Importance of trained paediatric clinicians in primary care

Children represent a significant proportion of primary care consultations in the UK, with up to 25% of general practice interactions involving young patients (Gill and Thompson, 2015). However, the nature of paediatric healthcare needs is evolving, while acute consultations for febrile illnesses remain common, serious bacterial infections are now rare (Wolfe et al 2013). Instead, there is a growing burden of non-communicable diseases, such as obesity and mental health disorders, which present new challenges for primary care providers (Di Cesare et al 2019; Fitzpatrick et al 2024). The changing spectrum of paediatric health issues demands, in the author's opinion, that general practitioners (GPs and nurses) receive adequate and specialised training to manage these complexities effectively. This article highlights why specialist paediatric care is such a needed area of care, and spotlights two practitioners who are leading the way in providing high quality paediatric care in the community.

KEY WORDS:

- Paediatric healthcare
- Training
- Diagnostic challenges
- Policy
- Resource gap

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CHANGING LANDSCAPE OF PAEDIATRIC HEALTHCARE

Historically, primary care providers dealt mainly with acute paediatric illnesses, such as infections and injuries. However, modern paediatric practice in primary care is increasingly focused on managing chronic and lifestyle-related conditions (Gill and Thompson, 2015). Hospital admissions for acute illnesses has been rising significantly since the late 1990s (Neill et al, 2018), yet rates of obesity among children have also surged (Taylor, 2024; Zeng, 2024). This shift reflects a broader trend toward the need for preventive care and the management of long-term health conditions in children, which GPs and nurses are often not adequately trained to handle (Modi and Simon, 2016; Thomas et al, 2024).

Primary care clinicians face significant challenges in diagnosing and managing paediatric conditions (Thomas et al, 2024). Early detection of serious illnesses, obesity, and mental health problems requires a nuanced understanding of child health that many GPs may not possess due to gaps in their training. Current child health quality markers in the UK focus on a narrow set of indicators (Gill et al, 2014), failing to capture the complexity of modern paediatric healthcare needs. In the author's clinical experience, this lack of comprehensive training and quality measures leaves many GPs ill-equipped to manage the evolving demands of paediatric practice.

> **"Current child health quality markers in the UK focus on a narrow set of indicators (Gill et al, 2014), failing to capture the complexity of modern paediatric healthcare needs.**

Addressing health inequalities is another critical component of improving paediatric care. The Core20PLUS5 approach, introduced by NHS England, aims to reduce health disparities by focusing on the most deprived 20% of the population, with a particular emphasis on groups who experience poorer health outcomes (NHS England, 2023). For children, this includes tackling issues such as childhood obesity, mental health, and access to immunisations. Primary care has a vital role to play in delivering interventions aligned with this strategy, ensuring that vulnerable children receive timely and appropriate care.

The Core20PLUS5 framework highlights five key clinical areas of focus for reducing inequalities in children's health, namely:

- Improving maternity care
- Increasing childhood immunisation rates

- Managing asthma
- Addressing obesity
- Enhancing mental health support (NHS England, 2023).

By incorporating this approach into primary care, GPs and nurses can help address some of the root causes of health disparities. However, achieving these goals requires targeted training to equip primary care professionals with the skills to manage both acute and chronic paediatric conditions, while recognising and addressing the broader social determinants of health.

The significance of the Core20PLUS5 strategy for primary care cannot be overstated. It underscores the need for general practice to take a proactive role in preventing and managing health issues that disproportionately affect disadvantaged children. For example, GPs and other primary care staff working with children must be equipped to identify early signs of mental health issues, provide effective weight management support, and ensure that children from underserved communities receive necessary immunisations. Without adequate training in these areas, primary care providers may struggle to address these critical aspects of child health effectively.

The shift towards managing chronic conditions and reducing health inequalities places additional demands on primary care providers. GPs and nurses must not only diagnose and treat illnesses, but also act as advocates for their young patients, addressing social and environmental factors that contribute to poor health outcomes. This comprehensive approach to paediatric care requires a significant shift in how primary care practitioners are trained and supported in practice.

