RCPCH

Focus

Election yields surprise result – but what about child health?

When the general election was unexpectedly called in April, pollsters and pundits alike predicted a Conservative majority with very little change to the political landscape. The major election issue appeared to be Brexit, with negotiations on a deal with the EU scheduled to begin less than a fortnight after election day.

The exit poll on election night, however, painted a different picture. A hung parliament was forecast, with the Conservatives remaining the largest party but a Labour swing set to be significant enough to slash the incumbent party's majority.

This poll was accurate. After the Conservatives lost 13 seats, the Democratic Unionist Party of Northern Ireland stepped in to be king-makers. With ten seats after its best ever Westminster performance, the DUP began discussions to strike a deal with Theresa May, allowing her to form a government.

But what does this result mean for child health? At time of going to print, this is hard to say. With a minority government in power and Brexit talks in the pipeline, it looks unlikely that health issues will take immediate priority for any party. However, we do have some indication of what we might expect thanks to the party manifestos published before the election.

Consistent with their previous mandate, the Conservatives have pledged to continue tackling childhood obesity with a particular focus on promoting efforts to reduce unhealthy ingredients, providing clearer food labelling and encouraging school sports. A consultation on children and young people's mental health is already scheduled for later this year.

Elsewhere in Parliament, childhood obesity and mental health issues are also on the agenda for the Labour and Liberal Democrat parties. Both have pledged to oppose cuts to public health services and protect the rights of EU workers in the NHS.

Regardless of what's around the corner for the UK political system, we will continue to work with all parties in Westminster and the devolved nations to promote paediatrics and child health and ensure that our children's and young people's voices are heard across the corridors of power.

MARGARET DONNELLAN
Public Affairs Lead

SUMMER 2017

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New RCPCH tabletop book now available to purchase on our online shop.

shop.rcpch.ac.uk

From conferences to elections, the RCPCH has been busy

Paediatricians have always held that children and young people should be heard, not just seen, so the huge youth turnout to vote in the general election was wonderful. As I noted in one of my tweets, infants, children and young people may be 20% of the population, but they're 100% of the future. For youth to contribute with clarity of vision and altruistic purpose to shaping their destiny and building a more just, fair society, can only stand the future in good stead.

It's the same with junior doctors. Don't accept the status quo you've grown up with. Help shape a better, stronger NHS, true to its founding principles of equity, but modernising and evolving, remaining efficient while improving in effectiveness.

Although the snap General Election came as a surprise, the RCPCH was prepared. Earlier this year, we launched our *State of Child Health* report, which set out how child health is faring across the UK on the basis of 25 indicators. We made a series of recommendations to each of the UK governments, which we believe would make a real difference to the health and wellbeing of infants, children and young people.

Our Vision 2017 document was compiled specifically for manifesto writing teams and election candidates and summarises what we want to see happen to improve child health. You can read more on the RCPCH website. The response has been hugely positive, with parties across the political spectrum making commitments to child health (albeit to varying degrees) in their manifestos. It's also been fantastic to see so many RCPCH members getting involved and taking Vision 2017 to their local candidates.

Post-election, our task is to engage with new Members of Parliament, and other politicians and decision makers to ensure child health remains high on the agenda. We must hold ministers to their commitments, and push for our recommendations to be implemented. Our vision is a cross-party commitment to a publicly funded, provided, and managed National Health Service, free at the point-of-use. If you are interested in becoming involved in our lobbying work at a local or national, do contact public.affairs@rcpch.ac.uk to find out more. If RCPCH is to influence and advocate successfully you can help us make all the difference.

We're acutely aware that without sound structures in place, adequate resourcing, and a supported, motivated workforce, no amount of policy change will improve health services for children. That's why we're publishing a series of *State of Child Health* short reports with the first two, on the paediatric workforce and Sustainability and Transformation Partnerships, released last month. We set out clearly what needs to be done to address major workforce shortages and ensure that the needs of infants, children and young people are embedded in all local healthcare plans. But we continue to need your input; do tell us what is happening in your area so we have strong evidence to help make the case to decision makers.

As well as our efforts to influence policy makers, we are moving into more public facing activities.

Professor Neena Modi, RCPCH President, speaking at Conference 2017 in Birmingham (left) and handing out a certificate to a Visiting Fellow at the award ceremony (right).

