RCPCH

Milestones

The magazine of the Royal College of Paediatrics and Child Health

RCPCH TURNS 25

SUMMER 2021

INSIDE

RCPCH Conference Online

15-17 June

Challenges, opportunities and solutions for Child Health in the COVID-19 era

This year's online RCPCH Conference will play host to a diverse line-up of prominent speakers who will deliver insightful talks over the three-day event.

Here are just some of the speakers confirmed:

Sir Michael Marmot

Professor of Epidemiology at University College London, and Director of the UCL Institute of Health Equity

Keynote: 'Building back fairer for children and young people'

Göran Henriks

Chief Executive of Learning and Innovation, Region Jönköping County, Sweden

Plenary session: Leadership and innovation in a time of crisis

Professor Jaideep Prabhu

Professor of Marketing, and Indian Business & Enterprise, Director of the Centre for India & Global Business at Judge Business School, University of Cambridge

Keynote: 'Lessons for Child Health: Learning from innovations and ideas outside medicine'

Dr Agnes Binagwaho

Vice Chancellor, University of Global Health Equity; Kigali, Rwanda

Plenary session: The Impact of COVID-19 globally on achieving Sustainable Development Goals

See the full programme at

www.rcpch.ac.uk/conference

RCPCH
Royal College of Paediatrics and Child Health
Leading the way in Children's Health

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Editor's pick

The editorial team hope you enjoy the summer edition of Milestones, which commemorates 25 years of RCPCH (look out for the special article with the contributions of colleagues who have been members from the start, as well as a specially commissioned poem by Tomfoolery!) I'm new as the trainee representative on the team, I'm an ST5 in East Yorkshire. I love the positivity of this edition, with a real (and much-needed, now more than ever) focus on the way we can lift each other up – from random acts of kindness, to ways of fostering satisfaction at work and improving staff retention, to a fantastic and innovative package designed to support international medical graduates who are new to the UK. And so many interesting and inspirational people – our new President, Dr Camilla Kingdon; Captain Sir Tom Moore, and of course the winners of the PAFTAs. Also included are some ideas of places to visit in the UK, so, whether the weather is favourable or just... the usual, here's hoping for a summer adventure.

Dr Maddy Fogarty Hover

Our history, your future
25 RCPCH

Contact
We'd love to hear from you – get in touch at
milestones@rcpch.ac.uk

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THIS ISSUE

EVERY ISSUE

Milestones

RCPCH Royal College of Paediatrics and Child Health
Leading the way in Children's Health

jamespembroke media

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Update

The latest news and views

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Facebook @RCPCH
Instagram @RCPCH
milestones@rcpch.ac.uk

Dr Camilla Kingdon
RCPCH President
@CamillaKingdon

NEW ROLE

Meet your new President

IT GIVES ME GREAT PLEASURE to welcome you to the summer edition of Milestones – my very first as President of RCPCH. I am both thrilled and deeply honoured to have this role and as I set out on a three-year journey with you, I am conscious of the responsibility of this job as well as the opportunities that lie ahead.

It is easy to feel overwhelmed by the challenges! Many of us have not seen treasured family members for a very long time. Most of us have not had a decent holiday for ages. All of us have struggled with the huge number of adjustments we've had to make in our lives since the beginning of 2020. How on earth can we find the energy and creativity to move forwards?

Let me share my way of approaching times like these. I am compelled by the concept of 'ubuntu' which I saw in abundance when I grew up in South Africa. Ubuntu means "I am, because we are" and describes the notion that we do not exist as solitary individuals but are part of a common humanity. So we do not need to tackle problems alone – we can reach out to others and share the burden together. The concept is underpinned by the idea of looking out for one another – not just those we know and love, but also those we don't.

The reason I think ubuntu is more relevant now than ever, is that we have the dual challenges of needing to think long and hard about ourselves and our workforce, while also focussing on child health and the huge health inequalities that exist. If we approach these problems with compassion and ubuntu, we'll start to find solutions. We will begin to look at our clinical teams and find explicit values to underpin how we work together that are based on kindness and care. This isn't soft and sentimental stuff! We know that healthcare teams that feel valued function more effectively, are more likely to stay in their jobs and produce safer patient care and improved clinical outcomes. This approach means we can tackle all aspects of how we work, be that embracing new technologies, considering how money is spent, thinking about the planned changes to enhance systems integration.

Using ubuntu to consider how we as paediatricians actively play our role in tackling health inequalities makes total sense too. Martin Luther King Jnr said "True compassion is more than flinging a coin to a beggar; it comes to see that an edifice which produces beggars needs restructuring." The pandemic has brutally shown us that communities that are poor and who carry a disproportionate burden of preventable disease, are far more likely to succumb to the virus. So, our response has to be to tackle the 'edifice'. And we can do this! We can use our stories and experiences of the children and families we care for, to shine a light on inequalities and to be part of the solution, whether that is by campaigning for clean air, or highlighting food poverty, or emphasising the importance of education.

The College is galvanised to play its part. We have ambitious plans to focus on 'lifelong careers' and dig deep into some of our problems with retaining paediatricians in our specialty all the way through to retirement. Our equality, diversity and inclusion (EDI) work is already making changes to the way the College works. EDI is an area that cuts across everything we do – whether we are thinking about our workforce, or tackling health inequalities in the children and young people we care for. Similarly, our Climate Change Working Group has five active workstreams which will impact all our work – global child health, impact on children and so much more.

Please join me in working in all these important areas. Together, in a spirit of compassion and ubuntu, we can do this!

The PAFTAs

"The PAFTAs have served as an uplifting reminder of just how incredible our colleagues can be"

P12

DIVERSITY

Working for change

Dr Segn Nedd

- *Paediatrics ST6*
- *Evelina London Children's Hospital*
- *RCPCH Trainees Committee Rep for EDI*

@Segn_Nedd

I'M EXCITED THAT phase 2 of the College's equality, diversity & inclusion (EDI) work is underway! Phase 2 sets clear time bound goals spread over four designated workstreams. This recognises that matters surrounding EDI affect how we each experience life as paediatricians, how our patients and their families experience and access care and how those facilitating College work (staff and volunteers) need robust systems to support delivering more inclusive services and fairer outcomes for all.

Our population continues to diversify and our workforce is no different. As Rep for EDI on the Trainees Committee, I have had the privilege of talking to many trainees across the country. I've been inspired by the dedication and innovative steps various paediatricians are taking to try and improve the health of children and young people and also the lives of paediatricians who don't always feel acknowledged, included or are disadvantaged simply because of different aspects of who they are. All of this has been used to ensure that the perspectives and lived experiences of trainees are fed back in. We really are stronger together and I'm always happy to be contacted to hear more.

I am also proud that I was able to join alongside various dedicated and dynamic individuals in the EDI member reference group, helping to turn the cogs and build momentum from phase 1 into phase 2. We have a real chance to see sustainable changes and provisions embedded into "how we do things" and that "we" includes us all. I'm so glad to see things on the way.

▶ ***Read about the College's next steps on EDI***
www.rcpch.ac.uk/edi

RCPCH AT 25 FACTS

433
MEMBERS LIVE WITH ANOTHER MEMBER OF THE COLLEGE

492
NUMBER OF PROFESSORS AMONGST OUR MEMBERS

19
15 SIRS & 4 DAMES – AMONGST OUR MEMBERS

TOP5

1) SARAH
2) REBECCA
3) DAVID
4) ELIZABETH
5) HELEN

THE TOP FIVE MOST POPULAR MEMBERS' NAMES

241
PEOPLE HAVE BEEN AWARDED HONORARY FELLOWSHIP BY THE COLLEGE

NEW ROLE

NEW VICE PRESIDENT FOR TRAINING AND ASSESSMENT

I AM EXCITED be elected to this role and following in the footsteps of Dr David Evans who has done such a fantastic job. Most people know that the Shape of Training changes are on the way; much work has already been done and I expect it to remain a key priority for my tenure. The headline is that training will move to a two level programme with an indicative seven year length. More importantly, core training will be more holistic and broader with training opportunities reaching out to primary care and community paediatrics, as well as child mental health and public health. I view this part of Shape of Training as particularly exciting; properly implemented it will be great for trainees, for children and young people and for our specialty going forward. One of the big challenges will be to ensure equity of trainee experience across the four nations as we bring these changes in.

I am delighted to see issues of wellbeing, retention, EDI and workforce high on the College agenda and I am looking forward to working on these vital areas for training.

Dr Cathryn Chadwick

- *Consultant Paediatrician*
- *Northampton General Hospital*

@cathrynchadwic1

Work life balance is also vital and I intend to maintain mine. I am a keen cyclist, and I also enjoy getting together with friends or family.

RCPCH AT 25
The College's membership has grown from 4107 in 1996 to over 20,000 in 2021

Dr Chris Course
- *ST7 Neonatal Grid Trainee*
- *Health Education and Improvement Wales*
- *RCPCH Co-Chair of the Task & Finish Group for Trainee Research Networks*

@chriscourse

It is important to build research into training

RESEARCH

Building research experience into training

HIGH QUALITY RESEARCH is vital to the ongoing advancement of clinical practice, however the number of clinical academics in the NHS workforce is declining and, especially in child health, the capacity to undertake clinical research is reducing. In addition, as a trainee it can be challenging to know how to access opportunities to become involved with research, especially when there are many competing demands on our time.

The College has recognised the importance of building research experience into training, beginning with the Progress Curriculum, and now by launching the new Trainee Research Network (TRN).

You may ask what is a TRN? Like my Co-Chairs, I've been involved with running a regional TRN for several years and seen the benefits a collaborative approach to larger-scale, multiple-site projects have brought, not only for learning to successfully manage, analyse, present, and publish our findings, but also the positive impact it has on clinical practice and patient care. The key is it's the trainees who maintain their network and lead on managing projects. TRNs develop ideas, co-ordinate efforts across multiple sites and source senior or specialist help where needed, in addition to providing educational events.

The College's TRN Task & Finish Group aims to help continue developing regional TRNs across the UK, maintain a collaborative network between them, offer advice and support their endeavours. We hope not only to improve the training experience, but also to create a community of trainees who are experienced and skilled in research, increasing research capacity. Wouldn't it be great if trainees could run a high-quality, funded, UK-wide, novel research study in a few years' time? That's our hope with the RCPCH TRN.

▶ ***Find out more about the Trainee Research Network*** *www.rcpch.ac.uk/trainee-research-network*

Motivation

"Staff retention and wellbeing is an important issue in the NHS, which is the largest employer in the UK"

P20

Respnding to perplexing presentations is a complex issue

Dr Danya Glaser

- *Honorary Consultant Child & Adolescent Psychiatrist*
- *GOSH*

NEW GUIDANCE

Perplexing presentations and fabricated or induced illness

THIS NEW GUIDANCE includes changes in conceptual approaches and new definitions of perplexing presentations (PP) and fabricated or induced illness (FII). The guidance lists alerting signs suggestive of possible FII. Only a minority of children with these alerting signs require immediate protection from likely imminent serious risk to their health and life, in which case usual child protection processes are required. Otherwise, alerting signs are termed perplexing presentations.

The guidance describes a pathway for responding to perplexing presentations.

