

Milestones

The magazine of the Royal College of Paediatrics and Child Health

Progressing in paediatrics

INSIDE SUMMER 2025

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Progressing in paediatrics

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Editor's pick

This issue is all about progress. Not just Progress+, but how we evolve as individuals, trainees and consultants and develop a specialty.

Turn to page 20 to see some reflections on the recent RCPCH Conference in Glasgow. From my perspective, it was so encouraging to see how RCPCH and paediatrics have evolved over the past few years, with the mental wellbeing of our patients becoming an increasing feature across the whole conference and represented in all the sub-specialty sessions. It shows paediatricians are listening and recognising the different forms of distress and poor health that children and young people are presenting with today, and wrapping it into their practice in a holistic way that makes me proud to be a paediatrician. We seem to be at the front of the curve in making parity of esteem for physical and mental health a reality.

This issue is packed with development opportunities. Check out hot tips for your first Tier 2 shifts (page 12); achieving specialist status via the Portfolio Pathway – the artist formerly known as CESR (page 18); or developing your advanced level practice using the new PCHCF curriculum (page 5). Don't miss the incredibly useful map to the RCPCH Learning platform (page 16) or the thread of research, quality and safety that runs through many of the articles.

Sadly, this is my final editorial as a member of the *Milestones* team. It has been an enormous privilege to build *Milestones* into a magazine that works for our members, brings them relevant and interesting information, and continues to inspire established and aspiring child health workers. Please continue to read, submit your ideas and offer to write for us. I leave you in the safe hands of the rest of our editorial team, and with my best wishes.

Dr James Dearden

Paediatric Consultant

✉ @drjamesdearden

Contact

We'd love to hear from you – get in touch at

🌐 milestones@rcpch.ac.uk

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Find your learning poster on page 16



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Milestones

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Leading the way in Children's Health

jamespembroke
...media

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Update

The latest news and views



Find out how Belly Bugs are changing kids' eating habits
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President's update



Professor Steve Turner
● RCPCH
President

Although the metronome demonstrates that time is a constant, I am sure I have had periods when someone has hit the fast-forward button on the continuum of time, and others when the pause button has been pressed. As a student, many four-

week attachments started with a fairly busy first week of settling in and then, all of a sudden, it was time to move on to the next block. Equally, a few four-week blocks went on forever; I'll not name them, but they usually involved some very unentertaining time in theatre. With this in mind, I am a bit worried that someone

has hit the fast-forward button again; I have already been in post for a year, and there's so much that I still want to do.

However, it's great to see so much happening in our community of paediatricians in this summer's *Milestones* (or 'Milestones sausage', as it was described in one article). Among the feast on offer, this edition covers genomics, charts the Portfolio Pathway journey, celebrates PAFTA and explores how to navigate Tier 2 posts – it also mentions Salvador

"We must all adapt to meet the needs of our patients and the workforce"

and Pablo, and introduces us to a host of Belly Bugs.

Wherever you're reading this, I hope you are inspired to do something new. We must all adapt to meet the needs of our patients and the workforce. If you get a chance to be involved in transformation (quality improvement, patient safety, research), take it. The projects I have found most fulfilling have usually been the ones where I initially wondered: "That sounds interesting, but do I have the time?" The fast-forward button might be hit, and the opportunity may pass. But before you seize the moment, sit down and have a fun time reading this magazine.



Staff spotlight

Neil Meemaduma
Associate Director for Research & Quality Improvement

Science and applied medical research have always been passions of mine. Before RCPCH, I worked at the Royal Society, the National Institute for Health and Care Research (NIHR) and various medical research charities, fuelling my appetite to see scientific discoveries translate into medical advances.

Since joining the College in 2020, my connection to frontline healthcare

professionals has never been closer. Working alongside talented colleagues, my role partly involves overseeing the delivery of evidence-based resources, principally clinical guidelines, child protection evidence and the British Paediatric Surveillance Unit (BPSU). Seeing the value placed on these resources in member surveys is reassuring. Nothing gives me more satisfaction than seeing

clinical best practice being informed by research and evidence.

The other aspect of my role involves increasing research capacity and members' capability, and creating a sustainable pipeline of paediatric academics for the future. We do this in several ways, such as making research more accessible, upskilling members and creating more opportunities. We have established programmes that work towards these goals, such as our amazing Trainee Research Network and periodic research events. However, reducing barriers and creating more opportunities for child

health research is challenging, and a problem the College cannot solve alone.

Influencing aligned stakeholders features heavily in my role. I'm particularly proud of cultivating a strong partnership with the NIHR to create dedicated funding for child health and wellbeing research. Over £1.5m has been committed in the form of multi-collaborative grants. The future looks promising – the UK Government has shown a commitment to medical research and boosting investment in life sciences. This is an exciting prospect, and we stay poised to capitalise on these opportunities.

Paediatric advanced level practice: new curriculum goes live



Claire Osborne

- *Advanced Paediatric Nurse Practitioner*
 - *Oxford University Hospitals NHS Foundation Trust*
 - *RCPCH Advanced Practice Curriculum Writing Group Member*
- [X @claireozz](#)

A national framework for advanced level practice to ensure consistency and understanding across the NHS workforce was developed by NHS Improvement and Health Education England (HEE) in 2017.

For paediatrics and child health, this offered an opportunity for the College to support future workforce developments and, following national engagement workshops and stakeholder consultations, HEE (now merged into NHS England) approached RCPCH to lead on developing a modular, learning outcomes-based capability and curricular framework for advanced level practice in paediatrics and neonates.

A core multi-professional writing group was established, which resulted in the development of the paediatric and child health advanced practice area-specific capability and curriculum framework (PCHCF). This detailed training and education framework for paediatric advanced practitioners is not limited by job role, title, professional group or clinical setting. It has been designed to be adaptable for the range of post-graduate, registered healthcare professionals working at an advanced level with CYP. And, like the Progress+ curriculum, the PCHCF has 11 domains to comprehensively underpin the care of CYP in clinical practice, while

“We developed a modular, learning outcomes-based capability and curricular framework”



explicitly addressing the remaining three pillars of the national framework for advanced level practice: leadership and management; education; and research.

Each of the 11 domains has been developed with a descriptor, learning outcomes and key capabilities, with practical illustrations for applying the framework to various settings while ensuring structural alignment to the established and validated Progress+ curriculum.

Having been through consultations with existing paediatric and neonatal

advanced level practitioners, employers, higher education institutions and patient partnership groups, we're delighted to share the framework.

► Visit rcpch.ac.uk/resources/PCHCF for the full curriculum and resources designed to support the framework's implementation. The curriculum is also available for both new and existing paediatric and neonatal multi-professional advanced level practitioners via our ePortfolio solution *risr*.

Journal: ADC update



Nick Brown

● Archives of
Disease in
Childhood
Editor-in-Chief

X @ADC_BMJ

As Pablo said to Salvador as he wiped off the smears of clay: 'Have you yet discovered...?' Clumsy opening gambit (guilty as charged), but in the spirit of passing the imagery baton from the previous edition

of *Milestones* (about knowing when to wait) to the next relay runner, 'Why not?' screamed my inner urchin and – as the

protagonists above helped sculpt the latest atoms – I felt comfortable about giving their philosophy of 'letting your mind run free' another rostrum.

'Well, that's fine in a non-medical arena,' some of you justifiably think. But give yourselves a second or two to reconsider. It isn't a philosophical quantum leap from pressing hesitate and, without a degree of disinhibition, science would be treading water (at best) in the primordial soup.

Letting her mind run free is what Rosalind Franklin did at King's College London in the early 1950s, and it led to her X-ray

diffraction technique, which was the real breakthrough in the discovery of DNA. You didn't realise? Then open your mind. It's exactly what her colleagues (the men surrounding her in an era as repressed as the Victorians) failed to do on many levels.

Too much to tell you about to cherry pick – spoiler alert turned up to 11 – but on *Archives'* very near horizon, there's molecular science, debate, policy and, most importantly, papers that will influence the way you manage sick children at their cot sides that give me (literally) goosebumps (of gratitude).

Journal: BMJ Paediatrics Open update



Shanti Raman

● BMJ Paediatrics
Open Editor-in-
Chief

X @BMJ_PO

BMJ Paediatrics Open continues its growth trajectory, and we attribute most of this to our targeted topic collections. The **Health and wellbeing of street and working children** has officially

closed with 16 published papers, but a trickle of papers is still coming through. Current topic collections still open for submission are **Disability and development in early childhood** (one paper published) and **Preventing and mitigating the impact of the climate crisis on child health** (10 papers published). Some terrific recent publications from these collections include:

● **Caregiver experiences of accessing a child developmental assessment service in a culturally diverse population in Australia: A mixed methods study** (28 March 2025)

● **Carbon emissions from road transport on a national neonatal transport service: A retrospective observational study** (6 March 2025)

● **Funding the future: Climate finance for youth** (22 March 2025)

I attended the RCPCH Conference, where several papers from trainees caught my eye. There were some really interesting and challenging pieces of research and advocacy, especially those involving climate change, which we would love to showcase in *BMJ Paediatrics Open*.

We would also like to feature more pieces highlighting young voices. So please, if you know a young person with a thought-provoking viewpoint or a clinical or public health review, reach out to me and I'll respond. And to all those I connected with virtually or in-person in Glasgow, please follow up with a submission.

In the second half of 2025, we'll have a few new topic collections – **Paediatric and child healthcare in India: Opportunities and solutions** and the **Spectrum of neurodevelopmental disorders in**

China. Another topic collection that is mooted is **Children in conflict**. In addition, we plan to have some public-facing webinars to highlight our collections. Plus we have two social media editors, who constantly share the content we publish via LinkedIn, Facebook and X – so watch out for posts.