Our vision:
A cross-party commitment to a publicly funded, provided, and managed National Health Service, free at the point-of-use

In collaboration with a range of organisations including charities, campaign groups, universities and government departments across the four UK nations, we are developing a 'healthy child campaign' to deliver simple clear messages to children, young people, their families, and the wider public.

Many of you will have attended RCPCH Conference 2017 in Birmingham in May. I hope you enjoyed the variety of sessions and of course catching up with friends, and agree that the breadth and quality of presentations gets better each year. A huge amount of work goes into preparing for the conference, by the events team here at the RCPCH, other members of staff who plan and deliver sessions, and of course the hundreds of RCPCH members involved in running workshops, giving talks, displaying posters and participating in what is a lively and invigorating few days.

The conference this year provided a platform for the launch of a number of RCPCH initiatives, including a new set of guidelines on "Stroke in Children" developed in collaboration with the Stroke Association. Those of you at the conference will have noticed the ever strong presence of children and young people, which we are very proud to be expanding. This month we have a 'takeover' day involving local young people from Edinburgh running the RCPCH Scottish Committee, and there are a range of activities planned throughout the year.

Brexit, the election and the ensuing political chaos have left the country in turmoil. But if there's a lesson to learn from the current travails it's that second guessing events is a hiding to nowhere, and speaking honestly for a better future is a better course than subterfuge, spin or submission.

Read more about Vision 2017:
www.rcpch.ac.uk/election2017

Read more about State of Child Health:
www.rcpch.ac.uk/state-of-child-health

Follow on Twitter:
@RCPCHpresident

Neena Modi.

PROFESSOR NEENA MODI
president@rcpch.ac.uk

Open to all healthcare professionals, Compass gives you access to quality assured e-learning resources and online courses to support your professional development and clinical practice.

Check out our new website: www.learningpool.rcpch.ac.uk

Notes

Members are invited to submit ideas for content (for planning purposes). Please send proposals only to focus@rcpch.ac.uk

Editors:
Jo Ball
Michael Giardino

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Reflections on #RCPCH17

It was good to be back in Birmingham for Conference 2017. While the Manchester terrorist atrocity could have cast a dark shadow over the event, it made us refocus on the importance of this year's theme: Healthy child, Healthy future. it seemed entirely appropriate to have two opportunities in a busy meeting to pause and reflect on the tragedy and the amazing work of healthcare staff in caring for the mostly young victims.

Our Children and Young People Engagement Team, &Us reminded us all that children, young people and their families are central to everything that we do and it was them that helped us celebrate the 21st Birthday of the RCPCH. They were present throughout the three days of the meeting and found their natural meeting point in the 'RCPCH Village' at the heart of the exhibition hall.

Each day's plenary sessions brought new challenges for individuals and teams – from the Shape of Child Health to healthcare inequalities throughout Europe; from the plight of refugee children to the critical role of science and research (through the work of NIHR) and the development of vaccines to maintain health throughout life.

The George Frederic Still lecture by Mark Hanson alerted us all that continued good health for children can no longer be taken for granted with the looming threat of non-communicable disease (especially obesity).

Once again, the contributions by doctors in training was shown through the plenary paper presentations, the wide range of high quality poster presentations and the excellent Trainees Session (attended by 200+ trainees). It was entirely appropriate to celebrate the first national PAFTA's (Paediatric Award for Training Achievement) and it was a fitting, but poignant moment to award the first Simon Newell Award for the Best Senior Trainee to Timothy Wardlow.

As ever, the challenge at #RCPCH17 was a surfeit of richness with parallel sessions offering a range of opportunities to meet every taste. There was a wealth of excellent science, quality improvement presentations and specialty subgroup sessions interspersed with interprofessional learning opportunities and personal practice 'hots and tips' designed to offer the best in continuing professional development.

The 'buzz' of information exchange, meeting and greeting old (and new) friends and celebrating 21 years of the RCPCH and 26 years of paediatrics in "From an Association to a College" in the Senior's Lecture there was truly something for everyone.

However, the really 'healthy future' for children was once again reflected in the 'Aspiring Paediatricians' and the representatives from UK medical schools and Foundation doctors that joined us and showed us what youth, enthusiasm and energy can add to the care of children.