The essence of the approach is for a lead paediatrician, supported by the Named Doctor and the safeguarding team to ascertain the current state of health of the child. This includes gathering information from all health and other professionals involved in the care of the child, with the full knowledge of the parents. A consensus meeting is then convened with all professionals involved to agree whether the alerting signs are explained by a verified medical condition. If not, consensus is obtained about the nature of the harm to the child and the nature of a health and education rehabilitation plan to restore the child to optimal functioning. If the parents do not support the plan, referral to children's social care is required.

The guidance also describes the roles of Named and Designated Doctors, notes on chronologies, and need for training. It acknowledges the burden which the approach poses to paediatricians, who require guidance and employers' support in fulfilling their roles.

▶ ***Read more on the guidance www.rcpch.ac.uk/pp-fii***

Staff Spotlight

Nishanthi Talawila Da Camara

- *Systematic Reviewer*

I JOINED THE COLLEGE in 2017 as a Systematic Reviewer in the Research and Quality Improvement division. Child Protection Evidence is one of my main responsibilities; a series of systematic reviews on recognising physical signs of abuse and neglect.

A systematic review involves answering clinical research questions by identifying, evaluating, and summarising findings of all relevant research studies. When appropriate, findings can be combined to give a more reliable answer than individual studies.

Systematic review methodologies can be used in different ways, from providing evidence as the basis for clinical guidelines to the more streamlined approach used for the COVID-19 research evidence summaries. The best part of my role is finding answers for our members where there are unknowns, never more important than identifying critical, new evidence on COVID-19 in children and young people.

Outside of work you will usually find me in the gym or trying to convince people to join me there!

College news

THE VOICE FOR CHILDREN AND YOUNG PEOPLE

Jo Revill
● *RCPCH CEO*
@8jorev

I DON'T THINK any of us have longed more for the season of warm weather, more daylight and the prospect of a holiday, it feels almost too much to hope for, doesn't it?

As we look back over the past year, I'm struck by the fact that as paediatricians you were asked to do extraordinary things and that despite the grief and often huge frustrations, there were also good innovative services that sprung up, as well as new friendships between doctors who previously might not have worked together.

As a College, we were the voice for children and young people during the pandemic, ensuring that we campaigned effectively for those who would otherwise be side-lined. The open letter from members on free school meals was a turning point for us, as was the advocacy work explaining why schools needed to stay open for as long as possible.

The webinars, research evidence summaries and many guidance documents on services, staffing and rotas, training needs and clinical issues were produced thanks to our Officers who worked tirelessly to get them right. I'm proud that we produced posters for parents and young people across the UK on what to do if you or your child was unwell. We're not complacent about what lies ahead. The path to recovery of children's services will be long and arduous. As a College, though, we come at this with a renewed determination to give children and young people more visibility, voice and a more responsive healthcare system.

I speak for all the staff when I say that we hope you look after yourselves and think of your own wellbeing. We know that many of you have not taken breaks, and we hope you manage to enjoy the summer.

JOURNAL

BMJ PAEDIATRICS OPEN

Imti Choonara
● *BMJ Paediatrics Open Editor-in-Chief*
@BMJ_PO

REVIEW ARTICLES ARE VERY POPULAR with readers and are the most frequently downloaded content. They have ranged from the management of common conditions: urinary tract infections, varicella in the newborn and dog bites, to rarer conditions such as leprosy and oesophageal diseases in children. Other review articles have covered community child health issues – such as bullying, child trafficking and preparing children for climate related disasters.

The writing of a review is an excellent way of involving junior doctors in writing an article. If you are a junior doctor and are interested in writing, then discuss it with a more senior colleague and see if they will supervise you. Review articles play an essential role in the education of paediatricians.

JOURNAL

ADC JOURNAL UPDATE

Nick Brown
● *Archives of Disease in Childhood Editor-in-Chief*
@ADC_BMJ

I APPRECIATE I MIGHT SOUND like a scratched CD/ tangled cassette/ stuck stylus (delete non-relevant option according to era of choice) but I still get a rise in pulse and a sense of privilege when I look at what has just been or is about to appear...

Spoiled for choice: new data on Covid (household spread and immune- epidemiology of child and adult infection); clinical law; voices from history; evidential weight of signs in child protection, global trends in vehicle accidents...must stop here before my word count runs out .. and I lose the opportunity to say 'thanks'

Thanks to Russell, for his Presidency, for his resilience in the face of an infection no one knew about 15 months ago, for his versatility in taking this on as EU departure smoldered stage right and for practicing as he spoke- that's some achievement!

RCPCH AT 25
Six men and four women have been Presidents of the College

NEW ROLE

Dr Jonathan Darling
- *Clinical Associate Professsor and Honorary Consultant Paediatrician*
- *University of Leeds and Leeds Children's Hospital*

@JonathanDarli14

New Vice President for Education and Professional Development

HELLO, GLAD TO HAVE THE CHANCE to introduce myself as the new Vice President for Education and Professional Development. I'm a general paediatrician based at Leeds Children's Hospital at the LGI. I'm also Clinical Associate Professor at the University of Leeds, and am Designated Doctor for Leeds. As Director of Student Support in our School of Medicine, I believe more than ever in promoting good mental health and wellbeing in students and doctors, and that this is vital to the health of our speciality. I've had the great pleasure of being convenor for PEdSIG (Paediatric Educators' Special Interest Group) for the last three years.

I've always had a passion for paediatric education, and am so delighted and honoured to be able to take up this new role. I'm looking forward to getting to know and working with colleagues and friends, old and new, to help us continue to build a thriving specialty, and in our work of advocating for child health. We have some big challenges as we emerge from lockdown, but those also bring opportunities. For example, how do we keep the best of what we've learnt about remote and online education (generally '2D' screen-based) as we return to a '3D world'? What should our conferences look like post-Covid? I'm keen for the College to become the first place you turn for attractive, accessible and up-to-date resources for education and professional development. I would love to hear your ideas!

NEW ROLE

Dr Laura Kelly
- *Paediatric ST5*
- *Worcestershire Acute Hospital NHS Trust*
- *RCPCH Chair of the Trainees' Committee*

@lauramkelly

Introducing our new Chair of the Trainees' Committee

I'M A TRAINEE based in the West Midlands and have called Birmingham my home for the last 14 years. I get excited by all things paediatric gastroenterology and will be sub-specialising in this area come September. I come into this new role having represented the West Midlands on the Trainees' Committee since 2017.

At this point I wasn't sure what else to say: a momentary thought suggested "surely I was a fairly typical paediatric trainee?" Of course, a much louder thought reminded me how wrong that would be, because there is no such thing as a 'typical trainee'. It is this concept that is the start to my hopes and plans for the Trainees' Committee. It is important to acknowledge that trainees bring with them a multitude of personal experiences and characteristics that make every journey through paediatric training unique. This diversity is so important to ensure the workforce reflects the children and young people they care for.

However, it does not escape my notice that the Trainees' Committee does not always reflect the diversity of our trainee population. To that end, I hope that I can improve how it functions so that it is easier to get involved, and that those who do join are assured of a supportive induction process, with continued assistance in developing the role. I want to couple this process by supporting the College's EDI work as better representation of all aspects of our diverse trainee population.

Knowing that there is no 'typical trainee' is an important place to start when seeking to understand how we retain trainees. I plan to lead the Trainees Committee in supporting the College's work in understanding the scale of and reasons for trainee attrition and developing targeted interventions based upon these findings.

I'll keep you updated as to the Committee's progress and please do look into our committee observer scheme if you want to come see us in action. In the meantime, here's to all of us paediatric trainees, no two alike, but all wonderful!

▶ ***Check out the College's Trainees' Committee*** *www.rcpch.ac.uk/trainees-committee*

RCPCH AT 25
The College's face to face Annual Conference in 2019 had over 1,500 in attendance

Celebrating 25 years

"This is our College – committed to our future and the future of all children "

p14

Read more
Find more dates at
www.rcpch.ac.uk/courses
www.rcpch.ac.uk/events

Diary Dates

Here is a selection of our online and e-Learning courses. More courses will be confirmed in the next few weeks so keep an eye on our website for further updates

E-LEARNING

EMOTIONAL ABUSE AND NEGLECT

This e-learning module aims to help learners identify the key features of emotional abuse and neglect, and how these should be managed using a multi-agency approach.

CLEFT PALATE: EXAMINATION IN THE NEWBORN

Recommendations for optimal examination of the palate during routine newborn examinations, including detection of congenital anomalies.

VACCINES IN PRACTICE

Learn the foundation of clinical vaccinology relevant to UK practitioners working with children. Our course will develop skills in communicating the benefits of vaccination.

ONLINE COURSES

23 JUNE

Mentoring Skills – introductory & refresher course

Designed to equip delegates with the essentials to begin effective mentoring relationships.

05 JULY

Recognising neuromuscular disorders

This course will help you develop an approach for early recognition of a range of neuromuscular disorders.

11 OCT

Effective educational supervision

The course meets the GMC's requirements for educational supervisors and provides updates on the Progress Curriculum.

EVENT RECORDINGS

- **Paediatrics 2040**
  Catch up on the launch of the College's project forecasting the future of paediatrics in the UK.

- **Putting children's oral health on everyone's agenda**
  Providing practical information for preventing dental decay and key messages for delivering better oral health.

- **Behcet's Syndrome in children and young people**
  Understand how children are affected by it and improve knowledge of differential diagnoses and investigations of Behcet's like presentations.

See more
Free online event recordings
www.rcpch.ac.uk/live-event-recordings

Digital growth charts

To support the drive to digitise healthcare we have, for the first time ever, developed an API to accurately calculate centiles for a child's height, weight, head circumference and BMI for digital growth assessments.

Guidance, support and links for developers and health professionals are available.

Find out more:
www.rcpch.ac.uk/digital-growth-charts

RCPCH
Royal College of Paediatrics and Child Health
Leading the way in Children's Health

RCPCH AT 25
Since being founded in 2015, 7500+ children, young people and families have been involved with RCPCH &Us

Random Acts of Kindness

RCPCH &Us have been thinking about ways to say thank you to all those who have worked so hard through the pandemic, including...knitting!

THE RANDOM ACTS OF KINDNESS project has been meeting on a Thursday evening, bringing something a little bit different and a lot of laughter to our lives. RCPCH &Us met online to learn how to knit a rainbow hat to pop onto a small chocolate egg to pass on to key workers as Random Acts of Kindness. We recruited Anne, a retired NICU nurse with knitting skills to show us what to do and had a mental health worker and a community group worker help create a pattern and work out what was needed.

Being together, laughing, sharing, learning, talking and being focused on something positive has been brilliant, even if we have had to change our knitting plans to mini rainbow scarves or capes (easier than hats) to go in a box of goodies to key workers. Our Random Acts of Kindness will be unique and full of the effort and positive vibes that we wanted, just not full of hats!

A few group members wanted to share their knitting and thoughts with you:

Emilia: I've found it challenging, entertaining and exhilarating and been laughing my head off at the group because of them being so funny. I've been learning to cast on in knitting and feel included and happy that I am giving the knitting to someone (we better get a move on!). I hope they think that they feel acknowledged and happy to be shown this kindness and appreciation and that the people reading this will feel inspired to do similar acts of kindness.

Nicola: The project has been fun, hilarious and frustrating! It's been great to be part of a group who are learning to knit too, and to knit with my daughter. It has been good to do something worthwhile. I hope key workers who receive them feel, and believe they are, appreciated and valued.

Nydia: It's been fun, enjoyable and satisfying and good to learn different stitches and meet the RCPCH &Us team. It's made me feel good and I think the people that get it will feel very touched.

