

Child Protection Portal



Your essential resource to help inform clinical practice, procedures, and professional and expert opinion in the legal system

Child Protection and Safeguarding in the UK



Resources include:

- Child Protection Companion
- Child Protection Evidence
- Child Protection Advocacy
- Legislation information



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Pioneering better health for all

Advance your career...

...enrol onto an online PG Cert in Advanced Medical Training for Children's Health

The PG Cert in Advanced Medical Training is a postgraduate qualification for clinicians working in Children's Health. The course is designed for medical professionals interested in developing a career which includes clinical research and leadership.

Students on this course are required to take three modules: Research Skills and Clinical Leadership are each worth 15 credits. The third 30 credit module is in Neonatal Medicine or Paediatric Critical Care.

- Flexible learning – the course is delivered using blended learning
- Access to the latest leading cutting edge medical practice across King's Health Partners NHS Foundation Trusts Hospitals
- The clinical leadership module is delivered by King's Business School, a leading management teaching institution in London

- Teaching focuses on translating research to improve clinical outcomes locally and globally
- Duration: one year full-time or two years part time

"This advanced study programme will deepen your knowledge in the selected medical specialty of choice, further develop your research and evidence-based evaluation skills and enable you to strengthen your clinical leadership skills to enhance your career opportunities."

Professor Anne Greenough, Programme Lead.

Application deadlines

January 2021 entry:

Non-EU (overseas) nationals

23 October 2020

UK/EU nationals

23 November 2020

Join our live

Open Evening on

Tues 8 September 2020

@ 18:00 BST

bit.ly/PGCert-C



Guy's and St Thomas' NHS
NHS Foundation Trust

King's College Hospital NHS
NHS Foundation Trust

South London and Maudsley NHS
NHS Foundation Trust



Contact

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

milestones@rcpch.ac.uk

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Autumn 2020

Welcome

THE LAST FEW months have been an unusual and extraordinary time in the College's history and I'm proud of how paediatrics has risen to meet the moment.

Our collective voice has made a real difference to public policy, clinical standards, and patient behaviour. Our work on delayed presentations cut through to the public and was adopted at official level throughout the UK. We had a major role in defining and communicating the discovery of a COVID-related inflammatory syndrome in children – not least the work that took place to reassure parents as to its rarity.

In the last month, we made an unusual but necessary intervention about schools. In the end 2,542 paediatricians and child health workers signed our open letter – far beyond my expectations and indicative of the strength of feeling among all of us. We also changed policy on the shielding of vulnerable children and our work will help set the terms of how young people experience restrictions in the future, should we face a second wave.

I hope you get a break this summer. Enjoy this edition of *Milestones* and thank you for everything.

Best wishes,
Russell Viner
[@RCPCHPresident](https://twitter.com/RCPCHPresident)



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Milestones



jamespembroke
media

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Update

The latest news and views

KEEP IN TOUCH

We'd love to hear from you, get in touch through our channels

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📘 **Facebook @RCPCH**

📷 **Instagram @RCPCH**

🌐 **milestones@rcpch.ac.uk**

COLLEGE NEWS

College Update from the CEO



Jo Revill
● RCPCH CEO
🐦 @8jorev

I'D LIKE TO begin by saying thank you for the warm and tangible support that you have given all of us at the College during this pandemic. One of the losses for us is no longer meeting you face to face at events or sharing a joke over coffee at committees.

That is now happening remotely, but we long for the day when we can get together again in a 'real' meeting.

A bit about me. For many years, I worked as a health correspondent in national newspapers, ending up as Health Editor at the *Observer*, before jumping ship to be adviser to Alan Johnson when he was Health Secretary then Home Secretary. During that time, I worked with ministers and officials on the response to the swine flu pandemic, which mercifully turned out to be milder than predicted, but that experience has helped me to prepare the College for the extraordinary events of the past few months. Before joining the College in 2018, I ran the British Society for Immunology, a membership body and learned society representing both clinical and non-clinical immunologists.

Working together

Planning for our response to coronavirus began early in January. With our President Russell Viner and our Senior Officers, we had to consider what it would mean for our large programme of activities: examinations, assessments, audit work, our annual and international conferences. There is not a single activity that has escaped unaffected.

As CEO, my work is informed by the engagement I have with some of the 2,500 volunteers who form our committees and working groups. I've been amazed at how they have found the time to help advise,

pull together data and evidence and work on policies so that we could respond so quickly, even though many were working on COVID-19 wards during this period.

We are, above all, a membership body, and I hope that you have felt that we are there, advocating for you and for children and young people. The RCPCH &Us network has fed into a number of our reports and policies, including the interim report for Paediatrics 2040 and their views, for example, on virtual outpatient clinics, remind me each day why we hold this group so close to us.

We have lost just over £3m of income during this pandemic as a result of cancelled examinations, our conference and courses, all of that money contributing to more than 150 projects and activities we run. However, the early planning and switching to remote working means that we will end up with a deficit of under £1m. We start our new financial year at the beginning of September with a mandate to save that equivalent sum of money for our reserves to ensure sustainability so it's going to be financially constrained; with our Treasurer, Liz Marder, and our Trustees we will weather this by switching as many activities as possible to being remotely delivered. Above all, we have to ensure that trainees can progress through their careers, can take our examinations and courses and are not held back. I work closely with David Evans and the education team to ensure that we invest in technology solutions to make this happen.

Reaching out

This year we have published a report on equality and diversity with an action plan to show what we are doing to ensure that the full diversity of our membership is reflected and involved in our many activities for paediatrics. This autumn will see our elections open to find a new President and



a new Registrar. These are key leadership roles, setting the direction for the future of paediatrics over the next three years. We want to be as open and inclusive as possible, encouraging nominations from across the breadth of our membership, so I hope you will become involved.

I am also setting up a working group looking at what the College can do to combat the effects of climate change and I'm grateful to the trainees who raised this and spoke at our Council this summer. Climate change will have the most profound impact on our children and it's only right that we do everything we can as a College to act in the right way to protect our environment. My husband writes about conservation so it's also a personal passion for me.

I hope you get to enjoy some leave if possible, and thank you for being a member and supporting our work. It could not be more important right now.

Best wishes,

Jo



Read more

Read more on the College's COVID-19 resources. We are regularly updating guidance for parents, paediatric services, staffing and rotas, education and training, as well as research and clinical data.

🌐 www.rcpch.ac.uk/covid-19

Our patients' future

These practical tips show how we can all help to protect the planet for our patients

P14



SAFEGUARDING

Looked after children



Dr Vicki Walker

● Consultant Paediatrician
● Sherwood Forest Hospitals NHS Foundation Trust

AS WE COME out of the pandemic and create recovery plans, there are ongoing discussions about the new normal and what we should 'keep'. A definition of 'recover' is to return to a normal state of health, mind, or strength and that can apply to our services but I would argue children in care have already experienced so much 'new' they need stability, and young people and those leaving care need more. The hidden harm suffered by children during lockdown is becoming more and more apparent and it

is difficult to predict the medium to long-term adverse outcomes.

Coming out of the pandemic battered and bruised, we are now facing our own surge in child protection and children being placed in care, with concurrent pressures to complete assessments with physical examinations, court timescales and managing adoption pathways.

There are good things to take forward – joint working, supporting each other, a joint national voice, looked after children gaining greater visibility, contextual safeguarding in practice. We need to forge forward with strategic recommendations, with College and NHSE engagement, ensuring the voice of the child and young person is always heard.

We will continue to use our experience, our skills, and our knowledge to embrace with appropriate caution, changes and new methods to deliver the service for children in care they deserve.

► **Find out more about the recovery plans for looked after children:** www.rcpch.ac.uk/recovery-plans-lac



Looked after children need stability after the pandemic

THE FUTURE OF PAEDIATRICS RCPCH FACTS



74%
OF TRAINEES HAVE PASSED THE MRCPCH



22%
OF MEMBERS ARE TRAINEES

6%

OF MEMBERS ARE MEDICAL STUDENTS

2%

OF MEMBERS ARE FOUNDATION DOCTORS

450

2018 – 2020 FOUNDATION MEMBERS TREBLED FROM 150 TO 450



- REGIONS WITH THE MOST TRAINEES
- 1) YORKSHIRE & HUMBER
 - 2) NORTH, CENTRAL & EAST LONDON
 - 3) SOUTH LONDON
 - 4) EAST OF ENGLAND
 - 5) WEST MIDLANDS

AWARDS

Honorary Fellows 2020



● **Professor Paul Colditz**
Director of the Perinatal Research Centre and Deputy Director at University of Queensland Centre for Clinical Research. Recently appointed as President-elect, Paediatrics and Child Health Division, Royal Australasian College of Physicians.

● **Dr Carol Ewing**
Clinical Adviser to the Greater Manchester and Eastern Cheshire Strategic Clinical Network

● **Professor Anne Greenough**
Professor of Neonatology and Clinical Respiratory Physiology, Director of Education and Training at King's Heath Partners Academic Health Science Centre

● **Professor Alastair Hay**
Professor of Primary Care at the University of Bristol and practising GP

● **Dr Alison Tedstone**
Chief Nutritionist and Deputy Director (Diet, Obesity and Physical Activity) at Public Health England

● **Professor Catherine Law**
Deputy Director (Strategy and Partnerships) at UCL Institute of Child Health and Vice Dean for Research in the Faculty of Population Health Sciences

● **Professor Sarah Creighton**
Consultant Gynaecologist, UCLH, Department of Women's Health

● **Dr Lisa Kauffmann**
Consultant Community Paediatrician and Associate Medical Director for children's community health services

► **Find out more at** www.rcpch.ac.uk/meet-our-new-honorary-fellows





BAME doctors and patients have been hit harder by COVID-19

DIVERSITY



Dr Camilla Kingdon

- Consultant Neonatologist
- Evelina London Children's Hospital
- RCPCH VP for Education & Professional Development
- @CamillaKingdon

Equality, Diversity and Inclusion

WE OFTEN THINK of infectious diseases as an indiscriminate enemy. In the case of COVID-19, the virus has struck every country on the planet. However, as time ticks by it is clear that the effects of this virus are not indiscriminate. As the statistics roll out, it is increasingly obvious that the poor, the inadequately educated, those that live in crowded housing and those who undertake the low-skilled jobs in society are being disproportionately impacted by this infection.

More BAME doctors and nurses have died than any other racial group and ethnicity is increasingly becoming one of the strongest risk factors for complications from COVID-19 infection. Listening to BAME colleagues describe their real and

visceral fear of this infection has given me insights and reasons to pause and think. As a white woman, I recognise I am privileged. However, never before have I thought that this privilege gives me protection against an infection.

Not surprisingly, many of our members have been discussing this issue and contacting the College. With external input, RCPCH has very recently had a review of equality and diversity amongst our College volunteer roles. We have launched an action plan to open up voluntary roles in the College to the widest pool of diverse talent. After one year, we will report back on progress. In

addition, we will also look to develop programmes of work to address the broader equality, diversity and inclusion agenda. Please keep an eye on the website and feel free to give us feedback via edi@rcpch.ac.uk

I don't think we need to wait for the final analysis and inevitable enquiries into the COVID-19 epidemic to draw our learning points. We have learnt and are continuing to learn that race and equality matters. Let's commit to acknowledging that this is fundamentally important and then hopefully this will be the 'good' that comes out of this tragic pandemic.

