

# FOCUS



## Spotlight on child poverty – policy, practice and frontline perspectives

**Understanding and tackling the impact of poverty on children’s health is a major priority for the RCPCH. A key finding from our *State of Child Health* report shows that children born in the UK’s most disadvantaged communities are more likely to have negative health outcomes than their more affluent peers. A recent member survey also revealed that more than two-thirds of paediatricians believe that poverty contributes to the ill health of the children they treat. Urgent action is needed to address these unacceptable health inequalities.**

Committed to highlighting the issue, we chose to focus on child poverty for an RCPCH Insights event in October 2017. Experts and stakeholders from across

the health, children’s and social welfare sector were invited to share evidence, experience and examples of best practice in tackling poverty at local and national levels.

Attendees heard speeches by leading academics and presentations from charities working on the ground in some of the UK’s most disadvantaged communities, before taking part in workshops to delve deeper into the causes and impacts of poverty. The most affecting talk of the day undoubtedly came from the mother of a family living in temporary accommodation in central London. Speaking movingly about her situation and fears for her children’s wellbeing, she powerfully brought to life the stark reality of poverty in the UK.

To continue our efforts to tackle child poverty, we are working with the Child Poverty Action Group and others to campaign in this area. As well as the RCPCH Insights event, we have also taken the issue to the political party conferences in England, holding panel discussions on child health and inequalities.

Members can get involved by contacting their MP directly using the campaign tool on our website. For more information and other ways to join our campaigning activity, contact us at: [public.affairs@rcpch.ac.uk](mailto:public.affairs@rcpch.ac.uk)

**MARGARET DONNELLAN**  
Public Affairs Lead

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

[shop.rcpch.ac.uk](http://shop.rcpch.ac.uk)

# Looking back at our achievements and setting out our future vision



**This will be my last piece for Focus as RCPCH President, so almost three years on, it's time to look backward and forwards, and set out a vision for the future. Leading the RCPCH has been the greatest of honours. I've been inspired by the dedication of staff, the unfailing commitment of paediatricians, and the enthusiasm of children, young people and their families.**

It's likely that few members know how much goes on at the RCPCH; I must confess to having once been in just that position. Underpinning our core activities are major endeavours such as the development of RCPCH Progress, the new paediatric curriculum, and programmes in many countries around the world. I have never been in any doubt that the RCPCH must encourage children's basic, translational and applied research, so have been delighted that in the last three years, with the help of many people, we've established a "UK Child Health Research Collaboration", a growing partnership of child health research funders, an "Infant, Children's and Young People's Research Charter", an expression in their words and now being used in many settings of how young people

want to be involved in and benefit from research, and a "Child Health Research Fellowship Fund", to support the career development of post-doctoral child health researchers. We are also committed to establishing a new "Child Health Surveillance Unit".

Looking forward, the RCPCH must develop strong, transparent, ethical collaborations with industry. Our patients need their products, whether infant formula, devices, medicines or new technologies and our involvement can help improve development, evaluation and implementation.

A major responsibility of the RCPCH is advocacy. In collaboration with other organisations we've helped draw attention to the importance of Personal Social and Health Education in schools, and have called for interventions to bring about a societal shift in attitudes to make breast-feeding normal. We've played a leading role as a member of the Obesity Health Alliance to lobby for a soft drinks industry levy and a ban on junk food advertising. We helped secure a ban in Wales on smoking in cars when children are present. Most recently we've partnered with the Royal College of Obstetricians and Gynaecologists to lobby the UK Government to fortify flour with folic acid, and consider revisions to the Abortion Act, 50 years after it was passed.

Children, young people and families are at the core of our activities and we have a strong and growing engagement network "&Us". The RCPCH has previously mainly targeted the professions and government but we have been moving steadily in recent months towards speaking directly to the public; I believe we have underestimated the strength of doctor's voices when raised in partnership with those of children, young people and families. Looking forward I would like to see parity of esteem for public and preventive health, and treasury-level recognition of the economic benefits of investment in child health.

