

Putting Children First: Prioritising Wales's Future

RCPCH Wales 2026
Election Manifesto

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With the changes to the electoral system in Wales, the 2026 Senedd election will be unlike any before. What is clear to me and my child health colleagues across Wales is that we must put children and young people at the centre of this election and make their health and wellbeing a national priority for the next Welsh Government.

For too long and far too often, the needs of our children and young people have been ignored, overlooked and services that provide for them, underfunded.

Inequalities are mounting, services are struggling, and we're battling to keep their heads above water. The lack of focus on children in policy, and especially in health policy, has resulted in poor health outcomes in children and young people.

We often hear, 'children and young people are 25% of the population but 100% of our future'. This is true. We all want to live in a healthier nation in the future, but in order to achieve this, we need to ensure today's children grow into strong, healthy and happy adults who can reach their potential. We need a Welsh Government that will lead the way to a healthier tomorrow by putting children first.

It's time for policymakers to value the importance of child health. This manifesto, developed with insight from RCPCH Wales members and children and young people, sets out why child health matters, why we need to act now and provides solutions for the next Welsh Government.

Dr Nick Wilkinson, RCPCH Officer for Wales

Introduction

Before the Welsh Parliament ("Senedd") election in May 2026, we are setting out what the next Welsh Government should do to improve child health and ensure every child in Wales can fulfil the United Nations Convention on the Rights of the Child (UNCRC) to have a safe, happy and healthy life.

Our calls for the next Welsh Government:

- 1. Empower the child health workforce:** Attract, support and retain a workforce able to care for current and future generations.
- 2. Embrace data and digital innovation:** Revolutionise child health through data transparency and digitalisation, investing in IT infrastructure and facilitating record sharing across sectors.
- 3. Transform health services:** Prioritise children's health, happiness and wellbeing within the planning, funding and delivery of the NHS.
- 4. Deliver for all:** Ensure every child has an opportunity for a healthy life by mitigating the wider determinants of health.

1. Empower the child health workforce

The problem

There are significant workforce pressures across the children's health workforce. Workforce numbers are insufficient to match the growing demand for children's health services or to meet the increased complexity of children's health needs.



We are people who love our job but with the pressures of the workload, we are not getting the training opportunities we deserve, and we are burning out.

RCPCH Wales member, 2024

88%

**of RCPCH
Wales members
surveyed want the
Welsh Government
to deliver a long-
term child health
workforce plan.**



The current workforce is overstretched, and at risk of burnout. [The General Medical Council \(GMC\) annual survey](#) of trainees and trainers in the NHS reported 61.6% of paediatric trainees and 43.8% of trainers in Wales were at high or moderate risk of burnout.



Our workday pressures are often above and beyond what we can cope with. Over time, the fatigue, working late and expectations are detrimental to our own health as staff.

RCPCH Wales member, 2024

While [paediatric patient pathways](#) increased by 33% between May 2021 to November 2024, rising from 8,393 to 11,129, the [number of consultant paediatricians](#) only increased by 11 Full Time Equivalent (FTE) paediatric consultants. This translates to a 33% increase in pathways versus a 5.2% increase in consultants. This by no means plugs the gap in completing patient pathways that have built up over more than a decade. Added to this, investment in other child health professions has not kept up with demand.



Our health visiting and school nursing services are woefully understaffed and underfunded – Welsh Government response is more data and monitoring, not enabling and empowering staff to be on the ground with children and families. Welsh Government and the Health Boards need to dramatically change the whole approach to children - both in health but also in education and social care - at present we are failing our children, and it feels like no one is listening.

RCPCH Wales member, 2024

There are persistent challenges with rota gaps and workforce shortages across the breadth of the child health workforce. In 2024, there were over 2,000 registered nurse vacancies in Wales. Added to this, the number of FTE [Health Visitors](#) has seen a steady decline over the years, falling by 3% from 851.2 FTE (June 2021) to 827 (June 2024). The number of [active General Practices](#) in Wales has also decreased by 5.1% from 391 (September 2021) to 371 (September 2024).

Other professions such as physiotherapist, occupational therapists (OT) and speech and language

therapists (SLT) have also seen sporadic investment which has not kept up with demand. The Royal College of Speech and Language Therapists recently [reported](#) a 51% vacancy rate for registered paediatric SLTs in one rural and an underinvestment in the profession compared to other nations. This is causing huge challenges for services to deliver support for children and young people.

