Forging a career as a community paediatrician

Cliona Maire Ni Bhrolchain
Gregory Hamilton Grantham

Abstract

Community Child Health (community paediatrics) is a challenging and fulfilling career, working with vulnerable children with developmental disorders, disabilities, those who are at risk of abuse, children looked after by the Local Authority or who are being adopted. Community paediatricians work in a variety of settings, provide personal continuity of care and excel in multi-agency working with statutory and other services. Alongside their clinical skills, they also play a vital role in planning and implementing local health improvements for all children in their area. This review summarizes how community paediatrics developed in the UK, the current training programme for consultant community paediatricians and the kind of posts available. Community paediatrics is a shortage speciality and there will be plenty of posts in the UK for the foreseeable future. We hope that this article will help medical students and paediatricians in training to make better informed career choices and offer encouragement to readers who are considering subspecialising in this dynamic and fulfilling area of paediatrics.

Keywords child; clinical competence; developmental disabilities; education medical graduate; paediatrics; physicians

Introduction – what is Community Child Health (CCH)?

A career as a community paediatrician is varied and ever changing, reflecting the aims of improving the health and well-being of children in a changing society with changing health needs (Figure 1). It is a challenging and fulfilling career that, over time, allows a clinician to make a difference, both for individual children and their families, as well as positively influence the health of all children in their local area.

The Royal College of Paediatrics and Child Health's most recent definition highlights the variety of areas where community paediatricians works:

> 'A Community Child Health Paediatrician is a doctor who has expertise in working with vulnerable groups of children and their carers. This includes children with developmental disorders and disabilities, those with complex behavioural issues and those who are at risk of abuse or are being abused. They also have a particular role with children who are "Looked After" or are in the process of being adopted.
>
> They hold clinics in a variety of settings with an emphasis on continuity of care and have strong skills in multi-agency working particularly with education and social care.
>
> Community paediatricians have a vital role in planning and implementing local strategies to improve the health of all children in their area including safeguarding policy and universal and targeted lifestyle programmes'.

In most of these roles, community paediatricians work hand in hand with other professionals, within health (e.g. therapists & hospital based doctors) and across agencies (e.g. Special Educational Needs Co-ordinators (SENCOs) in schools, social workers and commissioners). They have an important role in developing and leading health planning, both for individual children and for the health and wellbeing of all children, within a local area (by influencing and developing policy and services with commissioners, local authorities and other agencies).

Consultants and senior doctors in community paediatrics have clinic based responsibilities and, alongside these, a variety of roles within which they can develop special interests. These range from co-ordinating clinical care (e.g. in a child development centre, in Autism Spectrum Disorder (ASD) or Attention Deficit Hyperactivity Disorder (ADHD)), statutory roles within a multiagency team (e.g. safeguarding, child death, adoption & fostering) and local policies affecting child health (e.g. immunization and the healthy child programme). These roles and responsibilities are continually evolving to reflect changes in local and national needs (as the health needs of children change) as well as policy (both government and local).

How did CCH develop?

Community paediatrics is a relatively young subspeciality within Paediatrics. Its predecessor, the school health service, was part of the Local Authority (LA) rather than the National Health Service (NHS) until 1974. The service was run by career grade doctors, predominately women, known as Clinical Medical Officers (CMOs), reaching seniority (Senior Clinical Medical Officer or SCMO) through longstanding service or developing expertise in particular areas of service.

These doctors were outside the usual NHS medical structures. As these were permanent career grades, many of these doctors remained in post for many years. Trainee paediatricians had little or no contact with the CCH services. There was no structure for training and doctors learned on the job. While there was often a Consultant in Public Health Medicine who took an interest in CCH, they did not practise clinically.

In a hospital setting, the structure was more or less what it is now. The most senior doctors were consultants, there was a hierarchical structure with House Officers, Senior House Officers, Registrars and Senior Registrars below the consultants and trainees rotated within and between hospitals. The only permanent member of staff was the consultant. These consultants were

Cliona Maire Ni Bhrolchain *MB BCh BAO FRCPCH MRCGP is Consultant Community Paediatrician and former chair College Specialty Advisory Committee for Community Child Health (RCPCH), Wirral Hospital University Teaching Hospital, St Catherine's Health Centre, Birkenhead, UK. Conflict of interest: none declared.*

Gregory Hamilton Grantham *MBCHB BSc Psychology MRCPCH is Consultant Community Paediatrician and former trainee representative British Association for Community Child Health, Wirral Hospital University Teaching Hospital, St Catherine's Health Centre, Birkenhead, UK. Conflict of interest: none declared.*

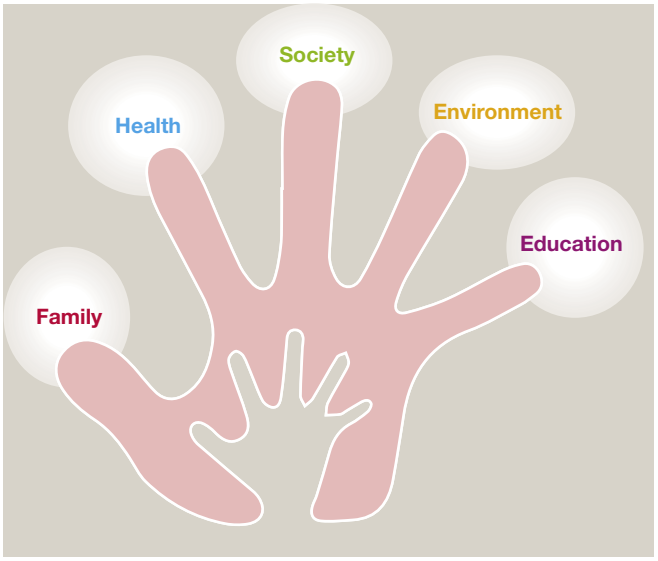

Figure 1 Key areas of CCH (reproduced by kind permission of BACCH).

