RCPCH State of Child Health short report series

2017 workforce census: focus on Specialty, Associate Specialist and Staff Grade doctors

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RCPCH
Royal College of Paediatrics and Child Health Wales
Leading the way in Children's Health

Contents

1. Introduction

This report focuses on a key section of the paediatric workforce: Specialty, Associate Specialist and Staff Grade doctors (SAS doctors) working in child health. This report is part of a series using RCPCH workforce census 2017 data to highlight key areas of the paediatric workforce, including an Overview Report[1] and reports on the workforce in Scotland [2] and Wales. Further reports will focus on Northern Ireland, safeguarding provision and the workforce in the paediatric specialties.

This report makes recommendations specific to SAS doctors in the following broad areas at both national and local level:

1. Plan the child health workforce at national level
2. Plan the child health workforce as local level
3. Incentivise and retain the paediatric workforce
4. Recruit and train more paediatricians

The reports are supported by the following Census Resources on the RCPCH website[i]:

- 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.

2. Executive summary

2.1 Context

SAS doctors are a significant and important part of the paediatric workforce and have important roles in general paediatrics and community child health. This report is concerned primarily with Specialty, Associate Specialist and Staff Grade doctors in paediatrics, i.e. non-consultant, non-training doctors that have at least four years of postgraduate training, two of those years in a relevant specialty, and who are generally employed on national terms and conditions. These doctors are distinct from Trust grade doctors or locally employed doctors (LEDs) who may have less postgraduate training and are usually employed on local terms and conditions.

The number of SAS doctors in paediatrics has fallen significantly over the last 10-20 years. The RCPCH census reports that there were 778 headcount SAS doctors in the UK in 2017; almost half the number there were in 2001. However, during this time, the number of Trust doctors and LEDs has risen to around the same number of SAS doctors. Therefore, although the total number of Trust grade plus SAS doctors has remained similar over this time, the experience, competencies and stability of this workforce group has declined.

This trend has led to a change in the perception of the skills of SAS grade doctors. They possess different levels of skills which are suitable to support rotas at various tiers. This can cause confusion to employers, departmental staff and patients. Patients and public are often only aware of consultants and junior doctors in training, and unaware of experienced senior doctors who may or may not be working independently. Career development opportunities and recognition of skills

i https://www.rcpch.ac.uk/resources/workforce-census-2017-resources

and needs are predominantly determined by local factors and are not uniform across healthcare settings.

RCPCH welcomes the 2019 report from HEE and NHS Improvement "Maximising the Potential"[3] which offers guidance to recognise and support SAS doctors. The report focuses on England, but RCPCH believes the principles and commitments within are applicable across the whole of the UK. Indeed, SAS doctors numerically represent a greater proportion of the non-training paediatric workforce in Scotland, Wales and Northern Ireland compared to England.

SAS doctors cannot be considered in isolation as they form a significant part of a paediatric medical workforce which is under increasing pressure. Recruitment shortfalls and vacancies due to attrition and out of programme activity are putting both the general and neonatal rotas at all tiers under immense strain. Demand is also increasing, particularly in terms of emergency admissions and referrals for conditions covering emotional health, mental health and complex developmental disorders such as autism. We have documented with the British Association for Community Child Health (BACCH)[4] the need for considerable growth in the community workforce, where SAS doctors have historically taken on statutory and important roles and acted as independent practitioners (i.e. without consultant oversight). This report shows that, on average, at least one SAS doctor takes part in every tier 2 (middle grade) general paediatric or general/neonatal combined rota in the UK and that SAS doctors comprise 38% of the non-training doctors in community child health with 13.1% of lead roles filled by SAS doctors. SAS doctors are therefore an essential part of the solution to the workforce numbers problems and by implication a key to improving services and outcomes for children and young people.

2.2 Concerns surrounding the SAS workforce

RCPCH census data clearly show that SAS doctors in paediatrics are decreasing in number and increasing in age. This appears to run contrary to the national trend for other specialties, as the British Medical Association (BMA) stated in 2014 that "in recent years an increasing number of doctors have chosen to become SAS doctors rather than enter higher specialist training"[5]. The SAS doctors tend to work less than full time more than other staff groups. Employers, and sometimes even consultants, can see a SAS doctor's role is to fill service gaps, rather than helping them develop a meaningful career structure. The lack of provision of minimum number of sessions for supporting professional activities can limit professional development and many SAS doctors report difficulties in accessing training and educational opportunities. These limitations can undermine the workforce and reduce morale.

