

## A career in British paediatrics

The information prepared by Liberman and Bellman<sup>1</sup> on paediatric manpower (which of course includes womanpower) provides some reliable and useful figures on career prospects. The authors' interpretation leads them to conclude that the current pyramid would be unable to meet the career expectations of many paediatric registrars; that the DHSS is likely to make serious miscalculations because it does not know the number of those holding honorary contracts, and that there is a need to make more specific arrangements in career structures to accommodate those with family commitments. There are three important issues with implications beyond the primary consideration of the career expectations of doctors in training. As I would not wish young doctors considering paediatrics as a career to be deterred, I will present a more optimistic interpretation of the current position. I shall also give my reasons for not being convinced of the need for the central recording of honorary appointments, or of the need for more central directives concerned with establishing appointments suitable for doctors with family responsibilities.

### Career pyramids

The pyramid in the Figure is constructed on the assumption that a doctor training to be a paediatrician spends 3 years at registrar grade and 4 years at senior registrar grade. The numbers I have put in the boxes are a mixture of fact and speculation. According to expected retirement dates of consultant paediatricians<sup>1</sup> there will be in the years 1984–1994 on average about 12 retirements a year. In the years 1994–2004 this number will increase to an average of 24 a year. So that figure is fact. In the last 3 years the number of paediatric posts has increased by about 25 a year. It might be expected to remain at that level. If the numbers of appointments are increased, as has been proposed, by 100% in 15 years, that will mean 35 a year. Thus 25 a year may be an underestimate for the 'development' figure. It appears to be accepted that those who will perform the specialist duties which are currently the responsibility of senior clinical medical officers (whatever their official title may be—community paediatrician, child health specialist, or consultant paediatrician) will require higher specialist training, and that presumably means at senior registrar level. On the assumption that there

is one paediatrician working in the community for every 3 working in hospital, that would mean 6 a year. The current SCMO/consultant paediatrician ratio is much higher. Assuming that all senior registrars become consultant paediatricians, it would indicate a need for 172 posts if each completed the 4 years of his appointment. There are now 169 posts in England and Wales.<sup>1</sup> The number of new appointments is the major factor and the least certain. In the years 1994–2004, the numbers of established posts which will need filling will increase to an average of 24 a year with possibly 9 each year for community appointments, and thus the required number of posts at senior registrar level stays about the same for it is to be expected that the number of new appointments created each year will by then have fallen.

The expectancies of those holding registrar appointments are less certain. It is not possible from the report<sup>1</sup> to know whether those who left paediatrics would have wished to go on to higher specialist training. To my personal knowledge some would. However, from the report it would seem that many came

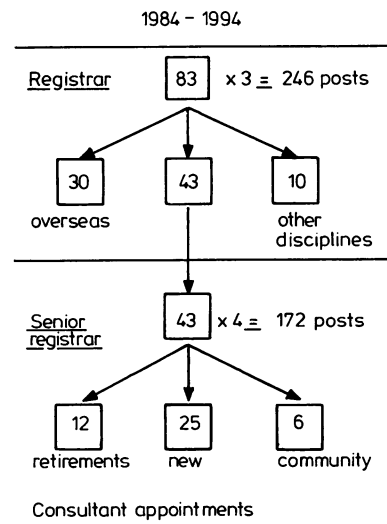


Figure Paediatric career pyramid

The numbers in the boxes are appointments each year. It is based on the assumption that all paediatric senior registrars will after 4 years take up consultant paediatric appointments.

from overseas and returned there. I think we must accept the responsibility to provide experience and training opportunities, particularly in specialist areas in paediatrics, for graduates from other countries with smaller populations or less developed medical services; but how many? Furthermore it is reasonable to expect that those in other disciplines concerned with children—such as anaesthesia, pathology, and psychiatry—may seek medical paediatric appointments, as might those who wish to have a little more paediatric experience before entering general practice with the intention of maintaining an interest in paediatrics: but again how many? The figures I have used are consistent with what appears to be happening at the moment, but the calculation is insensitive to the fact that some may have gone into other disciplines or moved overseas because they were unable to proceed in paediatrics in this country. These figures, assuming the appointments are held for 3 years, indicate that 246 posts would be required; at present there are 261.

Thus on this 'numbers game' the figures would appear to be about right. The figures given are a minimum for they do not allow for early retirements, premature death, or career changes. These would increase the numbers required. However, promotions before completion of '7 years' experience would reduce them. My view is that training is longer than it need be to prepare a doctor for consultant work.

### Honorary appointments

Rigid career structures, while giving security, can lead to dull automation. They can inhibit creative activities. For the paediatrician in training there must be the opportunity to do something exciting and different: an opportunity to test one's abilities as a person, as a clinician, and as a scientist to the full. To some extent honorary appointments provide this opportunity and therefore must not be placed within career structure calculations, except perhaps in so far as the individual is performing clinical duties. For the full tenure of the appointment this would be far less than a full-time equivalent. The individual who elects to go abroad or do research is for that period not in a training appointment and therefore not within the structure. True, in practice they will be competing for consultant appointments with their peers, but in the training sense they will be taking a short cut. Recording and controlling such appointments, would bring inappropriate restraint to bear on a lively and vital section of our profession which is of great importance, not only for young doctors entering paediatrics but for the advancement and development of our discipline.

### Women in paediatrics

The climate is now such that I wonder what legal risks I take by discussing this as a separate issue. No one would wish, certainly not those young married women paediatricians I have spoken to, that there should be a different training *requirement* for married women doctors; so I would argue that 'M' or 'F' should not figure separately in the career numbers game. It should be accepted that women may interrupt their career to have a family and be allowed to move freely in and out of the training programme. However there is a need for (1) opportunities for such doctors to 'keep in touch' while they are rearing their families; (2) opportunities for part-time work consistent with advancing their training programmes; (3) the further development of final appointments which allow sessional work. These are all *possible* at the moment and community-based appointments are particularly suitable for such arrangements. District authorities may well find that they can fill paediatric appointments with more experienced and able staff if they introduce flexible sessional arrangements.

### Conclusion

Different rules can be applied to the career expectation numbers game. Many of the assumptions I have made and the numbers I have used are open for debate. But it is a game; it ignores the reality that registrars and senior registrars are not only gaining experience but making their own essential contribution to the service. Registrars and senior registrars develop the manual and technical skills of paediatrics, they explore clinical innovations and new management alternatives.

Those serving on professional committees responsible for paediatrics have the awkward responsibility of formulating the rules and exerting influence so that the requirements of one interest do not work against those of another. For such assessments, reports such as the one prepared by Liberman and Bellman<sup>1</sup> are essential. As a profession we are indebted to them for completing such a demanding task.

### Reference

- <sup>1</sup> Liberman M M, Bellman M H. Paediatric manpower. *Arch Dis Child* 1982; **57**: 702-7.

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