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Glasgow, Scotland - 22-26 August 2021

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The deadline for submitting a proposal is Tuesday 30 June, find out more at www.ipa2021conference.com/pre-congress

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OUR LIVES AS clinicians and healthcare workers changed in the most dramatic way this year, and we continue to navigate an extraordinarily difficult period. Few of us will emerge from this pandemic without having felt its effects on our work, our wellbeing, and the people we love.

The way we work as individuals, and the way our health system functions, has flexed rapidly to meet the scale of the crisis. It has not been easy, and I want to thank you for everything you’ve done to support patients, each other, and our NHS. Eventually, we will come out the other side – and only then will we see the extent to which so many healthcare professionals rose to this immense challenge.

This edition includes a major focus on wellbeing and I’m very grateful to the many members who contributed. Coping and staying well in this environment is not easy, and the post-pandemic period will also be vital in terms of how we recover, process the experience, and return to some semblance of normality. We will get there, and in the meantime, I wish you all the best for this unusual summer. Stay healthy and well.

Best wishes,
Russell Viner
@RCPCHPresident

Welcome
**COVID-19**

**Focussing on the light at the end of the tunnel**

**Dr Seb Gray**
- General Paediatric Consultant
- Milestones Editorial Team
- @SebJGray

WHEN COVID-19 ARRIVED on the scene, I wasn’t convinced it would become the pandemic predicted and massively underestimated the impact it would have on all our lives. How could an innocent little virus sweetly named after its crown-like appearance cause so much devastation? Whilst paediatric patients have thankfully been relatively spared, the impact has metastasised to every home in the country.

The UK has been united with obvious analogies to wartime. Key worker definitions were re-aligned to those that are truly key rather than those who could afford the most or fanciest keys. Doctors, nurses, allied health professionals all achieved hero status and a new-found respect from the public with communities clapping interrupting our onion chopping. We’re in this together and although everyone is social distancing, I’ve never felt closer to my colleagues and the paediatric community. I’ve never been prouder to do the job I do with the people I do it with.

### Speeding up

For many years, people have been trying to modernise the way we deliver care. Suddenly, it’s like the NHS has been injected with a combination of somatotropin, steroids and fairy dust. Guidelines, SOP’s, recommendations, clinical trials are all being produced in a fraction of the time. Innovative virtual meetings, tele-medicine and streamlining of outpatient services has happened. The wards are as empty as they can be - it’s like an eerie Christmas Day as we wander around with a different attitude to old men with grey beards. All the red tape has turned green and people are bending over backwards to make things happen better and faster. A few weeks has seen progress that would normally take 10 years.

**A brighter future?**

The personal protective equipment may have been in short supply at times, but there has certainly been a switch in holistic care, mindfulness and focus on self-care of doctors. In between the inexorable catastrophising, social media has been littered with positive messages of support, camaraderie and encouragement. Amongst all the anxiety and unknown, you now don’t need to look far to counter it.

COVID-19 has induced fear, anxiety to millions and killed thousands. This may be the calm before the storm. This may be as stormy as it gets in paediatrics. There is a lot we still cannot predict and living with uncertainty is not something we enjoy. But one thing is for sure, when COVID-19 moves on, we will be left with a better NHS than the one we started with. No matter how dark things get, there will always be light at the end of the tunnel. Until we get there, we may need to remind ourselves and our colleagues of this. We may be two metres apart, but we are in this together and we will come out the other side closer than ever.
Coping with COVID-19

“Resources are plentiful, including our favourite songs to dance to and a list of where to buy food”

SAFEGUARDING

Vulnerable children

AS THE COVID-19 pandemic unfolds, attention is turning to the indirect harms being suffered in its wake. Failure to access treatment for other illnesses is being witnessed, other harms are not so visible. The lockdown is increasing adversity whilst reducing opportunities for early recognition and response to child abuse, leading to a perfect storm for vulnerable children and young people.

Children are currently less visible through absence from school and out-of-school activities, reduced home visits from health and social care staff and minimal face-to-face health appointments. Children’s voices are therefore not being heard and for some it may be a long time, if ever, before their stories are told. Yet in the meantime that story is being written in their bodies, as a maladaptive stress response that we know can result from experiencing childhood adversity.

Looked after children are also at increased risk, affected by reduced capacity to undertake health assessments, redeployment of designated professionals and clinicians, paucity of foster carers and the impact of health risk for older adult carers affecting placements. Young people in semi-independent placements and those leaving care at 18 years old – imagine being on your own in the current tsunami?

Anecdotally referrals for child protection assessments have reduced substantially. Acute and community paediatric services need to continue to be, and be seen to be, offering the same services safely, even if it is not quite ‘business as usual’. We need to look to the future and keep children safe.
RESEARCH

RCPCH and Newlife Clinical Research Fellowship

**FINDING THE TIME** to carry out research as a doctor can be a daunting task. Clinical training structures and the scarcity of funding tailored to such contexts compound the challenge. Which is why I was elated to learn of the RCPCH and Newlife Clinical Research Fellowship that is specifically designed to overcome such structural restrictions. Clinician scientists bring a valuable dual expertise which is key when it comes to prioritising research questions and addressing patients’ priorities. As a paediatrician and neuroscientist, my goal has been to find new therapies to improve the care and outcomes for patients with childhood disabilities such as Rett syndrome (RTT).

Despite significant research efforts into RTT, there is no cure yet and limited symptomatic treatments. My research aims to understand network-level defects and has the potential to identify circuit-specific targets for novel drug therapies. To achieve this, I will now be able to share my time between a leading research group in neuroscience at the University of Cambridge and my clinical training as a specialty trainee at Addenbrooke’s Hospital in Cambridge.

I am honoured to have been the recipient of this three year fully funded fellowship, and hope I can achieve the level of medicine that will make an impacting difference on helping children with complex conditions that as yet have no cure.

Hope

I drew this as a message of hope beyond the monochromatic shadows of today, and as a symbolic reminder that mental health matters during these uncertain times. It’s an appreciation for all keyworkers and most importantly, a massive clap for my NHS colleagues at the heart of it. As a paediatrician, seeing drawings of rainbows has been incredibly heart warming. Knowing we all stand together by way of these simple gestures of community effort lifts my spirit. That these are from kids and for kids makes it extra special. Goes to show you’re never too young or old to colour, appreciate and inspire.
**Milestones**
**UPDATE**

**Staff Spotlight**

**David Lay**
**Training Services Planning Lead**

I joined the College back in July 2014 and have worked within pretty much every aspect of the training services team from certification and assessment to everyone’s favourite ePortfolio.

My main focus is the planning side of training and implementation within the training services team. I’m a big believer in focused education, and using the online systems to help trainees achieve this. I do this by presenting the many ideas on the ePortfolio system and emphasise that the focus is not just to tick boxes but to make sure that some focused learning has taken place.

Outside of work I enjoy exercising and running and have competed in a number of half marathons. I also enjoy films and TV and can probably chat for hours on it. I’m also a big football fan and play in goal for a seven-a-side team on a Thursday!

If there is anything you find you are struggling with in training, then my best advice is to get in contact with us! training.services@rcpch.ac.uk

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**MUSIC**

**STAYING INSIDE!**

WE ARE A MUSIC GROUP made up of paediatric trainees from across The North and South Thames deaneries. We have gone through a few iterations in terms of band names (Paeds Rocks, The Kaizen Chiefs, and many more excellent pun-based names) on the way to becoming the band we are today.

Coldspray!

We play paediatric themed parodies of well-known hits. When our first big gig at the London School of Paediatrics conference was cancelled, I suggested that we release something anyway - a remotely recorded track of us doing our thing. That day, a few of us got our heads down and wrote the lyrics for “Stayin’ Inside”.

Getting a gaggle of paediatrics trainees on totally different rota rotations has been hard at the best of times, and it took us multiple recordings to get it down. Once the excellent Pri had done the post-production wizardry, we just needed to get it out there. Luckily one of our singers, Katie, is the face behind the inspiring @NHSMillion account (Twitter and Insta - check it out), and so there was our outlet!