We can only hope that they will be persuaded that a career in paediatrics is 'for them' and will be keen to join us again at #RCPCH18 in Glasgow.

DR ANDREW LONG
Vice President for Education

Young people at #RCPCH17

This year we had several different platforms to convey our &Us® aims. Three &Us® reps opened the conference sharing their own stories which was an amazing start, immediately sparked an interest in the work we have been doing.

Our stand gave us the opportunity to talk to people about our two programmes: the &Us® network for children, young people and families and the Engagement Collaborative for healthcare workers.

We asked organisations to submit posters highlighting their work, selecting the top ten for our Engagement Wall, showing people different ways to empower children and young people to take control of their own healthcare. We also invited Engagement Collaborative organisations with children, young people and parent/carers to share the work they do by presenting in workshops and symposiums.

We put on a fun twist with a photo booth, taking and printing delegate photos with our twitter frame. We took it to the RCPCH Ball which was very exciting as we raised our profile with the people who are in the position to affect the most change.

I always find conference an extremely fulfilling experience. Every year I'm exposed to something new, be that people, organisations or ideas. I was privileged this year to attend all three days. it really is an event that shows us how much progress we have made in the last year, and how far we still have to go to ensure the voices of all children and young people are represented.

MOHINI SAMANI, 18
&Us® representative

Dr. Caroline Fertleman and Professor Bernie Carter helped knit a display for the RCPCH village during their free time at Conference 2017.

Improving child health through research and policy

Our Research and Policy division is made up of teams in research and evaluation, surveillance, health policy, clinical standards, workforce and invited reviews who together work cyclically to respond to the changing demands and needs of the paediatric population. We know that we have a good reputation for evidence-based work, which means we are respected and influential towards improving the health of children throughout the UK as well as supporting members to deliver high-quality, excellent care.

The division's innovative approach to identifying issues on the ground is undertaken by horizon scanning activities and through the clinical expertise that make up membership of committees that help to lead our work. Research, surveillance and analysis is undertaken that provides evidence needed to improve services and the uptake of research within the NHS. The policy team uses this research to develop standards and messages to influence system leaders and government and works closely with the workforce team who collects data on the paediatric workforce. The clinical standards team works to develop guidelines to set standards for paediatric practice, ensuring the highest quality care is delivered to infants, children and young people throughout the UK. All of these outputs are gathered and used to inform the Invited Reviews Service that works to support improvements for clinical teams and paediatric services.

Research and Policy Highlights

The most recent notable achievement to have come out of our research and policy division was the launch of the State of Child Health Report early in 2017 that expertly brought together data for 25 measures of health for UK children, ranging from specific conditions such as asthma and diabetes to public health topics such as obesity and breastfeeding. The report was accompanied by workforce recommendations used to call for immediate action on a number of issues to address current paediatric workforce pressures. This commentary was underpinned using data from the 2015 RCPCH Medical Workforce Census, which has provided members and other stakeholders with a unique view of the growth and trends in the UK paediatric workforce.

The RCPCH ICYP Health Research Charter was developed to outline the guiding principles for working with and involving children and young people in research. The research team has supported the evaluation and provision of information to children and their families by evaluating the InfoKid project and continuing to deliver the Medicines for Children programme. Newly updated stroke guidelines have been developed by the clinical standards team, and tenders have been successfully won for the National Paediatric Diabetes Audit, the National Neonatal Audit and once again for the Epilepsy12 programme.

We know through the undertaking of invited service reviews that members are increasingly being asked to prioritise their time and resource as they continue to deliver care through austerity and uncertainty. This makes it particularly important for the College to support its members by providing robust evidence that helps us to advocate for a well-staffed workforce that has the means and opportunities necessary to conduct research that will result in improvements to NHS services.

Contact us:
research@rcpch.ac.uk

Explore research funding opportunities:
www.rcpch.ac.uk/research_funding_opportunities

MELISSA ASHE
Policy Lead

Surveillance of • BPSU • Rare Childhood Disease

For over 30 years the British Paediatric Surveillance Unit (BPSU) has facilitated research of rare conditions. Over 100 studies have been completed and we have more on the way. In the forthcoming year studies on bronchopulmonary dysplasia, listeria, lupus, microcephaly and resuscitation of term babies will commence.