I was impressed by the energy with

which RCPCH staff delivered on my request to report on the "State of Child Health" and pull together follow-up "short reports" on, for example, the paediatric workforce. The Scottish Government adopted many State of Child Health recommendations, including agreeing to create 500 additional health visitor posts. Recommendations have been adopted by the Labour party, which featured in their election manifesto, and the Welsh Government, who have committed to developing child health and obesity strategies. A report "State of Child Health: one year on" will be launched in 2018; it goes without saying we will have many messages for the Westminster Government!

Life as RCPCH president has never been quiet. My tenure was marked by the junior doctor strikes, child refugee crisis, tragic Charlie Gard and Hadiza Bawa-Garba cases, and through it all, the destructive consequences of the infamous 2012 Health and Social Act upon UK health services, compounded



*All in a day's work: Professor Neena Modi with RCPPath president Professor Suzy Lishman and RCP president Professor Jane Dacre, visiting a pig farm to learn about antibiotic stewardship.*



I've been inspired by the dedication of staff, the unfailing commitment of paediatricians, and the enthusiasm of children, young people and their families.



in 2016 by the Brexit vote. The Royal Colleges failed to stop the Health and Social Act despite the wishes of their members, and held back from articulating a clear position on Brexit prior to the referendum. I hope the medical leaders of the future learn from these bitter lessons, are more willing to advocate pre-emptively for what they believe to be right and to speak truth to power.

This is why I've asked the Academy of Medical Royal Colleges to seek clarification from Government about where accountability and responsibility for ensuring every citizen has access to high quality healthcare rests in Britain today, and question the legitimacy

of proposed plans to introduce Accountable Care Organisations (ACO) in England without proper scrutiny. An ACO is the body that is accountable for all care and manages the agreements that establish Accountable Care Systems (several organisations coming together to provide all healthcare for a given population). ACO will be in charge of allocating resources and deciding which services will be provided, and raise the possibility that contracts for delivering large sections of NHS and General Practitioner services could be awarded to non-NHS for-profit providers. It would increase the proportion of public monies diverted away from front-line care and further fragment once unified services. RCPCH has led too, in calling for cross-

party commitment to UK healthcare that is publicly funded, delivered, and accountable.

Life at the RCPCH has also been enormous fun. I've met amazing people, made new friends, and gained salutary insights into strengths and failings within the corridors of power. It's been wonderful to have worked with Judith Ellis, CEO, who has always been supportive, has never grumbled, and has always given wise counsel. Judith will be leaving the RCPCH in May and I wish her the very best for the next phase of an illustrious career.

I would have liked to have mentioned by name every single one of the staff, officers, trainees, members and young people with whom it has been such a privilege and pleasure to have worked, but there are too many and my word count is limited; so let me end by saying thank you all. You will continue, I know, to do a marvellous job.

Follow on Twitter:  
**@RCPCHpresident**

**PROFESSOR NEENA MODI**  
**president@rcpch.ac.uk**

## RCPCH Compass

Online learning for child health

**NEW**

Muscular Dystrophy project to revolutionise training for health visitors, physios, nurses, GPs in recognising muscle disorders in children. eLearning module to come in January 2018. Workshop at RCPCH Conference 2018.

**NEW**

Cleft Palate eLearning module

**NEW**

Quality Improvement eLearning module

[rcpch.learningpool.com](http://rcpch.learningpool.com)

## Notes

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

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Published by:  
The Royal College of Paediatrics and Child Health, 5-11 Theobalds Road, London WC1X 8SH  
Tel: 020 7092 6000

Website:  
[www.rcpch.ac.uk](http://www.rcpch.ac.uk)

RCPCH is a registered charity: no. 1057744 and registered in Scotland as SC038299.

