

Evidence to support including community paediatrics (aka Community Child Health, a subspecialty of Paediatrics) on the Shortage Occupation List

Dr C Ni Bhrolchain, BACCH Workforce Officer

Executive summary

- **Evidence presented below shows that Community Child Health (CCH) services are currently unable to always meet their statutory and NHS obligations**
- **Workforce figures all point to a serious shortfall in the staff needed to meet demand.**
- **Evidence also suggests that UK recruitment will not be sufficient to meet demand for the foreseeable future.**
- **Based on the evidence presented we recommend that all CCH grades should be on the Shortage Occupation List to improve immediate recruitment, as we may be able to attract suitably qualified applicants for vacant posts from outside the UK/EU.**

Pressure on CCH services

Demand has increased in most aspects of CCH over the last 10 years. Increased recognition and treatment of key conditions e.g. ADHD, Autism Spectrum Disorder (ASD) and increasing numbers of children and young people (CYP) entering local authority care and being referred for child protection assessments has put pressure on services and affected access to timely care ¹.

Impact on patients

- A BACCH/RCPCH survey in 2016 ² showed:
 - In 42.5% of services CYP wait over 18 weeks for a first appointment for ASD. Referral to treatment (RTT) times of 35.5 weeks on average, breach the 18 week RTT rule.
 - The average RTT time for ADHD is 29.9 weeks also breaching the 18 week RTT rule.
 - Only 11.4% of services can always see ADHD patients for follow up appointments when they are due. 60% can do so no more than half the time, raising issues of medication safety.
 - Fewer than half (43%) of services can see 90% or more of newly looked after children (children in care) within the required 4 weeks, risking children failing to receive the care they need swiftly at an intensely traumatic time in their lives and breaching statutory requirements.

- NHS Digital figures show that children and young people with neurodevelopmental disorders (mostly ADHD and ASD) have the longest waits for assessments compared with others with mental health issues ³.
- All-Party Parliamentary Groups on ADHD and ASD have been formed to highlight concerns about delays in diagnosis for these groups of children.
- Delays with Special Educational Needs and Disability assessments are also being highlighted in the press ⁴.

These figures show that CCH services are currently unable to always meet their statutory and NHS obligations

Decline in staff numbers

Alongside increased demand, the number of community paediatricians in the UK has declined significantly. In 2015 (the most recent RCPCH census figs), there were 1299 WTE doctors working in community paediatrics, 265 (17%) fewer than in 10 years previously in 2005 (Fig 1).

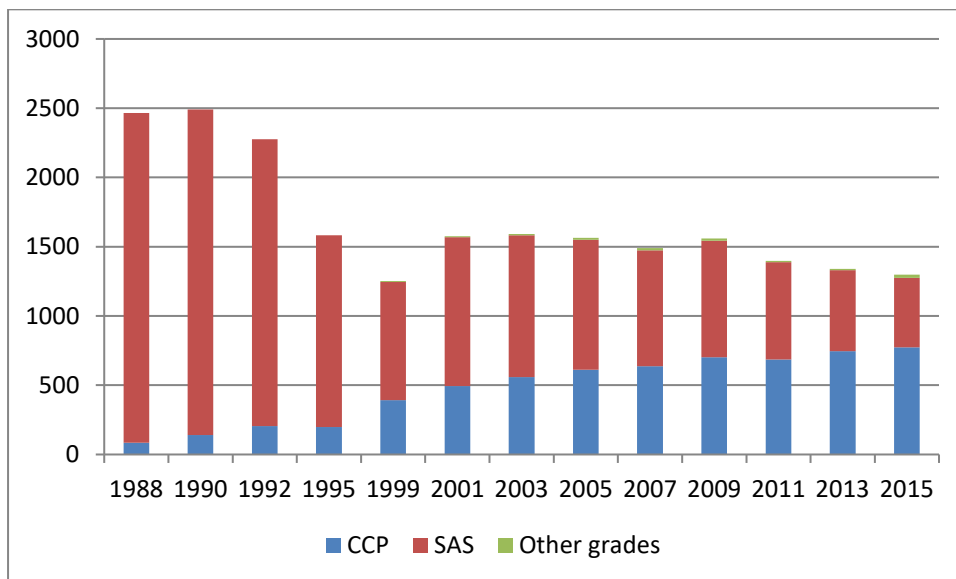


Fig 1. RCPCH census figs for career grade community paediatricians.