We wanted to send a clear and serious message out, in a light-hearted and jovial way, namely that staying at home, washing our hands, and avoiding physical proximity or contact with others is the strongest tactic we have against this awful virus. We hope people take the advice on board!

Coldspray consists of Jonathan Broad, Zubbar Choudhri, Joseph Machta, Katie Rogerson, Priyen Shah, Davey Thaxter, Hannah Walker; and Neal Russell and Luca Zombori (who sadly couldn’t make the video).

Do get in touch if your event needs hilarious music based on the joys and perils of paediatric night shifts!

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**Communicating in PPE**

“Doing a ward round with masks has been an entirely new challenge” – a paediatrician with profound hearing loss shares her tips
Dr Bhanu Williams
Consultant Paediatrician
Co-Chair of the RCPCH Equality and Diversity Committee

**Update**

**Milestones Journal**

Disadvantaged children are more vulnerable to illnesses and we are keen to highlight research in this area. The problems migrant children and their families face in relation to the fear of being charged for seeking treatment in the NHS are highlighted in a survey carried out by the College in association with Medact. Unfortunately, the survey identified many children experiencing harm from confusion over the government legislation.

We also provide evidence-based reviews and editorials on different groups of children who are the most disadvantaged. A recent example is the editorial by Sarah Beresford on the adverse effects of parental imprisonment on the health of their children.

**Journals**

**ADC Journal Update**

Out of sheer curiosity, I’ve been revisiting what Russell, Imti and I wrote in the last issue of Milestones. Just a few weeks after (and I appreciate I’m risking cliché), the world had changed. The only comparison in living memory (and the analogy is imperfect for a number of reasons) was the onset of HIV/AIDS in the early-mid 1980s.

We resisted the temptation to publish multiple case reports in those first weeks, choosing to take stock and wait for harder epidemiological data, in order that we could inform as reliably as possible.

I’m convinced that was the right decision and the richness of the papers we’re now publishing testifies to the quality of data the extra weeks afforded us.

When one is being submerged, as we all have been, it’s easy to lose perspective. One of the roles of ADC is to help to maintain context and I hope the range of papers online and in print and the thud on doormat familiarity of your issues being delivered serves this purpose.

And well done on the extraordinary jobs you all do – YOU are the highlights of this issue.

**BMJ Paediatrics Open**

Recent findings of the committee found that the data collected for monitoring purposes were inadequate to monitor diversity and inclusion. There is no data collected on sexuality, religious belief, age or gender identity.

Although almost two thirds of College members are women, they occupy only half of volunteer roles. Two in five members do not currently disclose their ethnicity. Interview discussions suggested that this is because many do not recognise their own identity in the categories offered. Black and Black British members are under-represented in College volunteer groups. On disability, disclosure rates are extremely low.

Our recommendations are that confidential monitoring of the seven existing protected characteristics should commence. Voluntary roles should be incorporated into the diversity and inclusion policy. It should allow those outside London to engage in meetings more easily, advertise voluntary job roles as potential job shares and ask local representatives to identify appropriate candidates, and encourage them to apply.

While appointments should be made solely on merit, the College needs to work harder to ensure that paediatricians from every background, including traditionally under-represented ones, feel confident to share a diversity of thought, perspective and experience in its voluntary roles. It’s hugely refreshing that the College asked for this work to be done and we look forward to the changes suggested being implemented.

**Volunteering**

Diversity and inclusion in voluntary roles

Dr Bhanu Williams
Consultant Paediatrician
Co-Chair of the RCPCH Equality and Diversity Committee

**Recent Findings**

When the PAFTAs went national, they had to seek permission from the BAFTAs to use the name (they agreed!)

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

Diversity and inclusion data needs to be improved

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

When the PAFTAs went national, they had to seek permission from the BAFTAs to use the name (they agreed!)
Children have been telling us what they want hospitals to look like.

PAEDIATRICS 2040

Our journey to the future

THE RESULTS ARE in and we can now reveal some of the highlights from the members’ survey for Paediatrics 2040. We asked you to outline how you thought paediatrics would look in 20 years’ time. The key challenges, key innovations, how we might be delivering care and what the workforce would look like. Nothing could have prepared us for the variety and creativity of the responses we got.

Some went for a pretty chipper approach – we will all be happier, departments will be better staffed and all our IT systems will link up. Care will be integrated, mental health support will be fantastic and of course we will all be helped day to day by our electric cars.

Raising concerns

Others struck a more worried tone – air thick with smoke, a widening gap between rich and poor as the impact of poverty is borne by our nation’s children.

No doubt the reality will turn out to be a hybrid of both. Certainly reading the responses gives us our goals and challenges for the next few years.

What’s next?

We’ve also been asking children and young people what they think the future will look like. They told us what they want from their hospitals and doctors of the future, including doctors who dress colourfully, have jokes and stickers ready, and are fun. They also designed some fabulous hospitals for us.

Many of the concerns you identified are already a reality and we must do everything in our power to prevent them worsening. We owe it to our children to get this right.

For more information on the Paediatrics 2040 project www.rcpch.ac.uk/paediatrics-2040

PAEDIATRIC TWEETS

Raining heavily? Look for rainbows @SebJGray

Not all superheroes wear capes. @HLB27

We will come through this @CamillaKingdon

Be the change you seek @DrNickTwit

Kindness always creates happy memories @DocFizzabella

Don’t Forget: Wash Your Hands! @drjamesdearden

Have courage and be kind. @HannahCJacob

‘This is us’ together united @anna_annabav

Everyone counts, even those who can’t... @RCPCH_TA

You’re braver than you believe. @Leena_Patel

We Rise By Lifting Others @nishnashpat

Take the next best step @DrStaceyHarris

FEEDBACK

Get in touch about the magazine! Tweet @RCPCHtweets using #RCPCHMilestones
Disability Matters online resource updated and relaunched!

Disability Matters is a free online learning resource suitable for a wide range of healthcare professionals, consisting of 60 standalone sessions to enhance your understanding and clinical practice. Developed by disabled young people, parent carers and experts, it has bite-sized modules that match the needs of individuals, groups, organisations & sectors. It offers practical advice about supporting disabled children, young people & their families to achieve the outcomes that matter to them.

Find out more: www.disabilitymatters.org.uk
Young people from RCPCH &Us have shared their stories with *Milestones* about living in a pandemic

**NADIA AND EMMA SHARE THEIR COVID-19 EXPERIENCE**

**NADIA**

*Tell us about yourself:* I'm Nadia, a teenage student from Northampton. I study psychology and love raising awareness for young people's mental and physical health, and eating brownies!

*Message to the NHS:* In the chaos, I'm so thankful to a team of NHS heroes who step into a mess that others step away from. You are truly appreciated.

*Thing you are looking forward to doing when social distancing finishes:* I cannot wait to hug my friends, get McDonald's and go to a supermarket without standing queuing down the road!

*What is keeping you entertained:* I'm watching *Lie To Me*, a psychology/crime programme.

**EMMA**

*Tell us about yourself:* My name is Emma. I am currently studying Childhood and Youth Studies at university, but I am now back home as I am a transplant recipient.

*Top tip for staying healthy, happy and well at home:* I feel best when I am in a routine so I suggest creating a timetable. Also, don’t be hard on yourself if you don’t complete it as the important thing is listening to your body!

*Message to the NHS:* Thank you so much! Every one of you is amazing and I really hope you realise how loved you are!

*Thing you are looking forward to doing when social distancing finishes:* Going out for a pot of tea and lovely slice of cake.

*What is keeping you entertained:* I am re-reading the Harry Potter books.

**New Health Diary**

We have made a health diary to help patients between their regular doctor appointments and have worked on resources for families. We are really inspired by how children and young people are coming together to help others with pictures, messages and volunteering.

*Find out more*

[www.rcpch.ac.uk/health-diary](http://www.rcpch.ac.uk/health-diary)

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

**ABOUT**

**KEEP IN TOUCH**

@RCPCH_and_Us  @rcpch_and_us  @RCPCHandUs  and_us@rcpch.ac.uk
Dr James Dearden
Paediatric ST7
RCPCH Trainee Representative for South West (Peninsula)
@drjamesdearden

The Paediatric Awards For Training Achievements, or PAFTAs, are a trainee-led initiative that seek to identify those individuals who are exceptional role models, team workers and embody the principles of the College. The awards originated in the Wessex Deanery to address waning morale in trainees by recognising trainees and supervisors who went the extra mile.