# Celebrating 21 years at the forefront of child health



**On 28 February 2018 we will conclude a year of 21st Anniversary festivities with a special concert at St John's Smith Square.**

Under conductor Stephen Layton, leading classical artists will perform vivacious and triumphal works by Handel, in recognition of the composer's lifelong support of the UK's first children's charity, the Foundling Hospital.



Soprano Mary Bevan and countertenor Tim Mead will join period instrument band Florilegium to perform an uplifting selection of choral and orchestral music. Featuring lesser-known gems alongside celebrated masterpieces, the programme will include a rare complete performance of the Foundling Hospital Anthem which culminates in a joyful rendition of the 'Hallelujah Chorus'.

## **Exclusive champagne reception for RCPCH members**

For RCPCH members and their guests, there will be a post-concert reception in the atmospheric crypt at St John's Smith Square, to include champagne and canapes. Those attending the reception will also receive priority access to best-seat tickets and a complimentary anniversary programme to commemorate the event.

Concert tickets start at £18. We hope to see you at this momentous occasion.

To book for both the concert and the reception please visit:

**[www.rcpch.ac.uk/21concert](http://www.rcpch.ac.uk/21concert)**

For those who just wish to book for the concert, public booking is at:

**[www.sjss.org.uk](http://www.sjss.org.uk)**



## **How did George Frideric Handel impact child health?**

**Born in 1685, Handel was a German, later British, baroque composer who spent the bulk of his career in London.**

**In 1749 Handel offered to stage a concert to pay for the Chapel at the Foundling Hospital.**

**The concert took place on 27 May 1749 and included an anthem specially written by Handel called *Blessed are they that considereth the poor*, known today as the *Foundling Hospital Anthem*.**

**A year later, Handel became a Governor of the Hospital, donating an organ to the chapel and conducting a performance of *The Messiah*.**

**Handel continued to stage *The Messiah*, whose chorus appears in the *Foundling Anthem*, every year until his death in 1759. He raised almost £7,000 in total - over one million - a vital source of income that meant the Hospital could continue to provide a home for vulnerable, abandoned children.**



# Road to Conference 2018

Editorial credit: Moomusician / Shutterstock.com

**Taking place from 13-15 March 2018, the College's flagship event will be taking place north of the border in the bustling city of Glasgow.**

We look forward to welcoming child health professionals from around the world who will enjoy a wide choice of sessions, insightful keynote talks and some fantastic networking opportunities.

### World-renowned speakers

RCPCH Conference will play host to leading experts in child health who will be taking to the main stage to deliver keynote talks on vital topics.

### Keynote talks at RCPCH Conference 2018:

- **Putting A Child First: The paramourcy of best interests and parental rights:** Professor David Archard, Professor of Philosophy at the School of History, Anthropology, Philosophy and Politics at Queen's University Belfast and Chair of the Nuffield Council on Bioethics.

- **Global Governance for Child Health and Sustainable Development:** Professor Anthony Costello, Director of the Department of Maternal, Child and Adolescent Health at the World Health Organisation.

- **Global Child Health: Challenges and opportunities for change:** Professor Zulfiqar A. Bhutta, Robert Harding Inaugural Chair in Global Child Health at the Hospital for Sick Children, Toronto, Co-Director of the SickKids Centre for Global Child Health and the Founding Director of the Centre of Excellence in Women and Child Health at the Aga Khan University.

- **Scotland - the best place for kids to grow up?:** Professor Jason Leitch, National Clinical Director in the Health and Social Care Directorate for the Scottish Government.

- **Windermere Lecture: Should We be resuscitating babies born at 22 weeks?:** Professor John Lantos,

general pediatrician and bioethicist and former President of both the American Society of Bioethics and Humanities and the American Society of Law Medicine and Ethics.

Other speakers to address the main auditorium include Professor Neena Modi, Professor of Neonatal Medicine at Imperial College London and President of the Royal College of Paediatrics and Child Health, and Shona Robinson MSP, Cabinet Secretary for Health and Sport and Scottish National Party Member of the Scottish Parliament.