Since the introduction of the Specialist Doctor grade in 2008[6] and the moratorium on creating new Associate Specialist Grade posts, career prospects in terms of pay and reward have diminished. Although SAS doctors in paediatrics are included in the National Shortage Occupation List throughout the UK [7], it is not perceived as an attractive career path either by overseas doctors or for those who may not wish to continue in the training scheme. This has resulted in the census reporting SAS doctor vacancy rates at higher levels than those for consultants.

Paediatrics needs staff at all levels; it is unlikely that a single medical model of trainees and consultants will continue to be viable in the future because there is a clear reluctance amongst national planning bodies to increase training numbers to meet evidence of growing demand. Although an increase of 1500 medical student numbers was announced in 2017 to start in September 2018[8], this does little more than stem the decline in the numbers of medical students observed in the UK since 2012[9].

Workforce planners and the medical specialties need to embrace the prospect of a more plural workforce while recognising this cannot be achieved at a bargain rate. Excellent work is already

being undertaken to develop Advance Clinical Practitioners in paediatrics[10] and some Integrated Care Systems, Trust and Health Boards are looking at how to utilise Physician Associates; models from abroad, particularly the USA[11] offer inspiration in this respect. It is vital that this important and essential workforce is equally supported.

2.3 What the RCPCH offers

We provide the following to RCPCH members who are SAS doctors:

- Careers advice for those wishing to pursue a SAS career
- Guidance for SAS doctors considering entering or re-entering the paediatric training programme, including information on accessing the national grid for sub-specialty training in paediatrics
- Guidance about the MRCPCH and DCH (Diploma of Child Health) exams
- Guidance on applying for entry to paediatric specialist register either in paediatrics or a sub-specialty of paediatrics through the CESR (Certificate of Eligibility of Specialist Registration) routes
- Access to workplace-based assessments and e-Portfolio accounts to support demonstration of competencies of the paediatric training curriculum, for example for use for CESR applications, if considering entry/re-entry to the paediatric training programme opportunities to get involved as a College Tutor so you can support doctors in your organisation
- Access to a range of educational courses, events and eLearning
- Access to mentoring standards and information about endorsed mentoring schemes across the UK
- Access to the RCPCH CPD diary account to record continuing professional development (CPD) activities (although non-member option is available)
- Access to revalidation advice and guidance
- Access to paediatric parent and carer feedback tool for revalidation.

Further, we have taken the following actions over recent years:

- Supported the re-introduction of AS grade in discussions at the Academy of Medical Royal Colleges including ensuring the reinvigoration of professional development for SAS doctors.
- Supported the SAS doctor committee at RCPCH and a SAS doctor meeting at the RCPCH annual conference.
- We are trying to recruit more SAS doctors as members of the RCPCH as presently only around 60% of UK SAS doctors are RCPCH members.
- Ensuring that the RCPCH Shape of Training model makes provision for SAS doctors to be able to re-enter training.
- We have successfully lobbied for changes in immigration rules regarding the shortage occupation list and will continue to ensure obstacles are minimised in regard to attracting good quality doctors to the UK while recognising the need to raid low resource countries of their essential medical workforce.
- We will ensure educational supervisor training includes content on how to support SAS doctors.

3. Acknowledgements

The RCPCH would like to thank the clinical directors, clinical leads and everyone who submitted data to the census, conducted from autumn 2017 to summer 2018. Your input is invaluable in allowing the College to provide evidence-based recommendations and ensure the pressures facing the child health workforce are prioritised.

Dr Prakash Kalambettu and Dr Mike Linney from the RCPCH SAS Doctors' Committee have provided essential guidance in the production of this report.

Martin McColgan, Marie Rogers and Anita Pau currently comprise the RCPCH workforce team which leads the census work. Heather Clark, Wingsan Lok, Donella Williams, Rachel Winch, and Lucas Woodward were also part of the workforce team during the census project and contributed to the work. Furthermore, Patrick Cullen, Membership Manager and John O'Keefe, Assistant Director of Education and Training provided valuable input to this report.