Anne: It has been enjoyable, fun and with lots of laughter! I've enjoyed meeting new lovely people and helping them to develop a new skill that they may want to carry on after the project ends. I've learnt that kindness comes in many ways and have been privileged to be involved. It's been a chance to help others in some way and an eye-opener to see what RCPCH &Us are doing for young people and the key workers who are there for us.

We sent our first one out to Dr Mike Linney to say thank you for being the chair of the Engagement Committee – keep an eye on Twitter for more knitting news!


RCPCH &Us have been meeting online and learning to knit

ABOUT

RCPCH &Us: The Children and Young People's Engagement Team delivers projects and programmes across the UK to support patients, siblings, families and under 25s, and gives them a voice in shaping services, health policy and practice. RCPCH &Us is a network of young voices who work with the College, providing information and advice on children's rights and engagement.

RCPCH &Us
The voice of children, young people and families

KEEP IN TOUCH @RCPCH_and_Us @rcpch_and_us @RCPCHandUs and_us@rcpch.ac.uk

AWARDS

THE PAFTAs 2021


Welsh PAFTA winners in 2019


Winners from the Wessex PAFTAs in 2016

IN CELEBRATING THIS YEAR'S PAFTA WINNERS, WE ALSO TAKE A LOOK AT THE EVOLUTION OF THE AWARDS OVER THE FOUR NATIONS

England

Dr Seb Gray
- *General Paediatric Consultant*
- *Salisbury NHS Foundation Trust*
- *Milestones Editorial Board*

@SebGray

In 2014 morale amongst paediatric trainees seemed to be dipping. As the regional RCPCH Trainee Representative for Wessex, I wanted to do something to not just boost spirits but also bring people together and celebrate the excellent people from the region. The Paediatric Awards for Training Achievements (PAFTAs) were born. Luring in a locum agency for sponsorship, designing a logo, choosing a venue, disseminating a simple Survey Monkey, making certificates and posters and advertising the event was all massively time consuming. However, reading all the amazing nominations made it worthwhile and seeing the look on people's faces when they received their personalised certificates was heart-warming. I didn't measure or analyse anything but it definitely felt like a positive ripple effect had begun.

This PAFTA tsunami continued with early adopters in the East of England (Nancy Bostock and Wilf Kelsall) doing an incredible job. Within three years, the PAFTAs had spread to every UK region, each with their local touches, and went national thanks to the championing of Andrew Long, David Evans and the late, great Simon Newell (alongside many others). Keeping the CYP at the centre of everything we do, it was fantastic to have &Us involved, judging the winners of the very first national PAFTAs. Recognising paediatrics isn't just about the doctors, nursing and allied health professional awards have since been introduced in some regions. No doubt, the PAFTAs will continue to evolve and change. I'm excited to see what happens and hope they continue to spread joy and celebrate excellence in paediatrics.

Scotland

Dr Cesca Coleman
- *Paediatrics ST5*
- *Royal Hospital for Sick Children, Edinburgh*

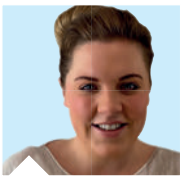
@cescacoleman

Scotland as a deanery has a wealth of outstanding trainees and supervisors who consistently go the extra mile to deliver excellent care to patients and support for their colleagues. Accordingly, we embrace the PAFTAs as a way to celebrate many of these individuals.

Year on year, we continue to receive more inspiring nominations from trainees and consultants. We are a large deanery, therefore, for each of our four sub-deaneries, we have regional awards – judged blindly by independent panels. The overall winners are announced at the Scottish Paediatric Society Conference on St Andrews day

To date Scotland has an excellent success rate within the national PAFTAs. Laura Kane received the award for Senior Trainee of the Year; in 2019 we had two national winners in Phillipa Wood (Senior Trainee of the Year) and Ruth Bland (Educational Supervisor of the Year) and back in 2018 Julia Fuchs won Junior Trainee of the Year.

Scotland is immensely proud of its record in the PAFTAs and we hope to maintain it with some very strong contenders again this year. During this extremely challenging year the PAFTAs have served as an uplifting reminder of just how incredible our colleagues can be.



Wales

Dr Hannah Davies
- *Paediatrics ST4*
- *The Grange University Hospital*

@Hannah08271563

The PAFTAs in Wales began in February 2019. Looking back now it feels like a distant memory. So much has happened in the last 12 months, I'm so glad we had a great evening to celebrate before the pandemic hit.

In 2019, a small group of enthusiastic trainees decided to start the PAFTAs process in Wales and to present the awards at our annual national St David's Day Conference.

The response was amazing. We decided to send a nomination notification to everyone who was nominated. This trickle of appreciation cascaded down to all levels and became a tidal wave of excitement and appreciation.

The evening was everything we had hoped for. If anyone has ever been to Wales, you will know we love a good party. We couldn't think of a better way to enjoy ourselves than to celebrate the amazing achievements of our paediatric family... the prosecco wall was also a great addition.

Looking forward, we are always finding ways to improve our PAFTAs process. We are planning to establish a review panel to make our judging process as robust as possible. I can't wait for our next face to face celebration.

Dr Julie-Ann Collins
- *Consultant Paediatric Emergency Medicine*
- *Royal Belfast Hospital for Sick Children*

@DrJA_C

Northern Ireland

I first became aware of the PAFTAs as RCPCH Trainee Representative for Northern Ireland (NI) in late 2017 and was determined to bring them to life in NI. I could easily think of many colleagues who had inspired me over the years – exceptional role models and patient champions.

The inaugural awards night was held after the RCPCH Christmas lecture with some festive nibbles. The evening turned out to be a hit and all winners received glass trophies.

My vision for the NI PAFTAs was for it to not only celebrate our unsung heroes and excellent colleagues but to provide an opportunity to connect socially outside of work and to unite the paediatric departments throughout the region. A PAFTAs committee was formed and continues to expand annually. The second year we hosted a successful awards evening with a smartphone quiz which really unleashed everyone's competitive streak. Each year we have added new categories including nursing and allied health professionals and the number of responses has multiplied.

We hoped in 2020 to celebrate the awards at the first NI regional paediatric ball but unfortunately Covid had other plans so we adapted and delivered a virtual awards ceremony. The 'Oscars style' acceptance videos were priceless and did not disappoint.Now that I have taken the leap into consultant-hood, I have left the NI PAFTAs in very capable hands. The PAFTAs are now firmly embedded in the NI paediatric calendar. The team will continue to ensure special contributions to paediatrics in NI are recognised, valued and celebrated and will continue to bring fresh ideas each year.

HERE ARE THIS YEAR'S WINNERS

Dr Elke Reunis
- ST3 Paediatric Trainee
- Royal Wolverhampton NHS Trust

@EReunis

Junior Trainee

"I'm really honoured to receive this PAFTA and want to say a huge thank you to everyone in the #WMPaedsFamily for supporting me on my paediatric journey – could not have done it without you all."

Dr Jeanne Uhiriwe
- ST5 Paediatric Trainee
- North Middlesex University Hospital

Senior Trainee (joint award)

"I love paediatrics and feel privileged to be a part of it. It has been a tough year at work, made easier only by my consultants and fellow trainees at North Middlesex. Their support has been invaluable and I am thankful for it."

Dr Orode Mode
- Paediatric Consultant
- Queen Elizabeth the Queen Mother Hospital

@OrodeM

Educational Supervisor

"I feel privileged and elated to be nominated for the PAFTAs award, and then winning is the icing on the cake. It is exhilarating to be recognised for the role I enjoy doing. Helping colleagues achieve their hopes and aspirations, is a highlight of being an educational supervisor. The opportunity to listen to colleagues who are going through tough times and lending a helping hand has been a privilege which I do not take for granted. My educational supervisors whist in training laid the foundation which I hope to pass on."

Dr Alexandra Nettleton
- Community Child Health Trainee
- Community Child Health Partnership, Bristol

@AlexandraNettl3

Senior Trainee (joint award)

"I was delighted to be nominated and very surprised indeed to win! Being a community child health trainee I feel proud representing my speciality. This last year has been like no other. I was lucky to be part of an outstanding team and was able to adapt opportunities and care around the pandemic. My experiences were a reflection of the positive environment and the wonderful team that I have had the pleasure of working with here in Bristol."

Our history, your future
25 RCPCH

RCPCH TURNS 25

AS THE COLLEGE TURNS 25, WE TAKE A MOMENT TO REFLECT ON THE CHANGES THAT HAVE TAKEN PLACE IN THE LAST QUARTER CENTURY AND CELEBRATE PAEDIATRICS THROUGH THE EYES OF MEMBERS WHO WERE THERE FROM THE START

Professor Steve Turner FRCPCH

- *Consultant Paediatrician*
- *Royal Aberdeen Children's Hospital*
- *RCPCH Registrar*

@SteveTurnerABDN

As I get less young I increasingly sound like my dad. And in testimony to that, 1996 does not seem that long ago. Back then I had just got my MRCP (yes the old one) and was doing a one-in-four on call as a Senior House Officer (ironically the most junior paediatric grade). But paediatricians and child health have been through a lot since 1996. Treatments have been revolutionised, e.g. insulin pumps, CFTR modifiers. Vaccinations, e.g. pneumococcal, rotavirus, continually change the infective conditions we face. Non-communicable conditions including obesity, neurodevelopmental disorders, anxiety, pain and extreme complexity have come to dominate our workload. High profile court cases explored ethical questions, e.g. "we can, but should we?". Registrars became Specialist Registrars and then Specialty Trainees. Devolution of healthcare to Irish, Welsh and Scottish governments, and some English regions have brought profound changes to NHS structure (mostly unnoticed by us in our day-to-day life). Scottish networks have been established, and provide specialist care close to the child's home. One constant throughout is the Scottish Paediatric Society, 100 years young in 2022. Our future promises much.

Dr Dita Aswani

- *Consultant Paediatrician*
- *Derbyshire Children's Hospital*
- *Milestones Editorial Board*

@drdita

Twenty-five years ago, I was starting work in the NHS as one of the first paediatric pre-registration House Officers at Sheffield Children's Hospital, a newly created post. The College inception hadn't reached my consciousness and my paediatric world consisted only of my 'Firm' wherein I was the junior apprentice learning on the job without a prescriptive curriculum. The only rule was to work hard but the environment felt vibrant and free. I often had the medical notes balanced on one arm, and carried a baby who needed a cuddle on my opposite hip, for the entirety of the ward round. I learned more from the nurses about infant feeding, and changing nappies than in subsequent antenatal classes. I could autonomously wheel a chronic patient outside for a change of scene, ice cream and fresh air in the park. I was keen to take any opportunity, so when there was a procedure one night in theatre that I could assist with, the consultant surgeon called me in from home. The staff Christmas pantomime was completely uncensored and my memories of that first year still make me laugh out loud. No single day has ever been the same, and I'm still learning.

Dr Patricia Hamilton Hon FRCPCH

- *Retired Consultant and Senior Lecturer in Neonatology*
- *Devon*
- *RCPCH Former President*

Decades ago, when I was a newly qualified doctor, we were invited to apply for our preferred posts and I applied to a surgical firm. Shortly before the closing date a registrar drew me aside and said I should know that this consultant never appointed a woman to his firm. I applied elsewhere.