► **Find out more about the College's voluntary roles action plan**
www.rcpch.ac.uk/edi-voluntary-roles

COVID-19



Dr Simon Clark

- Neonatal Consultant
- Sheffield Teaching Hospitals NHS Foundation Trust
- RCPCH VP for Policy

PRINCIPLES FOR RECOVERY – RESET, RESTORE, RECOVER

WE THINK THE reset should be underpinned by data and evidence so that innovation and new models of care that meet the needs of children and young people are maintained. We should not just go back to the way things were before. We need to keep the good innovations that make life better for our patients and families, but junk the things we have done to merely cope with the disruption. Once services are reset, we need to ensure that the paediatric bed base and staff are protected.

Children have lost so much to this virus, so we must **restore** paediatric services. There needs to be catch up in

surgery. Community services, health visiting and school-age immunisation must all get caught up over the next few months. This is especially true for looked after children, who have missed important assessments.

Finally, we must **recover**. Some healthcare staff will still be suffering from the effects of what we have been through and we need to make sure that the service does everything it can for those who need support to recover from the prolonged period of stress. We need to embed the wellbeing

strategies that have emerged over the last few months into routine practice. We cannot expect staff to respond at maximum effort for sustained periods of time, as we have in the past.

As we work through the 3Rs we should end up with children's services and the paediatric workforce designed around the best interests of children and young people. We must recognise that wider inequalities require us to voice dissent with the status quo, putting pressure on policy makers to deliver a fairer society.

► **Visit** www.rcpch.ac.uk/principles-for-recovery



Working for change

Dr Omowunmi Akindolie on why we need to have more open conversations on race and discrimination in paediatrics

P16



Staff Spotlight

Kate Veale

● Archivist and Information Governance Co-ordinator

I STARTED WORKING at the College in 2017 after qualifying as an information professional. I divide my time between our data protection and records management work and working on the College's archive.

Despite only becoming a College in 1996, we have almost 100 years of history as the first paediatric group in the UK. My job allows me to see how our members shaped the specialty and how we grew from an all-male social group of six to an organisation responsible for paediatric training, research and policy for our 20,000 members.

My favourite part of the job is coming across records that give a snapshot into what life was like in paediatrics at the time, from a debate in the 1940s about whether Chester really needed a full-time paediatrician because they might not have enough to do, to a letter in the 80s suggesting we "give the internet a go". Behind every record there is a person, whether a paediatrician or a patient.

When not working, you can find me running around London, strapping my backpack on to explore new places, and trying as many different gins as possible.

GMC UPDATE

WORKING IN UNPRECEDENTED TIMES



Charlie Massey

● GMC Chief Executive

THE UNPREDICTABLE CIRCUMSTANCES of the COVID-19 pandemic has forced doctors and healthcare professionals to change their practice and work more flexibly. The response has been extraordinary.

We know some doctors are being redeployed to areas at the limits of their comfort zones.

The GMC's imperative throughout the pandemic has been to enable doctors to deliver the safest care to patients. Revalidation dates have been deferred by up to a year; parts of our fitness to practise processes were suspended; and we launched an ethical hub resource to provide

guidance on working and decision making.

We recognise that doctors may feel anxious about how context is taken into account if concerns are raised about their decisions in very challenging circumstances.

If a concern is raised, it will always be considered on the specific facts of the case, taking into account the factors relevant to the environment in which the professional is working. We would also take account of information about resource, guidelines or protocols in place.

The pandemic means that we need to take a fresh look at how we support the health system and its workforce. At the GMC, we will focus on taking forward recommendations from three reports we published last



year that encourage the system to consider how to improve support for doctors, deliver more compassionate and inclusive leadership, and improve working environments in the NHS.

Thank you for everything you are doing to deliver excellent patient care. Please look after yourselves and your own wellbeing.

► **For information and guidance about working during the COVID-19 outbreak visit www.gmc-uk.org**



NEW ROLE

New Officer for Recruitment



Dr Simon Broughton

- Clinical Director Child Health
- Kings College Hospital
- RCPCH Officer for Recruitment

🐦 @broughton7777

I AM HONOURED to be appointed to this new exciting role within the College. Working with two new assistant officer roles gives essential extra resources going forward. It is reassuring that the team has increased in size, despite the pandemic, and this demonstrates how committed the College is to recruitment and retention of our workforce in paediatrics for the future. In my officer role, along with the whole College, I remain committed to tackling and fighting discrimination at all levels.

The effect of COVID-19 and the redeployment of staff has had a long lasting effect on morale and wellbeing, particularly

in paediatrics, as we are less used to adult-based care. It is vital that we support our workforce through this pandemic. The College is collecting data on the effects of COVID-19 on the workforce, which will inform our future plans.

I have helped lead the College's careers campaign over the last year, focussing on recruitment, retention, inclusivity and wellbeing. A fantastic team of trainees, consultants and College staff assisted in this and this year, despite COVID-19, our fill rates are the best they have been for over five years.

The integrated working with the trainees' committee, ensuring trainees are consulted on all issues affecting recruitment and retention, is at the heart of everything we do at the College. In addition, the UK Aspiring Paediatricians Society (UKAPS) is vital for helping to promote paediatrics and inspire the paediatricians of the future.

We are developing plans for how to interact with potential paediatricians of the future utilising all media. I feel privileged to be reaching out to, and inspiring the next generation of paediatricians and I look forward to working with you on the next phase of this journey.



Simon (third from right) with fellow members is looking forward to his new role

JOURNAL

ADC JOURNAL UPDATE



Nick Brown

- Archives of Disease in Childhood Editor-in-Chief
- 🐦 @ADC_BMJ

IT SEEMS AS if COVID-19 'chapter 1' is drawing to a close, a phase in which we have all been on an exponential learning curve – genetics, epidemiology, immunology, public health. This, though, is only the first of many. What will chapters 2 and 3 tell us? Which of the treatments under trial will join our old ally dexamethasone in fulfilling their potential? Does seroprevalence relate to herd immunity or is it more complex?

From an editorial point of view, the last months have been eye opening in terms of the amount and scope of research received. Not just coronavirus (the ADC site is brimming with data, podcasts and viewpoints) but other studies that have been gestating, waiting for time to complete – an opportunity, ironically, afforded by the social manacles resulting from the epidemic. I've found this refreshing as it epitomises resilience – which no one demonstrates better than you.

JOURNAL

BMJ PAEDIATRICS OPEN



Imti Choonara

- BMJ Paediatrics Open Editor-in-Chief
- 🐦 @BMJ_PO

YOUNG VOICES IS a new section of our journal. It consists of short articles by young people describing their concerns. The articles can relate to disease and accessing healthcare (Living with epilepsy) or general wellbeing (The COVID-19 outbreak: a Chinese school student's life in isolation for 73 days) as well as the climate emergency and its impact on young people (Marching for climate and youth's future). It is important that the voices of young people are heard by health professionals and others.

We have published three articles by young people so far, but we hope that with time, more young people will be happy to write about their experiences of accessing healthcare. We recognise that the most disadvantaged will not be able to contribute because they lack access to the internet or education. If you know of a young person who wishes to contribute, please do get in touch.

AWARD



JAMES SPENCE MEDAL WINNER

THIS YEAR THE highest honour awarded by the College goes to Professor Catherine Law, Deputy Director (Strategy and Partnerships) at UCL Institute of Child Health and Vice Dean for Research in the Faculty of Population Health Sciences.

The medal is awarded for outstanding contributions to the advancement of knowledge and understanding in child health and paediatrics.

“I have no words to express how honoured and surprised I was to be awarded the James Spence Medal for 2020. Some of my all-time paediatric heroes/heroines are former medallists and I feel unworthy next to them. Promoting children’s health and tackling social injustice in their lives has motivated me from my early days in paediatrics, and subsequently as I have worked in public health, research, and public policy. But whilst children continue to live in poverty and unhealthy environments, and be denied the chance of fulfilling lives, I hope that we will all use our skills and opportunities to improve their futures.

“Many thanks to RCPCH for its leadership in this area, and for this award.”



DIAGNOSTICS

POCUS in Paediatrics: Where are we in the UK?



Dr Michael Griksaitis

● *Consultant Paediatric Intensivist*
● *Southampton Children’s Hospital*
● [@MJGriksaitis](#)

WHAT IS POINT OF CARE ULTRASOUND?

Point of care ultrasound (POCUS) is a focussed ultrasound, performed by a treating clinician at the patients’ bedside. The scan is performed with binary questions in mind: Is there a pneumothorax? Is the ventricular function impaired? This information is integrated

with the history and examination findings already obtained.

It is important to understand that POCUS provides additional information to your clinical assessment. It should not replace this. I frequently get asked ‘will POCUS replace the stethoscope?’ My answer is that POCUS should augment the stethoscope.

How can point of care ultrasound help me as a paediatrician? POCUS has been embraced by colleagues in adult intensive care, anaesthesia, acute and emergency medicine. The opportunities for POCUS to be helpful as a paediatrician are endless.

● The majority of infants presenting breathless during winter will have bronchiolitis. But not all. POCUS will help identify the lobar pneumonia, the pleural effusion, the pneumothorax and the heart failure. For those with bronchiolitis it can identify those developing ARDS.

● The breathless neonate: is this transient tachypnoea of the newborn? The lung POCUS appearances should normalise over the first few hours. If it does not, re-think your diagnosis.

● A shocked child presents: what is their volume status? The use of POCUS can help identify problems with pre-load and contractility. Excessive volume to a myocarditis can result in death.

● You are struggling with procedures. POCUS is helpful in intravenous/arterial access, lumbar punctures, nerve blocks, chest and ascitic drain insertion;

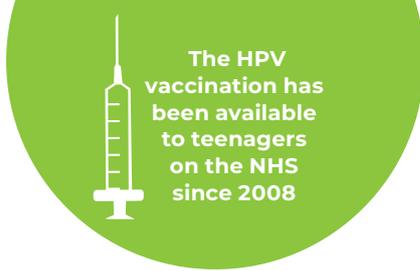
● POCUS has roles in minor injuries in paediatric emergency medicine: soft tissue infections and fractures.

How do I develop POCUS skills?

The paediatric intensive care society (PICS) has recently endorsed the ‘Children’s Acute Ultrasound (CACTUS)’ course. This is designed for paediatricians working with acutely ill children and provides a structured governance process to accredit in POCUS. Follow @POCUS_CACTUS or check out the PICS website for more details!

What does the future hold? With the creation of hand-held, affordable portable ultrasound devices the possibility of each clinician carrying their own device in their pocket is one step closer. Recently, UC Irvine Medical School in the USA provided all their first year students with a portable hand-held POCUS device. They have seen the future.





The letter of the law

Did you know medicolegal experts rarely have to appear in court? Find out more about getting involved in legal cases

p21



Online learning with Compass

RCPCH Compass
Access Compass
www.rcpch.ac.uk/Compass

WHILST ALL FACE-TO-FACE courses are on hold, make the most of Compass, our online learning platform that gives you access to quality-assured courses to support your professional development and clinical practice.