Dr Simon Clark, RCPCH Officer for Workforce Planning and Vice President for Health Policy

4. Recommendations

4.1 Plan the child health workforce at the national level

- HEE, HEIW, Scottish Government, the Department of Health (NI) and other organisations need to include SAS doctors in their workforce planning, and particularly recognise their role when they work at consultant level of responsibility or equivalent to senior trainees.
- The shared commitments and guidance to support SAS doctors set out in Maximising the Potential [3] published by NHSI and HEE are incorporated and implemented in the NHS Long Term Plan in England, and the equivalent child health workforce planning strategies in Scotland, Wales and Northern Ireland.
- The Department of Health to re-introduce the Associate Specialist grade so that career options and pathways are enhanced, as called for by the Academy of Medical Royal Colleges. The NHS Long Term Plan for England published on 8 January 2019[12] contained a commitment to create a new associate specialist or equivalent grade and this must be implemented.
- The General Medical Council survey of SAS doctors planned for 2019 should include questions to the employers of SAS doctors. This will help identify areas of good practice.

4.2 Plan the child health workforce at local level

- Employers must implement the charter for Staff and Associate Specialist doctors as published by the BMA (2014), and the equivalent charters in the other UK countries.
- Employers must ensure SAS doctor involvement in developing local services to include training and supervising trainees and other staff. Employers and directorates need to maximise the potential of all their workforce.
- Employers and local systems to develop a path for SAS doctors with career potential and where training and development resources and time are readily available.
- Encourage a plural and more sustainable workforce by employing doctors at different stages of their career and non-medical child health staff who can add greater continuity to service delivery for patients.

4.3 Incentivising and retaining the paediatric workforce

- HEE/NHS Employers need to audit the Charter for SAS doctors. This will identify where it has not been well implemented and promote action in those areas. This audit could include work to determine if SAS doctors are represented proportionately in Local Negotiating Committees (BMA and NHS Employers), that they have the same access to CPD as consultants, that coding of patients and work activity is done under SAS doctors' name, they have access to a tutor and are involved in recruitment of other SAS doctors.

- NHS Employers and the BMA must ensure the implementation of the minimum number of SPAs in the SAS doctor contract in order that there is increased scope to develop educational supervision, management and research skills. This is an investment to aid the development of this group of doctors, reduce the burden on consultants and make becoming a SAS doctor a more attractive career option. Good practice guidance in Wales advocates 20% of time for SPAs for all SAS doctors[13].
- Medical Directors and Clinical Directors need to recognise the potential of SAS doctors by broadening out their role. Include the potential of SAS doctors in team job planning.
- Employers should employ SAS doctors where possible in preference to trust doctors thus increasing the quality of the team. They also need to make jobs more attractive, and not see them as just to support failing rotas.

4.4 Recruiting and training more paediatricians

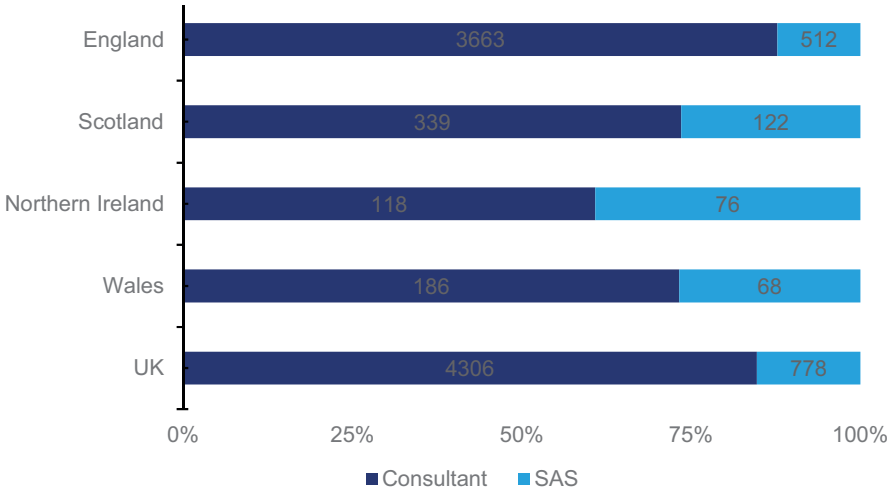
- Employers and professional bodies must respect doctors' career choices whether they pursue a training or non-training route.
- Employers must commit to and provide opportunities and support for SAS doctors to develop special interests, so they can work as independent practitioners in the future.
- National and local workforce planners, employers and professional bodies must take these recommendations forward in order to increase the whole-time equivalent number of SAS doctors by approximately one-third to 860.7 WTE.

