

RCPCH Medical Workforce Census 2011

Main findings

The workforce:

Career grades: The overall paediatric career grade workforce in the UK was made up of 4605 individuals (4170.5 whole time equivalents). Of these 3418 were consultants, 1067 SSASG doctors and 120 other grades. Excluding other grades, the career grade workforce decreased by 1.4% from 4549 in 2009 to 4485 in 2011 compared to a 9.6% increase between 2007 and 2009.

Consultants and trainees: Between 2009 and 2011 there was only a modest growth in consultant numbers (including academics) of 4.7%, which equates to an annual growth of 2.3%, compared to 5.6% between 2007 and 2009. Facing the Future forecasted that paediatric consultant numbers need to rise before trainee numbers are reduced.

Consultant numbers continue to be exceeded by the number of trainees - over 3800 in January 2012.

SSASGs: Numbers of SSASG doctors had fallen significantly to 1067 by 2011 - a decrease of 17% since 2009. This fall is most notable in community child health where there were 155 fewer SSASG doctors in 2011 than in 2009.

The number of reported academic paediatricians fell by 11% from 176 in 2009 to 156 in 2011 with 13 fewer professors recorded.

Vacancies: There were 86 reported consultant vacancies (2.5%) compared to 137 vacancies in 2009, giving a potential consultant workforce of 3504 at September 2011. The number of SSASG vacancies is 51 (4.6%) in 2011.

Geographical differences:

The data show that London continues to be the best staffed region in relation to the total career grade workforce, with 47.9 WTE paediatricians per 100,000 0-15 year olds, compared to 57.1 in 2009. The lowest ratios are in the East of England (27.2 WTE) and East Midlands (28.2).

Regional provision in terms of numbers of paediatric doctors continued to vary with for example almost twice as many consultants per 100,000 children in London compared to the South East Coast.

There are large variations in the ratios of SSASG doctors per 100,000 children. The highest ratio is in Scotland (14.2 WTE) followed by Northern Ireland (12.8 WTE) and Wales (11.7 WTE) - East of England with 4.6 WTE SSASGs per 100,000 children and South Central (5.2) have the lowest ratios. The ratio is considerably lower in England than the other UK countries at 6.3 WTE SSASGs per 100,000 children.

Child Health Services:

2011 saw a concentration of provider organisations with the number of services reducing from 263 in 2009 to 226. The most significant changes were the re-organisation of child health services in both Wales and Northern Ireland, and the integration of acute and community services in 14 English areas.

Because of trust/hospital and other mergers in other parts of the UK the number of organisations providing general paediatrics reduced by 18 from 184 to 166, yet the number of in-patient units decreased by only 7 from 218 to 211. However, many clinical directors told us that reconfiguration plans were well advanced or planned in their area. The expectation is that the landscape will change more significantly in the 2013 census.

The modest reduction of in-patient units all occurred in England and was matched by a rise in numbers of SSPAUs. Implementing Facing the Future standards is expected to drive further decline in the number of in-patient units.

It was pleasing to note that hospitals reported as having a dedicated paediatric emergency department grew from 94 to 99 and that consultant of the week systems now appear to be the norm, operating in the neonatal or paediatric services in 96.2% of units.

Average numbers on rotas rose slowly to 8.1 on tier 2 (middle grade) from 7.9 in 2009 and 8.2 on tier 1 (junior) from 8.0 in 2009, still falling short of the Facing the Future standard of 10 whole time equivalent per rota.

Facing the Future modelling envisaged growth in the numbers of GP trainees and the number of nurses supporting rotas. Although, the number of GP trainees rose by almost a quarter, the proportion of nurses on general and neonatal rotas showed little change and indeed numbers were less than that of trust grade doctors.

There is also concern that in 20-25% of neonatal intensive care units, separate consultant (tier 3) and middle grade (tier 2) rotas do not appear to be present, not complying with BAPM standards and thus potentially giving rise to safety issues.

Community Paediatrics

The community paediatric career grade workforce has declined from the 2009 level, particularly in SSASG grades. Although three-quarters of services are aware of the BACCH workforce standards for community paediatrics set in 1999¹, less than 30% comply with them.

Nearly two thirds of child development teams see children of all ages, but less than half can conduct joint assessments in the same place at the same time. Over three quarters of services diagnose children and young people with attention deficit hyperactivity disorder (ADHD) and with autistic spectrum disorder (ASD), although there were some differences between countries e.g. 27.5% (39/142) of services in England do not see children with ADHD, compared to 14.8% (4/23) of services in the rest of the UK. It is concerning that 10.7% (18/169) of community services stated that they had no direct contact with their local Child and Adolescent Mental Health Services (CAMHS) and only a similar percentage had a joint intake meeting. However, more positively, 45% of community paediatricians did joint consultations with CAMHS for individual patients and over half met at least sometimes to discuss cases or for educational meetings.

More lead roles were unfilled in community child health services in 2011 and there has been a slight fall from 18.5% to 17.2% of lead roles filled by SSASG doctors. Designated doctor for safeguarding posts were unfilled in 6 cases out of 158 existing roles, which represents an improvement on 2009; but lead roles in child public health e.g. immunisation and the Healthy Child Programme, which are not statutory, do not exist in many services.

71% of services report that they comply with Facing the Future standard 10^{Error! Bookmark not defined.} relating to safeguarding with 10% not complying. A further 20% were unsure or failed to answer. In audiology services, only one third of medical diagnostic services were delivered by those trained in paediatric audiovestibular medicine, with generic community paediatricians, general paediatricians and ENT surgeons delivering the rest.

Job Types

The 2011 census continued the trends seen since 2001 of increased numbers of specialist paediatricians. Nearly 1400 (30.3%) career grade paediatricians are now specialists compared to around 700 in 2001.

Conversely the number of career grade paediatricians who spent at least 75% of their time in community services fell from 1549 in 2003 to 1452 in 2011.

Nationally the structure of paediatric roles varied considerably. In England only 28.2% of career grades worked in community paediatrics compared to 38.5% in Wales. Subspecialists represented 38.8% of the Scottish workforce, but only 23.8% in Wales.

The largest subspecialty group overall was neonatal medicine with 422 consultants (up 14% from 369 in 2009), followed by Intensive Care Medicine (127) and Oncology (126).

For the first time clinical directors were asked to identify SSASGs who were working as specialists; 35 SSASGs were recorded as specialists in tertiary centres and 18 in DGHs. Furthermore, 16.9% of SSASG doctors were considered by their clinical director to be working at consultant level of authority.

Characteristics of the Workforce

Women represented 48.6% of consultants in 2011, an increase of 2% since 2009. 69% of those registered for training are also women, with higher percentages among those in ST1-3 grades (76%).

The average age of consultants rose slightly to 47.9 and SSASG doctors had a higher age profile at 50.3. Although the percentage of community consultants over 50 fell slightly to 50.2%, the age profile was still markedly older than that for acute and specialist paediatricians.

20% of consultants are now contracted for less than 10 PAs – a considerable rise from 17.8% in 2009. Almost 45% of SSASG doctors (55.5% of women) work less than full time.

Non-direct clinical care PAs have fallen to an average of 2.71 across the consultant workforce from 2.85 in 2009 and are lowest in Scotland at an average of 2.56.

ⁱ BACCH. *Community Paediatric Workforce Requirements to meet the needs of children in the 21st Century*. 1999. Available at: <http://www.bacch.org.uk/downloads/training/bacch-cpworkforce-21c.pdf> (accessed 8 May 2013).