

Workforce Census 1999

A Basis for Future Planning

RCPCH



Royal College of Paediatrics and Child Health

AUGUST 2001

Foreword

This report is a comprehensive review of the data from the 1999 College Workforce Census and represents an important source of information in determining the future of children's health services.

The report is the end product of much painstaking hard work by those who provided the data, and those who carried out the analysis - Martin McColgan, Workforce Information Officer, working under the guidance of Dr Sheila Shribman, the College's Workforce Planning Officer. The College is grateful to everyone who contributed to this work.

In the wake of the Bristol Inquiry report and with work commencing on a National Service Framework for Children, accurate and up-to-date data are necessary to inform future policy discussions. To this end, the College will be continuing this vital work by conducting a further census in autumn 2001 along with updating a profile of children's acute and community services throughout the UK. The lessons learnt in compiling this report will be put to good use. The 2001 Census will be our most ambitious yet and the data we collect over the next few months will form a major input to the NSF. It is imperative that our 2001 dataset is comprehensive and accurate.

Suggestions and feedback on this report will be welcomed. Please send them directly to martin.mccolgan@rcpch.ac.uk

Professor David Hall
President

August 2001

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Workforce Census 1999: A Summary

This report presents information about the paediatric workforce that can form the basis of any debate over numbers, and to indicate trends in the nature of the workforce which may affect service planning.

The 1999 workforce census included all paediatric medical staff who were consultants, professors, senior lecturers, lecturers, readers, associate specialists, staff grades, SCMOs, CMOs, clinical assistants (4 or more sessions) on September 30th 1999. The results presented here are based on information about 3290 doctors.

Main Findings

■ Consultants

The census showed that in September 1999 there were 1933 consultants and 1322 non consultant career grade staff in the UK. In England, consultants and academics comprised more than 60% of the career grade workforce but only 44.3% in Scotland and 48.3% in Wales.

There was an increase of 298 consultants from 1635 in 1996, a rise of 18 % overall or approximately 5.7% per annum for the whole of the UK. Consultant growth in England and Wales rose by an annual rate of 5.6%.

■ Non Consultant Career Grades

There were a total of 1322 non consultant career grade paediatricians in the UK compared with 1569 in 1995, an overall fall of 15.7% or 4.2% per annum. Large increases in the numbers of associate specialist and staff grade paediatricians have been more than offset by reductions in the numbers of SCMO and CMO grades.

■ Regional Variations

Each English region (save for North Thames) had a similar balance of career grade staff. In contrast Wales, Scotland and Northern Ireland had more non consultant career grades than consultants. 30% of all staff grades but only 15% of consultants work in Scotland, Wales and Northern Ireland.

There has been an increase in consultant numbers in every region since 1992, although the proportion of the consultant workforce in each region has changed by no more than 1.2%.

London and Scotland appear to be the most well staffed regions in terms of the ratio of doctors per 100 000 0-16 year olds, although the figure for London is distorted because of the large number of teaching hospitals. Scotland had a ratio of total career grade doctors 72% higher than Eastern region. Excluding London, Northern and Yorkshire region had the highest ratio of consultants with 16.3 and Northern Ireland the lowest with under 10 consultants per 100 000 0-16 year olds.

■ Job Type and Sub Specialties

Classification remains a significant challenge in this aspect of the census

North Thames contained the highest proportion of sub specialists (36.8%). Otherwise, there was wide variation from only 5.6% in Northern Ireland to 31% in the South-West. The proportion of Doctors working more than 50% of the time in community paediatrics ranges from a high of 56.7% in Northern Ireland to 30.1% in North Thames.

1510 doctors identified a sub specialty, although only 814 identified their job type as “Sub Specialist” Over one-third (661) of consultants described themselves as sub specialists compared to 473 tertiary specialists in the 1996 census. The largest sub specialty was neonatal medicine with 171 consultants

■ Gender

Women made up 55% of the career grade workforce, 41% of consultants and 77% of non consultant career grades. Amongst academics 80% were male whereas females represented over 81% of SCMOs and CMOs.

The numbers and proportion of female consultants rose rapidly between 1992 and 1996, but increased more slowly between 1996 and 1999. Paediatrics has the highest proportion (40.6%) of women consultants of any specialty.

Only 31.7% of those identifying themselves as general paediatricians, were women compared with 78.3% of doctors working 50% or more in the community.

■ Age & Retirement

Higher average ages are to be found amongst academic grades, although the highest average age at 53 belongs to the SCMO grade. 105 SCMOs, out of a total of 258, plan to retire between 2004 and 2009.

For consultants in the 50-54 and 55-59 age groups, there are over 1.8 male consultants to every female, whereas the ratio is less than 1.2:1 for 40-44 year olds.

Retirement intentions can be difficult to predict accurately

■ Part-time Working

The census identified 725 part-timers, over two-thirds (498) of whom, classified themselves as working mainly in community paediatrics.

Part-time working is considerably more common for non consultants and women. Only just over half (51.8%) of NCCGs were either full-time or maximum part-time and almost half of female non consultants were part-timers. 182 consultants worked part-time representing 11.3% of the grade. Amongst NCCGs, 126 (58.1%) CMOs and 258 (42.2%) staff grades worked part-time.

In 1999, the proportion of part-timers was 10.9% compared to 11% for England and Wales in 1996.

■ Working Time Directive

Almost 60% of consultants considered that they regularly exceed 48 hours per week. Excluding non-respondents and “don’t knows”, this figure rises to over 74%.

■ Academic Workforce

The census recorded a consultant academic workforce of 210 in the UK. 44.2% of academics were 50 and over compared to only 33.6% of other consultants. Between 2005-2010, 47% of the 83 professors plan to retire. Between 2018-2023, 50 senior lecturers, representing 44% of the current workforce in that grade, also plan to retire.

147 of the 210 academics recorded in the census declared themselves to be sub specialists. Neonatologists with 29 comprise the largest specialty group.

Planning for the Future

■ Background

A complex web of factors exists which must be taken into account when planning for the future. Over the last 2 years paediatrics has been considered an “over-producing specialty” and negotiations with SWAG have been against a backdrop of attempts by the NHSE to reduce the number of SpRs in training.

■ Modelling

Information from the Census and elsewhere allows us to describe a range of hypothetical models which illustrate the effects of certain inputs and changes; both on the number of consultants and the number of SpR posts required to supply the growth or otherwise in consultant numbers. A number of models relating to England and Wales in particular are described. Examples include –

Expanding Consultants to 3042 - To reach and then maintain the target of 3042 consultants agreed by SWAG for 2009, there would be a steady fall of around 70 SpRs per year, before settling at a stock of 700-800 in the next decade. If planned reductions do not take place, a steeper fall in SpR numbers would be required in the middle and latter part of this decade to meet the target.

Planned SpR reductions followed by period of status quo - Accepting the SWAG planned reductions are undertaken from 2000-2004, but following these by a long period when SpR numbers remain unchanged, results in growth of consultant numbers to 3102 in 2009 and 4212 by 2020.

Planning for a Consultant Workforce of 3600 in 2010 - The combined effect of various policy and configuration initiatives along with a more detailed analysis of the implications of the Working Time Directive raises the RCPCH consensus target to 3600 in England and Wales. This will be discussed with the new Workforce Advisory Board representatives in the summer of 2001.

Discussion

Meeting the health needs of children must be the driving force in determining the workforce requirement.

Conducting a regular Census is necessary to provide robust data with which to plan.

Creating models allows us to determine the number of trainees needed to produce the required workforce of trained specialists and places the College in a better position from which it can make representations at national level.

Small changes in inputs to models will have significant effects on future numbers.

The recent history of rapid expansion followed by reduction has done little to make planning any easier.

We must aim for a satisfactory period of significant consultant expansion. The Census data combined with detailed discussions on workforce suggest that the current targets are still an underestimate of true need. Whilst a modest reduction in NTN is inevitable in the immediate future we should aim to negotiate a reasonably steady state in trainee numbers to avoid past pitfalls. Another Census will be needed from 30 September 2001 to continue this vital work.

Introduction

This is the main report of the results of 1999 College Census of Consultants and Non Consultant Career Grade Medical Staff. A preliminary report¹ was produced in August 2000. Its publication coincides with a period of much potential change for paediatrics and child health. Following the Calman reforms² and a rapid rise in the number of paediatric specialist registrars during the mid to late 1990's, the service is now faced with the prospect of reducing its trainee workforce as it is considered to be "over-producing". In the meantime, the Government has announced in its NHS plan³, the intention to increase overall consultant numbers by 30% by 2004, along with a clear commitment to a consultant delivered service.

With the European Working Time Directive⁴ beginning to have impact on service delivery and a vigorous internal debate within the profession about how child health services should be delivered, these are further factors to consider in the future numbers equation. The erosion of the difference between acute and community paediatrics means that future workforce planning has new variables to add to the multiple factors already apparent.

Although this report touches on these issues and others, its primary purpose is to present accurate information which can form the basis of any debate over numbers and to indicate trends in the nature of the workforce which may affect service planning. The data provided by the College will therefore be of the utmost importance in ensuring that appropriate staffing levels are attained in the interests of children and their families.

The College (formerly the British Paediatric Association) undertook the first census of the paediatric workforce in 1986 and until 1992⁵ this exercise was repeated biannually with subsequent censuses in 1995 and 1996 (consultants only). Results from the 1995 and 1996 censuses were published by the College in June 1998.⁶ The 1999 census therefore represents a timely opportunity to assess both the impact of Calman reforms and as a basis for future planning in a period of rapid change.

The College is extremely grateful to all the doctors who have returned their census forms, particularly the clinical directors and their staff who have co-ordinated the exercise in each trust. We would also like to thank Linda Haines, Principal Research Officer, for her advice and support, and the permanent and temporary staff of the College's research division who have assisted with data input.

Census Methodology

The 1999 workforce census included all paediatric medical staff who were consultants, professors, senior lecturers, lecturers, readers, associate specialists, staff grades, SCMOs, CMOs, clinical assistants (4 or more sessions) on September 30th 1999. The number of lecturers reported in the census is a considerable understatement, because the census did not record any of the details of lecturers who are trainees and therefore this report does not provide satisfactory data about the lecturer grade.

The census packs were distributed to the clinical directors of paediatrics/child health of all UK health trusts (save ambulance and mental health trusts) in October 1999. The packs included a summary form which listed all the paediatric medical (career grade) staff already thought to be working in the Trust and individual census forms for each of the staff. Clinical directors were asked to amend the summary form as appropriate adding any vacant posts and any appointments expected over the forthcoming year and return it to the Workforce Information Officer. They were also asked to distribute the individual census forms to staff on the list and co-ordinate the returns.

Summary lists were received from 95% of clinical directors together with 3045 individual census forms. Individual census forms were outstanding from 199 doctors identified on clinical directors' returned summary lists. There were also a further 46 individuals identified on the summary schedules sent to non-responding clinical directors for whom individual returns have also not been received. 23 duplicate entries were found subsequent to the preliminary report; these have been removed. For the foregoing analysis the data from completed forms together with the partial records for known non-returned forms were entered onto a database. The results presented here are therefore based on information about 3290 doctors, 93% of whom have completed individual census forms. The inclusion of partial data from 245 individuals accounts for many of the "don't know" replies in the results presented below. Where possible, partial data has been augmented from other sources, primarily the RCPCH membership database, the GMC Register and by telephone chasing of paediatric departments throughout the country.

1 Workforce Numbers

1.1 Total Paediatric Career Grade Workforce

The census showed that in September 1999 there were 1933 consultants and 1322 non consultant career grade staff in the UK. A breakdown of the career grade workforce in the UK giving numbers and whole time equivalents is shown in Table 1. Consultant Paediatric Cardiologists who responded to the census are shown in a separate line on this table.

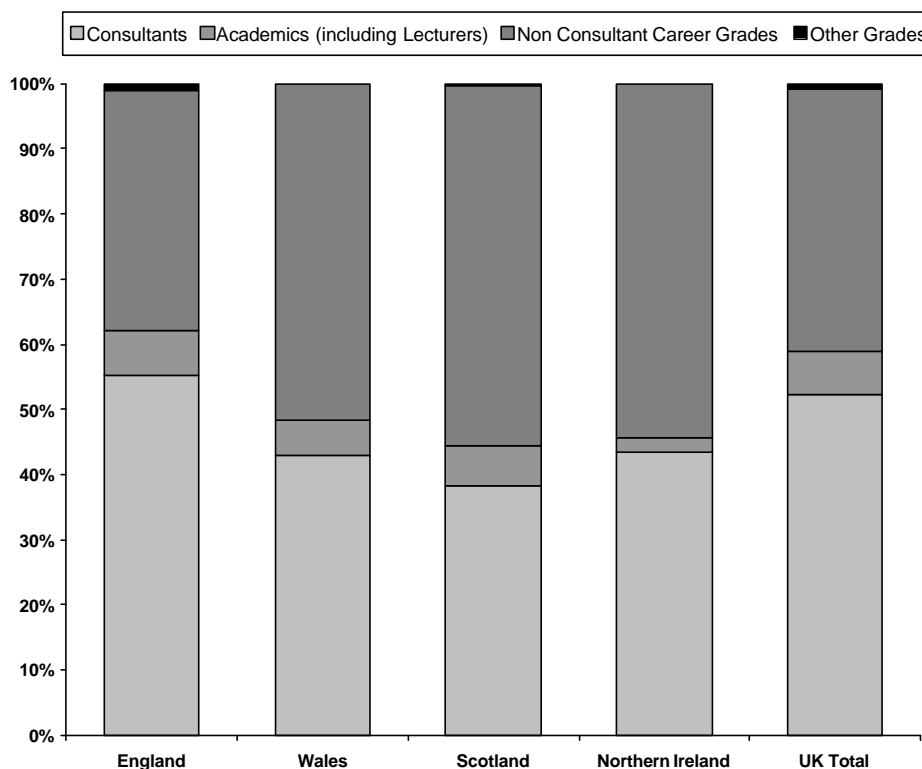
Table 1: Paediatric Career Grade Workforce - UK 1999

		England	Wales	Scotland	Northern Ireland	UK Total
Consultant	no	1471	79	134	39	1723
	wte	1410	77	130	39	1655
Professor	no	73	2	7	1	83
	wte	73	2	7	1	82
Reader	no	11	1	2		14
	wte	10	1	2		13
Senior Lecturer	no	95	5	12	1	113
	wte	90	4	12	0	107
Consultants (including Academics)	no	1650	87	155	41	1933
	wte	1583	84	150	40	1857
Associate Specialist	no	115	17	19	3	154
	wte	99	15	17	3	134
Staff Grade	no	458	52	122	29	661
	wte	386	40	93	24	543
SCMO	no	218	13	22	5	258
	wte	190	12	21	4	227
CMO	no	186	13	31	11	241
	wte	136	10	21	8	176
Clinical Assistant	no	7			1	8
	wte	6			0	6
Non Consultant Career Grades	no	984	95	194	49	1322
	wte	817	78	152	40	1086
Lecturer	no	6	2			8
	wte	5	2			7
Consultant Paediatric Cardiologist	no	26		1		27
	wte	25		1		26
Total	no	2666	184	350	90	3290
	wte	2430	163	303	80	2976

Note to Table 1: Census information about Lecturer posts is incomplete. In particular it includes only those in permanent career grades and not trainees.

