

From left behind to leading the way:
a blueprint for transforming child
health services in England

Spotlight on the child health workforce

Policy briefing, June 2025



**Royal College of
Paediatrics and Child Health**
Leading the way in Children's Health

Foreword

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For too long and far too often, the UK's health systems have not been required or encouraged to "think child". The lack of focus on children in policy, and especially in health policy, has resulted in children and young people having some of the worst health outcomes in Europe. Post-pandemic demand on child health services has continued to increase at an unprecedented rate.

Paediatricians and colleagues across the child health workforce are working hard to provide high quality care for an increasing number of children, but without proper support, they continue to face an uphill battle. In the context of radical health service reform and a new 10 Year Health Plan for the NHS in England, we have an opportunity to build and support a child health workforce to deliver the standard of care that our children deserve.

In this paper, we set out principles and recommendations to support the development of a new long-term workforce plan in England and that will help realise the government's ambition to raise the healthiest generation of children ever.

Introduction

Whilst there is a positive focus on prevention by the Government, this has not as yet translated to a focus on children and young people, and the paediatric services that serve them. Preventing ill health from the beginning of a person's life is the most effective way to ensure lifelong good health, and many nations have a national child health plan that helps them achieve this.

The changing work balance in many specialties towards less than full time working to preserve wellbeing and avoid burnout, has not been built into central workforce planning. Paediatrics is the specialty with the largest number of less than full time doctors in training, which will lead in turn to seismic change in consultant working capacity.

In September 2024, RCPCH published its seminal blueprint for child health services, which outlined the essential actions needed from the government to restore health services for children in England. In the report, we discussed four national foundations to recover children's health services in England and improve outcomes: these are fair funding for children; prioritisation of children in integrated care systems; a sustainable child health workforce; and improvement to data and digital solutions. In this policy briefing, we take a deep-dive into one of these foundations – the child health workforce – highlighting the pressure this workforce is under and the implications for child health alongside detailed recommendations in four key areas: training and recruitment, retention and wellbeing, collaborative care and workforce planning.

The issue¹

- Workforce numbers are insufficient to match the growing demand for child health services or to meet the increased complexity of children's health needs.
- The number of children waiting for over 52 weeks for care has increased by 60% for elective services, and 94% for community health services, in just two years.
- Children are frequent users of health services, from primary care and community services to hospital based care; 0–14-year-olds are more likely to attend Emergency Departments than any other age group.
- There was a 30% increase in the general paediatric workload and a 72% increase in outpatient attendance among children between 2007 and 2017, and even greater increases in emergency department attendance and inpatient hospital stays, but no equivalent expansion of the paediatric workforce.
- Data from 2024 shows this problem has continued: while paediatric waiting lists have increased by an additional 166,740 patients since 2020, there has been an increase of only 462 FTE consultants in England in this time – a 67% increase in patients waiting for care versus a 15% increase in consultant numbers.

The evidence

- In 2019, RCPCH estimated that demand for paediatric consultants was around 21% higher than in 2017 and the gap between demand and supply has widened significantly since then².
- In December 2024 we published the results of our rota gaps survey, which noted that there is an average shortfall of 20% resident paediatric doctors on Tier 1 and Tier 2 rotas. Acute paediatric services run on a smaller number of highly trained staff with inherently less flexibility to cope with vacancies than the much larger adult services³.
- Operating with such a deficit places immense strain on the workforce. In a survey conducted with over 400 RCPCH members in May 2025⁴:
 - 75% of respondents have felt pressured to work additional shifts (or hours) over their job plan or rota more than once, with 11% saying this is always the case.
 - 63% of respondents have experienced burnout in their career, with 44% experiencing it in the last year.
 - 71% have gone to work despite not feeling mentally or physically well enough, with 55% saying this has happened on more than one occasion.
 - Only 18% believe there is sufficient staffing in their department to meet the needs of the children and young people they care for.
- In 2024, the GMC published findings that 15% of joiners to the paediatric specialist register left within 5 years between 2016-18⁵.
- The College's most recent member survey (2024) also outlined that 48% of paediatricians surveyed report having an issue with balancing work and personal life, and 43% have a lack of time for activities such as research and teaching⁶.

1 <https://www.rcpch.ac.uk/resources/transforming-child-health-services-england-blueprint>

2 <https://www.rcpch.ac.uk/resources/workforce-census-uk-overview-report-2019>

3 <https://www.rcpch.ac.uk/resources/rota-gaps-2024>

4 <https://www.rcpch.ac.uk/resources/spotlight-child-health-workforce-england-2025-policy-briefing>

5 https://www.gmc-uk.org/-/media/documents/somep-workforce-report-2024-full-report_pdf-109169408.pdf

6 <https://www.rcpch.ac.uk/news-events/news/member-survey-2024-results-highlights>

The case for change

In the simplest terms, need is outstripping supply, and persistently high waiting lists alongside known rota gaps means the child health workforce finds itself increasingly overstretched and unable to safeguard the wellbeing of the children and young people that rely on them. The child health workforce provides expert care for an age group that makes up 25% of the total population but 100% of our future, and child health conditions have long-term consequences for adult care.