● **Bacterial Meningitis & Meningococcal Septicaemia**

Offering essential knowledge of the disease and giving access to key components of the course.

● **Exploitation of Children and Young People (NEW)**

Helps identify the features of exploitation of vulnerable children in a range of settings and how these should be managed.

● **MRCPC Question Writing Tutorial**

Designed for College members who are interested in participating in question writing for the theory examinations.

● **Quality Improvement: How to Make Services Work Better for You and Your Patients**

Helping you to understand what QI is and its use in healthcare, access information and resources and putting theory into practice.

● **Effective Educational Supervision**

The content for this eLearning course has been drawn directly from the EES course and provides a general introduction to the themes covered.

● **Vaccines in Practice**

Learn the foundation of clinical vaccinology relevant to UK practitioners working with children and how to communicate the benefits of vaccination.

WEBINARS

RCPCH-BPSU series: Time to 'think Kawasaki Disease'

Professor Robert Tulloh and Professor Paul Brogan provide a comprehensive update on Kawasaki Disease.

Screen time: what is the evidence and what should we be advising?

Dr Max Davie discusses the multiple ways in which research has been misunderstood.



See more

Free and accessible educational updates
www.rcpch.ac.uk/webinars

RCPCH Conference Online



Check out the programme and book your free place
www.rcpch.ac.uk/conference

61,500
CYP voices
shared their
lockdown
experiences



Why it matters to us to be heard

RCPCH &Us members Demi and Sashank share their views on being listened to during a national crisis



DEMI

● Age 15

This is a difficult time for everyone but more so for children and young people. This is a time of uncertainty and a process of change and we are in a position no one has been in before.

This is a vital time to

listen to children and young people because if you listen to what we have to say, we are more likely to understand and listen to your thought processes, rules, regulations and guidance.

In the long term, this pandemic will disproportionately affect young people:

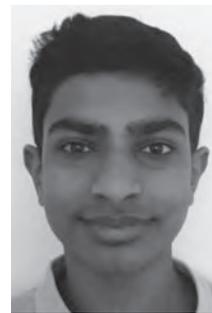
including education being disrupted at all stages, young workers being some of the first to lose their jobs in times of hardship, and the mental health implications of isolation on developing brains.

Will access to school from home become normal for young people like me who can't afford to put themselves at risk, but also want to learn and become productive members of society?

Most people just see us as children and think that we don't truly understand the impact and importance of situations in life like our current climate, when in actual fact we have a lot of knowledge and power to help improve and create change for the better!

It is important to address young people during this time, because it is vital to acknowledge that the young people of the UK are affected as deeply as adults. Addressing young people is essential to ensure that young people feel safe, protected, and valued.
NIAMH, Age 17

It would mean a lot if the Prime Minister were to talk to children and young adults because often we don't get a big say in massive decisions that will affect us. It would be an incredible thing to hear the Prime Minister address our issues specifically.
VALENTINA, Age 13



SASHANK

● Age 15

Children and young people are the foundation of the next generation and it is important that they are involved in decisions that affect them and their future.

Politicians and people in power need to understand that children have views and ideas worth acknowledging. They have a unique perspective on their issues and often approach challenges in a different way to adults.

Sometimes people make decisions, forgetting the impact that it will have on children, or simply being oblivious to it. Hence, it is imperative that there needs to be a collaboration between children, the policy deciders and the people responsible for looking after children to create a society where everyone has a voice.

► **The College has also published the voices of over 61,500 children and young people sharing their experiences in lockdown to help inform recovery plans.**

[www.rcpch.ac.uk/
covid-19-research-cyp-views](http://www.rcpch.ac.uk/covid-19-research-cyp-views)

ABOUT

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

 **RCPCH &Us**
The voice of children,
young people and families

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Spotlight on vaccination

UNDER A REFOCUSSED MEDIA LENS, WE DISCUSS WHY ROUTINE VACCINATIONS ARE MORE VITAL THAN EVER



Professor Helen Bedford

● Professor of Children's Health
● UCL Great Ormond Street Institute of Child Health
🐦 @HelenEBedford

“The loud voices of anti-vaccine activists on social media give them undue prominence”

In recent months the world has been turned upside down. However, as vaccination is the only way out of the pandemic and the resultant restrictions, it has appeared frequently in the news over the past few months. Despite this, in this article the focus will not be on prospects for a SARS-CoV-2 vaccine, but instead on the importance of the ‘routine’ childhood vaccines.

Before the pandemic took hold, at the end of last year, vaccination hit the headlines with news of global increases in measles cases. Although these are often blamed on the impact of ‘anti-vaxxers’, the reality is more complicated, with different reasons important in different countries. For example, vaccine uptake has fallen in countries such as Yemen – in the midst of civil war – and Venezuela – which is tackling a serious economic crisis.

Its highly infectious nature means that measles re-emerges quickly, even with only a small decline in vaccine uptake. In the UK, although cases are occurring in all age groups, historic low vaccine uptake two decades ago, due to fears over the safety of the MMR vaccine, means that older adolescents are being disproportionately affected by measles. The contribution that anti-vaccine views make to

under-immunisation in the UK is relatively small. Difficulties with access to vaccination services and other practical reasons are more important, but the loud voices of anti-vaccine activists on social media give them undue prominence.

For a short period after the start of lockdown, the uptake of the first dose of MMR fell (data on the second dose is not available), probably due to parental concerns about going to GP surgeries. Although uptake seems to have recovered, there is now a large number of children who missed out and who need to be reached to obtain protection. It is never too late to be vaccinated, with the two doses of MMR vaccine needed for best protection.

Boosting immunity

In the UK, we are fortunate to have one of the best organised vaccination programmes in the world and it continues to expand. HPV vaccine is now offered to all boys, as well as girls, in school year 8 (age 12-13). Two doses, separated by at least six months, of the quadrivalent vaccine Gardasil® are offered. The vaccine offers good protection against anogenital warts and lesser protection against a number of cancers that males are at risk of. This includes anal and penile cancers as well as cancers of the head and neck. The latter have been increasing in incidence recently. Boys/men will have had considerable protection through herd/community protection resulting from the high vaccine uptake in girls, but this initiative





will have an even greater impact.

From September 2019, the universal flu vaccination programme included year 6 (age 10-11), so all children from two years old through primary school age were offered the vaccine. This vaccine is not only important to protect children against flu, but immunising them also significantly reduces the burden of disease in the rest of the population. It has already been announced in England that year 7 (age 11-12) will be included in the programme for the coming season. Importantly, all children and young people from six months old onwards who fall into an at-risk group should be offered the vaccine. Children with many chronic conditions will fall into this category, including children in special schools, even those without a neurological disorder.

Trusted professionals

Although the overwhelming majority of parents in the UK vaccinate their children, the uptake of the universal vaccines had fallen in recent years (encouragingly, the last set of quarterly data for 2019 showed an increase in uptake) and the uptake of selective vaccines in at-risk groups is far from satisfactory, particularly in children. Why is this relevant to paediatricians? It is important because they see many at-risk children and we know that children with chronic conditions are often behind with their

routine immunisations. Individual health professionals are held in high esteem by parents and their opinions are trusted. At the initial consultation, a child's immunisation status should be recorded. If any vaccines have been delayed, this should be discussed with the carers. Advice about missing immunisations should be given and communicated to the GP. If possible, vaccinations should be given in the clinic or hospital. Specialists in allergic disorders have a particularly important role as children are often denied vaccines because they have one or more allergies. It should be routine to let the GP know whether or not any routine vaccines are contraindicated because of their allergies.

Our vaccine programme is highly successful, but recent outbreaks of measles show there is no room to rest on our laurels. Continued success requires commitment from all health professionals. Paediatricians, who pride themselves on looking after the general health of their patients, have an important role to play in ensuring all children are offered protection from vaccine-preventable diseases. The forthcoming College position statement on vaccination will emphasise the College's support for the UK vaccination programme. It is unclear what effect the current pandemic will have on parents' views in the long run, but it provides an opportunity to highlight the critical role that vaccines have in the control of infectious diseases. 

The College and vaccination

In 1954, the British Paediatric Association (BPA) sub-committee on Prophylactic Immunisation was established, focusing on use of vaccination for the prevention of Diphtheria, Whooping Cough, Tetanus and Tuberculosis and advising the government. The BPA and RCPCH have campaigned for vaccinations throughout our history, through education, promotion and good record-keeping, to make the programme as simple as possible – for example, supporting multiple immunisations in one jab or in one appointment. A report of the sub-committee from 1954 states that, instead of making vaccination mandatory, “we believe in the long run the voluntary approach, which demands from doctors and nurses the continuing education of the public in the prevention of disease, will prove more satisfactory”.

Sustainability every day

WHAT MEASURES CAN YOU TAKE TO BE MORE SUSTAINABLE AT WORK? DR KATIE KNIGHT SHARES SOME PRACTICAL IDEAS TO TRY



Dr Katie Knight

● Paediatric
Emergency Medicine
Consultant
● North Middlesex
University Hospital
NHS Trust
🐦 @_katieknight_

The College has recently declared a climate emergency, adding our voice to those of many other medical Royal Colleges and national organisations who have already taken this step. Declaring a climate emergency represents a commitment to lobby the government to make decisions which will most rapidly lead to a zero-carbon economy.

It also means that we must consciously and urgently work towards more sustainable practice in everything we do in healthcare.

For those who are thinking about this issue for the first time and wondering what the link between climate and healthcare could be, it's as simple as this: climate breakdown will dramatically affect our health as individuals and as a society – and the NHS will be expected to manage these health problems (including a rise in cardiovascular and lung disease, higher rates

of antibiotic resistance, and an increase in vector-borne diseases). Climate change is driven by carbon dioxide in the atmosphere – and in the UK the NHS is responsible for around 5% of carbon emissions. We are directly contributing to a crisis we as healthcare professionals will also be expected to solve; a crisis that our children, who don't yet have the power to fight the system, will bear the brunt of.

We all need to engage in more sustainable practices, and this starts with the decisions we make every day.

Prescribe responsibly

Antimicrobial stewardship is nothing new – we make decisions every day that aim to reduce the chance of creating antibiotic resistance. If you need yet another reason not to prescribe amoxicillin for a very-probably-viral otitis media, reducing the carbon footprint of your hospital's pharmacy is another great one. The fewer drugs we prescribe, the fewer we need to order. The

fewer that need to be manufactured and transported, the more carbon is saved.

Make the liquid-to-tablet switch

In paediatrics it's pretty much the default to prescribe liquid medications. Liquids come in bottles which are larger and heavier than packs of tablets, so more carbon will have been generated in manufacturing and transporting a liquid formulation. Liquids are also more expensive than tablets, sugary and not great for teeth.

How often do you ask whether a patient could take tablets rather than a liquid? It is possible for most children over four! With children on long-term medications, are you educating parents on how to teach their child to swallow pills? If you need convincing, take a look at the KidzMed 'pill school' project from Northern Paediatrics – which incidentally saved over £46,000 in a year from converting so many expensive liquid prescriptions to tablet form.

Remote clinics

The pandemic has shown that a lot of paediatric outpatient activity can safely be carried out remotely. This is something we should aim to embed in practice, as reducing the number of car journeys to and from hospital saves on carbon emissions and improves air quality around the hospital. It's an added bonus that parents don't need to take half a day off work to bring their child to clinic, and the child doesn't need to miss school.