The RCPCH estimates that ‘an increase in the order of 25% in the size of career grade (community) paediatric workforce is required to meet ... demand’ ², an increase of about 77 new consultant per year for the next 5 years ⁵.

The RCPCH has also reported that only 9.6% of paediatric trainees are awarded a CCT in CCH, whereas 18.5% of existing consultants work in CCH (Table 1) ⁵.

CCT survey 2016	In post (%)	CCTs awarded (%)
CCH	18.5	9.6
Other subspecialties	37.4	34.2
General paediatrics	42.5	56

Table 1. Number of CCTs and consultants in general paediatrics, CCH and other subspecialties.

In 2018, the number of advertisements for consultant community paediatricians was estimated to be about 150 (C Ni Bhrolchain audit 2018). Only 25 or so CCTs being awarded each year.

These figures all point to a serious shortfall in the staff needed to meet demand.

Why not UK recruitment?

UK medical recruitment

The number of CCTs awarded in CCH is increasing but is still well below what is needed to meet demand.

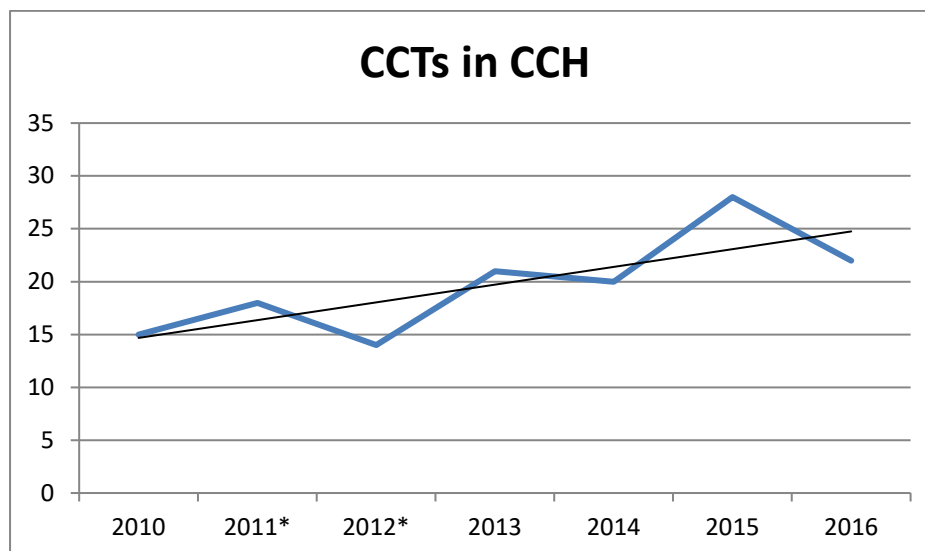


Fig 2. CCTs awarded in CCH (Numbers from RCPCH CCT holder surveys)

We are aware that some trainees with a CCT in general paediatrics take up posts in CCH, despite not being fully trained in CCH. Trusts are likely to be making this decision to avoid leaving posts vacant, but it raises issues of patient safety and the quality of care. There is training capacity to train more community paediatricians but these training posts are not currently being taken up.

We also believe that the closure of the associate specialist grade has made SAS posts less attractive, as the specialty doctor contract does not reflect the skills and experience of many SAS doctors. We are aware that some Trusts are already advertising AS posts as ‘Trust’ posts, with bespoke terms and conditions to circumvent this problem. The Association therefore supports moves by the Royal Colleges to re-open this grade to new applicants but there are as yet no firm plans to do so.

There are few CESR applications by community paediatricians than in other areas of paediatrics (RCPCH personal communication). The requirement for recent experience in general and neonatal paediatrics precludes many UK SAS community paediatricians from applying for Certification through Equivalence, as they may not have practised in these areas for many years. However applications from non-UK applicants can apply for CESR in CCH alone with slightly less stringent requirements in other areas of paediatrics, which could increase recruitment.

What about skill mix?

