10 Year Workforce Plan

RCPCH submission to the Department of Health and Social Care call for evidence

November 2025

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

Introduction

The Royal College of Paediatrics and Child Health (RCPCH) is a membership body for paediatricians in the UK and around the world and plays a major role in paediatric postgraduate medical education, professional standards, research and policy. In September 2025, the Department of Health and Social Care (DHSC) launched a call for evidence for NHS partners and stakeholders to support the development of a new 10 Year Workforce Plan.

Paediatricians are working hard to provide high quality care for an increasing number of children and young people (CYP), but without adequate support they continue to face an uphill battle. The previous long-term workforce plan in 2023 failed to adequately recognise the unique needs of CYP and the pressures faced across the entire child health workforce. This call for evidence is an opportunity to right this wrong.

Our submission can be summarised in six principles:

- **The 3 shifts are best implemented for child health by embedding paediatric expertise in community and primary care as part of an effective neighbourhood health service.**
- **There should be a whole system approach to recruitment and retention of the child health workforce.**
- **The child health workforce must be given due recognition as supporting the distinct needs of children and young people, who comprise 25% of the whole population.**
- **Workforce modelling for the child health workforce must take account of rising demand, growing complexity and the pressures of new service models.**
- **The positive impacts of prevention and technological advances can be managed most effectively in childhood. Investing in the child health workforce to tackle ill health and reduce risk factors early in life is the most effective way to ensure a healthier future population and reduce future demand on services.**
- **There should be a central culture of inclusivity in workforce planning, with diversity celebrated and flexibility positively encouraged and supported.**

The full RCPCH response to the call for evidence is outlined below including clear proof of concept examples that support the UK government's ambition to raise the healthiest generation of children ever. Our submission also seeks to highlight why investing in the paediatric and child health workforce is critical including:

- **Children and young people (CYP) make up 25% of the population, yet their distinct health needs are often underrepresented in workforce planning.**
- **60% increase in children waiting over 52 weeks for elective services and 94% increase for community health services in just two years[1] .**
- **166,740 additional paediatric patients added to waiting lists since 2020, but only 462 FTE consultants added — a 67% increase in demand vs. 15% increase in workforce[2].**
- **20% average shortfall in resident paediatric doctors on Tier 1 and Tier 2 rotas[3].**
- **CYP aged 0–14 are the most frequent users of Emergency Departments compared to other age groups[4].**

1 https://www.rcpch.ac.uk/key-topics/nhs-ten-year-plan/policy-briefing
2 http://www.rcpch.ac.uk/resources/transforming-child-health-services-england-blueprint
3 http://www.rcpch.ac.uk/news-events/news/paediatric-workforce-operating-20-deficit
4 https://pmc.ncbi.nlm.nih.gov/articles/PMC8523960

- **17.5% of paediatric consultants plan to retire before age 60[5] .**
- **15% of paediatric specialist register joiners (2016–18) left within 5 years[6] .**
- **In 2025, 2,600 applications were received for 476 paediatrics training posts — only 25% were invited to interview[7] .**
- **Paediatrics has the highest number of Less Than Full Time (LTFT) doctors in training, impacting future consultant capacity[8] .**
- **Average age of community paediatricians is 52, with over half working LTFT and many planning retirement soon[9] .**

Child Health Workforce Alliance

The Royal College of Paediatrics and Child Health is a member of the Child Health Workforce Alliance. The Alliance was launched in response to the crisis in children's health services, bringing together leading organisations from across the health, voluntary, and children's sectors. We are united in our commitment to ensuring that children and young people have access to a skilled, supported, and sustainable health workforce that can meet their diverse and complex needs. Through collaborative advocacy and evidence-based policy recommendations, the Alliance aims to influence decision-makers and drive meaningful change in child health workforce planning and investment. Read more about the Alliance.

Further reading

For further reading, please see our extensive resources on paediatric workforce information and planning available on our website, alongside our recent child health workforce policy briefing. For more information or to discuss this response please contact public.affairs@rcpch.ac.uk.

5 http://www.rcpch.ac.uk/news-events/news/rcpch-publishes-results-workforce-census
6 http://www.rcpch.ac.uk/news-events/news/paediatric-workforce-operating-20-deficit
7 https://www.rcpch.ac.uk/sites/default/files/2025-05/nhse-postgraduate-medical-training-review-rcpch-submission-2025.pdf
8 http://www.rcpch.ac.uk/resources/flexible-working-paediatrics-insights-data-legislation-guidance
9 http://www.rcpch.ac.uk/resources/flexible-working-paediatrics-insights-data-legislation-guidance

Section 1: the 3 shifts

The 10 Year Health Plan for England is making three big shifts to how the NHS works:

- from hospital to community: more care will be available on people's doorsteps and in their homes
- from analogue to digital: new technology will liberate staff from admin and allow people to manage their care as easily as they bank or shop online
- from sickness to prevention: we'll reach patients earlier and make the healthy choice the easy choice

They are seeking evidence on how the three shifts are being implemented locally, and the impact on your workforce.

RCPCH response

The 3 shifts are best implemented for child health by embedding paediatric expertise in community and primary care as part of an effective neighbourhood health service.

There should be a whole system approach to recruitment and retention of the child health workforce, including:

- **stronger paediatric training provision to support the shift to neighbourhood multidisciplinary teams, including addressing gaps in service and ensuring robust specialised services**
- **greater integration between physical and mental health services**
- **integrated care models to ensure seamless transition for paediatric patients to adult care with paediatric support for ages 16-18 years**
- **access for child health professionals to participate in research in all settings**

Whilst there is a positive focus on prevention in the 10 Year Health Plan, this has not as yet translated to adequate focus on children and young people (CYP), and the paediatric services that serve them. Preventing ill heath 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 workforce plan that helps them achieve this, including the Republic of Ireland, the United States of America and Australia.

The aim of transformational change should be to bring paediatric expertise into community and primary care. There is a strong evidence base that shows embedding paediatric expertise into the community improves care for CYP and their families, reduces duplication across the system and finds efficiencies. The 10-Year Health Plan makes a bold and welcome commitment to transforming the NHS into a more accessible, community-focused service, and offers a vital opportunity to reimagine how we deliver care to children and families through the development of neighbourhood health services. The success of this plan will fundamentally depend on sustained investment in the paediatric workforce.

Children's needs are unique, and these new models of care must be underpinned by adequate

staffing, training, and support for professionals working in community settings, alongside equitable funding between children's and adult's services. Several integrated care systems have been testing various frameworks to support paediatricians working more closely with primary care through a multidisciplinary team (MDT) model, including embedding virtual support. These examples demonstrate powerful proof of concept where investing in expansion of paediatric expertise in the community has improved both the efficiency and quality of care delivered for families.

