A workforce strategy for community paediatrics

British Association for Community Child Health

October 2019

Executive Summary

1. Longstanding workforce shortages in community child health (CCH) are having an adverse impact on waiting times and service delivery, leading to unacceptable delays for patients

2. Recruitment is improving but is not keeping pace with the growing demand for CCH services

3. A multifaceted approach is required to improve recruitment and retention to meet clinical demand.

4. The British Association for Community Child Health (BACCH) will support its members by implementing the action plan outlined in this workforce strategy, highlighting the current situation and arguing the strong case for enhancing and supporting CCH services. It will work with and alongside other organisations e.g. the Royal College of Paediatrics and Child Health, other Royal Colleges, service commissioners, providers and health education organisations to achieve its aims.

Cliona Ni Bhrolchain
BACCH Workforce Officer
October 2019

This plan was endorsed by the Royal College of Paediatrics and Child Health in January 2020.	RCPCH Royal College of Paediatrics and Child Health *Leading the way in Children's Health*

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Action Plan

BACCH is very concerned about the workforce shortages and the impact this has on patient care, particularly the medical care of disabled and vulnerable children and young people (CYP). Unacceptable waiting times also impact on the performance of NHS and Local Authority (LA) services including safeguarding, Looked After Children (LAC) and Special Educational Needs and Disability (SEND) services (SEND is known as Additional Support for Learning in Scotland, Additional Learning Needs in Wales and Special Educational Needs in Northern Ireland. For brevity, we have used SEND as an umbrella term for all countries throughout this document).

BACCH will work with the Royal College of Paediatrics and Child Health (RCPCH), the other Royal Colleges, NHS England, NHS Scotland, NHS Wales and Health and Social Care Board (Northern Ireland), Health Education England (HEE), NHS Education Scotland, Health Education and Improvement Wales, Northern Ireland Medical and Dental Training Agency Northern Ireland Medical and Dental Training Agency, NI Practice and Education Council for Nursing and Midwifery, to increase recruitment and retention of community paediatricians, while also seeking to increase the skill mix within teams.

BACCH has put together a suite of deliverable initiatives below to improve recruitment and retention in the subspecialty, building on strategies adopted by other Colleges and the experience or members and departments on what is likely to be most productive and realistic.

1. BACCH will take every opportunity to highlight the current quality issues and workforce challenges in CCH

2. BACCH will establish a **permanent workforce officer** for CCH, either on BACCH Executive Committee and/or on College Specialty Advisory Committee (CSAC), to maintain this action programme for the next 5 years

3. BACCH will provide signposting and advice on strategies to **retain** the existing workforce

   Action: BACCH will provide advice to members on

   - *using contract flexibilities to retain existing staff e.g. how to appoint and enhance the pay of SAS paediatricians, how to make best use of the promised re-introduction of the Associate Specialist grade*
   - *increasing support staff to allow clinical staff to focus on clinical work*
   - *using flexible retirement options to retain staff*

4. BACCH will work with the RCPCH to promote careers in CCH including involvement in **recruitment** drives.

   Action: Trainers & CCH Grid trainees should participate in their local careers fairs and offer to talk to medical student paediatric societies. BACCH will support by developing a set of presentation slides on 'CCH as a career' and finding people to support recruitment activities alongside RCPCH.

5. BACCH will work with the RCPCH & CSAC to promote **early exposure** to CCH
   - through involvement with medical student teaching
   - through Foundation Schools taster sessions and/or clinical placements
   - participation in departmental and regional teaching
   - increasing training/development opportunities in CCH for paediatric trainees and Staff Grade, Associate Specialist and Specialty (SAS) paediatricians
   - monitoring recruitment and training post availability
   - exploring further training opportunities for SAS doctors through credentialing

   Action: BACCH will support by collecting/devising some exemplar taster session programmes and identifying suitable teaching topics and materials e.g. in e-Learning for Health (e-LfH)

   Action: BACCH could support the work of the CSAC by endorsing the importance of these actions and finding members to support training initiatives.

   Action: BACCH/CSAC/RCPCH to consider why some Schools of Paediatrics recruit to community-based specialties more than others and how the less successful Schools can learn from the others to improve recruitment.

6. BACCH will develop opportunities for **skill mix** in CCH

   Action: BACCH will collaborate with the British Academy for Childhood Disability (BACD)/RCPCH/HEE to establish a role for specialist and/or advanced practitioners in CCH, leading to training programmes for Advanced Clinical Practice

The problem

What do community paediatricians do?