Why act now

Chronic underinvestment and staff shortages is having an impact on the provision of safe and timely care for children. It is also contributing to surgical cancellations, reduced capacity and pressures across healthcare services.

Policy agendas and reforms have not adequately addressed the needs of the child health workforce.

Health Education and Improvement Wales (HEIW) and Social Care Wales (SCW) published [A Healthier Wales: Our Workforce Strategy for Health and Social Care](#) in 2020. This plan did not reference the child health workforce, or children in general beyond noting agency spend on children services – 4% of posts filled by agency staff compared to 2% in adult services.

The 2021-2026 Welsh Government published a [National Workforce Implementation Plan: Addressing NHS Wales Workforce Challenges](#). Of the nearly 80 actions, child health was referenced only once and relates to the implementation of the Welsh Nursing Care Record in maternity and children wards. In contrast, the paper details the need to develop 'whole workforce planning approaches' to meet the needs of the older population and embeds the needs of this part of the population across professional education. There is no equivalent reference to children, despite the growing complexities and demand within child health.

Investing in the child health workforce to prevent and manage ill health and reduce risk factors early in life is the most effective way to lay the foundations for a healthier future population. This supports a more sustainable workforce across the NHS by reducing future pressure on adult health services.

If emerging health needs in childhood are addressed by the right people, in the right place, at the right time, we can reduce demand for health services in the future.

How to empower the child health workforce:

Attract, support and retain a child health workforce capable of caring for current and future generations.

- Complete a gap analysis of the child health workforce, disaggregated by profession and speciality. This will allow for a clearer understanding of demands, strengths and limitations and will better-informed data modelling and workforce planning.
- Develop a Long-Term Workforce Plan (LTWP) for child health, informed by a gap analysis of the workforce, current and projected child health demand and clinician informed retention initiatives.
- Commit to expanding training places for paediatricians and the wider child health workforce, based on robust data modelling.
- Increase access to flexible working opportunities, career progression advice and support, and improved opportunities for research and multidisciplinary (MDT) training.

2. Embrace data and digital innovation

The problem

We all know improving data and investing in digital innovations has the power to transform child health outcomes while also increasing efficiency. Sadly, child health data in Wales is poor and digital innovations rarely reach child health services.

There are notable gaps in routinely collected and publicly available data relating to community health, school readiness, health needs in school, childhood disabilities, treatment or services children are waiting for, and only high-level data on the paediatric workforce and even less on allied health professions. This makes it difficult to identify where pressures are, how services are coping, or if a service redesign and investment would be beneficial.

92%
of RCPCH
member surveyed
said improved NHS
IT systems would
benefit the child
health workforce.



I am constantly annoyed by the inefficiency due to poor IT equipment and infrastructure. It leads to wasting time, wasting resources & huge frustration.

RCPCH Wales member, 2024

Services in Wales are still using paper-based records, which in 2024 the Welsh Government acknowledged 'limits the accuracy of the data collected' in reference to the [Healthy Child Wales Programme](#). The paper-based system relating to this universal programme which aims support new families, address health inequalities, and ensure every child has the best start to life has led to families missing out. Over 57,500 contacts which should have been offered were not recorded as taking place. In 20% of these cases the reason for the non-contact was missing or invalid data – simply put, 11,500 families went without due to the current system.

A Health Inspectorate Wales (HIW), [rapid review of child protection arrangements](#) found insufficient communication and information sharing arrangements to be presenting a risk to child protection as some health professionals were unaware of whether child protection arrangements were in place or not. This was compounded by staff using handwritten records in some areas of practice, which at times were found to be illegible.

The workforce is constantly challenged by a lack of, and inability to share and access child health data and information across health systems and with key partners in education and children's social care.



I am about 25% as productive as I might be in terms of delivering healthcare to children, because IT and support systems are so primitive.

RCPCH Wales member, 2024

Children rely on a wider range of services to meet their needs, including early years settings, schools, health services, and when necessary, children's social services. As a result, there are different 'identifiers' assigned to them by various agencies, including the NHS number in health settings, a Unique Pupil Number in each school, different local identifiers in Local Authorities and social care. This makes it much harder to link records about the same child which are held by different services, meaning care is hard to join-up, and health or safeguarding risks may not be identified.



My wish for child health is improved services that understand and see me as a person rather than as just my disability.