Figure 1 groups the total workforce according to main grades. In England, consultants and academics comprise more than 60% of the career grade workforce but only between 44.3% (Scotland) and 48.3% (Wales) in the other UK countries. The data for this chart are shown in Appendix 1.

Figure 1: Main Grades - Percentages in UK



1.2 Consultants

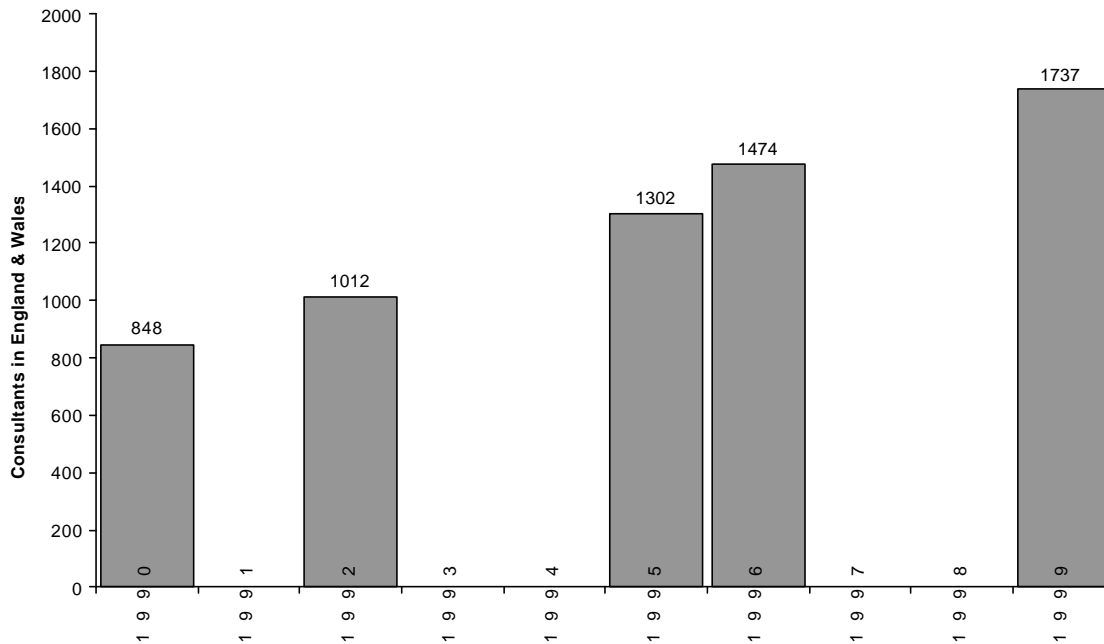
In 1999 there were 1933 consultants in the UK (including academic staff with honorary consultant status) representing almost 59% of the career grade workforce (62.4% of Whole Time equivalents). The Department of Health number for hospital based consultants in England on 30th September 1999 was 1313.⁷ Data from the College census showed that there were 1188 consultants in England who identified themselves as a sub specialist or a general paediatrician plus 71 consultants who did not return forms but who were known to work in hospital trusts, giving a comparable figure of 1259 hospital consultants in England.

Table 2: UK Consultant Expansion 1996-1999

	1996	1999	% change
Consultants	1440	1723	20%
Academics	195	210	8%
Total	1635	1933	18%

Table 2 shows the change in the number of consultants between the 1996 and 1999 censuses. In 1999 there was an increase of 298 from 1635 in 1996, a rise of 18 % overall or a per annum growth rate of approximately 5.7% for the whole of the UK. Figure 2 shows consultant growth in England and Wales only from 1996-1999 – an annual rate of 5.6%.

Figure 2: Consultant Expansion 1990-1999 England and Wales



1.3 Non Consultant Career Grade Paediatricians

In September 1999 there were a total of 1322 non consultant career grade paediatricians in the UK compared with 1569 in 1995, an overall fall of 15.7% or 4.2% per annum. Significant changes have occurred in the composition of this part of the workforce as illustrated in Table 3. A substantial increase in the numbers of associate specialist and staff grade paediatricians have been more than offset by a reduction in the number of SCMO and CMO grades. During that time however, there has been a rise in the number of community consultants, estimated at 199 in 1995 to a figure of approximately 465 in 1999 (see columns 4 & 5 of Table 9).

Table 3: Non Consultant Career Grades: UK 1995-1999

	1995	1999	Rise/Fall %
Associate Specialist	83	154	85.5
Staff Grade	388	661	70.4
SCMO	456	258	-43.4
CMO	594	241	-59.4
Clinical Assistant	48	8	-83.3
Total NCCGs	1569	1322	-15.7

1.4 Higher Specialist Trainees

The 1999 census did not seek returns from specialist registrars, but information was obtained from the NHSE supplemented by further details from college deans and the lead dean for paediatrics. Table 4 illustrates the changes in trainee numbers over time.

Table 4: Higher Specialist Trainees : England and Wales 1995-1999

	1995	1997	1999
Doctors with residency rights		835	1052
Visitors		152	202
All trainees	1002	1083	1254

2 Regional Variations

2.1 Regional Variations

Table 5 shows the number and Whole Time equivalents for consultants and non consultant career grades in all the RCPCH regions in the UK. The table reveals that each English region (save for North Thames with its high proportion of the academic workforce) has a similar balance across the grades, whereas in contrast Wales, Scotland and Northern Ireland have more non consultant career grades than consultants. 30% of all staff grades but only 15% of consultants work in Scotland, Wales and Northern Ireland. Appendix 2 shows this breakdown of grades according to current UK health regions.

Table 5: Grades by RCPCH Region - Numbers and Whole Time Equivalents

RCPCH Region		Consultant	Professor	Reader	Senior		Associate		SCMO	CMO	Clinical		Consultant Paediatric Cardiologist	Grand Total
					Lecturer	Specialist	Staff Grade	Assistant			Lecturer			
Anglia	no	74	1	0	1	3	27	16	6	0	0	0	128	
	wte	69	1	0	1	3	21	15	4	0	0	0	114	
Mersey	no	82	3	0	4	15	34	3	6	0	0	2	149	
	wte	80	3	0	2	12	28	3	5	0	0	2	135	
North Thames	no	249	24	5	27	12	46	14	32	0	2	8	419	
	wte	237	24	5	26	12	42	13	23	0	2	8	392	
North West	no	135	3	1	4	8	55	17	32	1	0	2	258	
	wte	130	3	1	4	7	49	17	26	0	0	2	239	
Northern	no	101	4	2	11	7	31	7	14	0	1	1	179	
	wte	98	4	1	11	6	26	6	13	0	1	1	166	
Oxford	no	67	3	0	1	9	23	9	3	0	0	1	116	
	wte	62	3	0	1	6	19	8	3	0	0	1	102	
South Thames	no	216	12	1	9	24	70	44	27	2	1	4	410	
	wte	207	12	1	8	20	60	38	23	2	1	4	377	
South West	no	79	5	0	9	5	24	7	12	1	0	3	145	
	wte	75	5	0	9	5	18	5	6	1	0	3	127	
Trent	no	136	11	1	12	12	53	22	17	0	1	0	265	
	wte	131	11	1	12	11	44	19	10	0	1	0	240	
Wessex	no	72	1	0	6	3	30	8	7	1	0	1	129	
	wte	67	1	0	5	2	24	6	3	1	0	1	111	
West Midlands	no	160	5	0	8	7	41	45	15	2	1	2	286	
	wte	157	5	0	8	6	35	38	11	2	1	2	264	
Yorkshire	no	100	1	1	3	10	24	26	15	0	0	2	182	
	wte	96	1	1	3	8	18	22	10	0	0	2	161	
Wales	no	79	2	1	5	17	52	13	13	0	2	0	184	
	wte	77	2	1	4	15	40	12	10	0	2	0	163	
Scotland	no	134	7	2	12	19	122	22	31	0	0	1	350	
	wte	130	7	2	12	17	93	21	21	0	0	1	303	
Northern Ireland	no	39	1	0	1	3	29	5	11	1	0	0	90	
	wte	39	1	0	0	3	24	4	8	0	0	0	80	
UK Total	no	1723	83	14	113	154	661	258	241	8	8	27	3290	
	wte	1655	82	13	107	134	543	227	176	6	7	26	2976	

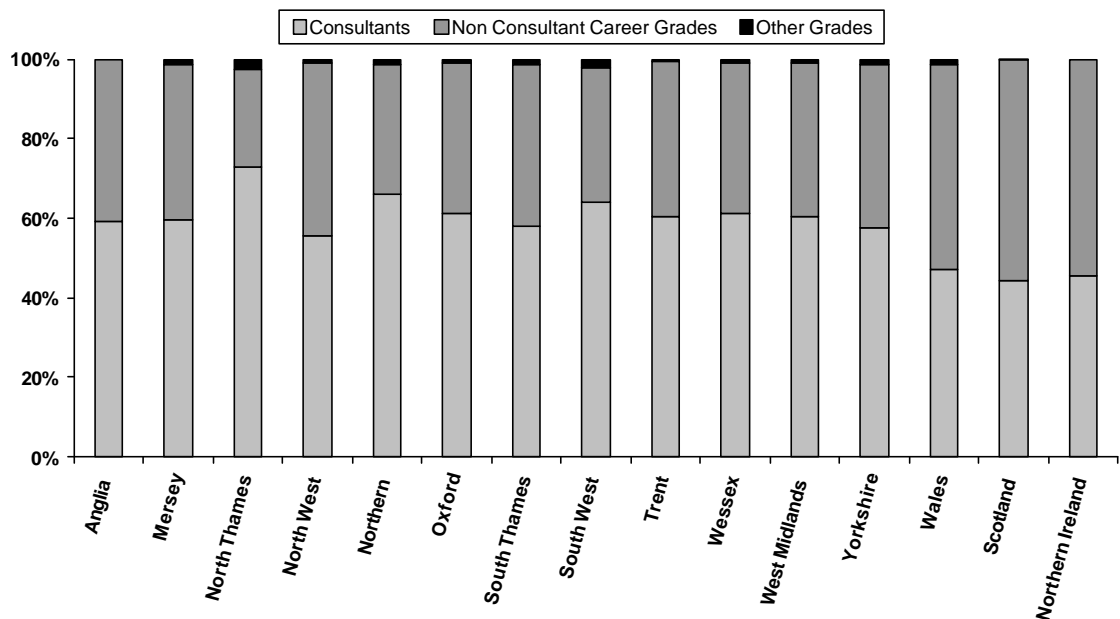
2.2. Region by Main Grade

Table 6 provides a breakdown of the number of doctors in “main grades” – Consultants, Non Consultant career grades and other grades by College region, and this is illustrated in Figure 3. Similar breakdowns for the current UK health regions are provided in appendices 3 & 4.

Table 6: Main Grade by RCPCH Region

RCPCH Region	Consultants	Non Consultant Career Grades	Other Grades	Total
Anglia	75	52	0	128
	70	43	0	114
Mersey	85	58	2	149
	83	48	2	135
North Thames	278	104	10	419
	266	91	9	392
North West	139	113	2	258
	134	99	2	239
Northern	107	59	2	179
	103	50	2	166
Oxford	70	44	1	116
	65	35	1	102
South Thames	229	167	5	410
	220	144	5	377
South West	84	49	3	145
	80	35	3	127
Trent	148	104	1	265
	143	84	1	240
Wessex	73	49	1	129
	68	37	1	111
West Midlands	165	110	3	286
	162	92	3	264
Yorkshire	102	75	2	182
	98	58	2	161
Wales	82	95	2	184
	80	78	2	163
Scotland	143	194	1	350
	138	152	1	303
Northern Ireland	40	49	0	90
	40	40	0	80
UK Total	1820	1322	35	3290
	1751	1086	33	2976

Figure 3: Career Grade Staff - Consultants and NCCGs by RCPCH Region



2.3 Consultant Growth by Region

Table 7 compares the number of consultants in each region in 1999 with data from 3 previous censuses. There has been an increase in consultant numbers in every region, although the proportion of the consultant workforce in each region has changed very little. Only North Thames (-1.2%), Yorkshire (-0.8%) and Trent (+0.8%) changed by more than half a percentage point from 1992 to 1999.

2.4 Career Grade Staff and Child Populations

Table 8 shows the paediatric workforce in 1999 in relation to the child population in each UK health region in 1999.⁸ This data suggests that London and Scotland appear to be the most well staffed regions, although the figure for London will be distorted because of the large number of teaching hospitals. Scotland however has a ratio of total career grade doctors 72% higher than Eastern region. In Scotland there are a significant number of teaching hospitals but there are particular special needs as a result of the rural communities served. Consultant expansion is necessary in Scotland as well as England, Wales and Northern Ireland. The number of SpRs in Scotland did not rise at the same rate as when there was expansion in England and Wales. Excluding London, Northern and Yorkshire region has the highest ratio of consultants to children with 16.3 per 100 000 0-16 year olds, and Northern Ireland the lowest ratio with under 10 consultants per 100 000 0-16 year olds.