Remote teaching

Departmental teaching and even regional teaching days have gone online during the pandemic. By keeping this going, we can reduce the amount of travel associated with putting on educational events. Even better, it means

that people on parental leave or with childcare or other commitments are more able to take part.

Nappies

A baby goes through roughly 6,000 disposable nappies before they are potty trained – a huge expense for parents and a lot of waste going to landfill. Many councils offer cashback or vouchers towards the cost of reusable nappies – search 'council nappy incentives' to find out what is available near you. Could you promote

the scheme locally, by displaying posters or having leaflets available to parents in waiting areas?

Disposable gloves

How many (hundreds) of disposable gloves does your team use per week? It might surprise you to know that we probably use gloves far more often than we need to – gloves should not be used as an alternative to proper hand washing, and don't need to be used for every single patient contact. Great Ormond Street's 'The Gloves Are Off' project means that they are now using 36,000 fewer gloves per week – over a year, this should equate to nine-and-a-half tons less plastic. Ask your infection control team to come and lead a teaching session on when gloves should, and should not, be used.

Emails

Did you know that even your emails have a carbon footprint? Cut it down by not sending unnecessary or large files by email, and don't hit 'reply all' unless you actually need to.

Quality Improvement

QI projects are an ideal way to weave sustainability into practice. Improving quality often comes from better use of resources, which leads to reducing waste and reducing cost. For your next QI project can you work out how much carbon is generated by the pathway or process that you want to change? And can you prove that your intervention will lead to a carbon saving? For ideas on how to get started, look for the 'Sustainability in Quality Improvement' resources from the Centre for Sustainable Healthcare.

These ideas are all a springboard – things you can do as an individual to begin integrating sustainable practices into your working life as a paediatrician. To get involved in larger scale sustainability projects in your workplace, seek out your organisation's sustainability group – many hospitals now have active groups, or there may be an organisational lead for sustainability you can approach who can link you up with other interested people.

At a College level, watch this space for College resources being developed to support continued education in sustainable practice through the training programme and beyond. 

► **Find out more about the College and climate change:**

www.rcpch.ac.uk/tackling-climate-change

“We all need to engage in more sustainable practices, and this starts with the smallest decisions we make every day”



We need to talk about race



DR OMOWUNMI AKINDOLIE EXPLORES THE IMPORTANCE OF HAVING OPEN CONVERSATIONS ABOUT RACE AND HOW WE CAN WORK TO ELIMINATE DISCRIMINATION

Dr Omowunmi Akindolie

● Consultant in Ambulatory Paediatrics
● King's College Hospital NHS Foundation Trust
@MAKindolie

I RECENTLY took part in one of the most radical gestures of activism that I have ever dared to engage in at work. I joined a peaceful protest where members of our

BAME network accompanied by our white allies gathered outside the hospital's main entrance and 'took a knee' for five minutes in solidarity with the Black Lives Matter movement. Once the moment had passed however, as I walked back to the wards, I was inwardly wrestling with the question, "And now what? What is your next step of action?"

Global events which have ensued in the context of the COVID-19 pandemic have served to magnify some deeply embedded and ugly truths about our society and our NHS which we can no longer ignore. With alarming clarity, the pandemic has served to reveal the systems and constructs of racial injustice which shape our world. This came very close to home for me when I received the tragic news that a doctor I knew well had died from COVID-19. He was a truly phenomenal man. An outstanding clinician and healthcare leader who had responded to the call to action returning from retirement

to join the NHS clinical frontline. May he rest in peace.

The following weeks revealed an alarming, evolving trend as we watched more healthcare professional deaths being announced. By the time we had data reflecting that 94% of the doctors who have died from COVID-19 were from BAME communities, it was very apparent to me that we were facing a pandemic within a pandemic. I was filled with deep grief, anger and outrage at this ongoing, preventable loss of life. This was compounded by despair as I earnestly sought a pressing and urgent response to this at a national level and it was not immediately forthcoming. For a healthcare system which had demonstrated an ability to rapidly mobilise a response to the pandemic, where was the commensurate response to this devastation on BAME communities? I wanted to translate my outrage into real change which is lasting and sustainable. I was spurred into action because lives depended on it. For me, this took the form of speaking up, asking challenging questions and holding leaders to account.

Within my family and circle of friends, we have been having conversations about race for as long as I can remember. My incredible sister is a lawyer and has committed the

past decade to being a diversity leader. She has excelled in this area and was awarded an MBE for services to diversity in the legal profession. I recall being horrified as my sister shared examples of the lack of diversity within the legal profession with me. During our conversations about race, I would always reassure myself that the situation was much better in the NHS. After all, where I work in London, BAME healthcare professionals make up 52% of the workforce. I have, however, steadily come to the alarming realisation that I made many erroneous assumptions. Within healthcare, the children and families we serve pay the consequences of racial injustice and they pay with their lives.

I was by no means in denial that racial injustice existed within healthcare. As a black woman, I have experienced and witnessed the whole spectrum of racial injustice at work. I have felt the deep pain of the impact this has had on me and others, as well as the devastating effect it has had on our patients. I have first-hand experience of the despair endured when the concerns escalated result in no purposeful action being taken. And so it continues. Despite all of this, I am incredibly hopeful for the future.

Now, I know we all love a good guideline or pathway, but I'm afraid I can't write you



“As healthcare professionals privileged to be working with children and young people, we are uniquely placed to have an impact which leaves a lasting generational legacy”

a paediatric anti-racist guideline. We are all gazing at this complex phenomenon from vastly differing points along a spectrum of perspectives. As I write, some of you are reading and nodding in agreement as the experiences I recount resonate with you. Others who have been insulated from the impact of racial injustice may be reading in shock, horror and possible denial.

There is a global uprising. We are all now faced with the irrefutable truth that systemic racism is endemic within our NHS and we have no choice but to respond with quantifiable actions to definitively address this. The scale of the transformational and organisational change required to achieve racial justice may seem overwhelming and is undoubtedly challenging. The sequence of global events in 2020, however, presents us with the gift of an opportunity.

Do we dare to work individually and collectively towards shaping a future in healthcare where discrimination in all of its forms is eliminated?

If not now, then when?

It is not my intention to write an anti-racist manifesto. There are, however, some guiding principles we can all follow as next steps:

Proximity

- Does your immediate circle look and think like you? The transformation required will only occur when we choose to get proximate with those who look and

think differently to ourselves. Even those with opposing views.

- Policy change is the ultimate solution. Yet we find ourselves in a situation where our policy makers are leaders who themselves do not have diverse lives. They are therefore making policy which serves to maintain the status quo and, in certain circumstances, actively contributes to deaths due to racial inequality.

Get comfortable with being uncomfortable

- The path ahead is full of uncomfortable dialogue, difficult conversations and challenging actions. There is no other way to progress and grow in this area. Accept that we will make mistakes and, at times, get things wrong along the way. The final outcome will be more than worth it.

Choose to remain hopeful

- Injustice prevails where hopelessness persists.

Challenge the narratives

- We need to challenge the systemic narratives which serve to sustain racial bias and injustice. These are the factors which make us tolerate and justify inequality and injustice.

As healthcare professionals privileged to be working with children and young people, we are uniquely placed to have an impact which leaves a lasting generational legacy.

My hope is that we have individually and collectively taken actions which serve to dramatically improve the disproportionate impact on BAME communities and healthcare professionals.

I wholeheartedly applaud and commend the actions of compassionate and inclusive leadership taken by the College in addressing racial inequality. Looking towards the future, I fully commit to contributing everything within my gift in support of the movement.

What part will you play? 

► **Read more about equality, diversity and inclusion at the College:**
www.rcpch.ac.uk/edi-voluntary-roles

Books to talk to children about race

An ABC of Equality
by Chana Ginelle Ewing

All Are Welcome
by Alexandra Penfold

A Is for Activist
by Innosanto Nagara

The Skin You Live In
by Michael Tyler

Dream Big, Little Leader
by Vashti Harrison

The Day You Begin
by Jaqueline Woodson

So Much
by Trish Cooke

Look Up!
by Nathan Bryon & Dapo Adeola

Can I Touch Your Hair?
by Irene Latham and Charles Waters

AntiRacist Baby
by Ibram Kendi, X

Ella Queen of Jazz
by Helen Hancocks

Rosa Parks (Little People, BIG DREAMS)
by Lisbeth Kaiser

Grandad Mandela
by Zindzi, Zazi and Ziwelene Mandela

The Black Flamingo
by Dean Atta

Opposite page: Dr Omuwumni Akindolie speaking at the King's Paediatric Ambulatory Care Conference

LEADERSHIP

Be a leader, not a boss

How you can welcome and inspire the next generation of paediatricians



Dr Katy Huxstep with some of her team



Dr Katy Huxstep

● Consultant Paediatrician
● Royal Cornwall Hospital
● @KHuxstep

EVEN BEFORE the coronavirus pandemic hit us in paediatrics, medicine in general has gradually become more challenging.

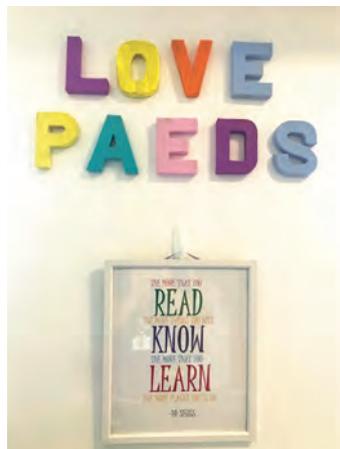
Feeling valued and being part of a team is essential to departments functioning well and to our own personal happiness at work. One of my earliest memories as I started as an F1 in surgery was being

taken for coffee with the team by the consultant. As leaders, making gestures like these can influence careers and provide role modelling for the future. It's the small things that can make all the difference. When you are working on a busy ward it's nice to have somewhere the team can go to relax, chat and have some downtime.

Inspiring spaces

Cornwall has so many incredible outdoor spaces, from extensive golden sandy beaches, to beautiful coastal walks and stunning fishing harbours, offering endless sporting activities. With all that outside it seemed a shame that our junior doctor's office was a small, dingy, yellowing space with curtains blocking fantastic views over the Cornish countryside. This was not a space that people wanted to be in, let alone one that made them feel valued or appreciated.

The consultant team clubbed together to buy a new coffee machine, which exudes the smell of fresh coffee beans. This, in combination with a lick of paint from yellow to white, moving out some cabinets, a new noticeboard and extra coat hooks, has transformed the room. We have fun painted letters, a busy 'events' section, a 'teaching' board



“We have fun painted letters, a busy ‘events’ section, a ‘teaching’ board with regular updates, a ‘rota’ section and also a reminder from Dr Seuss to LOVE PAEDS”

with regular updates, a 'rota' section and also a reminder from Dr Seuss to LOVE PAEDS.

Plans for the future in the office include initiatives shamelessly stolen from wonderful colleagues on Twitter! Particular ideas include creating a HALT box (a box with snacks to help yourself if you are hungry, angry, late or tired as a pay-it-forward scheme), and a medical book library to include titles from the likes of Adam Kay, Henry Marsh and Paul Kalanithi, for people to borrow in their downtime and return. I'd also love to have a social board with events and photos of us as a team when we are more relaxed.

