



FOCUS



Getting children's voices heard: revisiting State of Child Health

Alexander Lee-Hall, Public Affairs and Campaigns Lead and Emma Sparrow, CYP Engagement Manager run through our latest State of Child Health: Two years on report launch.

Back in 2017, we published "State of Child Health", an overview of health outcomes and inequalities across the UK. This year we checked up on the UK's progress with our "Two years on" scorecards, which found that, although some welcome progress has been made in key areas of child health, there's still a long way to go.

We launched the latest instalments at events in the four parliaments and assemblies across the UK. It was great to see over 200 politicians, members, and other Royal Colleges and charities all coming together to see what they can do to improve child health. And we had lots of ideas for them! The scorecards are full of recommendations designed to address different challenges facing children

and young people - from tackling child poverty, to investing in public health, to preventing the shocking rise in infant mortality.

The events themselves gave children and young people a space to get their own voices heard on the issues that matter to them, ranging from hidden health needs and youth friendly services, to LGBT+ health experiences and children's rights. As well as our excellent speakers, artwork created by children in hospital wards across the four nations were on display while, in the room, children and adults alike got stuck in to a creative task that showed how working together is key to transforming child health.

A total of 45 amazing children and young people from 15 different organisations attended to share their own views, wishes and ideas on how to work collaboratively to improve child health. Young people who presented at the events said:

"My message to delegates was not to give up on children and young people as they make a valuable contribution to our society. My hopes are that mental health services continue to be improved"

Jeanette, Year of Young Person, Scotland

"I wanted to take part to ensure that decision makers and paediatricians get to hear young people's experiences. Mental health services are changing but there is still more work to be done"

Scott, RCPCH &Us, Wales

"I shared the work we do to support young people with chronic, invisible illnesses in schools and establish this as a priority for the decision makers in the room. There was such a great mixture of people from all areas having the opportunity to talk as equals about achieving goals together, all working to improve child health"

Sophie, RAiSE, England

Child health is everyone's responsibility. Together, we can show child health really matters and fight for the improvements children deserve. Write to your MP today via our website to ask them to champion child health. It'll take less than two minutes.

www.rcpch.ac.uk/state-of-child-health

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President's Welcome



We clearly live in interesting times. The year so far has certainly been eventful aside from the political malarkey. From the launch of 'State of Child Health: Two Years' on across the four nations of the UK, to the publication of the eagerly awaited NHS Long Term Plan in England, 2019 is already shaping up to be a busy year for the RCPCH.

We start the year with a few changes in our Senior Officer team. Welcome to Dr Simon Clark and Professor Nick Bishop, our new Vice Presidents for Health Policy and Science and Research, respectively. They take up their mantles (should this be shackles?) at an exciting time for children's health. We will of course greatly miss our outgoing Vice Presidents - Dr Carol Ewing (Health Policy) and Professor Anne Greenough (Science and Research), who both made a great contribution to the College over the past five years. I wish them well in whatever comes next for them.

We also have Dr Hannah Jacob joining us as the new Chair of the Trainees Committee. Hannah will be a real asset as she's been hugely involved in a range of College activities, including the brilliant #PaedsRocks recruitment campaign. We will very much miss the outgoing Chair, Dr Ollie Bevington, who faced with a choice between working with me for another two years or taking up a consultant job offer, very wisely chose the latter. I've made it a priority to increase the influence of our trainees within the College, having doubled the number of trainees on College Council.

I'm sure many of you will have seen our screen time guidance - the first of its kind in the UK - on the news, as it made a huge splash upon its publication back in January. Our guidance proved controversial in some quarters, due to our decision to not recommend time limits for children and young people's screen use. However, I believe that since its publication, the document has really helped to shift the narrative away from the notion that screen time itself is intrinsically harmful - an argument for which the evidence is weak - to a greater understanding that it is in fact the content and context of what children are viewing that is paramount. New advice published in February from the UK's four Chief Medical Officers echoed much of our guidance, which we were pleased to see.

“We have long been calling for child health to be placed at the forefront of the agenda across the four nations”

As regular Focus readers will know, we have long been calling for child health to be placed at the forefront of the agenda across the four nations. England in particular has lagged behind the rest of the UK in terms of child health policy in previous years, which is why I was so delighted to see the focus on children and young people in NHS England's Long Term Plan, published at the start of the year. This was the result of a lot of hard work across the children's health sector last year, and I'm now looking forward to working collaboratively to drive the Plan's proposals towards implementation as part of the Children and Young People's Health Transformation Board.