Table 7: Consultant Growth by Region

	1992	1995	1996	1999
Northern	67	77	94	118
	5.9%	5.7%	5.7%	6.1%
Yorkshire	70	85	98	105
	6.2%	6.3%	6.0%	5.4%
Trent	85	111	120	160
	7.5%	8.2%	7.3%	8.3%
Anglia	42	67	67	76
	3.7%	5.0%	4.1%	3.9%
North Thames	192	229	261	305
	17.0%	17.0%	16.0%	15.8%
South Thames	138	185	203	238
	12.2%	13.7%	12.4%	12.3%
Wessex	43	58	71	79
	3.8%	4.3%	4.3%	4.1%
Oxford	43	54	66	71
	3.8%	4.0%	4.0%	3.7%
South West	52	69	72	93
	4.6%	5.1%	4.4%	4.8%
West Midlands	100	127	138	173
	8.9%	9.4%	8.4%	8.9%
Mersey	51	69	74	89
	4.5%	5.1%	4.5%	4.6%
North West	78	111	131	143
	6.9%	8.2%	8.0%	7.4%
Wales	49	62	79	87
	4.3%	4.6%	4.8%	4.5%
Scotland	91	12	124	155
	8.1%	0.9%	7.6%	8.0%
Northern Ireland	27	31	37	41
	2.4%	2.3%	2.3%	2.1%
Total	1128	1347	1635	1933

Notes:

1. 51 Consultants in SHa included as North Thames.
2. NE & NW Thames combined into N Thames. SE and SW Thames combined into S Thames for 92, 95 and 96.
3. Data for Scotland 1995 incomplete - only 2 regions.

Table 8: Ratios of Consultants and Non Consultants to Child Population in Each Region

Region	Consultants (incl academics)			Total	Child Population (0-16 yrs)	Consultants per 100 000 children	NCCGs per 100 000 children	Total Staff per 100 000 children
Eastern	127	89	1	217	1 147 627	11.07	7.76	18.91
London	374	127	14	515	1 571 833	23.79	8.08	32.76
North West	232	171	4	407	1 463 104	15.86	11.69	27.82
Northern & Yorkshire	223	134	4	361	1 367 954	16.30	9.80	26.39
South East	238	183	2	423	1 722 049	13.82	10.63	24.56
South West	123	66	3	192	1 009 027	12.19	6.54	19.03
Trent	160	104	1	265	1 240 223	12.90	8.39	21.37
West Midlands	173	110	3	286	1 180 389	14.66	9.32	24.23
Wales	87	95	2	184	634 220	13.72	14.98	29.01
Scotland	155	194	1	350	1 071 565	14.46	18.10	32.66
Northern Ireland	41	49	0	90	437 485	9.37	11.20	20.57
Total	1933	1322	35	3290	12 845 476	15.05	10.29	25.61

3 Type of Job

3.1 Job Type

Census respondents were asked to classify their job as one of 5 types:

- A sub specialist where sub specialty work accounts for at least 50% of time.
- General paediatrician with a sub specialty taking up less than 50% of the time.
- General paediatrician undertaking community work for less than 50% of time.
- A paediatrician spending approximately equal amount of time in general and community work.
- A community paediatrician spending less than 50% of their time in general paediatrics (includes 100% community paediatricians).

The results are illustrated in table 9 below.

Table 9: Job Type by Main Grade

Grade	Sub Specialist	Gen Paed with Sub Specialty <50%	Gen Paed with Comm <50%	Comm/Gen 50/50	Comm with Gen <50%	Not specified	Total
Consultant (incl Academics)	665 34.4%	667 34.5%	56 2.9%	72 3.7%	393 20.3%	80 4.1%	1933
Non-consultant Career Grades	122 9.2%	115 8.7%	61 4.6%	58 4.4%	853 64.5%	113 8.5%	1322
Other Grades	27 77.1%	1 2.9%	0 0.0%	1 2.9%	6 17.1%	0 0.0%	35
Total	814 24.7%	783 23.8%	117 3.6%	131 4.0%	1252 38.1%	193 5.9%	3290

This table shows that consultants largely classify themselves as sub specialists or general paediatricians whereas NCCGs mainly work in community paediatrics. Because these definitions of job types were used for the first time in the 1999 census, it is difficult to provide meaningful comparisons with previous years or with data provided by NHSE. Information on job types broken down into individual grades is shown in Appendix 5.

3.2 Job Type by Region

Figure 4 illustrates the breakdown of job type by region and the source data are provided in table 10. North Thames had the highest proportion of sub specialists (36.8%) probably due to the high number of tertiary centres in this region. Outside of North Thames there is a wide variation from only 5.6% in Northern Ireland to 31% in the South-West region.

Doctors working more than 50% of the time in community paediatrics range from a high of 56.7% in Northern Ireland to 30.1% in North Thames.

Figure 4: Job Type by Region - Percentages

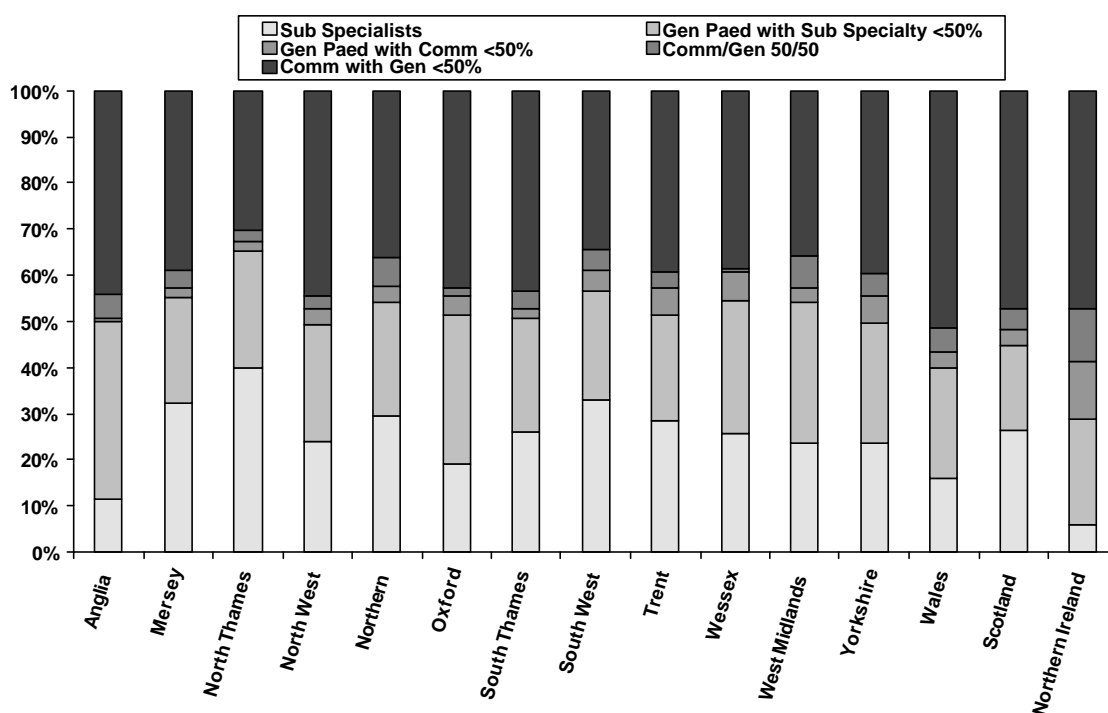


Table 10: Job Type by Region

	Sub Specialists		Gen Paed with Sub Specialty <50%		Gen Paed with Comm <50%		Comm/Gen 50/50		Comm with Gen <50%		Not Specified	Total	
Anglia	14	10.9%	47	36.7%	1	0.8%	6	4.7%	54	42.2%	6	4.7%	128
Mersev	44	29.5%	31	20.8%	3	2.0%	5	3.4%	53	35.6%	13	8.7%	149
North Thames	154	36.8%	98	23.4%	9	2.1%	9	2.1%	117	27.9%	32	7.6%	419
North West	58	22.5%	62	24.0%	8	3.1%	7	2.7%	108	41.9%	15	5.8%	258
Northern	48	26.8%	40	22.3%	6	3.4%	10	5.6%	59	33.0%	16	8.9%	179
Oxford	22	19.0%	37	31.9%	5	4.3%	2	1.7%	49	42.2%	1	0.9%	116
South Thames	99	24.1%	92	22.4%	9	2.2%	14	3.4%	164	40.0%	32	7.8%	410
South West	45	31.0%	32	22.1%	6	4.1%	6	4.1%	47	32.4%	9	6.2%	145
Trent	72	27.2%	57	21.5%	15	5.7%	9	3.4%	99	37.4%	13	4.9%	265
Wessex	32	24.8%	36	27.9%	8	6.2%	1	0.8%	48	37.2%	4	3.1%	129
West Midlands	63	22.0%	82	28.7%	8	2.8%	19	6.6%	96	33.6%	18	6.3%	286
Yorkshire	41	22.5%	46	25.3%	10	5.5%	9	4.9%	69	37.9%	7	3.8%	182
Wales	28	15.2%	42	22.8%	6	3.3%	9	4.9%	90	48.9%	9	4.9%	184
Scotland	89	25.4%	61	17.4%	12	3.4%	15	4.3%	158	45.1%	15	4.3%	350
Northern Ireland	5	5.6%	20	22.2%	11	12.2%	10	11.1%	41	45.6%	3	3.3%	90

3.3 Sub Specialties

The Census asked respondents to identify their main sub specialty and 1510 doctors did so although only 814 identified their job type as “Sub Specialist” A breakdown of these 1st sub specialties is shown in Table 11.

Table 12 identifies the sub specialties of consultants who classified themselves as Sub Specialists. Where comparable groups are available, figures are given for tertiary specialists in the 1996 Census.

**Table 11: Distribution of Sub Specialties/Special Interest Identified
- All Grades and Job Types**

Sub Specialty	Male	Female	Total
A & E	10	18	28
Cardiology	28	8	36
Community	62	213	275
Dermatology	5	7	12
Endocrinology	76	36	112
Gastroenterology & Nutrition	71	20	91
Genetics	4	8	12
Haematology	30	19	49
Infectious Diseases & Intensive Care	21	12	33
Metabolism	29	12	41
Neonatal Medicine	21	4	25
Nephrology	234	96	330
Neurology	37	13	50
Oncology	87	77	164
Other	38	32	70
Pathology	7	19	26
Psychiatry	4	2	6
Respiratory Medicine	1	5	6
Rheumatology	87	32	119
	13	12	25
Total	865	645	1510

Table 12: Sub specialties of Consultant Sub Specialists 1999 and Comparison with 1996

Sub Specialty	Male	Female	Total 1999	Tertiary Specialists 1996
A & E	4	8	12	7
Cardiology	3	1	4	
Community	6	42	48	16
Dermatology	4	4	8	
Endocrinology	24	11	35	35
Gastroenterology & Genetics	39	10	49	39
Haematology	3	5	8	
Infectious Diseases & Intensive Care	23	12	35	10
Metabolism	14	4	18	19
Neonatal Medicine	27	11	38	14
Nephrology	12	3	15	8
Neurology	124	47	171	135
Oncology	26	12	38	36
Pathology	45	27	72	65
Psychiatry	23	19	42	41
Respiratory Medicine	3	2	5	
Rheumatology	7	1	8	
Other	2	4	6	7
Total			661	473

Table 11 & 12 Explanatory Note: For the purpose of analysis, some of the sub specialties identified were grouped together under other sections. For example, Community includes disability, child protection, audiology, educational medicine interests.

4 Gender

4.1 Gender

Table 13 shows the numbers and whole time equivalents of males and females for each of the census grades. Whereas males make up most of the consultant and academic grades, females predominate in all of the Non Consultant career grades.

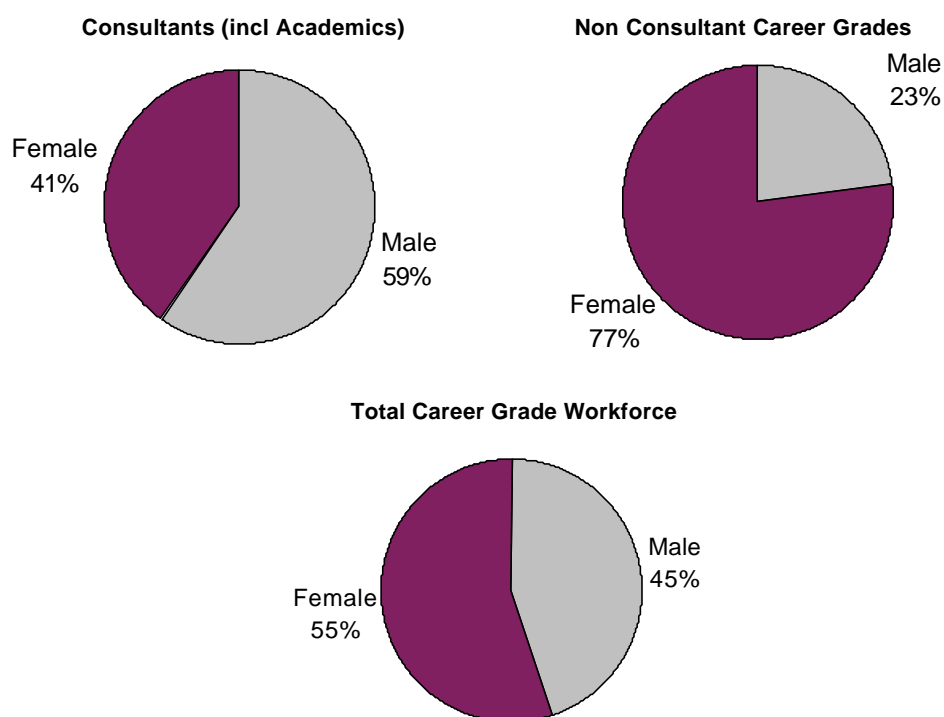
Table 13: Grade by Gender

Grade		Male	Female	Total
Consultant	no	990	733	1723
	wte	973.6	681.5	1655.1
Professor	no	73	10	83
	wte	72.1	10.0	82.1
Reader	no	10	4	14
	wte	10.0	3.4	13.4
Senior Lecturer	no	76	37	113
	wte	73.7	33.2	106.9
Associate Specialist	no	33	121	154
	wte	32.1	101.9	133.9
Staff Grade	no	173	488	661
	wte	167.1	376.3	543.4
SCMO	no	61	198	259
	wte	58.7	168.0	226.7
CMO	no	31	210	241
	wte	26.2	149.5	175.6
Clinical Assistant	no	3	5	8
	wte	1.5	4.7	6.1
Lecturer	no	2	6	8
	wte	2.0	4.9	6.9
Consultant Paediatric Cardiologist	no	22	5	27
	wte	21.2	5.0	26.2
Total	no	1474	1816	3290
	wte	1438.1	1583.4	2976.5

Note to Table 13: Census information about Lecturer posts is incomplete. In particular it includes only those in permanent career grades and not trainees.