We look forward to seeing you in Glasgow. To find out more and to book your discounted early bird place visit: [www.rcpch.ac.uk/conf18](http://www.rcpch.ac.uk/conf18)

**Book your place! Early bird discount closes 22 January.**

## INoPSU 10<sup>th</sup> Scientific Conference - 12-13 March 2018

**"Rare disease surveillance - a global perspective"**



**Book Now**

The INoPSU 10th Scientific Conference will be held in Glasgow as a satellite session of RCPCH Conference 2018.

INoPSU members are entitled to a reduced delegate rate.

Book now at [www.rcpch.ac.uk/conf18](http://www.rcpch.ac.uk/conf18)



## Facing the Future Audit 2017: Emerging results

**Three years on from the update and revision to *Facing the Future Standards for Acute General Paediatrics* and launch of the *Together for Child Health* standards, we are fulfilling their commitment to auditing both standards across the UK.**

Results have emerged from a comprehensive online survey and have been supplemented by site visits to gain an indepth understanding of how standards are being implemented. These have painted a generally positive picture for acute general paediatrics.

While services continue to struggle to recruit consultant and middle grade doctors, standards are being adopted well and services are developing local solutions to ensure children receive excellent, timely care.

What the audit has highlighted, is the need for service planners and commissioners to work better with clinical leads to ensure services are planned, designed and evaluated using the standards as a framework in which to develop local service agreements. No doubt the results of this audit will provide powerful evidence for the direction of travel needed to ensure members are supported with implementing the guidance within the Facing the Future standards.

The audit report will be launched at RCPCH Conference 2018 in Glasgow and a workshop titled, *Lessons Learned from Facing the Future* will feature on Wednesday 14 March, highlighting best practice to implement standards from *Together for Child Health*.

**MELISSA ASHE**  
Health Policy Lead

## How young people are supporting Facing the Future



**In the summer of 2017, five young people and one parent carer underwent training, as part of the &Us<sup>®</sup> Inspectors project.**

The purpose of this project was to train and support young people and parents/carers to examine and assess how local services are doing and help them improve areas that could be better.

Since the training, young people/parent carers have been informing and influencing the Facing the Future audits, specifically standard 8 on “discharge”, taking part in site visits where school and college timetables allow.

These visits have shown the need for local areas to work in partnership with children and young people, and their parents and carers to understand their needs so that outcomes can be improved. Key areas for services

to focus on include:

- Communication format with children and young people around discharge
- Having children and young people in friendly and appropriate settings
- Knowing your local engagement providers to signpost children and young people to.

Learn more about our Children and Young People’s Engagement Team and how we include children and young people’s voice in our work.

Contact Emma Sparrow or Hana Najsrova on [and\\_us@rcpch.ac.uk](mailto:and_us@rcpch.ac.uk) or by calling 020 7092 6076/6079.

**HANA NAJSROVA**  
Children and Young People’s  
Participation & Advocacy  
Coordinator



# Invited Reviews service

**RCPCH Invited Reviews**  
Supporting improvement in child health

**Pressure on budgets, recruitment and services mean service changes are often essential but finding the time to think about options or trying new ways of working can be difficult. It can feel like management, clinical colleagues, commissioners and patients are making demands and resisting change. Sometimes finding a way forward can seem impossible. Jenni Illman explains how Invited Reviews have helped teams overcome these challenges.**

### **First things first then, what exactly is the Invited Reviews Service?**

A sort of peer-review plus; we support teams and managers in identifying and resolving problems.

### **Sounds simple, but what does that look like in practice?**

That depends. We spend time getting to know our clients so we can tailor a review to their needs. Our multidisciplinary pool of reviewers have expertise spanning training, recruitment, team working, safety, stakeholder engagement and reconfiguration, along with in-depth knowledge of service models and standards.