One thing I've always made clear is that the bold ambitions in the Long Term Plan will not be achievable without a significant investment in and expansion of the child health workforce. The development of a comprehensive workforce strategy, modelled on what future services will look like and existing service demand projection, is essential

to ensure sustainability in the long run.

That's why I'm pleased to have a seat at the table on the new Workforce Implementation Group, tasked with developing a workforce strategy in spring 2019. Rest assured that I will be banging the drum for the child health workforce as part of this group, and hope to have an update on its work in the next issue of Focus.

While England may be making strides in the right direction, there's still of course plenty of work to be done across the UK for child health. "Our State of Child Health: Two Years On" scorecards assess progress made against the recommendations in our State of Child Health 2017 report. Published at launch events in the four parliaments and assemblies of the UK, the scorecards reveal a mixed picture for child health, with welcome progress made in key areas like obesity and mental health, but notable action required elsewhere. In Northern Ireland, in particular, progress has stagnated in the absence of an Executive, something that we were keen to highlight. All four launch events were a resounding success, with fantastic participation from members as well as young people, who led arts and crafts projects on the day - not exactly business as usual for the policy-makers in attendance, but they seemed to enjoy the break from all things Brexit!

I hope you enjoy this issue. You may notice a few changes as we revamp Focus - this is a work in progress, and we are very keen to get members' views on features and articles that you would like to see in these pages. Do get in touch, and who knows - you may very well see your ideas in print in the next edition!

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First International RCPCH Conference

Amira Saber and Dr Farida Mahgoub from the Egyptian Members Association report on the first international RCPCH conference in the MENA region, held this January in Cairo.

With more than a thousand attendees coming from twelve countries, the first International RCPCH Conference in the MENA region took place in Cairo from 29 - 31 January. The conference was organised by the Egyptian Members Association of the RCPCH, alongside the Children and Women Specialty Hospital at Al Galaa Military complex.

Professor Russell Viner gave a significant plenary session focusing on advocacy, which is a topic often missing from activity and discussion in the region, thus introducing an important concept to participants. The conference offered an inspirational platform for key influencers and decision makers in the field and was fertile ground for exchange of experiences and the empowerment of good practices and high level regional cooperation with the College.

Key focus of the conference were the most important and needed aspects of paediatrics and family medicine, including information on neonatal screening, paediatric dermatological disorders, children with special needs and child mental health among others.

The event also provided opportunity to release national guidelines for prevention of stunting based on full analysis during the panel discussions by national and international experts. The inborn errors of metabolism session was tackling an area of significant national importance and will set the groundwork for the initiation of a national taskforce, the Egyptian Association of Genetic and Metabolic Disorders, to work on prevention, early diagnosis and creation of a national registry.



There was also extensive coverage of infant and young child nutrition, with recommendations on breastfeeding gaining the endorsement of the Egyptian Minister for Health.

Testimonials from the audience and the speakers were very encouraging. Dr Mona El Naka, former First Undersecretary for the Primary Health Care Sector Egypt stated that the conference has exceeded all expectations, providing excellent ideas, and clear action items for the Egyptian Ministry of Health and Population to move forward with.

From Kenya, Dr Sayeda Hussein, noted that the conference was the first of its kind to be held on the African continent. He felt the workshops were incredibly interesting and interactive, offering an exceptional opportunity to network with paediatricians who share common interests, providing best practice care for children and valuable information regarding MTI and MRCPCH exams.

Analysing the feedback and receiving numerous testimonials has confirmed the success of holding the conference in the MENA region, given both the interest and high demand of paediatricians from the Middle East and Africa.

Dr Camilla Kingdon, our VP for Education and Professional Development reflects on the conference.

The Egyptian group was led by the dynamic and inspiring Professor Abba Al-Alfy. Even when our energy levels were waning, Abba was there to enthuse and energise us! The conference was extremely well organised and the attendance at every session was fantastic. Every one of our UK team commented on how engaged the audiences were and how much interest there was for every topic. I was involved with two neonatal workshops and it was standing room only for each with literally dozens of questions and lots of debate about how our some of our ideas could be applied to local practice - not just in Egypt, but also in Kenya, Somalia, Jordan and further afield.

I left Cairo after the conference with a sense of gratitude for the time that I had had. We were generously entertained in the evenings and the many conversations I had with doctors from across the region has left me feeling humbled from listening to their stories and also a sense of how lucky I am to work in the NHS.

Notes

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About Focus

Focus is a quarterly magazine, mailed to all RCPCH members.

We would love to hear from you. If you have any suggestions of what you would like to see or indeed write a piece for Focus, we're open to hearing them all. Please do let us know at focus@rcpch.ac.uk

View from the nations

Our teams from around the UK give insight into the latest college activities in their nations.