5 Findings

5.1 Numbers and trends

In 2017, there were 778 headcount (646 WTE) Staff, Associate Specialist and Specialty (SAS) doctors in the UK. Figure 1 provides a comparison of the number and proportion of consultants and SAS doctors in paediatrics in each of the 4 UK nations and overall.

Figure 1. Headcount number and percentage of consultant and SAS grade doctors by country[5]



The majority of SAS doctors (512) work in England, but they represent the smallest proportion of the non-training paediatric workforce at 12.3%. In the UK overall SAS doctors represent 15.3% of the non-training workforce and in Northern Ireland this rises to 39%. See Table 1.

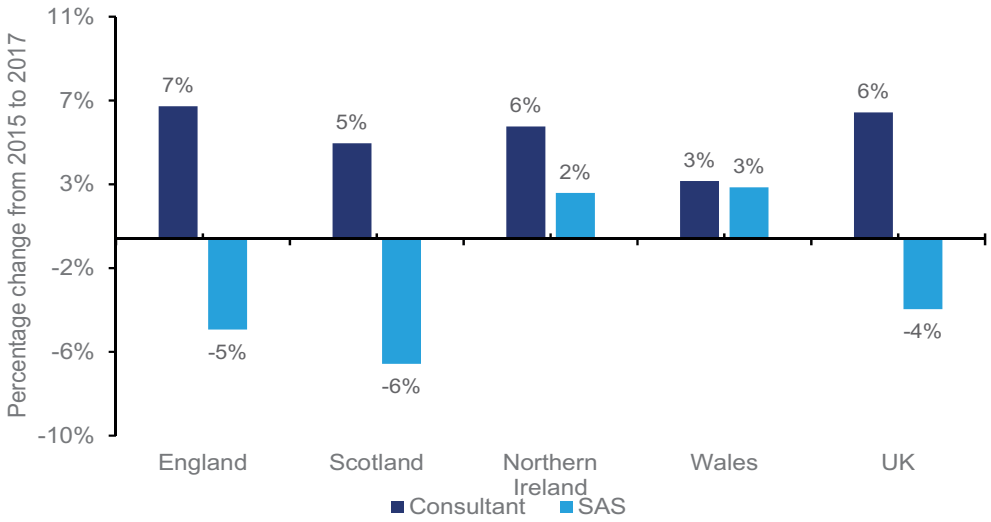
Table 1. Headcount and WTE of consultant and SAS doctors by UK nation.

Head count	England		Scotland		Wales		Northern Ireland		UK	
	No	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
Consultant	3663	87.7%	339	73.5%	186	73.2%	118	60.8%	4306	84.7%
SAS	512	12.3%	122	26.5%	68	26.8%	76	39.2%	778	15.3%
HC total	4175		461		254		194		5084	
	WTE	**%**	**WTE**	**%**	**WTE**	**%**	**WTE**	**%**	**WTE**	**%**
Consultant	3377.4	88.7%	324.5	76.5%	175.7	75.1%	113.1	65.4%	3997.1	86.1%
SAS	429.5	11.3%	99.5	23.5%	58.2	24.9%	59.7	34.6%	645.9	13.9%
WTE total	3806.9		424.0		233.8		172.8		4642.9	

SAS doctors represent a smaller proportion of the workforce when we measure in whole time equivalents because more SAS doctors work less than full time.

SAS doctors continue to decline in number, as seen in every census since 2001, with only 778 headcount (646 WTE) reported in 2017, representing a 3.7% decline in headcount and 3.6% in WTE since 2015. This is a smaller magnitude of decline than in previous censuses, but SAS doctor numbers are now only 51.9% of the total number of SAS doctors reported in the RCPCH Census of 2001 as shown in Table 3. A comparison of the change in headcounts of consultants and SAS doctors between 2015 and 2017 is shown in Figure 3.