We'll usually involve some degree of data analysis, site-visits, in-depth interviews, along with wider stakeholder engagement (where appropriate). We'll report our findings along with practical, achievable recommendations for overcoming current obstacles. Increasingly we find clients would like help with action planning and implementation so we also offer ongoing support and facilitation where required.

### **We've talked about the challenges facing services and are looking to reconfigure. How can you help?**

In the reviews we've done so far we've encountered services with a whole range of challenges, often longstanding, and usually related either to team functioning and behaviours, communications, or

a desire for reconfiguration, together with the interaction between paediatric teams and their management. Problems very rarely have a single cause but they can very quickly lead to safety and governance risks which an external review like ours can identify along with alternative ways of working.

Our reviews provide time outside of the day job for staff and other stakeholders to share their views and experiences – and an environment to consider new ways of working in a confidential, risk-free environment.

As a medical royal college we bring data, information, expertise and advice held uniquely by us, including policy and specialist clinical comment. Our reviewers have extensive experience in the NHS and will understand first-hand the challenges you're facing. They don't use jargon and provide recommendations which are realistic, achievable in the current climate and most importantly, in the best interest of children and young people.

### **Okay, but do the reviews actually make a difference? Where's the evidence?**

Yes, absolutely! The majority of our reviews are confidential, so we can't talk about most of them by name, but several, including neonatal care in North Wales and reconfiguration in Dorset and Livingston, Scotland have resulted in clear decisions after years of uncertainty. We've written about other examples on our website.

Over 80% of clients gave positive feedback on the reviews process with evidence of action planning and change occurring as a result of our reviews.

### **Do you just focus on service reconfiguration?**

Not at all. We also review case notes, individuals, teams, services, networks and can cover the private health sector as well as NHS in all four UK nations.

For those that don't need a fully-fledged review we can also support action planning and team development with packages of facilitation or consultancy.

### **Resources seems to be tied up in the STPs at the moment, and there doesn't seem to be much of a focus on paediatrics even if someone did want a review. What would be your advice there?**

While our initial review of the 44 Sustainability and Transformation Plans (STPs) in England indicated few featured paediatrics specifically, many now have children's workstreams linking to reconfiguration of acute, emergency and some community services. There are opportunities to engage around the impact of the proposals on children's health and for the RCPCH to provide expert external input.

### **Sounds great, but is there a cost?**

We're not a profit-making enterprise. Our objective is to support teams to improve child health, but we do need to cover costs. Once we understand what's required we'll agree a single fee upfront, which will be significantly less than your average management consultancy. And of course, the findings come with the backing of a professional royal college.

### **If someone would like a review what do they need to do?**

Just get in touch and we can chat about what's been happening for you. There's no obligation and in the rare occasion we can't help we can point you to someone who can!

If you'd like to contact Jenni, or the Invited Reviews service, email [invited\\_reviews@rcpch.ac.uk](mailto:invited_reviews@rcpch.ac.uk) or call 020 7092 6091. You can also visit: [www.rcpch.ac.uk/invitedreviews](http://www.rcpch.ac.uk/invitedreviews)

**JENNI ILLMAN**  
Operational Lead, Invited Reviews

# Neonatal care improving, but key measures show variation in care



**The latest National Neonatal Audit Programme (NNAP) annual report on 2016 data was launched at the BAPM Annual Conference in September by NNAP Clinical Lead, Dr Sam Oddie. It shows improvements in care for preterm babies in England, Scotland and Wales, but also reveals variations in service delivery which means many babies are still not getting the care they need.**

The report highlights progress on several audit measures:

- More babies born at less than

32 weeks, 4,868/8,044 (61%) in 2016 compared to 4,537/7,864 (58%) in 2015, have a temperature recorded on admission within the recommended range of 36.5 – 37.5 degrees C

- More babies are being screened on time for Retinopathy of Prematurity 8,597/9,131 (94%) in 2016 compared to 8,226/8,821 (93%) in 2015
- More parents are documented as having a consultation with a senior member of the neonatal team with 24 hours of their baby's admission,

54,442/60,148 (90%) in 2016 compared to 51,300/58,077 (88%) in 2015.