Community paediatrics has been slower to appoint clinical nurse specialists and advance nurse practitioners compared with other paediatric teams e.g. diabetes, epilepsy, cystic fibrosis. The reasons for this are unclear. While the Covering All Bases report shows this is now changing ⁶, there are no recognised courses for advanced nurse practice in CCH and services are having to innovate locally. Therefore this is unlikely to deal with the immediate staffing shortages, though a training scheme needs to be developed for the longer term.

Nurse skill mix in ADHD	4
Pharmacist skill mix in ADHD	1
LAC initial health assessments (note legality)	1
Advanced Nurse Practitioner in CCH	1
Total	7

Fig 3. Skill mix examples in CCH ⁶.

This suggests that UK recruitment will not be sufficient to meet demand for the foreseeable future.

What is BACCH doing?

BACCH has recognised this problem for some time and has been working with the RCPCH to assess and develop strategies to deal with the situation. It has recently appointed a Workforce Officer and intends to develop a workforce strategy alongside other bodies.

Conclusion

While the fall in staff numbers has been predominantly in SAS grades, with a rise in consultants, the rise has not compensated for the fall in SAS grades. The SAS grade is already identified as a shortage occupation. While we are working to increase UK recruitment, there are barriers to achieving this in the immediate future. CCH as a

subspecialty does not exist in many European countries, limiting recruitment from EEA countries. However CCH does exist in countries outside the EEA like Australia.

Based on the evidence presented we recommend that all CCH grades should be on the shortage list to improve immediate recruitment as we may be able to attract suitably qualified applicants for vacant posts from outside the UK/EU.

References

1. Royal College of Paediatrics and Child Health. State of child health short report series: community paediatrics workforce. London: Royal College of Paediatrics and Child Health; 2017 Available at: <https://www.rcpch.ac.uk/resources/state-child-health-short-report-series-community-paediatric-workforce> (accessed 18.12.18)
2. British Association for Community Child Health & Royal College of Paediatrics and Child Health. Covering All Bases UK survey of community child health services 2016: Results. London: Royal College of Paediatrics and Child Health; 2017. Available at: <https://www.rcpch.ac.uk/resources/covering-all-bases-community-child-health-paediatric-workforce-guide> (accessed 18.12.18)
3. NHS Digital. Mental Health of Children and Young People in England 2017. Summary of key findings. 2018. Available at: <https://files.digital.nhs.uk/F6/A5706C/MHCYP%202017%20Summary.pdf> (accessed 18.12.18)
4. Wheale S. It's soul-destroying to have to watch your daughter get worse. The Guardian. 2018 22 Oct. Available at: <https://www.theguardian.com/education/2018/oct/22/special-needs-its-soul-destroying-to-have-to-watch-your-daughter-get-worse> (accessed 18.12.18)
5. Royal College of Paediatrics and Child Health. CCT and CESR Class of 2016: Where are they now? London: Royal College of Paediatrics and Child Health; 2018. Available at: <https://www.rcpch.ac.uk/sites/default/files/2018-07/CCT%20class%20of%202016%20-%20full%20report.pdf> (accessed 18.12.18)
6. British Association for Community Child Health & Royal College of Paediatrics and Child Health. Covering All Bases Online directory of innovative practice models or pathways London: Royal College of Paediatrics and Child Health; 2017. Available at: <https://www.rcpch.ac.uk/resources/covering-all-bases-community-child-health-paediatric-workforce-guide> (accessed 18.12.18)

The British Association for Community Child Health (BACCH) is the professional organisation representing the 1200 community paediatricians in the UK and is affiliated to the RCPCH. Our members work mostly in non-acute settings and are the main providers of paediatric medical services in childhood disability, safeguarding, adoption and looked after children, also contributing significantly in child mental health (especially autism and ADHD) and in child public health. Our members provide much of the statutory medical advice for special educational needs, Adoption and Fostering and Safeguarding including court reports.

Contact details:

Chair Dr Lisa Kaufmann

Workforce Officer Dr Cliona Ni Bhrolchain

British Association for Community Child Health

5-11 Theobalds Road, London, WC1X 8SH

T. 020 7092 6084/ F. 020 7092 6001

E. bacch@rcpch.ac.uk

W. www.bacch.org.uk