Connecting Care for Children (CC4C) (Connecting Care for Children)

CC4C's primary purpose is to create connections between clinicians, with the General Practitioner (GP) as the fulcrum of care. To build CC4C effectively it requires GPs and consultants to meet and connect, along with Health Visitors and other professionals working in primary care and community settings. A key way it does this is through the **Child Health GP Hub** which hosts clinics and MDT meetings. The service is clinically led and adapts to meet the needs of the local population of GP practices.

Citizens, patients, carers, families and parents are also offered the opportunity to become involved in and shape clinical services for their local community. The addition of **Practice Champions** to a practice allows for stronger links to be developed between GPs and the wider community, reaching individuals through peer-to-peer support. The MDT also provides an opportunity for effective case management, signposting and learning across multi-professionals, and allows the patient to see a consultant and GP working together.

- A familiar consultant paediatrician visits every 4-6 weeks and is available in-between by phone and email. Specialist paediatric clinics are held every 4-6 weeks for patients to be seen in the GP practice, including transition case discussion and joint clinics for patients with Long Term Conditions.
- Child health focused MDT case discussions take place every 4-6 weeks to support case management without the need for face-to-face consultations. This also provides opportunity for regular Continuing Professional Development with teaching and case discussion from specialist paediatric services.
- Participation of patients and parents as champions of child health and supporters of the practice to empower the community to engage with local health services.
- Key to ensuring this model works most effectively is ensuring the wider MDT contains the wide range of experts available in the local community including, mental health professionals, health visitors and school nurses, local children's community therapists and social prescribers/key workers who can link with families and ensure they can access local services (e.g. local voluntary sector organisations)

The CC4C model has shown efficiency savings of at least triple the investment (net economic benefit), including total efficiency gains due to:

- 40% fewer outpatient appointments
- 22% fewer ED presentations
- 17% fewer hospital admissions
- 16% fewer GP attendances

Healthier Together (Integrating acute services for children and young people across primary and secondary care)

Digital technologies are transforming the ability to empower patients and their families/carers to participate actively in their own care, with a greater focus on well-being. The Healthier Together website provides clear information on common childhood illnesses used by both families and healthcare professionals, including advice on what 'red-flag' signs to look out for, where to seek help if required, what they should do to keep their child comfortable and how long their child's symptoms are likely to last. Analysis in Hampshire of parents' perceptions found their worries around health needs in their children reduced following access to Healthier Together digital resources and that they expect their health seeking behaviour to change with continuing access.

Co-design has been a crucial aspect of the success of the programme. From the outset, views of parents and carers were sought, along with those of the healthcare professionals delivering urgent care paediatric services. Relationship building across organisational boundaries has enabled the production of clinical resources and agreement on treatment pathways and safety netting resources. In addition, an extensive education programme involving all professional groups involved in the care of children has been the catalyst for successful implementation.

The programme has also been a driver for service improvement across Wessex, including the roll-out of connecting care children's hubs, piloting of a paediatric desk within NHS 111, trialling of a digital app for parents promoting self-care for minor illnesses, improving antibiotic prescribing in primary care, delivering education on mental health and wellbeing to primary school children and evaluating the impact of social prescribing (minor illness workshops) for parents. The success of the Healthier Together programme relies upon dedicated clinical leadership to drive engagement from local clinicians – it has since extended to multiple regions across England.

Healthier Together is now uniquely set up such that local areas can have the ability to change information to make it relevant to local needs with local services flagged, ensuring local contacts and services are featured. At the same time, information regarding illnesses is common to all. The RCPCH supports the central steering group who have underlying governance control of the websites and oversight of any key updates.

Sparkbrook Children's Zone (Integrating health care and early years support for children and young people living in deprivation)

Sparkbrook Children's Zone (SCZ) is a partnership project between Birmingham Children's Hospital, GreensquareAccord's Early Help Team and South Doc Service's Balsall Heath, Moseley and Sparkhill Primary Care Network (PCN).

Sparkbrook Children's Zone is part-funded by Birmingham & Solihull Integrated Care Board and delivers place-based paediatric primary care and Early Help clinics, serving 14,000 children and families registered within the PCN. Early intervention and prevention are the key ambition of the clinics and community outreach, to address the social determinants of health and reduce pressures on secondary care and statutory services.

The integration of health and social care services within a community setting has allowed for a more comprehensive approach to addressing the needs of CYP. The SCZ model has seen a lower

proportion of patients attending the Emergency Department compared to standard primary care (a reduction of 41.38%). The average cost of SCZ per patient was £66 compared with £110 for standard primary care.

Digital health skills (RCPCH survey results 2024-2025)

The RCPCH recognises that enhancing digital skills is salient for the NHS workforce to maximise benefits from a digital-by-default NHS. As part of a wider programme of work on supporting members to navigate an increasingly digitised healthcare system, the RCPCH conducted a digital skills survey among its members in 2024. The survey asked members about what support they needed to achieve and maintain levels of digital technology skills now and in the future. Responses were received from 412 members worldwide and 355 were UK-based.

Respondents were asked key questions about their levels of confidence and experiences in using digital tech, what their digital health skills needs were, and to highlight their preferences for how to deliver digital skills training and resources.

Section 2: modelling assumptions

The workforce built today will determine whether the NHS can deliver the ambitions of the 10 Year Health Plan. That means challenging old assumptions, testing new ideas and being honest about what the future demands.

This section seeks evidence on:

- specific assumptions you use in workforce modelling
- how that impacts on workforce supply and demand, including career and training pathways.

RCPCH response

The child health workforce must be given due recognition as supporting the distinct needs of children and young people, who comprise 25% of the whole population.