Young Person, RCPCH&Us Cardiff Innovation Lab, October 2024

Message from children and young people

Through RCPCH &Us, children and young people have repeatedly told us that they don't want to have to "tell their story twice". This is particularly important for children who confide in a 'trusted adult' (this could be a teacher, doctor, youth worker) and may not feel comfortable telling their story to others.

Why act now

Wales can no longer be left in the dark about the state of child health. Both at a national level to identify trends and patterns in child health needs, and a local level to support individual patients. Investment in data and digital solutions should be the next Welsh Government's priority.

Since 2018 a Child Health System (CYPrIS) has been steadily implemented across Health Boards. This sought to ensure every child with an active record and aimed to ensure child health services kept pace with digital technologies.

However, the child health workforce continues to express challenges and frustrations with the lack of progress with information sharing and insufficient digital infrastructure. Many organisations, including RCPCH Wales and the Welsh NHS Confederation have expressed concerns that the NHS is faced with an ageing estate, including digital infrastructure. The ageing infrastructure was not designed for current or future demands and therefore fails to meet modern standards. Investment is needed to not only move away from dated paper-based system but also ensure we have a digital infrastructure that facilitates connectivity across the health and care system, and also mitigates cyber security risks.

Not only is there a need to invest in the digital infrastructure within the NHS (both hardware and software) but there's a desperate need to facilitate easier information sharing across services. In 2023 [HIW recommended](#) the Welsh Government should work alongside Health Boards to commission a centralised, accessible IT system that is able to capture all health information relating to children, including the location of any non-digitalised records. This has yet to be completed.

Numerous reports over the last 20 years have explored the benefits and feasibility of a consistent child identifier (CCI), otherwise known as a Single Unique Identifier (SUI). A SUI could greatly improve information sharing, reduce the risk of incorrect patient identification, improve care pathways and

child protection and importantly reduce the burden on children and families to tell their story 'multiple times'. Adopting the existing NHS number as a SUI has long been called for by organisations including the [Royal College of Paediatrics and Child Health](#), Royal College of General Practitioners, Royal College of Speech and Language Therapists and charities.

The UK Government Children's Wellbeing and Schools Bill takes the first steps towards removing barriers to data sharing with an SUI in England. If done well, this will ensure no child falls through the gaps across agencies. Wales should not be left to catch up, the next Welsh Government need to ensure digital equity.

How to embrace data and digital innovation:

Revolutionise child health through data transparency and digitalisation, investment in IT infrastructure and facilitating record sharing.

- Develop a children's information standard to make it clear when and how child health, care and education services can share information to improve children's health and identify harm.
- Prioritise the digitalisation of services that are still using paper records.
- Invest in NHS IT infrastructure and provide up-to-date resources.
- Implement the NHS number as a Consistent Child Identifier/Single Unique Identifier to improve multiagency and inter-health professional working.

3. Transform health services

The problem

It is now widely acknowledged that services for children have been left behind and the impact is being felt by the most vulnerable.

Child health teams are working tirelessly to address the backlog and improve access to care. However, systems are frequently prioritising 'high volume, low complexity' interventions, while interventions for children, which can be more complex and require a differently trained workforce, are not receiving the same focus. The lack of adequate funding for child health services and coordination and oversight of funding between services has impacted children's ability to access healthcare.

77%

of RCPCH

**members surveyed
said the Government
should prioritise fair
funding for child
health.**



My wish for child health is to be listened to and have my opinion respected. Also to have my mental health taken into account. Just because I look happy doesn't mean I always feel that way.

Young person, RCPCH &Us Innovation Lab, October 2024

In February 2024, we published [Worried and Waiting](#) which sought to draw attention to the fact paediatric waiting times have increased in Wales by 62% between 2016 and 2024 and child health services need urgent investment.



I want to feel like they're aware I'm waiting and not forgotten.

RCPCH&US Voicebank, 2024

As of [February 2025](#), there were 56,092 open pathways for under 18s waiting for treatment: 8,210 waiting over a year and 4,319 waiting over a year for an outpatient appointment and 944 waiting over two years.

The challenge is not solely one for elective care but can be seen across the health system. For example, the lack of focus on children's experiences of emergency care, consideration of diagnostic capacity, and the impact of pressure within mental health teams and general practice on access to appointments and treatment for children and young people.



