Workforce census: UK overview report (2019)

Workforce team
The child health workforce across the UK is suffering from the same planning problems, underfunding and staffing issues as the rest of the health workforce. In this first report of the series we provide a UK-wide overview of the findings from the most recent census, and make five key recommendations.

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Downloads

You can download the full report below.

There are significant gaps in the child health workforce that threaten our ability to improve health outcomes for our CYP [children and young people]. To truly deliver a workforce fit to respond to the needs of CYP, there needs to be a significant expansion in the child health workforce.

Introduction

The child health workforce across the United Kingdom is suffering from the same planning problems, underfunding and staffing issues as the rest of the health workforce.\(^1\) There is growing evidence that workforce problems are affecting the delivery of high quality, safe paediatric services in each of the UK countries. In England, a recent NHS Improvement report identified workforce problems as the main contributor to poor ratings of paediatric services by the Care Quality Commission (CQC).\(^2\)

Furthermore, child health staff in Emergency Departments report that workforce shortages were their top concern in a [winter pressures survey conducted by RCPCH](http://www.rcpch.ac.uk). The Royal College of Paediatrics and Child Health (RCPCH) calls for senior policy makers across the UK to develop and implement a strategic child health workforce plan so that safe and sustainable care is delivered for children and young people (CYP). While this is wider than the paediatric workforce, issues in the recruitment and retention of paediatricians threaten the safety of our children’s health and well-being. To highlight issues and identify solutions, we will be releasing a series of reports on the state of the paediatric and child health workforce throughout 2019, supported by data from the College’s 2017 Workforce Census.

The RCPCH is encouraged that the [NHS Long Term Plan](http://www.nhs.uk) for England, published in January 2019, makes robust recommendations for child health and commits to establish a national workforce group which include the Royal Colleges. It is essential that the RCPCH’s workforce findings and recommendations be used to inform workforce and service planners of the key pressures facing paediatrics. RCPCH welcomes a long-term approach to workforce planning that will enable the development of new ways of working and facilitate the development of system wide approaches to deliver child health services.

In this first report of the series we provide a UK-wide overview of the findings from the census and make recommendations in five key areas:

1. Planning the child health workforce
2. Recruiting, training and retaining more paediatricians
3. Incentivising the paediatric workforce
4. Attracting more overseas-trained doctors and health professionals
5. Planning for and expanding the non-medical workforce

Further reports will focus on the workforce in each of the four UK nations, safeguarding provision, the workforce in paediatric specialties and Specialty and Associate Specialist (SAS) doctors.

The reports are supported by the following [census resources](http://www.rcpch.ac.uk):

- An interactive dashboard of paediatric workforce data which allows users to apply filters and customise for their own use and interest
- A set of detailed tables in Excel format for those who which to see further breakdowns of the census data
- An explanation of how we arrived at our estimate of consultant workforce demand and
supply of trained doctors
• The census data collection methodology and response rate

Key facts about the paediatric workforce

Career grade workforce

• The consultant paediatric workforce in the UK grew from 3,996 in 2015 to 4,306 in 2017 or 3,756.9 to 3,997.1 in terms of Whole Time Equivalents (WTE). There was a 7.8% rise in headcount and 6.4% rise in terms of WTE.
• Consultant growth between 2015 and 2017 was highest in England at 8.2% (or 6.7% WTE). The headcount growth rates in Scotland (5.0%), Wales (5.1%) and NI (5.4%) are all lower than England.
• RCPCH currently estimates that demand for paediatric consultants in the UK is around 21% higher than 2017 workforce levels; an increase of approximately 850 WTE consultants is required.
• SAS doctor numbers are now only 51.9% of the total reported in the RCPCH Census of 2001.
• The proportion of consultants in community child health posts in 2017 was 17.4% of the consultant workforce, a reduction from 18.5% in 2015.
• 53.5% of consultants in UK were women in 2017, an increase from 51.6% in 2015.
• Less than full time working (LTFT) among paediatric consultants in the UK increased to 24.2% in 2017, from 21.5% recorded in 2015.

Trainees

• In 2018, women represent over 77% of paediatric doctors in training.
• 22.2% of paediatric trainees are now working LTFT.
• Across the UK 87.5% of ST1 posts were filled in 2018 compared to 89.6% in 2017.
• There is a 11.1% rota vacancy rate on tier 1 (junior), 14.6% on tier 2 (middle grade).
• RCPCH estimates that there is a need to recruit approximately 600 doctors into ST1 training posts each year for approximately the next five years.