In the old days, you scoured the back pages of the BMJ to find a posting. Most jobs lasted six months and you moved frequently, which was good experience but testing for life planning. There was neither career guidance nor a systematic programme to follow and little feedback as to your performance. Long hours were the norm.

What is the College doing for us now? Trainees (no longer 'juniors') learn from relevant teaching and experience. They can expect that they will be fairly assessed and will be able to enter suitable rotations. Today the College, crucially, has a good reputation with government and other movers and shakers who seek us for advice on health and welfare issues for young people and their families.

A final point. At first the College had male Presidents. Recent history and our new President show the determination of those female paediatricians ready and able to take on higher responsibility. Women should never be underestimated.

Tomos Roberts (Tomfoolery)
is a spoken word poet, performer and filmmaker who also provides creative writing classes for young people aged 11-18 years old

For All Our Paediatricians

By Tomfoolery

This year is sort of special.
It's not just another collection of days.
For twenty five years in the making,
RCPCH have pioneered the way.

It's a college that's new in comparison,
Yet here for the long haul, It's so clear to see.
A beautiful irony that the College of
Paediatricians Is a college still very much in its infancy.

At the beginning of the 20th century,
Paediatrics wasn't the speciality it is today.
Six doctors came together, in 1928,
And together they created the BPA.

Since then, there have been many advances,
But we remember their efforts, and never forget... Even the most established of associations, Once began with a few baby steps.

In 1943, Donald Paterson suggested,
Paediatrics needed a college of its own.
Though it was fifty years of gathering support,
Before a credible case could be shown.

In 1996, permission was granted,
and the college celebrated creation.
While all other colleges are named after their speciality, Only this one is named after the group of its patients.

Alive and kicking with twenty thousand members, Twenty five years later, in 2021.
Finding ways to improve the caring of children,
Is a goal shared by each and every one.

Two thirds of its members are women,
And a quarter are based overseas.
There are members in 88 countries,
And 22% of them are current trainees.

But wherever they're based, or their title,
They're all connected by one common thread.
They are people who radiate kindness,
And speak from their heart, and not only their head.

So please join me, as we celebrate Paediatricians,
As a birthday passes and the college proceeds.
They're the people protecting our future,
They have been there for all of our Paeds!!!

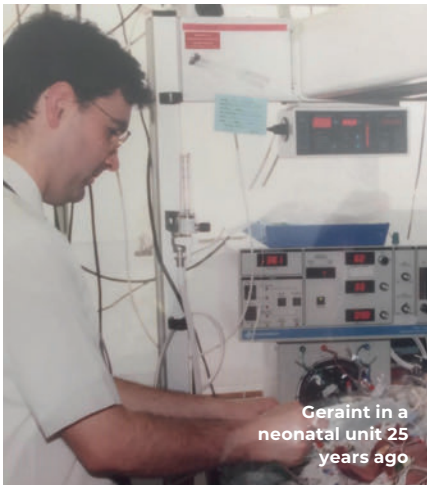
Dr Anna Baverstock
- *Consultant Paediatrician and Lead doctor for wellbeing*
- *Musgrove Park Hospital*

@ anna_annabav

RCPCH is 25 years old this year, and so is my career in PAEDIATRICS and CHILD HEALTH
Proud to have started in paediatrics 25 years ago in Norwich.
As a new SHO was scared and excited in equal measure as I removed my white coat
Encouraged and nurtured by so many mentors and supervisors
Diverse in role and specialty, no one size fits all
Inspired by many great role models
Annual conferences in York – so many fond memories
Training days, camaraderie throughout training
Rocky period as a registrar, tired, long commute, nights, pregnant
Interest in colleague wellbeing sparked, research began
Community child health was where I settled
So very privileged to be able to look after children and their families for many years
able to see our service and department grow
new consultant colleagues, so many trainees to have worked alongside
developing their skills and teaching me so much along the way
Corona virus
Hit us all personally and professionally
Imparting team spirit as we pulled together
Lead by the RCPCH as we all mustered our knowledge, skills and determination
Driven by the need to protect all children
Hampered by lockdowns, schools closed
Exams cancelled, futures uncertain
Again we drew breath, came together, shared
Learnt and adapted, with grateful
Thanks to all those involved
Here's to the next 25 years!

Dr Geraint Morris FRCPCH
- *Consultant Neonatologist*
- *Swansea Bay University Health Board*

It's a well-rehearsed story, but one to which many of us older consultants will relate: 25 years ago I was one of two Neonatal Registrars working in a large teaching hospital. A very small team of consultants did a ward round twice a week. When on call, we covered the whole paediatric service, and the on-calls were long – a weekend was Friday morning to Monday night. The Registrars were the workhorses of the department. It was the hard way to learn, but one learned valuable life lessons.



Geraint in a neonatal unit 25 years ago

Nearly everything has changed for the better, of course. While most of us will have been through many ups and downs, I am still enjoying my job and still learning. I have held positions of responsibility that I never thought I would be capable of 25 years ago!

The College has played a large part in my career – from support and guidance in training, to the facilitation of regional collaboration, particularly in Wales, where we have our own 'branch office'. This has been invaluable in allowing us to see each other and work together in Wales. Thank you RCPCH for all the work that you have done – may you continue to support and encourage the learning of your members for many more years.

Dr Tina Sajjanhar FRCPCH

- *Consultant in Paediatric Emergency Medicine*
- *Lewisham and Greenwich NHS Trust*

I feel privileged to have been with the College since the start of our journey 25 years ago, allowing us paediatricians to have a stronger independent voice.

I have enjoyed being part of the College community in various roles, and have always felt valued. In my role as College representative on the National Major Incident Planning, I even spent a day at Porton Down as part of a chemical warfare exercise with my then five year old daughter, very exciting!

I have taken an active role in College examinations, in the UK and abroad, vital work in progressing well-trained paediatricians. The College has forged relationships with international partners, and later in my career I joined the Global Links Programme in Myanmar, an opportunity to share skills and learn new ones.

In parallel with hard work, I've had fun at the Annual Conferences, networking, educating, being educated and (sometimes) dancing the night away!

The College brings together all those who are passionate about the health of children and young people. As I have benefitted from my association with the College, I would always encourage everyone to get involved, as this is our College – committed to our future and the future of all children.

Tina working with the College in Myanmar

Dr Tim Chambers Hon FRCPCH

- *Retired General & Renal Physician*
- *Bristol*

I became a British Paediatric Association (BPA) officer in 1981. Small office, handful of staff, endless discussion about the economics and ethics of purchasing a word processor. Stepping down in 1989, it was clear to me that a College would be established within a decade. I led the opposition (we were lumpers, rather than splitters), but the other side had sufficient purpose, passion and singlemindedness to overcome colleagues' uncertainty: so it came to be.

Colleges, like ships, need charts. In 1984, some years after the government's (Court) Committee on Child Health's farsighted report Fit for the Future (whose reception was undeservedly lukewarm), the BPA published The Future of Paediatrics and Child Health – its conclusions long forgotten. I welcome Paediatrics 2040 as an overdue successor, not least because young people contribute. Let us hope its impact is greater. Strategy is vital; nonetheless, after 50 years paediatric practice and observation, I am certain the heft is borne by boots on the ground.

Dr Richard Tubman FRCPCH

- *Retired Consultant Neonatologist*
- *Belfast*

"Big day today?" asked the obstetrician as we entered the lift together. "I suppose so," I replied. "Good luck in your finals, then" he said, supportively. I said "Oh no, I'm the new Locum Consultant Paediatrician". I'm not sure who was more surprised (or terrified) leaving the lift.

I have been a Tertiary Consultant Neonatologist since 1994. I feel like Forrest Gump, witness to many of the changes since then and fortunate to have had a little hand in some of them. New treatments and technologies have become routine but despite the high-tech appearance, neonatology still revolves around gentle, family-centred care, warmth and nutrition. We now care for very immature babies and those with complex medical and surgical needs who would not have been expected to survive in the past.

The College has also seen a revolution in paediatric training over the years. SHOs are no longer a 'lost tribe'. There are clear pathways and support throughout training. I have been involved with some of the developments, particularly enjoying START assessments. My wife says that I have been lucky to be able to go to work in a job that I love. The friends and colleagues that I have worked with have made it that way. I couldn't ask for more.

Dr Andrew Long Hon FRCPCH

- *Retired Consultant Paediatrician*
- *London*
- **@amlong12**

My memories of the College can largely be summarised under the headings of people, places and professionalism. I was privileged to have worked alongside so many great people, it would be difficult to mention them all by name without creating a long list, however I must reflect on great times working with Simon Newell. I was lucky enough to work closely with him when we were VP's together, developing the START Assessment, modernising the MRCPCH and travelling to India as College Examiners. He was a wonderful paediatrician, a great advocate for the College and a huge loss to the specialty. We spent many happy hours together, with other paediatricians who always go 'above and beyond' achieving great changes for children and their families.

My memories of places must include the Annual Conference locations and the

Andrew with Simon Newell and Hannah Baynes attending a BAPIO dinner

memorable evenings at BAPIO dinners – including karaoke! I have also been fortunate to travel as an Examiner to many centres in the UK and overseas, sharing experiences with many paediatricians from around the world.

Finally, the last 25 years have seen extraordinary changes in what we can achieve for child health, even in challenging times and despite restricted resources. Over the years we have grown and flourished as a professional organisation, but mostly as an authoritative source of information, advice and advocacy for children, young people and their families.

Dr Carol Roberts FRCPCH

- *Deputy Medical Director*
- *Nottingham University Hospitals NHS Trust*

When I first joined the SAS Committee at the College in 2010, I immediately felt welcome and saw there was a job to do, raising the profile of SAS doctors, changing perceptions and offering more support. I was then appointed to the new role of Officer for CPD and Revalidation, the first SAS doctor to hold an officer role. When a new Board was created in 2016 I was appointed as one of the four founding member Trustees.

Fans of Monty Python's Life of Brian will know the quote, "..... apart from the sanitation, the medicine, education, wine, public order, irrigation, roads, a fresh water system, and public health, what have the Romans ever done for us?" So to those of you who need convincing, what the College has given me is interest and challenge, a break from the day job, confidence, the sense of making a difference, skills in chairing meetings, an understanding of how organisations operate and most importantly a fantastic network of new friends and colleagues from whom I have learnt so much. These skills have allowed me to develop in my day job, and in 2018 I was appointed to my current role as Deputy Medical Director. This would never have happened were it not for the opportunities the College has given me – my subscription has been worth every penny!

Dr Geoff Lawson FRCPCH

- *Retired Consultant Paediatrician and Clinical Director*
- *Sunderland*

In 1978 the first part MRCP was 60 general medicine MCQs, while the second part was paediatric, with all fees swelling RCP coffers. It seemed the BPA had a subsidiary role to a College of adult physicians, but by the time I became a consultant in 1991 an evolutionary process was well underway and in 1996 we became RCPCH.

I became a regional representative in 2003. Council meetings in London meant a (very) early train from Newcastle, but latterly I took a train the night before and stayed at the RCP. It was not difficult to compare the historical backgrounds of the two Colleges when staying in rooms dedicated to founder member 17th-century physicians of RCP.

In 2007 as Policy Officer I chaired meetings regarding the forward planning of paediatric acute services published under the title Modelling the Future which became a central plank of Facing the Future published in 2011. This established important standards of care which purchasing bodies were keen to see implemented but much less willing to fund.

After College meetings I would catch the 5pm train from Kings Cross to Newcastle and reached home shortly before 9pm. I always felt that involvement with College business was a privilege and certainly not a burden. I would happily do it all again.