Small changes, big results

During COVID-19, we turned the whiteboard into a positivity board which included quotes of inspiration and teamwork for all to contribute to. More recently, this has been turned into an ideas boards for feedback from all staff about some of the many changes that have happened recently; what is good, what is bad and also the opportunity for new ideas to be put forward. 'None of us is as smart as all of us', as the saying goes.

We want our juniors to love paediatrics. We want them to feel part of a team, a valued individual and inspire them to choose paediatrics as a career. We also want trainees to choose to learn paediatrics in Cornwall, and for word to spread that this is a great place to work, a great team and have wonderful patients with fascinating pathology. These tiny changes, with brief chats over coffee might just spark, or reinvigorate, the thought that paediatrics is a brilliant job, in a brilliant team, in a brilliant place. Be a leader, not a boss; you never know who you are inspiring. 🚀

COMPETITION

Medical students get writing

YPHSIG's student reps tell us about their first annual student essay competition



Dr Francesca Neale

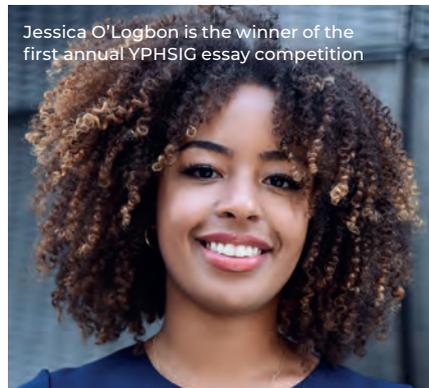
● FY1 Doctor
● Northwick Park Hospital

THE STANDARD of entries to the first annual Young Person's Health Special Interest Group (YPHSIG) medical student essay competition was exceptional. We received submissions from a range of years across the

UK who offered insightful and reflective perspectives on a choice of three titles:

- What are the social, psychological and medical challenges facing adolescents in the UK?
- Case study: the patient that changed my outlook on adolescent healthcare.
- How should adolescent health services change by 2040 to better accommodate young people?

The entrants' views on how adolescent health services should change by 2040 were particularly interesting, with the spotlight on the State of Child Health Report describing how important it is that we resource and empower the workforce. Medical students' experience of paediatric placements is variable across the UK and often exposure to adolescent health is limited. We hope that this annual essay prize, informal mentoring and other future YPHSIG student events can continue to encourage medical students to get involved in adolescent



Jessica O'Logbon is the winner of the first annual YPHSIG essay competition

healthcare and develop their interest in this exciting and varied sector.

The winner of the first annual YPHSIG essay competition is Jessica O'Logbon (2nd year, King's College London). Jessica impressed the panel with her well-researched ideas for adolescent participation in healthcare, enhancing health literacy and increasing health service access.



Robbie Bain

● 4th Year Medical Student
● Newcastle University
● @tenrbain

WE HAD THE privilege of seeing how medical students were engaging with the discussion about young people's health issues, utilising their own experiences and research.

The experiences discussed focussed on the opportunities students were given while on placement. These essays emphasise how valuable a broad exposure to

young people's health is as a medical student in creating discussions about the challenges young people face.

Difficult discussions were also had about how different cultural origins cause diversity in how young people perceive their own health and how those from black and ethnic minority backgrounds are less likely to talk about their own mental health.

A common theme emerged about how it can often be challenging for young people to access healthcare. Some barriers to access were cited as being due to stigma, lack of age-appropriate healthcare services in some areas and a limited health literacy for young people and those around them.

Indeed, during the current pandemic there has been a significant fall in the numbers of young people who have been accessing healthcare across the UK. So, the question of how we remove and mitigate against the barriers that young people experience when they try to access healthcare services has never been more important.

A number of solutions were discussed at length in these essays, mainly revolving around the use of technology to educate and engage young people in taking responsibility for their own healthcare and accessing services. Suggestions included using health apps, the use of virtual consultations and targeted public health campaigns on social media platforms. An important proviso was noted, that for any service being developed that is aimed at improving the access of healthcare for young people, young people should be involved at all stages of the development of that service.

Thank you to all those who entered and judged the essays this year. 🙌

▶ The next YPHSIG essay prize will open in November 2020. An abridged version of Jessica's winning essay is available to read on the YPHSIG website www.yphsig.org.uk

WORKFORCE

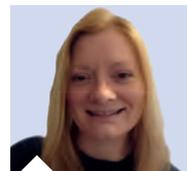
Paediatric Physician Associates

The newest members of the paediatric workforce

THE PHYSICIAN ASSOCIATE (PA) role is a relatively new healthcare role across the UK. The role is well established in adult and primary care settings and our friends across the pond have had PAs for decades. So why is now the time right for them in paediatrics?

Paediatrics, like many specialties, has struggled to recruit and retain staff. Increasingly, services are utilising the much-loved nursing profession to strengthen our teams but at a cost to our nursing workforce, which equally struggles. Are PAs the answer? They are trained to a medical model and follow the Department of Health national curriculum and will soon be regulated by the GMC. They provide continuity of service and the opportunity for teams to build, they are trained to assess and treat children under the guidance of a consultant and, much like our junior doctor and specialist/advanced nurse workforce, there is space for everyone in the brave new world!

PAs are innovative healthcare professionals underutilised in the paediatric setting, with less than 20 working in the specialty across the UK. Our Paediatric Physician Associate Programme is the first of its kind and PAs are being embraced into our medical workforce. We have 13 PAs working across our



Dr Natalie Daniels
 ● Consultant Neurodevelopment Paediatrician and Trust PA Lead
 ● Alder Hey Children's NHS Foundation Trust



The Paediatric Physician Associate Programme is boosting understanding of the new role



organisation with plans to build on this year on year to create a long-term paediatric workforce.

The intervention

The programme was designed with the overarching aim of increasing our tier 1 medical workforce within 12 months. This has been a challenge, with many clinicians having a limited or no understanding of the role. Work has been undertaken in the dissemination of this and with a passion for an overall vision of this pioneering programme:

- Job plans developed to set out capabilities.
- Department-specific curricula and competency documents written.
- Development of CPD Programme.
- Dedicated supervisory roles and weekly meetings have allowed the Programme Lead to deliver regular training and troubleshooting.
- Development of a management structure has enabled each team to have clinical and non-clinical input with members working to their strengths.

Strategy

From conception to start in two months, we have taken advantage of enthusiasm and institutional drives for change. We sought patient, doctor and allied health professionals' feedback on the role to gauge our programme with the intention to remodel where needed. We have been able to adapt our model

due to having an open dialogue across the organisation alongside investment of time and shared goals.

Measurable impact and improvement

All PAs are undertaking departmental service improvement projects to highlight service needs and value to be added by our new workforce. This tangible data is unquestionable and, as such, a continuing driver for change and improvement to the care of children.

The model being demonstrated consistently has been one of workforce enrichment and aligning with our trust vision. Their contribution increases patient safety, reduces waiting times and leads to increased productivity.

PAs are contributing to first tier on-call rotas, delivering patient care whilst helping to improve the quality of doctor training – there is an increased opportunity for doctors to access training, more clinic and theatre time.

They do not rotate like junior doctors and, as such, retain institutional and departmental memory. It is anticipated they will become an integral part of departmental inductions.

Messages for others

The largest obstacle is perception. By having a clear vision aligning with our overall organisational aims, we have been able to take staff on our journey. Be brave, be bold. Get in touch and let's share our learning. 📢

▶ Join the College's virtual event on 6 October to learn more www.rcpch.ac.uk/physician-associate-virtual-event

Medicolegal experts scrutinise records to reach an objective conclusion

LEGAL

Becoming a medicolegal expert

Exploring the role paediatricians can play in the legal process



Dr Robert Scott-Jupp
 ● Retired Consultant Paediatrician
 ● Salisbury NHS Foundation Trust
 @scott_jupp

What does an 'expert' do?

Before any claim can progress, the lawyers acting for the patient (claimant) or their representatives must obtain an opinion from an 'expert witness'. These opinions, formed after a detailed study of the medical records, determine what happens next. More often than not, there is clearly no negligence involved, and it goes no further.

In legal jargon, the term 'expert' can mean anyone practising in the same field as the defending clinician. An expert does not need to be a high-flying academic or tertiary specialist, and it is often better if they are not. Anyone who has been a consultant or SAS in any field for a few years could be an expert. Experts must not stray outside their field of expertise.

In paediatrics, you can be an expert in medical negligence for the civil courts, or in safeguarding for the family and criminal courts. I do only medical negligence, and will concentrate on this. There is a desperate need for more experts in both areas.

What does it involve? Solicitors working for either claimant or defendant will find an expert using various directories or agencies, and 'instruct' them by sending a Letter of Instruction (LoI) along with medical records. The LoI should pose specific questions on the case. Usually, these questions are based on the Bolam principle, a legal precedent set in

"I enjoy the intellectual challenge of trying to piece together what happened to reach a conclusion"

England in 1957. The questions are normally a version of: 'were this doctor's actions in accordance with what a responsible body of doctors in the same area of practice, at the same grade, and in the same circumstances, would have done?' Thus even if the doctor's actions resulted in injury, if others would have done the same, they are not negligent.

The expert must then identify what is relevant from scrutinising the records (usually at least 95% is irrelevant), carefully analyse this, and reach an objective decision. Most cases go no further, but a minority require more consideration, a meeting with other experts, or with barristers. Occasionally, we may need to see and examine the child, or interview a parent by phone.

Whose side are they on? The law stipulates that all experts must be completely impartial, irrespective of which side has instructed them. All reports must contain a declaration to this effect. Judges can prosecute experts who they think are biased.

What about going to court? I have worked on about 50 cases over a decade, and never had to appear in court. A leading barrister in medical negligence told me that he goes to court about once a year. The vast majority are settled long before they get to that stage.

What training is needed? There is no formal training programme, but it is essential to do one of several well-established courses for medical experts. Most can now be done remotely.

Why become an expert? I enjoy the intellectual challenge of analysing records, trying to piece together what happened, and then using a combination of my own experience and common sense, to reach a conclusion. As it is nearly all done remotely, I can work whenever and wherever I like. Since COVID-19, even meetings with lawyers are now done remotely.

Indirectly, experts help families and doctors. We can prevent families, sometimes pushed by overenthusiastic lawyers, from wasting time and money on actions that are destined to fail. We can help colleagues by ensuring that they get a fair hearing from someone doing the same job as them. It is absolutely not about persecuting doctors. ☺

Members

The latest member news and views

KEEP IN TOUCH

We'd love to hear from you, get in touch through our channels

- Twitter @RCPCHtweets
- Facebook @RCPCH
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The pandemic has seen many clinicians return to the front line

TRAINEES

SuppoRTT in a pandemic

During the COVID-19 pandemic, Supported Return to Training has been more important than ever



Dr Ceri Chadwick

● National Clinical Fellow for Supported Return to Training based in the West Midlands

● Health Education West Midlands

🐦 @Ceri1187

SUPPORTED RETURN TO TRAINING

(SuppoRTT) is a scheme administered by Health Education England to help doctors return safely and confidently to clinical work after time out of training. I have had the chance to be a National SuppoRTT Clinical Fellow this year and the role

has become more crucial than ever during the COVID-19 pandemic. Many doctors have returned to clinical work, have been redeployed or have found themselves in clinically vulnerable groups. Returning to clinical work or having to change the way you work is stressful at the best of times and the pandemic has intensified these feelings. Feeling scared, guilty or uncertain has been a very normal reaction, especially amongst these groups of doctors.