East of England Deanery were early adopters, followed shortly by a number of other UK deaneries and the College itself, which championed the PAFTAs as centralised awards. Deaneries are now encouraged to undertake their own PAFTA process and put forward their winners for national consideration, to be judged by a panel including children and young people.

Regional PAFTAs are now a widespread phenomenon. The process is mainly trainee-led, with input at the final judging stages from the Head of School/Training Programme Directors in many cases.

How does the process work?
Each deanery faces its own unique challenges, and it is important to identify ways in which the PAFTA process can be integrated into existing systems. At its core, however, the PAFTA process is simple:

1 Nominations: Free access surveys such as Google Forms or Survey Monkey allow you to quickly and easily set up a nomination form and collect responses.
2 Certificates: There is nothing more powerful than a thank you card, and this remains the cornerstone of the PAFTA impact within departments: simply a way of saying “Thank you”, and recognising the huge contributions made by our colleagues.
3 Adjudicating: Collating nominations, shortlisting and then making final decisions about winners

“There is nothing more powerful than a thank you card... this remains the cornerstone of the PAFTA impact”
needs to be a transparent and multi-level process. Fairness and parity is essential to the success of your PAFTAs.

**Awards:** Many regions have chosen to have an awards ceremony, or harness the PAFTAs to an existing social event or conference.

**What has worked elsewhere?**
The PAFTAs are all about recognising excellence, so I thought I would share some success stories, which might help your regional PAFTAs:

- **MDT PAFTAs:** About 50% of the UK deaneries have opened up the PAFTAs to the wider multidisciplinary team (MDT), allowing them to make nominations and receive awards in new categories. Some regions have seen a huge increase in adoption and engagement by doing this.
- **PAFTA Champions:** Engaging different trusts can be a real struggle, so why not try to find ‘PAFTA Champions’ in each hospital or department to beat the PAFTA drum?
- **Get online:** Create a website, spread the word, share on social media, make nominations easily accessible for everyone to read, post up photos.
- **Make a big deal:** The impact of recognising fantastic work and celebrating it can be huge, particularly within the multidisciplinary team. Make the most of the ability to genuinely make somebody’s day with a few kind words and recognition of everything they do.

I have had the privilege of establishing the PAFTAs in Devon and Cornwall, and I have been overwhelmed by the force for good it has become in our region. We started from scratch in 2017, and last year, we received over 860 nominations recognising every staff group, from cleaners to consultants, across our five regional trusts. Over 230 staff attended our awards dinner this year.

**For further information on the PAFTAs**
www.rcpch.ac.uk/pafta

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**NATIONAL PAFTA WINNERS 2020**

**AND THE WINNERS ARE...**

**Junior Trainee of the Year**
Supporter of junior and senior colleagues alike, Jonathan set up a choir on the neonatal unit and works tirelessly to champion the cause of migrant children within the NHS and beyond. “It’s lovely to receive this award, and I know a big part of it was the amazing team at Evelina NICU who nominated me, they work really hard and made an effort to celebrate everyone. I want to shout out to all the amazing team – the doctors, nurses, domestics, and everyone who makes it a great experience. Also a shout-out to the NICU choir – and the RCPCH team who have been working to campaign for full access to healthcare for undocumented child migrants in the UK. In difficult times at the moment it’s more important than ever to celebrate each other. Thank you!”

**Educational Supervisor of the Year**
Jessica is a tireless advocate for trainees who dedicates herself to supporting others, providing fantastic care for her patients and championing the cause of her junior colleagues at every turn.

“I feel very honoured, and also extremely surprised to have won this award. I’m a newish consultant, in my first job. Supervising trainees, both clinically and educationally, is one of the aspects I’m enjoying most about this job, but I’m certainly still learning to do it well! I feel inspired to be working with such enthusiastic, intelligent and caring trainees every day, and it’s great fun learning together, and from each other. I’m so grateful for the many inspiring role models I had through training, if I can pass on even a fraction of all that wisdom and kindness I’ll be happy!”

**Senior Trainee of the Year**
Laura is a highly regarded teacher, long time advocate of children and young people and someone not afraid of a challenge who has worked abroad in Africa to train staff and care for very unwell children.

“It is a privilege to be nominated for a PAFTA. It is testament to the wealth of training opportunities offered by the College, from SPIN modules to volunteering abroad, and the excellent teaching and invaluable support I’ve received from my consultants and peers in the west of Scotland, over the last eight years.

I am eternally grateful and proud to work alongside such wonderful colleagues and friends and, as I approach the end of my training, will relish the challenge of paying back the support I’ve received to the next generation of paediatric trainees.”
FROM THE START of my paediatric training, I knew I wanted to work in a global health setting, but also understood I would be better equipped for this after gaining more experience in paediatrics. I therefore waited until after my ST3 year to apply for an Out of Programme Experience (OOPE) and work abroad.

I chose the RCPCH Global Links programme due to its sustainability, its emphasis on evidence-based interventions and its focus on the transfer of skills and knowledge to local staff.

After being accepted by the programme, I was placed in Sierra Leone. The World Health Organisation states that 10.5% of children in Sierra Leone will die before their fifth birthday. But, in my experience, this may be an underestimation due to lack of birth and death registration in rural communities. In addition, about 10% of paediatric patients admitted to hospital will die. Traditional medicine is used widely and includes administering potentially harmful substances. This, together with a large proportion of the population living remotely, means that children often present to hospital at a late stage of illness after seeking alternative treatments.

Life in Sierra Leone

During my six-month placement, I lived and worked with two Sierra Leonean nurses and one other UK volunteer. Over this time, we got to know each other really well and became like family. This experience has given me a deep understanding of the Sierra Leonean culture and way of life.

The hospitals are very different from those in the UK and a lot of the differences make the environment challenging to work in. Many hospitals do not have a consistent 24-hour electricity supply which means that, at times, there is no way of administering oxygen to patients. There is often a lack of essential medicines and equipment and there are much fewer diagnostic tests available. There is a shortage of doctors and it is often nursing staff who deliver the first-line care to patients. In addition, a lot of the staff are not paid and work as volunteers until they eventually get their ‘pin’ from the Ministry of Health, which can take more than 10 years. Despite the challenges, the staff who work in the hospitals are dedicated to their work and eager to improve healthcare within the country.

During my time in Sierra Leone, the emphasis of our work has been delivering ETAT+ (Emergency Triage Assessment and Treatment) training to local staff, a course designed to teach the care of the critically unwell child in low-resource settings. In addition to classroom teaching, I have provided clinical mentoring in the workplace and have conducted ward rounds in the paediatric resuscitation room. As a team, we have also led quality improvement projects such as setting up a triage, initiating a nursing allocation system and supporting local staff in establishing weekly mortality review meetings. It has been a pleasure to see staff develop in their abilities to manage paediatric patients. We have
also seen how our systematic changes have improved paediatric care.

Despite the positive changes we have made, the high rate of mortality and scarcity of resources has made the work challenging at times. It has been important for me to find ways to unwind after a difficult day and to keep myself mentally and physically fit. I was lucky to be placed with another UK volunteer who is a runner so we trained for a marathon together in the evenings and at the weekend. Our house has been really sociable and the Sierra Leonean nurses love a party. We have spent many evenings playing games and dancing to music in the garden.

Moving forwards

The experiences I have had whilst in Sierra Leone have been invaluable in developing me as a paediatrician and as an individual. I have looked after many more critically unwell children than I would have in the UK which has increased my confidence and leadership skills. Due to the lack of diagnostic tests available, I have relied heavily on my clinical skills, which have also improved.

