child health services?*	Yes/No	If yes, complete community child health sub table.	Please add a form for each discrete community child health service, provided by one community paediatric team, within this organisation.	+
1.	Name of community child health service*			Where community service is provided by one discrete community paediatric team.	+
2.	Please describe the geographical area that is covered by the community paediatric service.*	(500 characters)		Where possible, please use **local authority** or **clinical commissioning group** names to describe the geographical area covered by the community service.	
Clinical lead					
3.	Title*	Dr, Prof, Mrs, Miss, Ms, Mr			
4.	First name*				
5.	Surname*				
6.	Comments	Comment box (4000 characters)			
8.2 Hospital based subspecialty (tertiary) services (sub-table)					
Hospital based subspecialty (tertiary) services					
Subspecialty services are defined as one of the 16 paediatric subspecialist services (not including community child health) which accept referrals from another hospital or other consultants.					
8.1	Does your organisation provide hospital based subspecialty (tertiary) paediatric services?*	Yes/No	If yes, complete hospital based tertiary services sub table.	Answer yes if a recognised RCPCH subspecialist service exists which takes referrals from other hospitals or other consultants. Do not answer yes if your organisation hosts outreach clinics provided by clinicians at another organisation.	+
1.	Subspecialty (tertiary) service provided*	- Child mental health - Neonatal medicine			+

		- Paediatric allergy, immunology and infectious disease - Paediatric clinical pharmacology - Paediatric diabetes and endocrinology - Paediatric emergency medicine - Paediatric gastroenterology, hepatology and nutrition - Paediatric inherited metabolic medicine - Paediatric intensive care medicine - Paediatric nephrology - Paediatric neurodisability - Paediatric neurology - Paediatric oncology - Paediatric palliative medicine - Paediatric respiratory medicine - Paediatric rheumatology			
2.	Unit/hospital name where service exists?*	Dropdown list of hospitals within organisation			+
3.	How is planned work for this subspecialty service managed in terms of clinical networks?*	- Informal clinical network - Funded/managed clinical network - Not part of a clinical network			
4.	How is emergency cover for this subspecialty service managed in terms of clinical networks?*	- Informal clinical network - Funded/managed clinical network - Not part of a clinical network			
5.	Comments	Comment box (4000 characters)			