Workforce modelling for the child health workforce must take account of rising demand, growing complexity and the pressures of new service models:

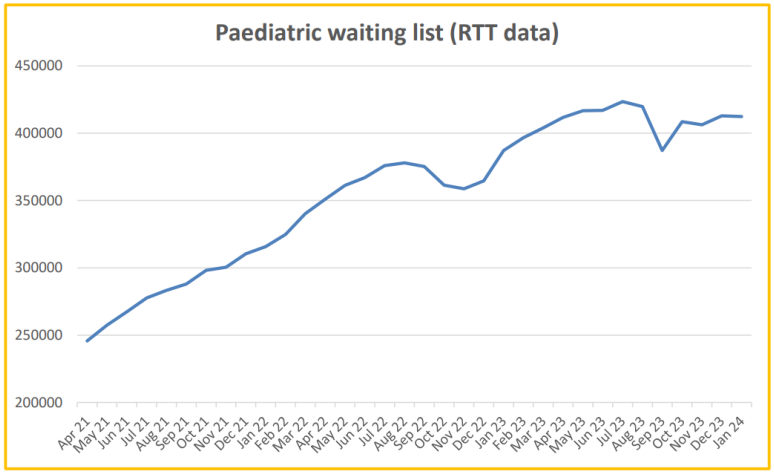
- **The number of children waiting over 52 weeks for care have increased by 60% for elective services, and 94% for community health services, in just two years.**
- **CYP aged 0–14-years are more likely to attend Emergency Departments than any other age group.**
- **There is an average shortfall of 20% resident paediatric doctors on Tier 1 and Tier 2 rotas.**
- **Consultant-delivered paediatrics services have an increasing resident out-of-hours requirement.**
- **Investment in the community child health workforce is required.**
- **There should be more flexibility in paediatric intensive care and high dependency care provision.**

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. There were considerable concerns about the modelling that underpinned the workforce projections made in the 2023 LTWP, which based planning primarily on demographic population growth and focused predominantly on the needs of an ageing population.

Current demand projections indicate health care needs already exceed CYP workforce resources. Future demand for CYP services is likely to continue growing and does not sufficiently account for the recent rise in birth rate across England, with increasing complexity in its population and case mix, the introduction of Martha's Rule, and increasing challenges from new or growing medical advances. The RCPCH recognises the significant impact that the Generation Study and Newborn Screening Programme may have on detecting and treating child health conditions that are actionable at a young age, but implementation and provision of genomics services require investment to ensure equity of access and provision of service for all.

Research and modelling undertaken as part of the RCPCH Paediatrics 2040 programme shows 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. CYP outpatient attendances are forecast to increase by 48% (16.5 million annually) by 2030 if current trends continue.

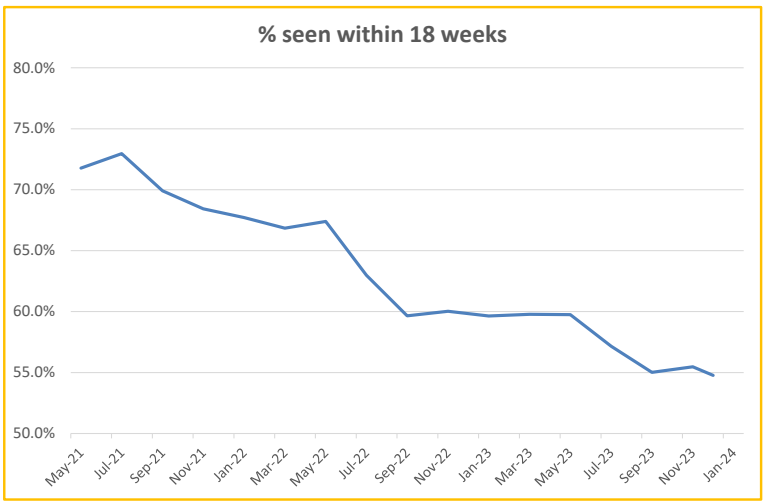
The number of children waiting over 52 weeks for care increased by 60% for elective services, and 94% for community health services, in just two years. While paediatric waiting lists have increased by an additional 166,740 patients between 2020 and 2024, there has been an increase of only 462 FTE consultants in England in this time – a 67% increase in patients waiting for care versus a 15% increase in FTE consultant numbers.



- **The number of paediatrics waits increased by 68%** between April 2021, when the data was first reported, and January 2024*.
- This is an increase of 166,695 incomplete pathways, with a total of 412,394 paediatric waits in January 2024.
- The paediatric waiting list has increased at a significantly higher rate than other elective services.

Reference: Referral to Treatment (RTT) Waiting Times, NHS England

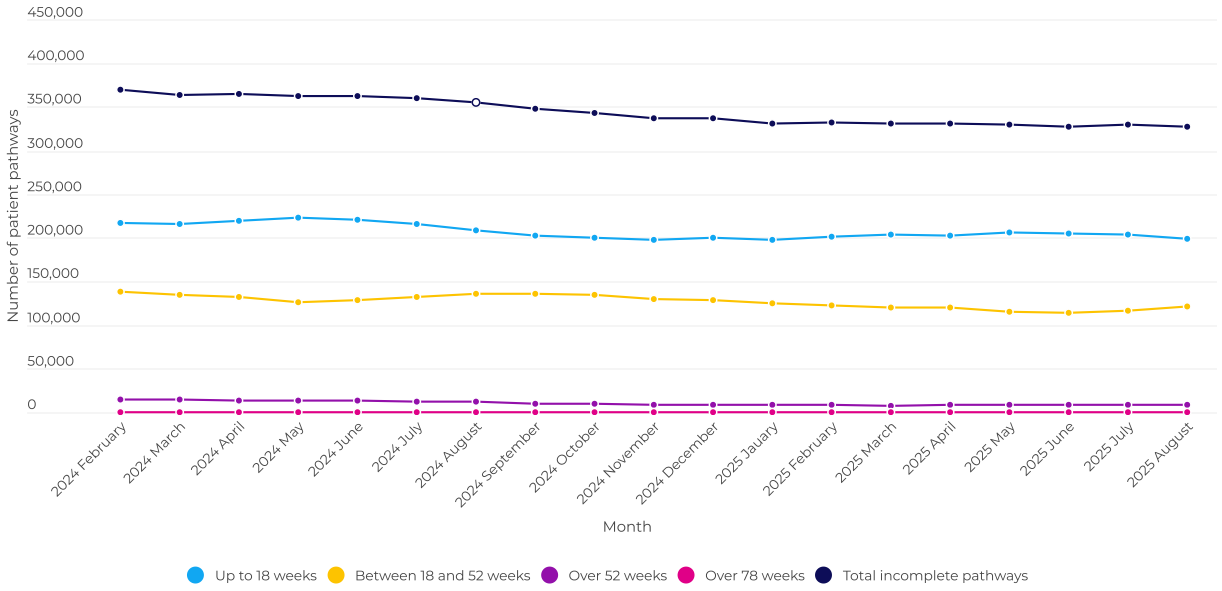
*A note on the data: All figures are from NHSE Referral to Treatment (RTT) waiting times data from April 2021 when paediatric waiting lists were first reported, to January 2024. In February 2024, NHSE made changes to the RTT dataset which removed some paediatric waits from subsequent RTT reporting. As a result, it is not possible to meaningfully compare figures from February 2024 to data before this month. Any changes to the data from February 2024 are unlikely to represent a genuine reduction in the number of children waiting or length of wait, but are a result of changes to the inclusion criteria for the dataset.