Figure 5 illustrates the male/female balance of the workforce in September 1999 (Source data-Appendix 6). Overall, women made up 55% of the career grade workforce, 41% of consultants and 77% of non consultant career grades. The balance varied dramatically from grade to grade. In academic grades 80% of professors, readers and senior lecturers were male whereas females represent over 81% of SCMOs and CMOs. When the data on whole time equivalents are analysed (see Appendix 7) the female proportion of the workforce reduces to 51.5% overall, 39% of consultants and 73% of non consultant career grades indicating that part-time work is more common for women.

Figure 5: Gender of Consultant and Non Consultant Career Grades



4.2 Changes in Gender Balance

Table 14 shows the changes in the gender composition of the consultant workforce using data from previous censuses. This reveals that the number and proportion of female consultants rose rapidly between 1992 and 1996 although this rise slowed between 1996 and 1999. Males now account for less than 60% of consultants.

Table 14: Changes in Gender Balance of Consultants 1992-1999

	1992	1996	1999
Male	687 71.8%	998 62.2%	1149 59.4%
Female	270 28.2%	607 37.8%	784 40.6%
Total Consultants	957	1605	1933

Note to table 14: Figures relate only to consultants where gender information known in 1992 and 1996, so may not match totals in other tables

Paediatrics has the highest (40.6%) proportion of women consultants of any specialty. The average for all specialties in England is 21% with psychiatry and pathology having the highest proportion of other specialties at 32% and 31%.

The growth in the proportion of women consultants can be confidently expected to continue. Extrapolating data from the *Deans's Database Planning Extract (NHSE)* shows that 695 (57.2%) of Paediatric NTN holders were female in 2000. An identical proportion of 57.2% for women in the Paediatric "Registrar Group" in 1999 can be found in Department of Health figures for England⁹. The ratio of trainees expecting to receive their CCST is forecast to rise to over 60:40 in favour of women by 2003/2004.

If visiting higher specialist trainees (VTNs) are excluded, the proportion of women equated to 62.9% (632) in 2000, an increase from 61% (492) in 1997.

Similarly the proportion of female SHOs in paediatrics was 62% (1043) in England in 1999, according to DH figures. In the RCPCH census of 1995, 60% of SHOs identifying their gender were female.

4.3 Regional Variations in Gender

Table 15 illustrates the numbers and percentages of males and females for each of the College's regions. Overall there was a tendency for regions with relatively low proportions of consultants, such as Scotland and Northern Ireland, to have the highest percentages of female doctors. One region, Oxford had a minority of male consultants, whereas over two-thirds of consultants in both Northern and Yorkshire were male. The number of male NCCGs in 4 regions – Mersey, South West, Wessex and Northern Ireland was in single figures, although the smallest proportion of male NCCGs is 10.3% in Scotland.

4.4 Gender and Job Type

Table 16 shows the breakdown of males and females in each of the "Job Type" groups. The higher the community component of the post, the higher the proportion of women doctors. Only 31.7% of those identifying themselves as general paediatricians, were women compared with 78.3% of doctors working 50% or more in the community. Women are better represented among Sub Specialists than general paediatricians.

Table 15: Gender Balance by RCPCH Region and Grade

RCPCH Region	Consultants		Non Consultant Career Grades		Other Grades		Total	
	Male	Female	Male	Female	Male	Female	Male	Female
Anglia	41 53.9%	35 46.1%	14 26.9%	38 73.1%	0	0	55 43.0%	73 57.0%
Mersey	52 58.4%	37 41.6%	9 15.5%	49 84.5%	1 50.0%	1 50.0%	62 41.6%	87 58.4%
North Thames	177 58.0%	128 42.0%	29 27.9%	75 72.1%	5 50.0%	5 50.0%	211 50.4%	208 49.6%
North West	87 60.8%	56 39.2%	40 35.4%	73 64.6%	2 100.0%	0	129 50.0%	129 50.0%
Northern	79 66.9%	39 33.1%	12 20.3%	47 79.7%	1 50.0%	1 50.0%	92 51.4%	87 48.6%
Oxford	34 47.9%	37 52.1%	11 25.0%	33 75.0%	0	1 100.0%	45 38.8%	71 61.2%
South Thames	124 60.2%	114 39.8%	46 27.5%	121 72.5%	5 100.0%	0	175 42.7%	235 57.3%
South West	56 60.2%	37 39.8%	9 18.4%	40 81.6%	3 100.0%	0	68 46.9%	77 53.1%
Trent	99 61.9%	61 38.1%	29 27.9%	75 72.1%	1 100.0%	0	129 48.7%	136 51.3%
Wessex	50 63.3%	29 36.7%	8 16.3%	41 83.7%	1 100.0%	0	59 45.7%	70 54.3%
West Midlands	109 63.0%	64 37.0%	26 23.6%	84 76.4%	2 66.7%	1 33.3%	137 47.9%	149 52.1%
Yorkshire	70 66.7%	35 33.3%	17 22.7%	58 77.3%	2 100.0%	0	89 48.9%	93 51.1%
Wales	54 62.1%	33 37.9%	25 26.3%	70 73.7%	0	2 100.0%	79 42.9%	105 57.1%
Scotland	93 60.0%	62 40.0%	20 10.3%	174 89.7%	1 100.0%	0	114 32.6%	236 67.4%
Northern Ireland	24 58.5%	17 41.5%	6 12.2%	43 87.8%	0	0	30 33.3%	60 66.7%

Note: Excludes 5 census respondents for whom gender not known.

Table 16: Job Type by Gender

	Sub-specialist	Gen Paed with Sub-specialty <50%	Gen Paed with Comm <50%	Comm/Gen 50/50	Comm with Gen <50%	Not Specified	Total
Male	474 58.2%	562 71.8%	52 44.4%	46 35.1%	254 20.3%	86 44.6%	1474 44.8%
Female	340 41.8%	221 28.2%	65 55.6%	85 64.9%	998 79.7%	107 55.4%	1816 55.2%

Note: Excludes 5 census respondents whom gender not known.

5 Age and Retirement

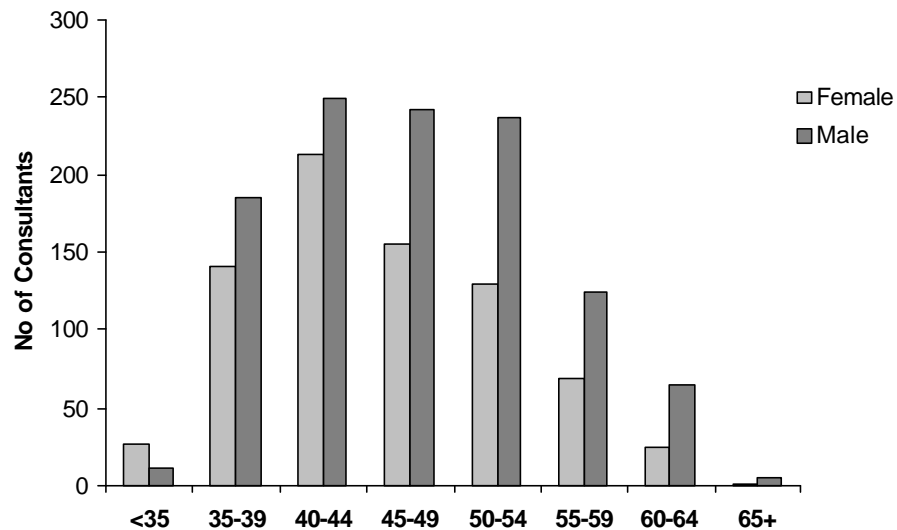
5.1 Age Distribution

Figure 6 shows the age distribution by gender for all UK consultants. The age distribution chart includes only consultants providing date of birth in the census or for whom such data can be found in the RCPCH membership database. The numbers underlying this chart are available in Appendix 8. For those in the 50-54 and 55-59 age groups, there are over 1.8 male consultants to every female, whereas the ratio is less than 1.2:1 for 40-44 year olds, suggesting that the future gender balance will be more even.

The average age of the Workforce split by grade and gender is revealed in Table 17.

Generally higher average ages are to be found amongst academic grades. However, the highest average age at 53 belongs to the SCMO grade indicating a possibly difficult situation with many retirements in the relatively near future. According to the Census, 105 out of a total of 258 SCMOs plan to retire between 2004 and 2009.

Figure 6: Age Distribution of UK Consultants 1999 by Gender



5.2 Retirements

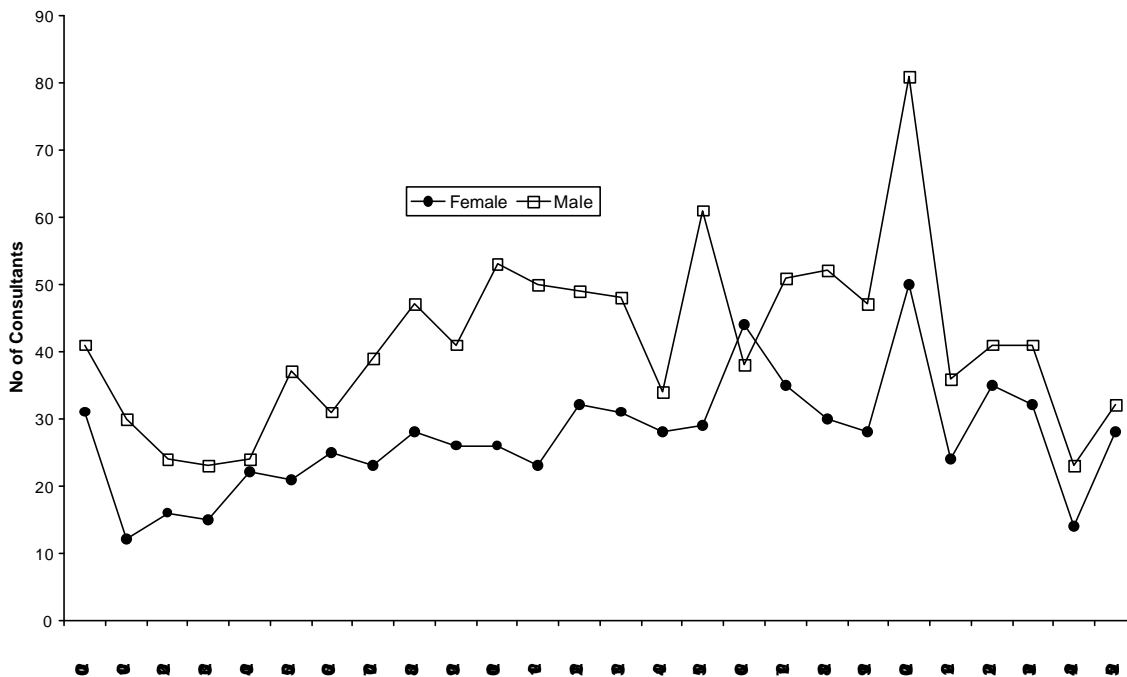
Figure 7 shows the predicted year of retirement by gender for consultants. Although many consultants gave a precise year of expected retirement, others clearly do not make firm decisions about retirement until nearer retirement age. Appendix 9 shows the data used in the graph. For replies giving doubtful dates such as “2007?”, these have been treated as firm, and mid-points have been used when ranges of years were given. Calculations based on date of birth were made for those consultants who stated that they did not know or did not answer the question. For these calculations, the retirement age of 65 for men was used. For women’s retirement dates, account was taken of the changes in pensionable age for women affecting all those born after 6th April 1950. A graph showing the predicted retirement year for non consultants is shown in Appendix 10.

Table 17: Average Age of Career Grade Workforce by Grade

Grade	Male	Female	Both sexes
Consultant	47.4	46.0	46.8
Professor	53.2	50.4	52.8
Reader	54.9	46.2	52.2
Senior Lecturer	45.3	45.2	45.3
Associate Specialist	50.3	48.8	49.1
Staff Grade	43.4	44.2	44.0
SCMO	53.8	52.7	53.0
CMO	55.1	49.7	50.4
Clinical Assistant	47.8	50.3	49.5
Lecturer	44.9	51.8	50.1

Note: Other grades have been omitted from this table.

Figure 7: Predicted Retirement Year of UK Consultants by Gender



6 Working Patterns

6.1 Part-time Working by Gender

Table 18 looks at the levels of part-time working recorded in the 1999 Census. Part-time working (defined as less than 11 sessions for general and less than 10 sessions for community paediatricians) was considerably more common for non consultants than consultants and for women. Only just over half (51.8%) of NCCGs were either full time or maximum part-time and almost half of female non consultants were part-timers.

Table 18: Part-time Working by Gender and Grade

	Consultants			Non-consultants		
	Male	Female	Total	Male	Female	Total
Full Time	999 86.9%	532 67.9%	1531 79.2%	239 79.4%	394 38.6%	633 47.9%
Maximum Part Time	49 4.3%	28 3.6%	77 4.0%	4 1.3%	49 4.8%	53 4.0%
Part Time	29 2.5%	168 21.4%	197 10.2%	27 9.0%	498 48.8%	525 39.7%
Not Known	72 6.3%	56 7.1%	128 6.6%	31 10.3%	80 7.8%	111 8.4%
Total	1149	784	1933	301	1021	1322

With 6.6% of consultants and 8.1% of non consultants either not returning forms or not answering this question, it is difficult to compare results with previous censuses. However, when considering consultants only and excluding the “not known” returns in 1999, the proportion of part-timers was 10.9% compared to 11% for England and Wales in 1996. On the same basis, the percentage of part-time male consultants has fallen from 4% in 1996 to 2.7% in 1999 whereas the percentage of women working part-time has risen from 21% to 23% over the same period.