Please sign up for e-alerts if you have not done so already and remember, as RCPCH members, you benefit from a 25% article processing charge (APC) discount when you submit to *BMJPO*. If you submit anything for a topic collection you also receive a 25% APC discount, and reviewers receive a 25% discount if they submit a paper within 12 months of reviewing for the journal. Reviewing is a great way to discover new research and develop critical skills, especially for those earlier in their career.

► **Sign up for e-alerts at bmjpaedsopen.bmj.com**
Members interested in reviewing should visit authors.bmj.com/for-reviewers/become-a-reviewer

Join our QI community

Connect and collaborate on the time-banking platform Hextime



Dr Emma Vittery

- *Quality Improvement Fellow, RCPCH*
- *Sustainability Fellow, Great North Children's Hospital*

Interested in paediatric quality and safety improvement? Then join our new community!

Why? We listened. In last year's members survey, you said continuing professional development (CPD) and quality improvement (QI) were priorities. And, though we continually update resources on the QI Central and Patient Safety Portal, there was

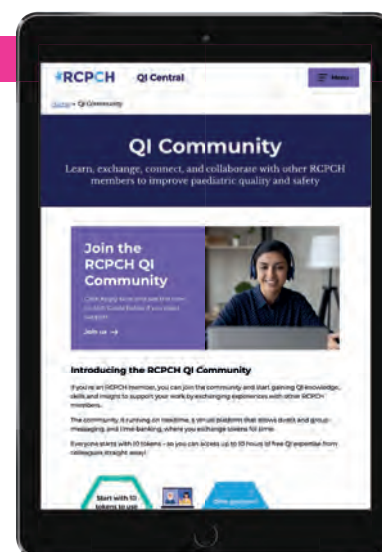
no paediatric community working to improve the safety and quality of care for CYP.

What? The QI community enables members to network, collaborate and share skills with paediatric colleagues, regardless of experience, geography or role. Free to members, it's hosted on the established time-banking platform

Hextime, developed through the Q community and NHS England's Clinical Entrepreneur Programme. There's no time commitment, and you'll start with 10 credits (that's 10 hours of free CPD) to upskill while gaining portfolio and appraisal evidence by sharing expertise and experiences. Examples include:

- **Foundation doctor:** Request help to strengthen the QI section of your paediatric application or offer to talk to a student about your experiences with QI.
- **Core trainee:** Learn about CYP engagement when planning QI projects.
- **Specialty trainee:** Upskill in leadership for QI from an improvement coach or help a core trainee improve their QI abstract for the RCPCH Conference.
- **Consultant:** Find trainees with time to support your QI work or accept a request to write a blog for the RCPCH Safety eBulletin.

How? Please join and build our community – it will be as good as we make it. Why not start by making one



offer and one request, or take up an existing offer? Share with your networks and remember our QI community welcomes all RCPCH members, including student and Foundation members and affiliate and associate members. Tell us your thoughts: qips@rcpch.ac.uk

► **Join by visiting the quality improvement sharing hub at qicentral.rcpch.ac.uk/qi-community and explore the RCPCH paediatric patient safety portal at safety.rcpch.ac.uk**

The fast-moving field of genomics

We have an opportunity to transform diagnostics for children with rare and inherited conditions



Dr Caroline Platt

- *Consultant Paediatric Nephrologist*
- *Bristol Royal Hospital for Children*
- *RCPCH Officer for Genomics*
- ✕ [@CazPlatt](https://twitter.com/CazPlatt)

I'm excited to work with the College and members of the Genomics Working Group (GWG) on strategies to ensure that making the best use of genomic technology, in particular whole-genome sequencing (WGS), is at the centre of the care we provide to children and families affected by rare and inherited diseases.

The NHS is the first of its kind internationally to provide WGS technology to patients as part of routine clinical care, and we must not underestimate the power this has to end the diagnostic odyssey for so many families.

However, within our resource-limited health service, we have a responsibility to use genomic testing wisely. I believe we will achieve this through education, encouraging engagement and improving awareness of genomics across the paediatric workforce.

Our May webinar covered topics including the move from array CGH to WGS testing in children likely to have a monogenic diagnosis (R27 testing) and an update on the rapid genomic sequencing service (R14).

We hope to update the RCPCH website on areas of interest, such as the Generation Study – research that will sequence the genomes of 100,000 newborn babies. We also plan to provide guidance on navigating areas where decisions around genetic testing are not straightforward, such as foetal alcohol spectrum disorders.

► **Watch our May webinar at RCPCH Learning. For more information or queries, visit rcpch.ac.uk/key-topics/genomics or email genomics@rcpch.ac.uk**

We celebrate 10 years of RCPCH &Us this year! Discover how we ensure CYP voices are heard at rcpch.ac.uk/work-we-do/rcpch-and-us and look out for a special RCPCH &Us takeover of *Milestones* this winter



Diary dates

Events are online unless otherwise stated. We will add to this list over the coming months, so keep an eye on our website

- **How to manage: CYP seeking asylum and refugees**
9 July
Develop skills to manage accompanied and unaccompanied refugee and asylum-seeking children.
- **Supporting named and designated doctors (Level 4-5)**
16 and 17 July
Develop the skills needed to fulfil your responsibilities as champions for CYP health and wellbeing.
- **Statement and report writing (Level 3)**
25 September, 10 November, England/Wales; 5 March 2026, Northern Ireland
Learn how to write statements and reports that document the valuable information needed for effective investigation in child protection cases.

Read more

Find more dates at

rcpch.ac.uk/courses

rcpch.ac.uk/events

RCPCH Learning

- **Thrive Paediatrics Resource Hub**
Discover evidence, good practice examples and stories from paediatricians' lived experiences. We all learn differently, so you'll find tools in different formats – from articles to books and podcasts to videos.
learning.rcpch.ac.uk/thrive
- **Bitesize Learning**
RCPCH now offers an expanding range of digital learning resources, which can be completed in less than 20 minutes. Discover our resource highlights and first micro-eLearning module.
learning.rcpch.ac.uk/bitesize-learning
- **Talking to patients about air pollution – simulated conversations**
In collaboration with Great Ormond Street Hospital and Camden Council, we've developed a module of four short video simulations where child health professionals incorporate air pollution into their conversations.
rcpch.ac.uk/air-pollution-simulation-videos
- **RCPCH-BPSU Webinar: Don't forget rheumatic fever!**
Dr Tom Parks and the panel discuss the BPSU study and provide a refresher on Strep A disease and post-infectious disease at a time when UK children are at increased risk.
rcpch.ac.uk/rheumatic-fever-webinar
- **RCPCH Webinar: Understanding childhood poverty**
Ailbhe Cashman, poverty proofing coordinator at Children North East, discusses the barriers to health that families experiencing poverty may face and provides information on what you, as an individual or as a service, can do to help.
rcpch.ac.uk/childhood-poverty-webinar

► learning.rcpch.ac.uk

Check out our conference highlights on page 20

We'll have another fantastic programme of specialty sessions, workshops and keynote speakers at next year's RCPCH Conference – taking place 11-13 May 2026 in Birmingham, England and online. Registration and abstract submission will open in autumn 2025.

► Visit rcpch.ac.uk/conference-2026 for updates.





Getting together in Glasgow



Catherine and friends get in the party spirit on the RCPCH &Us stand at conference

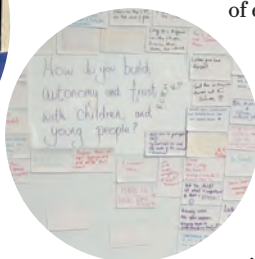
"It was a privilege to represent young people at the RCPCH &Us stand, celebrating the 10th anniversary with a vibrant party theme. It was inspiring to engage with speakers and delegates from all walks of life who share a dedication to improving child health services."

Catherine, 19

"My favourite part of conference was the opening plenary, where I spoke about the importance of community integration in paediatrics. It was an opportunity to highlight some of the amazing work RCPCH &US have been doing and the changes we would like to see."

Prayksha, 17

"It was a privilege to fly the purple flag (left) and raise awareness



of epilepsy as a parent 'expert by experience' on the UK Paediatric Epilepsy Programme Board. I loved hearing how paediatricians engage with patients of different ages and stages of development, including singing and dancing. My

favourite was the doctor who pretended to be a Dalek to engage with the patient!"

Lisa (parent)

"I loved working on the magnetic wall because I got to talk to lots of different people and hear their ideas on improving child health."

Xaq, 16

"Working on the bunting was a highlight – it was interesting to see paediatricians' wishes for the future. I also got to discuss with them my experiences of paediatric services and what we could improve immediately for children and young people."

Tatiana, 22

"Volunteering at conference was an amazing experience, especially speaking

with so many delegates to ensure young people's voices are heard. A little highlight for me was the teddy bear – it was a memory of my first conference with RCPCH &Us."

Hrutika, 19

"Seeing ideas and discussions I had been part of translated into a poster (right) that paediatricians were taking the time to read and then come over to the stand to ask questions about made me feel very proud."

Xai, 14

"The first day of conference coincided with epilepsy awareness day – Purple Day – and so everyone on the RCPCH &Us stand was wearing purple. I spoke to healthcare professionals

about our epilepsy passport and the poster made by our experts by experience (EbE)."

Grace, 22

► **Turn to page 20 for more conference highlights**



Hrutika with her teddy bear

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 are a network of young voices who work with the College, providing information and advice on children's rights and engagement.