Scotland



Over the last few months we've been successful in securing an increase in our training establishment. A 100% return of data from our Scottish Centres to the 2017 workforce census allowed us to submit a robust case for expansion to the Transition Board which resulted in an additional eight posts. We've also been in discussion with the Cabinet Secretary for Health and NES to confirm that we will work to staff our Scottish trainee establishment to a whole time equivalent of 246 posts.

We've been working on consultation responses to the 'Children: Equal Protection from Assault' Bill and the 'Safer Streets' Bill. We responded to the Scottish Government's consultation on 'Reducing the health harms of food high in fat, sugar or salt' and are preparing a response to the Food Standards Scotland proposal to 'Improve the out of home eating environment' in Scotland.

We continue to campaign on our policy asks within our "State of Child Health" publication and recently had a question submitted to the Scottish Government by Monica Lennon MSP asking the Scottish Government why it has not implemented the recommendation by the RCPCH in Scotland, that the BMI of all children over five is measured.

Claire Burnett, External Affairs Manager Scotland

Northern Ireland

In January Professor Russell Viner hosted two policy events and attended other important meetings in Northern Ireland. Russell began the first of two member engagement meetings at the Antrim Area Hospital, and later that day met with members at the Royal Belfast Hospital for Sick Children. Approximately 40 people attended each meeting to hear about his work as President and he responded to questions from members. Among the topics covered were Paediatrics 2040, member involvement in RCPCH work, the new Children's Hospital and workforce, as well as training and careers.



Russell then met with the Chief Medical Officer to discuss the "State of Child Health", screen time guidance, politics in Northern Ireland and arrangements for children's health in Ireland after Brexit. The day finished with a meeting with the NI Children's Commissioner focusing on children's mental health. Russell echoed the thoughts of NI members in that we will continue to collaborate with the NI Children's Commissioner on these most important matters.

John McBride, External Affairs Manager Northern Ireland

Wales



Following publication of the 2019 "State of Child Health" scorecard, Officer for Wales Dr David Tuthill met with the Minister for Health and Social Services Vaughan Gething. Discussions included a number of recommendations that require further progress, as well as increased paediatric training for GPs and improving children's mental health, but focussed on obesity and workforce issues.

On obesity, the Welsh Government is consulting on a strategy called Healthy Weight Healthy Wales. Dr Tuthill raised key policy calls, including the need to expand the child measurement programme for Wales, reducing the proximity of fast food outlets to schools and making sure that all healthcare professionals can make every contact count by having difficult conversations with their patients, including children and young people, who are overweight or obese.

On workforce, the Minister has tasked the newly formed Health Education and Improvement Wales (HEIW) with developing a workforce strategy. Getting the right workforce in place is key to being able to implement standards including RCPCH's Facing the Future standards. Dr Tuthill agreed to present the most recent workforce data in a meeting with Welsh Government and HEIW officials this spring.

Gethin Matthews-Jones, External Affairs Manager Wales

Should we screen our children's screen time?

Children and young people's views on screen time use...

88% said screen time had a negative impact on their sleep
1.5 hours was the average time spent on screens before falling asleep



41% said screen time had affected their play / fun

35% said screen time had a negative impact on their mood / mental health



18% said screen time had a negative impact on their family time and schoolwork

109 Children and young people aged 11-24 years took part in this engagement exercise.

Margaret Donnellan, Head of Media and External Affairs explores the guidance released by the College.

The year got off to a busy start at the RCPCH as we launched our screen time guidance. It came as a surprise to some, but we did not recommend age-appropriate time limits for screen use, due to the scarcity of evidence to suggest that screen time is actually harmful. Screen use itself is not found to be toxic. It is rather the content and context of what children are viewing that is important.

Children and young people told us that, in a typical day they spend an average of



Our guidance - the first of its kind in the UK - suggests that parents should have frank and open discussions about screen time with their children, based on the child's developmental age and that family's specific need. Our message, in essence, is that while screen time itself is not intrinsically harmful, it shouldn't displace other important activities, such as exercise, healthy eating, spending time together as a family or sleep.

The guidance outlines a series of questions for parents which we hope will help them to make decisions about their family's screen use. These questions can be asked by parents themselves, or by clinicians approached by worried parents.

They include:

- Is your family's screen time under control?
- Does screen use interfere with what your family want to do?
- Does screen use interfere with sleep?
- Are you able to control snacking during screen time use?

If parents can be satisfied with the answers to these questions, then it is likely that they can be reassured that they are doing as well as they can with this tricky issue. If their answers flag up any concerns, then our guidance includes a number of tips to help parents deal with the issue within their own families.