6.2 Job Type and Part-time Working

In table 19, the numbers and percentages of full-time and part-timers for each job type are provided excluding individuals who did not specify a job type or full-time/part-time status. For each job type except where community paediatrics forms the major element, at least three-quarters worked full-time. The census identified a total of 725 part-timers, of whom over two-thirds (498) classified themselves as working mainly in community paediatrics.

Table 19: Full and Part-time Working by Job Type

	Sub Specialist	Gen Paed with Sub Specialty <50%	Gen Paed with Comm <50%	Comm/Gen 50/50	Comm with Gen <50%	Total
Full-time	648	681	87	100	659	2188
	82.8%	87.6%	77.7%	76.3%	54.1%	71.8%
Max. Part-time	32	37	2	3	60	136
	4.1%	4.8%	1.8%	2.3%	4.9%	4.5%
Part-time	103	59	23	28	498	725
	13.2%	7.6%	20.5%	21.4%	40.9%	23.8%
Total	783	777	112	131	1217	3049

Note: Excludes returns where either job type or full-time/part-time status not known.

6.3 Part-time Working by Grade

In Table 20, the number of part-time paediatricians in each of the census grades and the proportion of the total workforce in that grade is shown alongside the average sessions worked. 182 consultants worked part-time representing 11.3% of the grade. Amongst NCCGs it is far more prevalent with 126 (58.1%) CMOs and 258 (42.2%) Staff Grades working part-time. The average number of sessions worked by part-time doctors ranged from the lowest, Senior Lecturers working 5.3 sessions, to Readers who worked 7.5 sessions.

Table 20: Part-time Working by Grade

Main Grade	Number of Part-time Staff	% of Grade	Average No of Sessions
Consultant	182	11.3%	6.9
Professor	1	1.2%	6.0
Reader	2	16.7%	7.5
Senior Lecturer	12	11.1%	5.3
Associate Specialist	56	38.9%	6.7
Staff Grade	258	42.2%	5.7
SCMO	81	34.8%	6.4
CMO	126	58.1%	5.0
Clinical Assistant	4	66.7%	5.9
Lecturer	2	25.0%	6.3
Paediatric	1	4.0%	6.0
All Grades	725	23.8%	6.0

Note: Excludes returns where full time/part-time status not available.

6.4 Working Time Directive

It is known that the workload in paediatrics is very high. The introduction of the working time directive in 1998 is beginning to have a significant impact on the working lives of doctors in the UK. The census asked whether paediatricians considered they worked on average more than a 48 hours per week. The data in Table 21 show the response from consultants, almost 60% of whom regularly exceed 48 hours per week. Excluding the large number of non-respondents and “don’t knows”, this figure rises to over 74%. The implications for future workforce planning are considerable.

Table 21: Consultants Who Exceed 48 Hours per week

	Yes		No		Don't know/ No Response		Total
Consultant	1000	58.0%	361	21.0%	362	21.0%	1723
Professor	61	73.5%	11	13.3%	11	13.3%	83
Reader	8	57.1%	4	28.6%	2	14.3%	14
Senior Lecturer	75	66.4%	21	18.6%	17	15.0%	113
Total Consultants	1144	59.2%	397	20.5%	392	20.3%	1933

7 Academic Workforce

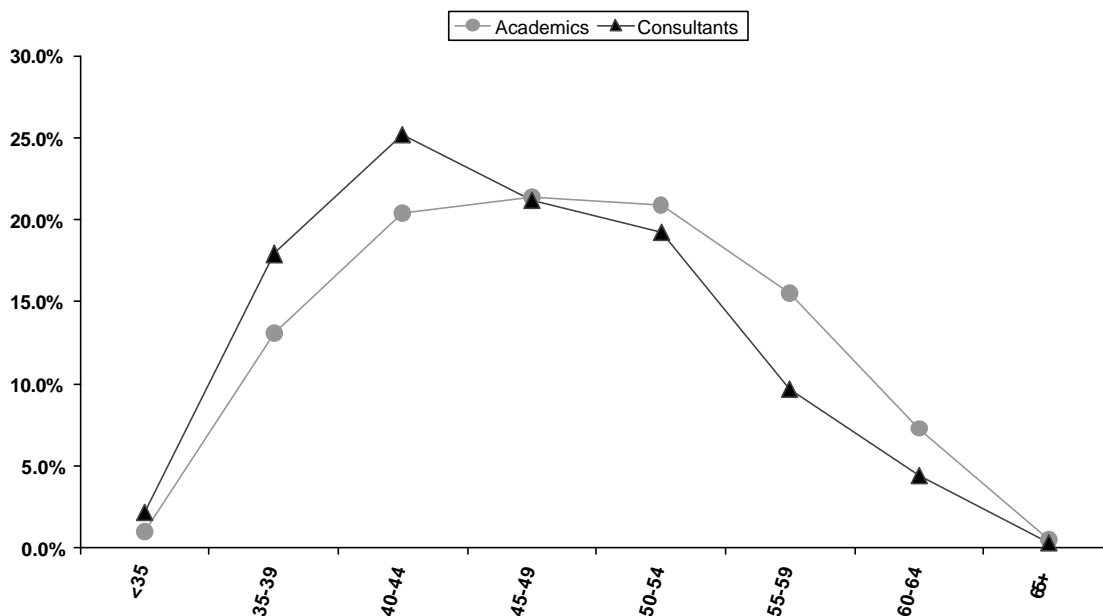
7.1 General

Table 1 in Chapter 1 provides a breakdown of the workforce by grade. From this we learn that the census recorded a consultant academic workforce of 210 in the UK, namely 83 professors, 14 readers and 113 senior lecturers. As mentioned in previous chapters the details for the Lecturer grade is incomplete in the Census. In particular it includes only those in permanent career grades and not trainees. Table 17 in Chapter 5 reveals that the average age of academics is considerably higher than for other consultants. This chapter examines the characteristics of the paediatric academic workforce, an area of particular concern in relation to future recruitment given the anticipated retirement pattern.

7.2 Age Profile of Academic Paediatricians

Figure 8 compares the age profile of paediatricians in academic grades with the remainder of the consultant workforce (Source data – Appendix 11). The census showed that 44.2% of academics are 50 and over compared to only 33.6% of other consultants. The most common age groups for academics are the 45-49 and 50-54 groups, whereas the largest group of other consultants is between 40 and 44.

Figure 8: Age Profile of Academics and Consultants



7.3 Academic Retirements

Figure 9 and Table 22 show in graphical and tabular form the intended retirement years of academic staff as recorded on the census. The graph shows 2 main “bulges”. Between 2005-2010 when 39 (47%) of the 83 professors plan to retire, and 2018-2023 where 50 senior lecturers, representing 44% of the current workforce in that grade, plan to retire.

Figure 9: Academic Retirements

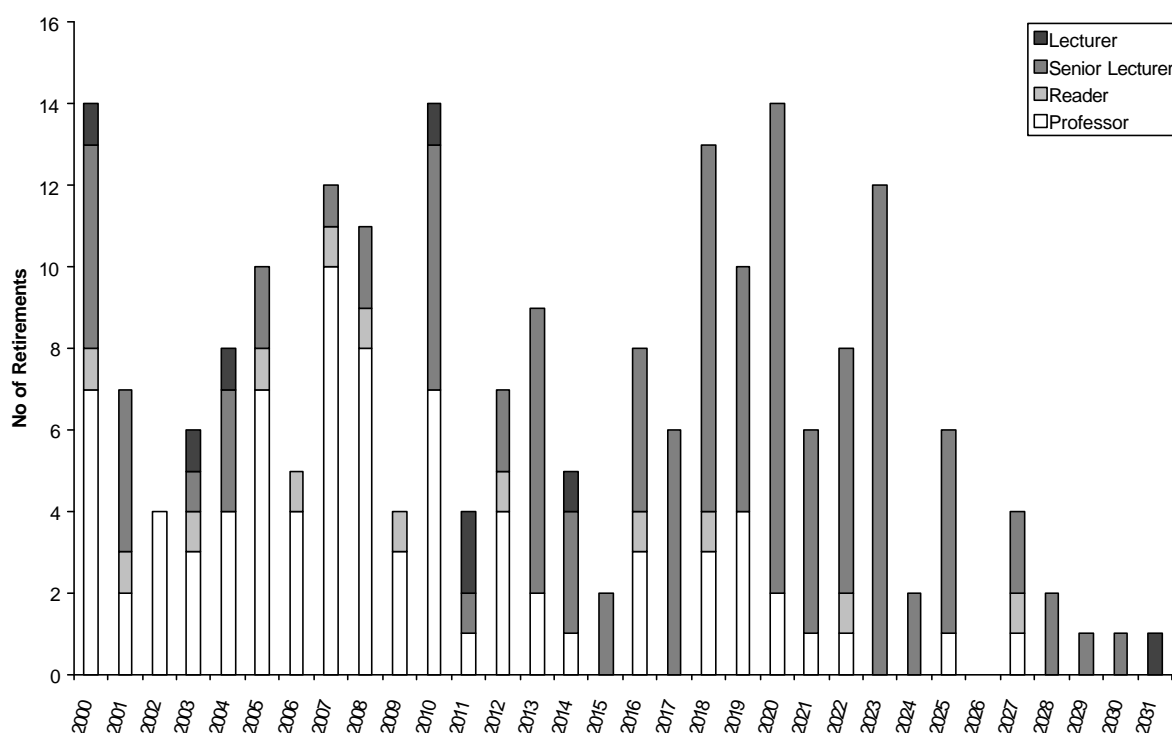


Table 22: Retirement Dates of Academic Workforce

Retirement Year	Professor	Reader	Senior Lecturer	Lecturer	Total
2000	7	1	5	1	14
2001	2	1	4		7
2002	4				4
2003	3	1	1	1	6
2004	4		3	1	8
2005	7	1	2		10
2006	4	1	1		5
2007	10	1	1		12
2008	8	1	2		11
2009	3	1			4
2010	7		6	1	14
2011	1		1	2	4
2012	4	1	2		7
2013	2		7		9
2014	1		3	1	5
2015			2		2
2016	3	1	4		8
2017			6		6
2018	3	1	9		13
2019	4		6		10
2020	2		12		14
2021	1		5		6
2022	1	1	6		8
2023			12		12
2024			2		2
2025	1		5		6
2026					
2027	1	1	2		4
2028			2		2
2029			1		1
2030			1		1
2031				1	1

Note: Retirement dates are not available for 1 Reader and 1 Senior Lecturer.

7.4 Academic Sub Specialties

147 of the 210 academics recorded in the census declared themselves to be sub specialists. Table 23 gives a breakdown of the main subspecialties for this sub-group of academics revealing that neonatologists with 29 comprise the largest specialty group with almost double the number of the next largest groups, gastroenterology, nutrition and oncology.

Table 23: Sub Specialties of Academic Staff

Sub specialty	Professor	Reader	Senior Lecturer	Total
Neonatal Medicine	16	2	11	29
Gastroenterology & Nutrition	8	1	6	15
Oncology	5		10	15
Endocrinology	5	1	8	14
Neurology	4	1	9	14
Respiratory Medicine	3	1	6	10
Immunology	5		4	9
Haematology	2		5	7
Nephrology	3	2	2	7
Metabolism	4		2	6
Genetics	2		2	4
Pathology	1		3	4
Community		1	2	3
Dermatology	2		1	3
Intensive Care			2	2
Rheumatology	2			2
Cardiology			1	1
No sub specialty specified			2	2
Total	62	9	76	147

8 Future Workforce Requirements

8.1 Planning for the Future - Background

The publication of this report comes at a crucial and exciting time in the development of the Health Service. The NHS Plan was published in summer 2000. Major components of government strategy are to increase workforce numbers and review arrangements for workforce planning. Overall, the plan includes provision for 7500 more consultants by 2004 from a starting figure of 23 200 in 1999 with further projections to over 36 000 in 2009. In addition, government pronouncements have indicated a clear commitment to a consultant delivered service.

As part of the implementation of the plan, current national planning arrangements are being dismantled. The Strategic Workforce Advisory Board (SWAG) was replaced by the Workforce Numbers Advisory Board on 1st April 2001. Its remit is wider than SWAG's, taking in planning of SHO numbers as well as SpRs. Workforce Development Confederations are also being introduced. The emphasis in the future will be on multidisciplinary workforce planning, ie medical staff will be considered alongside other NHS staff and skill-mix will be taken into account. The needs of primary care *may* be a top priority.

The European Working Time Directive came into force on 1st October 1998 and its provisions are gradually impacting on the service. These effects are difficult to quantify, but if consultant hours are to be restricted to 48 per week, the growing demands of increased supervision of SpRs, CPD and consultant appraisal will inevitably lead to further pressure for higher numbers of consultants. The nature of the Calman reforms has led consultants to do more work previously done by trainees, more intensive on-call and more formal supervision. If proposals for further reductions in the training period were to come to fruition, the pressure will only increase. We anticipate a rising demand for specialist opinions. Public expectation continues to increase and parental concerns are commonplace.

There has also been lengthy debate within the college and with policy makers over the way child health services are delivered and configured. The existing distinction between acute and community is under scrutiny. Furthermore the view that a more comprehensive or holistic approach to children's health is more appropriate, is gaining ground. The NHS plan is strong on preventive, community and public health issues. This is unsurprising given the high profile of child abuse cases, teenage pregnancy, obesity and any number of "psychological conditions" which lead to inequality and exclusion. However, although more acute conditions become easier to treat, progress is still required on neonatal and paediatric intensive care, for example, and the provision of acute care must also remain a top priority.

Paediatrics occupies a special position in that it now contains a majority of females and the balance is likely to shift even further over the next few years. It is expected that the workforce may become more part-time at consultant level and the requirements for flexible training opportunities remain. This will mean, for example, that greater flexibility will need to be built in for increased maternity provision, which is being introduced by the government in 2003.

Furthermore there is evidence that the actual total training period of SpRs may be lengthening; thus making forecasting the stream of trainees available for consultant posts more problematic. As a reported example, there were 60 year 5 SpRs in North Thames region in 2000-2001, 40 were women, 20 of whom were flexible and the length of time to obtain their CCST varied between 7 and 11 years.