There is sometimes confusion about the role of community paediatricians. The Covering All Bases report showed that most CCH services provide the following core services (1):

- Neurodisability and SEND services including general developmental clinics, autism spectrum disorder diagnosis, outpatient clinics within special schools and medical assessment for Education Health and Care Plans. Nearly 2/3rds provided ADHD diagnosis.
- Statutory services for vulnerable children including Initial Health Assessments for LAC and adoption services i.e. medical advice for adoption Panels and prospective adopters
- Statutory child protection services including medical assessments for neglect and suspected physical abuse (services for suspected sexual assault are now provided for larger areas, often one per region, but over 50% of services remained involved)
- Strategic leadership roles in safeguarding, Looked After Children, Adoption and Fostering, unexpected child death and SEND

Quality of community paediatric (community child health (CCH)) services

Paediatrics is exceptional as a specialty, having 20% of its consultant workforce already working outside hospital. A BACCH/RCPCH survey (2) in 2016 showed considerable pressure on CCH services:

- For autism spectrum disorder (ASD), 42.5% of services have a waiting time over 18 weeks for a first appointment, and a referral to treatment (RTT) time of 35.5 weeks, breaching the 18-week Referral to Treatment (RTT) rule in countries where it applies.
- The average waiting time from referral to diagnosis of attention deficit hyperactivity disorder (ADHD) is 29.9 weeks also breaching the 18-week RTT rule.
- For ADHD services, only 11.4% of services can always see patients when follow up is due and 60% can do so no more than half the time, raising issues of medication safety if the recommended monitoring programme cannot be completed on time.
- Fewer than half (48.6%) of services can complete 90% or more of assessment for Educational Health and Care Plans (EHCPs) for CYP with SEND within the required 6 weeks.

- Even fewer (43%) of services can see 90% or more of newly looked after children

  (children in care) within the required 4 weeks, risking children failing to receive the care they need swiftly at an intensely traumatic time in their lives and breaching statutory requirements.

NHS Digital has also identified CYP with neurodevelopmental disorders as having the longest waits for assessment in a recent NHS Digital report on Mental Health (3).

National figs show the impact of these issues. For example, in England

- The rate of CYP identified with SEND, the number with an EHCP and the number of CYP attending special schools have all risen in recent years (4)
- The number of exclusions from school is also rising (5). CYP with SEND are much more at risk, as are disadvantaged CYP from deprived areas.
- The number of CYP with learning disability in long stay residential hospitals is rising, despite Government policy to phase out such placements (6)

These statistics support the view that CYP who are vulnerable or disabled are struggling to access health care in a timely way (7). Yet, often their voices are not heard. NHS patient surveys for CYP do not include community services. The RCPCH has yet to produce Facing the Future standards (8) for CCH. Thus, quality of care in CCH is not assured in the same way as care in hospital and urgent care settings. This low profile has hampered attempts to develop good quality, adequately staffed CCH services.

Investment decisions

There is little financial incentive for the NHS commissioners/Health Boards or providers/Trusts to improve quality or performance. Payment remains largely by block contract and 18-week RTT performance is obscured by being placed in the 'other' category in central submissions.

In England, alternative pricing mechanisms, linked to quality, are being explored for CCH services (9) using a new Community Services Data Set which is now being embedded in NHS provider returns (10). A tariff for Initial Health Assessments (IHAs) for LAC is already in place, including quality standards (11). That said, the pressure on Child and Adolescent Mental Health (CAMHS) services – who see and diagnose neurodevelopmental disorders alongside CCH – is reaching national attention while, as yet, the challenges for CCH services has not achieved the same high profile. Thus, CCH services are at risk of missing out on resources needed to improve access and deliver high quality healthcare. Yet, good community health care could improve outcomes.

Would better access to CCH benefit patients?

BACCH has recently collated evidence on the likely impact of better CCH services.

- Better access to CCH services will shorten time to diagnosis for key conditions including ASD, ADHD, learning disability and other complex neurodevelopmental conditions. Early diagnosis enables better understanding by schools and families of how to best support children to manage their condition and to achieve their potential in society. It is already recognised that young people with poor health or disabilities (12), SEND, Children in Need and those who are Looked After (12), (13) are at greater risk of being 'Not in Education, Employment and Training' (NEET) after leaving school, reducing their life chances.

- Emerging conditions like fetal alcohol spectrum disorders and newly recognised genetic conditions will need resources to diagnose and manage them. Community paediatricians' unique skill set, including their role in supporting schools and SEND, means they are ideally placed to do this work.

- More CYP with complex, profound and multiple disabilities, who are often dependent on technology such as ventilation, are surviving longer. CCH services will be needed to support school and care settings, as well as parents caring for their children at home, to avoid hospital admission and maximise quality of life for the whole family.

- Better resources for community paediatricians would enable a more active role in palliative care for those with life-limiting illnesses.