We have also been working with the Chief Medical Officers of the four UK nations to help them produce their screen time and social media advice. This was published in February 2019, and reached the same conclusions as our guide.

We're encouraging members to signpost worried parents to our guidance and help them to start these conversations with their children. If a family wants to reduce screen use, we have offered some practical tips to support them to do so.

www.rcpch.ac.uk/screen-time

From the Annals of Paediatrics

Thomas Phaïre wrote the first paediatric book in the English language in 1545. The book is only 20,000 words long, about a hundredth of the length of a modern paediatric textbook. Like most physicians at the time, Phaïre didn't specialise in just children's health but was one of the first to suggest treating children differently to adults. He also recognised psychology, such as nightmares. He believed doctors confused their patients by using technical and difficult language, particularly Latin terminology, and thought patients recovered better if they understood what was wrong and how they should be treated.

Remedies in the medieval times were made from easily accessible ingredients, such as herbs and plants, but not always the most appealing. Treatments included applying snail slime to burns, curing earache by dropping snakeskin into the ear, curing shingles with a paste of vinegar and earthworms, and soothing sore eyes from too much crying by putting pigeon blood in them. Phaïre also advises rubbing hare brains, chicken grease or honey on the gums to help with teething - but a warm bath with camomile would also do the trick.

Kate Veale
Archivist & Records Administrator

The Booke Of Chylidren

BY
THOMAS PHAIRE

Staff Spotlight



Natascha Banziger is the Regional Support Coordinator working in the Governance Team.

Since July 2015 I have been the Regional Support Coordinator where I support the seven English Area Officers with their duties. This entails being the conduit between the College and the English Area Officers, liaising between them and my colleagues within the College. One of their duties is to seek out and represent the views of members in their patch and I help them out with this by communicating on their behalf with their constituents and keeping the regional web pages up to date. Every year I also assist the Area Officers in running the College's ACCEA process in their areas.

The Officers are part of the governing body that is Council and the organisation of the latter is something I am responsible for as well. Beside this I also offer the same sort of support to the Senior Members, Senior Fellows and Honorary Fellows Representative. I am also part of the nominations team where we post and promote the College's voluntary roles.

In my spare time I try to spend as much time as possible with my nieces and nephew in the Netherlands (where I am from). I also do the occasional samba reggae drumming with a London based group.

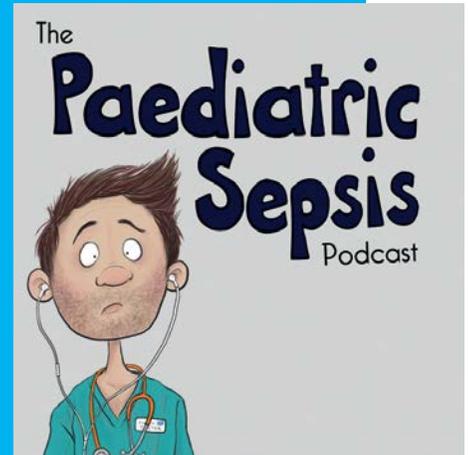
Coming soon – The Paediatric Sepsis Podcast

RCPCH and HEE together with MediSense, have created the RCPCH Paediatric Sepsis Podcast Series.

The series is hosted by Dr Emma Lim and will include a wide variety of guests from multi-disciplinary backgrounds.

Topics include:

- Sepsis: The what and the why
- Recognising sepsis, parents know best
- Sepsis and children with complex healthcare needs
- Bugs and drugs
- Penicillin allergy and sepsis, all you need to know
- Diagnostics: What's the best test?
- Management choices
- Management, the whole bundle



Newly elected Vice Presidents



The College is pleased to welcome its two newly elected Vice Presidents, Dr Simon Clark for Health Policy and Professor Nick Bishop for Science and Research.

Dr Simon Clark is a Neonatal Consultant at Sheffield Teaching Hospitals NHS Foundation Trust, where he is currently the Clinical Lead for the department.

The primary focus of his new role is to influence and lead on aspects of health policy within the College's strategy for health care and health services. The Vice President of Health Policy also supports the work of the Health Policy Committees which cover a range of areas from health promotion, child protection, informatics, standards, services, workforce as well as chairing the Invited Reviews Board and engaging with patient safety and quality improvement programmes of work within the RCPCH. Commenting on his new role, Dr Clark said "I hope to

engage with policy makers, providers, clinicians and commissioners to promote the RCPCH view, which could be summarised as the children are our future, so let us invest in them, across all levels of social and health care for the long-term benefit of the UK."