KEEP IN TOUCH

✕ @RCPCH_and_Us @rcpch_and_us f @RCPCHandUs and_us@rcpch.ac.uk

Incubating the future

The General & Adolescent Paediatric Research Collaborative in the UK and Ireland (GAPRUKI) updates us on an initiative to support general and community paediatric research



Dr Louisa Pollock

● Consultant General Paediatrics and Paediatric Infectious Diseases
● Co-Chair GAPRUKI
● Royal Hospital for Children, Glasgow
X @louisa_pollock1

Believing all children have a right to be included in research that's relevant to them and addresses their health needs, we highlighted GAPRUKI's work and the need to strengthen research capacity in general and community paediatrics in the autumn 2024 edition of *Milestones*.

We know there are significant evidence gaps in the management of many common conditions in childhood, and that few general and community

paediatricians have the time or training to be involved in research. But if we don't participate in research, children can't participate in research. We need to change our working culture and expand opportunities so that research becomes an integral part of clinical care in general paediatrics and community child health.

We're excited to announce that change is coming: a new General Paediatric Incubator to build research capacity in hospital and community paediatrics has been funded by the National Institute for Health and Care Research (NIHR) and will begin work in July 2025.

Addressing an underrepresented research area

In 2024, the NIHR encouraged bids for an incubator to support research in 'general paediatrics and moving research across the age range' and urged applicants to consider how they could work together to achieve a shared goal.



Led by Dr Katrina Cathie and Dr Lee Hudson, our team embraced this collaborative spirit with enthusiasm. What began as a partnership between GAPRUKI and the British Association for Community Child Health (BACCH) strategic research group soon grew into an amazing multidisciplinary team. We included diverse voices and expertise, particularly those often underrepresented in research, such as women, minority groups and non-doctors. Most importantly, we included the voices of children and young people (CYP).

Our team comprised nursing, pharmacy, primary care and psychology professionals with a wide range of research experience in hospital and community settings, and CYP input came from the Leeds Young Research Owls (a Patient and Public Involvement – PPI – group) and Lifelab (a CYP co-production). We developed our bid together and were successful against tough competition.



Our incubator aims to:

- map the current research landscape and identify key gaps and barriers
- work with CYP to determine our research priorities
- increase and strengthen research networks across the UK, particularly encouraging participation from underrepresented groups and areas
- create new research training and mentorship opportunities across the team.

Join us on this exciting and challenging journey towards creating a high-quality evidence base that delivers the care children and young people deserve. 🦋



► Scan and join GAPRUKI here

NIHR's Incubator programme

Launched in 2018, the programme aims to identify and address barriers to research by creating collaborative research communities. These incubators unite key stakeholders – including researchers, clinicians and policymakers – to develop targeted solutions. Funding is awarded through an annual open

competition, with each incubator receiving support for three years. One example is the Paediatric Critical Care Research Incubator, awarded in 2023, which has developed research training, mentoring and networking opportunities in paediatric critical care. Find out more about the programme: bit.ly/3EHhyio

Supporting CYPSAR

Discover how collaboration can shape better care for children and young people seeking asylum and refugees (CYPSAR)



Dr Sarah Eisen

- RCPCH Fellow
- Principal Investigator, AEGIS Project and Consultant Paediatrician
- UCLH/Hospital of Tropical Diseases
- ✉ @EisenSarah



Professor Andrew Rowland

- RCPCH Officer for Child Protection
- Investigator, AEGIS Project and Consultant Paediatrician
- University of Salford
- ✉ @DrAndrewRowland



Professor Michelle Heys

- Consultant Paediatrician and Professor of Global Health
- University College London

the International Child Health Group. These outline how best to meet the needs of this group in various settings and may help you advocate for service development in your workplace. RCPCH also provides guidelines for clinical care, including infection testing, mental health provision and a trauma-informed approach. **If you're interested in learning more, join the How to manage course on 9 July 2025: rcpch.ac.uk/CYPSAR-course**

Research is much needed

You may have encountered CYPSAR during their integrated or initial health assessments (IHAs), in the emergency department or outpatient clinics. They may be with their families or have travelled to the UK alone, becoming children looked after by social care on arrival.

Whether unaccompanied (CYPSAR-U) or with their family, CYPSAR may have particular vulnerabilities including challenges with physical or mental health, experience of trauma and separation, and ongoing vulnerability to displacement and uncertainty. As a result of language, digital, geographical or systems barriers, they often encounter difficulty accessing the care to which they are entitled.

Promising work is underway to better care for these CYP, led by paediatricians and RCPCH. We have updated guidance to encourage the use of the person-first term CYPSAR-U, rather than the traditionally used UASC (unaccompanied asylum-seeking children), which reflects best practice in the field. We have also ratified standards of care developed by

in this area, particularly projects that are co-created and implemented by CYP with lived experience of seeking asylum. RCPCH is part of the AEGIS Project (Advancing equity for children and young people seeking asylum and refugees: a blueprint for generalisable interventions) hosted at University College London Hospitals NHS Foundation Trust and led by Dr Sarah Eisen and Professor Michelle Heys, with researchers from around the UK. This work, funded by a National Institute for Health and Care Research Programme Development Grant, explores health, education and social outcomes for CYPSAR-U, and how to improve them.

The project, co-developed and led by those with lived experience, seeks to find how we can identify and learn more about this population, what interventions might help, how to measure success and what policy and legal changes might be needed. Most importantly, we work with CYP to ask them, 'What matters to you?' and 'How should we work with you to find out?'.

Working with such a diverse and talented team, including CYPSAR, is



"As a youth activist, advocate for refugee rights and a refugee myself, my journey has shaped my passion for making sure

young people seeking asylum have a say in their healthcare. Through my work on the AEGIS Project, I've helped shape research that listens to young people, from designing focus groups to advising on how we ask about health in a way that feels safe. Trust is key; many young people fear speaking up because of past experiences. I hope this work leads to better, more accessible healthcare where CYPSAR feel heard, respected and supported."

Motaz Amer, peer mentor on the AEGIS Project

a privilege, allowing us to understand their needs and priorities and achieve meaningful and sustainable change. ✨

► To find out more, email uclh.aegisproject@nhs.net or health.policy@rcpch.ac.uk

While it has not been possible to acknowledge all contributors to the projects discussed individually, their contribution is enormously appreciated and sincerely acknowledged.

Helping you navigate your Tier 2 journey

Starting your first registrar post – now referred to as Tier 2 doctor – can feel overwhelming, but the right tools and strategies can make all the difference



Let's call them the C-codes – key tips and resources to help you confidently navigate this new role. From downloading essential apps to honing your leadership style, these insights will set you up for success.

1 Choose your shift plan

Every hero needs a solid game plan, so check your rota beforehand and mentally prepare yourself. During handover, especially on night shifts, identify the sickest patients and know their individualised care and escalation plans. In addition, understand your nursing staff and bed capacity to help prioritise admissions and transfer decisions. This is particularly handy in a busy district general hospital (DGH), especially during winter.

2 Get conversant with the shop floor

Know the little things that really matter – the door codes for treatment rooms, how the sample-pod systems work and the location of the blood-gas machine – as this can make nerve-racking situations much easier. In addition, being conversant with the local communication system – such as bleeps and extension numbers – is very useful. Downloading the Accurx Switch

“Take inspiration from Dr Kate Granger MBE and her #hellomynameis campaign by getting to know the names of your team members”



Dr Josephine Quaynor

- ST5 Paediatric Trainee
- PEDSiG IMG officer
- Royal Wolverhampton NHS Trust
- ✉ @Ms_Akwele



Dr Kingsley Ezinmor

- ST5 Paediatric Trainee
- Kings College Hospital NHS Foundation Trust
- ✉ @drkayton014



Dr Rachel Yew

- Consultant Paediatrician and Neonatologist
- Dudley Group NHS Foundation Trust
- ✉ @dr_rachelyew

app (where available) can help by enabling instant messaging between colleagues and converting traditional bleep systems into smartphone notifications.

3 Be conscious of your team

Take inspiration from Dr Kate Granger MBE and her #hellomynameis campaign by getting to know the names of your team members, taking note of their skill sets and abilities in delegating tasks, and being proactive with team breaks. And remember, a stash of chocolate does more wonders than you can imagine.

4 Be clued-up on tools – think ApGAR

Like everything else, it's about working smart and not necessarily overworking yourself. Some useful tools are:

- **apps:** such as Paediatric Emergency Drugs and BNFC (to ensure accurate prescribing with up-to-date drug

dosing and safety information), MDCalc (to support clinical decision making) and TOXBASE (to access toxicology data in poisoning cases).

- **guidelines:** regional or local trust policies and national guidelines (BSPED, NICE etc). Starship Clinical Guidelines can also come in handy
- **assessment tools:** stethoscope, ENT trolley set, pen torch, tendon hammer
- **referral pathways:** know your regional sub-specialty referral pathways – it will save you some switchboard hassle in a DGH.

5 Comprehend multidisciplinary team dynamics

You'll work with different teams to optimise patient care and an ability to communicate effectively with ward nurses, clinical specialist nurses and other allied health professionals such as pharmacists and physiotherapists will be part and parcel of your daily routine. Seize the



Sit in on meetings to learn more about the holistic approach of multidisciplinary teams

“Don’t hesitate to introduce ideas and quality improvement initiatives you’ve seen working in other trusts”

opportunity to sit in discharge planning meetings, strategy meetings for children with social concerns and peer review meetings. These give an insight into the holistic approach of multidisciplinary teams and gear you towards being an effective leader.