- Better diagnosis will lead to a better understanding of the CYP difficulties, supporting improved educational attainment, reducing school exclusions and the placement of learning disabled CYP in residential hospitals and schools. This represents a better use of resources (e.g. it has been estimated that residential placements in long stay hospital alone cost the NHS £43.5M per annum) and likely reduce pressure on fostering placements too, as parents might feel better able to cope with their difficulties

- Improved access will shorten the time to completing EHCP assessments, improving local authorities' performance and improving CYP and parents' experience of assessment

- It will also shorten the time to completing IHAs and pre-adoption medical reports for CYP in local authority care, helping to speed up the time between entering care and being adopted.

- Safeguarding is already seen as a priority area, and urgent access is maintained, but more staff would improve the timeliness of medical reports and the ability to support training and multiagency work.

- Increasing community paediatrician time in public health will help to reverse worsening health outcomes e.g. immunisation rates, increasing obesity and late recognition of significant developmental problems like speech and language

delay (14). Increasing support to GP, health visitors and school nurses to identify and manage these issues appropriately, will ensure that they are recognised in a timely way to improve outcomes and school readiness (15).

- It would increase opportunities for medical, and indeed all healthcare students and postgraduate trainees, including GP trainees, community nursing and Allied Health Professional (AHP) to experience specialist care in community settings.
- All these improvements meet the aims of the NHS in the Five Year Forward Review and Long Term Plan, which encourages more care to occur in the community

The current workforce

Background

The number of community paediatricians in the UK has declined significantly since census records began (Fig 1). After reaching a steady state in the early 2000s, since 2009 there has been further decline. This decline has been more marked in SAS numbers. In 2017 (the most recent figs), there were 1252 paediatricians working in community paediatrics, 237 (16%) fewer than in 2005 (16). Consultants had increased from 637 to 781 whereas SAS paediatricians had declined from 852 to 471. This contrasts with a steady increase in general paediatricians (who work in hospitals) and the other paediatric subspecialties (Figs 1-3). It should be noted that these figures are head counts. The increase in less than full time working means that these figures overestimate the whole time equivalents (WTE) available.

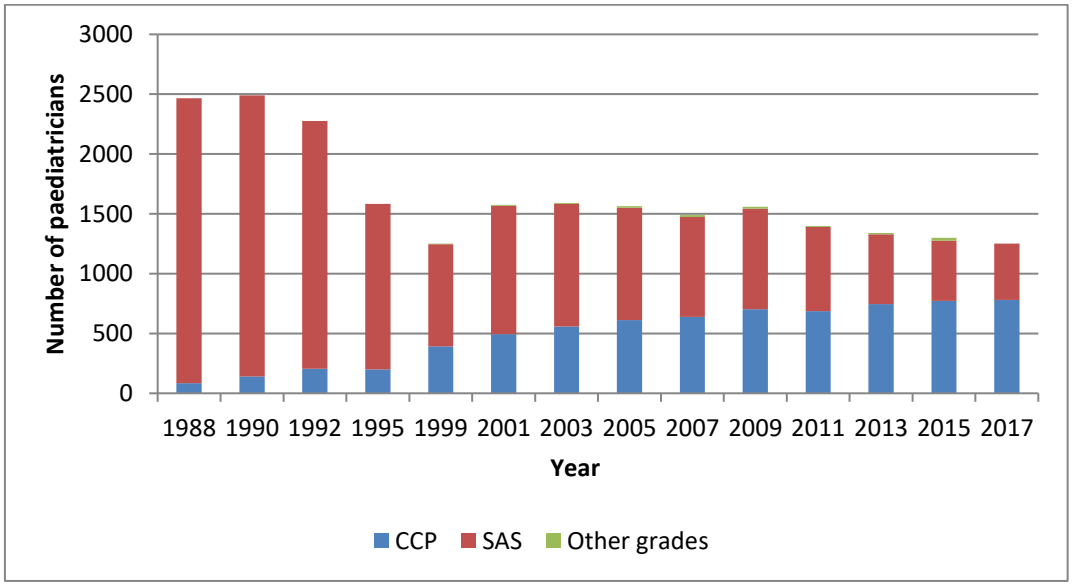

Fig 1. Census figures for CCH medical workforce 1988 – 2017.

