

RCPCH Medical Workforce Census 2013

Main Findings

RCPCH

Royal College of
Paediatrics and Child Health

Leading the way in Children's Health

Main findings

The paediatric workforce

- **Consultants:** There were 3718 (3461.6 WTE) consultants recorded in the 2013 census representing growth of 8.8% since 2011 compared to 4.6% between 2009 and 2011. This gives an approximate yearly growth rate of 4.3%.
- **SAS Doctors:** The trend in falling numbers of staff, specialty and associate specialist (SAS) doctors continues; there was a 17% fall between 2009 and 2011 and a 13.5% fall between 2011 and 2013 – from 1067 (868.6 WTE) to 923 (766.8 WTE).
- 19.5% of SAS doctors are working at consultant level of authority which is an increase from 16.9% in 2011.
- **Career grades:** The overall paediatric career grade workforce (consultants, SAS doctors and other non-training grades) headcount in the UK has risen from 4605 in 2011 to 4737 in 2013 (2.9%). In terms of whole time equivalent (WTE), it has risen from 4170.5 in 2011 to 4310.4 in 2013 (3.4%).
- **Academics:** There has been an 8.3% fall between 2011 and 2013. Since 1999, there has been a 31.9% decrease in the number of academic consultants in the paediatric workforce reported in the RCPCH census.
- **Vacancies:** Consultant vacancies are relatively low at 96 (2.5%) which is similar to 2011, however community consultant vacancies have increased from 4.3% to 5.7%. The SAS doctor vacancy rate has increased from 4.6% in 2011 to 6.2% (61 vacant posts) in 2013.
- **Other staff:** 5.0% of organisations report having physicians' associates in the hospital setting, and 14.4% have general practitioners.
- **Trainees:** The total trainee count is lower than in 2011, falling from 3878 to 3595. The count is lower in each country, apart from Wales, which has seen a rise from 165 to 185 trainees. It should be noted, however, that these figures are estimates and work is currently being undertaken at the College to improve the quality of data held about the trainee workforce.

Paediatricians by population

- There is wide variation in the number of paediatricians per 100,000 children across the UK.
 - The Midlands and East of England region has the lowest ratio at 28.7 WTE paediatricians per 100,000 children, and London has the highest, at 47.8 WTE per 100,000 children.
 - There is wide variation in the distribution of specialist paediatricians, community paediatricians and general paediatrician across the UK.
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Job types and characteristics of the workforce

- There has been an increase in the proportion of specialists in a tertiary centre, from 24.0% in 2011 to 26.1% in 2013, and specialists in a district general hospital (DGH) or other centre working in tertiary network, from 6.3% in 2011 to 6.6% in 2013.
- Scotland has the highest proportion of specialists (42.2%) compared to 33.4% in England, 26.2% in Northern Ireland and 23.7% in Wales.
- There is now an almost equal gender split among consultants (49.8% female to 50.2% male) although the WTE of female consultants is slightly lower at 48.4%. Among SAS doctors, 76.8% are female. In the total career grade workforce, the proportion of female doctors to male is 55.2% to 44.8%.
- The overall average age for consultants has risen slightly from 47.9 in 2011 to 48.2 in 2013.
- For all consultants, the average total contracted programmed activities (PAs) has fallen since 2011 from 10.2 to 9.9, and the average number of direct clinical care PAs has fallen from 7.5 to 7.4. Overall, the average number of non DCC PAs has reduced from 2.71 in 2011 to 2.48 in 2013.
- 35% of female consultants are working less than full time (LTFT), compared to 9.5% of male consultants. The overall rate of LTFT working for consultants has increased since 2011, from 20.0% to 22.1%.