A group of fellows and I developed a series of 'Supported Return to Training Webinars'. The series includes clinical knowledge refreshers, with paediatric sessions focused on 'COVID-19 in Children' and 'APLS Plus' alongside several wellbeing sessions such as 'Take Care' and 'Imposter Syndrome'.

I am leading a series of SuppoRTT podcasts on why SuppoRTT is vital, the psychological impact of returning and what the future holds. It is part of a 'Pandemic Podcast' series discussing topics for healthcare professionals, including wellbeing, training, careers and communication.

I am currently chairing a SuppoRTT Shielding Trainees Advisory Group looking at how the SuppoRTT programme can adapt to the needs of shielding and stringently socially distancing trainees. I encourage any trainee whose training has been disrupted or altered due to this to access SuppoRTT and explore our resources.

▶ Access the online resources www.hee.nhs.uk/RTT-podcasts

TRAINEES

EDUCATION ON THE AGENDA

LIFE AS A trainee in the midst of a pandemic was suddenly unrecognisable. Service reconfigurations, shielding, donning, doffing and social distancing were the new lingo. Education and training were a distant memory. Uncertainty was the only certainty.

EDHEAD was born to put education back on the agenda. Our team comprises three paediatric trainees and our consultant. We were determined to beat the pandemic, five minutes at a time!

All members of the paediatric and neonatal clinical team were invited to create a five-minute video on a topic of their choice, whether it was a recent guideline they read, a new lesson they learnt or a procedure they tried. The EDHEAD team then peer reviewed, edited and uploaded the finished product onto a shared platform.



Dr Eimear McCorry

● ST5 Paediatrics

● Craigavon Area Hospital

🐦 @dr_emccorry

The trust's continuous improvement team were incredibly helpful.

We have had superb engagement and interaction from our paediatric team, boosting morale at a difficult time. We've created a pandemic-proof way of maintaining education and had fun along the way!



EDHEAD team (from left):
- Dr Shilpa Shah, Dr Sarah Berry,
Dr Eimear McCorry,
Dr Maggie Sinnott



TRAINEES

What is START?

Dr Nick Schindler asks Dr Katherine Harman about her experience of START assessment



The assessor asks questions about how you would approach a scenario



Dr Nick Schindler

● Paediatric Registrar ST7
● Norfolk and Norwich University Hospital
@drnicktwit



Dr Katherine Harman

● Paediatric Respiratory ST8
● King's College Hospital
@harmankat

AS THE TRAINEE rep for START (Specialty Trainee Assessment of Readiness for Tenure), I feel like I talk about it quite a lot; did you know that it is not an exam? Oddly, and in part thanks to coronavirus, I haven't actually completed my own START yet, so I thought I would ask a colleague who has recently STARTed about her experience. Kat is a Paediatric Respiratory Registrar working at King's in London.

Nick: What did you think about START when you first heard of it?

Kat: I thought it sounded like an exam and that it served merely as another 'hoop' to jump through.

Including research, fellowships and GRID training I had been in subspecialty paediatric medicine for six years and I felt very sceptical that preparing for START would provide any benefit to me.

Nick: How did you prepare?

Kat: I prepared for the assessment with a friend. We summarised what we felt to be core knowledge for the individual scenarios and shared learning material between us that covered these topics. We also joined the Trello website which contains documents

that previous candidates had found useful. We created a structure for answering the different categories of questions and spent time practising scenarios with each other. This was the most useful preparation as we were able to test our own knowledge and communication skills and learn from each other.

Nick: What has stuck with you from your experience of START on the day?

Kat: I turned up on the day feeling like I was going to take an exam but when I left, I had a similar feeling to finishing a busy day on call. At the start, everyone was nervous, fidgeting and thumbing through notes, however, when the assessment commenced the atmosphere became more relaxed. You are presented with a placard stating the 'situation' when you are waiting outside the room and are allowed a few minutes to consider your answers. The assessor then usually asks a broad question allowing you to describe your approach followed by a two-way discussion about the topic. The scenarios were applicable to real-life situations; either faced on a daily basis at hospital such as managing understaffing or less frequent, but very plausible, situations such as managing a trainee in difficulty or discussing the approach to a medical error. For GRID trainees, half of the scenarios are specific to specialty. Whilst not all of the scenarios were straightforward, they were all relevant and applicable to working as a more senior paediatrician.

Nick: In what ways, if any, did your practice change after START?

Kat: When training in medical school we are

very good at having a systematic approach to managing an emergency or a diagnostic question, but we are less well trained in approaching managerial problems / staffing or governance. Whilst you develop an approach to these issues throughout training, I found that preparing for START ensured that I formalised a structured approach to these situations which was reinforced with relevant knowledge.

Nick: If you did the whole thing again, what would change?

Kat: I wouldn't have revised as hard. Apart from reviewing a few key documents, I had the knowledge required for START from experience in everyday practice. Practising talking through answers with a colleague is the most beneficial preparation. And I would have taken a snack.

► **Find out more about START**
www.rcpch.ac.uk/start

Exams update

Covid-19 disrupted the exam schedule during the Spring and Summer. We have two working groups looking at the Theory and Clinical exams as we work to make the changes to allow us to deliver these safely in the Autumn. The Theory exams will remain the same, but we are looking at how we can increase capacity to deliver these using remote proctoring. For Clinical, we will be adapting the stations and are currently exploring remote options too.

www.rcpch.ac.uk/covid-19-exams

RETIREES

Returning to work during COVID-19

Dr Brian Craig reflects on his experiences of going back to the front line



Dr Brian Craig
● Retired Paediatric Cardiologist

IT WAS WITH mixed feelings that I walked out of the Royal Belfast Hospital for Sick Children at the end of June 2018.

I had been an NHS doctor for 41 years, with the last 32 as a consultant in paediatric cardiology. I was fortunate in witnessing many breakthroughs in the management of children with congenital heart disease. These included prostaglandin infusion, 2D echocardiography and interventional cardiac catheterisation, alongside improvements in cardiopulmonary bypass and postoperative care. Although looking forward to retirement, I knew I would miss my patients and colleagues, but little did I imagine that I would ever return!

When I received an email from the GMC offering an emergency licence to practice during COVID-19, I responded. I was subsequently contacted by a former colleague in the Belfast Trust offering a temporary post as a part-time locum consultant in my old department of paediatric cardiology. My role to date has been to validate patient lists with overdue recall dates and to contact many of these families for a telephone review.

I am enjoying the work and it's been a bonus to have the company of so many colleagues and friends during the difficult days of lockdown. I have been impressed at how the Belfast Trust has adapted in such a short time to cope with the pandemic. Changes in working practices and in managing patients, which would normally have taken months and years, have happened within days. The flexibility and unity of purpose of NHS staff at all levels has been the key and it has been a privilege to play some small part.



Clinicians kept working during lockdown



PARENTING

IS THAT VIRAL MYALGIA? OR JUST #PEWITHJOE?



Dr James Dearden

● Paediatric ST7
● Bristol Royal Hospital for Children
● Milestones Editorial Team
@drjamesdearden

FOR ANYONE WHO has yet to experience the lockdown phenomenon that is Joe Wicks, let me summarise. Mr Wicks is a Personal Trainer and Nutritionist, who provided daily PE sessions for children stuck at home during the COVID-19 pandemic. Apparently “The workouts will be fun and suitable for all ages and even adults can get involved.”

What Joe fails to mention is that certain exercises (such as the “Up Down Plank”) are only possible if you are a) a highly trained athlete or a personal trainer, b) a member of the Marvel Universe or c) in possession of childhood-like flexibility and low centre of gravity. Even if you are one of these... you will pay for it the next day.

Regardless of how crushing it is to realise how far my personal fitness has fallen, there are some spectacularly good things to be said about Mr Wicks:

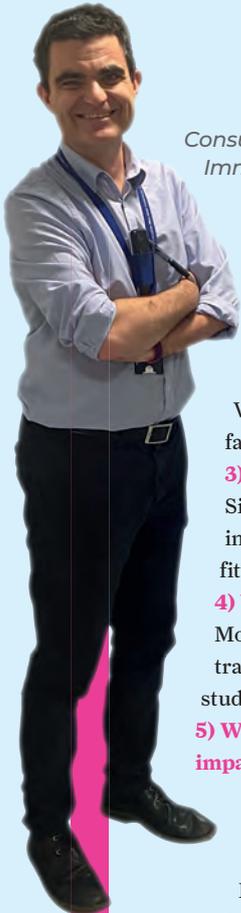
- His lustrous flowing locks are enough to make Samson blush, and are mesmerising to watch.
- He has made a huge effort to encourage children to stay active and healthy.
- And without a doubt he is bang on the money, when he says that “Exercise is an amazing tool to help us feel happier, more energised, and more optimistic.”

For those of you, like me, who have struggled to complete all these exercises, feel free to take a page from my daughter Penny's book: declare it is too hard, tag out, and do some colouring for five minutes instead.



STARTER FOR TEN

We put 10 questions to a ST5 paediatrician and a consultant to see what makes them tick



Dr Stephen Owens

Consultant in Paediatric Infectious Diseases and Immunology, Great North Children's Hospital

@owens_stephen

1) Describe your job in three words?

Trying to understand.

2) After a hard day at work, what is your guilty pleasure?

Watching cartoons with my youngest son. Our favourite is *Steven Universe*. But I don't feel guilty!

3) What two things do you find most challenging?

Simply keeping all the plates spinning. My international child health work is important to me but fitting in commitments around my NHS work is tricky.

4) What is the best part of your working day

Moving along the road to recovery with stem cell transplant patients. I also really enjoy working with students and trainees on their overseas projects.

5) What is the one piece of advice you wish you could impart to yourself as a junior trainee?

When it comes to writing up a thesis: "Don't let perfect be the enemy of good."

6) Who is the best fictional character of all time?

Doc from *Cannery Row* by John Steinbeck. He's a marine biologist which is a cool thing to be if you can't be a paediatrician. He's thoughtful, curious, passionate and kind.

7) What three medications would you want if you were marooned on a desert island with paediatric patients?

Permethrin for the long-lasting insecticide-treated nets, oral rehydration solution and the MMR vaccine.

8) If you were bitten by a radioactive gerbil, what superhero would you like to be, and why?

Doctor Strange: he has loads of magical powers which he achieves through his open mind, study and perseverance.

9) What is the single, most encouraging thing that one of your colleagues can do to make your day?

Tell me that I'm actually doing OK when I'm berating myself for dropping a plate. Everyone needs a pat on the back sometimes.

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

Active mentorship is really important, from modelling good practice to making time to listen to a trainee over a cup of coffee. It can be helpful to share our own stories too.

Dr Daisy Taylor

ST5 on OOPE (Out of Programme Experience) Medical Research Council Unit, The Gambia

1) Describe your job in three words.

