

Executive Summary

1. Child Health Services in the UK in 2007

1.1 Services provided

The census found that there were 276 separate child health services, defined as those employing paediatricians.

These can be broken down as follows:-

Combined general and community paediatrics: 93

General acute services only: 72

Community only services: 73

Tertiary Services 38

1.2 Acute Services

There were 256 units in 203 trusts which provided acute services (in-patients, neonatal unit or paediatric assessment unit (PAU))

230 saw paediatric in-patients

215 had a neonatal unit, of which 67 were BAPM Level 3 units.

144 had an assessment unit

In 223 of the units children were seen in emergency departments (EDs) with 60 seen in separate paediatric EDs. Additionally children are also seen in EDs in a number of hospitals where acute paediatric services are not provided.

1.3 Rotas

The total number of on-call consultant rotas provided for general paediatrics or combined general paediatrics/neonates was 229 plus 213 middle grade rotas and 211 junior rotas.

In addition the census recorded 65 separate neonatal rotas at consultant level, 53 at middle grade and 79 junior rotas.

156 trusts reported that they operate a consultant of the week system. This represents 76.8% of trusts which provide acute and tertiary services.

1.4 Reconfiguration

192 or 67% of Clinical Directors mentioned that some reconfiguration had occurred in the last two years, was currently underway or planned for the future. Not all these reconfigurations had workforce implications and from the information given around 50 of the changes were likely to occur, and 27 were possible.

2. Workforce Numbers

2.1 Overall Paediatric Career Grade Workforce

In September 2007 the paediatric career grade workforce was made up of 4382 individuals (3966 whole time equivalents). Of these, 2925 were consultants, 1227 were staff and associate specialist grade doctors and 230 were other grades, mainly trust grade doctors.

The career grade workforce (Consultants and SASGs) has increased by 2.3% from 4060 in 2005 to 4152 in 2007, compared to a 2.7% increase between 2003 and 2005.

2.2 Consultants

In September 2007 there were 2925 consultants (including honorary consultants) making up 66.7% of the career grade workforce (69.9% of WTEs). This represents a sizeable increase from the 2005 proportions of 61.6% and 63.9%. The census also recorded 104 vacant consultant posts giving a potential consultant workforce of 3029 compared to 2798 in 2005.

Between 2005 and 2007 there was an overall increase of 7.4%, which equates to an annual growth of 3.6 % compared with 4.0% between 2003 and 2005. Despite the overall increase, the number of academics with honorary consultant status fell for the fifth consecutive census.

2.3 SASG Doctors

In September 2007 there were 1227 SASGs in the UK compared to 1337 in 2005, a decrease of 8.2% equating to a 4.2% per annum decline. The census also recorded 49 (39) vacant SASG posts giving a potential SASG workforce of 1276 (952). As in 2005, the fall can largely be attributed to the continuing accelerated decline in numbers of SCMOs and CMOs, although staff grade numbers also fell by 6.5%. The number of Associate Specialists has grown by 7.1% since 2005.

2.4 Other Grades

Trust grade doctors recorded in the census decreased from 285 in 2005 to 170, a fall of 40.4%. The largest group (105) were recorded as Trust Grade Doctor – SpR. A sharp decline of 63% in the numbers recorded as Trust Grade Doctor – SHO Equivalent implies that the conversion of previously created Trust Grade doctor posts into substantive training posts is a major factor in the smaller numbers reported in this group of doctors in 2007.

2.5 Trainees

The 2007 census did not ask for data about the number of trainees. The College has been enrolling trainees as part of MMC and in early 2008 the total number of enrolled trainees in ST1-ST3 and the equivalent FTSTA grades was 1285. Extrapolating data recorded from the DH Census 2007 shows that there are estimated to be 2096 trainees

in “Higher Specialist Training” grades which is compatible with the 1762 we recorded in 2005.

2.6 Vacancies

In 2007, trusts reported 104 consultant vacancies compared with 75 in 2005, a rate of 3.4% overall, although for community consultant positions, the vacancy rate was double at 7.0%.

2.7 Regional Variation

The data show that London continues to be the best staffed region in relation to total career grade workforce, with 49.7 WTE paediatricians per 100,000 0-15 year olds, compared to the lowest ratio found in the East of England where there are 25.1 WTE per 100,000 children.

3. Workforce Forecasts

Maintaining the numbers in the current paediatric training workforce could provide up to 400 new CCT holders each year.

The College supports the development of a consultant delivered service. The College consultation document “Modelling the Future 2” proposes that keeping the numbers in the trainee workforce at the current level would enable an expansion of the consultant workforce in the medium term from 3000 to 6000 over the next 10-20 years

4. Characteristic of the Workforce

4.1 Job Type

The number of 100% career grade community paediatricians in the workforce fell from 1363 (30.8% of the career grade workforce) in 2005 to 1313 (30.0%) in 2007, although consultant numbers rose from 462 to 506 over the same period. Only 7.5% of the workforce is now in jobs containing elements of both general and community paediatrics compared to 8.7% in 2005, and the proportion of 100% general paediatricians at 38.6% was similar to 2005 (37.4%).