I have found settling back into life in the UK fairly challenging, particularly since I have arrived back during the pandemic. Despite the obvious difficulties the pandemic has presented to my working, I am very grateful to be in a place that has facilities such as running water and an adequate supply of soap. In general, I now have a greater appreciation of the facilities we have in the UK and the ease at which simple things such as administration of medicines and venepuncture are conducted to a high standard. My time in Sierra Leone has affirmed my passion for global health and I look forward to seeing where my interest in this field may take me.

As of March 2020, RCPCH Global has brought all volunteer clinicians home to ensure their wellbeing and support the NHS during the pandemic. RCPCH Global remains committed to our partner paediatric communities in Myanmar, Sierra Leone, Rwanda and around the world, and intends to re-engage operationally with them as soon as the global situation allows. Find out more about RCPCH Global www.rcpch.ac.uk/globallinks-programme

“The experiences I have had whilst in Sierra Leone have been invaluable in developing me as a paediatrician”

“Because of ETAT+, we don’t wait. We intervene and save lives”

Interview with Jacklyn Bangura ETAT+ mentor and nurse

What difference has ETAT+ made to paediatric care in Sierra Leone?
It has made a big difference. Since ETAT+ came, we (nursing staff) have been doing triage, assessment and first-line treatment. Before, we didn’t know what to do. We just sat on the ward and waited for the doctors to come. A child would lie there, nothing would be done and the child would pass away. Most of the time, the doctors are not on the ward. So, because of ETAT+ we don’t wait any more for doctors. We intervene and save lives.

From a personal point of view, how has being a Global Links mentor developed you? What skills have you learned?

I’ve learned a lot. I now have confidence to speak, to talk and to teach. It is so wonderful to stand up there in front of doctors and matrons lecturing them and doing practical sessions. It’s a wonderful thing, it’s so good and I’m so proud.

What have you learned through working with international colleagues?
We learn from each other. Sometimes we are not perfect and make mistakes but they correct us. Working with them also improves our skills in delivering medicine to children and taking care of the sick child. Working with the internationals builds up my confidence all the time. I love working with the internationals.
FEATURE

COVID-19

Wellbeing & you

MEMBERS SHARE WITH US WAYS THEY ARE HELPING AND SUPPORTING EACH OTHER THROUGH COVID-19

ANY OF US can barely remember our “pre-COVID-19” existence – so much changed so quickly. There is a noticeable shift in the level of anxiety and stress across the whole population, but especially amongst healthcare professionals. We worry about our own and family’s health and safety. We are afraid of not having the skills and knowledge to meet the challenge of this new threat. We mourn the loss of opportunities for face-to-face meetings and social interaction. Above all we are acutely aware of our responsibilities as doctors and the extraordinary faith the public has placed in us.

We can buy all the ventilators we can find, we can write guidelines that are responsive and appropriate, we can deploy staff to areas of greatest clinical need – but if the healthcare workforce is exhausted, frightened and emotionally overwhelmed, all of our planning and preparation will be worthless. Investing in staff wellbeing and creating resources that sustain us, not just now, but beyond COVID-19, is going to be crucial.

At the College we are committed to playing our part in creating resources and ideas to help us all weather this crisis. We have reached out to a large group of College members and other professionals to help us create suitable resources. We recognise that our members have widely differing ways in which they attend to their wellbeing and we are trying hard to cater to all these needs. We will have serious evidence-based resources and fun stuff too! So many members have contacted our team wanting to share ideas. We know our paediatric community around the world can collectively come together to help us all through this – so we are proud to celebrate that and play our part in the COVID-19 response.

Finally – remember that it’s OK to not be OK... we’re all in this together.

Read more

For resources to support your wellbeing: www.rcpch.ac.uk/wellbeing-covid-19

BELFAST
DR JULIE-ANN COLLINS
● ST7 Paediatric Emergency Medicine
● Royal Belfast Hospital for Sick Children
@DrJA_C

“The room adheres to ‘Novid Rules’”

WE HAVE transformed our ED seminar room into ‘The Bloom Room’ – a tropical garden-themed, bright and peaceful sanctuary to seek solace when needed. Features include baskets of snacks and essential toiletries, and a poster outlining what staff look forward to doing after the pandemic. We also have self-care tips about adequate sleep, good nutrition and vitamin D, as well as a weekly exercise challenge board. Upcoming plans include a staff bake-off and competition to name our flamingo mascot.

The Bloom Room also adheres to the ‘Novid Rules’ where COVID-19 or PPE cannot be mentioned. I did a scoping exercise to find out what other changes the team would like to see at this time, being mindful that we all have different needs. A popular response was the creation of a private TikTok account to share videos to boost morale which is now live and very entertaining.
CRAIGAVON
DR KATARINA STEFKOVA

“Our first mission was to give recognition”

WE ARE ADDING an extra little sparkle into our team. My colleagues Rachel Bates, Danielle Leemon and I have put our heads together (metaphorically, of course) and called ourselves the ‘Happiness Champions’. Our first mission was to give a little recognition to our colleagues. Every Friday, a medical and a nursing ‘Hero of the Week’ receive a hand-designed card and small tokens reminding them just how awesome they are.

Other projects in the pipeline include a PPE donning competition and a toilet paper raffle!

I would like to conclude with the wise words of Albus Dumbledore: “Happiness can be found in the darkest of times if one only remembers to turn on the light.”

GLASGOW
DR PETER DONNELLY

WE HAVE set up a ‘Take a Minute’ room in PICU, for staff members to go for a ‘time out’ when they are feeling overwhelmed. We have removed all work-related notice board items from our staff room, replacing them with wellbeing boards. These contain useful resources and positive team messages including ideas for family activities during periods of isolation. There is an active drive to minimise work-related conversations. A healthy lifestyle is being promoted by providing fresh filtered water and we have relocated a ‘less healthy’ vending machine to an adjacent area. Comfortable seating is essential!

In order to provide support for staff during times of acute stress, we have formed a peer support network across the PICU/ED/theatres. Working with PSA Ltd, we are ensuring our peer supporters have been trained in critical incident stress management and peer support. This is to formalise the already excellent job that we all do for one another providing support through informal conversations.

LONDON
DR DALJIT HOTHI

WE SET UP a wellbeing bronze group with membership from HR, junior and senior doctors, nursing, mental health practitioners and psychologists. We also sought the expertise from our local adult mental health trust. Together we set up a wellbeing resource hub that signposts colleagues across the trust to information, podcasts, apps and local welfare links.

We have created a wellbeing pathway that offers every staff member access to support, ranging from pastoral support to a mental health and wellbeing expert within and external to the trust. Within one day of launching the hub we had 15 referrals. Key to this pathway is a triage system that is run by trained senior consultant psychologists. Finally, we are in the process of creating a wellbeing huddle, which will aim to provide a constant reminder of the importance of staff wellbeing.
LONDON SCHOOL OF PAEDIATRICS
DR NISHA PATEL
- Paediatric Registrar ST4
- London School of Paediatrics’ Surviving & Thriving Team
@nishnashpat

“Resources include our favourite songs to dance to”

WE HAVE a subgroup dedicated to surviving and thriving, which strives to continually promote trainee wellbeing. In the current climate, this will be difficult, but not impossible, hence the ‘COVID-19 Handbook’—a toolkit to ‘Survive and Thrive’ through these challenging times. We’ve highlighted virtual training and education tools, explored elements of physical and mental wellbeing, empowering users to know ‘it’s OK not to be OK’. Resources are plentiful, including our favourite songs to dance to and a mammoth list of where to buy food i.e. the keys to happiness.

However, we can’t forget our workplace, and the power of promoting joy and an atmosphere of appreciation. Look to our handbook’s ‘Workplace Positivity Menu’ to inject some upbeat vibes into your departments from i-scream rounds to positivity huddles to virtual choirs!

MANCHESTER
DR LOUISE TURNBULL
- Paediatric Respiratory Consultant
- Royal Manchester Children’s Hospital
@louisturnbull17

“Technology, in this crisis, truly is our friend”

EVERYTHING HAS CHANGED. There’s uncertainty, anxiety and isolation. What hasn’t changed is us. The strength and humanity of people in this crisis is never more evident than in our trainees.