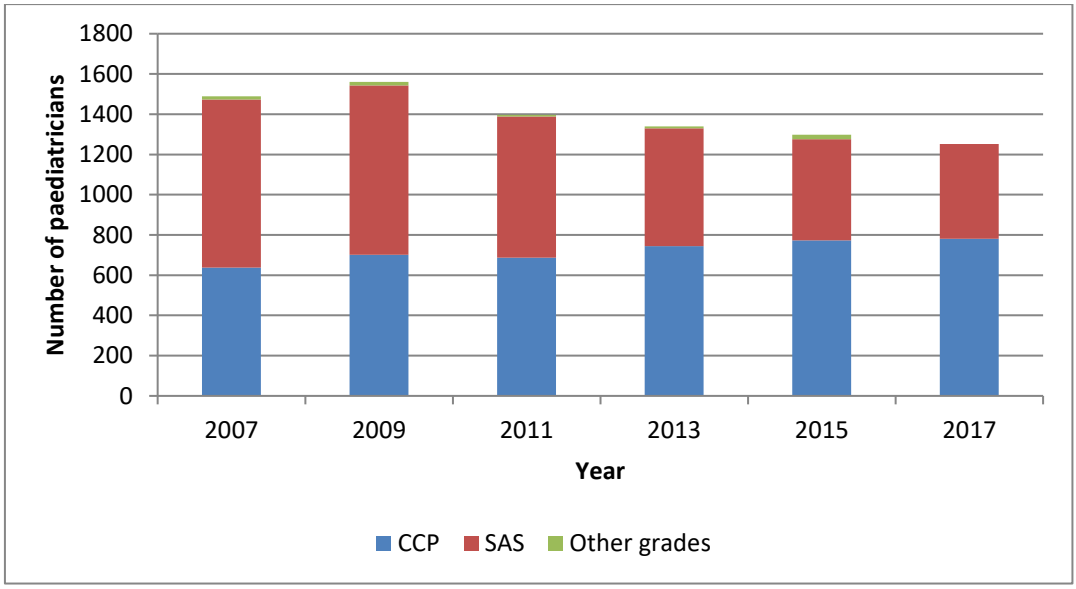

Fig 2. Census figs in last decade.

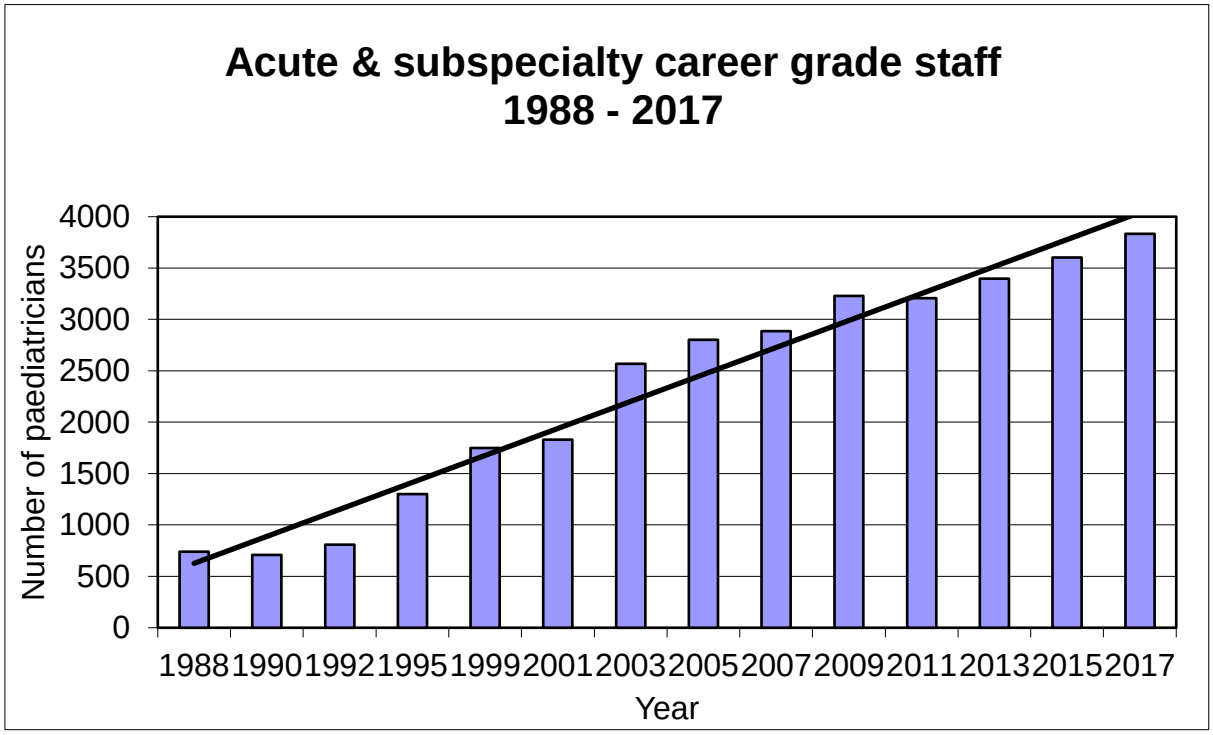

Fig 3. Rise in medical workforce in hospital general and subspecialty paediatrics.

Demand: how many community paediatricians do we need?

BACCH and the RCPCH did a major review of CCH workforce and services published in 2017 (1). It estimates that 'an increase in the order of 25% in the size of career grade paediatric workforce is required to meet … demand' (7).