Things are getting harder - child health in general is poor as often is mental health. Access to services is difficult so as general paediatricians we're seeing a lot more CYP with physical manifestations of neurodiversity, anxiety or poor mental health as experienced by their parents. It can be tricky to signpost to some meaningful support.

RCPCH Wales member, 2024

Emergency department attendance across Wales has increased. In November 2021, 7,369 0–4 year-olds presented in emergency departments. The same month, three years later, saw 9,182 0–4 year-olds attend [emergency departments](#) - an increase of 24.6%. Similarly for those aged 5–17, this rose by 11.5% from 12,224 to 13,639.



The workload is extremely high and can feel often that we are doing the work for two people especially on out of hour shifts. Working in an understaffed department consistently lowers morale and increases sickness which worsens this further.

RCPCH Wales member, 2024

Community child health is also an area that has faced chronic underinvestment, but data for the number of children waiting in the community is not readily available. What we do know is neurodevelopment wait lists, specifically for children waiting for an ADHD or Autism assessment, is as high as 20,770 and by [March 2027](#) is estimated to double if not triple to 41,000-61,000.

The demand on paediatric and child health services is compounded by inequalities in service planning and delivery. Services that are available for adults aren't always available for children and young people. Examples of this include the absence of a pathway for child fatigue and pain management.



My wish for child health is for young people to feel heard around their physical and mental health concerns, and for them being taken seriously.

Young Person, RCPCH&Us Cardiff Innovation Lab, October 2024

Why act now

Failure to acknowledge and address the pressures in children's health services, and to transform the NHS by putting children first, will worsen health outcomes of the most vulnerable children and their families. This will result in an increase in demand for adult services and require additional NHS funding as well as impacting the wider economy.

Several Welsh Governments have experienced difficulties in meeting NHS waiting times targets and challenges with improving productivity due to a high level of demand on services. This will only continue if attention is not drawn to child health.

While the [NHS Wales Planning Framework 2024-2027](#) did acknowledge that 'it is clear that the ongoing pressures are having a disproportionate impact on children and young people', services for children continue to be overlooked and underfunded. This has resulted in lengthy waits, despite effort from the workforce.

The [NHS in 10+ years An examination of the projected impact of Long-Term Conditions and Risk Factors in Wales](#) (2023), made very few references to children despite children being frequent users of health services, and being the future of the nation. The paper instead comments that the issues raised should be considered with a children and young person focus to examine the impacts on the NHS and our future generations. It is unclear if this research has been undertaken.

Transforming health services with a 'putting children first' approach and designing services around child health, early intervention and prevention can increase productivity and reduce demand on adult services, and therefore save the NHS and Government money in the long term.

CYP Recommendation

During a RCPCH&US Innovation Lab, held in Cardiff, children and young people expressed wanting more support when transition from child to adult services. They shared that they struggled during this time and wanted an advocate who was familiar with the service, to help them navigate and liaise with services on their behalf. The next Welsh Government should ensure every child transition from child to adult services is supported by a dedicated individual who can support them in navigating this time.

How to transform health services:

Prioritise children's health, happiness and wellbeing within the planning, funding and delivery of the NHS.

- Implement a Child Health Quality Statement and set out 'what good looks like' for child health services.
- Develop an accompanying Outcomes Framework to monitor Health Board's delivery of the Quality Statement, and its effectiveness in improving child health services.
- Introduce a Children's Health Investment Standard to address the investment gap between child and adult health services.
- Appropriately resource the NHS Performance and Improvement Child Health Strategic Network to ensure it can support Health Boards to deliver the best care for children.
- Ensure every Health Board has an Executive-level Child Health Champion that reports on how the Health Board is fulfilling its Children's Right Charter.
- Ensure every Health Board has an active children and young people voice that informs the planning and delivery of services.
- Ensure all 'care closer to home' initiatives reflect the needs of children and young people and when possible maximise relations between health, education and social care.

4. Deliver for all

The problem

A healthy childhood can significantly benefit adult life by laying the foundation for good physical and mental health, including aspects like increased life expectancy, disease prevention, improved cognitive function, stronger social skills, and greater resilience to stresses in adulthood. This sets the foundations for a healthier adult, able to contribute to society.



By the time we see children for a number of the big issues, the horse has already bolted. Early years investment and education on parenting could prevent so many of the issues we see in later years.