Figure 2. Percentage change from 2015 to 2017 in WTE of consultant and SAS grade doctors.



SAS doctor numbers declined more steeply in England (-4.8%, -4.6% WTE) and Scotland (-3.9%, -6.4% WTE), compared to Northern Ireland where there was a small increase of 1.3% (2.3% WTE) and Wales where SAS doctor headcount number remained the same (2.6% increase in WTE).

Table 2 also reveals great changes in the grade composition of paediatric SAS doctors. Senior Clinical Medical Officers (SCMO), Clinical Medical Officers (CMO) and clinical assistants are now absent from the workforce. Since 2008 when the specialty doctor grade was introduced, and new appointments could no longer be made to other grades, there has been a dramatic fall in the number of staff grades and a less steep decline in the number of associate specialists.

Table 2. Headcount number of SAS grade doctors, 2001-2017.

Grade	2001	2003	2005	2007	2009	2011	2013	2015	2017	Change 2015 to 2017
Specialty doctor	0	0	0	0	222	244	290	324	354	8.5%
Associate specialist	190	274	364	390	528	557	464	384	336	-14.3%
Staff grade	815	846	801	749	497	256	166	100	88	-13.6%
SCMO	235	147	88	40	18	5	0	0	0	-
CMO	241	153	74	37	17	5	3	0	0	-
Clinical assistant	20	15	10	11	3	0	0	0	0	-
Total	**1501**	**1435**	**1337**	**1227**	**1285**	**1067**	**923**	**808**	**778**	**-3.9%**

Although there has been a decline in SAS doctors, this appears to have been matched by a rise in the number of Trust grade or Locally Employed Doctors working in paediatrics. In 2011 for example, the RCPCH census reported 120 (99.3 WTE) "Other doctors" working in paediatrics, in 2017 our estimate of Trust grades was 739 headcount (620.6 WTE). This would mean that added together SAS doctors and Trust grade (and LED) doctors represent a similar number as in 2001, and 29.8% (27.3% WTE) of the non-training workforce. In terms of experience and conditions of employment, there will of course be considerable difference.

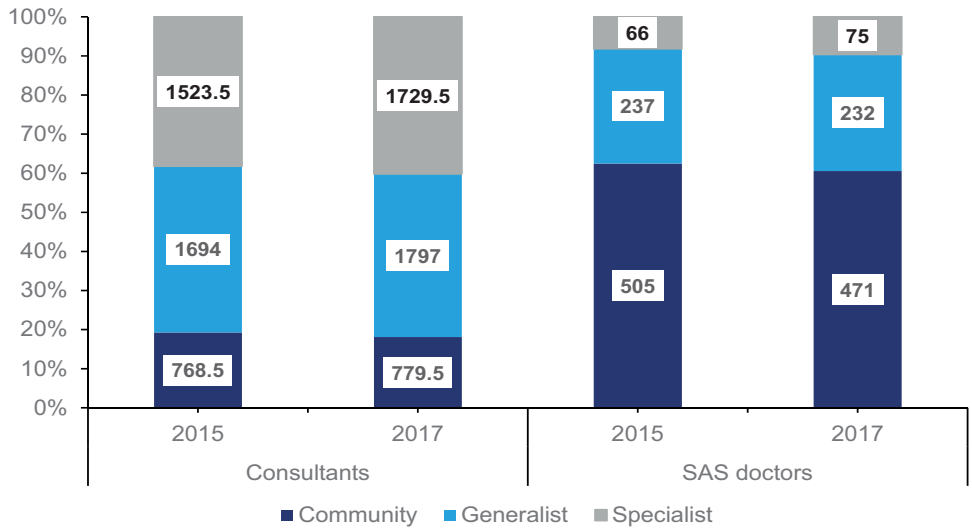
5.2 SAS doctor demand

It is difficult to produce precise estimates for the number of SAS doctors required in paediatrics as it is dependent on the relative supply of other grades, particularly consultants and trainees. However, RCPCH consider that the whole time equivalent number of doctors needs to increase by approximately one third (33%) from 645.9 WTE recorded in the 2017 census to 860.7 WTE. The largest part of the required growth is in community child health with around 185 WTE SAS doctors to meet the demand calculated by RCPCH and BACCH in their Covering All Bases project [4]. This estimate assumes that the ratio of consultants to SAS doctors remains the same as the current ratio. A further 31 WTE SAS doctors are needed in general paediatrics if the proportion of doctors on tier 2 (middle grade) rotas remains unchanged while the total number of staff on rotas increases to meet Facing the Future standards [14].