Humbling, fulfilling and fascinating.

2) After a hard day at work, what is your guilty pleasure?

Walking to the beach and imbibing some cold white wine while the kids swim in the sea and bury their dad in the sand.

3) What two things do you find most challenging?

Trying to learn the local languages as well as understanding the cultural, spiritual and religious context of each patient.

4) What is the best part of your working day?

I love the ward when everyone is getting their tea and breakfast from the trolley - kids often recover quickly, so someone you were worried about yesterday may look loads better.

5) What is the best advice you have received as a trainee?

Do the simple things well.

6) Who is the best fictional character of all time?

Gandalf is awesome with all his wisdom and power yet humbleness with a wry sense of humour.

7) What three medications would you want if you were marooned on a desert island with patients?

IV morphine, furosemide and promethazine - no pain, breathlessness or nausea for my patients!

8) If you were bitten by a radioactive gerbil, what would be your superpower, and why?

I would be 'Thermostable Girl' with the power not to feel too hot when it's 40 degrees outside and the ward feels like an oven.

9) What is the single, most encouraging thing that one of your colleagues can do to make your day?

Tell me that they're interested in paediatrics and want to learn more - I'm the only paediatric trainee here so feel I have to fly the flag!

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

Do what you love and what you feel called to, rather than just plodding straight through training; you never know who you might inspire with your enthusiasm.





Dr Shilpa Shah
 ● Consultant Paediatrician
 ● Craigavon Area Hospital
 @drshilpashah



Nathaniel
 ● Age 9

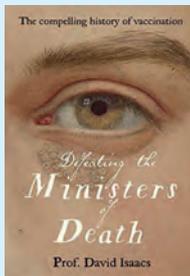


Dr Alexandra-Adela Pelivan
 ● ST7 in Paediatric Emergency Medicine
 ● Leicester Royal Infirmary
 @paedscommuter

BOOK

DEFEATING THE MINISTERS OF DEATH

by Professor David Isaacs



THE TRIALS AND tribulations, successes and failures, flawed hypotheses, juxtaposed with unparalleled genius of scientists, chemists and vaccinologists of

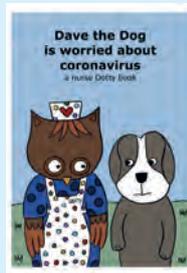
the past make this a glorious potboiler!

Professor Isaacs approaches each vaccine preventable disease as a new chapter and meticulously unravels its journey from its supremacy and ultimately to its defeat or eradication. He explores the past in painstaking chronology thus enabling modern day vaccine sceptics to take a more informed stance.

He aptly starts with smallpox; the specked monster which to this day remains one of the greatest triumphs of vaccination. He unravels the meaning of words such as vaccines, herd and ring immunity and, through his easy writing style, offers us a glimpse into a disease-ravaged past. Experiments done on humans and animals alike may be considered unethical in today's time but not so much in yester times. Professor Isaacs's book is an eye opener even to the vaccine supporters and a must-read for all, vaccine sceptic or otherwise!

BOOK

DAVE THE DOG IS WORRIED ABOUT CORONAVIRUS



WHEN I FIRST saw the book I thought it might be useful because it might explain a lot more about COVID-19 for children. It was good and I recommend for youngsters,

especially three to four year olds who will love the pictures. It says about COVID-19 and how to keep safe. I love the pictures and they help you understand better. I was a lot like Dave and missing school so it is good to know it's not forever! The rhymes are fun and excellent, they make it less scary. It told me what I need to do, like remember to wash my hands and not get too worried. This is important!



Flynn
 ● Age 9
 Watch Flynn's review in British Sign Language on the RCPCH & Us YouTube channel: bit.ly/30nWBBA

► **To read the story go to**
nursedottybooks.com/dave-the-dog

► **Watch the story in BSL**
www.bslzone.co.uk/watch/dave-the-dog

PODCAST

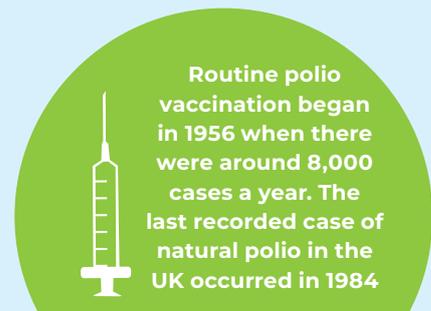
PAEDIATRIC COMMUTER



THE IDEA FOR this podcast appeared when I was driving daily between York and Hull and I was trying to prepare for

my clinical exams, but was also working in a very busy neonatal unit. The free time that I had for reading was very limited so I started to look at ways in which I could revise effectively. I started recording myself on my phone while I was reading from books and then I was listening to those recordings while driving. The name of the podcast says it all!

There is a full season of educational podcasts on different themes, but this year I wanted to try something different. I want to invite guests who are inspirational paediatricians for different reasons – great educators, amazing parents, tireless researchers or five-star educational supervisors. I hope you enjoy it and that you find the episodes interesting and they bring you happiness when you are driving to or from work. Get in touch if you have any suggestions of fabulous paediatricians! Have a safe commute!



Routine polio vaccination began in 1956 when there were around 8,000 cases a year. The last recorded case of natural polio in the UK occurred in 1984



A paediatrician in Greece

Dr Zacharoula Karabouta describes the unique challenges and benefits of practising in Greece



Dr Zacharoula Karabouta

● Consultant in Paediatric and Adolescent Endocrinology & Diabetes

● AHEPA (American Hellenic Educational Progressive Association) University General Hospital of Thessaloniki



I GRADUATED FROM the Medical School of the Aristotle University of Thessaloniki, Greece. Since I can remember, I've loved interacting with children, so when I was accepted to medical school I didn't think twice about choosing paediatrics. After two years of paediatric training in Greece, I moved with my husband, an orthopedic surgeon, and my six-month-old daughter to the UK for further training. Juggling career and family was difficult, but I did well, entered the higher specialist training

scheme, and worked for nearly 12 years across the UK in all grades.

Greece is a country where the NHS co-exists with a highly developed private sector. Anybody living legally in Greece has a right to free healthcare. However, primary healthcare is not well developed and many patients come to the emergency department without seeing their GP first. In the last couple of years, the Greek NHS has been profoundly affected by the economic and refugee crises that have led to shortages of technological equipment, infrastructure and lack of staffing. Further to that, the current COVID-19 global pandemic has imposed more strain on the Greek health system.

Since 2014, many refugees have crossed the borders of Greece. As paediatricians we now see young refugees presenting with emotional, social and behavioural problems, as well as many health issues, commonly skin, respiratory, surgical and dental, often neglected, requiring



“Since I can remember, I've loved interacting with children, so when I was accepted to medical school I didn't think twice about choosing paediatrics”

intervention. Malnutrition has also been recorded, particularly in infants, as have rare genetic syndromes. Another serious problem is unaccompanied minors who face family separation, detention, limited access to education and recreational activities, trafficking, and security problems. Cultural and linguistic differences make it more difficult to assess and manage these issues.

Strong family bonds

On the other hand, as private practice is highly developed in Greece, many paediatricians prefer to practice either independently or provide services in private hospitals or both. So, it is very popular and common for families to have their 'own' paediatrician with whom they form a strong relationship. Something that is probably a unique feature of working as a paediatrician

in Greece is that many times, the consultation is not just with the child and his parents, but also with the extended family, mainly the grandparents. Family bonds are traditionally strong in our country and grandparents often have a significant role in the child's everyday life, providing essential childcare while parents are at work.

Greek children and young people face many challenges. Since the 1980s, an increased incidence of chronic diseases and special needs in children and adolescents has been recorded. Mental health problems are increasingly on the agenda, maybe as an effect of the economic crisis posing substantial challenges to the mental health services of the paediatric population when resources are limited. The economic recession, and the recent wave of refugees, has seen an increase in the use of substances, bullying and racist behaviour in schools. The patient support system still has inequalities but in the last few years there has been significant efforts to improve the services.

Working as a paediatrician in Greece can be quite challenging and diverse. But we feel that we provide a great help to the community and younger generations to come. This, on top of the quality of life in Greece, with family and a beautiful natural environment, makes living here highly rewarding. 🌟



Above: AHEPA University General Hospital of Thessaloniki **Top:** Zacharoula with colleagues



Wellbeing

Support, guidance and reflection

SUPPORT



Dr Sarah Arthur

- Paediatric Registrar
- Somerset NHS Foundation Trust

CONNECTING DURING COVID-19

WHILST WORKING EMERGENCY ROTAS, junior doctors have found themselves working in new ways. The need to regularly shift body clocks, cross cover different teams, be back up on call for many of their non-working days and in some circumstances working for other teams, can all take its toll.

Understandably, while feeling a little out of their comfort zone, this has wider effects. Decision making in the new pandemic world comes with an additional cognitive burden. From talking to paediatric registrars, it became apparent that the low-level anxiety, rumination on the decisions and actions that they have taken is cumulative. In addition, there is fragmented shift work and the many unknowns that coronavirus has placed on pathology, especially in our paediatric presentations.

We recognised within paediatrics that, as the team fragmented, the support and access to feedback and teaching needed to be improved. The team quickly enabled daily teaching and lunchtime meetings virtually. The sessions allowed team members who were either non-patient facing, self-isolating or on call from home to touch base on particularly interesting cases.

Where the use of technology can sometimes alienate the emotional aspects of a case, what we have found is the uptake and presence of wider team members has ensured continuity, brain storming, sharing of knowledge and resource and, most importantly, reassurance and closure for the junior doctors at home.

Adapting has been key over the last few months. The efforts to support the team and feel connected, less fragmented and engaged with their chosen specialty is vital. Technology can assist in this. Most importantly finding a way, which suits your team, to ensure the team is connected, thriving and therefore providing a sophisticated level of care is paramount. 🌟

HEALTH



Dr Francesca Ritchie

- Paediatrics ST4
- Royal Hospital for Sick Children, Edinburgh
- 🐦 @cescacoleman

SURVIVING THE NIGHT SHIFT

THE UNAVOIDABLE NIGHT SHIFT is known to have a detrimental effect on our wellbeing. Errors from night shift fatigue can harm our patients and those we interact with in society.

This leads us to question what can be done to remain healthy, safe and alert?

The sleep deficit

The average adult requires seven to eight hours of sleep. Unfortunately, after more than two nights of restricted sleep, we begin to incur a sleep debt. This makes

us feel generally fatigued and can make night shift recovery difficult, so it's worth putting a good night's sleep higher on your priority list.

Be prepared

When it comes to night shifts, there is nothing worse than having your precious day's sleep interrupted by an Amazon delivery. Make sure your phone is on silent, leave a note on your door and make sure your family/housemates know you'll be sleeping. Invest in some ear plugs and an eye mask. Plan healthy meals and snacks for your night shift (night shift calories count – apparently!) and make sure you pack your water bottle – hydration fights fatigue.

Think long and hard about how you're going to get home. Jumping in the car is always tempting but sleep deprivation impairs judgement and reaction times. Is public transport an option or can you share a lift with a colleague? Think about having a nap before you drive home.

Take a break

Having a caffeinated drink followed by a 10-20 minute nap has been shown to be the optimal recipe for mental alertness, and may help you take on that 4am lull!