- Alongside an increase in the number of children waiting for healthcare, there has been **an increase in the length of time spent waiting.**
- **The proportion of paediatric patients seen within the 18-week target has declined** over the last 2.5 years, **from over 70%** in April 2021, **to 56%** in January 2024.
- During this period, the average length of wait increased from 9.7 weeks in April 2021, to 15.2 weeks in January 2024.

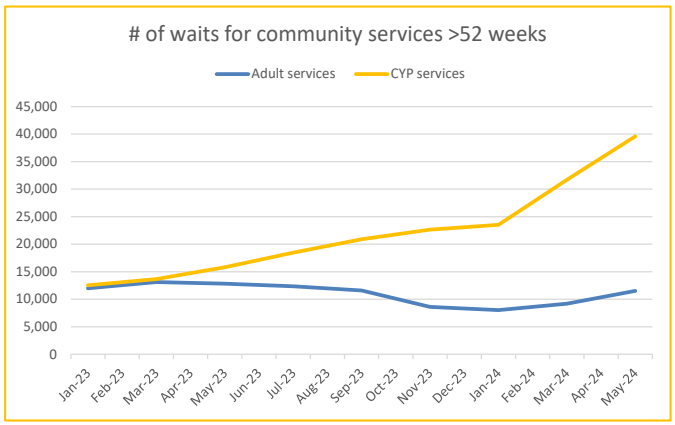
Reference: Referral to Treatment (RTT) Waiting Times, NHS England

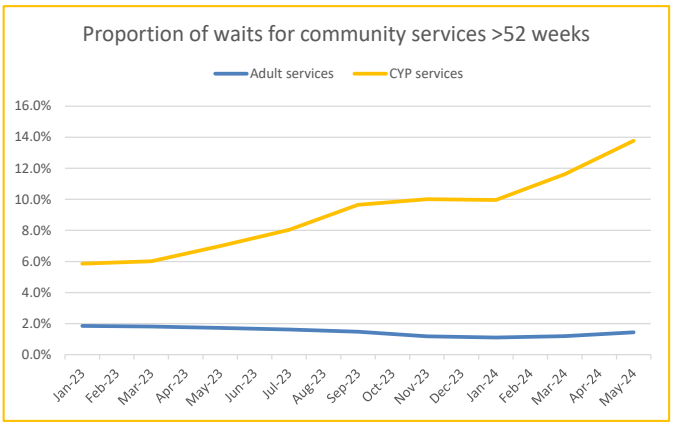
The paediatric workforce remains persistently overstretched and the number of total incomplete paediatric patient pathways in England has continued to see minimal change since January 2024:



Reference: Paediatric workforce information: waiting times in the UK | RCPCH

Doctors specialising in community child health work with vulnerable groups of children, including those with developmental disorders and disabilities, complex behavioural presentations, and at risk of abuse or being abused. Community paediatricians hold clinics in a variety of settings, including schools, with an emphasis on continuity of care, and have strong skills working with multiple agencies, particularly with education and social care. They have a vital role in planning and implementing local strategies to improve the health of all children in their area, including safeguarding policies and overseeing universal and targeted lifestyle programmes. The difference between adults' and children's access to health services is particularly stark in community services:

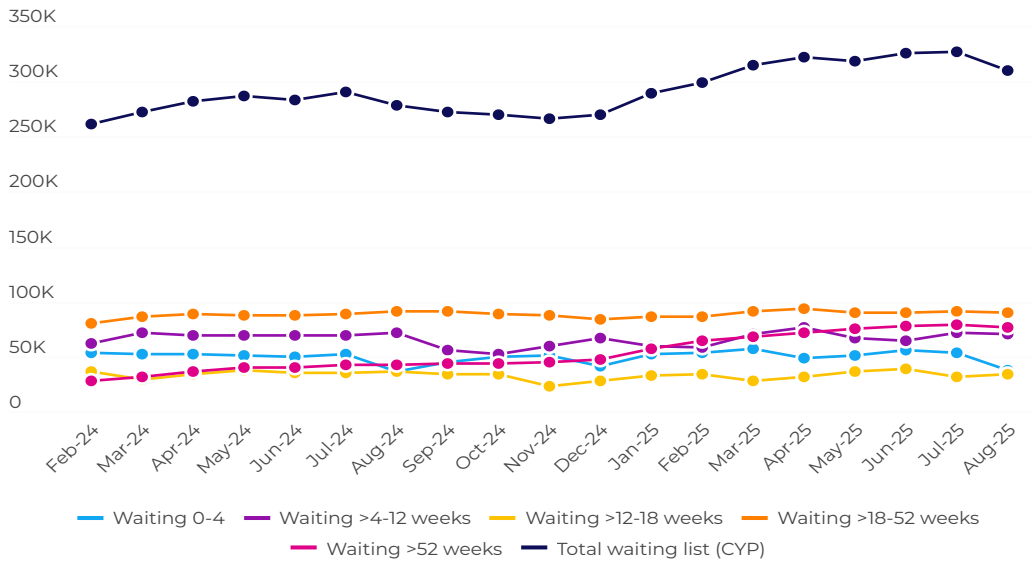




- Over this 18 month period, **the number of adults who wait for over a year to access community healthcare has remained stable**, decreasing slightly from 11,978 in January 2023 to 11,593 in May 2024. In the same period, **the number of children waiting for over a year to access community services increased from 12,529 to 39,578.**
- The difference is more apparent when you look at the proportion of long waits – **just 1% of the adult community waiting list wait for over 52 weeks, compared to 14% of the children's community waiting list.**

Reference: Community Health Services Waiting Lists, NHS England

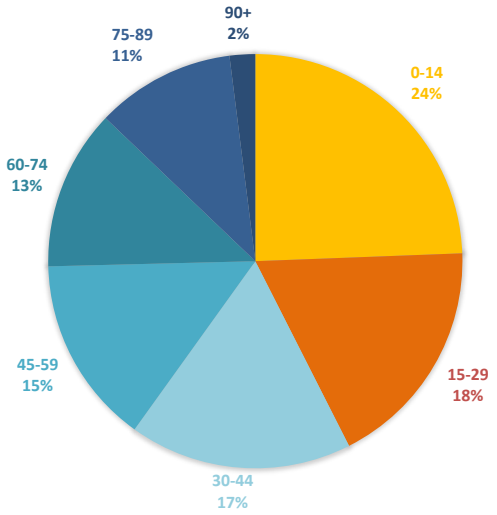
This has increased even further to over 50,000 CYP waiting more than 52 weeks for community services since February 2025:



As reported in the GIRFT Paediatric Critical Care report (2022), PICU activity data has shown increasing numbers of CYP bed days and admissions in the last decade:

Year	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Admissions	14366	14760	14827	15567	15377	15306	15862	15959	15474	16011
Bed Days	82596	88414	87286	98696	99803	101448	105302	113450	110026	113756

Children are also 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:

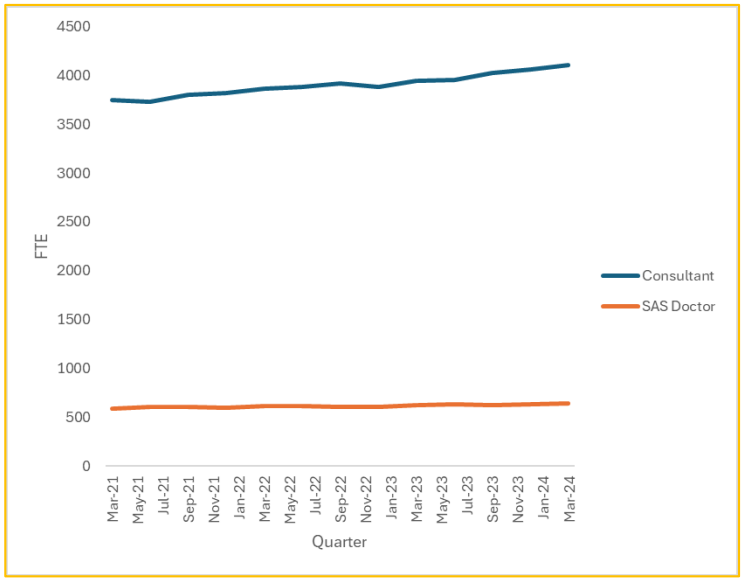


- **Children aged 0-14 make up 24% of all A&E attendees, far higher than any other age group.**
- Babies and infants are even more likely to attend: 2.6 million infants aged 0-4 years attended A&E in 2023/24, a **42% increase in just ten years.**
- There are 122,283 A&E attendances for every 100,000 babies, nearly double the attendance rate of 75-89-year-olds.
- Despite this, pressures in emergency settings are often thought of in relation to frailty and adult social care. Money to improve emergency services or prepare for winter pressures is often funnelled towards the needs of an ageing population. There are different pressures in paediatric urgent and emergency care which must be addressed.

Reference: Hospital and Emergency Activity, National Reports, 2022-23, NHS England

In 2019, RCPCH estimated that demand for paediatric consultants was around 21% higher than in 2017 and the gap between demand and supply has clearly widened significantly even further since. In 2022, 17.5% of paediatric consultants who responded to the RCPCH Census indicated that they wish to retire before 60 - the average age of these respondents was under 50 years. In 2024, the GMC published findings that showed 15% of joiners to the paediatric specialist register between 2016-18 left within 5 years.

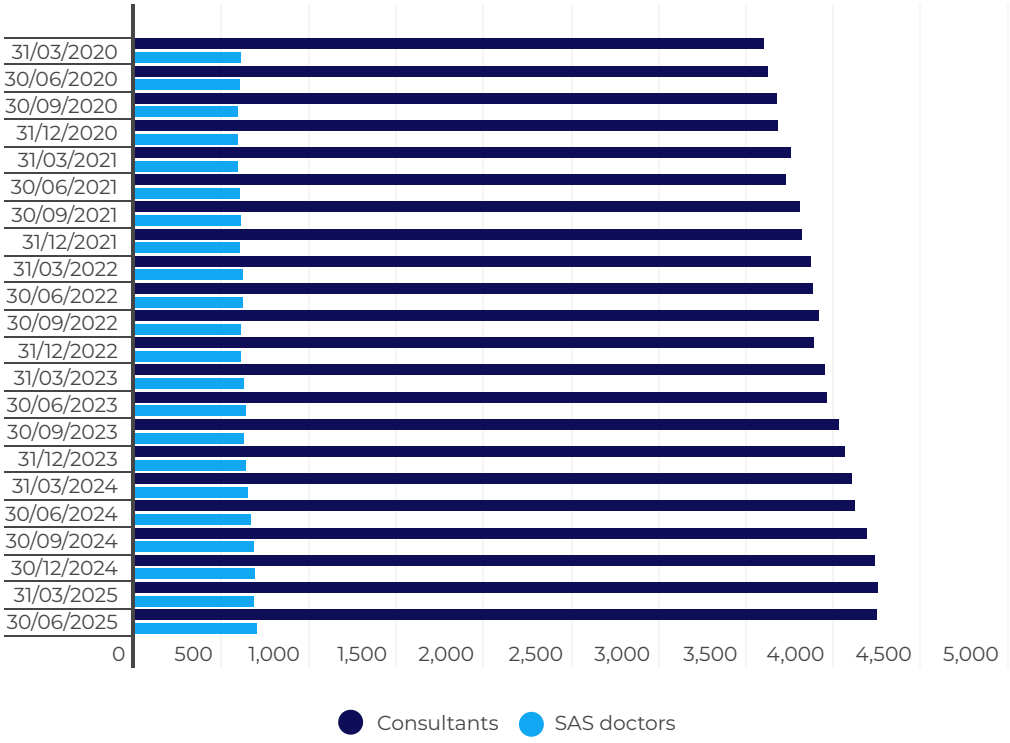
Acute paediatric services run on a smaller number of highly trained staff with inherently less flexibility to cope with vacancies than the much larger adult services. In December 2024, a national rota gaps survey noted there is also an average shortfall of 20% resident paediatric doctors on Tier 1 and Tier 2 rotas.



- **There has been an increase of 354 FTE paediatric consultant posts since March 2021, a 9.45% increase.**
- During this period, the RTT paediatric waiting list grew by an additional 166,695 waits, a 67.85% increase**. Demand is outstripping workforce capacity.**
- In 2019, RCPCH estimated that demand for paediatric consultants was around 21% higher than the workforce levels, and the gap between demand and supply has widened since then.
- The current child health workforce is overstretched, with the GMC annual survey of trainees and trainers in the NHS reporting that 19% of paediatric trainees were at high risk of burnout.

