

About the RCPCH

The Royal College of Paediatrics and Child Health (RCPCH) is responsible for training and examining paediatricians. The College has over 19,500 members in the UK and internationally and sets standards for professional and postgraduate education. 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.

RCPCH response:

We are generally supportive of the proposal and recommend that application for Disability Assistance should be a straightforward process for parents/carers/paediatricians with rigorous and timely claims process and review. However to support their application for Disability Assistance, parents need the sort of evidence that is included in community paediatrician reports and we have concerns that there are insufficient numbers of paediatricians working in the field of disability available to meet the needs families whose children would be entitled to these benefits, potentially causing delays of months or years. While we understand eligibility can start at 3 months, this is only if there has been someone available to assess or diagnose the child as having a disability/developmental impairment and hence as being eligible. Although we have not provided answers to the specific questions, we wanted to highlight some of the data collected by RCPCH that we think should be considered in the development of this proposal.

In relation specifically to **Question 42/44. Regarding the above age 16 'new application' rule**, we are not sure who this applies to. In Community Child Health our paediatricians see children up to the age of 18, if in fulltime education, and we would expect 16-18 year olds to have the same process as other children (these would be fairly unusual cases).

Poverty and disability:

Our paediatric patients can come from some of the very poorest postcode areas in Scotland as detailed in [the Scottish Index of Multiple Deprivation](#) (SIMD). Childhood disability is more common the more deprived a population – but where some of most deprived populations in Scotland are found, there are fewer community paediatricians per head of population.

In the [State of Child Health 2017 report](#), we recommend the reduction of child poverty and inequality and the link between poverty and poor health is highlighted throughout this report. It is estimated that more than 210,000 of Scotland's children live in poverty. These children are more likely to have negative health outcomes, to be born with low birth weight or fail to thrive and be exposed to risks that perpetuate ill health such as poor diet, lack of physical activity, parental drug or alcohol misuse and being in care. More must be done to reduce the number of children living in poverty in Scotland and to minimise the impact of deprivation on health outcomes. Robust monitoring of child poverty is vital and while we welcomed the Scottish Government's Every child, every chance: tackling child poverty delivery plan which outlines actions to reduce relative child poverty to less than 10% by 2030, this outcome is yet to be delivered and the latest figures published on 15 May 2019 by [End Child Poverty](#) the UK's leading child poverty coalition indicate that reaching these targets will be challenging. Scottish members of this group have called on the Scottish Government to urgently introduce a cash boost for low-income families in Scotland and for UK government to end the freeze on working age benefits.

In [Poverty and Child Health: Views from the frontline May 2017](#) the Royal College of Paediatrics and Child Health and Child Poverty Action Group and the Child Poverty Action Group (CPAG) reported on an online survey of paediatricians across the UK to capture their views on how poverty affects the physical and mental health of the children they see, and whether things are getting better or worse. The survey was sent to all members of the RCPCH and specialists in community child health and neonatal medicine were particularly highly represented. More than two-thirds of the doctors who responded said that poverty and low income contribute 'very much' to the ill health of children they work with. The CPAG and RCPCH call for urgent action to reduce child poverty and its impacts on health, including a call for reversal of cuts to universal credit which will leave the majority of families claiming this benefit worse off.

Workforce provision:

There are particular concerns in Scotland about workforce provision to remote and rural areas and the number of paediatric trainees and consultants are unlikely to rise by the amount needed to meet demand any time soon, especially as only 6% of foundation year 1 (F1) doctors consider specialising in paediatrics³. Therefore, workforce planners need to develop non-medical workforces, and see their potential in helping paediatric services meet standards and demand. For example, the current lack of children's community nurses in Scotland, and absence of post graduate training opportunities in Scotland for this role⁴, presents a major gap in the child health workforce.

Furthermore, according to the 2017 census, there are now more specialist than generalist paediatricians in the Scottish workforce. This may reflect the fact that trainees tend to work more in tertiary centres rather than smaller district general hospitals (DGH), where they are able to develop a specialty. However, this leaves them unprepared to work as general paediatricians in DGHs after CCT.

Scotland has 11 Health Boards that provide paediatric services across the total 14 Health Boards.

Consultant growth in Scotland between 2015 and 2017 was 5%, lower than overall growth in the UK of 7.8%. Growth of consultant numbers in Scotland has slowed since 2015: between 2013 and 2015 WTE consultant growth in Scotland was 14.2%. The shortfall in medical paediatric staffing across Scotland is clearly seen in rates of rota gaps and vacancies, which are higher than the UK overall. To meet the RCPCH standards set out in [Facing the Future](#), Scotland needs to appoint an additional 82.5 whole time equivalent (or 100 headcount) consultants. This would be an expansion of the current workforce of 25%.

While the Scottish Government and Transition Group has acknowledged the need to increase the number of paediatric trainees and will fund an additional eight posts for 2019, in our [Workforce census 2017: Focus on Scotland](#) report, we are predicting a potential dramatic fall in the whole time equivalent (WTE) workforce in Scotland unless there is an increase in the head count of doctors in training and the RCPCH supports the [Royal College of Physicians call](#) to Scottish Government to double the number of medical students.

We would like to highlight that RCPCH are conducting a [Paediatric 2040 project](#) to look at the future of paediatrics and would encourage NES to consider this timeline too. This project will develop predictions and models of children and young people's health outcomes by 2040 and aims to understand what future requirements for paediatric services may look like and to identify innovations that will change the way paediatric services are delivered.

For further information about any aspect of this consultation response, please contact Professor Steve Turner, Officer for Scotland at: s.w.turner@abdn.ac.uk