6 Communication is key Remember being the junior doctor in that difficult parental conversation and awaiting the rescue of the registrar? Congratulations, you just became someone’s rescue plan! (But, of course, there is always help available.) Here are some helpful tips for developing your



Take time to find out about your colleagues and be proactive about staff breaks

approach to communicating with patients, caregivers and clinical and non-clinical staff members:

- sit in with more experienced senior colleagues to see how they handle difficult talks
- attend courses and access online resources on topics such as child bereavement, human factors and ergonomic theory, and debriefing
- attend clinical simulation for tips on non-technical skills such as closed-loop communication, mental-model sharing and more.

7 Clinch the learning moments

Each child and young person encountered offers a unique opportunity – not only to better understand them as individuals but also to revisit and refresh your knowledge about their medical condition and current medications. At every ward round, pick a specific thing about a condition and briefly read about it. In the long run, this will build your confidence.

8 Catch leadership opportunities

Take advantage of leadership and management opportunities such as rota coordination for clinical staff or medical education, leading grand rounds or simulation sessions, and organising local and regional junior doctors’ forums. In

addition, don’t hesitate to introduce new ideas and quality improvement initiatives you’ve seen working in other trusts and check out the College’s Leadership Hub: learning.rcpch.ac.uk/rcpch-leadership-hub

9 Be cognisant of your personality type

The Myers-Briggs Type Indicator can help you understand your communication style and decision-making approach. This self-awareness allows you to adapt to different situations in a fast-paced medical environment.

10 Create wellbeing moments

Identifying and managing your stressors lowers the risk of burnout and errors. Balance work with fun activities, spending time with people you love and practising mindfulness to stay rejuvenated. Also, having a ‘rant partner’ to listen and talk through the stressful aspects of the week goes a long way.

Remember, these tips are just a guide and your Tier 2 life is a marathon, not a sprint. Take it step by step, be kind to yourself, know your C-codes and you’ll ace it! 🎯

► To access College courses, visit rcpch.ac.uk/education-careers/courses/rcpch-course

International careers: working in the US

A leap of faith led Professor David Ellison to St Jude Children's Research Hospital in Memphis, where he combines his clinical practice with academic interests



Professor David Ellison

- Chair of Pathology
- St Jude Children's Research Hospital

Leaving the NHS for a job at St Jude in the US almost 20 years ago was daunting but potentially full of opportunities. Back then, my combined clinical and academic roles at Newcastle Hospitals NHS Foundation Trust allowed time for my research interest (the molecular classification of paediatric CNS

tumours) but, as a neuropathologist, my clinical work was largely adult-based. A move to St Jude would mean a clinical role devoted almost entirely to diagnosing childhood brain tumours, a small but challenging slice of neuropathology practice.

St Jude: a unique institution

Founded in 1962 by the entertainer Danny Thomas, St Jude operates on the core principle that no child should be denied treatment based on race, religion or a family's ability to pay. Children from across the country come for treatment and the cost of their care (including travel, accommodation and living expenses while in Memphis) is entirely borne by the hospital – a non-profit organisation that's supported by its charitable arm.

St Jude focuses on 'catastrophic diseases of childhood', and while the clinical emphasis is on cancer, we also have expertise in haematological disorders, particularly sickle cell disease, infectious diseases and neurological

disorders. There is a significant research effort, which encompasses clinical trials, translational research and the basic sciences, and three cancer centre programmes – haematological malignancies, CNS tumours and other non-CNS solid tumours.

Working collaboratively

My 7am starts remind me of my SHO medical rotation days in the NHS. My job involves a mix of clinical work, research and administration. The clinical work is tremendously interesting, because of the rarity of paediatric brain tumours and the challenges associated with their diagnosis and classification.

The St Jude brain tumour programme treats more than 170 new patients each year. The neuropathology team diagnoses these patients' tumours and annually reviews more than three times that number in consultations from hospitals across the world. Many of the consultations involve our multidisciplinary team and are discussed at a weekly meeting with the programme's clinicians – neurosurgeons, neuro-oncologists, radiotherapists, radiologists, clinical geneticists and pathologists.

Nowadays, much of the discussion surrounds tumour molecular characteristics or issues of cancer predisposition. Being part of this team approach is satisfying, and I believe it's a core feature of great paediatric medicine everywhere. Back in Newcastle, I learned so much from a superb team of five expert clinicians, who regularly met to focus on the children with brain tumours in our care.



St Jude Children's Research Hospital campus in Memphis, Tennessee

A different environment

Paediatric oncologists in the UK would identify with our clinical practice as it's much the same. However, the professional environment is very different. In my NHS consultant and university posts, I was involved in some departmental administrative duties and later, at a national level, for NICE, SIOP-Europe and the CCLG. However, none of this prepared me for becoming a department chair and the responsibility of managing the staff, infrastructure, finances and operations of a large clinical and research department.




“Moving to St Jude was a leap of faith... However, being in the US has brought opportunities that I would not have had back in the NHS”

Mentorship of junior faculty (consultant) pathologists is an important part of my job. I do this alongside one of the directors of pathology's five divisions

and draw on the advice of other experts at St Jude. I ensure that junior faculty have the resources to realise their career goals and achieve promotions. Time spent away from clinical service (typically 25%) includes funding for research projects, developing new assays or travelling to conferences.

Moving to St Jude was a leap of faith. I was happy in Newcastle and had great colleagues on both the clinical and research sides. However, being in the US has brought me opportunities that I would not have had working back in the

NHS – a focused clinical practice around my academic interest and the chance to build a department that provides cutting-edge diagnostic capabilities to treat children with catastrophic diseases.

Courage was needed to make the move, but I'm glad I did. Consequently, I encourage my faculty and trainees visiting my department to be brave and enterprising about their career choices. 

► **For more information about St Jude, visit stjude.org**

Map your learning

In our 2024 membership survey, 81% of members told us that supporting the paediatric workforce should be our top advocacy priority, while 57% highlighted education, eLearning and CPD as key areas for us to focus on. We listened to your feedback and have created a comprehensive library of educational resources – bringing together courses, webinars and podcasts designed specifically for child health professionals.

One easy-to-navigate hub

The RCPCH Learning platform makes it simple to explore a wide range of learning materials that align with your professional needs and interests. You can browse by resource type, specialty or topic, or by Progress+ curriculum domain.

Here we've organised our resources into six key categories: clinical management; leadership; health promotion; quality improvement, patient safety and research; safeguarding; and exam preparation.



THE PAEDS ROUND

Listen to real-world advice and guidance on how to manage a range of clinical topics, plus more on education, training and working in paediatrics.

1 Clinical management

How to manage courses

- Adolescent health
- Asthma masterclass
- When a child dies
- Child mental health
- CYP seeking asylum and refugees
- Common cardiac problems
- Common dermatological problems
- Diabetes in children
- Eating disorders
- Emotional and behavioural problems in community paediatrics
- FASD in community paediatrics
- Gastroenterology
- Non-malignant haematology
- Paediatric Allergy Training 1 (PAT1)
- Paediatric Allergy Training 2 (PAT2)

- Paediatric Allergy Training 3 (PAT3)
- Paediatric sepsis
- Paediatric sickle cell disease

Webinars

- Behcet's syndrome in CYP
- CATCH-uS before we fall: Transitional care for young adults with ADHD
- Childhood obesity: Medical management
- Childhood obesity: Surgical management
- Don't forget rheumatic fever!
- The epilepsies of childhood 2020 (from RCPCH Epilepsy12 audit)
- How can paediatricians help parents who are struggling with a child's behaviour?
- Juvenile-onset systemic lupus erythematosus

- Listeria infection in young infants in the context of neonatal infections
- Respiratory syncytial virus (RSV)
- Sleep terror: Why paediatricians can't ignore fatigue
- Stroke in childhood guidelines: Key messages and recommendations
- Time to 'Think Kawasaki Disease'
- Type 2 diabetes in CYP
- Whooping cough (pertussis)
- The why and how of pill swallowing

eLearning

- Bacterial meningitis and meningococcal septicaemia
- Cleft palate: Examination in the newborn

- Detecting anorectal malformations – core
- Detecting anorectal malformations – advanced
- Emergency triage, assessment and treatment plus (ETAT+)
- Healthy development in young people
- Recognising neuro-muscular disorders
- Pain management

Podcast

- Paediatric sepsis
- Pill swallowing in children

Bitesize learning

- Resource highlights: Fever, EES, HSV, measles
- Micro eLearning module: Detecting cleft palate early

journey

2 Leadership

Courses

- Effective educational supervision
 - How to apply for the Sir Peter Tizard bursary
 - Mentoring skills
 - Paediatric GeNotes: Facilitating genomics mainstreaming for paediatric clinicians
 - Whole genome sequencing: Developments and future perspectives
- deliver a successful mentoring programme for paediatricians
- Leadership
 - Return to practice in paediatrics – personal stories
 - Your (2024) ARCP

eLearning

- Application of genomics in paediatrics
- MRCPCH question writing tutorial
- Unconscious bias

Webinars

- Enhancing our wellbeing and resilience
- How to set up and

Resources

- The Leadership Hub

3 Health promotion

How to manage courses

- Childhood poverty

Webinars

- Air pollution and child health advocacy
- The air we breathe: Global impacts of air pollution on children's health
- A breath of fresh air: Supporting parents and carers to protect their children from exposure to secondhand smoke
- Dental implications and management of children with congenital heart disease
- Developing relationships with politicians to promote clean air for child health
- Type 2 diabetes in CYP
- Health promotion: What's a paediatrician to do?
- Immunisation is everyone's business
- Introduction to paediatric antimicrobial stewardship: How the rational use of antibiotics can improve the

quality of paediatric care

- Lead toxicity in children: A continuing problem
- Moving towards clean air: Tackling transport, pollution and health inequality
- Putting children's oral health on everyone's agenda (Oct 2019 / April 2021)
- Screen time: What is the evidence and what should we be advising?
- Sleep terror: Why paediatricians can't ignore fatigue
- Understanding childhood poverty
- Upskilling child health professionals to talk about air pollution

eLearning

- Systematic reviews
- Talking to patients about air pollution: Simulated conversations
- Vaccines in practice
- Vitamin D deficiency