Our existing peer mentorship scheme, ST teaching and grand round are now delivered virtually with attendances almost 10 times higher. Trainees redeployed into our hospital receive a ‘workplace supervisor’ who is solely responsible for their wellbeing.

This is a time of physical distancing not social distancing. Work together, support each other and stay connected. Technology, in this crisis, truly is our friend. WhatsApp, Twitter and Facebook groups facilitate rapid updates and the sharing of resources including mindfulness apps now offering free subscriptions for NHS professionals.

We will look back on this time as a stronger, more resilient team and I will be forever thankful to have worked with such wonderful paediatricians.

NEWPORT
DR STACEY HARRIS
- Paediatric Registrar
- Royal Gwent Hospital, Newport
@DrStaceyHarris

“We explored ways to have better rest facilities”

OUR WELLBEING initiatives in our department started with wellbeing Wednesdays. Sessions included transformative coach workshops, team lunch shares, yoga or team building exercises and the implementation of great-ix appreciation certificates. When COVID-19 happened, there was an urgency to pull the ideas we had out of their bag. We instated ‘wellbeing champions’ from different genres of staff. Together we made refuel and refresh boxes, from donations we received from friends. We received so much we shared them around the hospital!

We explored ways to have better rest facilities, we tried to ensure the new intensified rotas have decent rest periods. We made a wellbeing wall which has resources for accessing wellbeing services. We also made a wellbeing book library and have tried to help teaching still happen by making it ad hoc, case-related and shorter in duration. As part of our daily safety checklist we have a ‘wellbeing check’ where we ask how everyone is doing, and whether they need anything.
SEVERN DEANERY

Dr Alessandra Glover Williams

• ST7 Neonatal GRID Trainee
• RCPCH Trainee Representative for Severn

@alessglover

“We wellbeing teams visit every ward with a trolley of goodies”

Well and Resilient Doctors (WARD) – This is a group of committed junior doctors organised in hospital specific communities via WhatsApp and buddied up with the trust’s wellbeing team. Activities that we run include peer support and region-wide delivery of the foundation doctor teaching programme based on wellbeing. Wellbeing teams also visit every ward with a trolley of goodies and reach out.

Bristol Royal Hospital for Children – Helena Craddock, Workplace Wellbeing Advocate has set up a ‘Wobble Room’ – a quiet break-away space.

ST Michael’s NICU, Bristol – has a teaching and wellbeing board where there is a communication corner for positive messages to each other in case people don’t catch each other at the end of a shift.

Musgrove Park Hospital, Taunton – The wonderful Dr Anna Baverstock is a wellbeing force, consultant paediatrician, trust lead for doctors’ wellbeing and Twitterphile. Every post is golden and universally applicable, so follow @anna_annabav for your weekly inspiration.

Radiologist and Tim Briggs, Chorus Director, Hallmark of Harmony have introduced singing into our workplace. An experienced chorus director, Tim is funded by the Trust’s Health and Wellbeing Committee and comes in to the trust to sing with staff.

Iwan and Tim have produced printed songbooks and staff choose the songs they want to sing. Tim leads the singing and accompanies on his ukulele. To maximise available time, he goes onto the wards to sing with staff. All too often it is easy to find an excuse not to sing and generally we are much better at looking after other people than we are at looking after ourselves. Patients and parents are welcome to come and join in and staff can be reached at any time if there’s a problem. Parents and managers notice staff walking ‘taller’ after a session.

Sheffield

Dr Carrie Mackenzie

• Consultant Paediatrician and Director of Medical Education
• Sheffield Children’s NHS Foundation Trust

“We have introduced singing into our workplace”

In these unprecedented and difficult times for all, it can be difficult to find anything to sing about but Iwan Roberts, Consultant
STORNOWAY

DR TUSHAR BANERJEE
• Consultant Paediatrician
• Western Isles Hospital, Stornoway

“We allow the conversation to develop organically”

WE LIVE in a remote, rural and stunningly beautiful island of Western Isles, Scotland, also called the ‘edge of the world’. When COVID-19 knocked on our door the most crucial challenge was lockdown, as many colleagues had to stay back in the island itself, far away from their home and family.

The best way forward, as we understood, is to support each other through pre-emptive planning, redefining the pathways and training our staff in a supportive environment. We had multiple group sessions and mock scenarios, where we discussed the challenges as a team. Everyone participated, and the fear of the unknown was replaced by confidence to move forward, with the community being incredibly supportive in boosting our morale.

WEST MIDLANDS

DR SHONA BROTHWELL
• Paediatric Registrar
• West Midlands Paediatric Trainee
Welfare Representative
@shonabrothwelll

“Playing our part is the best way of enhancing wellbeing”

LOOKING AFTER staff wellbeing is crucial. As well as fulfilling basic needs such as parking, food and flexible working, several initiatives are in place to support mental health. Psychologists are providing daily phone support and drop-in sessions. Frontline staff have been upskilled in being mental health first aiders to spot emotional distress and provide early intervention to colleagues.

It will not be easy juggling our personal lives and looking after our patients. But with camaraderie, good planning, lots of handwashing and the odd free lunch, playing our part is the best way of enhancing wellbeing.

YORKSHIRE

DR RAJEEVA K SINGH
• Consultant Paediatrician
• Mid Yorkshire Hospitals NHS Trust
@Rajeeva211

“The team spirit is exceptional”

THE UNPRECEDENTED adversity of the pandemic has brought out the best in us. The team spirit in paediatrics is exceptional and incredibly supportive.

During our post-round coffee and cake meetings, we discuss rotas and shifts, being careful, following PPE guidance, how everyone is managing their day-to-day lives, as well as giving an opportunity for trainees to talk and provide one-to-one support if required.

We recognise that it’s a privilege that the community puts so much trust in us and we will always do our very best!

Newcastle

Dr Yincent Tse
• Consultant Paediatric Nephrologist
• Great North Children’s Hospital
@YincentTse

“Fear of the unknown was replaced by confidence”

Fears of the unknown was replaced by confidence when COVID-19 knocked on our door. The best way forward, as we understood, is to support each other through pre-emptive planning, redefining the pathways and training our staff in a supportive environment. We had multiple group sessions and mock scenarios, where we discussed the challenges as a team. Everyone participated, and the fear of the unknown was replaced by confidence to move forward, with the community being incredibly supportive in boosting our morale.
Advanced Paediatric Nurse Practitioners

Find out more about the ‘hybrid role’ of APNPs, and what their work involves

WHAT IS AN APNP?

A GROWING NUMBER of Advanced Paediatric Nurse Practitioners (APNPs) can be found bridging the gap between nursing and medical teams, providing many benefits to the organisation, workforce, and to children and young people. Not to be mislabelled as a ‘rota gap filler’, the APNP has a unique knowledge and skillset combining a nursing background in paediatrics with autonomous clinical decision-making skills traditionally held by doctors.

Having an insight into the knowledge and skills required in both teams, the APNP can be a resource of clinical expertise providing education to both nurses and doctors. Historically it was common opinion that advanced nursing roles would detract from junior doctor learning, but this has not been my experience at all. The team all learn from each other.

The role also provides continuity as we do not rotate alongside our medical colleagues. This positions us well to identify areas for improvement and allows us to carry out larger quality improvement projects. Understanding the challenges of both teams enables us to view a situation from many angles, helping to overcome barriers to change.

As a reasonably new role within paediatrics, it can feel challenging to find a comfortable fit within a team structure. However, by complementing two teams, APNPs can unite nurses and doctors into one paediatric workforce. By initiating communication and breaking down the historical boundaries between teams, we connect the inevitable silos of knowledge and information, resulting in more efficient team working.

A DAY IN THE SHOES OF AN APNP

APNPS ARE AUTONOMOUS practitioners. We start off our careers as paediatric qualified nurses, and then following experience and academic qualifications at MSc level, we work at an advanced level of practice, encompassing skillsets that are traditionally seen to be that of a doctor including cannulas and lumbar punctures. This of course varies from specialties and also through different trusts, with each giving an agreed, defined scope of practice.