INADEQUATE PAEDIATRIC TRAINING IN GENERAL PRACTICE

The training of primary care professionals in paediatrics varies significantly across countries (Gill and Thompson, 2015). In Canada, family doctors train for two years, with at least two months dedicated to child health in both general paediatric wards and emergency departments. Similarly, in the United States, family doctors complete three years of training, with a mandatory paediatric component. In contrast, UK GPs train for three years following a two-year foundation course, but there is no requirement for dedicated paediatric training (Wolfe et al, 2013; O'Dowd, 2016). Similarly, there is no statutory requirement for nurses and allied practitioners working in primary care to have paediatric experience and, in the author's experience, training courses rarely incorporate paediatric modules.

"A recurring theme in paediatric healthcare is the difficulty in making accurate diagnoses. GPs and ANPs/ACPs must be able to distinguish between minor illnesses and serious conditions that require urgent intervention.

Calls to extend GP training in the UK have been ongoing for some time. The Royal College of General Practitioners (RCGP) has proposed lengthening GP training to four years, with an emphasis on specialist-led training in child health and mental health (O'Dowd, 2016). However, in the author's clinical opinion, simply increasing the duration of training will not address the core issue. The content and structure of GP and advanced clinical practitioner (ACP) training must be adapted to reflect the current and future needs of paediatric practice. Without sufficient exposure to paediatric patients during training, it is challenging for GPs and ACPs to develop the skills necessary to make accurate diagnoses and deliver effective interventions.

The need for specialised paediatric training for primary care professionals is happening in some areas. For example, Bournemouth University offers a course titled 'Presenting Problems in Paediatrics in Urgent and Primary Care', which aims to bridge the gap in paediatric training for healthcare providers such as advanced nurse practitioners (ANPs)/ACPs, physician associates (PAs), paramedics, and NHS 111 staff. This course provides comprehensive training on recognising and managing a wide range of paediatric conditions safely and effectively. By covering both acute and chronic paediatric issues, the course equips participants with the skills needed to handle common and complex child health presentations in primary care settings.

The author has personally completed this course and now contributes to teaching it. The course's practical focus on paediatric assessment and management is invaluable for healthcare professionals working in urgent and primary care settings. It emphasises the importance of accurate diagnosis, risk assessment, and communication with families — all critical aspects of providing safe and effective paediatric care. The course also addresses gaps in traditional GP and ANP training by offering hands-on experience and evidence-based guidelines for managing paediatric patients.

This targeted training approach is essential for improving paediatric care across different primary care roles. ANPs/ACPs, PAs, paramedics, and 111 staff are increasingly involved in frontline healthcare delivery, making it vital that they receive adequate paediatric training to ensure children receive high-quality care. By providing structured learning opportunities, courses like the one at Bournemouth University contribute significantly to addressing the gaps in paediatric training and improving child health outcomes in primary care.

ADDRESSING DIAGNOSTIC CHALLENGES IN PAEDIATRIC PRIMARY CARE

A recurring theme in paediatric healthcare is the difficulty in making accurate diagnoses. GPs and ANPs/ACPs must be able to distinguish between minor illnesses and serious conditions that require urgent intervention. However, the limited paediatric training that most primary care staff receive leaves them at a disadvantage when faced with these diagnostic challenges.

For example, recognising obesity in children is not always straightforward. Parents may not perceive that their child is overweight, and staff may lack the training to address weight management issues effectively (Gill and Thompson, 2015). Similarly, in the author's clinical experience, early markers of mental health problems can be subtle and easily missed without a thorough understanding of paediatric mental health.

Accurate diagnosis is essential for selecting appropriate interventions, yet primary care providers often have limited tools at their disposal. Children present with unique challenges due to the differences in anatomy, physiology, and symptom presentation between children and adults (Juarez-Hernandez and Carelton, 2022). GPs and ANPs should understand these differences to make accurate clinical decisions and provide safe, effective care for their young patients.