Dr Amanda Goldstein Hon FRCPCH

- *Retired Consultant Paediatrician*
- *Birmingham*

My paediatric career was born in 1979 as a student watching a consultant who totally loved his work. Rule number one, never underestimate the importance of being a role model. The early years were tough though – 27 hours straight on the neonatal unit!

Itchy feet took my husband and I to the West Indies on a research grant in the days before OOPE and OOPR were invented. After two amazing years, a new baby and a year in Canada, we returned to the UK. The MD thesis, however, went into the attic and I hold my head in shame – it was shredded, uncompleted 20 years later. The science had moved on.

A claim to fame was being the first consultant to take maternity leave at a prestigious children's hospital. I loved teaching and training so progressed through College Tutor, Regional Advisor and then Officer for Training. The pleasure of working closely with the College was greater than I can possibly express and I made lifelong friends with staff and clinicians.

So my message to you from my younger self .... get the papers written up, take opportunities as they float past under your nose, and enjoy your life as a paediatrician – I wouldn't have changed my career for the world.

Dr Steve Bryne FRCPCH

- *Retired Consultant Neonatologist*
- *Middlesbrough*

Having qualified in 1984, I became a Consultant Neonatologist at a time of amazing progress in newborn care both in terms of technology, treatment and training and loved teaching APLS, NLS and later PanStar. During this time, I also became more involved with the relatively new RCPCH. I became a regular traveller to Theobalds Road and was later involved in designing and delivering the early START courses which were innovative but also immensely important to help trainees just before they got their CCT and applied for consultant posts.

The College staff have always been delightful to work with and work hard to ensure training and the work of the College remains of high standard. The networking opportunities I had from working with the College have given me some longstanding friendships and a great deal of practical skill. It is a College of its members, so join in and continue to improve: if a role is advertised apply and start your journey.

Dr Angela Thompson Hon FRCPCH

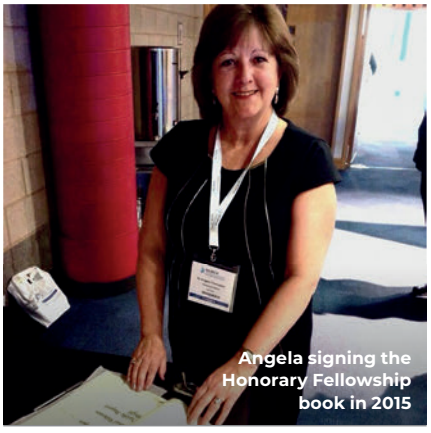
- *Retired Complex and Palliative Care Lead Paediatrician*
- *Coventry & Warwickshire*

On this 25th anniversary I have reflected upon my story with the College which began in the BPA in 1992.

From 1990 we saw the emergence of paediatric palliative care through the development of dedicated teams and regional networks for continuity of effective, best practice and timely care from diagnosis through to recovery or bereavement. With the growth of the charity Together for Short Lives, these emerging teams worked alongside the College creating multidisciplinary care pathways, which delivered pioneering, safe and effective care 24/7 to families, with the child at the centre of care.

By my retirement in 2017 we had UK-wide paediatric palliative care that was guiding development internationally. I was honoured to be Chair of the College's early Palliative Care Special Interest Group and have watched its speciality emerge and blossom as it has researched, informed, educated, facilitated and guided.

I'm sure as we all look back over our careers, however long, we are grateful for the College's role in facilitating UK wide research and development. And the future? Paediatrics 2040 resonates with all we have been achieving and long to achieve as we continue as ambassadors and advocates that our children and families might live better, healthier lives.



Angela signing the Honorary Fellowship book in 2015

Dr Steve Jones FRCPCH

- *Consultant Paediatrician & Neonatologist*
- *Royal United Hospital Bath*

Doesn't time fly, 25 years of RCPCH and 25 years as a Paediatric Consultant. It's interesting to reflect now, as we became a College, that the change seemed not as big a thing as it should have been, though being a College certainly seemed more important. It also seemed from the start to have a bigger role in advocacy, raising issues like health inequalities for children in the UK and across the world, and specific issues like smoking in cars and this year the implications of Covid. I got involved in examining and representing the College at interviews, registering for CPD accreditation with a secret hope that I won't be the one to be audited! But before you think I've just sold out and joined a clique, I'd suggest looking at some of the sessions from the recent online Annual Conference. The College has gained in stature, it does take its responsibilities seriously like the other Royal Colleges, but it has not forgotten its roots, it's still fun and looking to engage with members, future members and the patients and families we serve. I'd suggest getting involved, because the more you put in the more you'll get out.

Dr Helen Roper

- *Retired Consultant Paediatrician & Covid Vaccinator*
- *Birmingham*

I was a trainee representative on the BPA Council during discussions about the College's foundation. It seemed strange then that not everyone could wish to have a separate voice – unthinkable now. How different things are today for paediatricians, and better, I hope for children and their families. I believe RCPCH has driven that change.

Life then was very different for trainees. Assessment and feedback did not exist, at least in any structured form. The hours were longer (here you go...) but in some ways less difficult, certainly than weeks of night shifts. We had the huge benefit of working in a consistent team, seeing and learning from the consequences of our actions

I hope that direct consultant involvement and better structured trainee learning has improved the care of children. When I became a consultant, I was shocked to find that febrile children over the age of two years were looked after by adult ID physicians. Involving consultants early in assessing ill children led to better outcomes than twice-weekly consultant ward rounds, where children were either better or an important diagnosis missed by the time they were seen. We started working a consultant of the week rota in 1996 – another new idea then.

I am proud that we have given children and young people a voice. How to ensure we hear all children and from the full diversity of those we serve is our next challenge.

Professor Abbas Khakoo FRCPCH

- *Consultant Paediatrician*
- *The Hillingdon Hospitals NHS Foundation Trust*

1996, this was the same year I started as a consultant, the year my work colleagues allowed me to come off the on call rota.

As for changes, the establishment of networks and retrieval services, such as critical care for neonatal and paediatrics has provided great support for district general hospitals, and consequently better survival. More children bear the scars of chronic diseases, intensive care or prematurity, significantly altering the care that paediatricians provide, but increased emphasis on safeguarding has provided a welcome umbrella ensuring children remain at the centre of care. I have been pleased to see the development of paediatric allergy as a recognised subspecialty, at the time I was appointed as a consultant 'with an interest' there were very few of us that had training.

At the College, I have enjoyed working on various guidelines eg the Short Stay Paediatric Assessment Unit (SSPAU), rocking up as a member of Paediatricians in Medical Management Group (PiMM), contributing to management development days for aspiring/current Lead Clinicians, and joining Invited Reviews. I have also been fortunate to be a longstanding College Examiner.

Two final reflections. Firstly, what hasn't changed? Certainly for me, is the extraordinary professionalism and camaraderie of my work colleagues. Secondly, I often reflect on how proud I am to be part of a College that is a voice for children when they need one.

ACHIEVEMENTS

Research awards 2021

Each year we offer three awards for outstanding involvement in paediatric research and we are excited to announce the winners from our 2021 round of research awards

THE DONALD PATERSON AWARD

In memory of Donald Paterson, this award goes to one pre-consultant grade medical practitioner for the best article related to paediatrics.

This year, the award goes to **Dr Tom Waterfield** for the publication 'Validating clinical practice guidelines for the management of children with non-blanching rashes in the United Kingdom'.

This paper identifies that due to the effectiveness of vaccinations, children attending hospital with a fever and a non-blanching rash do not need to undergo painful procedures such as blood tests, spinal fluid tests and high strength injected antibiotics. The findings demonstrate the importance of vaccinations, which will minimise harm to children caused by painful procedures and preserve our antibiotics.

Tom said **"I am thrilled to receive the Donald Paterson prize on behalf of the entire research team and PERUKI. The Petechiae in Children study was a collaboration across the UK that demonstrates the quality of paediatric emergency research in this country."**

THE SIMON NEWELL EARLY CAREER INVESTIGATOR AWARD

With Sparks and GOSH Charity, we make an annual award to one outstanding, independent early career medical researcher in paediatrics.

This year, this prestigious prize has been awarded to **Dr Cheryl Battersby**. Cheryl is leading a five year research programme neoWONDER which uses real-world data to identify neonatal interventions that will improve lifelong outcomes of very preterm babies.

Cheryl said: **"It is an honour to receive this prestigious award, particularly as Simon Newell inspired generations of neonatologists like myself. I hope this award will help shine the spotlight on the potential for large-scale data to inform improvements in neonatal care and long-term outcomes for babies born prematurely."**

THE PIER PRIZE

The Paediatric Involvement and Engagement in Research (PIER) prize recognises significant contributions to excellent patient engagement for NIHR Clinical Research Network Portfolio studies.

This year, the prize has been awarded to **Dr Emma Lim**, **Prof Marieke Emonts**, **Dr Jethro Herberg**, **Jo Ball** and the **Young Person's Advisory Group North East** for the PERFORM project.

The core outcome for the PERFORM study focusses on improving the diagnosis and treatment of febrile children. From its inception, PERFORM has been inspired and designed by parents and young people. The project engages children and families through incredibly diverse ways, from collaborations with Young People's Advisory Groups through to visiting schools, museums, and festivals, as well as creating an entire pop-up hospital.

Emma said **"It is wonderful that the group has been recognised for the amazing work they do. I hope other organisations see this and not only realise the benefit of youth-led projects, but how easily it can be achieved."**

Jyothi with her colleagues at Milton Keynes University Hospital & Jyothi with her sign on why she comes to work

MOTIVATION

What makes you come to work?

Dr Jyothi Srinivas looks at how a positive focus can help with staff retention and wellbeing

Dr Jyothi Srinivas
- *Consultant Paediatrician*
- *Milton Keynes University Hospital*

@PaedED

THIS WAS THE question we asked our staff at the Department of Paediatrics at Milton Keynes University Hospital including nurses, receptionists, junior doctors, consultants, secretaries and domestics.

Usually NHS staff go through 'exit interviews' when they decide to leave their post and we ask them "Why are you leaving us?". This thinking is based on 'deficit based' model where we focus on things that went wrong or could be improved. Recent evidence proposes that 'asset based' model of thinking which involves shifting our focus on things that are going well is a much better approach for staff retention and wellbeing. This attitude reframes the question "why are our staff leaving us?" to "why do our staff stay in our department?" which creates a positive thinking attitude while offering a different perspective.

Positive attitudes

Staff retention and wellbeing is an important issue in the current NHS, which is the largest employer in the UK with more than a million staff. As we know, the greatest asset of an organisation is its staff, and evidence suggests improving staff experience with a positive mindset can reduce patient mortality and increase patient satisfaction.

I lead our team along with three paediatric trainees – Dr Fiona Seabrook, Dr Matthew Rajan and Dr Clare Adam. We produced a flyer with details of the project and filming to generate interest in the department. We asked our staff to write a word or sentence that describes their reason for coming to work, day after day. We persuaded and encouraged staff from various roles to take part. We filmed our staff in different areas of the department and had a huge variety of answers over two months. Many staff chose single words for filming and the most common themes were 'Work Family', 'Making a Difference' and 'Team Work'. Some staff remembered incidents that had deeply affected them at work and were willing to share these experiences. This project brought our departmental staff together and our team had fun filming the short video clips. As this was the beginning of the first wave of the pandemic, face masks were only mandatory when interacting with patients. We were inspired by a similar project at the Royal Hospital for Children, Glasgow.