On a typical day, I arrive into the department for 7.30am, have a brief catch-up with emails in the office and sign off any patient letters that are outstanding. On a Tuesday and Thursday morning, as an APNP team, we run prolonged jaundice and faltering growth clinics. In these clinics we see four patients, both follow-up and new, and these appointments are between 30-60 minutes each. After clinic I spend time dictating letters and chasing results.

My afternoons are usually spent seeing, treating and discharging patients on the Children’s Assessment Unit. Children that present are from GPs, ED or open access. I also use any free time to initiate quality improvements, for example creating patient information leaflets for discharge. In our very fortunate role, I also take on an active teaching role with both the nurses and the junior doctors, providing study days and induction days respectively. I generally have finished by 8pm. I am an affiliate RCPCH member and as such hold a portfolio in which I work towards.
As children are increasingly spending time on electronic devices our Officer for Health Improvement gives his thoughts.

**Screen time**

As UK schools started a most peculiar term, learning has been entirely remote, and my children, like many others, have spent their days glued to laptops as opposed to being in classrooms. Our teenagers have switched their social lives online, and our 10 year old is building, joking and scuffling with his friends on Minecraft, not in the park.

Is this something that we should worry about?

Fortunately, last year I was lucky to be part of the College’s screen time guidance, and can say with some confidence that the answer is... sort of.

The question is, what do children need for good physical and mental health? The fundamentals are sleep, exercise, good diet, positive social interaction and freedom to explore. Screens can interfere with many of these – sleep won’t come until the Playstation is switched off, and snacking in front of a movie can often get out of hand, but in many aspects the picture is more nuanced.

**The Joe Wicks effect**

Exercise remains important and the government provides an exemption to the lockdown rules for it, but anyone who has attempted PE with Joe Wicks will tell you screen-based exercise can be proper exercise. The outdoors gives us the opportunity for a much wider range of movement, but there is nothing magical about it in health terms.

Equally, we must continue to interact with those we are confined with (previously known as family), but there seems no reason why that can’t consist of being beaten at Mario Kart. And when it comes to interactions outside the house, access to audio-visual interaction has never been better... and now that everyone’s diary is empty, there is no escape, even for antisocial grumps like me.

**Mental exploration**

Freedom to explore is not usually listed as a fundamental to health, but I think it is, if you understand it as mental as well as physical exploration. The last few weeks of confinement have reminded us of this, as we look for the umpteenth time at that bit of wall we haven’t got round to repainting. Again, whether it is a virtual British Museum, Spiderman’s Manhattan on the PS4, or a video call-based Dungeons & Dragons campaign, the opportunities for exploration through screens are boundless.

I hope this crisis leads us to think, not about screen time as a thing in itself, to be counted and limited, but as a tool. Screens can be used mindlessly, repetitively and harmfully, but by bearing the fundamentals of health in mind, we can see where that is happening. But screens can also be used to access so much joy, exploration and interaction, that arbitrary limits must now seem outdated and counter-productive. We need to ask, not how much screen time we will allow children, but how can we help them extract maximum value out of screen-based activity. And, yes, fun counts!

Time to start practising my cornering...

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**Tips for healthy screen time**

Screen time is not harmful in itself, but can interfere with the following:

- **SLEEP**
- **DIETARY CONTROLS**
- **POSITIVE SOCIAL INTERACTION**
- **EXERCISE**

Arbitrary time limits do not work and have no evidence behind them. Think about what children’s screen time is adding in terms of value – be it fun, exploration, social interaction or new skills and knowledge. Try to maximise this value.

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**Read our guidance on screen time**

[www.rcpch.ac.uk/screen-time](http://www.rcpch.ac.uk/screen-time)
Dr Fizz Izagaren on how to adapt to communicating with colleagues and patients who are hard of hearing

Communicating while hidden behind PPE

How many of us even considered the impact this new world of COVID-19 would have on people who are deaf/ hard of hearing and those with learning disabilities? What documented strategies have we developed alongside the incessant briefing emails from our department and trust? My best guess is less than 1%.

Studies have shown that 60-70% of communication is based on interpreting non-verbal cues from eyes, facial expression, posture and gestures; an interpretive skill that most deaf people are pretty expert at. All this is significantly reduced with the addition of PPE. Removing these essential cues will naturally induce stress in anyone, in much the same way as the sensory deprivation induced in war time prisoners. Only this time we are at war with an unseen enemy.

Personal experience

As a paediatrician with profound hearing loss, I have always been able to adapt in many ways to be able to work as a competent doctor, with the help of incredible colleagues over the years.

Doing a ward round with masks, attending potential COVID-19 neonatal emergencies and even taking a simple history from families in A&E has been an entirely new challenge. It has been a surprise that clear facemasks don’t exist in the UK.

I’m currently working with a 3D printing company to design a clear face mask, but this has been a long process with no final solution yet. In the meantime, I’ve been lucky that my colleagues have tried to find ways to support me. I have created solutions such as a simple tick box proforma for midwives to use if I’m called to a neonatal emergency to make sharing of essential information clearer.

There are many healthcare professionals within the NHS with hearing impairment who are struggling to find solutions, but we are the forgotten tribe. Even missing out on team banter that is so important for offloading and emotional support is difficult and can be quite lonely.

Clear communication is so important especially when masks are being used. Think about what you can do to remove these communication barriers. Please do ask your colleagues daily if they are “OK” and ask what you can do to help each other, too.

Communication in the time of COVID-19

PATIENTS AND PARENTS:
- Learn how to sign – “My name is…”; British Sign Language (BSL) alphabet to spell your name, and signs for Where, What, Who, When, Want, Hurt, How many, How long, Days, Weeks. For example, if you sign “Hurt + Where”, people will point to the source.
- Most BSL users have poor literacy skills. Write notes in simple formats.
- In non-emergencies, online interpreters such as SignLive can be used 24/7

HEARING-IMPAIRED HEALTHCARE PROFESSIONALS:
- Do handovers without masks. Hearing aids work like microphones. The further away you are, the quieter and less clear the sound is. Social distancing can make this a problem.
- Consider altered shifts and support regular breaks to avoid ‘listening fatigue’ – feeling fatigued after a long day of lipreading.
- Don’t cover your mouth when speaking as this makes lipreading difficult.
- Allow a hearing-impaired trainee to lead ward rounds if appropriate. Leading communication makes it easier to remain in the loop.
- When asked to repeat something, rephrase it. This makes a huge difference to understanding. Be kind and patient.

Find out about BSL at www.british-sign.co.uk

Fizz says clear face masks would make life easier for deaf professionals
Getting involved in research as a trainee
Conducting clinical research with colleagues is exciting and rewarding

I first got involved in research by accident during a special study unit at medical school, without thinking much more of it. I certainly didn’t consider myself a ‘researcher’. I carried on getting involved with projects that excited me. A mentor suggested that I should be writing up or presenting these projects. With advice I gave it a go. Much to my surprise people were interested, and with colleagues I won a number of prizes. I realised that I enjoyed conferences, learning and sharing ideas. I was hooked.

Most hospitals have paediatric studies going on and are keen to have you involved. Whilst clinical research is mostly on pause at present, it will soon be in full swing again. If you’d like to get involved, ask around. If you can’t find a mentor locally, what better time to find one remotely? Twitter is perfect for finding some socially distanced friendly advice. People’s first question is likely to be: “What are you interested in researching?”, so try to have an answer for that so that they can tailor your advice or direct you on to someone else who can help.

I co-chair a regional trainee research network, which carries out group research projects of clinical interest to trainees in the region. We buddy up with similar groups countrywide, turning small projects into big ones with greater scope and impact. Joining local networks is a great way to cut your teeth with research or to get support from your own research questions and methodology.

Research is definitely not the reserve of the formal academic trainee, and I’ve found people are generally really keen to help you get started, and if they’re not, politely ask more people!

Find out more at www.rcpch.ac.uk/research-activities
‘Kaizen Konfidence’ and how to get it!

Life is busier than ever at the moment, so here’s how you can make your ePortfolio work more efficiently for you.

**WE ALL KNOW** and love Kaizen (well, ‘love’ might be a bit strong some days!), but how can we get the most out of our ePortfolio? Here are my top five tips!