Further information:
www.rcpch.ac.uk/bpsu

State of Child Health: The Paediatric Workforce released

The first in a series of short reports following the launch of the landmark *State of Child Health* report, the *State of Child Health: The Paediatric Workforce* focusses on the pressures and issues facing the paediatric workforce.

The short report draws on data from the *RCPCH Medical Workforce 2015*, which found that:

- In the year to September 2015, shortages of nurses and/or doctors led to periods of closure to new admissions by 31% of paediatric inpatient units and 41% of neonatal units across the UK
- There are currently an estimated 241 whole time equivalent (WTE) career grade vacancies (i.e. consultant level paediatricians)
- At least 752 WTE extra consultants are required to meet the RCPCH Facing the Future and specialist services standards
- General paediatric and neonatal rotas are currently having to cope with an average vacancy rate of 14%
- A 15% increase (from 2016) in the number of trainees entering paediatrics to 465 in each training year is required to meet RCPCH "Facing the Future" standards to ensure appropriate growth in consultant numbers
- Academics represent 4.2% (168 of 3996) of the consultant-level workforce compared with 8.7% (191 of 2186) in 2001
- Primary medical qualifications were obtained outside the UK by 40% of career grade paediatricians (6% European Economic Area; 34% rest of the world)
- The number of paediatric consultants who are European Economic Area graduates increased from 140 in 2009 to 238 in 2015 (a rise from 4.4% to 6%).

The report calls for urgent actions on a number of fronts to address these issues, including a call for more centrally funded paediatric training places, protection for all EU nationals working in the NHS and a revisit of other immigration rules, and funding for child health training for GPs.

View the report:
www.rcpch.ac.uk/workforce

RACHEL WINCH
Workforce Projects Lead, RCPCH

CORE INFO moves to the RCPCH

The Cardiff Child Protection Systematic Reviews project (CORE INFO) is an evidence-based resource available to clinicians across the UK and internationally to inform clinical practice, child protection procedures and professional and expert opinion in the legal system.

Established in 2002 by Cardiff University in collaboration with the National Society for the Prevention of Cruelty to Children (NSPCC), CORE INFO has been jointly run by RCPCH members, Dr Sabine Maguire and Professor Alison Kemp.

The website is used by more than 100,000 users each year (71% from UK). The research team was funded by the NSPCC for over 13 years and when the funding came to an end, the RCPCH was approached to maintain the resource.

To date, the CORE INFO research team has completed 15 systematic review themes, each addressing 2-5 key clinical questions that have been updated on an annual basis. These reviews address key questions about the recognition and investigation of children with suspected physical abuse and neglect. Results from the reviews are available in peer-reviewed academic publications and are summarised on the CORE INFO website.

Adopting CORE INFO is a good strategic fit for the College as evidence from it has already been used to inform the content of such publications like *The Child Protection Companion* and *The Physical Signs of Child Sexual*. The content on the CORE INFO website will now be migrated onto the RCPCH website and we will now undertake the systematic reviews that are aligned with the Colleges key priorities.

Read more:
www.core-info.cf.ac.uk

MARCIA PHILBIN
Asst. Director of Research and Policy

CORE INFO
Cardiff Child Protection Systematic Reviews

Breathing new life into the air pollution debate

Air pollution has been linked to asthma, pneumonia, stroke, lung cancer and heart disease. It disproportionally affects the most vulnerable, including babies and children, particularly those with pre-existing conditions.

It can affect foetal growth and development, and the health risks from high pollution in children include decreased lung function, wheezing, coughs and asthma, the start of atherosclerosis, and a higher risk of developmental problems.

15 June was the UK's first National Clean Air Day, a day of action and awareness around the dangers of air pollution. To mark the occasion, the BMJ published an article focusing on the key findings of *Every Breath We Take,* a report produced by the RCPCH and Royal College of Physicians last year. The article notes that 40,000 premature deaths are attributable to air pollution annually in the UK and the significant risks this poses to children's health.

The RCPCH is a founding member of the UK Health Alliance on Climate Change, which co-organised National Clean Air Day. In the report *A Breath of Fresh Air*, the RCPCH and the Alliance have recommended a more ambitious national strategy to reduce air pollution across the UK. The policy asks include increased central Government funding for local authorities to tackle air pollution, retaining EU-level air quality standards as a minimum, and urban clean air zones in additional UK cities.