Below we highlight four areas in need of investment and attention:

1. Training and recruitment

Whilst defined as a specialty, paediatrics in reality is a population group with the need to train the paediatric workforce in generalist skills across all of medicine for children and young people. Defined as subspecialties, we are also responsible for 18 areas of specialist practice, including areas as diverse as Paediatric Intensive Care Medicine and Neonatal Medicine. The new RCPCH Progress+ Curriculum (introduced in 2023) embeds the importance of integrated care into paediatric postgraduate training, ensuring our future paediatric workforce are adaptable and able to work across the interface between primary and secondary care and can work in both the hospital and community setting. The curriculum also focuses on prevention as well as developing expertise in delivering acute care.

In 2025, applications to join the paediatrics training pathway surged but only 25% were offered an interview, an issue that is increasing each year due to lack of available posts set out by NHS national bodies. An increase in paediatric training and consultant posts is essential for delivery of services which can safely meet children's health needs and rapidly reduce the 20% gap in acute on call services, as well as offering security in career paths for medical graduates across the UK. Increase in training places can also be used to expand future expertise in community child health to support the move to delivering more care outside of the hospital setting. There are long-term pressures looming on the horizon, with the average community paediatrician aged 52, over half now working less than full time, and many signalling their intention to retire in the next few years.

2. Retention and wellbeing

In addition to supporting efforts to reduce service demand, health and social care providers must be responsive to the increasing pressures on frontline services - a whole-system approach should consider the upstream determinants of health and wellbeing, as well as ensure care is provided by the right people, in the right place at the right time. Not only do we need to retain and support the vital senior educator and decision-making workforce in their later careers, but also succession plan, deploy efficiently and plan required expansion to ensure standards continue to be met in the future.

Every paediatric clinician deserves to work in an environment that actively promotes, supports and enables their wellbeing with a positive, constructive culture. This will enable

staff to maintain good wellbeing from the outset whilst also working to support staff who are navigating additional challenges. The RCPCH Thrive Paediatrics Roadmap for Transforming the Working Lives of Paediatricians provides a framework to find areas of good practice and highlight things that can be improved⁷.

3. Collaborative care

RCPCH welcomes the NHS England guidance on neighbourhood multidisciplinary teams for children and young people⁸, which ensures multidisciplinary team (MDT) working to provide integrated care that provides timely access to specialist advice, including paediatric and mental health expertise, through primary care-led team working. However, there are challenges in wider health workforce capability in providing care tailored for children, where a majority of the workforce have no postgraduate training on children's health. Less than half of GPs now receive postgraduate training or placements in children's health. Many GPs only have a few weeks of relevant undergraduate training but are expected to be the first line of assessment and treatment for children and young people.

Integrated care does not simply mean collaboration, but a seamless joining of services for children and their families. It is crucial that children and young people receive care from professionals with the right expertise. This approach ensures that the care provided is tailored to the unique needs of each patient, whether it comes from community paediatricians or other healthcare providers. There is a strong evidence base that shows embedding paediatric expertise into the community improves care for children and young people and their families, reduces duplication across the system and finds efficiencies. Several integrated care systems have been testing various models to support paediatricians working more closely with primary care through an MDT model, including virtual support.

4. Workforce planning

Children are a whole population group, and child health therefore requires a whole system and diverse approach to workforce planning. Implementation of transformational change in the NHS will require substantial job planning and training to facilitate new ways of working, and it is essential that children and young people and the workforce that supports them are not lost in considerations for adult medicine. There are also growing expectations on paediatricians to manage ever-expanding aspects of children and young people's health, from child mental health, to gender dysphoria, to genomics – alongside increasing responsibilities for health service innovations such as the implementation of Martha's Rule.

Investment in the workforce should be evidence-based and fair, taking into consideration existing health inequalities and relative provision of paediatric expertise across the whole service in primary, community and secondary care. Modelling should consider the increased demand and complexity of child health, and address that need is outstripping supply. Modelling by birth rate remains a simplistic approach to child health workforce planning and does not take into account changes through immigration, child health inequalities, increased survivorship beyond infancy, and the rising complexity in child health and care.

⁷ <https://www.rcpch.ac.uk/resources/thrive-paediatrics-roadmap-transforming-working-lives-paediatricians>

⁸ <https://www.england.nhs.uk/long-read/guidance-on-neighbourhood-multidisciplinary-teams-for-children-and-young-people/>

Recommendations

All of our recommendations are written for the attention of the Department of Health and Social Care and NHS England. They are based around eight principles for change that need to be embedded within every part of the health system.