Professor Nick Bishop is Professor of Paediatric Bone Disease and Head of the Academic Unit of Child Health in the Department of Oncology and Metabolism at the University of Sheffield, and an honorary consultant at Sheffield Children's NHS Foundation Trust.

As Vice President for Science and Research, his role involves promoting and developing the RCPCH child health research strategy across the UK. He will also have responsibility for driving the College's work on national audit, child health research, clinical standards, quality improvement and guidelines and rare diseases. Reaching out to our members, Professor Bishop said "I'm keen to hear from you about what would make a difference to you in terms of getting research done where you are, and what you think I, and the College, can do about it."

We are delighted to have our newly elected VPs on board and look forward to working with them in the future.

Shortage Occupation List

Marie Rogers, Project Lead for Workforce Planning at the College outlines the case for including all paediatrics grades on the Shortage Occupation List, and the work we have been doing to advocate for this.

There are growing pressures in the paediatric workforce, and the demand for child health services outstrips the supply of doctors. The UK government recognises an NHS-wide shortage of healthcare professionals, and yet visa rules block qualified overseas doctors from filling these shortages.

Readers will likely be all too aware of this. You may know qualified and competent colleagues who have had to leave the UK once their visa expired, or healthcare professionals who have been blocked from working in the UK due to not earning enough. There is uncertainty about the movement of doctors once the UK leaves the EU, and further restrictions may also negatively impact our workforce.

The UK government has stated its desire to have a homegrown medical workforce, and the number of medical school places was increased by 1,500 in 2017, which was a welcome event. However, it will take many years for those doctors to enter the workforce and we have rota gaps and vacant posts which urgently need filling now.

In December 2018, the Migration Advisory Committee issued a call for evidence, to determine which professions should be on the Shortage Occupation List.



Professions on this list are recognised as having a shortage and are therefore not subject to the same visa restrictions as other jobs. The College has been campaigning for many years for paediatrics to be added to this list, and we submitted evidence in January this year based on our extensive workforce figures showing the extent of gaps in the workforce.

In Scotland, all paediatric grades are included on the Shortage Occupation List, and Scotland has the highest application rate to trainee places of the UK nations. The UK government must recognise that paediatrics is undersupplied, and that advances in child health will not happen without the workforce to support them.

The Migration Advisory Committee will be reviewing the evidence and issuing a report in spring 2019. Thank you so much to everyone who contributed to the evidence submitted by the College.

www.rcpch.ac.uk/work-we-do/workforce-service-design

Epilepsy12 release their national audit report

This January the Epilepsy12 team released their 2018 National Organisational Audit Report, which reflects data from 148 Trusts and Health Boards in England and Wales. Dr Colin Dunkley, Clinical Lead with Epilepsy12, gives us some insight.

Alongside being a Consultant General Paediatrician in Mansfield, I work as Epilepsy12 Clinical Lead which is now well into its third round having recommenced in 2018. We have comprehensively revised our approach and there continues to be many ways to get involved.

If you've not seen it yet, take a look at our recently published report showing how epilepsy services are developing across England and Wales. Find your local service and see how you fit in. Our new clinical audit methodology

has focussed on whole population continuous ascertainment, now with retention of patient identifiers. The platform includes live care-planning, updating diagnostic lists and drug treatment timelines. Epilepsy teams in each Trust have been registering children assessed with new afebrile seizures, who have an EEG from August 2018 and we have more than 4,500 so far.

We have launched a new QI programme to help energise epilepsy teams and networks and we continue to work closely with OPEN UK to connect ground-level work with national strategy setting. Encouragingly building on this was stated as a further aim within the recent published NHS Long Term Plan. Look out for our RCPCH&Us work, and why not invite Clinic Chats into your epilepsy clinics or link with the emerging team of epilepsy youth advocates?

We have been really challenged to rethink how Epilepsy12 should look in a modern NHS and for me personally how my local epilepsy service needs to grow up for the needs of our families. Ongoing thanks to the RCPCH Epilepsy12 team who can help you along the way as needed.

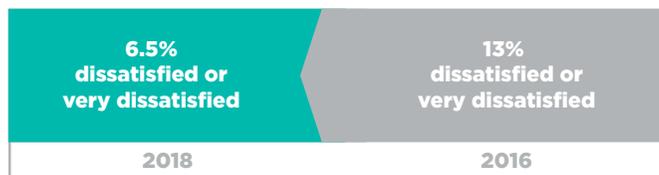
You sense fairly early on in your career in paediatrics that there are limitations to what you can provide for children and there are many factors that influence a child's health outside your control or influence. Working outside classical health boundaries or stepping into leadership roles outside your Trust sometimes reshapes what you can offer. I would highly recommend seizing opportunities to work outside your bubble!

www.rcpch.ac.uk/epilepsy12

Member survey 2018 - what you said

In late 2018, the College undertook a member survey. Here Patrick Cullen, Membership Manager highlights the key findings.