Get involved in our work on air pollution. Contact us: **info@ukhealthalliance.org.uk**

PAULINE CASTRES
UK Health Alliance on Climate Change

DR ISOBEL BRAITHWAITE
North Middlesex Hospital

RCPCH courses and events 2017

15 SEPT
How to Manage:
Common cardiac problems in children and young people
15 September, London

28 SEPT
How to Manage:
Child mental health in general paediatrics
28 September 2017, London

10 OCT
Safeguarding level 4 and 5:
A blended learning resource for Named and Designated Doctors
10 – 11 October 2017, London

27 NOV
Female Genital Mutilation in Children:
Overcoming challenges faced by health care professionals
27 November 2017, Liverpool

30 NOV
How to Manage:
Benign haematological problems in children and young people
30 November 2017, London

1 DEC
Mentoring Skills
1 December 2017, London

Dates correct at time of going to press. Limited places available. View more courses and events at www.rcpch.ac.uk/courses
Access e-learning courses anytime on Compass at rcpch.learningpool.com

RCPCH releases Global impact report 2012-2017

At the Royal College of Paediatrics and Child Health, we help train and mentor doctors, nurses and other child health workers in some of the most challenging contexts in the world.

Currently, the RCPCH Global team works with support from the UK Government, Jersey Overseas Aid, the World Health Organisation and Unicef, in Kenya, Rwanda, Sierra Leone, Myanmar, Palestine and Cambodia. Our work focuses on a combination of short-course training and sustained, in situ clinical mentoring to improve basic neonatal and paediatric skills at district hospitals and health centres often in remote and rural areas in these countries.

Evidence of positive impact is critical to demonstrating the value of our work. In 2017, RCPCH Global, in collaboration with College Members, academic and research counterparts, and clinical colleagues in our country programmes and in their ministries of health, brought together key data and evidence showing how our programmes impact on clinical skills, quality of facility-based care, and mortality and morbidity outcomes for newborns and children. They are incorporated in the *RCPCH Global Impact Report, 2012-17*.

The report covers a range of datasets – from dramatically reducing the time it takes for children in Sierra Leone to be triaged, assessed and treated, through improving diagnosis and management of major childhood killers like pneumonia and Rwanda, to strengthening processes of case management and documentation in Myanmar. It shows how RCPCH Global's work contributes to national strategies on health system strengthening and to international goals in reducing maternal, newborn and under-5 mortality.

But these examples and analyses also provide valuable learning on how change happens in low-resource, high-pressure clinical environments. It points to the extraordinary amount of value already existing, but untapped among current health cadres in low-income health systems – in particular among nurses. It points to the critical role of combined clinical and institutional leadership in enabling and sustaining positive change in facility-based care, in highly cost-efficient and even cost-neutral ways. It shows that our contribution to global child health is real, and significant.

View the report:
www.rcpch.ac.uk/global

SEBASTIAN TAYLOR
Head of International Operations

An update on the UKCHRC

In January 2015, the United Kingdom Child Health Research Collaboration (UKCHRC) was created to deliver and strengthen child health research through a partnership of child health research funders.

The partnership came from a number of recommendations made in our 2012 *Turning the Tide* report. It highlighted the need for improving the evidence base for national policies that affect children.

Between March 2013 and October 2014, we facilitated a series of workshops with child health research funders at the Medical Research Council (MRC). This led to the UKCHRC's formal launch at the Wellcome Trust.

The collaboration offers the opportunity for networking and a greater shared understanding of generic problems in child health research.

Since its launch, UKCHRC members have been involved in the development of the Infants', Children's and Young People's Child Health Research Charter and the RCPCH Research Funding Database, both available on our website.

Read more:
www.rcpch.ac.uk/ukchrc

ANGELA MENSAH
Research Grants Manager

Get involved in our post-election campaign

In the run-up to the general election, we compiled our Vision 2017 – the key policy actions that we wanted all political parties to adopt regardless of the result on 8 June. Our calls ranged from broad asks like the development of a cross-departmental child health strategy, to specific public health policies like the promotion of breastfeeding, immunisations and tackling childhood obesity, and recommendations for effective health services modernisation.