To add to the melting pot of influences on planning, a Children's Taskforce chaired by Professor Al Aynsley-Green was set up in the winter of 2000 - 2001. This has been set a number of key

commitments to achieve in 2001 including a review of neonatal intensive care services and the creation of a paediatric intensive care database. Additionally, in February 2001 the development of a National Service Framework (NSF) for children was announced by the Secretary of State. Although it might not be until 2003 that the NSF is ready to be published, we need to consider developments in the nursing workforce including Advanced Nurse Practitioners, Nurse Consultants etc. A complex web of factors exists from which planning for the future must be undertaken.

Despite Government pronouncements about increasing the number of consultants, paediatrics has for the last 2 years been considered an “over-producing specialty” and negotiations with SWAG have been against a backdrop of attempts by the NHSE to reduce the number of SpRs in training. This follows the sharp increases that occurred during the late 1990s. A reduction of 100 training places was agreed in 1999 for 2000-2001; the Lead Dean is putting these changes into effect with the emphasis in ensuring geographical equity in the longer term. In 2000 the College successfully argued for no change to take place in 2001-2002.

On the same day in February 2001 as the Secretary of State for Health announced that the number of NHS consultants will rise by 49% between 2001 and 2009, a further ministerial decision confirmed indicative reductions in paediatrics of 150 SpRs for 2001-2004. These reductions form part of a plan designed to achieve a target figure of 3042 of trained paediatric specialists in England and Wales by 2009.

For College modelling purposes the planned 150 reduction is assumed to take place with 75 reductions occurring in each year 2002-2003 and 2003-2004, although more precise information is awaited.

8.2 Modelling future numbers

With the many questions remaining about the future provision of child health services, it is possible to create numerous models and derive endless permutations and forecasts. The purpose of this section is to describe a cross section of hypothetical models to illustrate the differences that certain inputs and changes in input will have; both on the number of consultants and the number of SpR posts required to supply the growth or otherwise in consultant numbers. All the models refer to numbers in England and Wales only. The following constants have been applied to all models described below:

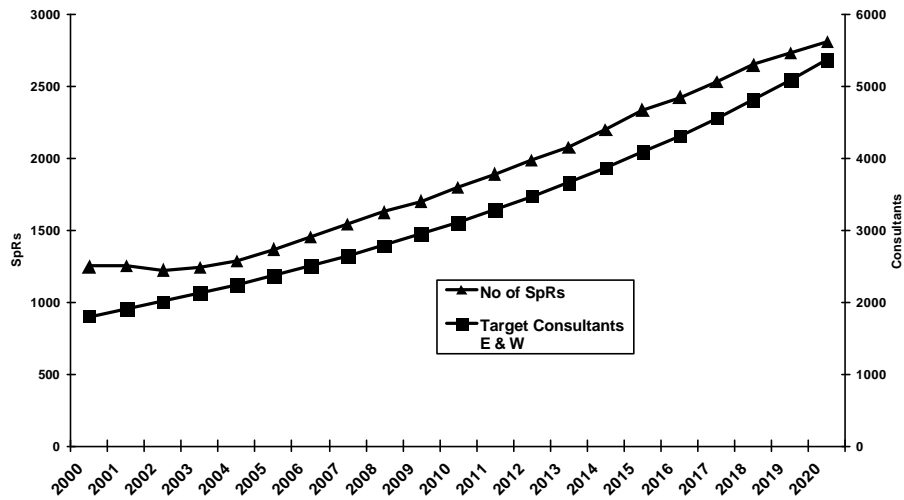
- length of training for SPRs = 5 years;
- “wastage rate” ie trainees who do not complete the training programme and do not obtain CCST = 2%;
- part-time factor = 8%, ie 1.08 CCST holders are needed to fill each whole time consultant vacancy.

8.3 “No Intervention” Model – Figure 10

This models the situation where no interventions are made to plan the number of trainees and no targets are set for the ideal figure of consultant numbers. The number of consultants is assumed to continue to rise at the current rate of 5.62% per annum. Data input for Figure 10 is in Appendix 12.

In this model, consultant numbers grow to 2944 in 2009, a fraction less than the 3042 agreed with SWAG in August 2000. They would continue to rise, however, to give a workforce of over 5000 by the end of the 2nd decade of the century, larger even than the most optimistic current forecast of need. The number of trainees needed to fuel such growth would rise by around 50% from current levels to almost 1800 in 2010 and over 2800 by 2020.

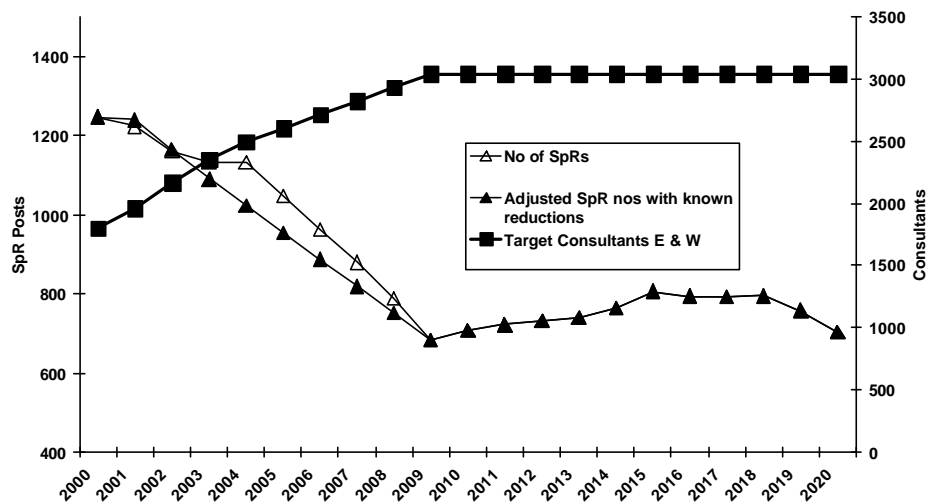
Figure 10: Modelling Future Balance of Trainees to Consultants in England and Wales Where Consultant Growth Continues at 5.62% per annum



8.4 Expanding Consultants to 3042

The model in Figure 11 takes as its starting point the target of 3042 consultants agreed by SWAG for 2009. It assumes that this target is then maintained through the following decade. Two mini scenarios are included in the model. Firstly the impact on trainee numbers taking into account of the SWAG indicative reductions, is shown in the line with black triangles. This reveals a steady fall of SpR numbers at around 70 per year, before settling at a level of 700-800. Secondly, the line with clear triangles shows that if the planned reductions do not take place, a steeper fall in SpR numbers would be required in the middle and latter part of this decade to meet the target. The data used for this model is in Appendix 13.

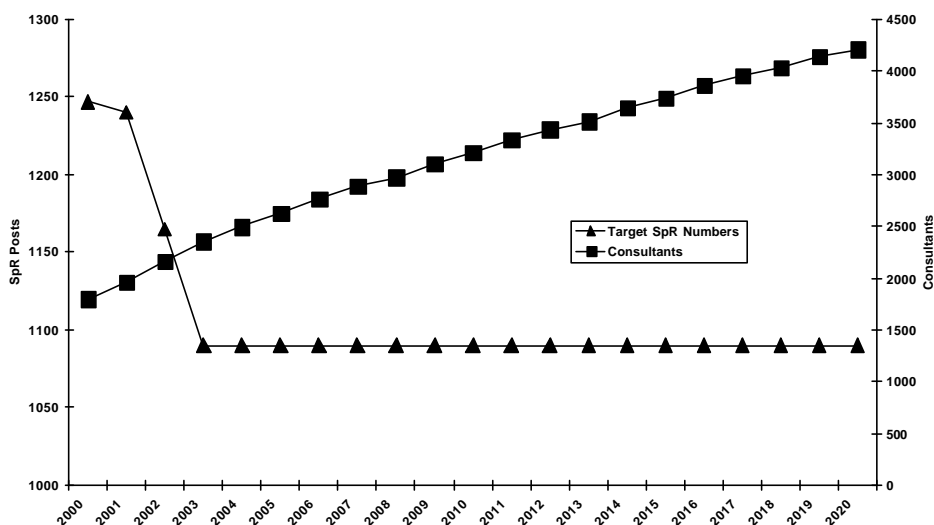
Figure 11: Modelling Consultant Growth to 3042 in England and Wales 2009



8.5 Model Based on Planned SpR Reductions Followed by Period of Status Quo

Figure 12 backed up by data in Appendix 14 accepts that the SWAG planned reductions are undertaken from 2001-2004, but this is followed by a long period when SpR numbers remain constant. This results in steady growth of consultant numbers to 3102 in 2009 and 4212 by 2020. Although consultant numbers increase by around 100 each year, this represents an increasingly small growth rate over the period from 10% in 2002 to 1.5% by 2020.

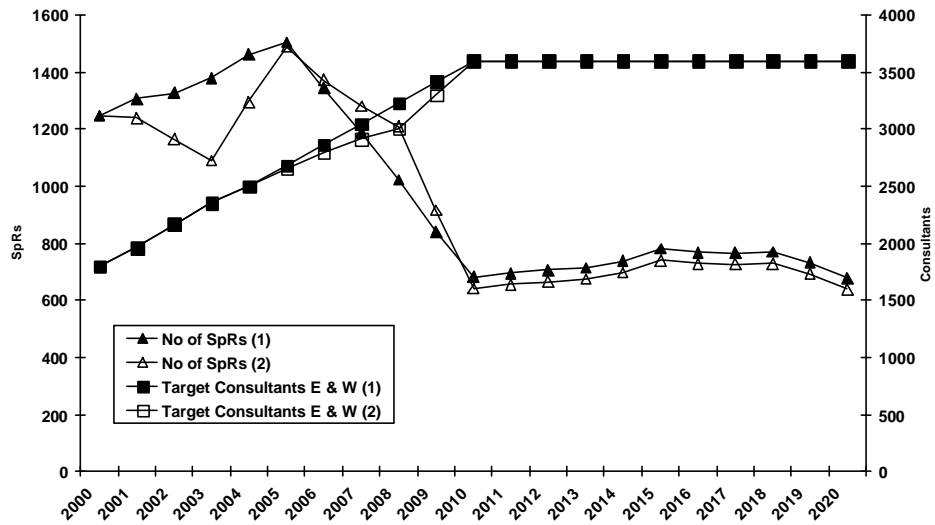
Figure 12: Model Based on SpR Numbers Remaining Constant After Known Planned Reduction



8.6 Planning for a Consultant Workforce of 3600

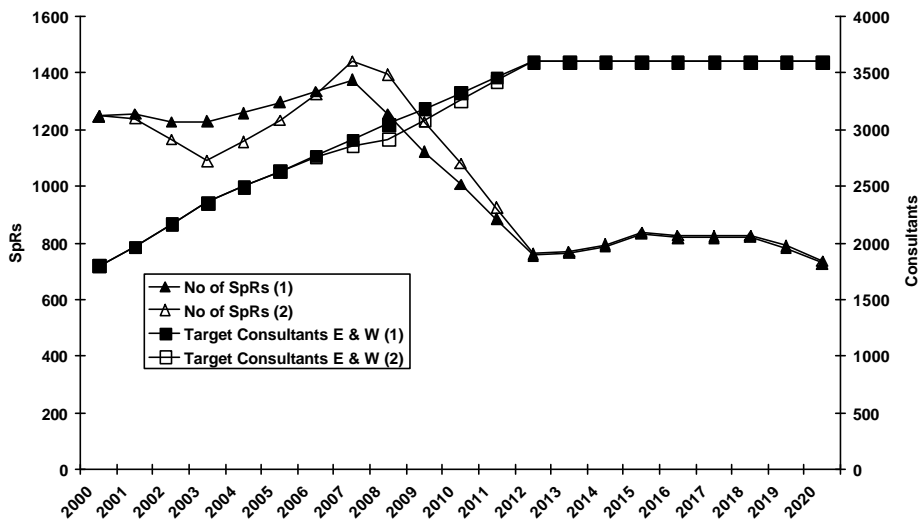
Since the SWAG discussions of 2000, much discussion and several papers by College members have been produced indicating that a target of around 3000 consultants in 2009 is insufficient. The combined effect of various policy and configuration initiatives along with a more detailed analysis of the implications of the Working Time Directive is to raise the consensus on a target to 4000 consultants in the UK. This approximates to 3600 in England and Wales. Figure 13 looks at the implications of achieving the target by 2010. Two variations for achieving this target are shown. Variation 1 assumes that the indicative reductions planned for 2001-2004 do not take place. This leads to SpR numbers rising gradually to over 1500 in 2005 and then rapid reductions of between 150-180 in each of the 5 succeeding years. Over the following decade SpR numbers then plateau between 700 and 800. In variation 2, the indicative reductions take place. This leads to less regular growth in the number of consultants due to the knock on effects that reductions made in 2002 and 2003 will have on future numbers of CCSTs awarded 5 years later. It also means, that after the planned reductions, increases in SpRs will have to be made followed by further cuts. These cuts would be particularly savage, 294 and 274, in the final years of the decade. The data for this model can be seen in Appendix 15.

Figure 13: Planning for Consultant Growth to 3600 by 2010



Given the above, achieving the target of 3600 by 2010 may be considered unrealistic. Figure 14 (and Appendix 16) delays the target date for these variations to 2012. In the 1st variation (without reductions 2001-2004) the growth in consultant numbers continues at a fairly steady rate up until target date. Incorporating reductions leads to slower growth between 2005-2008 and a higher rate of increase in succeeding years to meet the target. Further, with the planned reductions, training numbers need to rise to 1442 in 2007, whereas without the reductions both the annual increases and subsequent reductions required in SpRs are more modest. It is evident that the later the target date, the variation in SpR numbers is smaller each year. If for example, the target is moved to 2016 (model not shown) the current planned (SWAG) reductions appear justified and the variation in training numbers each year is minimised. For all models, the number of trainees required for maintaining a steady state is between 700-800, although eventually the annual level of retirements may necessitate a small rise.

Figure 14: Planning for Consultant Growth to 3600 by 2012



8.7 Discussion

It is perhaps tempting from the foregoing analysis to become lost in figures and dislocated from the aims of workforce planning for paediatrics and child health.

Above all, meeting the health needs of children must be the driving force in determining the workforce requirement. The rationale behind any consultant expansion has to be explained. Creating models allows us to determine the number of trainees needed to produce the required workforce of trained specialists.