4 Quality improvement, patient safety and research

Webinars

- ARFID in CYP study: What did we learn?
- Changing times in paediatric respiratory infections
- Facing the future: Paediatric standards
- Remote consultations: Opportunities and risks for paediatrics
- Vision impairment is a sentinel child health event: Findings from the British Childhood Vision Impairment Study

eLearning

- Academic trainees day 2024: Webinar and plenaries

Recordings

- Paediatric prescribing principles
- From curiosity to discovery: Research essentials for paediatricians in training
- Quality improvement: How to make services work better for you and your patients
- Research for non-academics

Podcast

- The diabetes quality programme

5 Safeguarding

Courses

- Safeguarding (Level 3)
- Child protection: From examination to court – England/Wales (Level 3)
- Child protection in Scotland: From examination to court (Level 3)
- Child sexual assault and the forensic examination (Level 3+, 4 & 5)
- Expert witness in child protection (Level 3+, 4 & 5)
- Statement and report writing (Level 3)

- Supporting named and designated doctors (for looked after children and safeguarding children) (Level 4 & 5)

eLearning

- Emotional abuse and emotional neglect
- Exploitation of CYP
- Imaging in cases of suspected physical abuse in children
- Professional witness report writing

6 Exam preparation

Courses

- MRCPCH AKP
- DCH Clinical – online
- MRCPCH Clinical – online/in-person
- MRCPCH/DCH FOP

Webinar

- DCH Clinical: Platform technical guidance for candidates

RCPCH

Royal College of
Paediatrics and Child Health

Leading the way in Children's Health

How I elevated my career with Portfolio Pathway

Obtaining Specialist Registration through Portfolio Pathway offers an opportunity for doctors trained overseas to gain specialist status in the UK



Dr Sellathurai Gajendran

● *Consultant Paediatric Nephrologist*
● *Evelina London Children's Hospital*

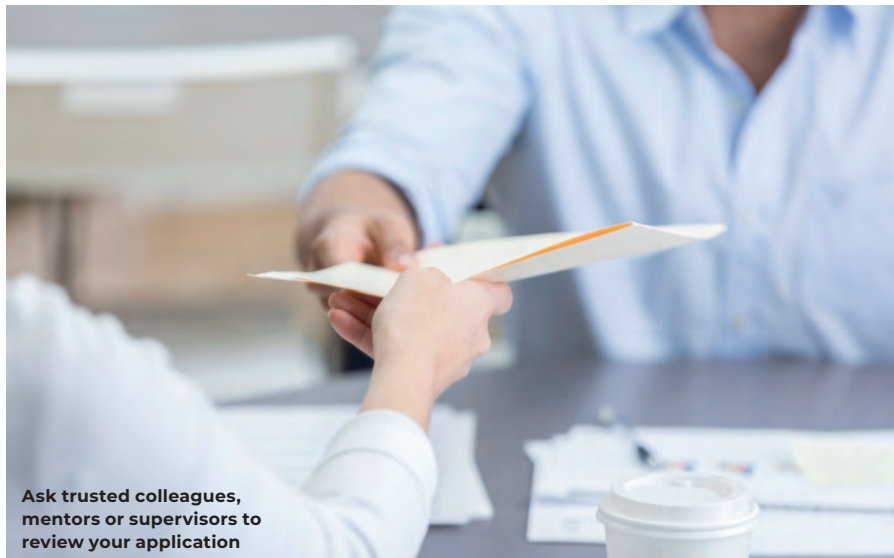
Becoming a specialist in any medical field is a challenging journey requiring dedication, comprehensive training and perseverance. My path to becoming a consultant paediatric nephrologist who trained outside the UK and obtained Specialist Registration through Portfolio Pathway (formerly the Certificate of

Eligibility of Specialist Registration – CESR) in this fascinating field is no exception.

Starting out in Sri Lanka

An interest in critical care medicine drew me to paediatric nephrology and I received my training in Sri Lanka, where I witnessed the unique challenges faced by children with kidney diseases. I found the complexity of diagnosing and treating children with renal disorders fascinating and, having completed a diploma in child health and an MD in paediatrics, I knew I wanted to specialise in this field. Following local training in paediatric nephrology, I worked as a consultant paediatric nephrologist in Sri Lanka before taking an NHS role as a senior clinical fellow in paediatric nephrology at Royal Manchester Children's Hospital.

As an international medical graduate (IMG) with two years of clinical and academic exposure, I placed myself in parallel with the sub-specialty trainees – fulfilling the portfolio and appraisals and meeting the key capabilities required by RCPCH's sub-specialty guidance. I moved to Great Ormond Street Hospital for Children as a senior clinical fellow in paediatric nephrology, where I trained further, before



Ask trusted colleagues, mentors or supervisors to review your application

being appointed as a locum consultant paediatric nephrologist at Evelina London Children's Hospital while preparing my application for Specialist Registration.

Preparing for the application process

Applying for Portfolio Pathway involves demonstrating that your training and experience are equivalent to the standards expected of a consultant in the UK. I referred to the General Medical Council (GMC) regarding my eligibility to ensure I could apply in paediatric nephrology, as applying in a sub-specialty is only possible if you have had sub-specialty training outside the UK – other applicants can apply only in paediatrics.

Preparing my CV as per GMC guidance was an important first step because it helped me identify potential gaps in my supporting evidence. I had to compile an extensive portfolio showcasing my training, qualifications and experience. This included meticulously gathered training



documentation and clinical experience including clinical rotations, academic contributions and continuing professional development records to demonstrate my ongoing education. To this end, I ensured my child protection, advanced paediatric and neonatal life support certifications were up to date at the time of submitting my application. I also needed references from people who trained me and could attest to my skills, knowledge and dedication.

“Be prepared for the rigmarole, but believe me, the reward is worth the effort”

I had the opportunity to take a leadership role – leading the Kidney Quality Improvement (QI) project for the haemodialysis workstream in children – and participated in Integrated Care System (ICS) medical leadership training, courses related to dialysis workshops and GRID study days, all while working a full-time clinical job, which further strengthened my application.

Achieving Portfolio Pathway

After 10 months of anticipation and several written communications with my assigned GMC advisor, I was notified that my application had been successful. The moment was surreal. I was officially recognised as a specialist in paediatric nephrology, a milestone that not only marked my personal achievement but also opened doors for me to contribute to the field in the UK.

Subsequently, I secured a substantive consultant role at Evelina London Children's Hospital after successfully going through a consultant interview process. Thereafter, I completed all the necessary paperwork to become a fellow of the RCPCH. Looking ahead, I aim to foster collaborations between institutions in the UK and my home country to share knowledge and improve paediatric renal care. I will also continue to take leadership roles and extend my contributions to academic studies and trials in the field. 📌

► Find out more at rcpch.ac.uk/resources/portfolio-pathway



Demonstrate leadership through teaching, clinical governance projects or management roles

Ready to obtain Specialist Registration through Portfolio Pathway?

Completing Portfolio Pathway is a proud accomplishment and I hope it will inspire other IMG trainees with similar dreams. My advice? Be prepared for the rigmarole, but believe me, the reward is worth the effort.

1 Carefully review the GMC's guidance and ensure you understand the required learning outcomes and knowledge, skills and experience. Stay updated on any changes to the application process.

2 Format your CV according to GMC guidelines, highlighting clinical, academic and leadership experiences. Identify any gaps early and work on filling them before submission.

3 Collect robust evidence that's aligned with Portfolio Pathway's specialty-specific guidance document, including workplace-based assessments, publications and training certificates.

4 Inform supervisors, consultants and colleagues about your Portfolio Pathway application – they can provide guidance, letters of support and mentorship.

5 Engage in sub-specialty study days, conferences and training courses to stay updated, network with peers and gain insights into the application process.

6 Demonstrate leadership through teaching, clinical governance projects or management roles to strengthen your application and show commitment to your specialty.

7 Sort and label your documents systematically, ensuring they align with GMC guidance. Begin drafting your application well in advance to allow time for refinements.

8 Ask trusted colleagues, mentors or supervisors to review your application. Their feedback can help identify gaps and improve clarity.

9 If the GMC requests additional evidence or clarifications, address them immediately to keep your application on track.

10 Stay in touch with your GMC advisor and supervisors throughout the process to ensure timely updates and a smoother application journey.

My favourite part of the RCPCH Conference 2025...

Just some of the highlights from three event-filled – and eventful – days in March!



“My favourite session was a simulation for the new CYP APEX course, which will equip us with the skills to provide competent, confident and compassionate care to CYP in acute distress.”

Dr Sharna Shanmugavadivel, PEM Registrar and Milestones Editorial Board

“My highlight was the first-ever conference trainee drinks reception. It was great to network and chat to trainees from all over the UK and hear what is important to them.”

Dr Emma Dyer, Paediatric EM Registrar, RCPCH Chair of the Trainee Committee

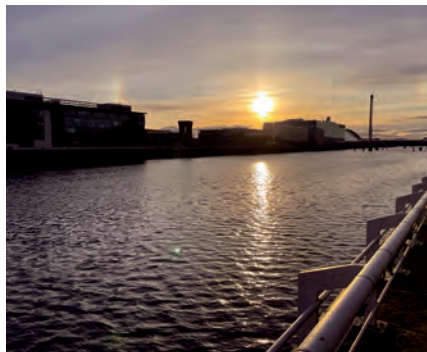


“There were so many high points in Glasgow, but the Everest was the cèilidh. We started like a swarm of bees but ended like a herd of graceful gazelles – at least that’s how I remember it.”

