



COVID-19, paediatrics and child health

Whilst we are fortunate that children and young people are not as severely affected by COVID-19 as adults, the strategies developed by health systems in response to the virus has put paediatric services and clinicians under enormous pressure. COVID-19 has caused significant disruption to medical education, training and assessment in the UK. Paediatricians have had to work differently, in new settings, and under increased uncertainty. We know that many of our members will understandably be anxious and the workforce have innovated quickly to accommodate workforce planning and deployment decisions. The global scale of this pandemic has meant the College has changed the way it offers support to partners in Myanmar, Sierra Leone and Rwanda.

In the UK, social distancing measures has meant mass gatherings have either been cancelled, paused or redesigned and this has had huge implications for how we learn, examine and generate collective thinking. The RCPCH State of Child Health 2020 report shows our challenge in reaching optimum health outcomes for children and young people across the UK. COVID-19 will likely frustrate our journey in levelling up child health outcomes equal to our European counterparts. We have long called for efforts to address widening health inequalities and whilst COVID-19 is a human tragedy, it is sending shocks through the global economy. Children and young people from socially vulnerable backgrounds will fall at the sharp end of this pandemic.

“It is part of our children's rights to be helping adults to make decisions about services that can help us” RCPCH &Us Voice Bank 2020 (Scotland)



Next steps

The [Paediatrics 2040 project](#) will soon be publishing a short report to support members with thinking about the future of paediatrics in the UK in light of learnings from COVID-19. The report will summarise our learning from this period of rapid change, focusing in particular on capturing emerging innovations and on the importance of data. It will go on to consider how these changes can help us plan for the future in relation to paediatric models of care and working lives – thinking especially about the elements of new practice that we want to keep and take forwards into the future.

We will continue to lead the way in child health to ensure the restoration and recovery of services is led by our members, and to the benefit of the children, young people and families in our care.

Follow the [President's regular blog](#) for updates on key events and activities to improve children and young people's health and to support our members.

Principles for recovery

We have an opportunity to reset how we plan and deliver healthcare for children and young people; to think about how we harness innovation and learning so that it can be shared and maintained, and to use this as a basis to train and educate our paediatricians and broader child health workforce.

Our approach will be underpinned by using three guiding principles:

1. Planning children’s health services should be **reset and underpinned by data and evidence so that innovation and new models of care that meet the needs of children and young people are maintained.**

The tempo for learning and improvement has been accelerated by COVID-19. Data and evidence are the best vehicle to advance the art and science of paediatrics and sharing examples of innovation will be key to offering solutions to members. It is likely that some areas will be forging the ‘new normal’ to better meet the needs of their children and young people, and it is important that data systems and surveillance captures these improvements.

2. Delivery of children’s health services should be **restored so that all children and young people receive high-quality, safe and effective care in every setting, ensuring timely diagnosis with a particular focus on supporting community services. There should be no diminution in facilities and adherence to current standards must be maintained.**

Normal pathways of care have been interrupted and other sources of support for children and young people, at school or in social networks, has been temporarily removed. The greatest impact will have been on the most vulnerable children. There will likely be an increased demand on hospital outpatient appointments, community children’s health services and mental health provision once lockdown is lifted, and chronic pressures in these areas will have been exacerbated by the pandemic.

3. The paediatric workforce should be **recovered, bringing paediatricians back to children’s services and their training pathway, including sharing new ways of working with a focus on wellbeing.**

COVID-19 has caused unprecedented disruption to medical education, training and assessment in the UK. Our #ChoosePaediatrics campaign highlighted urgent issues affecting retention in paediatrics as well as the need to recruit more doctors to train in this specialty. COVID-19 has meant that Paediatricians have had to work differently, in new settings, and under increased uncertainty. The workforce and service planners have innovated quickly to accommodate workforce planning and deployment decisions. We know that many of our members will understandably be anxious and we must ensure that our diverse membership is supported equally in a way that focuses on wellbeing.

“To reduce inequalities, we need more opportunities that bring us together, to learn from each other and make everyone feel welcomed and treated the same being aware that not everyone has the same, equal start” RCPCH &Us Voice Bank 2020 (Northern Ireland)

There are further cross-cutting principles that will apply to our efforts to reset, restore and recover children’s health services and the paediatric workforce:

1. Children’s services and the paediatric workforce must be designed around **the best interests of children and young people.**
2. The **NHS must be a safe and supportive environment for RCPCH members** with the right number of paediatricians in the right place at the right time to respond to patient demand.
3. The **voice of children and young people** must influence the recovery of paediatric services, and work to **challenge and monitor progress.**
4. Our actions must work to reduce **health inequalities.** Children and young people must have **equitable access** to services, resources and advice in their local communities.
5. We must demonstrate **collaborative leadership** to support **integrated care.**