We sent Vision to the main political parties who were busy drafting their manifestoes at the time, asking them to enshrine our policy calls in their party pledges. It was great to see a number of the parties make strong promises on child health – with Labour making a commitment to a child health strategy, a new Child Health Index and a child health fund, the Liberal Democrats pledging to introduce minimum unit alcohol pricing, reverse public health cuts and welcome more unaccompanied child refugees to the UK, and both parties promising to produce a new childhood obesity strategy which would include restrictions on junk food marketing ahead of the 9pm watershed.

The dust may have settled on the general election, but our campaign is far from over. We know that we have strong allies within Parliament for our asks, so we must now build on the progress made in putting child health on the political agenda. But we can't do this alone!

Help us to raise awareness for child health in this new UK Parliament and across the devolved nation legislatures by joining our parliamentary panel.

MARGARET DONNELLAN
Public Affairs Lead

Parliamentary Panel

As a member of our parliamentary panel, you will get the opportunity to represent the College at political events and meetings with MPs.

We run free training days for members across the four nations which offer a mixture of theory and interactive practical sessions all designed to equip you with the skills for effective communicating with politicians and decision-makers. We also provide you with resources for contacting your local MP about child health issues.

If you would like to get involved with our lobbying work, please contact us:

public.affairs@rcpch.ac.uk

Paediatric Care Online (PCO UK) continues to go from strength to strength with a growing user group amongst RCPCH members and other child health professionals. To respond to user demand, the PCO UK app has been created to provide quick and easy access to this essential resource, even when you're offline.

The PCO UK app provides instant access to over 100 Key Practice Points, the RCPCH Child Protection Companion and PHE's Green Book, all in one place.

To download the app on your mobile phone or tablet, simply follow the instructions at www.pcouk.org/ss/app.aspx

This app is only available to activated Paediatric Care Online users. If you have not yet activated your account, please visit the information page at www.rcpch.ac.uk/pcouk-subscribe

Have you started using the new Paediatric Care Online app?

Training matters

After two fantastic years chairing the Trainee Committee it is time for me to step down, and what a two years they have been.

When I look back to the halcyon days of early 2015, I wrote of all I hoped we would achieve, blissfully unaware that we were about to enter one of the most unpleasant periods of industrial unrest to ever rock the UK medical workforce. But while the process was deeply unpleasant and the resulting contract remains flawed in several areas, I really do believe that the process has brought us together as a profession and am hugely proud of the united front that we put up as a college and a specialty.

Through this time of uncertainty we have also battled the ever present problem of rota gaps with their inevitable knock on effects to workload and therefore morale. It is heartening to hear how many of you remain proud to work as NHS paediatric trainees but we must continue our momentum in the improvement of paediatric training, retaining more trainees and eventually recruiting larger numbers too.

I am hugely optimistic that the proposed changes to training structure, revised assessment framework, new curriculum and the ever improving ePortfolio will make the lives of trainees and trainers easier. I also look forward to the launch of a programme of support for senior trainees and new consultants.

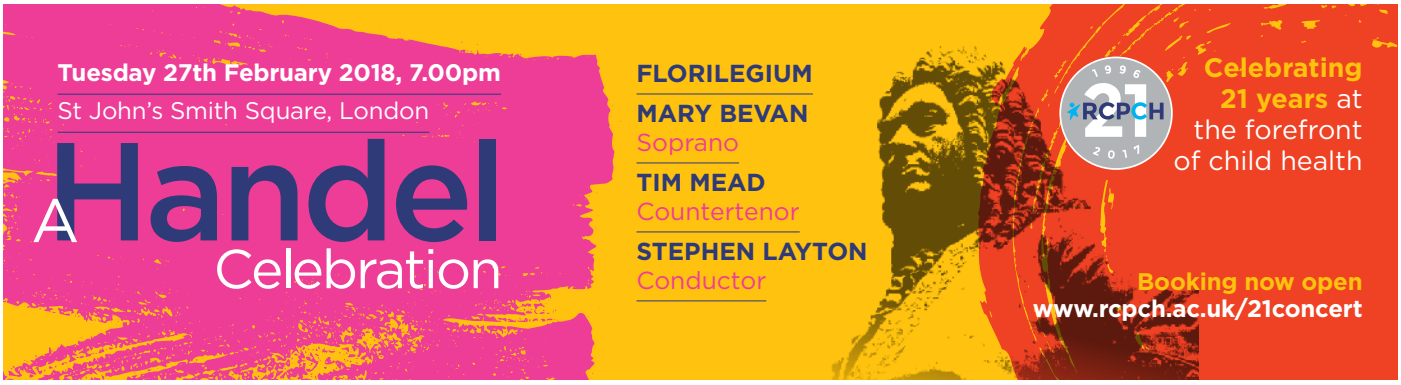
I am hugely grateful to our president, senior officers, college staff and most of all the trainee committee for all they have done. The most important thing that my time as chair has taught me is that if you are not happy with your training you must speak up. The college is not just a building in central London and should never be seen as just a line on your direct debit mandates. It is an organisation made up of all of us, its members.