RCPCH Wales member, 2024

69%

**of RCPCH
Wales members
surveyed said
reducing the impact
of poverty would
benefit their patients
and families most.**



However, not all children have the same opportunities, and this is impacting their health. Health inequalities are the avoidable, unfair and systematic differences in health outcomes between different groups of babies, children and young people.

The drivers of health inequalities are the social, economic and environmental factors in which individuals live that have an impact on their health outcomes. This includes income, ethnicity, housing, climate change and being looked after by local authorities.



Reduce socioeconomic inequalities and place children at the centre of all policy making decisions.

RCPCH Wales member, 2024

Children living in poverty are more likely to have poorer health outcomes including higher risk of mortality and poor physical and mental health. In Wales, nearly a third (31%) of children are living in relative income poverty.

Child poverty is a significant driver of inequalities.

- **School absence:** For those eligible for free school meals 64.3% were persistently absent from secondary school, compared with 33.9% ineligible for free school meals.
- **Obesity:** Obesity is nearly twice as high in children living in the most deprived quintal (13.6%), compared to those in the least deprived (7.8%).
- **Adverse Childhood Experiences:** People living in poverty are more likely to have experienced ACEs. With 13.1% of people in the least deprived areas experiencing 4 or more, compared to 27.8% in the most deprived.
- **Tooth decay:** The prevalence rate in the most deprived areas is 43.4% compared to 20.7% in the least deprived areas.
- **Vaping:** 25% of children from low-income households have tried an e-cigarette, compared to 19% of children from high-income households.

The influence of poverty on children's health and wellbeing is undeniable. [Housing conditions](#) also have a significant impact on children's health. Cold, damp housing conditions lead to increased risk of asthma, respiratory infections, slower cognitive development, and mental health problems in children.

But, poverty and housing conditions are not the only factor driving inequalities.

Health inequalities also exist between ethnic groups. Disparities occur across health including mortality, access to care, use of services, prevention and disease burden. [Evidence](#) has indicated the prevalence and incidence of type 2 diabetes in ethnic minority children (aged under 16 years) is markedly greater than in white children. Additional [data](#) has shown those from a White Gypsy or Traveller ethnic group were the least likely to meet the Welsh national indicator of two or more healthy behaviours (66%) compared to all other ethnic groups. The [percentage](#) of young people who reported they were physically active for at least 60 minutes per day in the past seven days was lowest amongst those from a Bangladeshi (11%) or Chinese ethnic group (12%) compared to those from other ethnic groups.



My wish for child health is equality for all, regardless of age, sex, gender, ability, sexuality or skin colour.

Young Person, RCPCH&Us Cardiff Innovation Lab, October 2024

Children and young people have also identified climate change as a significant concern and one driving inequalities. Climate change poses an existential threat to the health and wellbeing of children and young people, but it is not experienced equally. Exposure to [air pollution](#) is the second leading risk factor for death in children under 5, both in the UK and globally.

RCPCH Climate Change Position Statement 2024

Voicebank data highlighted that children and young people are becoming increasingly worried about climate change resulting in a higher prevalence of eco-distress. For example, an individual from Caerphilly noted that something has to be done to improve the climate in order to reduce the mental health decline that is impacting children and young people. [See Statement](#)

Why act now

Health inequalities are widening, and the impact is being felt by the most vulnerable.

According to a recent report by the [Centre for Early Childhood](#) prioritising early childhood development by supporting working parents and caregivers, improving social and emotional skills, and reducing public spending on remedial measures could add at least £45.5 billion to the UK economy annually.

A report by [Save the Children](#) reveals how children living in poverty in Wales who are already behind when they start school may never catch up with their classmates. This has a significant impact on their life opportunities.

In 2024 the Welsh Government implemented the [Child Poverty Strategy](#). While health inequalities did feature in this, following a [campaign](#) by RCPCH Wales, the strategy as a whole fell short. We agree with the Children's Commissioner for Wales, and several other organisations, that the strategy does not match the gravity of the situation facing children and young people. In 2024, RCPCH [led 47 organisations](#) in writing to the Welsh Government to demand action to reduce the impact of poverty and inequalities.

RCPCH Wales has since called for a comprehensive Action Plan and monitoring framework which sets out targets and measurable outcomes and which embeds the [UN Committee on the Rights of the Child's concluding observations](#).