1) **Go offline**

Remember to set up offline capability on your mobile devices, by visiting your account settings when you are online. You can use spare moments to quickly make updates to your ePortfolio, which will then upload when you are connected to the internet.

2) **More drafting, less grafting**

Have you ever sat down to ‘do the ePortfolio’ and found you’ve developed a serious case of writer’s block? Drafts will come to the rescue here. If you have an idea for an entry, input a title and a few details and then click save as draft. This draft will jog your memory later.

3) **Micro log, mega progress**

You may have noticed that with the Progress curriculum there is a focus on avoiding excessive tagging of one log or assessment. If you want to record an activity that maps to multiple learning outcomes and key capabilities, this is where the ‘micro’ log comes in. You can break down your learning or experiences into short chunks that relate to a specific learning outcome or key capability and record these in separate entries.

4) **Return of the misc**

You’ll notice that there’s a new log in town: the service experiences log. This is a reworking of the previous ‘Miscellaneous’ log. If you have an experience you want to record but are struggling to fit it into another type of log, then this is the place to record it. Just remember if you want your supervisor to be able to see it you need to change its status to ‘shared’.

5) **Banish the ghosts of assessments past**

We’ve all been there, we’ve carried out the assessment, but then it never goes ‘green’ for completed, haunting our timelines forevermore. The crucial part here is the assessor needs to sign off from their account or via an emailed link. Remind your assessor of this at the time of the assessment or click the ‘remind’ button on the pending assessment form.

If you want to share ePortfolio knowhow and knowledge between peers, why not hold your own ‘Kaizen Kafé’ to answer local concerns and queries. I held one in the West Midlands with some lovely helpers (and cake!). Those who attended shared their queries, enabling great peer-to-peer learning and support. I hope this helps to increase your ‘Kaizen Konfidence’, but remember if you ever get stuck, you can use the FAQs and the resources on the RCPCH website. If you still haven’t found your answer, then contact the team at training.services@rcpch.ac.uk.

Laura’s ‘Kaizen Kafé’ helped peers to share knowledge.
Aspiring paediatrician
One FY2 shares the passions behind her decision to join paediatrics

HELLO MILESTONES READERS!
I’m currently an Academic Foundation Programme trainee (FY2) in Mersey Deanery, and I’m thrilled to be starting this September as an Academic Clinical Fellow in paediatrics, with my research focus being in medical education!

From a very early stage in medical school, I noted how excited I felt at the prospect of working with children and their families. So, I started taking a few steps to explore this passion of mine! I became a committee member for the Teddy Bear Hospital society and later on chaired the committee as President. Our main aim was to organise weekly visits to local primary schools and run interactive activities to familiarise children with their body functions, healthy living and attending doctor appointments.

During my undergraduate years, I also got involved with the university’s paediatric society and later became Vice-President of UKAPS (United Kingdom Aspiring Paediatrics Society), spreading the word about the fascinating world of paediatrics! During my elective placement blocks, I worked with a number of paediatric teams, both in primary and secondary care. One common observation that I made in all of those experiences was that all paediatricians were very motivated, enthusiastic and simply nice people to work with!

My life-changing experience as a medical student was spending two and a half months at the Bone Marrow Transplant Unit at the Royal Manchester Children’s Hospital. I was deeply affected by the caring and supportive nature of the staff. This really consolidated my decision to pursue a career in paediatrics, so I could support children and their families through difficult journeys.

Paediatrics is a lively, fun and dynamic specialty that offers doctors the opportunity to work with some amazing little humans – children! This is also an exciting time to be part of the RCPCH family as practice-changing projects such as Paediatrics 2040 are being launched and run. At the same time, there is no doubt that the College is doing a great job with looking after its members. These are the reasons why I am so eager to join this amazing paediatric family.

Dr Emma Blake
Vice Chair of PMHA
RCPCH Chair of Child Mental Health
CSAC
@PaedMHAssoc

Find out more about UKAPS at ukaps.home.blog

Dr Maria Neocleous
FY2
Royal Liverpool Hospital
@maria1neolceous

IN THESE crazy times all of us are trying to cope with our personal whirlpools. Being a frontline medic, whilst coping as a ’full time’ parent and teacher, trying to keep yourself and everyone else around you sane – it’s not manageable, is it?

At the PMHA (Paediatric Mental Health Association) we are trying to find resources to support parents who are caring for their children’s health, education and emotional needs at home. A popular PMHA Facebook post suggests taking the pressure off regarding home schooling, and trying to enjoy the time together!

The best way to de-stress kids is to de-stress ourselves. Older kids (GCSEs and A Levels) need more structured work (thank you teachers!), but the principle is the same, our kids will remember what this felt like at home; the emotions and relationships.

The PMHA along with Dr Serena Haywood and Dr Simon Chapman have also developed a website Indoor Explorers, to try to bring together resources to support parents at this difficult time.

Visit indoorexplorers.com
We put 10 questions to a ST7 paediatrician and a consultant to see what makes them tick

Dr Ranganath Ranganna
Consultant Neonatologist,
St Mary’s Hospital, Manchester
@ranganathr2015

1 Describe your job in three words.
Worth the effort.
2 After a hard day at work, what is your guilty pleasure?
Binge-watching Friends.
3 What two things do you find particularly challenging?
Balancing my role as a physician, supervisor, leader and father, whilst trying to be best in all these roles. Also to understand and support the trainees when they are feeling overwhelmed.
4 What is the best part of your working day?
Meeting with my team after the ward round and planning for the day over a cup of coffee.
5 What is the one piece of advice you wish you could impart to yourself as a junior trainee?
Enjoy the training, you don’t have to know everything, the teamwork continues.
6 Who is the best fictional character of all time, and why?
Calvin from Calvin and Hobbes: he is the naughtiest, craziest and wisest character I have come across!
7 What three medications would you like with you if you were marooned on a desert island filled with paediatric patients?
Paracetamol, plaster and play-therapists (as distraction is a form of medicine).
8 If you were bitten by a radioactive gerbil, what superhero would you like to be, and why?
Iron Man! I like his inquisitive and pushing the boundaries mindset.
9 What is the single, most encouraging thing that one of your colleagues can do to make your day?
Coffee!
10 How do you think you, your colleagues and current trainees can inspire the next generation of paediatricians?
By relating to patient stories, to give perspective of the difference we make as professionals in people’s life.

Dr Hannah Brophy
Neonatal Grid Trainee,
St Mary’s Hospital, Manchester

1 Describe your job in three words.
An absolute privilege.
2 After a hard day at work, what is your guilty pleasure?
Online shopping – a particularly bad idea after a night shift.
3 What two things do you find particularly challenging?
Separating a mother from her baby, particularly in term infants where the need for admission is often unexpected. Frequently rotating around the region.
4 What is the best part of your working day?
Morning handover. This gives me a chance to have a quick catch-up with my night shift colleagues, then sit down with a cup of tea along with the rest of the day team as we take handover. It is often the most sociable part of the day!
5 What is the best advice you have received as a trainee?
Look after your own wellbeing. You cannot be an effective clinician otherwise.
6 Who is the best fictional character of all time, and why?
Kevin McCallister from Home Alone. He plans for all possible outcomes and remains cool, calm and collected in an emergency!
7 What three medications would you like with you if you were marooned on a desert island filled with paediatric patients?
The three Ss: Sucrose to keep the babies sweet. Sunscreen – sunburnt children are not happy children! Salbutamol – there will always be a wheezer.
8 If you were bitten by a radioactive gerbil, what would you like your superpower to be?
Spider-woman powers. I’ve always wanted them!
9 What is the single, most encouraging thing that one of your colleagues can do to make your day?
Ask me on a busy shift if I am OK.
10 How do you think you and your colleagues can inspire the next generation of paediatricians?
Following any of the children we care for through their patient journey would inspire anyone.
PODCAST

DRAGON BYTES

DRAGON BYTES is a weekly podcast developed by two Welsh paediatric trainees, Stacey Harris and me. What separates us from the many other excellent paediatric podcasts is a focus on helping holistically with the training programme experience.