"Some staff remembered incidents that had deeply affected them at work and were willing to share these experiences"

These short recordings were collated and assembled by Ms Maude Calveley, final year medical student at the University of Buckingham Medical School and uploaded onto YouTube.

NHS staff spend a significant amount of time at work and develop deep bonds with our colleagues over the years. We share experiences of successes and failures during our shifts. While it is important to document and investigate adverse events, it is equally important to acknowledge, appreciate, and promote the positive feelings among staff. It is easy to notice failures over successes. It is easy to be critical than to support and encourage staff when they are struggling. A positive frame of mind gives a different perspective to the issues and is well worth the effort in the current NHS climate.

We enjoyed discussing and filming with our staff the reasons they come to work every day. We hope you enjoy watching the video, which you can find on the 'MKUH Paediatrics 2020' YouTube channel.

INSPIRATION

My great uncle – Captain Sir Tom Moore

For **Dr Adam Briki**, the pandemic will always be associated with his great uncle, Captain Sir Tom Moore, who raised millions for NHS charities

Dr Adam Briki

- *ST4 Paediatrics Trainee*
- *Ashford and St Peter's Hospital*

@AGBriki

WHEN I HAD to attend a course back in 2018, I realised I would be close to my great uncle Tom's home in Marston Moretaine, and quickly arranged to stay overnight. As the rest of the family was away on holiday, I thought I would have a quiet night, but uncle Tom had a home cooked meal waiting for me. We ended up chatting long into the night, reliving family history and exchanging views on the NHS and world affairs. He showed me the family tree that he'd been drawing – recounting stories of generations past. How precious the memory of that night is to me now.

I can safely say that my lockdown experience has been somewhat unique. At the onset of the first lockdown, a family WhatsApp group was set up asking us to sponsor my great uncle – a challenge set by his son-in-law Colin, to maintain his mobility. The initial aim was 100 lengths of the garden to raise £100 before the big 100th birthday!

I donated to his JustGiving page on my way to a long day on the children's assessment unit. At the end of my shift, I was shocked to see £1,000 had been raised! I know my family are a generous bunch but there can't have been more than 20 people in that group..... obviously word had got out!

The money kept rising! Every break that I had, in-between donning and doffing my PPE, I spent watching my great uncle go viral. By this stage the media frenzy had commenced. Journalists from around the world had discovered uncle Tom's military past, his Yorkshire pride, his sharp wit, and his unshakable enthusiasm for life.

Even though uncle Tom became a household name, it was still incredible to see him on our TV screens so regularly. His natural personality shone through, always lovingly and respectfully supported throughout by his daughter Hannah and my second cousins Benji and Georgia.

Children all over the country have been creating art in tribute to Captain Sir Tom Moore

Raising spirits

Amongst the devastating scenes being broadcast from intensive care units around the country, uncle Tom's story seemed to be galvanising a latent British spirit of optimism. Uncle Tom continued to walk his lengths with gusto – no big deal – other than he was recovering from a broken hip, fractured ribs and bilateral pneumothoraces suffered after a fall 18 months previous. Uncle Tom was a man driven by his unfaltering love of our NHS – in particular inspired by the treatment he received for skin cancer, and the love, compassion and dedication the nurses and carers had given his late wife, my great auntie Pam.

Adam as a page boy at a family wedding with Captain Tom and his wife Pam

The following months were a rollercoaster: £38.9 million was raised for NHS charities by uncle Tom's initiative. There were countless interviews, a no.1 single, being knighted by Her Majesty the Queen, an autobiography published, and the thing he was personally very proud of – the publication of a children's book. It has been great to hear how children have been inspired by his story to take up their own challenges and raise more money for charity, and to see the art work sent to the family by children taking the time to capture their vision of my great uncle!

Uncle Tom sadly died on the 2 February, but his legacy will live on. A humble man, just doing his duty. I am overwhelmingly proud of what uncle Tom achieved in his last year of life, and the previous 99 years for that matter. I hope that all of us working in healthcare can continue to use this very ordinary man as an example of being able to achieve extraordinary things with good cheer and love. "Tomorrow will be a good day."

Members

The latest member news and views

KEEP IN TOUCH

We'd love to hear from you, get in touch through our channels

- **Twitter @RCPCHTweets**
- **Facebook @RCPCH**
- **Instagram @RCPCH**
- **milestones@rcpch.ac.uk**

RESEARCH

The BPSU – an opportunity for trainees

Dr Sarah Clarke

- *ST3 Paediatrics (OOPR)*
- *Bristol Royal Hospital for Children*
- *BPSU Scientific Committee Trainee Rep*

@Dr_SLNC

DESPITE BEING A clinical academic trainee, I only found out about the British Paediatric Surveillance Unit (BPSU) half-way through my training and wish I had found out about it earlier!

The BPSU's remit is to undertake high quality surveillance studies of rare paediatric disorders. It identifies cases through monthly surveillance reporting of all UK paediatric consultants via the 'orange card' reporting system – a simple yes/no checklist asking whether a case of any of the listed conditions has been seen. Reported cases are then followed up with a more detailed study questionnaire.

As a Trainee Representative on the BPSU Scientific Committee I am passionate that all trainees are made aware of the opportunities available to them through the BPSU, throughout their career. As paediatric consultants of the future we will all be involved in the monthly BPSU surveillance reporting, which is vital to ensuring high-quality research into rare paediatric diseases.

As trainees, research competencies form a core part of our training curriculum yet, so often I hear that trainees find accessing research opportunities and evidencing research competencies difficult alongside clinical training.

The BPSU provides a host of opportunities for trainees to get involved in research – liaising with local consultants to complete the BPSU 'orange card' or follow-up study questionnaires, getting involved with BPSU study data collection or analysis via local study teams or applying to run a BPSU study via the Tizard Bursary Prize.

For more information on the BPSU www.rcpch.ac.uk/bpsu

HISTORY

HISTORY TAKING: PARENTS SHOULD BE SEEN & HEARD

WHEN DISCUSSING CHOOSING paediatrics, I frequently get the same response. "Oh I really liked paeds, but I couldn't cope with sick kids/all the parents."

Let's raise a quizzical eye to the first excuse and leave the raison d'etre of our speciality to one side and focus on the latter. We all know what that means. We've all been slightly exasperated by the parent refusing antibiotics, or conversely refusing to believe that their child doesn't actually require antibiotics. It's a truism that parents are a huge help, and an occasional hindrance - but we accept that it's from a place of love.

However, it wasn't always like this. Even after WW2, children requiring admission were left entirely in the care of the ward team. A parliamentary debate on hospital visiting records "mothers standing on the saddles of their bicycle...in the hope of getting a glimpse of their children". There were concerns about introducing infection and disrupting the hospital schedule, that distressed individuals would increase demands on staff, and that the parent might not fully attend to the child's needs.

Alan Moncrieff, the first Professor at the new Institute of Child Health, was a vocal opponent of the status quo. He supported a trial of parental visiting and published its success. Families felt happier at being involved and the hospital didn't collapse. The new way of life spread rapidly and within a few years, doctors stumbled across parents at 3am on their way to the bathroom as they represcribed the antibiotics that should have been noted in the daytime. Some things in medicine never change.

Dr Richard Daniels

- *ST5 Paediatrics/ Neonatology*
- *Barnet Hospital*

@ccdaniels65

RCPCH AT 25
11% of members have been with the College since it was founded

MENTORING

NORTH WEST PAEDIATRIC PEER MENTORING

Dr Annie Colthorpe
- *ST6 Neonatal GRID Trainee*
- *Health Education North West*

TOGETHER WITH TWO OTHER paediatric trainees, Dr Kelly Whitfield and Dr Emily Whitehouse, we ran a pilot mentoring scheme, arranging accredited training via the College.

When recruiting mentors, we asked them to submit an application form. The top scoring candidates then joined us for training funded by the College. Initially we recruited ST4+ trainees but our plan for the future is to expand to more near-peer mentoring with ST2-3s.

We advertised to mentees by email, matching them with mentors through a ranking system - each of our mentors submitted a profile which was made into a booklet and mentees ranked their top choices from these. We were pleased to be able to match everyone to one of their top three choices.

Unsurprisingly there were teething issues, the pandemic forced meetings to go virtual. However, this was an unexpected positive, as the North West is a very large deanery and it allowed people who lived far away from each other to work together with greater convenience.

We're currently expanding the scheme and have received funding to particularly focus on areas of transition such as starting and returning to training as well as trainees seeking extra support or development opportunities. We are really excited for the scheme to continue to grow and be able to support more and more trainees!

RESOURCE

DOTKID

Dr Charles van Lennep
- *Paediatric Registrar*
- *Scunthorpe Hospital*

@dotKidUK

I'M A PAEDIATRIC registrar in North Lincolnshire and dotKid is an app I built for healthcare workers in paediatrics. It automates common calculations, such as identifying paediatric hypertension and accurately plotting centiles. It also features an exportable resuscitation log for APLS and NLS, to make documentation more accurate.

As tech increasingly makes its way into clinical practice, clinicians who can code need to be more involved in leading its design. I think that these systems should be designed primarily by people with first-hand clinical experience, and with a greater focus on ease of use. My interest in health tech has meant that it's become my career mission to try and make this happen and dotKid is the first step in my journey to build systems that make our work safer and easier.

ADVICE

HOW CAN I GET ON AN ACADEMIC FOUNDATION PROGRAMME?

THE ACADEMIC FOUNDATION PROGRAMME (AFP) allows protected time during foundation training (usually a four-month block) for research, education, or leadership and management. AFP applications can seem daunting, but there are many ways to maximise your chance of success.

The AFP application involves shortlist scoring, followed by interview. Scoring systems usually include points for additional degrees, prizes (at medical school/ national level), and research presentations/ publications. You should aim to gain points in each area.

As research is not a focus of the medical school curriculum, many students struggle here. You can maximise opportunities for paediatric research by:

- Choosing to intercalate in child health (at your university or elsewhere).
- Approaching lecturers/supervisors in paediatrics to ask if you can support them with their academic work.
- Getting involved in quality improvement projects.
- Prioritising project quality over quantity; by completing a project you will learn much more, and increase your chances of a presentation or publication.
- Presenting your work wherever possible.
- Attending courses on research skills (your university or medical library can be very helpful).
- Joining a national paediatric research group, such as the PIER Network, GAPR-UKI and WREN.

Rachel Thompson
- *Year 6 medical student*
- *University of Cambridge*

STARTER FOR TEN

We put 10 questions to a paediatric registrar and a consultant to see what makes them tick

Dr Margaret Peebles

Consultant Paediatrician, Tayside Children's Hospital

1) Describe your job in three words. Unpredictable, interesting and rewarding.

2) After a hard day at work, what is your guilty pleasure? Watching football – particularly St Johnstone and Scotland!

3) What two things do you find particularly challenging? Saying no to colleagues and going home on time.

4) What is the best part of your working day? Before Covid, lunch or coffee with colleagues and trainees – coffee on teams isn't quite the same.

5) What is the one piece of advice you wish you could impart to yourself as a junior trainee? Enjoying the job you do is more important than your job title.

6) Who is the best fictional character of all time, and why? Shrek – he shows that when you are loved and valued you have better life chances.

