

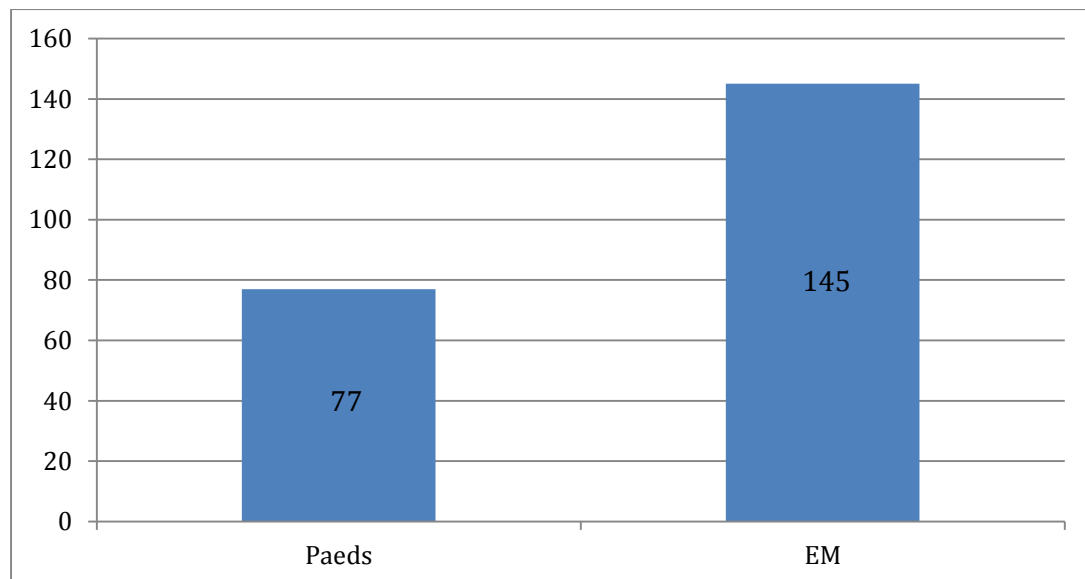
**Report to College of Emergency Medicine Training Standards  
Committee:  
Census of Paediatric EM trained Consultants in the UK, 2014**

As the sub-speciality of Paediatric Emergency Medicine (PEM) grows both in the UK and internationally, the College's training capacity and workforce calculations need to be accurate. For this reason an up to date census of PEM trained consultants took place in November 2013.

Heads of School were asked to complete a dataset of the number of consultants from either background (paediatric or emergency medicine (EM)) practicing in the hospitals in their region, who had either GMC recognised sub-speciality PEM training (available for over 10 years for either CCT), or who had equivalent training prior to official GMC recognition. All LETBs responded. Gaps in data were checked by personal correspondence.

At the end of 2013 there were 222 practising PEM consultants in the UK, 145 with EM CCT (65%) and 77 with Paediatric CCT (35%), a 2/3 to 1/3 split.

*Figure 1. No. of PEM practising consultants UK November 2013 by base speciality*



The General Medical Council in May 2014 cited lower numbers. This is because formal sub-speciality training in PEM was not recognised prior to 2001 and the census was based on the **practice** of consultants in each LETB rather than strict sub-speciality GMC certification.

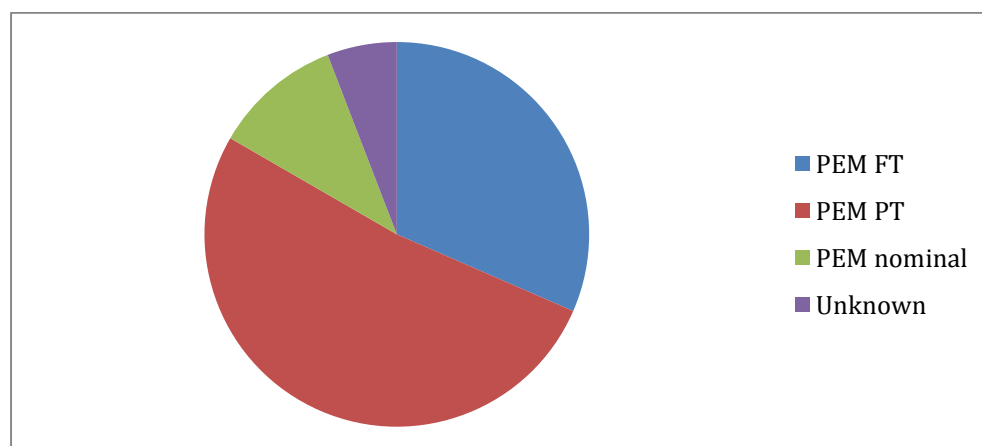
Figure 2. No. of PEM GMC registered consultants in the UK May 2014

Sub-Specialties	Specialty	# of Registered Doctors
Paediatric Emergency Medicine	Emergency medicine	142
	Paediatrics	54

Respondents were also asked if these consultants were full-time PEM practice, part-time practice, or “notional” (no designated PEM sessions in job plan, but could include for example, being the main department link / lead for children).

