

A novel approach to capturing workforce activity to inform workforce planning.

S. Wienand-Barnett, J. Mountfield, F. Carroll, D. Wolstenholme, B. Ibrahim, S. Flannigan, B. Dumbrill, H. Manwell

Questions

- How many obstetricians are there in the UK (including Consultants, SAS, LED, Trainees)?
- Where are they working and which direct clinical care and supporting professional activities are being provided?
- For those working in both obstetrics and gynaecology – what proportions are spent in each?
- How do units provide their services?
- Characterising anaesthetic obstetric cover

Objective

The poster presents the RCOG's response to the challenge of gaining a clearer picture of the obstetric workforce to support local, regional and national workforce planning.

Design

Electronic survey of all Clinical Directors across Great Britain to establish current staffing levels. Cohort study using national-level data to create a complexity adjusted birth calculation for each maternity service.

Method

The RCOG conducted a census survey of all NHS Trusts and Health Boards in England, Scotland and Wales. This data, combined with national data on births and doctors in training was used to populate an online tool describing numbers of medical staff (obstetricians and anaesthetists) at all grades. Additionally, the project developed a complexity adjusted birth rate using a range of factors occurring within the local population.



Results

The survey returned 123 responses giving an in-depth picture of the current workforce within England, Scotland and Wales. The analysis of Hospital Episode Statistics (HES) demonstrates the feasibility of generating a 'complexity adjustment' for births based on age, ethnicity, parity, social deprivation, and selected comorbidities. The combination of the two components allows us to explore benchmarking of staffing levels against complexity and allows for the future exploration of links between staffing levels and quality of care.

Conclusions

It is the first time a tool of this kind will be available for the obstetric workforce. The use of a complexity adjusted births calculation strengthens the staffing calculations as they are tailored to local context rather than using generic indicators of unit size or numbers of births. The inclusion of various data sources to create an online tool is feasible and will support local, regional and national workforce planning.