Configuration of child health services in the UK

- There has been a reduction in the number of separately managed (although not necessarily integrated) organisations by 29 since 2011 to 197; most of these changes occurred in England (a reduction from 199 to 174). In England, 74 of the 174 organisations are foundation trusts.
- There has been a large reduction in the number of community-only organisations – from 53 to 28 with a consequent increase by 17 in organisations offering general acute, community and tertiary services.
- There were 233 units providing acute services defined as having at least one of the following: inpatient services, neonatal unit or paediatric assessment unit. This represents a small decline of 6 units, all in England, from 239 in 2011.
- 191 units had paediatric inpatient services compared to 211 in 2011 and 218 in 2009. This decline is less than the 170 envisaged in the RCPCH's *Facing the Future*¹ modelling.
- There are 166 short stay paediatric assessment units (SSPAUs) in the UK; 56 of which are known to be open 24 hours a day, 7 days a week. There are 25 standalone SSPAUs which exist independently of paediatric inpatient services.

¹ Royal College of Paediatrics and Child Health. *Facing the Future : A review of Paediatric Services*. RCPCH; 2011. <http://www.rcpch.ac.uk/sites/default/files/page/FTF%20Full.pdf> (accessed 16 October 2014).

- Reconfiguration and/or reorganisation has been completed in 54 UK organisations since 2011. The volume of change brought about by reconfiguration and reorganisation have been relatively low UK wide, with the majority concentrated in England – demonstrated by the lack of change in acute rota numbers. In Wales 4 out of 6 respondents report reconfiguration or reorganisation as being currently underway and 5 out of 6 say it is planned for the future.
- Consultant of the week (COW) systems are now almost universal – only 2.3% of inpatient services and 2.5% of neonatal services who responded, reported not operating this way. This compares to 3.8% in 2011. 168 (86.3%) units reported that the COW's clinics are cancelled, both in theory and in practice, with 100% compliance in both Northern Ireland and Wales.

Challenges

- Overall, 71.4% of responding organisations had a board level champion for child health services and that role is most commonly filled by a nursing director (26.2%).
- Almost half, 98 (49.7%) of organisations cited difficulty recruiting paediatric staff as a pressure, 76 (38.6%) cited clinical workload, and 55 (27.9%) cited funding.

Rotas

- In terms of the numbers of on-call rotas and staffing, there have been relatively small changes since 2011. Of the 19 fewer tier 1 rotas, 14 were in England. In Wales the WTE tier 1 staff declined by 26 (15.9%), while the WTE on tier 2 rose by 12 (11.1%).
- The data show an apparent decline in the average WTE of doctors since 2011 on both tier 1, 8.2 down to 7.6, and on tier 2, 8.1 down to 7.6; and a small rise in the WTE on consultant rotas from 7.1 to 7.2.
- There were 527.8 WTE vacancies on rotas at September 2013 compared to 421 reported in 2011, an increase of 25.4%, with vacancies rising across all rota tiers.
- Consultant rota vacancies are up from 4.9% in 2011 to 5.7% (120.4) in 2013. There were 267.3 vacancies (11.7%) on tier 2 representing an increase from 10.9% in 2011. Vacancies on tier 1 rose by more than double from 2.8% to 5.3%.

Community child health

The Workforce

- Consultants working 100% in the community and community paediatricians with a special interest increased from 569 in 2011 to 628 in 2013, an increase of 10.4%.
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- SAS doctors working 100% in the community fell from 646 in 2011 to 521 in 2013, meaning that the proportion of 100% community paediatricians continues to fall, from 25.6% in 2011 to 23.3% in 2013.
- Community consultants have an older age profile than other consultants. SAS doctors have an average age almost three years older than consultants. Along with the steady reduction in SAS doctors, this presents a challenge to sustaining the community child health service in its current format.
- England has the lowest proportion of career grade paediatricians working in community paediatrics (26.4%) compared to 30.7% in Scotland, 32.9% in Northern Ireland and 39.4% in Wales.
- There is a further small decline in combined posts (general and community paediatrics) which now comprise 6.4% of the workforce.

