RCPCH

Milestones

The magazine of the Royal College of Paediatrics and Child Health

FORECASTING THE FUTURE FOR OUR PROFESSION

SPRING 2021

INSIDE

RCPCH Conference 2021

Challenges, opportunities and solutions for Child Health in the COVID-19 era

In testing times it is vital that the Paediatric community can come together to explore the latest advances in care, share best practice and support each other. Bookings are now open for the 2021 RCPCH Conference and we are inviting abstract submissions. By submitting an abstract, you have a great opportunity to showcase your work with delegates based around the world.

What did delegates have to say about the 2020 RCPCH Conference?

"Well-structured event, great speakers, high scientific quality of information provided."

"Thumbs up for the whole organisation and selection of presentations."

"Good range of topics and speakers. Good learning points."

"The presentations were diverse and informative with excellent presenters."

"Enthusiastic speakers and good content."

Find out more at **www.rcpch.ac.uk/conference**

RCPCH
Royal College of Paediatrics and Child Health
Leading the way in Children's Health

Contact
We'd love to hear from you – get in touch at
milestones@rcpch.ac.uk

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Welcome

WELCOME TO THE first 2021 edition of Milestones, and my last as President. I want to pay tribute to the team behind this excellent publication – it's a lot of work and it's been lovely to see it grow in popularity.

I finish my term in May at which point Dr Camilla Kingdon will take up the presidency. She's been a wonderful colleague and an immense support these last three years, and I know she will do a fantastic job for you all. There's more from Camilla inside this issue and a few parting thoughts from me.

The theme of this issue is very much future focused, which feels almost strange given the trauma of this last 12 months. Paediatrics 2040 sets out a vision for the future of our speciality and a roadmap for how we might get there. It's been a labour of love and I'm grateful to all who contributed.

Best wishes,
Russell Viner
@RCPCHPresident

THIS ISSUE

EVERY ISSUE

EDITOR'S PICKS

Myself and the rest of the Editorial Team are incredibly pleased to bring you another jam-packed edition of Milestones. I am endlessly impressed by the incredible vibrancy, enthusiasm, innovation and ingenuity of our members, but also, running through it all, a deep compassion for our patients and our colleagues. There are so many highlights in this edition, including an exciting sneak peek at Paediatrics 2040, exhortations to embed mental health provision and QI into the firmament of our paediatric practice and practical advice regarding our approach to social media. We hope you enjoy and learn, and don't forget that in the end... there is always cake!
Dr James Dearden

Milestones

RCPCH Royal College of Paediatrics and Child Health
Leading the way in Children's Health

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Update

The latest news and views

KEEP IN TOUCH

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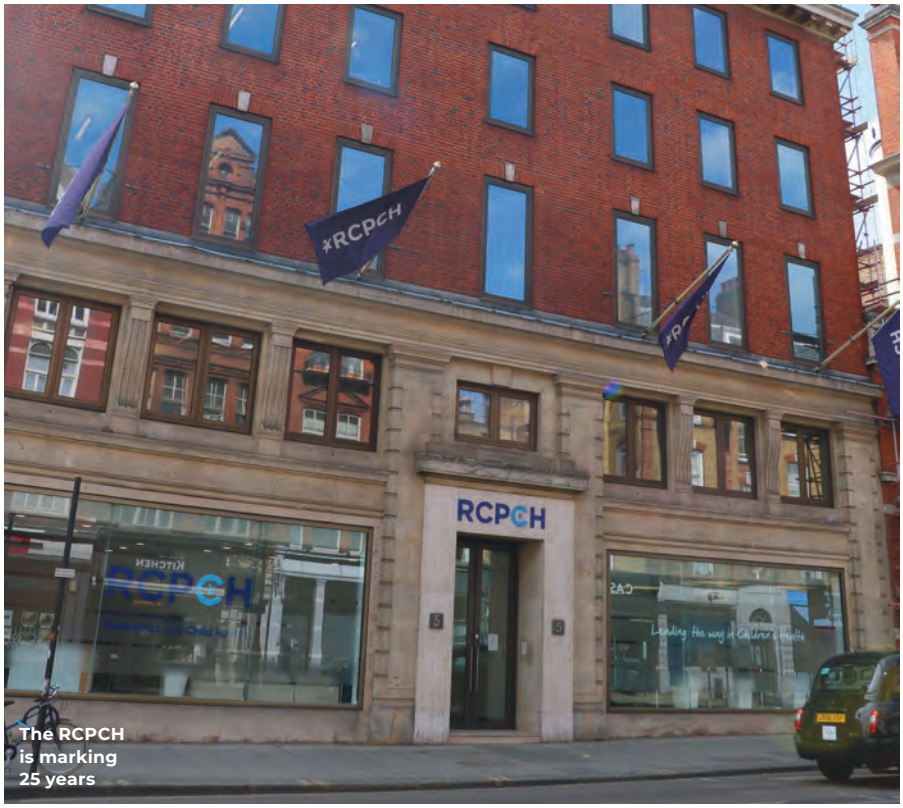