We encourage units to continue to share best practice to further improve care for preterm babies. Visit NNAP Online to learn more:

[www.rcpch.ac.uk/nnap](http://www.rcpch.ac.uk/nnap)

Contact us:

[nnap@rcpch.ac.uk](mailto:nnap@rcpch.ac.uk)

**RACHEL WINCH**  
NNAP Project Manager

## A workforce toolkit for community child health



The scope and provision of community child health (CCH) is complex and varied. Changes in the demands on community paediatricians alongside changes in commissioning and the structures have led to a lack of clarity on the role of community paediatricians. CCH often falls 'below the radar' of NHS Trusts, Health Boards, commissioners and public attention, but failings in these services can affect the health and wellbeing of children and families throughout their lives.

A greater understanding of the role of CCH is needed to help service planners, paediatric teams and associated clinicians to talk together and plan how their service will meet demand going forward. To support this we launched an evidence-based toolkit for designing modern CCH services in partnership with the British Association for Community Child Health (BACCH).

This includes:

- Survey findings and benchmarking data on the current state of community paediatric provision.
- A planning framework with details of the components of a community paediatric service, linked to guidance, literature and practice examples.
- A workforce calculator for providers and planners to determine their paediatric workforce requirements.
- Examples of innovative practice to inspire services to improve.

There will be a practical workshop at RCPCH Conference 2018 in Glasgow on 15 March for members to build on this toolkit.

**MARTIN MCCOLGAN**  
Workforce Information Manager

# The changing shape of paediatric training



**Exciting changes are taking place to how paediatricians are trained and assessed. RCPCH Progress, the new curriculum for paediatric training has been approved by the GMC and will launch for all trainees from August 2018. This replaces lists of competencies with higher level outcomes that capture the knowledge, skills and behaviours paediatricians are required to demonstrate at each level of training.**

RCPCH Progress is already being used by Early Adopters across the UK, who have welcomed the clarity it offers on what is required of trainees, and

content that better reflects modern practice.

Following the implementation of RCPCH Progress, there will be wider changes to the training programme from 2020 to meet the requirements set out by the UK Shape of Training Steering Group.

Training will move from a three to a two-level structure, with increased flexibility (e.g. for academic research) and a focus on cross-boundary and transferable learning. The first level (Core Training, 4 years) comprises general paediatrics, neonatology, integrated care, public health and

mental health, including 12 months at tier 2. The second level (Specialty Paediatrics, 3 years) includes generic paediatric and specialty-specific capabilities.

The full RCPCH position paper is available at:  
[www.rcpch.ac.uk/news/our-response-shape-training-review-updated](http://www.rcpch.ac.uk/news/our-response-shape-training-review-updated)

For more information on RCPCH Progress visit:  
[www.rcpch.ac.uk/progress](http://www.rcpch.ac.uk/progress)

**JENNI THOMPSON**  
Quality & Standards Manager

## RCPCH courses and events 2018

**20 FEB**

**Expert Witness in Child Protection: Developing excellence**  
20 February, London

**26 FEB**

**Introduction to Quality Improvement and Patient Safety (QIPS)**  
26 February, Leicester

**26 FEB**

**How to Manage: Paediatric allergy**  
26 February, London

**27 FEB**

**Advancing your Educational Supervision Skills**  
27 February, London

**28 FEB**

**Child Protection: From examination to court (Level 3)**  
28 February, London

**2 MAR**

**How to Manage: Safe and effective prescribing for you and your team**  
2 March, London

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

# New programme for senior trainees and new consultants

**The Stepping Up programme, now in its pilot stage, combines a regional network of doctors with a range of learning resources to support the transition of senior trainees “stepping up” into new consultant roles. The transition period primarily encompasses the 5 year period post-START ST7 to the end of year 3 consultant (ST7-C3+).**

While trainees are supported throughout their training programme to develop skills to work independently as consultants, the reality of working as a senior trainee is challenging, given pressures on services for both trainees and trained paediatricians. Working independently as a consultant is also vastly different to working as a supported ST8 trainee.