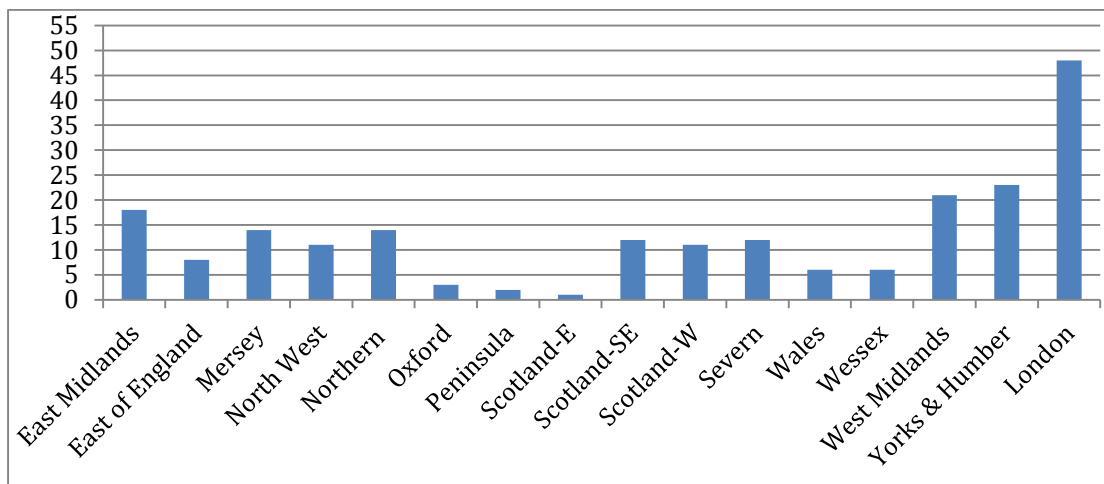
Half the consultants (115, 52%) had job plans reflecting split practice. It is likely that the majority of these are EM CCT consultants who have sessions in the adult side of the ED and ring-fenced sessions in paediatric ED, although this “part-time PEM” figure may also include paediatric consultants with job plan commitments outside the ED (eg clinics, paediatric ward). 32% worked full-time in PEM. These consultants are more likely to come from a paediatric background (they do not see adult patients) but do include some with EM CCT.

Figure 3. Job plan of consultants with PEM training.  
 PT = part-time                      FT = full-time  
 Nominal = no specific PEM recognition in job plan



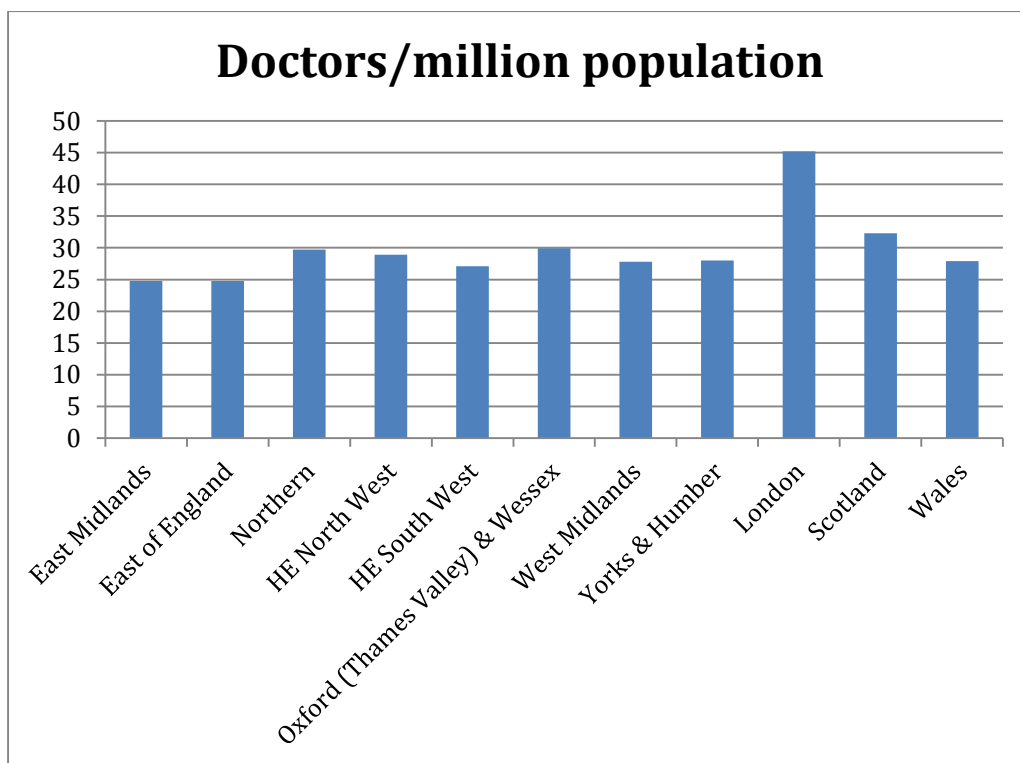
The spread of PEM consultant posts varies widely geographically. The following data displays the number of consultant posts in each Local Education and Training Board (LETB). London is presented as one region, although it has 3 LETBs.