4.2 Sub Specialists

The numbers and proportions of tertiary specialists increased from 973 (22%) to 1042 (23.8%). 907 of these doctors worked in tertiary centres, an increase of 3.5% since 2005, and a further 135 were recorded in DGHs or other centres working as part of a specialist network.

The largest subspecialty group was neonatal medicine (275 doctors), followed by Intensive Care Medicine (111) and Neurology (108).

4.3 Gender and Age

The proportion of female consultants rose to 46.0% in 2007 from 43.6% in 2005, and the proportion of women in the total career grade workforce rose marginally from 53.6% to 53.8%.

The mean age of career grade doctors in this census rose slightly to 48.2 for males and 47.0 for females. Female consultants now outnumber men in the 40-44 year old group by 1.08:1 compared to 1.1:1 in favour of males in 2005, and in 2007 there were 0.78:1 males to females in the under 40 year old group of consultants, a decrease from 0.9 in 2005.

The proportion of community consultants aged 50 years or over rose to 53.4% in 2007 from 51.7% in 2005 compared to 35.6% in general acute paediatrics (35.7% in 2005).

4.4 Programmed Activities, Part-Time working and WTD compliance

The average number of contracted PAs for all consultants (including those working part-time) was 10.5 per week compared to 10.8 in 2005. The average number of clinical PAs included in these contracts was 7.7 in comparison to 8.0 in 2005. The number of contracted PAs ranged from 10.4 to 10.8 for most job types except those consultants working 100% in the community for whom the average was 9.6 with 6.8 of these classified as clinical.

17.5% of consultants for whom PA information is available are contracted for less than 10 PAs per week. This compares precisely with 17.5% who worked part time or maximum part time in 2005.

Only 6.6% of consultants were reported as having contracts longer than 12 PAs and thus exceeding the WTD. In 2005, the census recorded that 28.4% of consultants worked over 48 hours.

Clinical directors reported that 84% of SASG doctors do not exceed the 48 hour working week prescribed by the Working Time Directive.

4.5 Primary Medical Qualification

72.2% of consultants in 2007 are UK graduates, a slight rise from 71.4% in 2005 and of the remaining 809 doctors 85.8% graduated outside of the European Economic Area. Amongst SASGs 50% graduated outside the UK, a similar proportion to 2005. 538 (91.5%) of SASG non-UK graduates were from outside the EEA.

5 Individual Consultant Survey

Simultaneous with the main census completed by clinical directors and leads, an individual survey was successfully emailed to 2735 consultants. 1398 valid completed forms were received - a response rate of 51.1%. Because the individual

survey recorded a far lower response rate than the main census, readers should recognise the limitations of the data and provide appropriate warnings when quoting the findings elsewhere. The results provided some interesting comparisons regarding working patterns and information on retirement plans.

5.1 PAs contacted and PAs worked

The consultants surveyed stated that the average number of PAs in their contract was 10.8, compared to 10.5 reported by clinical directors/leads. They stated that on average they actually worked 12.04 PAs a week, 1.24 PAs more than they had been contracted for. Extrapolating the additional PAs across the whole paediatric consultant workforce implies an additional uncontracted workload equivalent to 363 consultants on 10 PA contracts.

For consultants on contracts of 10 or more PAs, the average contracted clinical PAs included was 7.6, but the actual number worked was given as 8.2 by consultants. For all consultants (including those working less than 10 PAs) the number of clinical PAs worked was 7.8 per week, 0.61 higher than contracted.

5.2 WTD Compliance

9.9% of individual consultants said they had contracts of more than 12 PAs, not too dissimilar to the 6.6% reported by CDs, but the proportion rose dramatically to 46.7% when worked PAs were reported. Further, 60.2% of consultants stated that they worked more than 48 hours in an average week.

5.3 On call data

80.8% of consultants are on the on-call rota, and this proportion increases to more than 90% if those working predominantly in the community are not included.

5.4 Retirement Plans & Working Outside the UK

19% of those surveyed stated that they intended to retire in the 5 years before 2013. If this rate were applied to the total consultant workforce, it would imply 115 annual retirements for the next 5 years. 3% of consultants stated that they plan to work outside the UK on a permanent basis before 2013.

6 Workforce Pressures

The workforce pressures perceived by CDs/Leads were broadly similar to those recorded in 2005 with staff shortages being the top pressure reported by 90 (32%) trusts. The next 3 groupings - policy issues, especially WTD implementation, excessive workload and an inability to recruit were all also mentioned by at least a quarter of respondents. Issues relating to care, continuity and safety were more prominent in 2007 than 2005, being raised by 40 clinical directors.