Professor Steve Turner, RCPCH President

“As the sun set over the Clyde on the evening before conference, we prepared to celebrate with our medical student prize winners. I enjoyed bumping into our potential next generation of paediatricians over the following three days and sharing their enthusiasm!”

Daniel Waeland, RCPCH Executive Director of Education & Training



“I loved meeting passionate paediatricians and fellow students who share the same enthusiasm for child health, and taking part in the APLS workshop was a brilliant hands-on highlight of the experience.”

Sonja Collaku, RCPCH 2025 Medical Student Prize winner, University of St Andrews



“My highlight of #RCPCH25 was meeting medical students from across the UK with a shared interest in paediatrics. Here we are at the Glasgow Science Centre for the conference dinner.”

Paige Irvine, RCPCH 2025 Medical Student Prize winner, Queen’s University Belfast



“The best part was meeting all the paediatricians who have built such a strong and loving community. After surviving a cancer diagnosis age 11, I realised I was surrounded by lovely paediatricians and, 16 years later, this hasn’t changed. These lovely paediatricians still make me proud to become one myself.”

Kai Newton, final year medical student, University of Aberdeen

"The RCPCH Conference 5km run is becoming a tradition – a great way to meet up on the morning of the second day. Anyone who turns up is welcome as a runner, we have a fabulous mix of medical students, doctors in training and older (more arthritic) paediatricians!"

Dr David Evans, Consultant Neonatologist, Bristol

"The best part of the conference: running with new and old friends in a new city."

Dr Tony Chukwuemeka Hemeson, Clinical Lead Paediatric Emergency, Lewisham and Greenwich NHS Trust



"My highlight is always meeting the medical student prize winners on the evening before conference. It's a great privilege to hear their enthusiasm and commitment to a career in paediatrics and to listen to their experiences at conference. The future always feels brighter after meeting this great group of future paediatricians!"

Dr Simon Broughton, General Paediatric Consultant, RCPCH Officer for Recruitment



"I love attending to learn from, connect with and be inspired by so many new colleagues up and down the country – including our medical students – aka the paediatricians of the future! But the most fun part is always catching up with old colleagues at the dinner-dance."

Dr Ronny Cheung, Consultant Paediatrician, RCPCH Officer for Health Services



"My favourite part is always the RCPCH &Us plenary and stand. This year, their 10 wishes to mark their 10th birthday did not disappoint!"

Dr Hannah Baynes, General Paediatric Consultant and Milestones Editorial Board



"For me, this sums up conference at its best – our College community and values at work."

Robert Okunnu, RCPCH CEO



"It has to be the keynote speech from Dr Chris van Tulleken about ultra-processed foods. What an eye-opening talk and great insights to take back to training when talking to patients about diet and food."

Dr Blanche Lumb, ST7, Paediatric subspecialty trainee, Royal Manchester Children's Hospital/North West Deanery



"Team WHAM/Powering Up donning our shades (for strictly covert reasons, obviously) for Operation PINK THE PREZ – because systemic change looks better in HOT pink."

Dr Guddi Singh, Consultant in Neurodevelopmental & Social Paediatrics, Director of Wellbeing & Health Action Movement (WHAM)

Thank you for joining us, whether at the SEC in Glasgow or from home. Don't forget, as a delegate, you can access on-demand content through the RCPCH Conference app until 30 September.

Save the date for next year's RCPCH Conference, taking place from 11 to 13 May 2026 in Birmingham, England and online. We'll have another fantastic programme of specialty sessions, workshops and keynote speakers. Registration and abstract submission will open in autumn 2025. 

► Visit rcpch.ac.uk/conference-2026 for updates.



PAFTA 2025

Recognising paediatric training achievements, Dr Emma Dyer celebrates this year's national PAFTA winners



Dr Emma Dyer

- Paediatric EM Registrar
- RCPCH Chair of the Trainee Committee
- Royal London Hospital
- ✉ @EmmaMDyer

A PART OF one of the scoring panels, it's been truly inspiring to see the passion and dedication to the health and wellbeing of CYP and the unwavering support for peers and colleagues reflected in the regional winner submissions. While we know that working in the NHS can be tough, these submissions are a powerful reminder of the outstanding

work paediatricians do every day. As always, the quality of submissions was exceptional, making the scoring process a hard job. A huge congratulations to our national winners and everyone submitted for the regional and national processes. We have a paediatric community to be very proud of!

The PAFTA process

The Paediatric Awards for Training Achievements (PAFTA) celebrate outstanding contributions to paediatric training across the UK. The regional PAFTA process is run by deaneries and schools,

allowing peers to nominate those who have made a significant impact. Regional winners then progress to the national stage, where two panels assess submissions to select the overall winners: the national panel, made up of the College members; and the RCPCH &Us panel, made up of a group of young people.

Following an award ceremony in Glasgow at the College's annual conference, our three national winners share their reactions and reflect on what it means to be part of the PAFTA process. If you haven't yet, consider getting involved with your local PAFTA – you could be part of next year's celebrations!

"Scoring the regional winners was no easy task, I was genuinely bowled over by the evidence of trainees and supervisors going above and beyond in their care of CYP and their commitment to excellence in paediatrics, support and supervision," said Dr Cathryn Chadwick, RCPCH Vice President for Training and Assessment, and Chair of the National PAFTA Panel.

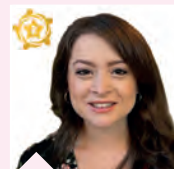
While one RCPCH &Us panel member said, "I loved taking part in the PAFTA. Going on stage at conference and meeting the winners was so cool. Putting a face to a name made it a full circle, and it was great to be involved at every stage of the process." ❄️



Dr Jo Walsh

- Educational Supervisor
- Consultant Paediatrician in Rheumatology
- Scotland

"I am quite overwhelmed to receive a national PAFTA. My thanks to those who nominated me; the Scotland Deanery and RCPCH for supporting me to develop skills in educational supervision. What could be more rewarding than contributing to the training and development of our next-generation colleagues, particularly in the brilliant specialty of paediatric rheumatology? I feel that the multifaceted role of an ES is a privilege and always endeavour to do my best, taking the right decisions with individuals, while providing support, guidance, mentorship and gingerbread! That I have been acknowledged for doing something I enjoy is amazing and humbling, thank you."



Dr Kelly Boxall

- Junior Trainee
- Paediatric ST2 Doctor
- South West: Peninsula

"I feel incredibly honoured to have been awarded the national PAFTA for junior trainee of the year. This achievement would not have been

possible without the support and encouragement of my wonderful colleagues at the Royal Devon and Exeter Hospital. I would like to thank every single one of them for helping me grow and develop over the last few years, and for making every day an absolute joy. It is a privilege to work alongside such inspiring colleagues, and for that I will be forever grateful."



Dr Magdalene Hover

- Senior Trainee
- Paediatric ST7 Doctor
- Yorkshire and Humber

"I was very touched and honoured to receive the news about this PAFTA. I think it speaks volumes about my colleagues and the culture I work in; it means

so much to know I work with people who take the time to value and celebrate each other, and recognise what we all invest in caring for our young patients, their families and the team. I hope I can make them all feel just as positive as they've made me feel. In best paediatrician style, I'm now considering whether it would look better in my ePortfolio or on my fridge!"

► Find out more at rcpch.ac.uk/pafta

Medication safety

Prescribing errors remain one of the highest causes of avoidable harm in paediatric care, but a recent technological innovation could offer a solution



Dr Sharon Jheeta

● Consultant
Paediatrician
● St Mary's
Hospital



Dr Richard Daniels

● Paediatric
Registrar
● St Mary's
Hospital
X @DrRDaniels

Digital prescribing was supposed to be a revolution. It was supposed to make prescribing safer. Did it? Many of us learned how to prescribe on paper drug charts and were aware of the risks and common errors. When we threw away the drug charts and started prescribing via electronic patient records (EPR), some of those errors disappeared. However, new issues arose in their place.

Drug errors remain one of the highest causes of avoidable harm in paediatric care. Prescribing in paediatrics is complex and often done by the

most inexperienced members of the team. We can all imagine the scene. A busy ward round, new guidelines being opened for each patient and doctors juggling the EPR with the British National Formulary for Children (BNFC) app on their phone.

Yet in an age of gene editing and space exploration, there must be a better way. At St Mary's Hospital, part of the West London Children's Healthcare (WLCH) network, we've been piloting a new prescribing tool that's integrated into our EPR, Cerner. Built by Dosium, Touchdose takes patient-specific information such as weight and age and merges it with the appropriate indication in the BNFC or a local guideline. The clinician is then offered a bespoke prescription in a user-friendly format. It's the only product to not just link to the BNFC or guidelines, but to calculate the correct dose for that patient and that indication.

Drug errors are one of the highest causes of avoidable harm in paediatric care



Feedback from our doctors suggests that they have found it easy to use and have incorporated it into their natural prescribing flow, making prescribing quicker and more efficient. The colleagues who have found it most useful are those with the least experience in prescribing for children, who shoulder much of the prescribing burden, although clinicians of all levels have derived benefit from the pilot.