Another way of looking at demand is to calculate the number of posts advertised and compare this with the number of Certificates of Completion of Training (CCTs) awarded. In 2013-14, 130 CCH consultant posts (114.35 WTE) & 19 combined CCH/general paediatric posts were advertised (32.5 posts per quarter on average) (CNiB unpublished data). 29 posts were re-advertised. In 2018, 50 CCH (45.2 WTE) & 5 (4.0 WTE) combined posts were advertised over 3 months. With only 25 or so CCTs being awarded each year (see 'supply' below), this indicates a significant shortfall in recruitment.

Community paediatricians already work with multidisciplinary and multiagency teams. They have been at the forefront of introducing skill mix in CCH e.g. supporting primary care GPs and nurses to take over the delivery of child health surveillance and immunisation programmes and audiological scientists in children's hearing services.

That said, the specialty still doesn't have consistent access to nurse specialists compared with other paediatric teams dealing with long term conditions e.g. diabetes, epilepsy, cystic fibrosis. This means that CYP with disability are missing out on access to specialist nurses to support them and their families with their disabilities compared with those with physical illnesses.

Supply: how many are we producing?

The RCPCH monitors CCTs awarded in each subspecialty and publishes an annual survey of CCT holders. CCTs in CCH are slowly increasing.

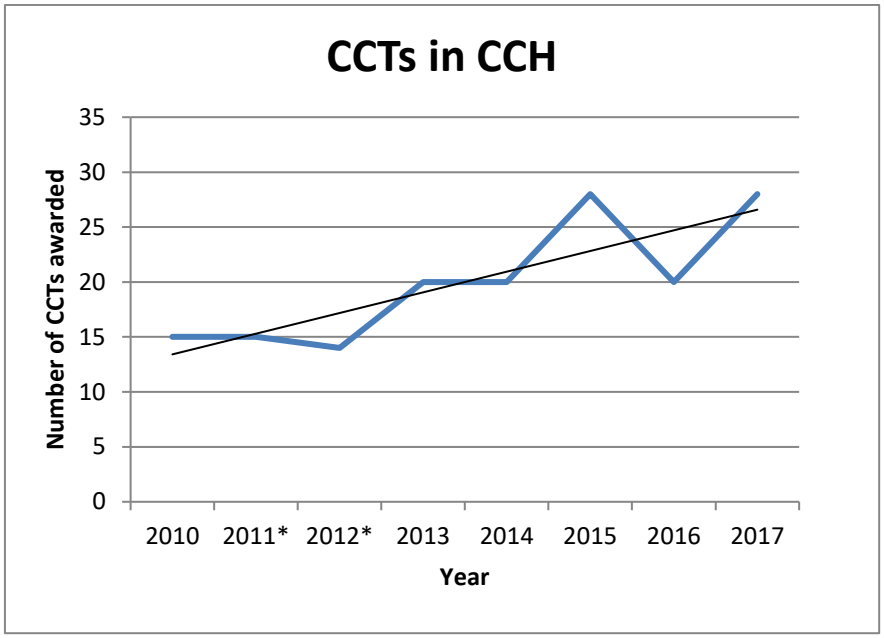

Fig 5. CCTs in CCH since 2010 (Data from RCPCH surveys of CCT holders) * indicates number is taken from RCPCH records as both years were reported together in the report

Understandably, not all CCT holders choose to work in the subspecialty they trained in, e.g. some trainees with a general paediatrics CCT take up posts in a subspecialty and vice versa. Also, trainees in some subspecialties take up posts in a similar subspecialty e.g. CCH trainees working in Paediatric Neurodisability (PND) or Palliative Care. As Fig 6 shows, the tendency to recruit general paediatricians to CCH posts almost ceased in 2012 – 2014 but has re-appeared in recent years, an indication that training is not keeping pace with demand.

	2010	2011-12*	2013	2014	2015	2016
CCTs in CCH	15	31	21	20	28	22
All CCTs	330	532	295	332	324	300
Proportion CCH	4.5%	5.8%	7.1%	6.0%	8.6%	7.3%
CCT in other specialty working in CCH (total)	8	10	1	0	5	4
Trained in general paediatrics	8	8	1	0	5	4
Trained in Paediatric Neurodisability	0	2	0	0	0	0
CCT in CCH working in another specialty (total)	0	0	1	2	1	1
Working in general paediatrics	0		1	2	0	0
Working in Paediatric Neurodisability			0	0	1	0
Working in Paediatric Palliative Medicine			0	0	0	1
Net CCH recruitment	23	28	21	18	32	25

* 2011-12 figs combined

Fig 6. CCT holders' final posts (Data from RCPCH surveys of CCT holders)

Taking this into account, net recruitment to CCH remains at about 20 - 25 per annum:

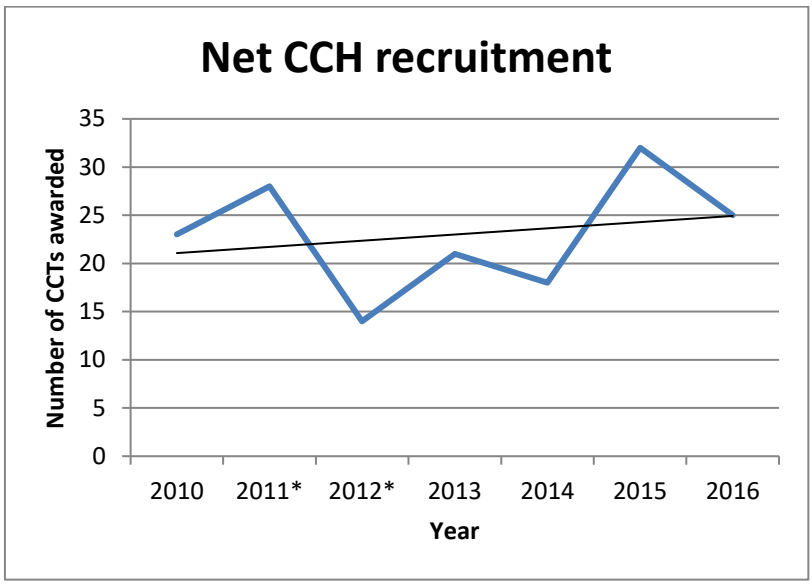

Fig 7. Net recruitment to CCH (RCPCH CCT surveys)

The most recent CCT holder report highlights and quantifies the resulting shortfall in CCH CCTs: 56% (105/187) of the CCT 2016 respondents hold posts in general paediatrics, 34.2% (64/187) in subspecialist paediatrics and 9.6% (18/187) in community child health (CCH) vs figures from the 2015 census, 42.5% of consultants are working in general paediatrics; 37.4% in specialist paediatrics and 18.5% are in CCH (17). Thus, we are currently training only half the number of community paediatricians we need just to maintain the current workforce. When clinical demand is included, the report estimates that 'To meet (the) shortfall and account for retirements, there would need to be an increase of approximately 77 new consultants in each of the next five years.'

Recruitment

Prior to 2014, recruitment to CCH training was conducted by each deanery locally. In 2014, Grid (national) recruitment was introduced and the first Grid trainees entered training in Sept 2015. CCH is about average on most parameters compared with the other subspecialties. It is pleasing to note a steady increase in applications and appointments to CCH training but this increase will not fulfil service needs for the foreseeable future. Unfilled posts are higher than expected as many CCH trainees work less than full time. This means two trainees often share a single training slot, allowing the second slot to be released for another applicant.

Year started in programme	2015	2016	2017	2018	2019	Range for other Grid subspecialties 2018
Posts available	31.6	29.4	34	30.5	38	1 - 28
Applications	37	36	43	43	53	1 - 84
Competition ratio	1.17	1.22	1.26	1.41	1.39	0.8 – 3
Appointed	21	23	20	24	28	1 – 24
Unfilled posts	10.6	6.4	14	15	10	0 – 7
Fill rate	0.66	0.78	0.59	0.51	0.74	0.27 - 1.00

Fig 8. Grid statistics (personal communication from RCPCH Grid team)

Fig 9 shows that recruitment varies considerably between Health Education offices/deaneries. Anecdotally, the successful HEE offices/deaneries are often oversubscribed which can limit recruitment, as not all prospective trainees are able to move to take up a post outside their own deanery. Recruitment to PND shows a very similar pattern. This suggests that some deaneries/HEE OFFICEs are consistently better than others at promoting and recruiting to community-based specialties. If one looks at CCH as a proportion of all trainees, rather than raw numbers, the pattern is the same.

2011	2012	2013	2014	2015	2016	2017	Total
7	1	4	3	4	3	4	26
2		1	4	5	5	2	19
1	6	4	1	3	1	2	18
	1	2	1	4	1	1	10
			2	2	3	2	9
	2	1	2		1	3	9
1		2	2	1	1	1	8
1	1	1	1	2		2	8
1				2		1	4
		1	1		1	1	4
	2	1	1				4
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Fig 9. CCTs awarded in CCH by deanery/HEE OFFICE (personal communication from RCPCH Workforce team)

Certificate of Eligibility of Specialist Registration (CESR) applications by community paediatricians are few (personal communication RCPCH Certification team). The requirement for recent experience in general and neonatal paediatrics precludes many SAS community paediatricians from applying for certification through equivalence.