The aim of the member survey was to provide an opportunity for you to give feedback about your experience of RCPCH membership and to help us to shape the services and benefits we offer to you.



The 2018 survey was completed by 1,863 members, which represents 10% of the total membership of RCPCH.

One area of concern that emerged clearly from the survey was that the College is too London-centric and should focus on providing more for members across England and the devolved nations.



When asked to rate member benefits, the ADC clearly came out on top with 79% of respondents rating it as ‘Excellent’ or ‘Good’. Child Protection resources and regular eBulletins also proved popular.

We are strongly committed to addressing this concern through:

1. Expanding our pilot Stepping Up programme, supporting senior trainees and new consultants with the transition, to seven regions. Each region will run up to three events, covering a range of locally-determined topics, facilitating networking and peer support for the target group.
2. Putting members at the heart of Paediatrics 2040 – our exciting new project to design health and healthcare for future generations. Over 100 members from across the UK have joined this project.
3. Local events – RCPCH Officers and staff will visit every region in 2019, representing the College at paediatric society meetings and study days.

Another theme that emerged strongly in the survey was workforce pressure. It was clear from the responses to the question ‘what are the three biggest challenges you face as a paediatrician?’ that many of you experience similar problems right across the UK, whether you work in small DGHs, community paediatrics or large tertiary centres.

Indeed, our own winter workforce briefing 2018 shows that we are around 850 consultants short across the whole UK, which is a pretty large proportion of our overall workforce.

Throughout 2019, the College will release a series of reports that profile each nation using the RCPCH Medical Workforce Census data from 2017. Each report will come with key recommendations that will work to influence key decision makers responsible for requiring and retaining our paediatric workforce.

We continue to use the full survey data to develop work plans for the forthcoming year.

Your comments

“Reception staff and RCPCH staff in general I find, are always polite, helpful, courteous and supportive. It really does make a difference and I really do value their expertise and helpfulness. Thank you.”

“It is great that the College takes a real interest and listens to trainees.”

“I value the College taking a vocal political stance on issues relevant to paediatrics, for example speaking out about poverty, and about child mental health.”

“When I have had to phone for support about the ePortfolio, I have found the College staff very helpful.”

“The new training for clinical leads has been excellent.”

“I visited the College headquarters this year and needed access to a computer. They were very welcoming, and it made me grateful I had a place of calm, quiet and support to go to after a long journey from Australia.”

Top tips to tackle burnout

Clinical psychologist, Dr Judith Johnson shares some insights into how you can avoid burnout. She will be hosting a session at this year's RCPCH Conference and exhibition.

Burnout is the most widely known inverse measure of wellbeing in doctors. It describes two key states, feeling emotionally and physically exhausted by work, and a sense of detachment and disengagement from patients.

There is a growing awareness that burnout is a problem for the NHS. In 2018, this was reflected in the GMC's decision to include burnout items on its National Training Survey for the first time. They received responses from 51,956 trainee doctors and 19,193 trainers making it unarguably the largest survey on burnout in UK doctors to date, and possibly the largest in the world.

1. Take breaks

Our studies in general practice show that breaks are key to fending off burnout. The short respite from work for a cup of coffee can give a much needed boost. Breaks are best when they're part of the service routine and allow colleagues to catch up together.

2. Get support

Doctors who feel supported report lower burnout. Ideally this will come from the service you're based in. If not, network with other doctors from outside of work. Communicating with patients can also help them understand the pressures you face.

3. Diversify

Doctors who combine direct patient care with other professional activities such as research and teaching experience lower levels of burnout.

The results were startling, one in four trainee doctors and one in five trainers felt burnt out. These results have concerning implications for patient care. Consistent evidence suggests that when burnout rises in doctors, patient care suffers.

The reasons for these are complex, but it seems that burnout impairs decision making ability and reduces capacity for empathy with patients. Avoiding burnout in the current NHS climate may seem like pushing water. Increased demand and reduced resources have created a perfect storm of the factors known to increase burnout risk. However, despite this, there are actions that individuals and managers can take to protect themselves and their staff, reducing the risk of burnout. Here are five evidence-based suggestions:

4. Be aware of your admin load

Studies show that doctors who have high administrative loads are more likely to experience burnout and while admin is a part of our work, be aware of the time you spend on this. Where there is opportunity to reduce this or delegate to someone else, take it. Increasing the face time you have with each patient not only benefits them, but it can help keep your own burnout at bay.