Reference: RCPCH Paediatric workforce information and evidence library and NHS Workforce Statistics

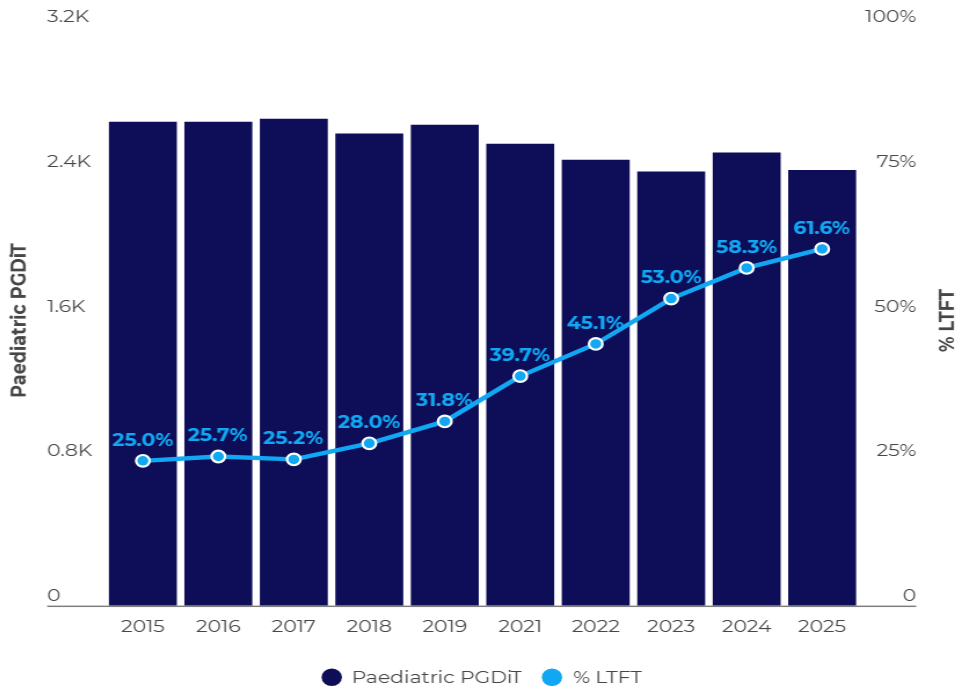
Data tracked by the RCPCH shows total FTE for consultant and SAS doctors in paediatrics has remained relatively unchanged from March 2024 onwards despite concerns persistently being raised around increasing CYP waiting lists and workforce gaps:



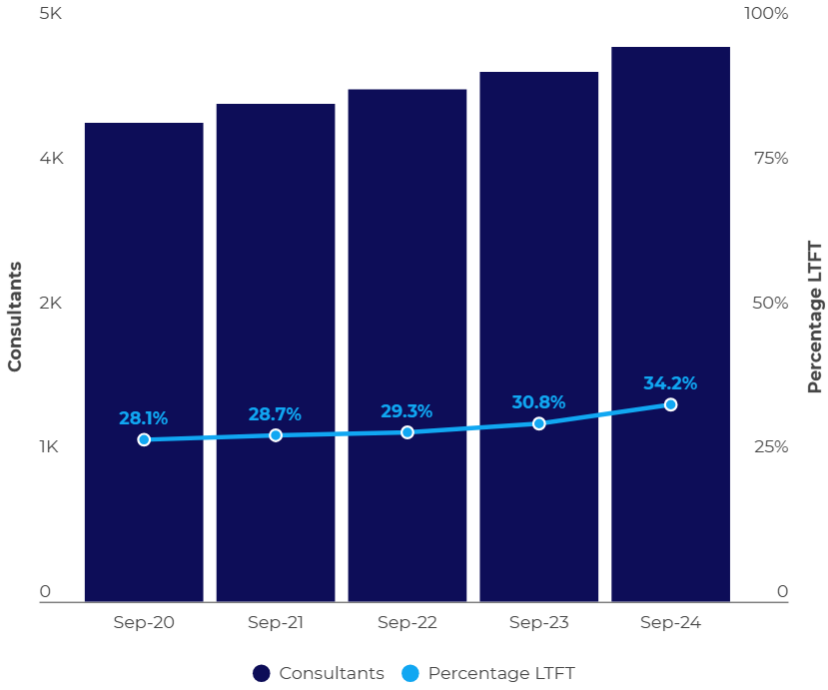
In August 2023, the RCPCH implemented the Progress+ paediatrics curriculum aligned with the ethos of the workforce plan in its commitments to generalism and to training the paediatrician of the future by expanding opportunities to work outside of the hospital environment. There is a less prescriptive approach to placement requirements, allowing some flexibility to reflect local needs and each postgraduate doctor in training's (PGDiT) career intentions. The programme is underpinned by 11 new training principles that promotes enhanced flexibility and encourages a greater focus on integrated care and efficient MDT working. The pathway is also capability-based so PGDiT can move through the pathway faster and as it places less emphasis on specific placements, allows more flexibility for differing routes through the training pathway.

In 2025, applications to join the paediatrics training pathway surged to over 2,600 for just 476 posts and only 25% were offered an invite to interview, an issue that is increasing each year. Paediatric expertise has an essential role in the successful delivery of neighbourhood health systems. Implementation of this transformational change will require substantial job planning. 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 resident out-of-hours services as well as offering security in career paths for medical graduates. 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.

The changing work balance towards LTFT working to preserve wellbeing and avoid burnout has not been built into central workforce planning, particularly in consultant-delivered paediatrics services with an increasing resident out of hours requirement in high-risk areas. Paediatrics is the specialty with the largest number of LTFT doctors in training, which will lead in turn to seismic change in consultant working capacity.



In the 2025 RCPCH CCT survey report, those working less-than-full-time post-qualification averaged a total of 7.7 Programmed Activities, 23% took a post outside the region they had trained in, and over 50% of post-qualification respondents indicated an intention to decrease Programmed Activities in future:



It is important to understand that the 'specialty' of Paediatrics, is an extremely broad area of training, akin to most of adult medicine. The subspecialties of Paediatrics such as Paediatric Intensive Care Medicine, Paediatric Neurology and Paediatric Emergency Medicine train doctors up to a level of independence expected of adult specialties. Therefore, lack of investment in paediatrics does not just impact one workforce, but multiple areas of CYP service across the hospital and community.