One critical diagnostic tool in paediatric care is the accurate recording of vital signs. Vital signs such as heart rate, respiratory rate, temperature, and oxygen saturation can vary significantly based on a child's age (Ramgopal et al, 2023). Understanding these age-related parameters is crucial, as failure to account for these differences can lead to misdiagnosis or inappropriate treatment.

GPs and ANPs must also have access to appropriate paediatric equipment. Standard adult-sized equipment, such as blood pressure cuffs and oxygen masks, may not provide accurate readings or fit properly on a child. Ensuring that primary care settings are equipped with child-specific medical tools is crucial for accurate assessment and treatment.

> **"GPs are under constant pressure to balance the needs of both adult and paediatric patients, often with limited resources. This situation leaves little room for dedicated paediatric care, despite the increasing complexity of children's health needs.**

In addition to equipment and vital sign measurement, understanding the unique ways in which children present with illness is critical. Children may not exhibit the same symptoms as adults for the same condition. For example, a child with a respiratory infection may present with non-specific symptoms such as lethargy and poor feeding, rather than the classic cough and fever seen in adults. GPs and ANPs need to be aware of these variations to avoid missing serious illnesses (Brady et al, 1993; Chang, 2005).

Children's anatomy and physiology also play a role in how they respond to illness and injury. For example, their smaller airways make them more susceptible to respiratory distress, and their immature immune systems may respond differently to infections (Di Cicco et al, 2021). Recognising these anatomical and physiological differences is crucial for identifying early warning signs of serious conditions, such as sepsis or meningitis.

However, the lack of validated diagnostic tools specifically designed for paediatric use in primary care highlights a significant gap (Clark et al, 2024). Developing and implementing paediatric-specific assessment tools, alongside targeted training in paediatric vital signs and symptom recognition, is important to improve diagnostic accuracy and ensure that young patients receive timely and appropriate care.

POLICY AND RESOURCE GAP IN PAEDIATRIC PRIMARY CARE

Child health has long been on the agenda for policymakers, but progress in improving paediatric primary care has been slow. GPs are under constant pressure to balance the needs of both adult and paediatric patients, often with limited resources. This situation leaves little room for dedicated paediatric care, despite the increasing complexity of children's health needs. However, with children under five years having the highest consultation rates of any age group in primary care in the UK, other than older people (Craven et al, 2024), it is difficult to understand the lack of paediatric specialty provision in primary care.

The Royal College of Paediatrics and Child Health (RCPCH, 2020) highlighted significant gaps in child health services in its 2020 'State of Child Health in England' report. The report pointed out that health outcomes for children in the UK lag behind those in many other high-income countries, particularly in areas such as obesity, mental health, and child mortality. It also emphasised the need for greater investment in child health services and more integrated care models to address these issues.

The report stressed that primary care services must be better equipped to handle the growing burden of chronic conditions and mental health disorders among children. It called for improved training for GPs to ensure that they can recognise and manage these conditions effectively. Additionally, the RCPCH recommended more targeted policies to address health inequalities that disproportionately affect children from disadvantaged backgrounds.

Despite these recommendations, progress has been slow and GPs continue to face significant challenges in meeting the needs of their youngest patients (Modi and Simon, 2016). High-quality research in child health continues to be conducted, but more investment is required to translate these findings into practical improvements in primary care. Resources should be directed toward developing comprehensive training programmes for GPs and nurses that address both acute and chronic paediatric care. Policymakers should also recognise the importance of child health and allocate appropriate funding to ensure that GPs and nurses are equipped to meet the needs of their youngest patients.

PRACTITIONER EXPERIENCE OF INNOVATIONS IN PAEDIATRIC PRACTICE IN PRIMARY CARE

Joanna Broderick, trainee paediatric advanced nurse practitioner

I qualified as a paediatric nurse from Southampton University in 1997 and have gained experience working in a variety of acute healthcare settings in the UK and internationally, and latterly as a children's community nurse in Exeter, Devon.