Reporting the results

Has it worked? Well, interim data from our pilot has suggested a significant improvement in medication safety. When Touchdose was used to inform prescriptions, there was an 83%

“Feedback suggests doctors have found it easy to use and have incorporated it into their natural prescribing flow”

reduction in prescribing errors. This early data, albeit from a small pilot, presents a very meaningful (and statistically significant) effect size. Feedback from our pharmacy team also suggests a noteworthy reduction in their workload. The solution was first used in the paediatric emergency department and general paediatric wards at St Mary's Hospital, part of Imperial College Healthcare, but has since gone live at the other hospitals in the WLCH network. We hope to publish our data once this has been fully analysed, alongside a review of productivity and workforce efficiency.

We're convinced that a solution like this will be a key part of driving improvements in paediatric medication safety and the prescribing experience in the era of electronic prescribing. We look forward to innovating with the Touchdose team by adding new features and improving our numbers even further. 🙌

► To hear more about our journey, get in touch by emailing sharon.jheeta1@nhs.net



Ankita Goswami

- *Intercalating Medical Student*
- *University of East Anglia (UEA) / University College London (UCL)*



Dr Gemma Batten

- *Plastics and Congenital Hand Fellow*
- *Communications Committees for JHSEur, BSSH and FESSH*
- *Great Ormond Street Hospital*

Golden dreams

The nine-year-old gymnast redefining possibilities with limb differences

Nine-year-old Millie Sinnott is making history. Born with monodactylous symbrachydactyly, a rare congenital condition that means she has a single-digit hand – a thumb on her left hand – Millie has never allowed her limb difference to limit her ambitions. Instead, she has channelled her determination into gymnastics, mastering cartwheels and balance beams, and now, a groundbreaking campaign for gymnastics inclusivity in the Paralympics.

Striving for inclusivity and understanding

Her enthusiasm is infectious: “I love gymnastics because it combines flexibility, strength and speed. I love the challenge and, most importantly,

“People with disabilities should be able to aim as high as people without”

it’s fun!” she says. Last year, Millie achieved a significant milestone: helping to secure gymnastics as an approved discipline for the Paralympics. It’s a victory that underscores her belief in equal opportunities. “People with disabilities should be able to aim as high as people without.”

Millie’s story is a powerful reminder for clinicians – and anyone caring for CYP – to normalise a child’s experience and focus on their abilities, not their limitations. The importance of



listening, engaging directly and building trust cannot be overstated. By putting the child at the centre of the conversation and recognising their strengths, we have an opportunity to unlock confidence and independence.

Her campaign for inclusion goes beyond sport. Millie is working to raise awareness of limb differences and to address the gaps in medical education that can sometimes leave children like her without adequate understanding or support. “Instead of just looking at my thumb, people should ask more questions,” she says. Her message is clear: children want to be recognised for their whole selves, not defined by a diagnosis. Her mother, Kathryn Sinnott, echoes the importance of collaborative, personalised care. “Every child is unique, and sometimes rare conditions like Millie’s may fall outside routine experience. A helpful part of our care is when doctors listen to Millie and us as a family.”

The benefits of multidisciplinary care

Millie has benefited from the holistic support provided by Dr Gillian Smith and the team at Great Ormond Street Hospital, where she was offered a toe-to-hand transfer surgery. However, the decision not to undergo surgery

“Instead of just looking at my thumb, people should ask more questions”

was made early, long before gymnastics entered the picture. Millie didn’t want to change her thumb, preferring to embrace it. “My care has been amazing. The doctors are interested in me, not just my thumb. They always find a way to help,” she says. Her message to health professionals is simple but powerful: “Speak to me, not just my mum – I know my thumb best!”

Helping children develop adaptive skills, like those honed by Millie through gymnastics, builds autonomy and resilience. At the same time, connecting families with support groups and others with similar experiences fosters community, reduces isolation and provides role models who reinforce what’s possible.

It’s a testament to the power of strengths-based, patient-centred care. With the right support, children like Millie can redefine what’s possible, with or without surgery. For clinicians, the lesson is clear: listen, learn, refer when needed and support the whole child – not just the condition. 🌟



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The latest member news and views

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milestones@rcpch.ac.uk

Child bereavement training



Dr Yasmin Moore

● Paediatric Registrar
● London School of Paediatrics Trainee Committee Member

Supporting families

around the death of a child is one of the most challenging aspects of paediatrics. Training is crucial to help teams care for families at this devastating time, but less than a third of paediatric trainees across the UK receive any formal bereavement training.

Since 2010, the London School of Paediatrics, in partnership with the charity Child Bereavement UK, has run dedicated bereavement training for all London paediatric registrars. More than 800 trainees have benefited from over 50 training dates.

What the course involves

At the heart of each day is a bereaved parent giving honest, practical insight into what families need – what helps and what doesn't – as well as reflecting on difficult conversations around sudden death, or when death became a likely outcome.

Two consultants from varied clinical backgrounds facilitate each day. Topics include communication approaches, practical actions in sudden and unexpected deaths, post-mortem and organ

donation procedures, and an overview of the child death review process. Each day closes with a focus on looking after ourselves and each other.

Trainees consistently report a boost in their confidence after completing the course, with many highlighting the unique value of hearing directly from bereaved parents: "I was grateful to be able to hear her story... and how communication from the medical teams had impacted her lived experience."

Participants also cited the opportunity to share concerns in a safe, supportive space – "I felt no judgement for asking questions or sharing difficult experiences" – and highlighted the contribution of the expert facilitators, who made time for "unrushed discussions and sharing of worries".

Our parent faculty

One of the bereaved parents who has helped deliver this course is Tracy Faulkner, who first became involved in 2012, six years after losing her eldest son, Tom. "Despite being nervous, I found it surprisingly comforting in an unexpected way to be able to talk about Tom's life and death with a group of people who I later learned took so much away from the session."

"I felt no judgement for asking questions or sharing difficult experiences"



We hope reflections such as these from our parent faculty inspire other deaneries across the UK to offer training, if not doing so already. "Over the following years, I have felt very privileged to have been allowed to talk further about my experience of losing a child and all the emotions and difficulties I have faced," says Tracy. "Sharing has been a way of giving back with the hope that it will be of use to other families when implemented by the medical team."

► **After more than 15 years' experience in London, we believe bereavement training should be available to all paediatric trainees across the UK. If you'd like us to visit your deanery to help you set up similar training, email training@childbereavementuk.org**





Pistachio and white chocolate burnt Basque cheesecake



Dr Ashish Patel

● Consultant
Paediatric
Nephrologist
● Leeds Children's
Hospital
X @DrKidneyAsh

Summer is on

the horizon (I hope!) and the season for picnics, barbecues and garden parties will soon be in full swing. I'm usually tasked with bringing dessert, which can be daunting: attempting to transport a pavlova is an almost impossible mission,

however a baked cheesecake is more robust.

Currently, there seems to be a craze for combining chocolate and pistachio. To get the true pistachio flavour, invest in decent-quality paste; the higher the percentage of pistachio, the stronger your flavour will be.

Ingredients

- 250ml double cream (room temperature)
 - 200g white chocolate, chopped
 - 150g pistachio paste
 - 880g cream cheese
 - 225g golden caster sugar
 - 4 large eggs
 - 35g plain flour
 - 1 tsp salt
- Toppings** (optional): pistachio paste, icing sugar, berries, crushed pistachios

Instructions

1. Preheat the oven to 220°C. Line the bottom and sides of a 9-inch springform tin with greaseproof paper.
2. For the ganache, heat the cream until it simmers and then pour over the white chocolate and pistachio paste. Stir until it's a smooth liquid and leave aside to cool.
3. Add the cream cheese to a large bowl and beat until soft. Add the sugar and combine until well mixed together.
4. Add the eggs one at a time, beating well in between each addition. Add in the cooled ganache and mix slowly until well combined.

5. Sift in the flour and salt, and beat for a few minutes until the mixture is well combined and smooth.
6. Pour the mixture into your lined tin. Give the tin a few taps to remove any air bubbles.
7. Bake in the oven for 27-30 minutes. The mixture should still wobble, but the top should be 'burnt' and not runny.
8. Allow to cool completely and place in the fridge overnight.
9. To serve, remove the cheesecake from the fridge, slice clean with a hot, sharp knife and serve each slice with optional toppings.



History taking: Stay breezy, not wheezy



Dr Richard Daniels

● Paediatric
Registrar
● St Mary's
Hospital
X @DrRDaniels

Here's a glimpse,

dear reader, at how the *Milestones* sausage is made. Reading this article bathed in the warmth of summer belies its origins in the dark months of winter.

While treating my umpteenth wheezy child of the

day, someone shared the story of Susie Maison. In 1955, 13-year-old Susie asked her father why a better solution

for asthma – 'in a can, like hairspray' – was unavailable.

As the good folks at RCPCH &Us will tell us, we should listen to young people about their health conditions. Happily, Susie's dad, George, was ahead of his time. Conveniently, he worked for a company that made hairspray, among other things, and George tasked his chemist colleague, Irving Porush, with solving the problem.

Inhalation as a route for drug delivery is millennia

old. There are ancient Ayurvedic and Egyptian texts that mention it. From the 19th century onwards, the most common mechanism was a rubber bulb used to pump a solution out of a glass vessel. Think of an ornate perfume bottle. It was pretty inefficient. The solutions contained, at best, naturally occurring atropine or ephedrine.

Porush synergised his recently patented metering valve with the

propellant knowledge from the hairspray team and, suddenly, a device that could reliably deliver a consistent dose of drug was created. The metered-dose inhaler (MDI) was approved by the FDA the following year. It would take another 10 years before inhaled beta-agonists and steroids were freely available as treatments, but the path was set. Quick relief, easy to deliver. Unfortunately, Susie was lost to historical follow-up.