Clinical skill mix

The Covering All Bases (CAB) report shows that skill mix is gradually developing in CCH (Fig 10). Nearly a third of examples (7/26) in the 'Innovative practice' section were piloting skill mix (18):

Nurse skill mix in ADHD	4
Pharmacist skill mix in ADHD	1
LAC initial health assessments	1
Advanced Nurse Practitioner in CCH	1
Total	7

Fig 10. Skill mix examples from Covering All Bases.

However, there are currently no recognised role definitions or training pathways for other practitioners to develop Advanced Practice in CCH. These would need to be developed if skill mix is to be introduced safely and effectively.

Administrative support

The CAB survey (2) indicated that only 1 in 3 services had access to electronic records at all times when seeing patients. Many services estimated that nearly 10% of all available doctor time was spent doing non-medical tasks such as filing, photocopying and arranging meetings – all tasks that could be done more cheaply and more effectively by proper administrative support. For example, recent anecdotal evidence from members indicate some paediatricians are expected to enter basic patient demographic data during consultations – a waste of highly paid medical time. Thus, there is plenty of room for improving support to CCH services to maximise availability of clinical staff.

Solutions

Other Colleges, particularly the Royal College of General Practitioners (RCGP) (19), Royal College of Emergency Medicine (RCEM) (20) and Royal College of Psychiatrists (RCPsych) (21), (22), (23) have led effective campaigns to highlight shortfalls in care due to workforce shortages leading to national campaigns to improve recruitment (24), (25). Interestingly, a pilot of run through posts in Child and Adolescent Mental Health (separate to recruitment to generic psychiatry posts) was hugely oversubscribed in 2018 with 94 applicants for 11 posts (26). BACCH will utilise the experience of these programmes to look at solutions for CCH.

There is advice and guidance from the NHS and others on staff retention. BACCH will advise how these principles can be applied to community paediatricians.

Action plan

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References

1. **Royal College of Paediatrics and Child Health.** *Covering All Bases Community Child Health: A paediatric workforce guide.* London : RCPCH, 2017.

2. **Royal College of Paediatrics and Child Health** . *Covering All Bases UK survey of community child health services 2016: results.* London : RCPCH, 2017.

3. **NHS Digital.** *Mental Health of Children and Young People in England Summary of key findings.* London : NHS Digital, 2017. p. 29.

4. **Department for Education.** https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/814244/SEN_2019_Text.docx.pdf. Accessed 29.7.19

5. **Department for Education**. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/726741/text_exc1617.pdf. Accessed 29.7.19

6. **Mencap.** Government fails to transform care for people with Learning Disabilities and/or autism. *Mencap.* https://www.mencap.org.uk/press-release/government-fails-transform-care-people-learning-disabilities-andor-autism. Accessed 29.7.19

7. **Royal College of Paediatrics and Child Health.** *State of Child Health Short Report Series: Community paediatrics workforce.* London : Royal College of Paediatrics and Child Health, 2017.

8. **Royal College of Paediatrics and Child Health.** Facing the Future - standards for paediatric care. *Royal College of Paediatrics and Child Health.* https://www.rcpch.ac.uk/resources/facing-future-standards-paediatric-care.

9. **NHS England.** A new approach to supporting community healthcare funding. *Payment system development.* https://www.england.nhs.uk/pay-syst/development/supporting-community-healthcare-funding/.

10. **NHS Digital.** Community Services Data Set. https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/community-services-data-set.

11.**NHS England and NHS 1mprovement.** Annex B Guidance on currencies with national prices. *2019/20 National Tariff Payment System.* https://improvement.nhs.uk/documents/4984/AnnexB_1920_Currencies_with_national_prices.pdf.

12. **Powell, Andrew.** *NEET: Young People Not in Education, Employment or Training.* London : House of Commons Library, 2018. SN 06705.

13. **Department for Education.** *Characteristics of young people who are long-term NEET.* London : DFE, 2018.

14. **Williams, Jennifer.** Manchester Evening News. https://www.manchestereveningnews.co.uk/news/greater-manchester-news/thousands-children-greater-manchester-starting-13572688.

15. **Ni Bhrolchain, C M** *Referral patterns to a District Child Development Centre: 25 years experience.*. 2002, Public Health, Vol. 116, pp. 300 - 3.

16. **Royal College of Paediatrics and Child Health.** *2017 workforce census overview.* London : RCPCH, 2019.

17. **Royal College of Paediatrics and Child Health**. *CCT & CESR Class of 2016: Where are they now?* London : RCPCH, 2018.

18. **Royal College of Paediatrics and Child Health**. *Covering All Bases Online directory of innovative practice models.* London : RCPCH, 2017.

19. **NHS England.** General Practice Foward View. https://www.england.nhs.uk/gp/gpfv/workforce/.

20. **Royal College of Emergency Medicine.** *Securing the future workforce for emergency departments in England.* London : RCEM, 2017.

21. **Royal College of Psychiatrists.** *Recruitment Strategy 2011 - 2016.* London : RCPsych, 2012.