Figure 4. Number of PEM consultants per LETB region



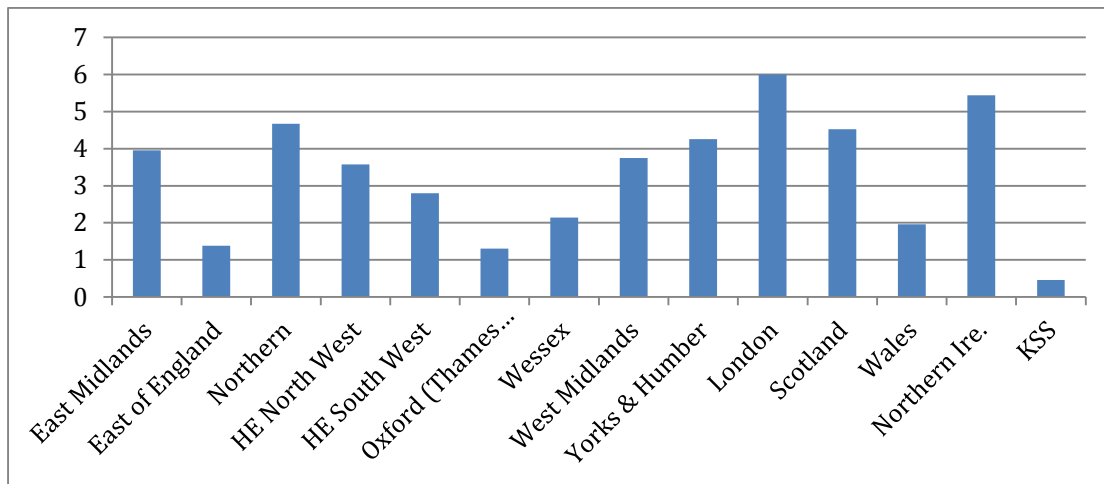
The size of each LETB varies, so further analysis was undertaken to contextualise these figures with the number of total doctors per LETB, figures obtained from the General Medical Council's The State of Medical Education and Practice Report 2013.

Figure 5. Number of qualified doctors per region



In terms of service provision, we obtained population data for the equivalent LETB regions, to see how many PEM consultants were employed per million population. This dataset therefore demonstrates the variation in service provision on a population basis.

Figure 6. Number of PEM consultants per million population in each region



## Conclusions

Both the College of Emergency Medicine and the Royal College of Paediatrics & Child Health require accurate information about provision of consultant manpower and also training capacity. This census was performed in order to inform both Colleges of the current consultant level provision for Paediatric Emergency Medicine. It is likely to also be of interest to Health Education England and its equivalents in the other 3 nations, and to the NHS across all 4 countries.

Information about training capacity (no. of sub-speciality training posts available across the UK) is on the CEM website and demonstrates marked variation per LETB

<http://www.collemergencymed.ac.uk/Training-Exams/Paediatric%20Emergency%20Medicine/PEM%20Training/PEM%20Training%20Centres>

Both paediatric and EM consultants in the UK provide clinical services and leadership for children in Emergency Departments. This census shows that 222 PEM consultants were practising in the UK in November 2013, 145 with EM CCT and 77 with Paediatric CCT. The gold standard for PEM consultant provision comes from the intercollegiate document "Standards for Children and Young People in Emergency Care Settings" (2012), which states that any ED with more than 16,000 child attendances per year should have a PEM trained consultant. It is clear from this census (returns had site level data) that this minimum standard is not being achieved.

The recommendation for PEM consultant staffing in ED's is based upon the fact that PEM consultant provision is likely to be a surrogate marker for high quality frontline care of children. Failure to recognise and manage the acutely ill child has been identified as a significant

contributor to the UK's child mortality rates which are amongst the highest in Europe (Confidential Enquiry into Maternal and Child Health (CEMACH) report (2008), Review of patient safety for children and young people' (National Patient Safety Agency (2009), Why Children Die" (RCPCH, National Children's Bureau, 2014).

The census demonstrates a great variation in provision of PEM consultants in EDs geographically across the UK. The number of PEM consultants per million population varies 12-fold from 0.45 in Kent, Sussex and Surrey to 6 in London. It is likely that much of this variation is accounted for by a "seeding" effect. Regions with longstanding PEM consultants are more attractive for recruiting new consultants, and there will have been an active PEM registrar training programme generating PEM sub-speciality CCT holders, who go on to be employed as consultants at the same Trust. The number of PEM consultant trainers directly impacts the number of registrar training posts available.

The College of Emergency Medicine intends to share this data with appropriate external stakeholders, in particular those responsible for workforce planning in all 4 countries, and NHS leaders responsible for emergency care and for services to children and young people. The data will also be used for a further pieces of work which will include international comparisons, and comparison with the Atlas of Variation of child health in the UK <http://www.chimat.org.uk/variation> and other demographic datasets.

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