Workload

- There has been an increase in the number of child development teams who see children of all ages from 66.9% in 2011 to 71.8% in 2013, but there are fewer who conduct joint assessments in single premises. Only 3.2% of services fail to see children with ASD for diagnosis and 74.2% of UK services see children with ADHD for diagnosis, although in Scotland the proportion has declined to 50%.
- More medical diagnostic (aetiological investigations) services for babies who are found to be hearing impaired in the early weeks of life are carried out by audiovestibular medicine trained staff, although over two-thirds are not.
- Overall, there has been a reduction in the proportion of services stating they have regular educational meetings with child and adolescent mental health services (CAMHS), from 15.4% to 12.8%, and a decrease in the proportion stating they have ad hoc educational meetings, from 42.0% to 26.8%.
- In all forms of joint working regarding CAMHS, there has been a decrease in the number of services stating they work this way, which is of great concern in terms of the way mental health conditions in children and young people are diagnosed and managed.
- Lead roles were filled in 96% of cases where the role exists in a service, which rose to 100% for medical advisers for adoption/fostering. SAS doctors filled 17.2% of lead roles, a similar proportion to 2011.

Safeguarding

- Across the UK, 53% of services have a separate safeguarding rota and 47% have safeguarding cover as part of the general paediatric on call rota.
 - 94.6% of rotas cover physical abuse, and 50.6% cover child sexual abuse.
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- Where child sexual abuse is not covered, or not provided 24 hours a day, 7 days a week, cover is most likely to be provided by a sexual assault referral centre (SARC).
- There is a service level agreement in place for 65% of designated doctor for safeguarding roles.

Tertiary services

The Workforce

- The total headcount of subspecialty consultants has increased from 1345 in 2011 to 1487 in 2013 (10.6%). The total WTE increased from 1286.4 in 2011 to 1387.6 in 2013 (7.9%).
- The total headcount of subspecialty SAS doctors has increased from 44 in 2011 to 58 in 2013 (31.8%). The total WTE increased from 39.5 in 2011 to 49.9 in 2013.
- There is wide variation in the ratio of where specialist consultants are based to child population across UK region when looking at the largest seven subspecialties (not including neonatal medicine and community child health). The pattern is similar across all seven subspecialties; with Wales, Northern Ireland and the South of England having the lowest ratios, and Scotland and London the highest.
- The number of paediatric emergency medicine consultants rose by 71.1% between 2011 and 2013. There were also significant rises in infectious disease, allergy and immunology (25.9%) and neurodisability (25%) consultants.
- Excluding neonatology and community child health, we estimate 256 separate subspecialty services are provided for college training specialties. Neurology has the most, with 31.

Services

- Emergencies during office hours are covered by dedicated specialty teams in 69% of services; paediatric intensive has a dedicated team for 93.3% of its services.
- Only 38.3% of dedicated teams provide out of hours cover with the general acute team for example covering 91.7% of rheumatology services.
- 7 specialties do not have dedicated tier 1 rotas out of hours.

Clinical networks

- Subspecialty services are more likely to be part of a funded/managed clinical network for planned work in Scotland (40.9%) and Wales (40.0%) than in England (17.4%).
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- Subspecialty services are more likely to be part of a funded/managed clinical network for emergency work in Wales (40.0%) and Scotland (22.7%) than in England (12.7%).
- The three college specialties with the largest proportion saying they are not part of a clinical network for planned work are neurodisability (80%), child mental health (75%) and emergency medicine (71.4%).
- Neonatal medicine has the highest proportion of services reporting being part of funded/managed network for planned work (91.3%) and for emergency work (87%).

Compliance with RCPCH and other standards

The census is not designed as an audit, but there are a several data items collected which allow us to assess compliance with published standards, particularly:

- Compliance with the Facing the Future standard for 24 hour a day, 7 day a week access to a paediatrician with expertise in safeguarding has increased – 86% compared to 71% in 2011, however it still fall short of 100% compliance.
- The number of staff on rotas, on average, still falls considerably short of the RCPCH Facing the Future² standard 8 which states that all general paediatric rotas should comprise of at least 10 WTEs.
- Contrary to British Association of Perinatal Medicine (BAPM) standards, only 81.7% of neonatal intensive care units (NICUs) have separate consultant rotas, although this is an improvement on 77.6% in 2011.
- 97.7% of inpatient units and 97.5% of neonatal units have a consultant of the week system in place, showing high compliance with RCPCH service standard 7 which states that all general paediatric inpatient units adopt an attending consultant (or equivalent) system.