The aim to produce an ideal model may be over ambitious, but it is also challenging and complex because of the many factors, most of which are outlined at the beginning of this chapter, that need to be taken into account. Consideration of all possible inputs and alternative scenarios places the College in a better position from which it can make representations, at national level, for an adequate number of trainees to produce the required workforce. It is important that we are able to describe with some statistical confidence what we believe should happen in the future.

It is clear from the models that quite small changes in inputs will have significant effects on future numbers. The recent history of rapid expansion followed by reduction has done little to make planning any easier. Whilst a modest reduction may be inevitable in the immediate future, we need to aim for a steady state followed by a satisfactory period of consultant expansion. By establishing agreed principles and ascertaining a consensus on the number of trained specialists required, it is hoped that the uncertainties facing workforce planning in paediatrics and child health can be minimised, allowing doctors to concentrate on meeting the health needs of children.

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Appendix A: Tables and Figures

Appendix 1: Main Grades by Country

		England	Wales	Scotland	Northern Ireland	UK Total
Consultants	no	1471	79	134	39	1723
	wte	1410	77	130	39	1655
Academics (including Lecturers)	no	185	10	21	2	218
	wte	178	9	21	1	209
Non-consultant Career Grades	no	984	95	194	49	1322
	wte	817	78	152	40	1086
Other Grades	no	26	0	1	0	27
	wte	25	0	1	0	26
Total	no	2666	184	350	90	3290
	wte	2430	163	303	80	2976

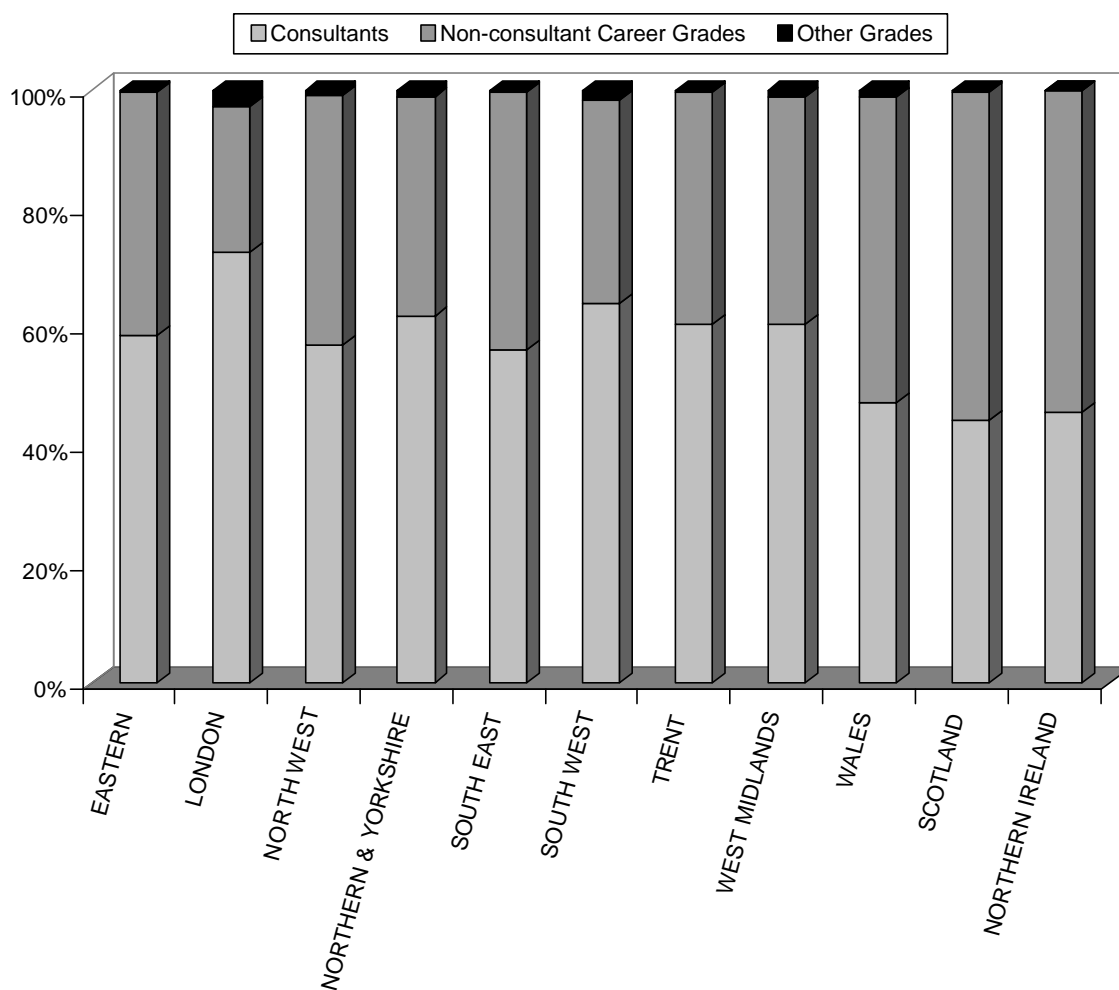
Appendix 2: Grades by Current Region - Numbers and Whole Time Equivalents

		Consultant	Professor	Reader	Senior Lecturer	Associate Specialist	Staff Grade	SCMO	CMO	Clinical Assistant	Lecturer	Consultant Paediatric Cardiologist	Total
Eastern	no	124	1		2	9	40	20	20		1		217
	wte	117	1		2	9	33	19	12		1		193
London	no	298	36	6	34	16	58	29	24		2	12	515
	wte	284	36	6	33	15	54	26	20		2	12	486
North West	no	217	6	1	8	23	89	20	38	1		4	407
	wte	210	6	1	6	19	77	19	31	0		4	374
Northern and Yorkshire	no	201	5	3	14	17	55	33	29		1	3	361
	wte	194	5	2	14	14	45	28	22		1	3	328
South East	no	227	4		7	25	91	38	26	3		2	423
	wte	213	4		6	19	76	33	21	3		2	377
South West	no	108	5		10	6	31	11	17	1		3	192
	wte	104	5		10	6	23	8	8	1		3	167
Trent	no	136	11	1	12	12	53	22	17		1		265
	wte	131	11	1	12	11	44	19	10		1		240
West Midlands	no	160	5		8	7	41	45	15	2	1	2	286
	wte	157	5		8	6	35	38	11	2	1	2	264
Wales	no	79	2	1	5	17	52	13	13		2		184
	wte	77	2	1	4	15	40	12	10		2		163
Scotland	no	134	7	2	12	19	122	22	31			1	350
	wte	130	7	2	12	17	93	21	21			1	303
Northern Ireland	no	39	1		1	3	29	5	11	1			90
	wte	39	1		0	3	24	4	8	0			80

Appendix 3: Main Grade by Region

	Consultants	Non Consultant Career Grades	Other Grades	Total
Eastern	127	89	1	217
London	374	127	14	515
North West	232	171	4	407
Northern and Yorkshire	223	134	4	361
South East	238	183	2	423
South West	123	66	3	192
Trent	160	104	1	265
West Midlands	173	110	3	286
Wales	87	95	2	184
Scotland	155	194	1	350
Northern Ireland	41	49	0	90

Appendix 4: Grades by Current Region - Numbers and Whole Time Equivalents



Appendix 5: Job Type by Grade

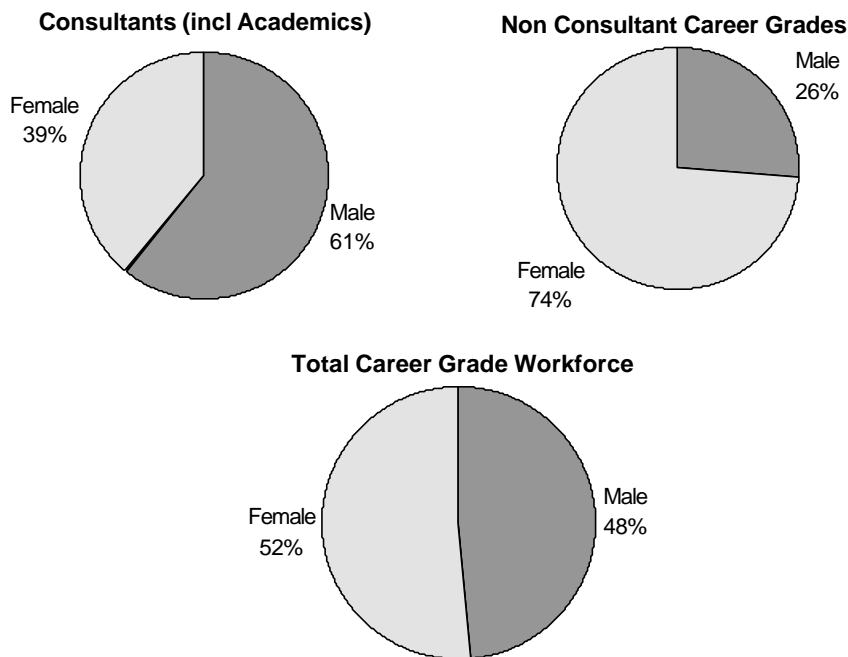
Grade	Sub specialist	Gen Paed with Sub Specialty <50%	Gen Paed with Comm <50%	Comm/ Gen 50/50	Comm with Gen <50%	Not Specified	Total
Consultant	518	635	53	70	370	77	1723
Professor	62	13			7	1	83
Reader	9	2			2	1	14
Senior Lecturer	76	17	3	2	14	1	113
Associate Specialist	31	16	4	3	94	6	154
Staff Grade	50	95	34	26	397	59	661
SCMO	34	2	11	12	180	19	258
CMO	6		10	17	181	27	241
Clinical Assistant	1	2	2		1	2	8
Lecturer		1		1	6		8
Consultant Paediatric Cardiologist	27						27
Total	814	783	117	131	1252	193	3290

Appendix 6: Main Grade by Gender - Numbers

		Male	Female	Not known	Total
Consultant	No	1149	784		1933
	%	59.4%	40.6%	0.0%	
Non Consultant Career Grades	No	301	1016	5	1322
	%	22.7%	77.0%	0.4%	
Other Grades	No	24	11		35
	%	70.3%	29.7%	0.0%	
Total	No	1474	1811	5	3290
	%	44.8%	55.0%	0.2%	

Appendix 7: Main Grade by Gender - Whole Time Equivalents

		Male	Female	Not known	Total
Consultant	No	1129.4	728.1		1857.5
	%	60.8%	39.2%	0.0%	
Non Consultant Career Grades	No	285.5	795.4	5.0	1085.9
	%	26.2%	73.4%	0.5%	
Other Grades	No	23.2	9.9		33.1
	%	71.8%	28.2%	0.0%	
Total	No	1438.1	1533.4	5.0	2976.5
	%	48.3%	51.5%	0.2%	



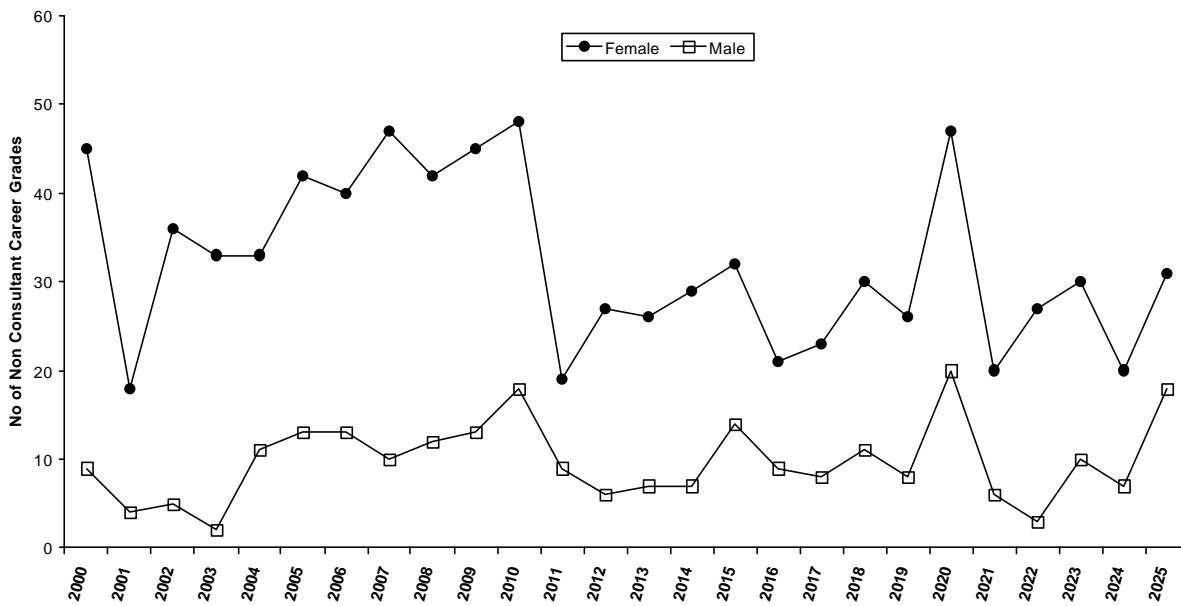
Appendix 8: Age Distribution of UK Consultants 1999 by Gender

	Female	Male	Total
<35	27	11	38
35-39	141	186	327
40-44	214	249	463
45-49	156	242	398
50-54	129	236	365
55-59	69	125	194
60-64	24	65	89
65+	1	5	6
Total	761	1119	1880

Appendix 9: Consultants and Non Consultants Retirement Intentions

Grade	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Female Consultants	31	12	16	15	22	21	25	23	28	26	26	23	32	31	28	29	44	35	30	28	50	24	35	32	14	28
Male Consultants	41	30	24	23	24	37	31	39	47	41	53	50	49	48	34	61	38	51	52	47	81	36	41	41	23	32
Acads)	72	42	40	38	46	58	56	62	75	67	79	73	81	79	62	90	82	86	82	75	131	60	76	73	37	60
Female NCCGs	45	18	36	33	33	42	40	47	42	45	48	19	27	26	29	32	21	23	30	26	47	20	27	30	20	31
Male NCCGs	9	4	5	2	11	13	13	10	12	13	18	9	6	7	7	15	9	8	11	8	21	6	3	10	7	18
Sub Total - NCCGs	54	22	41	35	44	55	53	57	54	58	66	28	33	33	36	47	30	31	41	34	68	26	30	40	27	49
Total Female (Cons & NCCGs)	76	30	52	48	55	63	65	70	70	71	74	42	59	57	57	61	65	58	60	54	97	44	62	62	34	59
Total Male (Cons & NCCGs)	50	34	29	25	35	50	44	49	59	54	71	59	55	55	41	76	47	59	63	55	102	42	44	51	30	50
Total (Cons and NCCGs)	126	64	81	73	90	113	109	119	129	125	145	101	114	112	98	137	112	117	123	109	199	86	106	113	64	109

Appendix 10: Predicted Retirement Year of UK Non Consultants by Gender



Appendix 11: Age Distribution of Academics and Consultants

	Academics		Consultants	
	No	%	No	%
<35	2	1.0%	36	2.2%
35-39	27	13.1%	300	17.9%
40-44	42	20.4%	421	25.1%
45-49	44	21.4%	354	21.1%
50-54	43	20.9%	322	19.2%
55-59	32	15.5%	162	9.7%
60-64	15	7.3%	74	4.4%
65+	1	0.5%	5	0.3%
	206		1674	

Note: Age data is not available for 49 consultants, 1 professor, 1 reader and 2 senior lecturers

Appendix B: Modelling Data

The following tables (Appendices 12-16) comprise data created by testing various scenarios for the future workforce. The data has been used to produce the graphs contained in chapter 8 of the main text. The data should not be interpreted as reflecting RCPCH policy for workforce planning, but rather as illustrative examples of the possible directions in which staffing numbers could go, given certain inputs.