To start, we want to test the impact and effectiveness of these regional networks. The programme is currently being trialled in Wessex and East of England. Each region has a “Stepping Up Champion” whose responsibility is to set up and coordinate Stepping Up meetings and activities in their region. Topics of concern were raised by new consultants at RCPCH Conference 2017 to be discussed at these meetings.

To evaluate the impact of the pilot, relevant groups in each pilot region will be asked to complete and submit feedback, which will be consolidated into a report before the programme is fully rolled out.

Read more about Stepping Up and keep track of its developments:

[www.rcpch.ac.uk/steppingup](http://www.rcpch.ac.uk/steppingup)

## MTI Scheme for overseas paediatricians

**The Medical Training Initiative (Paediatrics) or ‘MTI(p)’ enables overseas doctors from developing nations outside the European Economic Area to undertake high quality postgraduate Fellowship training in paediatrics. These two-year posts, which are quality assured and monitored by the RCPCH, allow MTI Fellows to work in a UK clinical setting. Working closely with a dedicated educational supervisor, they will track their clinical progression against the UK curriculum.**

Vacant/surplus training, LAT or deanery posts can be converted to MTI posts. The RCPCH has drawn up model job descriptions and guidance to this effect. Trusts can contact [mtip@rcpch.ac.uk](mailto:mtip@rcpch.ac.uk) at any point in order to receive further guidance. Posts are offered at a middle grade level, equivalent to Level 2 for UK trainees. After an introductory period at more junior levels, it is expected that candidates will progress sufficiently to complete the remaining 18-21 months at a more senior grade.

Trainees will log progress on the same Kaizen ePortfolio platform as UK

trainees. As well as clinical development, MTI places an emphasis on allowing trainees to develop skills in areas such as teaching, reflection, leadership, clinical governance, conducting audits and creating guidelines. It is firmly expected that trainees return following completion of their two years of training, implementing what they have learned in the UK to the betterment of their patients back home.

Upon completion of training, candidates will be given a training certificate from the College. Candidates are also expected to enrol in the Diploma in UK Medical Practice, offered in partnership with the Liverpool School of Tropical Medicine. This allows MTI Fellows to return home with an accredited qualification that shows they met the standards of a UK trainee, as evidenced by ePortfolio, but also reflected critically upon their time in the UK.

Guidance for Trusts and candidates can be found on our MTI(p) webpage:

[www.rcpch.ac.uk/mtip](http://www.rcpch.ac.uk/mtip)

**MONIKA MA**  
Medical Training Initiative Coordinator

### Recent news:

**RCPCH signed a MOU with the Medical Services Department of the Egyptian Armed Forces relating to the MTI (Medical Training Initiative) scheme where Egyptian Doctors will train in the UK for two years before returning to their home country.**



*From left to right: Dr Hazem A Sabry, Assistant Defence Attache for Medical Affairs; General Dr Moustafa A. Htab, Director of Medical Services Administration; Julia O'Sullivan, Director of Education and Training, RCPCH; and James Clark, Recruitment and Careers Manager, RCPCH.*

# RCPCH Membership

## New Benefits for Fellows

A new programme of networking events for Fellows will be launched this year. The first two events will be held at our London office and will include guest speakers. Dates are yet to be confirmed but all Fellows will receive an invitation to attend.