5.3 Job type

Figure 3 provides a comparison of the job types of paediatric consultants and SAS doctors in 2015 and 2017, which shows clear differences in the work done by the different staff groups. In both years the proportion of SAS doctors working in community child health (CCH) was higher than 60% whereas less than 20% of consultants work in CCH. The percentage of both consultants and SAS doctors in general paediatrics fell slightly between 2015 and 2017 highlighting the pressures on this part of the workforce.

Figure 3. Number of consultants and SAS doctors by job type, comparing 2015 and 2017.



5.4 Gender and age

Women make up over half of all consultants in all the UK nations, except Wales where they comprise 45.7%. A majority of SAS doctors across all four nations (78.2%) are women, and almost 9 out of 10 SAS doctors in Scotland are women (89.3%). England has the lowest proportion of female SAS doctors (73.7%).

Table 3 shows that the proportion of women in the SAS workforce remained at a similar level between 2013 and 2015 (76.8%) but increased to 78.2% in 2017.

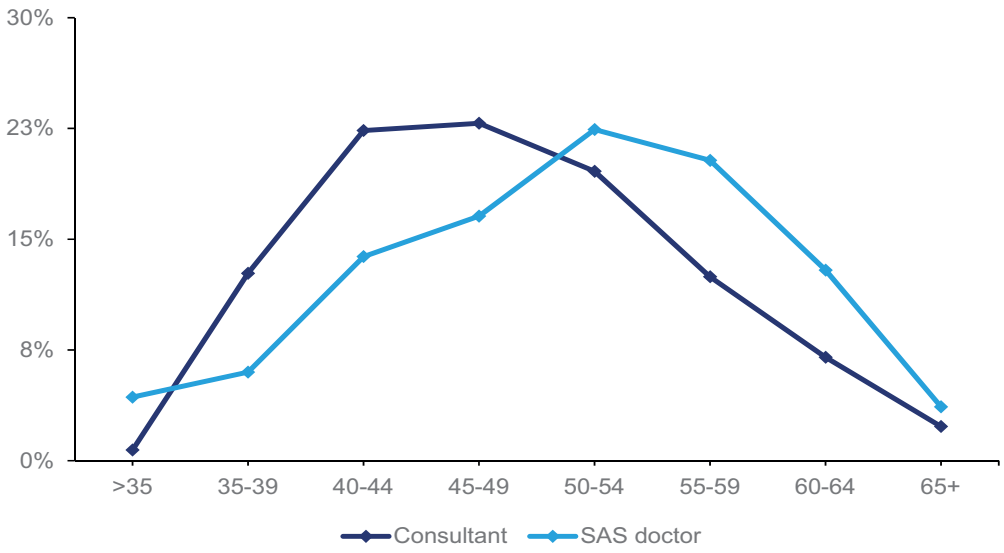
Table 3. Proportion of consultants and SAS doctors who are women (headcount) by country

% Women	2013		2015		2017	
	Consultant	SAS	Consultant	SAS	Consultant	SAS
England	48.8%	74.1%	51.3%	72.7%	54.2%	73.7%
Scotland	47.6%	86.0%	53.2%	85.0%	56.0%	89.3%
Wales	49.3%	85.5%	50.8%	88.0%	45.7%	79.4%
Northern Ireland	44.5%	79.3%	45.3%	80.9%	51.7%	89.5%
UK	48.6%	76.8%	51.2%	76.8%	53.5%	78.2%

SAS doctors have a higher age profile than consultants in the UK. Figure 4 shows that the largest proportions of consultants are in the 40-44 and 45-49 age groups, whereas the majority of SAS

doctors are in the 50-54 and 55-59 age groups. This raises concerns about the sustainability of the SAS workforce in terms of ability to replace these who will be retiring in the next 10 to 15 years.