7) What three medications would you like with you if you were marooned on a desert island filled with paediatric patients? Drugs for pain, allergy and infection so paracetamol, chlorphenamine and co-amoxiclav

8) If you were bitten by a radioactive gerbil, what would you like your superpower to be, and why? Make everyone care about each other.

9) What is the single, most encouraging thing that one of your colleagues can do to make your day? Look at issues and problems with a 'can do' attitude and think of solutions.

10) How do you think you, your colleagues and current trainees can inspire the next generation of Paediatricians? Make them aware of how rewarding our job is and how influential we can be – at the same time as treating a child we can influence the family and potentially affect the life chances of many more children.

Dr Nicky Britton

ST5 Paediatrics, Tayside Children's Hospital

1) Describe your job in three words. All about banter.

2) After a hard day at work, what is your guilty pleasure? A home cooked meal, a large glass of red wine and Blackadder.

3) What two things do you find particularly challenging? Trying to switch off and not over-thinking all your clinical decisions after a long shift.

4) What is the best part of your working day? Getting to know the patients and families. Being a paediatrician you're allowed to be goofy and it's not unusual to be taught a Fortnite dance or play with a lightsabre on the ward round.

5) What is the best advice you have received as a trainee? Even the most senior consultants don't know everything (even if it feels like they do). We all have our weak spots and there is no shame in accepting your limitations and asking for help.

6) Who is the best fictional character of all time, and why? Stitch from Lilo and Stitch. He tries his best at new things, would do anything for his family and does a phenomenal Elvis impression.

7) What three medications would you like with you if you were marooned on a desert island filled with paediatric patients? I'm going to stick with the classics of ondansetron, paracetamol and cefotaxime.

8) If you were bitten by a radioactive gerbil, what would you like your superpower to be, and why? I would love to fly, disappearing on holiday is always amazing but in the current climate to travel again is the dream!

9) What is the single, most encouraging thing that one of your colleagues can do to make your day? Simply stopping and asking if you are okay (preferably with chocolate).

10) How do you think you and your colleagues can inspire the next generation of paediatricians? Paediatrics prioritises communication and interaction, and in doing so creates a great mix of people and personalities in one speciality. We need to ensure that paediatrics remains accessible for trainees of all different backgrounds. Paediatricians should represent the population they serve.

KEEP IN TOUCH @RCPCHTweets @RCPCH @RCPCH milestones@rcpch.ac.uk

BAKING

Ash's Baking School

Dr Ashish Patel
- *ST6 General Paediatrics & Sim Fellow*
- *Birmingham Children's Hospital*

@DrKidneyAsh

HAPPY 25TH ANNIVERSARY to our wonderful College! To celebrate such a big milestone and the easing of lockdown (and hopefully the start of social gatherings again!), I felt a show stopping piñata cake was the perfect choice for such an occasion. Not only is it easy to make, but the secret treats inside make it a perfect paediatric themed cake. Enjoy and continue to spread the love of baking!

PIÑATA CAKE

Ingredients

To make vanilla sponge (for 4x 8" inch cakes)

500g caster sugar
500g unsalted butter, soft
8 large eggs
500g self-raising flour
6 tbsp whole milk
1 tsp vanilla extract

For the buttercream

150g unsalted butter, softened
340g icing sugar, sieved
¼ tsp vanilla extract
3-4 tbsp of full fat milk

1. Make four plain sponge cakes of equal size (eight or ten inch) – these can be vanilla, lemon, chocolate sponge but just avoid cakes with any fruit in them. The ingredients I have provided are for vanilla sponge. I have not gone into too much detail but use any basic sponge recipe. Ensure they are fully cooled before handling.

2. Using a cake leveller, cut the tops of each sponge cake to make them smooth and of equal size.

3. Place a slightly smaller size cake drum or plate on top (e.g. for an eight inch cake use a seven inch drum), take a sharp knife and vertically trim the edges off each sponge.

4. Take a small round cookie cutter or glass (about two inches diameter), remove the centre of three of the four sponge cakes. Once you have removed one you can use that sponge cake as a template for the other two to ensure they are all identical.

5. Make the buttercream, using an electric or stand mixer if possible. Beat the unsalted butter for roughly five minutes until pale and soft. Add in the icing sugar in two parts, beating at a slow speed and then increasing the speed gradually. Add the vanilla extract and milk and beat for a further three-four minutes until the buttercream is soft, almost white looking and easily spreadable. You can add colour paste to change the colour of the buttercream if you so wish.

6. Assemble your piñata cake. Start with a layer of 'hole' sponge, spread an even layer of buttercream on top using a palette knife and repeat with the other two 'hole' layers. Make sure you line the central hole with a thin layer of buttercream as well. Fill the hole with your choice of filling – sweets, chocolate, but try to choose a filling that will easily fall out so smarties or M&M's are a good shout. Finally top the cake with the remaining sponge layer and spread buttercream over the top and sides to finish. You can add any additional decoration you feel on top – go wild!

Taking part in Kangaroo Care Awareness Day

AWARENESS

KANGAROO CARE AWARENESS

KANGAROO CARE AWARENESS DAY is an annual event in May spotlighting the importance of skin-to-skin for babies and their parents. Kangaroo Care (KC), also known as skin-to-skin, is a technique where babies are held by their parents across their bare chest, so that the skin is touching.

This contact is vital for babies' development. As the UNICEF describes it: "It helps the baby to adjust to life outside the womb and is highly important for supporting mothers to initiate breastfeeding and to develop a close, loving relationship with their baby."

Neonatal units across the UK hold different activities to raise the profile of skin-to-skin and I'd like to reflect on what I learnt from my department's celebration. One of the biggest take-home messages for me was that teamwork and good communication empowers all staff and is important for the effectiveness of new practices. Perhaps one of the most significant steps of this initiative was the early inclusion of the senior medical team and their contribution to the decision to include suitability for KC as part of the ward round discussion.

Dr Hamid Idriss
- *ST4 Paediatric Trainee*
- *Barking, Havering and Redbridge University Hospitals NHS Trust*

@hamidkassala

RCPCH AT 25
In 1992 62% of members voted in favour of a College

BOOK

SHEILA – UNLOCKING THE TREATMENT FOR PKU *by Anne Green*

Dr Shilpa Shah
- *Consultant Paediatrician*
- *Craigavon Area Hospital*

@drshilpashah

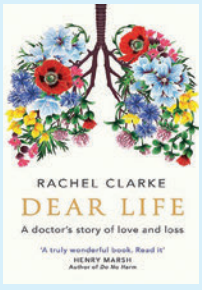
FOR EVERY WELL-KNOWN story, there are many untold ones. Anne Green brings one such tale to the fore. Through this telling of Sheila's story, she not only helps us understand the history of screening and management of a devastating inherited metabolic condition called phenylketonuria but also offers us glimpses of exemplary interdisciplinary collaboration between laboratory scientists and paediatricians at Birmingham Children's Hospital. She also provides insight into the state of mental health facilities in the 1960s and 70s and the lack of coordination then between mental and physical health services. Above all Sheila is a very human tale of endurance and persistence of a frightened, single mother raising five children, one of whom was affected with an (as yet) untreatable metabolic condition. This is a fascinating read and a lesson in history, medicine and humanity.

BOOK

DEAR LIFE: A DOCTOR'S STORY OF LOVE AND LOSS *by Rachel Clarke*

Dr Robert Boon
- *Consultant in General Paediatrics*
- *Royal Manchester Children's Hospital*

@robboon69



THIS BOOK CHARTS Rachel Clarke's own career path from success as a journalist to gaining entry to medical school in her late twenties and ultimately as a palliative care consultant. A major influence on her decision was her much -loved dad. He was a GP and throughout her childhood would regale her with stories of his patients. She learned how these individual narratives were at the heart of what it means to practise medicine.

On her journey, she comes to the realisation that as medicine advances there is frequently a focus on preserving life at whatever cost to a patient's dignity and sense of what it means to be alive. This, combined with an unwillingness by many doctors and patients to talk about death, ensures that in this increasingly hi-tech medical world a good death is often not talked about and therefore not achieved. This is a powerful book which should be essential reading for all health care professionals.

GAMES

ROBLOX

George
- *Aged 9*

ROBLOX DOESN'T HAVE an aim it's just a bunch of other games mixed into one app but in the same style. You can make your own character, avatar and buy stuff from the shop with Roblox money and you can friend people. If they accept you, they become your allies. I play with my friends. You have your own private chat so you can say anything but in any Roblox chat you can't say anything mean, swear or anything like that. I play on a mobile or iPad but you can get it on PC and Xbox but I don't think on Nintendo. I would give it four stars out of five.

FILM

SOUL

Rosie
- *Aged 14*

THE PIXAR FILM Soul was released on Disney+. The main character is a music teacher called Joe, whose soul is separated from him as he dies, just before he gets his chance to be a jazz musician. The story follows him as he tries to reunite with his body. With the help of 22, another soul who is unwilling to live out their life on earth, Joe tries to get back to his body in time for his debut as a jazz musician. Along the way 22 realises that life on earth is worth living and Joe gets another chance inspired by his friendship with 22.

My experience as an international medical graduate

Dr Hana Bashir talks about how she is helping other young doctors navigate the journey of getting started in the UK

Dr Hana Bashir
- *ST4 Paediatrics*
- *University Hospital Plymouth NHS Trust*

@HanaBashir10

I HAD A TRAINING POST! I packed my bags and said goodbye to Ireland, the country I had loved and called home for two-and-a-half years.

But I had a goal; I had a purpose. I was going to be a paediatrician. That's what I left my home country to do. In Sudan, although we have so many good doctors, there is such a huge financial constraint that most of the job was looking for ways to raise the money to deliver the care we needed to give and after a while feeling so hopeless all the time became too much for me.

When I got to the UK, everything went wrong.

I felt isolated and alone. It was so hard getting settled. I couldn't find my residency permit, I couldn't open a bank account, no-one seemed to know how to initiate a DBS (police check) for me, and I was told I wasn't allowed to work without one. 28 days lapsed and according to the home office, if you're on a tier two visa and you don't start work within 28 days, you can't start at all. As simple as that.

"There has been plenty of work around making induction into the NHS easier for overseas doctors and this will benefit the NHS in the long term"

So I no longer had a training post.

Things can go wrong in life. We learn to accept this. But the memory that has stayed with me the most from this experience is feeling so utterly unsupported, just thought of as a problem that needed to go away. I felt that no-one thought of me as an actual person, I was just a name on a screen.

But I moved on, and I found a new supportive job that I love. After I settled in my new job, one of my main goals was to help ensure no other international medical graduate ever feels as lost and unsupported as I did.

For the foreseeable future, the NHS will remain dependent on overseas doctors; this is particularly true for paediatrics, which remains one of the specialties with the largest shortages. So why is it when these doctors arrive, they find very little support?

There has been plenty of work around making induction into the NHS easier for overseas doctors and this will benefit the NHS in the long term. It is well known that the generic induction used for British trained doctors does not suffice for doctors coming from overseas. These doctors do not know the NHS's basic structures, and things that are considered fundamental, sometimes overwhelm them.

So I designed a new induction package for overseas doctors coming to our paediatric department with all of this in mind. It's simple, they receive an additional document in their welcome package telling them some of the first steps they'll need to do to settle in when they get to the UK, and how to go about doing them. They will receive protected shadowing and supported supernumeracy shifts initially, along with an allocated supervisor to meet within the first few days of starting the job to explore their expectations, capabilities, and goals.