The programme of events is part of an expanded benefits package for RCPCH Fellows. We also introduced FRCPC label pins as a new benefit for all Fellows in May 2017. If you have not yet claimed your FRCPC label pin, or if you have any suggestions for new benefits, please email the membership team at [membership@rcpch.ac.uk](mailto:membership@rcpch.ac.uk).

## Membership Subscriptions for 2018

We aim to keep subscription increases in line with RPI inflation. It is hard to predict RPI in advance but we expect most subscriptions will not increase by more than RPI.

The subscription rates for 2018 are listed to the right. Those working part time, on maternity, paternity, sick leave or a member of other Medical Royal College may be eligible for a discount. If you are having difficulty paying your subscription due to financial hardship you can apply for a non-standard concession.

For more information contact Member Services on 0207 092 6060 or [membership@rcpch.ac.uk](mailto:membership@rcpch.ac.uk).

**DR LISA KAUFFMANN**  
Honorary Treasurer

## Subscription rates for 2018

See below for 2018 subscription rates (excluding training fees). Membership subscriptions are tax deductible for UK tax payers.

Membership type	2018 Annual Subscription	Rate shown include Archives?
Honorary Fellow	£0	No
Fellow UK*	£537	Yes
Fellow rest of EU and North America	£406	Yes
Fellow elsewhere	£259	Yes
Ordinary UK*	£438	Yes
Ordinary rest of EU and North America	£344	Yes
Ordinary elsewhere	£221	Yes
Senior Fellow/Member	£80	No
Associate UK, EU and North America	£244	No
Associate elsewhere	£65	No
Junior (UK only)	£103	No
Foundation Doctor and Affiliates	£65	No
Medical Student Affiliates	£0	No

\*as in previous years, UK residents pay the Visiting Fellow and Overseas Levy to support the College's international work.



## In the Twittersphere

The RCPCH's twittersphere presence continues to gather pace with more than 13,700 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.

### #paedrocks

RCPCH Trainees took to Twitter in November 2017 to promote 40 reasons why #paedrocks. Reasons included the range of paediatric sub-specialties to choose from, getting to care for every aspect of a child's health and getting to make a difference in vulnerable children's

lives. Others who joined in on Twitter added how rewarding and fun the specialty was, with every day bringing different opportunities.

The campaign coincided with the application window for Foundation doctors to apply for paediatric specialty training. The deadline for applications was 30 November 2017.

### 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 [www.facebook.com/RCPCH](http://www.facebook.com/RCPCH).

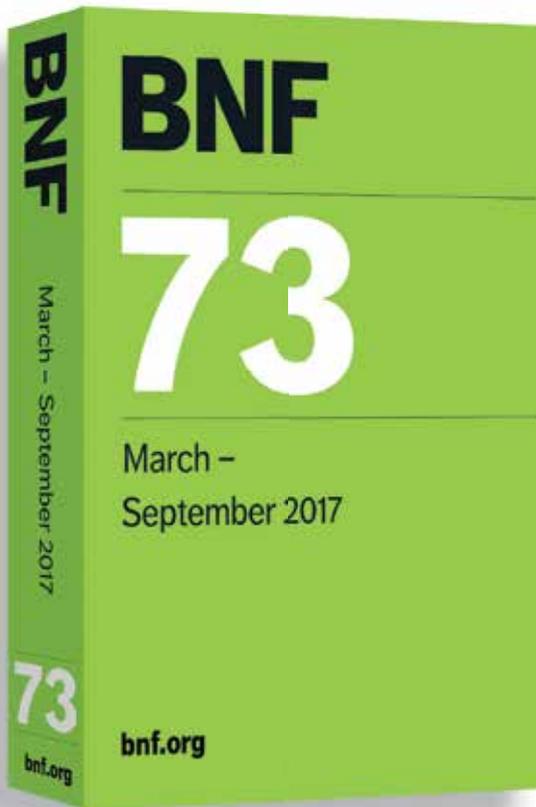
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# BNF73



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