In recent years the term 'firefighting' has been adopted to describe the state of the NHS, with the Welsh Government focusing on meeting targets and reducing the longest waits. However, [evidence](#) suggests that, at most, only 20% of a nation's health and wellbeing is dependent on healthcare services. Simply put, reducing pressures on the NHS through 'firefighting' is not going to be possible unless the demand reduces and with an increasingly unhealthy, or sickly child population this is unlikely to happen.

The [Future Generations Commissioner](#) has also called for the Welsh Government to protect and ringfence prevention funding in all future budgets. This is in response to a proportion of preventative spend in last year's Welsh Gov budget being reallocated to deal with frontline NHS pressures. The Commissioner said *'without action, spending on prevention will continue to be a casualty of intense pressures on day-to-day budgets and a victim of short-term thinking. This will undermine the Welsh Government's commitment to taking a long-term, prevention-led approach'*.

The NHS alone does not have the levers to reduce inequalities: this is why we need to shift the focus from public health initiatives delivered through the NHS and local authorities, to addressing factors such as climate change, poor housing, transport and food quality. Addressing the wider determinants of health and supporting all children to have a healthy life should be a central focus for the next Welsh Government.

How to deliver for all:

Ensure every child has an opportunity for a healthy life by mitigating the wider determinants of health including poverty and climate change.

- Have a Cabinet Sub-committee of Ministers focused on delivering cross-governmental policies for children and young people.
- Develop a comprehensive child poverty action plan which includes targets and measurable outcomes.
- Consider a Welsh equivalent of the Scottish Child Payment to help alleviate child poverty.
- Continue to deliver Free School Meals for all primary school children and ensure the nutritious value of all school meals.
- Update the Welsh Government Children and Young People Plan to include actions relating to health inequalities.
- Deliver a cross-governmental health inequalities plan, informed by the third sector and lived experience.
- Fully incorporate the United Nations Convention on the Rights of the Child in legislation to ensure children's rights are respected in policy decisions, planning and delivery.
- Implement a clinician, parent and child informed Framework for Action to set out how the national, regional and local bodies will improve early years support
- Work with the UK Government to reduce the impact of climate change and ensure the voice of children and young people is heard to deliver change.
- Embed statutory Health Impact Assessments in everyday practice
- Provide a sustainable funding stream for preventative pilots to become 'business as usual'.

How these calls were developed

RCPCH Wales conducted a survey of members between September-December 2024. The survey received responses from 74 members and includes responses from all University Health Boards.

The RCPCH Wales Officer and staff attended an All-Wales Grand Round in November 2024 to further gather insight from paediatricians in Wales. In total RCPCH interacted with nearly 100 paediatricians in Wales to inform the calls in this manifesto.

Key findings:

- 92% said improved NHS IT systems would benefit the child health workforce
- 88% wanted the Welsh Government to deliver a long- term child health workforce plan
- 77% said the Government should prioritise fair funding for child health
- 69% said reducing the impact of poverty would be the most beneficial preventative measure to improving child health.

When surveyed 'What wider determinates of health should the Welsh Government prioritise', members chose (in order of priority): poverty, mental health, inequalities, healthy weight and school attendance. Other options included, climate change, vaping, smoking and sexual health education.

When surveyed 'What should the Welsh Government do to prioritise child health at a national level?', 61% of members said increased NHS funding.

Quotes from RCPCH Wales members are present throughout the manifesto.

What do you want the next Welsh Government to focus on?



A key theme that emerged from RCPCH Wales members was the impact and need to invest in community child health services, with **52%** of members wanting the Welsh Government to prioritise community child health and **48%** wanting the Welsh Government to prioritise the interface between community, primary, secondary and tertiary care. In response RCPCH Wales will be developing a community paediatrics paper to sit alongside the manifesto.

About RCPCH Wales

The Royal College of Paediatrics and Child Health works to transform child health through knowledge, innovation and expertise. We have over 600 members in Wales, 14,000 across the UK and an additional 17,000 worldwide. The RCPCH is responsible for training and examining paediatricians. We also advocate on behalf of members, represent their views and draw upon their expertise to inform policy development and the maintenance of professional standards.

For further information please contact Sarah Williamson, Policy and Public Affairs Manager (Wales), enquiry-wales@rcpch.ac.uk

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 **RCPCH**

**Royal College of
Paediatrics and Child Health
Wales**

Leading the way in Children's Health