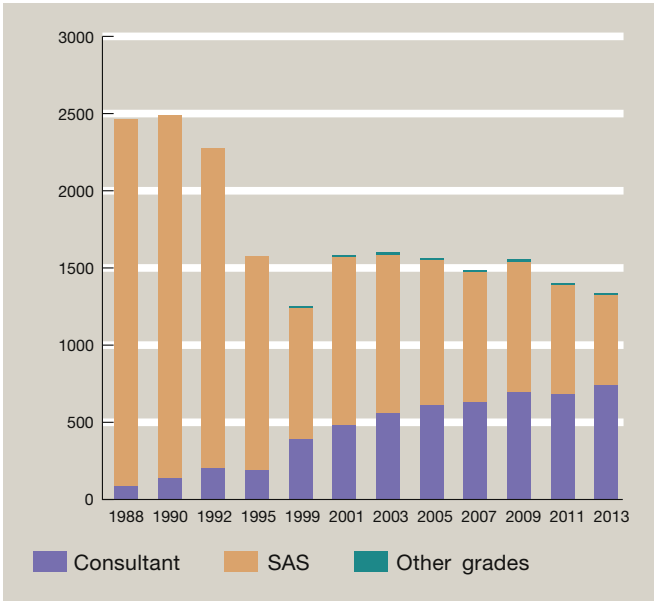

Figure 2 WTE Career Grade Staff in CCH 1988–2013. ('Other grades' are non-standard grades such as Trust grades). Source RCPCH censuses.

paediatricians, practising clinically as well as managing the service.

In 1974, the NHS took over the school health service. This required the two service structures to come together, creating a similar structure and a training programme. In 1976 the Court Report referred to a new breed of paediatrician, a community paediatrician. This paediatrician would work outside hospital, concentrating on less acute conditions such as disability, social paediatrics and child public health. They would also work closely with primary care. In the 1980s, consultant community paediatricians began to be appointed and training needs were being discussed.

Why is this history important? It is a testament to the emerging speciality that its leaders decided early on to create a written curriculum for its trainees. The curriculum first appeared in 1996, defining which areas trainees would need to cover and offered suggestions as to how they could do so. It was an innovative approach at the time and the current competencies have been mapped from that original syllabus. The curriculum has been reviewed several times, and is currently being reviewed again, but the original content has stood the test of time.

Since that time, the number of consultant community paediatricians has increased steadily. There is a comprehensive training programme, recruited nationally within the Royal College of Paediatrics and Child Health (RCPCH) NTN Grid. On the other hand, other career grade community paediatricians (staff grade, associate specialist and specialty doctors or SAS) are declining. The RCPCH has published workforce information since 1988. Figure 2 shows the changes in consultant and SAS posts in community paediatrics during this time. This shows a decline of 45% in the overall workforce working in CCH, with consultants replacing SAS posts over time. It is worth noting that general practice took over responsibility for Child Health Surveillance and preschool immunizations, and school nurses took over responsibility for administering school-age immunizations during this time, replacing the community paediatricians who used to do this work.

If I train in CCH, will I find a job?

The short answer is yes. When CCH was preparing to join the NTN Grid in 2014, the College Specialty Advisory Committee (CSAC) had to establish current and future workforce needs in the subspeciality. One of the benefits of the Grid is the ability to match the number of trainees to the anticipated number of consultant posts available. For most Grids, the intention is to avoid training more people than the posts available. However in CCH, we need to increase training opportunities to meet demand.

One of the authors (CNiB) conducted an audit of consultant posts advertised to the year ending 22nd November 2014 (Table 1). Just in this short period, 29/130 (22%) posts had to be re-advertised. She noted that one Trust even offered a recruitment and retention premium if the successful candidate remained in post for longer than a year. When we look at recruitment, the reason is clear. Statistics from the first 2 years of Grid recruitment are shown in Table 2. Recruitment to CCH is nowhere near meeting Trust demands for CCH consultants.

It is also clear from two surveys of CCT holders published by the College in 2012 and 2013, that general paediatric trainees are being appointed to community paediatric consultant posts. Appointees had an average of 14.8 months CCH training i.e. a little more than 1/3rd of the recommended length of training to gain full competence in CCH. This clearly raises issues of patient safety unless these consultants are offered further training after being appointed (see later section on top up training). So, for

Number of consultant posts advertised in CCH 23.11.13–22.11.14

	CCH posts	WTEs	Re-adverts
Total	130	114.35	29

Table 1