Principles for change

1. Paediatrics is given due recognition as supporting the distinct needs of a whole population group.
2. There is a whole system approach to recruitment and retention of the child health workforce.
3. Workplaces have structures that allow clinicians to treat patients in a safe and sustainable way.
4. There is a central culture of inclusivity, with diversity celebrated and flexibility positively encouraged and supported.
5. Greater collaboration exists between different healthcare professionals to create integrated care models that ensure seamless transitions for paediatric patients.
6. Paediatric expertise is embedded in community and primary care as part of an effective neighbourhood health service.
7. There is greater investment in technology and innovation to support efficiencies in workforce planning.
8. Paediatric workforce modelling takes account of rising demand, growing complexity and the pressures of new service models.

Principle	Recommendation
	Training and recruitment
Paediatrics is given due recognition as supporting the distinct needs of a whole population group.	<ul style="list-style-type: none"> • Commit to expanding paediatric training and consultant posts in line with changes in working, service and demand. • Establish long-term recruitment strategies to ensure a steady supply of paediatric professionals, ensuring all general and sub-specialist paediatric services have a robust workforce plan.
A whole system approach to the recruitment and retention of the child health workforce.	<ul style="list-style-type: none"> • Develop a comprehensive child health workforce strategy. • Create clear career development pathways to attract and retain talent in paediatrics.

Principle	Recommendation
	Retention and wellbeing
<p>Workplaces have structures that allow clinicians to treat patients in a safe and sustainable way.</p> <p>(These principles are helpfully outlined in the RCPCH Thrive Paediatrics Roadmap).</p>	<ul style="list-style-type: none"> • Implement measures to retain existing staff, including improved working conditions and financial support for mental health and well-being. • Ensure there are appropriate inductions, sustainable rota practices and robust structures for monitoring rota gaps, with guidelines on minimum staffing and systems in place to escalate issues. • Embed a culture of supporting learning and enabling all staff to access this through funding, allocation of study time, structured annual appraisals and personal development plans.
<p>A central culture of inclusivity, with diversity celebrated and flexibility positively encouraged and supported.</p>	<ul style="list-style-type: none"> • Ensure that job plans as standard allow capacity for staff to spend time on non-clinical activity to ensure support for training and educating the next generation of doctors and work flexibly in order to improve work-life balance and retention. • Embed the principles of co-production, compassion and collaboration into all decisions that affect patients, and the paediatric clinicians and other staff who care for them.
	Collaborative care
<p>Greater collaboration exists between different healthcare professionals to create integrated care models that ensure seamless transitions for paediatric patients.</p>	<ul style="list-style-type: none"> • Ensure all staff (including primary care, urgent care centres and NHS 111 services) who see, assess and manage children have the appropriate paediatric competence to provide immediate assessment. • Fund new models of joint working between primary care and paediatric teams to ensure coordinated and continuous care. Every Integrated Care System and Primary Care Network should be supported to do this, using examples of best practice such as Connecting Care for Children.
<p>Paediatric expertise is embedded in community and primary care as part of an effective neighbourhood health service.</p>	<ul style="list-style-type: none"> • Implement funded postgraduate training on children's health as a core part of GP and wider practice staff training to ensure they have the knowledge, experience and confidence to manage common paediatric presentations, with programmed support for trainers. • Invest in the specialised community child health workforce, including mental health services, to provide comprehensive care for children with complex health needs. This includes addressing the growing workforce gaps for community paediatricians, speech and language therapists, occupational therapists and physiotherapists. • Invest in health visiting and school nurses. This will provide earlier help for children and families and reduce the reliance on specialist or urgent health services when these are not needed.

Principle	Recommendation
	Workforce planning
Greater investment in technology and innovation to support efficiencies in workforce planning	<ul style="list-style-type: none"> • Improve workforce planning by rolling out e-rostering tools developed to encompass flexible working/training. • Support staff to enhance efficiency within new service models in the community, using technology. For example, through proper provision for remote assessment and commissioning to reflect the value of group interventions.
Paediatric workforce modelling takes account of rising demand, growing complexity and the pressures of new service models	<ul style="list-style-type: none"> • Review the modelling on children's health which underpins the Long-Term Workforce Plan to factor in rising complexity and increasing demand in child health. • Ensure job planning accurately captures travel and administrative time, especially where care is delivered across a range of locations, in addition to time for the activities that make training and learning possible (e.g. teaching and examining).

Conclusion

Investing in the child health workforce to manage and prevent ill health and reduce risk factors early in life is the most effective way to lay the foundations for a healthier future population. This in turn supports a more sustainable workforce across the NHS by reducing pressure on future adult health services – healthier children become healthier adults. If emerging health needs in childhood are addressed by the right people, in the right place, at the right time, we can reduce demand for health services in the future. Investment in the child health workforce is therefore crucial for the UK Government to realise its ambition to create the healthiest generation of children ever.

About RCPCH

The Royal College of Paediatrics and Child Health is the membership body for paediatricians and we have over 24,000 members across the UK and internationally. We are responsible for education, training and setting professional standards and informing research and policy. We work to transform child health through knowledge, research and expertise, to improve the health and wellbeing of infants, children and young people across the world.

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