Figure 4. Consultant and SAS doctors by age group in the UK in 2017.



5.5 Less than full time working

For SAS doctors, less than full time working is more common than for consultants. In 2017 our census reports 45.8% of SAS doctors working less than full time compared to 24.2% of consultants. Table 4 shows that less than full time rates among SAS doctors vary according to job type - 58.9% of SAS doctors in community child health roles working less than full time compared to only 24.7% who work in general paediatrics. The percentages have been calculated without including those where the less than full time status of a SAS doctors was not known, or no response was received.

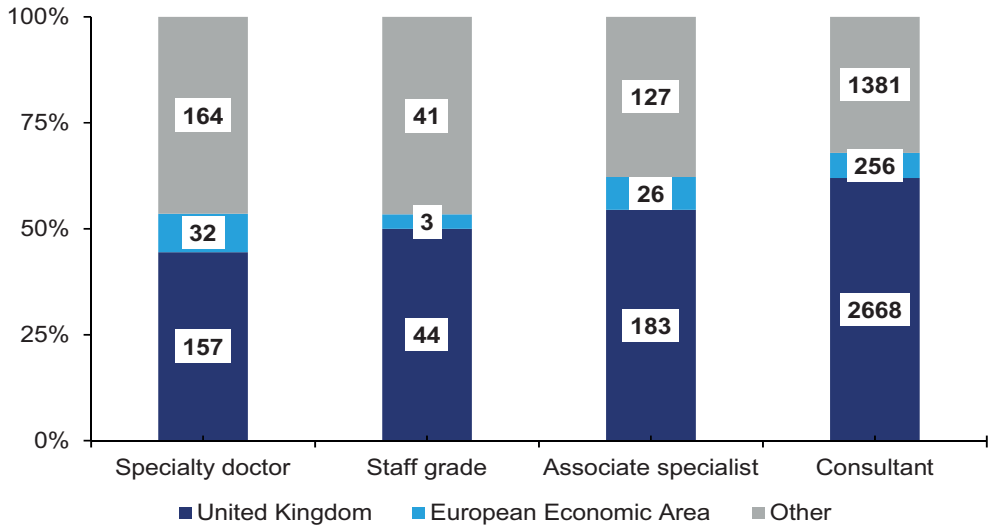
Table 4. SAS doctors' less than full time working by job type

	Full time	Less than full time	Total SAS doctors	Not known/ no response	Percentage responders less than full time
Generalist	149	49	232	34	24.7%
Community	154	221	466	91	58.9%
50% general/ 50% community	5	2	10	3	28.6%
Specialist	38	20	70	12	34.5%
UK total	**346**	**292**	**778**	**140**	**45.8%**

5.6 Primary Medical Qualification

SAS doctors are more likely to have received their primary medical qualification outside of the UK than consultants and in the newer grade of specialty doctor the difference is more pronounced. Figure 5 shows that 50.5% of SAS doctors are non-UK graduates compared to 38.0% of consultants. There is a distinct difference between men and women with 83.6% of SAS doctors who are men being non-UK graduates compared to only 41.2 of women SAS doctors.

Figure 5. Place of Primary Medical Qualification by grade in 2017



5.7 Vacancies

Across the UK, the consultant vacancy level was 3.7% of the total consultant workforce, and the SAS vacancy level was higher at 6.4%. Northern Ireland had the highest proportion of vacancies of the four nations, at 11.0% for consultants and 11.8% for SAS doctors. See Table 5.

Table 5. Headcount (HC) vacancies and vacancy % levels, by nation and grade group.[ii] Percentages as a proportion of each nation's overall workforce.

	England		Northern Ireland		Scotland		Wales		UK total	
	HC	%	HC	%	HC	%	HC	%	HC	%
Consultant	130.1	3.6%	13	11.0%	9	2.7%	8	4.3%	160.1	3.7%
SAS doctor	32.8	6.4%	9	11.8%	5	4.1%	3	4.4%	49.8	6.4%
Total	**163.0**	**3.9%**	**22**	**11.3%**	**14**	**3.0%**	**11**	**4.3%**	**210.0**	**4.1%**

The vacancies reported in this section reflect the established posts not filled. They do not give an indication of the shortfall against the College standards, rather they are the shortfall against the workforce establishment of the organisation. The gap between the 2017 workforce and that required to meet standards is considerably larger. .

