

# Joint workforce statement from APPM and RCPCH CSAC for Paediatric Palliative Medicine

## ***Workforce and Medical Training*** **October 2023**

This statement seeks to reflect the current state of play of medical specialised and specialist provision across the United Kingdom and Ireland.

The RCPCH Paediatric Palliative Medicine CSAC has worked hard to increase the number of GRID and SPIN training sites and expand the number of jobs at those sites. The APPM has invested in our future medical workforce through promoting paediatric palliative medicine to undergraduates and supporting training of junior doctors through curriculum enhancing education initiatives, leadership opportunities and peer support. However, there remains a significant inequity in medical workforce provision across the United Kingdom.

There are workforce deficits in both geographical location and in population dense areas (see map). Ideally specialised teams lead by GRID (or equivalent) paediatricians should be either centralized around common referring tertiary services (eg PICU, NICU, Oncology, Respiratory, Neurology, Metabolic and Cardiology) or located to optimise accessibility across a region. These teams can support more localised services which are led by SPIN (or equivalent) trained paediatricians. Many services combine their workforce, enabling a richness of expertise and ensuring 24/7 rotas are maintained. The lack of GRID equivalent consultants impacts on patient access to management of their complex symptoms, support with legal and ethical issues and leadership across services and systems.

A recent survey of consultants (Sept 2023) demonstrated there were 41.5 WTE equivalent consultants working in the field of paediatric palliative medicine across UK and Ireland. 30.9 WTE consultants consider themselves to be working as specialist consultants with 72.5% (22.4 WTE) having recognized GRID or equivalent training. A further 10.6 WTE consultants consider themselves as working with an interest in paediatric palliative medicine. Of all the consultants who do not have GRID or equivalent training, 50% (9.7 WTE) are completing or completed SPIN training.

In 2021 census there were 11.7m children under 15 years in the UK (not including Ireland). Fraser et al reported children with life limiting conditions were 63.2 per 10,000 in 2017. This would estimate there are 74,000 life limited children in the UK. Therefore, there is approximately 1 WTE consultant working in paediatric palliative medicine for every 1,800 life limited child and 1 WTE specialised consultant for every 2,450 life limited child who are GRID or equivalent trained. In comparison there is 1 GP per 1,800 population.

To contextualise further using total population of 67 million in UK (not including Ireland), the WTE consultants working in paediatric palliative medicine is 0.06 per 100,000 with 0.046 WTE per 100,000 who are GRID or equivalent trained. In comparison adult palliative care consultant range from 0.3-2.5 WTE per 100,000. It was estimated in 2017 by the RCPCH that 2.4 WTE per 100,000 community paediatricians were needed.

These startling numbers reinforce ongoing concerns about workforce capacity, placing a significant strain on our current ongoing workforce and jeopardising the quality and equity of care to the child and young person with life limiting conditions.

**Dr AK Anderson (APPM Chair)**

**Dr Michelle Hills (RCPCH CSAC Chair)**