Podcasts are split into five main categories – theory pods, clinical pods, coffee pods, reflection pods and field reports.

- Theory pods tackle difficult clinical topics, bringing in specialty consultants to talk about their area of expertise.
- Clinical pods are focused on helping trainees get through their MRCPCH clinical exam.
- Coffee pods are where we discuss areas of special interest with trainees, consultants and other health professionals.
- Reflection pods are my personal favourite. Trainees around Wales have sent in reflections from their ePortfolios. These are discussed with consultants and senior trainees and aim to help us both write better reflections and learn from other people’s experiences.
- Finally, field reports are podcasts recorded live at events, aimed at giving those who couldn’t attend a flavour for what the event was about.

Visit www.dragonbytespodcast.com

BOOK

A PUFF OF SMOKE by Sarah Lippett

I HAD TO SLOW DOWN to prevent myself from finishing this book too soon. A true story is more compelling of course than fiction but Sarah’s portrayal of an ordinary life seeking so desperately for normality caught my imagination. Living with a chronic health condition is hard not just for the person but also for the family and wider community. Simple everyday events can seem protracted and arduous and make the heart yearn for the mundane.

The story is exquisitely simple yet disarmingly powerful. It is filled with poignant moments that help readjust our perspective. Whatever the diagnosis, what really matters is how we make it fit with the rest of our lives. Reading this book through its caricature illustrations will always be a reminder for me as a healthcare professional to look at a patient beyond his or her diagnosis.

All in all a thoroughly engrossing true story I would highly recommend.

SUPPORT

Seniors’ Chat

JULIE AND I are self-isolating on age and health grounds, the garden is fantastic and decluttering the house is well under way. I haven’t begun my memoirs yet, but as Sir Alan Craft frequently suggests, I have started writing a few ‘Letters to my grandchildren’ for the future. Not being able to be with family is hard, so many special occasions have been cancelled or postponed, but we are fortunate to have social media and the internet for support. My grandchildren have an hour of schooling each morning from their Irish grandmother (a recently retired primary school teacher) and then call us with their news and plans for the day. Northumberland is sparsely populated so they are able to be safely out and about for their one hour a day.

We have set up a College discussion group for seniors called Chat, where we have specific topic threads as well as exchanging general news and views. One important area will be sharing experiences of supporting the NHS and our colleagues during these unsettling times. I know there are plans to see whether it will be possible to recruit and train recent retirees to support clinical call-backs for NHS 111 relating to children. This will be increasingly important as evidence mounts that normal health problems are being swamped by the acute clinical need to support COVID-19 patients.

I wish us all well and I know our thoughts will be for each other – especially all our wonderful NHS colleagues under unimaginable pressures. Let’s hope that what we learn over the next months and years will lead to a better world.

Email us at chat@rcpch.ac.uk and join the conversation!
A paediatrician in Ireland

Despite being close neighbours the healthcare system in Ireland is quite different to the UK

I LIVE IN Dublin and I have trained here and in regional hospitals across the country. I was drawn to paediatrics in university for the diversity and the patient-centred approach. I worked in general paediatrics during my internship and following a year volunteering in Haiti I returned to take up a training post under the Faculty of Paediatrics in the Royal College of Physicians of Ireland.

Postgraduate paediatric training in Ireland is split into two programmes. Firstly, two years of basic specialist training as a senior house officer – this includes six-month rotations through neonatology, community paediatrics and tertiary paediatrics. Secondly, on completion of the membership examinations, five years of higher specialist training ensue as a specialist registrar. This includes a year of neonatology and a year of community paediatrics. After this, trainees rotate through different subspecialties according to their interest. There are also opportunities for national and international out-of-programme experiences including teaching, research, and fellowships, as well as flexible training options. Both programmes are popular and are regularly oversubscribed.

This year I will be finishing my training in Ireland. I am planning to do a fellowship in child protection in Toronto, Canada, starting in the summer. International experience has always been highly valued in the Irish healthcare system.

Different approaches

Despite being close neighbours, the healthcare system in Ireland is quite different to the UK. We have a public healthcare system, the HSE, in which everyone can access community and hospital health services, either free of charge or at reduced cost. Ireland also has a private healthcare system, although most paediatric patients access healthcare through the public system. Free GP care is available to all children under six. A quarter of the population of Ireland is under 18 and yet we have one of the lowest numbers of paediatricians per capita in Europe. In the coming years there are plans to expand the workforce and our training programmes are growing to meet this need.

Working in paediatrics, we are aware of the challenges facing young people in Ireland at present. The increasing number of children living with homelessness and inadequate housing is a worrying trend in Ireland, as it is in many other European countries. Recent evidence has shown these children have higher rates of asthma, respiratory illnesses and infectious diseases, which may be explained partly by their lower rates of preventative medicine. The needs of this vulnerable group are great, and this is putting significant pressure on our stretched child mental health services.

Despite the challenges that face us, it is an exciting time to be working in paediatrics in Ireland as we are currently building a new children’s hospital to replace the three existing paediatric units in Dublin, bringing all paediatric specialties together for the first time in the country. The new hospital will have state-of-the-art facilities for patients and their families. After many years of planning the hospital is projected to open in 2023.

I’ve really enjoyed my training in Ireland. I’ve been mentored by inspiring consultants and supported by colleagues who have become very close friends. I think finishing training is always daunting but I’m looking forward to joining an evolving, modern service that’s always working to improve care to the next generation.

“Despite the challenges that face us, it is an exciting time to be working in paediatrics in Ireland as we are building a new children’s hospital”
I became a paediatrician because I followed my granny’s advice who said that from the age of two I always wanted to be a doctor! I vividly remember being an inpatient aged 11 with the paediatric registrar sitting on my bed drawing a diagram describing my diagnosis (which my mum still has) thinking, ‘I’d like to do this.’ I’m not sure if he’s still working but thank you Dr Pizer, you introduced me to a great career. On top of that, it turns out that the ward doctor is now my consultant clinical lead. Paediatrics truly is a small world!

My typical working day involves racing into the hospital trying not to be late! When I’m on a service week I guess my day is like most other general paediatricians: handover, ward round, making sure it’s educational even in deepest winter, catch up with the registrars over coffee and clinical reviews. If I’m lucky there’s time for lunch. I try to make sure the juniors take their breaks and finish on time. The brilliant system we have in Nottingham really helps with that. On other weeks I have a mix of all the other things I do – outpatients, appraisals, supervision, teaching, and the DDME role, planning trust-wide strategies around education and induction. No one day is the same and that’s why I love my job. I think the opportunities on offer as a consultant are great and there can be flexibility as you mature through your career. It’s totally true, choose your teams rather than the job, that can change.

The most difficult part of my job is probably the juggling and I need a deadline to work to, pressure driven I call it! Alongside that, no one likes giving bad news to patients and their families but we accept that it’s part of the job.

The best part of the job is the variety. Recently I did a morning clinic in which I saw a two week old with a murmur, and an almost 18 year old with anxiety masquerading as headache and managed to ensure the two medical students had a useful learning experience. The afternoon was spent developing the return to training programme with our education lead who is wonderful and HR - now that is tricky!

My most memorable moments are those unexpected events, a young person engaging because of my rainbow badge, a thank you from a family, a trainee getting through their ARCP or obtaining their CCT, what can seem routine for one person may not be for all and these things all make the difference.

“No one day is the same and that’s why I love my job”

Dr Caroline Brown
Consultant Paediatrician and Deputy Director of Medical Education (DDME), Nottingham University Hospital
@Cazlina1975

When I’m finished work I like to...
spend time with my fantastic family, who I spend a lot of time running around, after and with. Fitting in Mummy and wife life, watching two ice hockey teams, taking up running, reading anything and everything and yet probably my best time is crashed on the sofa with my 14 year old watching our guilty pleasure. I’m not telling you what that is though!
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DATE OF REVISION OF PRESCRIBING INFORMATION: March 2019

Reference:
1. Slenyto® SmPC, March 2019

UK/SLY/0029/007  Date of Preparation: March 2019
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ISBN: 978 0 85711 354 2 • September 2019 • 1120pp • 210 x 148mm • £59.95

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