Service pressures

• Overall, 84% of respondents in the UK said that paediatric training posts and gaps pose a significant risk to their service or to children, young people and their families.
• There was recognition among respondents that pressures facing paediatrics are interlinked with problems and shortages across the NHS, especially Emergency Care, Child and Mental Health Services (CAMHS) and primary care.
• In 2017, 89.9% of NICUs had a separate tier 3 (consultant) rota compared to 92.6% in 2015.

1. Plan the child health workforce

There has been an incoherent and inconsistent approach to planning for the child health workforce.

NHS Improvement (NHSI)/Health Education England (HEE), Health Education and
Improvement in Wales (HEIW), NHS Education for Scotland (NES) and the Department of Health and Social Care in Northern Ireland must develop a bespoke child health workforce strategy for their individual countries.

Each strategy must identify all the child health workforce to meet the needs of CYP including medical, midwifery, nursing, allied health professionals, pharmacists, health visitors and school nurses.

The plan must model the paediatric and child health workforce at least up to 2030 based on what future services will look like and existing service demand projections.

The strategy must be sufficiently robust to deliver professional and service standards.

The strategy must acknowledge and support differential participation rates and the development of portfolio careers to enable retention of staff. RCPCH is prepared to work with all agencies in a constructive and collaborative manner to secure the workforce strategy.

2. Recruit and train more paediatricians

The RCPCH supports the Royal College of Physicians call to double the number of medical students. In addition, the RCPCH wants to see:

a. The UK government and the governments in Northern Ireland, Scotland and Wales to increase the number of paediatric trainee places in the UK to 600 in each training year for the next five years.

b. The UK government and the governments in Northern Ireland, Scotland and Wales to fund an additional year of General Practice (GP) training. This additional year must include paediatric and child health training for all GP trainees as proposed in the RCGP (Royal College of General Practitioners) curriculum submission in 2016. The extended programme would be subject to approval by the General Medical Council.

c. The Department of Health and Social Care must expand the Medical Training Initiative scheme, which provides doctors from outside the UK to train and develop their skills in NHS.

d. NHS Employers (HEE, and equivalent workforce planning bodies in Scotland, Wales and Northern Ireland) and the Deaneries must support existing SAS grade doctors and their professional development, ensuring that this important part of the child health workforce is recognised as a viable, attractive alternative career pathway. Improved recognition of SAS doctors’ seniority is important to improve attitudes and morale. Furthermore, it is essential that SAS grade is included in the workforce planning of HEE, and equivalent bodies of the devolved nations.

3. Incentivise the paediatric workforce

Pay premia have been used in other hard to recruit medical specialties. Paediatrics is now facing severe shortages with falling applications and recruitment challenges.

a.
The Department of Health should offer flexible pay premia to paediatric trainees as a recruitment incentive into the paediatric specialty and for hard to recruit areas, including remote and rural settings.

b. The Department of Health should offer flexible pay premia to paediatricians who return to clinical practice after successfully undertaking a pre-agreed period of approved academic research and those who take time out of clinical practice to undertake other recognised activities that may be of benefit to the wider NHS.

4. Attract more overseas-trained doctors and health professionals

Paediatrics has historically been reliant on the skills and expertise of doctors from outside the UK. Any new migration system needs to take account of the value and contribution the health and social care sector provides to the UK economy and its population, looking beyond pay as a proxy for ‘skill’ and ‘value’. This will enable recognition of the range of roles we might need to recruit to including world class medical researchers, nurses and Advanced Clinical Practitioners.

a. The Home Office must place paediatrics and SAS doctors on to the shortage occupation list.

b. The Home Office must commit to permanently removing the tier 2 cap so that the UK attract paediatricians with the right skills into the NHS.

5. Plan for and expand the non-medical workforce

The delivery of paediatric services to children and young people and their families requires a multidisciplinary workforce.

a. NHSI/HEE, HEIW, HES and the Department of Health and Social Care (NI) must develop a national career strategy for advanced clinical practitioners including Advanced Nurse Practitioners in neonatology and paediatrics, and Physician Associates.

b. The RCPCH will collaborate with the Faculty of Physician Associates and educational funders and providers to develop post qualification fellowships in paediatrics, to emulate the mature model in the United States of America. This will facilitate career growth and increase workforce options.

- **3.** Royal College of Physicians, Double or quits: calculating how many more medical students we need. 2018: [www.rcplondon.ac.uk/news/double-or-quits-calculating-how-many-more-medical-students-we-need](http://www.rcplondon.ac.uk/news/double-or-quits-calculating-how-many-more-medical-students-we-need).