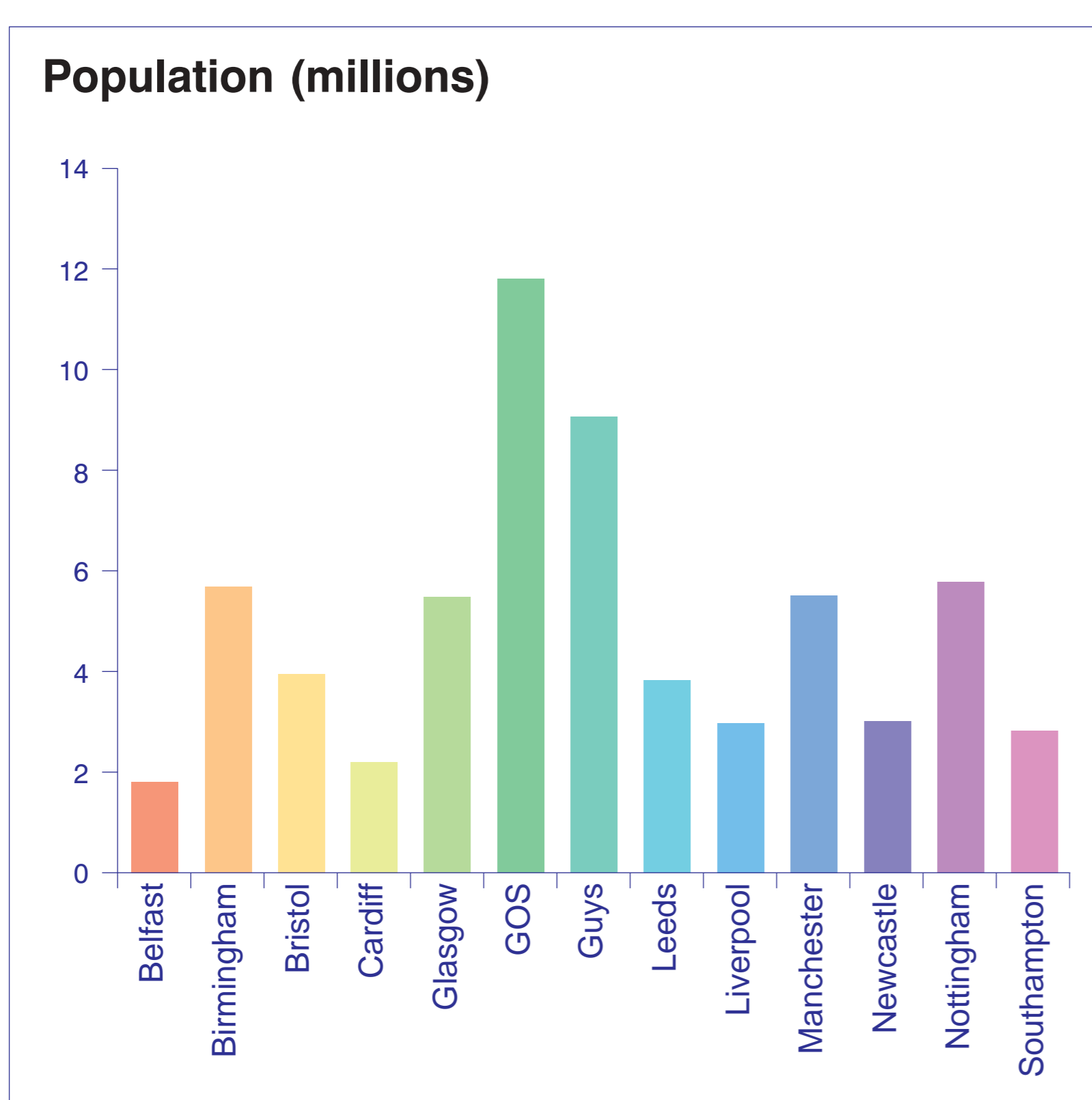




Paediatric Nephrology- Medical Manpower

Paed Nephrology - Jane Tizard

- Tertiary paediatric nephrology is delivered from 13 centres in the UK.
- 10 centres offer a fully comprehensive service including dialysis and transplantation
- 3 centres offer dialysis only
- In January 2001 a survey of the medical paediatric nephrology workforce was undertaken
- In 2001 a review of paediatric renal services identified the ESRF workload



PAEDIATRIC NEPHROLOGY-CLINICAL WORKLOAD

The workload of the paediatric nephrologist includes highly complex but low volume work of assessment and management of children with acute renal failure, chronic and end stage renal failure.

Although the numbers of patients are far less than the adult population the workload involved is disproportionately large. In children life threatening fluid and metabolic disturbances develop rapidly and frequent assessment is required to adjust all aspects of treatment to allow normal growth and development.

Paediatric nephrology is primarily a consultant delivered service with on-call junior staff unlikely to have nephrological experience.

The paediatric nephrologist offers a service to a large geographical area-travelling throughout the region. There is frequent liaison with teams in district general hospitals as well as the Unit's multidisciplinary team

ESRF POPULATION APRIL 2001

Age	No	%	HD	CAPD	CCPD	Tx
0-1.99	11	1.3	0	0	11	0
2-4.99	58	7.0	14	2	14	28
5-9.99	152	18.5	10	1	22	119
10-14.99	308	37.6	23	8	27	250
15+	289	35.3	22	3	34	230
Total	818	100	69	14	108	627

PAEDIATRIC NEPHROLOGY WORKLOAD (2)

- General nephrology-both tertiary and secondary, local and regional
- Onerous on call commitments-the majority no less than 1 in 3
- Non-clinical commitments-
 - Education and training
 - Audit
 - Research
 - Management and administration
 - Continuing professional development
 - Clinical governance

PAEDIATRIC NEPHROLOGY MEDICAL WORKFORCE

	Jan 2001	1995 recommended	Proposed target	Deficit
Birmingham	2.8	5.0	6.0	3.2
Bristol	3.0	4.0	5.0	2.0
Leeds	2.5	4.0	5.0	2.5
Liverpool	3.0	4.0	4.5	1.5
London GOS	3.6	6.0	7.0	3.4
London Guys	3.6	6.0	7.0	3.4
Manchester	4.0	5.0	6.0	2.0
Newcastle	3.6	4.0	4.5	0.9
Nottingham	3.0	5.0	6.0	3.0
Southampton	2.0	4.0	4.0	2.0
N'Ireland	1.6	4.0	4.0	2.4
Scotland	3.0	4.0	5.0	2.0
Wales	2.6	4.0	4.0	1.4
Total	38.3	59.0	68.0	29.7

ISSUES CONCERNING DEVELOPMENT OF PAEDIATRIC NEPHROLOGY WORKFORCE

- Currently 15 trainees-10 expected to achieve CCST before 2004
- Currently five unfilled consultant posts
- Deficit of 29.7WTE consultant posts against 2001 target
- Essential to improve staffing levels and working practice to encourage paediatricians into the specialty

RECOMMENDATIONS

- To ensure compliance with European Working Time Directives and ability to fulfil non clinical activities- at least 5 WTE consultant paediatric nephrologists per unit are required. This should be increased for populations >5 million
- National Training grid to allow a national perspective and allocation of posts
- Ensure consultant posts are available for those in training
- International search for prospective candidates
- Consider post CCST training in paediatric nephrology for general paediatricians interested in moving into tertiary nephrology

REFERENCES

1. The Provision of Services in the United Kingdom for Children and Adolescents with Renal Disease: Report of the Working Party of the British Association for Paediatric Nephrology March 1995
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3. Review of Paediatric Nephrology Units in the UK (to be published)