5. Don't be a perfectionist

Having perfectionist attitudes can adversely affect your mental wellbeing. Research shows that the people who cope best under pressure are those who are low on perfectionism. These people understand that if they're under pressure, low priority tasks can wait. So, if you've had a bad day, go easy on yourself. No one's perfect!

New Chair of the Trainees Committee Hannah Jacob



Times are busy for the Trainees Committee with an assortment of exciting projects completed and others just beginning. Made up of trainees from around the UK, the committee is focused on issues around training and assessment.

We are finalising the Training Charter which outlines what trainees expect from each training unit they work in. This will sit alongside a trainee toolkit, a practical guide to navigating paediatric training. Work continues on the Shape of Training and how this will affect current and future training for paediatricians. We are also beginning a project to develop welcome packs for new recruits and exploring what we can learn from exit interviews with those who leave. We continue to be involved in improving ePortfolio and workplace based assessments.

RCPCH Conference and exhibition

13-15 May 2019, ICC Birmingham

Paediatrics: pathways to a brighter future

Join other members and key players in child health at this year's RCPCH Conference and exhibition.

Find out more and book your place at www.rcpch.ac.uk/conference



NHSE long term plan

Health Policy Assistant, Rachael McKeown, gives some key highlights of the final Plan.

On 7 January, NHS England published its Long Term Plan for the NHS, outlining their vision for healthcare in England over the next ten years. We were delighted to contribute to the development of the Plan to make sure that child health is prioritised.

Our President, Professor Russell Viner, represented RCPCH on the 'healthy childhood and maternal health' working group and our health policy team submitted evidence directly to the NHS on the following topics: diabetes services, early childhood, epilepsy services, integrated care models, mental health and health & justice / armed forces / SARCs.

We're delighted that the final Plan includes a number of commitments dedicated to improving outcomes for children and

young people. You can read about what the Plan means for child health on our website and here are some key highlights:

- NHSE to create a Children and Young People's Transformation Programme, to oversee the delivery of all commitments to children in the Plan.
- Move towards a 0-25 years service by 2028, providing person centred and age appropriate care for young people's health needs.
- Expanding community based mental health services and development of Mental Health Support Teams working in schools.
- Targets to reduce stillbirths and neonatal mortality by 50% by 2025.

www.rcpch.ac.uk/nhs-long-term-plan

A day in the life of a paediatrician

Phil Neill is an ST4 at the Royal Odham Hospital.

My role involves responsibility for providing oversight of inpatients, referrals and admissions. I need to know what treatments have been started for inpatients, and what input they need during my shift. You have to take on roles that you didn't even realise you were doing, you have to manage junior colleagues and staff, provide support and instructions when you can't physically be in a different area. I have to be an educator and empathiser to patients, parents and staff alike.

I became a paediatrician because I wanted to have the opportunity to have lasting and long reaching impact on a person's life long after childhood.

My typical working day starts with a handover of about 20 inpatients, talking about the most unwell first. Ward round lasts two - three hours, then each child is rediscussed with the team to create a personalised plan for that day. The ward team arrange investigations and discharge for those

in acute beds. This can involve liaising with tertiary centres for advice or receiving repatriation of transferred patients.

The assessment team take new referrals from our A&E and community teams. Providing a specialist opinion and suggest actions based on this. You get a fantastic balance of light hearted interactions, like feeling what a two year old ate for breakfast during their abdominal exam, to leading arrest situations in A&E.

The most difficult part of my job is politics and perceived inequality. The hospital services are in huge demand, staff across all sectors are stretched and working hard to provide good care. Being aware that having only five minutes to see a patient, having 30 other children waiting to be seen who have already been there three hours, stabilising a sick neonate may all be happening in the background and may be contributing to all our pressure levels. Taking a minute to walk in someone else's shoes and keeping the patient at the centre of their care helps keep me focused.



The best part of the job is stickers, meeting Anthony Martial at Christmas, and conducting entire consultations in a voice vaguely similar to Winnie the Pooh.

My most memorable moment was watching my colleague pass an endotracheal tube with ease after several near misses, some threats of resignation and some practice between the two of us. Oh and my overdiagnosis of granulomatosis with polyangiitis is always fun!

When I'm finished work I like to get away from screaming children and hang out with my two year old son, he doesn't get much say in the matter but seems to enjoy shouting at me as a compensation.

An eye on the global links programme

Alexandra Pledge, Programme Adviser with the RCPCH Global Health team, tells us about her work with the Rwanda Neonatal Care Programme.