National Getting It Right First Time (GIRFT) reports have identified similar shortfalls in the sub-specialty paediatric workforce:

- "There are **very significant shortfalls in staffing against national standards for both medical and nurse staffing**. Overall, less than half of neonatal units meet standards… and there is significant regional variation. Multi-professional team services are very patchy with less than half of neonatal services having regular dietetics, physiotherapy and speech and language input and less than a quarter with regular psychology and occupational therapy input." – Neonatology, 2022
- "There are… significant **regional differences** in fertility rates reflecting socioeconomic changes. Conversations during deep dives showed that there isn't wider regional planning to 'future proof' services to allow for the changing demographic and population needs" – Paediatric Surgery, 2021
- "We are recommending… **support from multidisciplinary teams** with sufficient specialist physiotherapists, nurses, and plaster staff to permit early treatment and reduce waits" – Paediatric Trauma and Orthopaedics, 2022
- "Staff costs represent approximately 80% of the total costs of running a PICU… reliance on temporary staff to fill vacancies and rota gaps increase costs further. Only 42% of PICUs have 24/7 access to a paediatric pharmacist for advice. Reporting of PCC staffing levels need to be adjusted to consider the complexity of care being delivered… workforce concerns was the most frequently stated challenge, with specific discussion of **recruitment and retention of intensive care nurses and doctors**… in addition to advanced care practitioners, and HDU trained general paediatric consultants." – Paediatric Critical Care, 2022.

Section 3: productivity gains from wider 10 Year Health Plan implementation

In his independent investigation of the NHS in England, Lord Darzi said:
Falling productivity doesn't reduce the workload for staff. Rather, it crushes their enjoyment of work. Instead of putting their time and talents into achieving better outcomes, clinicians' efforts are wasted on solving process problems, such as ringing around wards desperately trying to find available beds.

This section seeks evidence on:

- the top digital initiatives delivered
- actions taken to identify and address gaps in training (pre or post-registration) that support delivery of the 3 shifts
- policies or initiatives that have enabled the NHS to play a bigger role in local communities (for example, widening access, creating opportunities or supporting underserved groups)
- examples of managing changing expectations and increasing patient participation in their care through digital tools

RCPCH response:

The positive impacts of prevention and technological advances can be managed most effectively in childhood. Investing in the child health workforce to tackle ill health and reduce risk factors early in life is the most effective way to ensure a healthier future population and reduce future demand on services.

RCPCH welcomes recent NHSE guidance on neighbourhood MDTs to develop 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.

Health Promotion and Illness Prevention is Domain 5 of 11 in the RCPCH Progress+ paediatrics curriculum. PGDiT in paediatrics are expected to know how to recognise and optimise everyday opportunities to promote healthy lifestyles and prevent illness, and 3 key knowledge areas underpin this domain:

- Encourage health behaviours at all interactions
- Know the wider social determinants of health
- Understand the relationships between culture, economy, harms and risk

There are significant limitations on the capacity of paediatric trainers to be able to also help upskill other parts of the hospital and community workforces. 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 CYP:

- 75% of all mental health problems are established by the age of 24, with half established by 14 years of age.
- 2.5 million children in England are affected by excess weight or obesity, and one-third of England's most deprived boys will be obese in 2030. The number of children who are severely obese doubles between reception and year six, and 1.2 million CYP are living with complications from severe obesity.
- Around 1 in 11 CYP live with asthma (a total of 1.1million CYP) and the UK has one of the highest prevalence of emergency admission and death rates for childhood asthma in Europe despite recent progress.
- The prevalence of life-limiting and life-threatening conditions in CYP have increased by around 40% per 10,000 between 2001/02 and 2017/18 and is expected to increase by a further 20% per 10,000 by 2030.
- A report published by the National Child Mortality Database showed in 2023, the child death rate was 31.8 per 100,000 children, an increase from 29.3 in 2022. The child death rate for those in the most deprived neighbourhoods increased from 41.5 per 100,000 in 2022 to 48.1 in 2023, which was more than twice that of children in least deprived areas.

Integrated care does not simply mean collaboration, but a seamless joining of services for children and their families. It is crucial that CYP receive care from professionals with the right expertise. There is a strong evidence base that shows embedding paediatric expertise into the community improves care for CYP and their families, reduces duplication across the system and finds efficiencies. The paediatrics workforce has played a pivotal role in several innovative models of care and digital interventions to improve productivity and meet the needs of their community:

Just One Number - Norfolk Healthy Child Programme (Just One Norfolk for families - Health Innovation East)

Just One Number is open between Monday and Friday, 8am to 6pm and on Saturdays between 9am and 1pm. The telephone number is available for both service users and professionals with a voicemail facility. A call centre structure ensures call volumes are monitored to keep response times to a minimum and voicemail messages are responded to within one hour. The service employs 5 WTE clinicians and 14 WTE administrative call handler staff to cover a population of 189,000 children and young people.

Call handlers answer calls and manage the administrative procedures on a clinical record - every contact is recorded on the SystmOne child health record that is accessible to all health services across the county. Just One Number also hosts a digital resource base that enables access for professionals and service users to validate information and resources that are shared by professionals to encourage and empower self-management of children's health needs. Since the launch of Just One Number in March 2017, over 40,000 calls have been received with an average of 4,000 calls taken per month.

Paediatric Clinical Assessment Service in NHS111 (NHS 111 Clinical Assessment Services: paediatric consultations | Archives of Disease in Childhood)

During the COVID-19 pandemic, the NHSE CYP Transformation Programme invested in establishing a national Paediatric Clinical Assessment Service (PCAS) pilot within NHS111 to formally assess the feasibility and impact of a paediatric CAS and its impact on patient care and pathways. Findings from the initial project were used to inform the clinical profile of a national service, identifying those presentations where paediatric expertise were likely to add most value to the existing CAS.

The pilot service was hosted by a single provider and accepted referrals from all NHS111 providers through a national clinical queue. PCAS has shown that significant numbers of unnecessary referrals can be reduced by embedding paediatric clinicians within NHS111 CAS. Since August 2021, over 51,000 calls have been responded by PCAS with 58% of calls resulting in self-care (compared to 20.51% in wider CAS), and around 30,000 presentations diverted away from GP, ambulance services and ED.

The findings have helped inform the development of a national delivery plan for recovering urgent and emergency care services, with a commitment to roll out PCAS from 2024/25 to ensure specialist input for CYP is embedded within NHS111.

Paediatric and child health advanced practice area specific capability and curriculum framework (PCHCF) (Paediatric and child health advanced practice area specific capability and curriculum framework (PCHCF) | RCPCH)

The RCPCH has worked with NHS England and multi-professional colleagues to produce the paediatric and child health advanced practice area specific capability and curriculum framework (PCHCF). This framework outlines area-specific capabilities and a curriculum addressing the full spectrum of paediatric health needs across infants, children, and young people, and ensures there is national consistency and understanding about advanced level practice. It supports a multi-professional approach for workforce development, ensuring alignment with population health demands, patient care priorities and service delivery goals.