It exists to further the health and well-being of children and young people and to ensure that those doctors lucky enough to care for them are as well trained as possible. Talk to your trainee reps or become the next trainee rep.

Be the change you wish to see!

DAVID JAMES
Chair, Trainees' Committee

www.rcpch.ac.uk/training-examinations



In the Twittersphere

The RCPCH's twittersphere presence continues to gather pace with more than 12,400 followers. Here's a highlight of our activity over the last few months, what's coming up and how you can support us via our social media channels.

#RCPCH17

Delegates of Conference 2017 were busy on Twitter during the three days in Birmingham. Over 1,000 Twitter users used the hashtag #RCPCH17, with a total of over 4,900 tweets. The total reach of our #RCPCH17 tweets was just shy of 15 million.

Stroke in Childhood

Our new Stroke in Chilldhood guidelines gained considerable attention during and since its launch at Conference 2017. Our Adobe Spark page has been viewed more than 4,200 times. Some of the hashtags used were #childstroke and #MakeMayPurple.

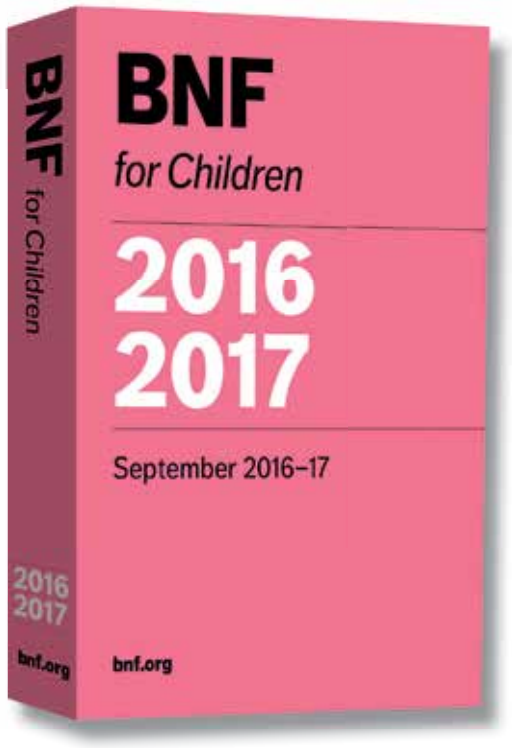
Keep up to date with College activity

From the latest courses and events to the top child health news of the day, social media is the quickest way to keep up to speed.

Follow @RCPCHtweets on Twitter and visit our Facebook page at facebook.com/RCPCH

Pharmaceutical Press

BNF *for Children* 2016-2017



Guiding health professionals on all aspects of paediatric drug therapy

About the BNF *for Children* (BNFC)

The BNFC provides essential, practical information to all healthcare professionals involved in the prescribing, dispensing, monitoring and administration of medicines to children.

Significant new content updates to the 2016-2017 edition include:

- Updated guidance on the management of asthma, obesity, coeliac disease and irritable bowel syndrome
- New safety information including:
  - Risk of abnormal pregnancy outcomes with sodium valproate and valproic acid
  - Risk of osteonecrosis of the external auditory canal with bisphosphonates
  - Risk of uterine perforation with intra-uterine contraception
- Addition of new preparations including Orphacol® (cholic acid) and Intuniv® (guanfacine), and more
- Significant dose changes including nystatin, diamorphine hydrochloride, colistimethate sodium, and more
- Guidance on suspected or confirmed drug allergies

Book: 978 0 85711 247 7 • September 2016 • £49.95

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