I joined the RCPCH Global Links Programme as a volunteer in 2016 having attained my CCT in general paediatrics in London the year before. I spent a year working at the Ola During Children's Hospital in Freetown, Sierra Leone. On my return to the UK, I remained involved with the global team's work through teaching ETAT+ and I then joined the Rwanda Neonatal Care Programme in 2017 as a clinical advisor.

Global child health had always been an interest of mine and through my work with the RCPCH global team I've been able to continue to develop it alongside my NHS career. My experience in Sierra Leone was challenging and life affirming and served as a solid foundation on which to continue global work on a more part time basis as I returned to life as a consultant in the NHS.

Teaching and training has been a large part of all my work abroad and I have enjoyed the challenges of working in different contexts, languages and with very different groups of colleagues. It has helped me grow in confidence and, I hope, skill. I have seen the global programmes at the College evolve into increasingly structured projects with a focus on strengthening local healthcare infrastructure and with the aim of sustaining change in the longer term. It is not difficult to do harm when working in low resource settings and the aid and development sectors are littered with poorly thought out projects. My experience of working with the global team has been collaborative, supportive and reflective and I have enjoyed the professional and personal growth that has come with the projects I have worked on.



I have learnt so much in terms of developing quality improvement and system change, notably in terms of being creative in poorly resourced settings, and this has helped me in my UK work too. The global perspective I have gained from working in sub-Saharan Africa has impacted me in so many ways and certainly helps with not 'sweating the small stuff', very useful in day-to-day NHS work.

It goes without saying that not all global health work is fun or easy. But I have met so many wonderful people along the way and it is those relationships that are my enduring memories of working in challenging circumstances. When you embark on a global health project you step onto a roller coaster of great highs and some tough lows – the stakes are high – but it is fundamentally rewarding work and I am so glad that it is part of what I do and who I am as a doctor.

www.rcpch.ac.uk/work-we-do/global-child-health

Dates for the diary

How to Manage: Gastroenterology

30 April, Sheffield

Safeguarding: Statement and report writing

4 June, Cardiff

How to Manage: Paediatric sickle cell disease

7 June, London

Progressing Paediatrics: Neonatal cardiology

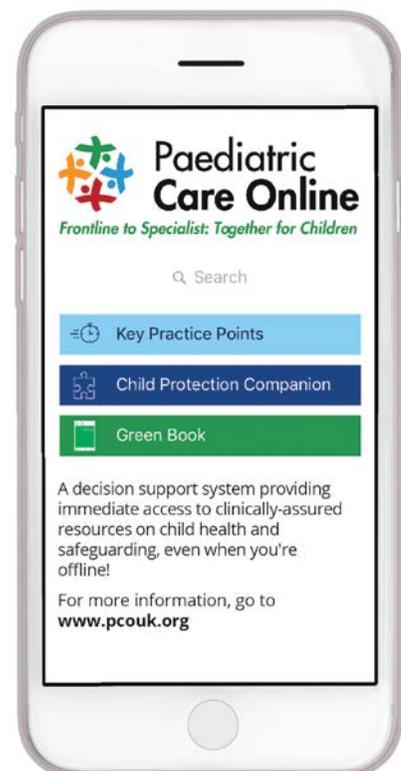
14 June, Glasgow

**Paediatric Clinical Leadership Development Programme –
Module 3: Workforce design and management**

9 July, London

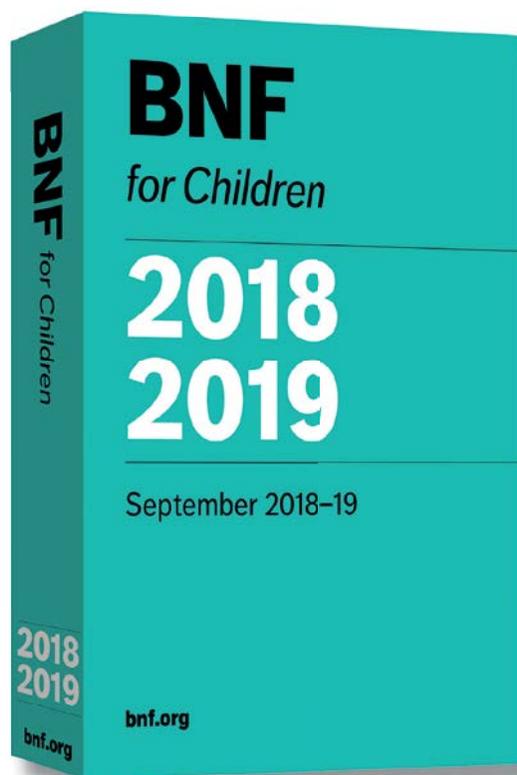
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