I am currently completing a Masters in Advancing Practice on the apprenticeship pathway with the University of Plymouth, and will complete my studies in July 2025. The role I now work in is part of an innovative pilot project funded jointly by the integrated care board (ICB) and primary care provider (PCP).

The aim of my role is to support the GP practice using my paediatric clinical expertise, to see children and young people (CYP) within their own community, in turn reducing the number of attendances to emergency departments (ED) and minor injury units (MIU). It is anticipated that by demonstrating an increase in same day primary care capacity for CYP under 16, it will be possible to establish whether providing additional targeted primary care capacity reduces the number of children accessing ED and MIU unnecessarily, allowing these departments to have capacity to deal more effectively with appropriate presentations.

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In England, CYP make up a quarter of all attendances to emergency departments. This age group are most likely to be referred inappropriately or attend emergency services. A quarter to half of these young people could be seen in the community or managed by primary care teams (NHS England, 2019).

Parents and carers are inappropriately accessing care from the ED and MIU departments. It is possible that this is due to being unsure of the most appropriate way to access care quickly and effectively for their child, linked to a perception that there will be an excessive wait for primary care services. As a result, demand is growing on primary care teams to provide urgent same day appointments to children and young people.

The GP practice is a busy 22,000 patient cohort practice with an urgent care hub (UCH) where I work providing telephone triage and face-to-face appointments with CYP registered at the practice aged 0–16 years. My role involves proactive health assessment of acute and chronic health conditions, offering intervention and/or pharmacological treatment when needed, and effectively modifying health outcomes. I am a registered independent non-medical prescriber.

The aim of my role is to prevent poor health outcomes, improve adherence to treatment and medication by offering support and having an improved understanding of their condition. In addition, there is an effective educational programme in place to allow for continuing professional and academic development alongside supporting training and educational opportunities wherever needed, for patients and clinicians alike. I have access to daily clinical support from a duty doctor working within the UCH, and regular clinical supervision. As part of the apprenticeship pathway, I am fortunate to have one day 'off the job training' each week to attend university education days, but this also allows me to explore other clinical areas or study days to support my clinical practice development.

Since my role was introduced, there has been strong evidence of a reduction in re-attenders, unnecessary referrals to secondary care and tertiary services, and an increase in on-site acute management. This has been achieved through the application of consistent evidence-based clinical assessments and treatment plans by myself as an experienced paediatric nurse and through consistent

evidence-based education being given to CYP and their families, and colleagues.

The feedback from families has been overwhelmingly positive, which has been retrieved through patient feedback forms being sent out after each consultation via ACCURX IT systems. Feedback from colleagues, the senior management team and the ICB is all positive. Evaluation of the role after 12 months has also been highly positive, although the investment into developing it further after the two-year pilot project ends is yet to be confirmed by the ICB and PCP. However, the need for a paediatric advanced nurse practitioner in the practice has been clear and the team would like my role to continue.

Future vision for this role includes collaborative working with schools in the area with a focus on obesity, health promotion and mental health, minor illness workshops targeting early years children and parents, education for colleagues working in MIUs, and supporting the work of the regional bladder and bowel service through education, training and clinical advice.

Paediatric advanced practice is on the cusp of looking very innovative, and I am proud and excited to be part of it. Every PCP should have a paediatric ANP to provide CYP with specialist support and advice, so my recommendation to paediatric nurses with an interest in primary care is that gaining an advanced practice qualification is going to be the best thing you can do.

Emma Harsum, paediatric advanced nurse practitioner locum

I have been working within primary care as a paediatric advanced nurse practitioner (PANP) since 2018. When I first started, I was the only PANP in primary care in my area (Plymouth). The role helped bridge the gap between nursing and medicine, enhancing the quality, accessibility, and efficiency of care for children and their families.