This meeting is crucial as they will be encouraged to express what they feel they need support with most, and reassured that it is safe to say that you need help.

This approach has been accepted wholeheartedly by our department, and the trust is now keen to adopt a similar approach in other departments. Work is ongoing to deliver this. It makes me proud that they have been so receptive to change.

The work in overcoming the difficulties overseas doctors face is massive. There have been pockets of change all over the UK, but perhaps it's time to standardise the approach and ensure both trust grade and trainee doctors feel supported.

Above: Hana exploring Plymouth **Top:** Hana with her colleagues at Derriford Hospital

Wellbeing

TRAVEL

Where to travel when you can't travel

The pandemic has disrupted countless foreign holidays, but you can have amazing experiences on your own doorstep. Our members give their top tips for the best places to go in your own region

Dr Ishbel MacGregor
- *ST8 General Paediatrics & Rheumatology*
- *Royal Hospital for Children Glasgow*

Scotland

SCOTLAND HAS A WEALTH OF FANTASTIC PLACES to discover, from city breaks to wild camping there are adventures to suit all tastes. I believe this is an opportunity for people to explore areas they have never seen before and if you're looking for luxury hotels and Michelin starred restaurants, family friendly spots or self-catered cottages there are options for everyone.

The magnificent cities of Edinburgh and Glasgow are steeped in history and culture with enough attractions to easily satisfy the most discerning of city-breakers. These cities can be a focal point alone, or a stepping stone to travelling either north or south. Dundee has the V&A museum and is a stone's throw from St Andrews and the beautiful West Sands Beach (and Janetta's Ice Cream Parlour).

For people looking for a more rural trip then heading further north will take you into the highlands, and the stunning scenery so often displayed on the silver screen. Aviemore and the Cairngorms make for an excellent base, where there are mountains to be climbed and lochs to be swum. You may choose to continue to Inverness where you can spot porpoises from the shores of the Beauly Firth, and could consider this as the starting point to the North Coast 500. Another option would be to head west onto some of the stunning islands which line the west coast and have white sands and blue waters to rival the Caribbean (although I admit the climate may be a little different).

Cairngorm Mountain Panorama Dam

There are so many options, and I have only described a handful. While we can't travel abroad for now, that doesn't mean we can't find new places to fall in love with. Perhaps invest in a decent set of waterproofs though.

Dr Najette Ayadi O'Donnell
- *ST8 Paediatrics*
- *University College London Hospital*

England

NOT GOING TO LIE, I LOVE A STAYCATION. I've been lucky to travel far and wide throughout my life but nothing quite beats the rolling hills of Yorkshire, the sand dunes of Norfolk or the beauty of the Peak District.

North Yorkshire has become a favourite of mine. If you love walking you have the Howardian Hills or the North Yorkshire Moors to choose from. If trains are your thing, the North Yorkshire Moors Railway is a must and runs through the heart of the Moors. A breath-taking sight in its own right. Then there's the beaches of Runswick Bay, Robin Hoods Bay and Saltburn. Each with their own charm and each with a tea and cake shop; nothing says Yorkshire more than tea and cake.

Norfolk has its own magical draw. North Norfolk with its long beaches, perfect for walks and perfect to clear the head. Head to Wells-next-the-Sea or the sand dunes of Holkham Bay. You'll also find a decent beverage at the Victoria Inn too but book ahead. If you enjoy the water, canoeing on the broads is a brilliant way to spend a day. Bring a picnic and enjoy the calmness.

The Peak District is another gem. The stepping stones at Dovedale, afternoon tea at Chatsworth House (fantastic farm shop too!) and head on to Bakewell for its famous baked goods (the Bakewell Tart!). It's a truly beautiful part of the England that Derbyshire folk have kept their secret for a while. And I can't blame them.

Najette's husband and son at Runswick Bay

Someone cleverer than me once said "there's no such thing as bad weather, just bad attire!". With that in mind, come prepared but come with an open mind. Rent a cottage, buy locally and just relish the sheer beauty that is on our doorstep.

Dr Stacey Harris
- *Paediatric Registrar*
- *Royal Gwent Hospital*

@DrStaceyHarris

Wales

WALES HAS MUCH TO OFFER, from rugged peaks to beautiful beaches.

West Wales is home to the wild scenery of Britain's only coastal national park in Pembrokeshire, and St David's –the smallest city in Britain. Seals, puffins and sea birds can be spotted on boat trips to its surrounding islands. You could lick local ice cream and eat fish and chips on the city green as well as visit the National Botanical Gardens of Wales. Dr Qumrun Nahar, Paediatric Registrar recommends the hidden gem of Rosebush Quarry for walks, swimming and picnics in Pembrokeshire. It even has a local campsite.

Dr Chris Bidder General paediatrician in Swansea recommends for families, the UK's first area of outstanding natural beauty, Gower, as a great destination. An abundance of beaches, stone age archaeology, medieval castles and ample opportunity for surfing, jet boat rides and beach cricket will make memories to last a lifetime.

Southeast Wales is home to the rolling hills of the Brecon Beacons National Park as well as the serene tranquillity of the Wye and Usk Valleys. Of course my home town Abergavenny is a wonderful place with its food festival, Llantony Abbey, surrounding castles and the opportunity to visit 'Big Pit' – an old coal mine and iron works in nearby Blaenavon.

In Cardiff, with its beautiful architecture, you can watch shows at the Millennium Centre, visit Cardiff Castle or the Cardiff Museum which is home to a Van Gogh.


The coast at Swansea

Not to be forgotten is Aberystwyth and Mid-Wales which is dotted with market towns, wooded river valleys, walking routes and wildlife.

North Wales is home to the Snowdonia National Park and the Llyn Peninsula where you could climb or take a train to the tallest peak in Wales or ride the Ffestininiog and Welsh Highland Railway.

Dr Rachel Bates
- *ST5 Paediatrics*
- *Antrim Area Hospital*

Ireland

THIS YEAR HAS BEEN UNLIKE ANY OTHER in our working lives. If you are like me, going on holiday was the relief I needed to unwind and de-stress. Caribbean beaches and Greek tavernas have not been possible, but I have found that over the past year there are plenty of amazing places you can visit just a drive away!

- **North Coast** – Multiple beaches to explore, beautiful costal paths, beach side restaurants and of course the Giants Causeway.
- **Enniskillen** – An under-rated choice. For luxury visit the Manor House Hotel and rent a boat to explore Lough Erne! Climb Cuilcagh, or visit one of the National Trust parks.
- **Donegal** – There are many amazing places here! Explore the Wild Atlantic Way and Glenveagh National Park.
- **Galgorm Hotel & Spa** – A place to unwind! Our biggest and most popular spa.
- **Galway** – Cobbled streets and atmospheric bars and restaurants. Get refreshed by swimming with the locals in the sea at the pier.
- **Dublin** – Great for a good night out! Visit the Guinness factory, go shopping or a rural favourite of mine is Powerscourt House and Gardens.
- **Cork** – Kinsale in West Cork is a foodie heaven with a beautiful coastline, and Cork City is home to not one, but two rivals to Guinness.
- **Strangford Lough** – Drive from Killyleagh to Downpatrick to Castle Ward. Continue to Strangford and take the ferry to Portaferry. Take the long way home along the coast to Newtownards and visit the beautiful grounds of Mount Stewart.
- **Newcastle** – Take a walk along the promenade with an ice cream or visit one of the many parks (Donard Park, Tollymore and Annalong).
- **Glamping** – The new choice of staycation. Multiple sites to choose from, from basic to luxury.

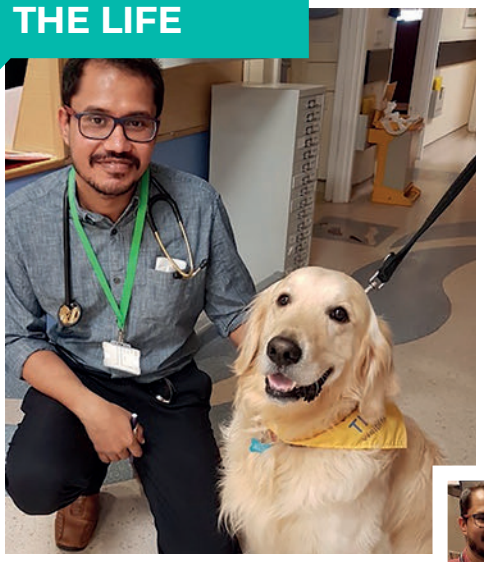

Rachel on a boat at Lough Erne

A DAY IN THE LIFE

"The heartfelt hugs kindle my spirit"

Dr A. Prabhu Rajendran

Consultant Paediatrician
Cambridgeshire Community Services
@pRABuonline



I became a paediatrician because it just captured my heart. My desire to help children grew when I first entered medical school. I was so excited when I walked into the children's ward, as it felt like re-living my childhood days. Their faces instantly brightened up my day.

Compared to adults, children are much more fun to be around. They don't have preconceived ideas about how things should work or how people should behave. That genuine honesty coupled with their inherent curiosity, I find refreshing and inspiring. Also in paediatrics, the focus in on preventative care and diversity of diagnoses is huge. Each day, every patient is entirely unique, especially as the same medical condition can present differently, in various age groups.

On a typical day, I usually arrive at the hospital by 8am and my day begins by talking with colleagues who took care of the patients overnight. During this time there's also usually an educational meeting and update from the ward managers. After this, I begin my morning rounds by checking in with patients. I also involve my team in the discussions, as a teaching and supervisory opportunity. Following this the team divides to get on with the job list. Around 4.30pm we meet again for the evening handover with the team. During night shifts, I will be working overnight at the hospital or sometimes take calls from home.

The toughest challenge in my job is how we support the children and family when they are very ill and suffering. Bad health outcomes unfortunately do happen in children. Some can be an ongoing struggle and at times can even be devastating.

The best part of my job is getting paid everyday with bubbles, coloured pictures, chocolates and handprints. The heartfelt hugs kindle my spirit in a way that a firm handshake never can. Also, having opportunities to get trained in 'balloon modelling' and meeting visitors on special occasions.

During my career progression, I never felt stigmatised for being a SAS doctor, rather I felt constantly supported by my employers. Their focus was on what I can offer and hence I have been able to achieve so much. With this change in perceptions, I would encourage people who are keen to choose the SAS path to do so.

My most memorable moment was during one of my on-calls. I cared for a young boy with severe neuro-disability. He was admitted as seriously ill and we initially discussed palliative care. I remained at his bedside throughout the night, adjusting the therapy he was receiving. I saw the concern in his parent's eyes. They knew how sick he was and feared he would not survive. The following morning, I knew he was going to survive. He was then discharged two days later. What a gift. I received a note from his parents: "You saved a young boy who has a sweet soul and great determination to succeed in life. Our lives have been forever changed." This is what makes it all worthwhile. How fortunate I am to be able to impact families in such a positive way.

When I finish work I like to...

unwind by spending time with my family, listening to music, playing percussion instruments and watching TV shows like MasterChef. I strongly believe cooking is a place that by experimenting you can improve your creativity.

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References 1. Paediatric Formulary Committee. *BNF for Children* (online) London: BMJ Group, Pharmaceutical Press, and RCPCH Publications http://www.medicinescomplete.com [Accessed July 2020]. **2.** Slenyto SmPC May 2020.

Date of preparation July 2020 UK/SLY/2020/1133