22. **Royal College of Psychiatrists.** *Recruitment Strategy January 2017 - December 2019.* London : RCPsych, 2017.

23. **Royal College of Psychiatrists.** *Broadening the Foundation Programme Strategy 2016 - 2021.* London : RCPsych 2016.

24. **NHS Improvement.** *Interim NHS People Plan: the medical workforce.* London : NHSI 2019.

25. **Health Education England.** *Facing the facts: Shaping the future.* London : HEE 2017.

26. **Health Education England**. *2018 competition ratios.* London : HEE 2019.

Glossary

Allied Health Professionals (AHP)	Health professionals who work in one of 14 recognised independent professions. The AHPs who work closest to community paediatricians include physiotherapists, occupational therapists, speech and language therapists and dieticians.
Block contract	A block contract is a fixed overall sum paid to a provider to deliver a specific service. The sum paid is the same regardless of the number of patients treated or the amount of activity undertaken.
Career grade doctor	Career grade doctor is an umbrella term for consultants and SAS doctors.
Certificate of Completion of Training (CCT)	The Certificate of Completion of Training is the certificate that medical doctors in the United Kingdom receive to show they have completed training in their specialty. This allows doctors to apply for consultant posts.
Certificate confirming Eligibility for Specialist Registration (CESR)	The Certificate of Eligibility for Specialist Registration is awarded to doctors who have not trained in an approved programme but who are able to show that their knowledge, skills and experience are equivalent to that of the relevant CCT curriculum. This allows doctors to apply for consultant posts.
College Specialty Advisory Committee (CSAC)	The RCPCH Committees that supervise the development and delivery of 17 subspecialty training programmes and sets the assessment standards.
Community Child Health	Has two meanings. Firstly, it is an umbrella term for children's health services delivered outside hospital and includes nursing, health visiting and school nursing, therapists including physiotherapy, occupational therapy and speech and language therapy as well as community paediatricians. Secondly it is the official name for the RCPCH subspecialty that trains consultant community paediatricians.
Community paediatrician	A doctor who is trained in Community Child Health.
Consultant paediatrician	A consultant is a senior doctor who has overall responsibility for the care of patients. They have completed 7-8 years training in Paediatrics to gain a certificate of completion of training (CCT), or shown equivalence to this training, and are listed on the GMC's specialist register. Consultants practise independently without any senior supervision.
Deanery	The organisation that oversees postgraduate medical training in Scotland, Wales and Northern Ireland. England's equivalent is LETB.
Education Health and Care Plans	An education, health and care (EHC) plan is for CYP aged up to 25 who need more support than is available through special educational needs support. They identify educational, health and social needs and set out the additional support to meet those needs.
Electronic records	Patient records held on a computer system
Foundation doctor	A doctor at the first level of training after qualification and before they enter specialty training
Foundation School	The organisations that oversee training to foundation doctors

Grid training	The programme of sub-specialist training in Paediatrics (this includes CCH training)
Health Education England	The organisation that oversees postgraduate medical training in England.
Initial Health Assessment (IHA)	A medical assessment that takes place within a month of a CYP being taken into the care of a local authority
Looked After Children	A child is looked after by a local authority if a court has granted a care order to place a child in care, or a council's children's services department has cared for the child for more than 24 hours.
Multiagency	A team of professionals from several agencies e.g. health, education and social care working together as a team
Multidisciplinary team	A team of professionals from several health professions working together e.g. doctors, nurses and AHPs working together as a team
Neurodevelopmental disorder	A group of conditions with onset in the developmental period that produce impairments of personal, social, academic, or occupational functioning. They include conditions like intellectual disability, ASD, ADHD, specific learning disorders and development coordination disorder.
Neurodisability	An umbrella term for conditions associated with impairment involving the nervous system and includes conditions such as cerebral palsy, autism and epilepsy; it is not uncommon for such conditions to co-occur.
Paediatric Neurodisability	The subspecialty specialising in the management of children and young people with neurodisability.
Pre-adoption medical report	A medical assessment of a CYP's health prepared before their adoption
18-week Referral to Treat	The NHS Constitution commitment that patients should wait no longer than 18 weeks from referral to treatment by a consultant.
SAS doctor	SAS doctors are Staff Grade, Associate Specialist and Specialty Doctors. They have at least four years postgraduate experience when they are appointed and continue to gain experience within their SAS post.
School of Paediatrics	The group within HEE offices/deaneries that oversees training in Paediatrics
Skill mix	The mix of posts, grades or occupations in a team
Specialist nurse	A nurse who holds specialist knowledge, skills, competencies and experience in a particular area of practice
Subspecialty training	A training programme for paediatricians in a particular aspect of paediatrics.
Tariff	A standard national price paid a provider for each patient seen or treated.