Improved access to healthcare is one of the most immediate benefits of integrating PANPs into primary care. With rising demand and limited capacity within general practice, PANPs help reduce pressure on GPs by managing a wide range of paediatric presentations, from acute illnesses to chronic condition monitoring. This results in quicker access to timely, expert care — a key factor in preventing complications and reducing hospital admissions, both of which align with public health goals for early intervention and prevention. I can speak to parents quickly, usually the same day they make contact, provide advice over the phone or arrange face-to-face assessment in a timely manner.

A significant benefit of the role is our contribution to achieving national and local child health aims. These aims often include improving early years development, reducing health inequalities, supporting children with long-term conditions, promoting mental health, and safeguarding vulnerable children. PANPs are uniquely positioned to advance these goals through a holistic, family-centred approach to care. We provide a familiar face, can build rapport with patients and offer consistency in the care delivered. This continuous, proactive involvement helps meet developmental and safeguarding targets by ensuring that no child falls through the cracks of a busy healthcare system.

PANPs also support child health promotion through education and parental empowerment. A large part of my role is spending time educating families on nutrition, health, and managing minor illnesses at home. This helps build healthier communities, reducing health inequalities, and supports public health initiatives aimed at giving every child the best start in life.

Our advanced training allows us to assess, diagnose, prescribe, and monitor complex conditions, improving both health outcomes and quality of life for children living with chronic illnesses. This directly supports health system goals around managing care closer to home and improving experiences for children with ongoing medical needs.

My working day is split between making triage calls, assessing health concerns over the phone, providing advice and booking those needing assessment into my afternoon clinics. My face-to-face clinic made up of 15-minute appointments is usually a mix of pre-booked (a few days in advance) and those booked on the day. My clinics are always full, and fill up very quickly. There is a high demand for children to be seen due to increasing health anxiety. I often feel like I don't have enough time in the day to see all the children I would like to see.

Paediatric advanced nurse practitioners are a key asset in meeting child health aims. Their expert, holistic care not only improves outcomes for individual children but also strengthens primary care's role in promoting health, preventing illness, and supporting families.

Despite the benefits the role can provide, it remains under-recognised in many areas. There is a pressing need for greater investment in paediatric-specific advanced practice roles within primary care. Expanding these roles would not only support existing health services, but also significantly enhance the care and outcomes for children across communities. Recognising and embedding these professionals more widely is a crucial step toward a stronger, more responsive child health system.

CONCLUSION

Properly trained paediatric healthcare providers are essential for delivering high-quality care in primary care settings. The changing landscape of paediatric health, characterised by a rise in non-communicable diseases and complex diagnostic challenges, in the author's opinion, necessitates a shift in how GPs and nurses/AHPs in primary care are trained to better equip future primary care providers to

manage the evolving needs of children.

To improve outcomes in paediatric primary care, training must be relevant, comprehensive, and focused on the specific challenges that GPs and nurses/AHPs face in practice. This includes gaining experience in acute paediatric medicine, mental health, and chronic illness management.

Investing in the training of primary care providers will have long-term benefits for child health outcomes and the broader healthcare system. Implementing specialist paediatric care in primary care with the necessary skilled workforce and tools, can ensure that children receive the early, high-quality care that they need to thrive and prevent problems escalating. GPN

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Revalidation Alert

Having read this article, reflect on:

- Why it is important to be trained in paediatric healthcare
- The additional demands that health inequalities place on your practice
- Your understanding of the differences in anatomy, physiology, and symptom presentation between children and adults.

Then, upload the article to the free GPN revalidation e-portfolio as evidence of your continued learning: www.gpnursing.com/revalidation

Key points

- Children represent a significant proportion of primary care consultations in the UK.
- There is a growing burden of non-communicable diseases, such as obesity and mental health disorders, which present new challenges for primary care providers.
- Without sufficient exposure to paediatric patients during training, it is challenging for GPs and ACPs to develop the skills necessary to make accurate diagnoses and deliver effective interventions.
- Implementing specialist paediatric care in primary care with the necessary skilled workforce and tools, can ensure that children receive the early, high-quality care that they need to thrive and prevent problems escalating.