5.8 SAS Doctors on Rotas

SAS doctors play an important role in supporting paediatric training rotas. Data from the 2017 census show that 254.3 WTE SAS doctors work on general paediatric and neonatal training rotas. This is an estimate weighted from 83.7% of rotas where we received complete data on the grade composition of rotas. Most SAS doctors work at tier 2 level (222.1 WTE) and the majority of these doctors (152 WTE) work on combined general/neonatal rotas. On average there is just over one SAS doctor on every tier 2 rota (if NICU rotas are excluded), i.e. 191.8 WTE on 181 rotas.

ii Organisations in Scotland, Northern Ireland and Wales returned complete vacancy information. In England, 140 out of 168 organisations responded (83.3%). The vacancies in England were weighted up to reflect this response rate.

Table 6. WTE of SAS doctors on training rotas – UK 2017 (weighted estimate)

	General Paediatrics	General/ Neonatal	Neonatal medicine	Total
Tier 1 (Junior)	0.0	4.7	0.0	4.9
Tier 2 (middle grade)	39.8	152.0	22.7	222.1
Tier 3 (consultant)	7.1	10.6	5.1	22.9
Other (non-standard)	1.0	0.0	0.0	1.5
Total	47.6	170.8	28.1	254.3

5.9 Lead roles

Many SAS doctors, mainly those who work in Community Child Health, undertake lead roles. For example, 35.3% of Medical Advisors for Adoption/Fostering roles were filled by SAS doctors. SAS doctors also play a prominent role in the safeguarding of looked after children (LAC). 20.5% of the designated doctors and 29.4% of the named doctors for LAC are SAS doctors.

Overall, 13.1% of lead roles are filled by SAS doctors (Table 7). This is a small increase since 2015 when we recorded 12.5% of lead roles filled by SAS doctors.

Table 7. Number and proportion of lead roles provided by a SAS doctor.

Lead Role	Country provided	Provided by SAS	SAS %	Grade specified
Child death overview panel child health representative	E, S, NI	5	5.5%	91
Designated doctor for child deaths	E, NI	4	6.2%	65
Designated doctor for looked after children	UK-wide	15	20.5%	73
Designated doctor for safeguarding	E, W, NI	1	1.3%	76
Designated doctor for Sudden Unexpected Death in Infancy	S	0	0.0%	10
Designated medical officer for Additional Learning Needs	W	1	100.0%	1
Designated medical officer for Special Educational Needs and Disability	E, S, NI	10	19.6%	51
Healthy Child Programme coordinator	UK-wide	0	0.0%	15
Immunisation coordinator	UK-wide	2	6.1%	33
Lead Paediatrician in Child Protection	S	1	11.1%	9
Medical adviser for adoption/fostering	UK-wide	36	35.3%	102
Named doctor for looked after children	UK-wide	15	29.4%	51
Named doctor for safeguarding	E, W, NI	5	3.5%	142
Named general practitioner (GP) for safeguarding children (or equivalent)	UK-wide	0	0.0%	4
Paediatrician with a special interest in child protection	S	1	12.5%	8
Procedural Response to Unexpected Deaths in Childhood practitioner	W	0	0.0%	4
Total	**-**	**96**	**13.1%**	**735**

5.10 Working at consultant level of seniority

The 2017 census asked a question "Is this SAS doctor working at consultant level of seniority?" for every SAS doctor listed by each organisation. Unfortunately, a response was provided for only 43% (335/778) of the UK SAS doctors so the quality of the data is impaired. Of these responses 23% responded that the SAS doctor was working at a consultant level of responsibility. This rose to over 34.5% in Scotland but was only 5% in Northern Ireland.

6 Methodology and response rate

80.6% (156/191) of core hospital and staffing information was completed or validated by the clinical lead/director (see Census Resources for further detail). Some responses were missing to individual questions within the census, for example information on the number of unit closure days was difficult to obtain. Response rates to individual questions are reported in footnotes beside the relevant analysis throughout the report.

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