RCPCH Digital Growth Charts (Digital growth charts | RCPCH)

Evaluating and recording a child's growth has traditionally involved manually plotting measurements on paper growth charts developed using complex data sets and statistics. To support the drive to digitise healthcare, the RCPCH Digital Growth Charts Application Programming Interface (API) accurately calculate centiles for a child's height, weight, head circumference and Body Mass Index to enable digital growth assessments.

Produced by a multidisciplinary team including clinical paediatrics, health informatics, statistics and software development, as well as childhood growth and nutrition specialists, health visitors and information governance experts, the API is designed for supplier and Trust implementation teams to build into existing clinical apps and interfaces. Actively developed and improved in response to user feedback and advances in growth monitoring science, the API provides a standardised open data format for all growth references, allowing research groups to also develop specialist or localised growth charts using third party data sets, and is DCB0129 Clinical Safety and registered with MHRA as a Class I Medical Device.

Alder Hey Was Not Brought AI Tool (NHS England » Was not brought (WNB) AI tool)

Alder Hey Children's Hospital's WNB AI predictor model identifies risk factors for WNB and predicts the probability of a patient's appointment attendance. Where the prediction rate in the model for WNB is above 70%, this correlates to low attendance and targeted, patient-centred interventions are put in place to reduce this. The technical implementation of a WNB AI tool provides services with technology that automatically identifies risk factors for WNB which an individual clinician would need to amass from multiple sources. Ten of the Children's Hospital Alliance trusts have used the tool alongside other interventions and report improved administrative processes and communication with patients, and reduced WNB rates by up to 60% across the targeted group.

Section 4: culture and values

The 10 Year Health Plan made it clear that great culture and great leadership go hand in hand with better quality care.

This section seeks evidence of:

- policy interventions that have directly improved workforce outcomes and patient outcomes (for example, retention, staff wellbeing, reducing sickness absence, as well as better quality care)
- approaches that have successfully embedded strong core values into everyday leadership, decision making and service delivery
- systems or practices that ensure leaders at all levels actively listen to staff feedback – particularly from underrepresented groups – and act on it

RCPCH response:

There should be a central culture of inclusivity in workforce planning, with diversity celebrated and flexibility positively encouraged and supported.

In the 2025 GMC State of Medical Education and Practice in the UK report, 22% of paediatricians surveyed were struggling with workload, 22% reported difficulty providing patient care, 14% were at high risk of burnout, and 10% had taken hard steps to leave UK practice. In a snapshot survey of over 400 RCPCH members in May 2025:

- 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 CYP they care for.

Paediatricians are increasingly unable to access essential Supporting Professional Activities (SPA) time to support them in their learning and professional development. Roles in examining, contributing to central assessment developments, College Tutors positions, and Training Programme Directorships not only help specialties stay at the forefront of workforce need and educational developments, but they help doctors across the NHS develop the leadership skills and educational experience to create the policy interventions and new systems that improve the NHS. The NHS centrally needs to work with NHS employers to stop this erosion of professional development.

The RCPCH Thrive Paediatrics Roadmap for Transforming the Working Lives of Paediatricians is the first document within paediatrics to give a clear and holistic vision for paediatricians and paediatric services on what they could and should consider for their working lives and overall wellbeing of their staff. It has given the specialty a common language to begin discussions, without judgement, and explores three main themes of the challenges that the workforce is facing:

- Working lives - rotas, job plans, induction, leave, etc.
- Professional development - education, leadership, CPD, etc.
- Wellbeing and culture - support, teamwork, communication, inclusion, etc.

Through national and regional collaborations, the wider Thrive Paediatrics Programme sparked critical conversations about paediatrician wellbeing and laid the groundwork for a culture of compassion, inclusion, and sustainability within the specialty. The Thrive interventions around the roadmap and a new digital educational hub have also helped to improve literacy in understanding, talking about and leading on wellbeing interventions. Learning from the Programme has demonstrated how innately ingrained wellbeing work is with wider workforce planning.

A suite of additional RCPCH resources also offer guidance on practical solutions, implementation frameworks, and ongoing support for workforce wellbeing.
These resources can help bridge the gap between policy aspiration and meaningful change on the ground, ensuring that the workforce experience tangible improvements in their day-to-day working lives:

- Training Charter
- Thrive Paediatrics resource hub (on RCPCH Learning)
- Flexible working in paediatrics: Insights and data, legislation and guidance
- Consultant and SAS doctors job planning toolkit | RCPCH
- Rostering guidance for postgraduate doctors in training (England)
- Self-rostering in paediatrics - case study presentation
- Reasonable adjustments at work – good practice for paediatricians
- Embracing neurodiversity and supporting neurodivergent paediatricians - guidance

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. Not only do we need to retain and support the vital senior educator and decision-making paediatrics workforce in their later careers, a whole-system approach to planning must deploy the necessary expansion of the paediatrics workforce to ensure standards continue to be met in the future.

Section 5: any additional comments

Any other comments, information or evidence you would like to share as part of this call for evidence that you think would help deliver the ambitions of the 10 Year Health Plan.

The RCPCH is committed to proactively engaging with DHSC in development of the 10 Year Workforce Plan and work constructively on ensuring the investment outlined in the plan does justice to the needs of CYP to ensure they are no longer left behind in both local and national decision-making. Concerns on the lack of reference and specificity to the child health workforce were raised following the 2023 LTWP publication. The child health workforce cares for a whole population group which makes up nearly 25% of the population who have distinct needs from much of the adult system. Need is outstripping supply and the impact of interventions during childhood on the whole life course mean CYP demand now will also become 100% of future adult healthcare demand.

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 by birth rate remains a simplistic approach to child health workforce planning and does not consider changes through immigration, child health inequalities, increased survivorship beyond infancy, and the rising complexity in child health and care. Child health requires a whole system approach to workforce planning.

National investment is required with a sustainable long-term child health workforce plan. Implementation of transformational change will require substantial job planning and training to facilitate new ways for working with an expansion of specialty training places and consultant posts in paediatrics required to ensure the long-term sustainability of the specialist workforce. For actions put forward in the 10-Year Health Plan to innovate ways of working, parity of esteem between physical and mental health and move care closer to home to be achieved, there must be an increased focus on the paediatric workforce.

10 Year Workforce Plan

RCPCH submission to the Department of Health and Social Care call for evidence

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