We are a team!

Don't be afraid to speak up if you are struggling on a night shift and be aware that others may be struggling too. Encourage others to take breaks and be extra vigilant when checking for errors. Above all, nothing boosts morale like a post-nights team breakfast! 🌟

MORALE

Find your mojo

Despite the difficulties faced during the COVID-19 outbreak, some teams found morale was higher than ever. So what is it, and how do we keep it up?

WHEN THE SITUATION with COVID-19 emerged, we prepared, we had new rotas, protocols and procedures, a new children's ward, and an overload of new information. It was unsettling, we felt uncertain and fearful.

As we settled into the new way of doing things, morale in our department seemed to soar. Health professionals around me described actually looking forward to coming to work. We got to socialise with our work friends in person, we were getting thanked by the nation every Thursday and rainbow clad signs were appearing everywhere.

Although it required bravery, we felt lucky to be able to come to work, to do what we loved. Consultants and juniors were working closer together on the shop floor, we got to know each other better and we got closer as a team. We were aligned with our purpose and passion despite a global pandemic.

This got me thinking about team morale, mojo or spirit. What is it?

In the dictionary, morale is described as: the confidence, enthusiasm, and discipline of a person or group at a particular time.

When we 'have mojo on', we have an innate invisible confidence where we feel we can move mountains, anything is possible. We are in touch with ourselves, our batteries are full and we are capable of great things.

Can we lose our mojo? What gets in the way of us feeling it?

The circumstance of the COVID pandemic solidified for me a paradigm shift which, once I realised, turned me from a registrar who felt anxious and on the verge of burnout to one who was thriving, in the snap of a finger.

As humans our experience of the world is not created directly even though it really appears that way. We experience it inside out. The world around us is giving us meaningless data which then becomes our reality via the lens of our thinking in the present moment. We also feel our thinking.

It's inevitable that our feeling of morale will ebb and flow, just like our moods do but what if we had access to our mojo always despite our circumstances?

When we feel in touch with ourselves we may feel joyful and this can be contagious.



Support network

As a collective, we can support each other to find each other's inner wellbeing again. We shine our light when it feels like shining and others will help us see our light again when it feels like it's flickering and covered up.

I've been inspired by the incredibly innovative team work going on during the pandemic. We are now well into it, our hair is longer, some of us have had a go at DIY hairdressing or gained a few lockdown pounds. I have started to feel tired, not having had any annual leave during this time.

I now know what was meant when we said at the beginning 'it's a marathon not a sprint.'

When we feel like this, it's especially important to listen to our bodies, to be in touch with what recharges our batteries, plug ourselves back into the mains so we can regain access to all the amazing features which are there waiting for us and remember we are all naturally incredibly resilient individuals, built to bounce back and survive. 🧡



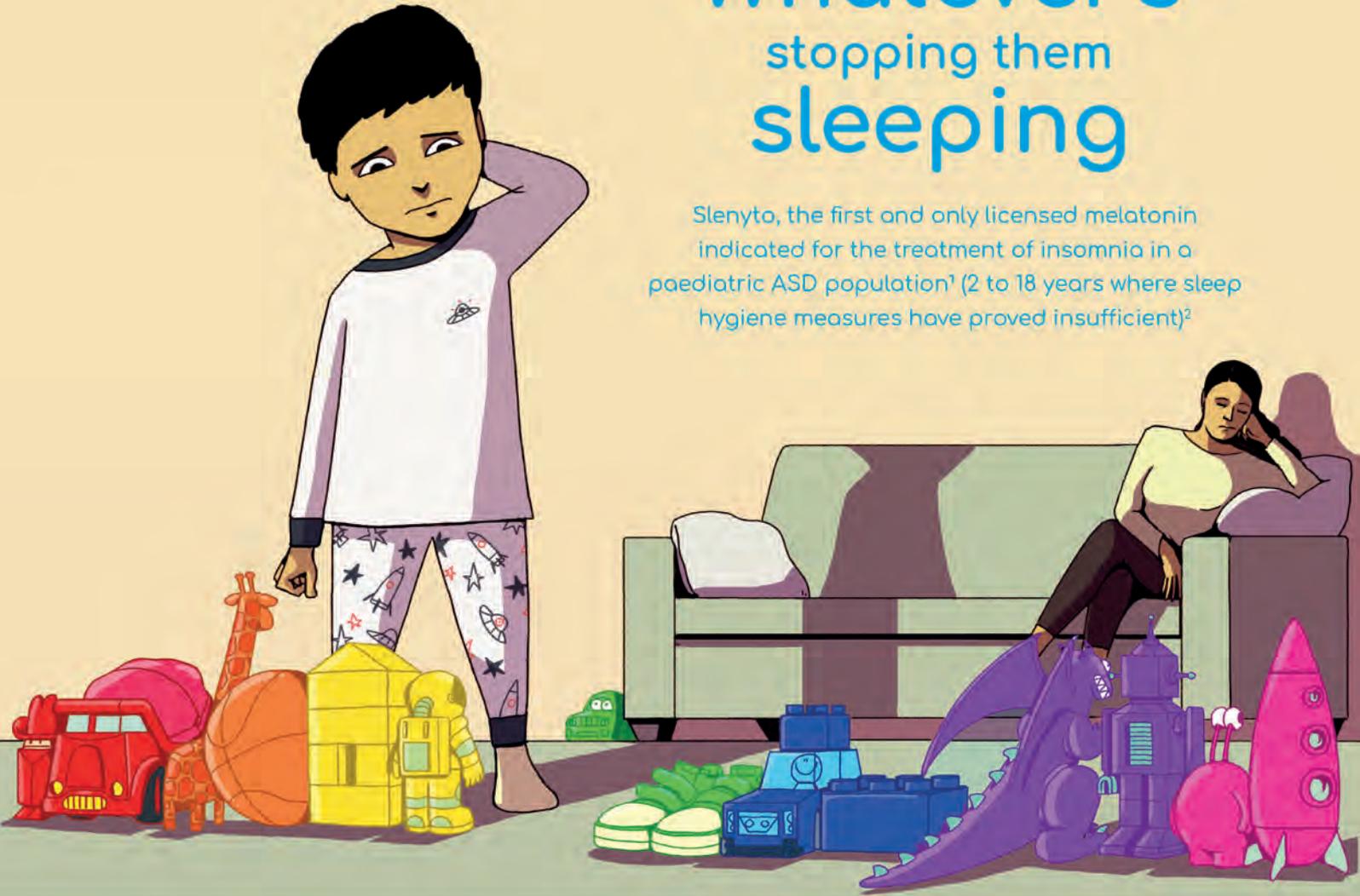
Dr Stacey Harris

● Paediatric Registrar
● Royal Gwent Hospital Newport Wales
🐦 @DrStaceyHarris

► **Book your place at the launch event of this year's online Conference on 25 September and attend Stacey's talk on wellbeing:**
www.rcpch.ac.uk/conference

Whatever's stopping them sleeping

Slenyto, the first and only licensed melatonin indicated for the treatment of insomnia in a paediatric ASD population¹ (2 to 18 years where sleep hygiene measures have proved insufficient)²



slenyto Good nights. Better days. Prolonged-release melatonin

SLENYTO® PROLONGED-RELEASE TABLETS 1mg and 5mg

PRESCRIBING INFORMATION: Please refer to Summary of Product Characteristics (SmPC) before prescribing. **ACTIVE INGREDIENT:** Melatonin 1mg or 5mg. **INDICATIONS:** Insomnia in children and adolescents aged 2-18 years with Autism Spectrum Disorder and / or Smith-Magenis syndrome, where sleep hygiene measures have been insufficient. **DOSAGE AND ADMINISTRATION: Dose titration:** Recommended starting dose is 2mg once daily. If an inadequate response is observed, increase the dose to 5 mg, with a maximal dose of 10 mg. Data are available for up to two years treatment. Monitor at regular intervals (at least every 6 months) to check that Slenyto is still the most appropriate treatment. After at least 3 months, evaluate treatment effect and consider stopping if no clinically relevant treatment effect is observed. If a lower treatment effect is seen after titration to a higher dose, consider a down-titration to a lower dose before deciding on a complete discontinuation of treatment. **Administration:** Once daily 0.5-1 hour before bedtime with or after food. Swallow whole, do not crush, break or chew. To facilitate swallowing, tablets may be put into food such as yoghurt, orange juice or ice-cream and then taken immediately. **CONTRAINDICATIONS:** Hypersensitivity to the active substance or to any of the excipients. **SPECIAL WARNINGS AND PRECAUTIONS:** Use caution in patients with renal insufficiency. Not recommended in patients with hepatic impairment. Children under 2 years: not recommended. Slenyto may cause drowsiness, therefore use with caution if the effects of drowsiness are likely to be associated with a risk to safety. Not recommended in patients with autoimmune disease. Patients with rare hereditary problems of galactose intolerance, total lactase deficiency or glucose-galactose malabsorption should not take this medicine. **INTERACTIONS:** Concomitant use with fluvoxamine, alcohol, thioridazine, imipramine, benzodiazepines and non-benzodiazepine hypnotics should be avoided. Use caution with 5- or 8-methoxypsoralen, cimetidine, oestrogens, CYP1A2 inhibitors, CYP1A2 inducers, NSAIDs, beta-blockers and with smoking. **FERTILITY, PREGNANCY, LACTATION:** Avoid use of melatonin during pregnancy. Consider discontinuation of breastfeeding or discontinuation of melatonin therapy taking account of the benefit of breastfeeding for the child

and the benefit of therapy for the woman. No known effects on fertility. **DRIVING:** Melatonin has a moderate influence on the ability to drive and use machines. **UNDESIRABLE EFFECTS: Very common:** None. **Common:** Mood swings, aggression, irritability, somnolence, headache, sudden onset of sleep, sinusitis, fatigue, hangover. Consult SmPC in relation to less common side effects. **PHARMACEUTICAL PRECAUTIONS:** Do not store above 30°C. **LEGAL CATEGORY:** POM. **MARKETING AUTHORISATION HOLDER:** RAD Neurim Pharmaceuticals EEC SARL, 4 rue de Marivaux, 75002 Paris, France. Marketed in the UK by Flynn Pharma Limited, Hertlands House, Primett Road, Stevenage, Herts, SG1 3EE. Tel: 01438 727822, E-mail: medinfo@flynnpharma.com. **DATE OF REVISION OF PRESCRIBING INFORMATION:** March 2019.

Product	NHS List Price	Pack Size	Marketing Authorisation Number
Slenyto 1mg	£ 41.20	60 tablets	EU/1/18/1318/001
Slenyto 5mg	£ 103.00	30 tablets	EU/1/18/1318/003

Adverse events should be reported. Reporting forms and information can be found at <https://yellowcard.mhra.gov.uk/>. Adverse events should also be reported to RAD Neurim Pharmaceuticals EEC Limited Medical Information e-mail: regulatory@neurim.com

References 1. Paediatric Formulary Committee. *BNF for Children* (online) London: BMJ Group, Pharmaceutical Press, and RCPCH Publications <http://www.medicinescomplete.com> [Accessed July 2020]. 2. Slenyto SmPC May 2020.

Date of preparation July 2020 UK/SLY/2020/1141

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