Meet the creatures who are changing children's eating habits

David Bell on how telling stories about the gut microbiome can support nutrition

Parents bemoan the struggle to get their kids to eat healthily. Mentions of ultra-processed food, takeaways, losing battles and feelings of guilt pepper conversations across the UK. But in Sunderland, it's an entirely different story. Parents discuss the new curriculum being tested in their school. "Yesterday my son asked for an apple when he got home!" says one dad.

"Those Belly Bugs are to blame," replied another parent. "That's what they're teaching them now. My kids are eating all the fruit and veg in the house!"

In 2023, after eight weeks of Belly Bugs lessons, major behaviour change was observed in all seven primary schools in the Sunderland pilot and this free cross-curricular initiative covering EYFS, KS1 & KS2 is now being taught nationwide.

What is Belly Bugs?

Belly Bugs is simply the science of the gut microbiome translated into a captivating story for children. Kids are wide-eyed when they discover the gang of little helpers working inside them and instantly want to feed them like a pet. They are fascinated by what their Belly Bugs do with the fruit and vegetables they feed them, from flying a Bellycopter to bowling over Junk Punks with a Cabbage Catapult. Children become engrossed in cultivating Rumbledom, their inner world they never knew existed.

Mother Nature has given us a rich story to tell about the gut microbiome. Chewus Poohus aka Chewy Bug chews carrots (fibre) and poos fertiliser (metabolites) to help the Magic Meadow (gut garden)

grow. Feed Happy Bug fruit like bananas (that contain tryptophan) and she will spread Happy Juice (serotonin) around in Rumbledom. When the Belly Bugs need lots of energy, they can send a message in a Blueberry Bubble (neurotransmitter) up the Blube Tube (vagus nerve) to ask the brain for porridge. Whatever the positive scientific message, Belly Bugs can deliver a fun children's version.

Introducing our free resources

We've set up a Belly Bugs website at the request of NHS paediatricians and dietitians. Here we provide fun, downloadable content for use in clinics where the Belly Bugs explain to children, parents and carers the role they play in our happiness and wellbeing. We cover meal diversity, poo problems, pregnancy and breastfeeding, food and mood, junk food and a balanced diet, with many more subjects in the pipeline. We also have simple games and poems on the website to help children engage even further with their new-found 'chums in their tums'. We welcome any suggestions for new digital content and, if we can make it, we'll provide it free to the NHS.

We've mapped out a complete programme called Follow the Belly Bug Road, which spans pregnancy to the end of primary school and uses storytelling to introduce the captivating science of everyone's inner world – from the crucial role played by fibre and polyphenols to the dangers of eating too much ultra-processed food. If every child in the UK were to set off on this journey, by the time they left primary school they would be the healthiest, most nutritionally aware cohort of children anywhere on the planet. It takes collective will to make this happen. The journey has started.

► **Get in touch via email**
david@bellybugs.co.uk or
Instagram [@bellybugsofficial](https://www.instagram.com/bellybugsofficial) or
visit bellybugs.co.uk/health for
information and free resources.



CYP review

"Five stars! We loved searching for the sugar monsters. From Choo to Goo to Poo – a great way to learn all about making a perfect poo. My favourite foods will feed the rainbow. How will you feed your Belly Bugs?"

Lucy
● Age 6





Starter for ten

We put 10 questions to a consultant paediatrician and their paediatric trainee

Dr Thomas Whitby

Consultant Paediatrician
Alder Hey Children's Hospital, Liverpool

1. Describe your job in three words

Sociable, thought-provoking and rewarding (honestly!).

2. After a hard day at work, what's your guilty pleasure?

Totally variable – from watching re-runs of *Only Fools and Horses* or *Bottom* to going for a run with the dog or scoffing cheese, salt and vinegar crisps, and red wine.

3. What's the best part of your working day?

Developing close working relationships and learning from a varied team of multidisciplinary colleagues, often over a coffee.

4. The best advice you received as a trainee?

My ST3 training programme director, Dr Bunn, said the "skill of coping in medicine is not about memorising information, but understanding where best to acquire information from".

5. Who's the best fictional character of all time – why?

Sherlock Holmes. I aspire to have his extraordinary intellect, attention to detail and brilliant deductive reasoning.

6. Name 3 medications you would want if marooned on a desert island filled with paediatric patients

For the kids, paracetamol and co-amoxiclav. Technically, ethanol is a medicine, and will be gratefully received by any over-stressed adults (sensible drinking only).

7. Choose a superpower – what would it be and why?

I would borrow Bernard's watch from the late-90s children's series. When it stops, everything stops. This would help me get through my endless list of jobs.

8. Any advice you'd give yourself as a student?

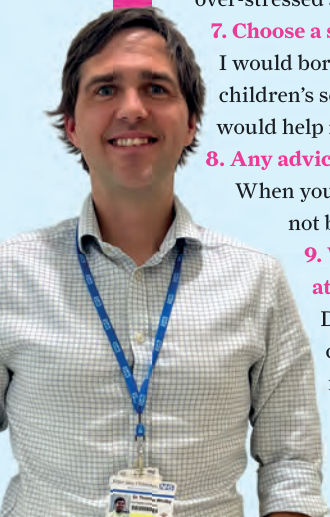
When your peers say they've done no exam prep, do not believe them. Hard work does pay off.

9. What do you do to ensure you can Thrive at work?

Develop a close working relationship with colleagues so that you feel comfortable asking for help and can learn from them.

10. How can you and your colleagues inspire the next generation of paediatricians?

Remember how you felt as a lonely student. Make an effort so they feel they belong.



Dr Emma Sharpe

Paediatric Registrar, ST8
Alder Hey Children's Hospital, Liverpool

1. Describe your job in three words

Fun, interesting, rewarding.

2. After a hard day at work, what's your guilty pleasure?

Going for a run around the local park or catching the latest film at the cinema.

3. What's the best part of your working day?

Working with a varied team of colleagues and seeing the positive progress of children and young people throughout their admissions.

4. The best advice you received as a trainee?

There is never a silly question. Never be afraid to ask because questions open up endless learning opportunities.

5. Who's the best fictional character of all time – why?

Elle Woods from *Legally Blonde*. She has attributes that I think are essential for any good paediatrician. She's determined, not afraid to work hard, full of energy and shows compassion to others.

6. Name 3 medications you would want if marooned on a desert island filled with paediatric patients

Paracetamol, salbutamol, co-amoxiclav.

7. Choose a superpower – what would it be and why?

Teleportation. It would make the post-night shift journey home better and present unlimited possibilities for annual leave.

8. Any advice you'd give yourself as a medical student?

Look after yourself. Long hours spent revising can lead to burnout.

9. What do you do to ensure you can Thrive at work?

Proper breaks are essential for good morale and safe working.

10. How can you and your colleagues inspire the next generation of paediatricians?

Being positive role models and highlighting how enjoyable and fascinating the job can be.





A day in the life

“Being involved in the holistic care of vulnerable children gets me up in the morning”

Dr Laura Morris

*Community Child Health SAS Doctor
Betsi Cadwaladr University Health Board*

I became a specialty doctor in community child health in North Wales in 2021. I had been a paediatric trainee since 2013, but with two children and a third on the way, my progress through training was slower than that of my friends. Some ask if I wish I'd stayed in training or whether I mind that I'm not a consultant, but I've never regretted my decision. I have my case load, I've developed skills in ADHD prescribing and epilepsy, and have taken on lead roles in safeguarding and adoption. I continue to support trainees and junior colleagues, and I'm encouraged to keep growing my skills in new areas. As the RCPCH Wales SAS representative, I've been invited to join the National Specialty Advisory Group (NSAG), and I'm regularly amazed by how they value my voice. Being in a permanent job has been good for my family and me – I have more career satisfaction now than ever.

My typical work day starts at 08:30, when I arrive wherever the morning clinic is taking place and read through notes. Since I was a medical student, I knew I wanted to be a community paediatrician. Spending every day being involved in the holistic care of vulnerable children and children with additional needs gets me up in the morning. I typically see four or five patients at each clinic, and we might discuss their communication needs, how hard school is, a typical night's sleep or the family's relationship dynamics.



When I finish work

A typical day finishes at 17:00, when I go home to my three children. In the evenings, I don't have any titles or roles – I'm just 'mum' who is practising spellings and my hairdressing skills. When there is any time left in the week, I love to go to the beach with my family (rain or shine) or for a nice meal.

Many of my patients don't cope well with appointments, and it helps to have a plentiful supply of toys and stickers, be flexible about how I get the relevant information, and keep the child and their family at the centre of everything we do. Typically, my afternoon is spent completing clinic admin, responding to

emails and calls, and attending meetings. This might mean completing a several-page referral to a neurodevelopmental service or speaking to a parent whose child is refusing to go to school, contacting a class teacher or training police employees about child sexual abuse.

The best bit of my job is connecting with what will make a difference to a family. Something as simple as identifying a need and communicating it to the right people has brought a family to tears or earned me a hug. Other times, I've been the person who initiates ADHD medication, which makes a huge difference, and I realise I get to be there for the best bit in a sometimes years-long journey for these children.

The hardest part of my job is spending the day having to apologise that the service (or more often, services) children want to access have long waiting lists. It's hard when our patients and their families are so profoundly affected, not just by pressures on the NHS, but also by pressures on social care and education. Hearing about problems that are not in my power to fix is tough, but it's also why I believe that the things I can do to help matter. ✖

► Visit rcpch.ac.uk/resources/sas-doctors-careers for tailored guidance, inspiring stories and practical tools to help you thrive in your SAS doctor career.

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