

Written evidence submitted by the Royal College of Paediatrics and Child Health: January 2022

1.1. The UK child health workforce suffers

- 1.4. We want to see the funded expansion of new workforces to support doctors in their practice, such as Advanced Clinical Practitioners (ACPs) and Physician Associates (PAs). The College is working with Health Education England (HEE) on developing a UK-wide ACP curriculum to set clear standard and flexible routes for entry for this important workforce. We are also working with the Faculty of Physician Associates to develop a framework to clarify the educational pathways for PAs working in children and young people (CYP) services. However, based on the longer established new workforces, such as ACPs, the RCPCH recommends there is a national funding plan to help develop these roles and ensure they are utilised everywhere, in all parts of the UK, and in smaller or rural district general hospitals (DGHS) as well as tertiary centres. It is vital that any approach to workforce planning takes a whole system approach that considers the sustainable workforces of nurses, pharmacists, Allied Health Professionals, and support roles.

- 1.5. There is notable variability in the provision of the child health workforce across sub-specialities and geographical areas. Whilst regional variability of training post distribution is recognised by HEE, there is less focus on variability between types of hospital (i.e. tertiary centres and remote, rural or smaller district general hospitals) and areas of service. Moreover, within paediatrics, whilst there is general evidence of rota gaps and increasing levels of stress, we know that

- 3.1 The system for determining how many paediatricians and other child health professionals should be trained to meet long-term need is inadequate. Our discussions with HEE around their distribution project and the preparations for Progress+ indicate there is an approach in development which we hope will consider all aspects and data points. At this stage of the project, we cannot comment on its effectiveness.
- 3.2 Paediatrics 2040 summarises the future burden of need for paediatric services with there likely to be higher proportions of mental health, other adolescent health issues, neuro-disability, and long-term conditions. This data is important when determining the number of doctors, nurses, and allied health professionals that will be required to plan for and deliver child health services in the long-term.
- 3.3 Our forecasts suggest that, if drivers, such as poverty, are not addressed, there will be further rapid increases in CYP(,)4()-mr1 72.024 578.74 TmO gO G[ra]-3(pi)-5(d)-5(i)-2(n)-4(creases i)-4(n)the long

4.2% of the total consultant workforce consists of clinical academic consultant level paediatricians, compared to 9.6% in 2001.

retire early because of their pension related tax bill. 59% thought paediatric services had been reduced due to measures introduced by the Government.¹⁹

- 4.7 An AoMRC report found that on call commitments was one of the main factors affecting early retirement.²⁰ This is a particular issue within paediatrics where there has been a significant increase in the number of consultants resident on call either at senior or middle grade level.

While we accept there will always be a degree of attrition, we recommend steps are taken on the following:^{21,22,23}

- 4.8.1 Urgently explore ways to offer greater opportunities for flexible working. We know from our Trainee Network that future generations will expect greater flexibility in the workplace.
- 4.8.2 Improve retire and return arrangements by ensuring clearer and more consistent policies, and facilitate flexible approaches including through access to remote working and portfolio job plans. The RCPCH want the GMC's COVID return to practice registration easements to be made permanent.
- 4.8.3 Invest in provision of mental and physical wellbeing services for staff. There is a need to get the basics right', including through providing facilities for rest (e.g. after night shifts), spaces to carry out non-clinical work, and easily accessible hot food and drink. Resources for wellbeing initiatives should be ringfenced and staff should be consulted on these.
- 4.8.4 Ensure job planning a

progress on the implementation of a fully funded occupational health service and efforts to stamp out bullying and incivility ramped up.

- 4.8.10 Departments should support a diverse workforce by establishing inclusive working models for those who have physical and/ or hidden disabilities and reducing the barriers to develop their career.
- 4.8.11 Role models make a speciality more attractive to join but burnt-out consultants struggle to be positive role models to the next generation. Therefore, there needs to be a method to measure and protect the wellbeing of clinicians. Moreover, there is likely to be considerable variability in wellbeing risks between specialities, but the RCPCH is not a

- 6.2 However, we do play a role in advocating for paediatricians and CYP, especially if terms of employment are impacting the working lives of our members and the services received by CYP.
- 6.3 RCPCH historically described our concerns on the negative impact pensions taxation was affecting workforce capacity and service provision to the detriment of safe patient care. We