Appendix 12: Data Input for Model in Figure 10 - Consultant Expansion at 5.62% per annum

	Target Consultants E & W	Annual Growth	Retirements	New CCST holders	New trainees required	Change in no of SpRs required	No of SpRs
2000	1800		63				1247
2001	1901	101	35	197	200	3	1250
2002	2008	107	37	242	215	-27	1224
2003	2121	113	32	220	234	14	1238
2004	2240	119	43	185	236	51	1289
2005	2366	126	52	178	258	80	1369
2006	2499	133	49	182	265	83	1453
2007	2639	140	55	195	285	89	1542
2008	2788	148	64	212	297	85	1627
2009	2944	157	58	215	289	74	1701
2010	3110	165	69	234	332	98	1799
2011	3285	175	66	241	333	93	1891
2012	3469	185	74	259	351	92	1984
2013	3664	195	75	270	365	95	2079
2014	3870	206	56	262	379	117	2195
2015	4088	217	84	301	442	140	2335
2016	4317	230	73	303	393	90	2426
2017	4560	243	76	319	426	108	2534
2018	4816	256	75	331	448	117	2650
2019	5087	271	73	344	428	85	2735
2020	5373	286	115	401	475	74	2809

Appendix 13: Data Input for Model in Figure 11 - Consultant Expansion to 3042 in England and Wales 2009

	Target Consultants E & W	Annual Growth	Retirements	New CCST holders	New trainees required	Change in no of SpRs required	No of SpRs	Adjusted SpR nos with known reductions
2000	1800		63				1247	1247
2001	1962	162	35	197	174	-23	1224	1240
2002	2167	205	37	242	181	-61	1162	1165
2003	2355	188	32	220	191	-29	1133	1090
2004	2497	142	43	185	184	-1	1132	1022
2005	2606	109	52	161	76	-85	1047	955
2006	2715	109	49	158	73	-85	962	887
2007	2824	109	55	164	82	-82	879	819
2008	2933	109	64	173	83	-90	789	751
2009	3042	109	58	167	62	-105	684	684
2010	3042	0	69	69	93	24	707	707
2011	3042	0	66	66	80	14	722	722
2012	3042	0	74	74	84	10	731	731
2013	3042	0	75	75	83	8	739	739
2014	3042	0	56	56	80	24	763	763
2015	3042	0	84	84	127	43	806	806
2016	3042	0	73	73	61	-12	794	794
2017	3042	0	76	76	75	-1	793	793
2018	3042	0	75	75	77	2	795	795
2019	3042	0	73	73	36	-37	758	758
2020	3042	0	115	115	61	-54	704	704

Notes to Table 12 and 13:

1. New CCST holders represent expected numbers from Dean's data 2001-4, Target Growth plus retirement for 2005+.
2. New Trainees Required equals new CCST holders 5 years hence less 2% wastage and 8% factor for part-time working.

Appendix 14: Data Input for Model 12 - Known SpR Reductions Followed by No Charge

	Target SpR Numbers	SpRs out	New SpRs needed	New CCST Holders	Retirements	Consultants
2000	1247	200	200		63	1800
2001	1240	219	212	197	35	1962
2002	1165	269	194	242	37	2167
2003	1090	244	169	220	32	2355
2004	1090	206	206	185	43	2497
2005	1090	200	200	180	52	2625
2006	1090	212	212	191	49	2767
2007	1090	194	194	175	55	2887
2008	1090	169	169	152	64	2975
2009	1090	206	206	185	58	3102
2010	1090	200	200	180	69	3213
2011	1090	212	212	191	66	3338
2012	1090	194	194	175	74	3439
2013	1090	169	169	152	75	3516
2014	1090	206	206	185	56	3645
2015	1090	200	200	180	84	3741
2016	1090	212	212	191	73	3859
2017	1090	194	194	175	76	3957
2018	1090	169	169	152	75	4035
2019	1090	206	206	185	73	4147
2020	1090	200	200	180	115	4212

Notes:

1. New CCST holders represent expected numbers from Dean's data 2001-4, Target Growth plus retirements for 2005+.
2. New Trainees Required equals new CCST holders 5 years hence less 2% wastage and 8% factor for part-time working.
3. Reduction in Target SpR 2001 = Agreed 100 less 93 Unused NTN numbers according to SWAG.

Appendix 15: Data Input for Figure 13 - Target 3600 Consultants by 2010

	Variation 1 - Without Planned SpR reductions							Variation 2 - Include Planned SpR reductions 2001-2004					
	Retirements	Target Consultants E & W (1)	Annual Growth (1)	New CCST holders (1)	New HSTs (1)	No of SpRs (1)	SpRs Incr or Decr (1)	Target Consultants E & W (2)	Annual Growth (2)	New CCST holders (2)	New HSTs (2)	No of SpRs (2)	SpRs Incr or Decr (2)
2000	63	1800		200	260	1247		1800		200	233	1247	
2001	35	1962	162	197	256	1306	59	1962	162	197	212	1240	-7
2002	37	2167	205	242	263	1327	21	2167	205	242	194	1165	-75
2003	32	2355	188	220	273	1381	53	2355	188	220	169	1090	-75
2004	43	2497	142	185	266	1462	81	2497	142	185	392	1297	207
2005	52	2681	184	236	278	1504	43	2655	158	210	404	1491	194
2006	49	2865	184	233	73	1344	-160	2797	142	191	73	1373	-118
2007	55	3049	184	239	82	1187	-157	2916	120	175	82	1280	-93
2008	64	3232	184	248	83	1022	-165	3004	88	152	83	1210	-69
2009	58	3416	184	242	62	842	-180	3302	298	356	62	916	-294
2010	69	3600	184	253	93	681	-160	3600	298	367	93	642	-274
2011	66	3600	0	66	80	696	14	3600	0	66	80	656	14
2012	74	3600	0	74	84	706	10	3600	0	74	84	666	10
2013	75	3600	0	75	83	713	8	3600	0	75	83	674	8
2014	56	3600	0	56	80	738	24	3600	0	56	80	698	24
2015	84	3600	0	84	127	780	43	3600	0	84	127	741	43
2016	73	3600	0	73	61	768	-12	3600	0	73	61	728	-12
2017	76	3600	0	76	75	767	-1	3600	0	76	75	727	-1
2018	75	3600	0	75	77	769	2	3600	0	75	77	729	2
2019	73	3600	0	73	36	732	-37	3600	0	73	36	693	-37
2020	115	3600	0	115	61	678	-54	3600	0	115	61	638	-54

Notes:

1. New CCST holders represent expected numbers from Dean's data 2001-4 in both variations, Annual Growth plus retirements for 2005+ in variation 1 and 2009+ in variation 2. For years 2005-8 in variation 2 new CCST holders determined by No. of SpRs.
2. New HSTs equals new CCST holders 5 years hence less 2% wastage and 8% factor for part-time working, except 2000-3 in variation 2 where determined by SpR reductions.

Appendix 16: Data Input for Figure 14 - Target 3600 Consultants by 2012

	Variation 1 - Without Planned SpR reductions							Variation 2 - Include Planned SpR reductions 2001-2004						
	Retirements	Target Consultants E & W (1)	Annual Growth (1)	New CCST holders (1)	New HSTs (1)	No of SpRs (1)	SpRs Incr or Decr (1)	Target Consultants E & W (2)	Annual Growth (2)	New CCST holders (2)	New HSTs (2)	No of SpRs (2)	SpRs Incr or Decr (2)	
2000	63	1800		200	209	1247		1800		200	209	1247		
2001	35	1962	162	197	206	1256	9	1962	162	197	190	1240	-7	
2002	37	2167	205	242	212	1226	-30	2167	205	242	167	1165	-75	
2003	32	2355	188	220	222	1229	3	2355	188	220	145	1090	-75	
2004	43	2497	142	185	216	1259	30	2497	142	185	252	1157	67	
2005	52	2635	138	190	228	1297	38	2633	136	188	264	1233	76	
2006	49	2773	138	187	225	1335	38	2755	122	171	261	1322	90	
2007	55	2911	138	193	233	1375	41	2851	95	150	270	1442	119	
2008	64	3049	138	202	83	1256	-119	2917	66	130	83	1394	-48	
2009	58	3186	138	196	62	1122	-134	3088	171	229	62	1227	-167	
2010	69	3324	138	207	93	1008	-114	3258	171	240	93	1080	-147	
2011	66	3462	138	204	80	884	-123	3429	171	237	80	923	-156	
2012	74	3600	138	212	84	756	-128	3600	171	245	84	762	-161	
2013	75	3600	0	75	83	764	8	3600	0	75	83	770	8	
2014	56	3600	0	56	80	788	24	3600	0	56	80	794	24	
2015	84	3600	0	84	127	831	43	3600	0	84	127	837	43	
2016	73	3600	0	73	61	818	-12	3600	0	73	61	825	-12	
2017	76	3600	0	76	75	817	-1	3600	0	76	75	824	-1	
2018	75	3600	0	75	77	819	2	3600	0	75	77	826	2	
2019	73	3600	0	73	36	783	-37	3600	0	73	36	789	-37	
2020	115	3600	0	115	61	728	-54	3600	0	115	61	735	-54	

Notes

1. New CCST holders represent expected numbers from Dean's data 2001-4 in both variations, Annual Growth plus retirements for 2005+ in variation 1 and 2009+ in variation 2. For years 2005-8 in variation 2 new CCST holders determined by No. of SpRs.
2. New HSTs equals new CCST holders 5 years hence less 2% wastage and 8% factor for part-time working, except 2000-3 in variation 2 where determined by SpR reductions.

Appendix C

Royal College of Paediatrics and Child Health

Census at 30 September 1999 Consultants and Non Consultant Career Grade Medical Staff

Please complete and return this form to your Clinical Director by 15th November 1999.

Personal Details

1 Surname	<input type="text"/>	2 First name	<input type="text"/>		
3 Middle Initials	<input type="text"/>	4 Title	<input type="text"/>	5 Gender (M or F)	<input type="text"/>
6 Date of Birth	<input type="text"/>	7 GMC Number	<input type="text"/>		
8 Are you a college member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	9 Contact Tel No.	<input type="text"/>	
10 Email Address	<input type="text"/>				

Your Post

11 What is your Grade (*Tick One Box only*)

Professor	<input type="checkbox"/>	Consultant	<input type="checkbox"/>	Clinical Medical Officer	<input type="checkbox"/>
Reader	<input type="checkbox"/>	Associate Specialist	<input type="checkbox"/>	Clinical Assistant (4 sessions or above)	<input type="checkbox"/>
Senior Lecturer	<input type="checkbox"/>	Staff Grade	<input type="checkbox"/>	Other (Please specify)	<input type="text"/>
Lecturer	<input type="checkbox"/>	Senior Clinical Medical Officer	<input type="checkbox"/>		<input type="text"/>

12a. Are you Full time? Maximum part time? Part time?

If part time, please specify no. of sessions contracted for.

12b. Please specify to whom you are contracted to work, and the number of sessions under each contract. *Please ensure individual sessions are totalled accurately in the final box*

	No of Sessions
NHS	<input type="text"/>
Research	<input type="text"/>
Academic	<input type="text"/>
Other	<input type="text"/>
Total No. of Sessions	<input type="text"/>

13 Do you work **mainly** as a:- (Tick **one** box as appropriate)

Sub-Specialist	General Paediatrician with sub-specialty (<50% sub-specialty)	General Paediatrician with Community (<50% Community)	Community with General Paediatrics (50/50)	Community with General Paediatrics (<50% General)

14 If you work as a Sub Specialist please specify your main Sub Specialty within paediatrics from the list below (please tick one box only)

Accident & Emergency	<input type="checkbox"/>	Intensive Care	<input type="checkbox"/>	Metabolism	<input type="checkbox"/>
Dermatology	<input type="checkbox"/>	Infectious Diseases & Immunology	<input type="checkbox"/>	Oncology	<input type="checkbox"/>
Endocrinology	<input type="checkbox"/>	Nephrology	<input type="checkbox"/>	Respiratory Medicine	<input type="checkbox"/>
Gastroenterology & Nutrition	<input type="checkbox"/>	Neonatal Medicine	<input type="checkbox"/>	Rheumatology	<input type="checkbox"/>
Haematology	<input type="checkbox"/>	Neurology	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>
					<input type="text"/>

15 Name of Your Main Work Base?

16 At present do you regularly exceed 48 hours a week, as specified in the Working time Directive as it applies to Career Grade Doctors (A copy of the BMA's guidance on this matter is available from your Clinical Director)?

Yes	No	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Retirement Intentions

17 Do you plan to retire before 30/9/2000?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

18 If no, please enter year of intended retirement?

19 Are there any important questions that you consider the college should be asking in a future census?

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