The RCPCH is marking 25 years

ANNIVERSARY

RCPCH at 25- How did we get here?

Professor Sir Alan Craft

Former RCPCH President

AT THE BEGINNING of the 20th century paediatrics did not exist as a specialty. Sick children were cared for by general practitioners or physicians. On 2 February 1928 six doctors met in the London house of Dr Still to form the British Paediatric Association (BPA) whose aim was to improve the health and welfare of children. It was a vehicle by which like-minded people could share ideas and try to further the cause of children's health. However it did not have any responsibility for the setting and overview of standards nor for the education and training of those who wished to specialise in the care of children. That remained with the 'ancient' Royal Colleges of Physicians. In 1943 Donald Paterson had suggested the formation of a separate College and as the specialty developed voices began to be raised that paediatricians deserved their own College. However the BPA was dominated by doctors who had taken the MRCP examination and who had a strong allegiance to the ancient Colleges.

It took almost 50 years to garner sufficient support to make a credible case to form a separate College and this was a particularly divisive time for paediatricians. One of the strongest reasons for a separate College was the need to be able to influence government policy about the health of children which had traditionally been provided by the ancient Colleges. There were a series of referenda of members which eventually garnered sufficient support to be able to petition the Privy Council for the formation of a separate College.

In 1996 permission was given for this to happen and the RCPCH was formed. Of note was the name of the College. We are the only Royal College whose title reflects the needs of a population group rather than the specialists caring for them. What did it mean for me? In 1972 I took the MRCP in adult medicine as there was no alternative. Would I have been a better paediatrician if there had been a paediatric examination? Probably. The key elements are now well covered by our excellent training programme and I am sure that I would have benefitted from the sort of structured paediatric training that we now have.

Was the struggle worthwhile? Membership has gone up from 4,000 in 1996 to almost 20,000 in 2021. We have assumed responsibility for training and setting of standards and are recognised as the source of advice to Government on children's matters. We are hugely influential on the international stage. It has been a great privilege to see the College grow in stature into one of the largest and most influential Colleges.

Being mindful

"The reality of modern day paediatrics is that mental health problems are highly prevalent"

P12

The Child Protection Standards document will help support clinicians

Dr Naomi Jones

- *Paediatrician & Designated Doctor for Child Safeguarding*
- *Northumbria CCG and Northumbria Healthcare NHS Trust*

STANDARDS

Child Protection Service Standards – a welcome development

WHEN A CHILD is referred for a medical assessment of concerns about possible abuse and neglect, it is important that there is a timely, organised and child-centred response. As a safeguarding doctor and jobbing paediatrician, I welcome the publication of the Child Protection Service Standards. The document provides a clear outline of what a high-quality service looks like and standards for supporting clinicians undertaking this work. Our Named Doctor is leading on a benchmarking exercise looking at how we meet these standards. Early findings indicate that our service broadly meets the recommendations, but also highlight some important areas for reflection and development. We will review our consent processes, how we communicate our opinion at the time of assessment and request service feedback from multiagency partners. As Designated Doctor, I have presented the document to the Clinical Commissioning Group (CCG) and advised that we seek assurance from the provider trust about how the standards are being met. The document has been shared with the Care Quality Commission (CQC) and we should anticipate questions about this in future inspections. Whilst the standards are not statutory, I hope this clear, thoughtful document can be used by safeguarding doctors nationwide to support the delivery of this important area of paediatric work.

▶ ***Read the standards***
www.rcpch.ac.uk/child-protection-delivery-standards

MEMBER SURVEY DEMOGRAPHICS
RCPCH FACTS

100%
OF RESPONDENTS DISCLOSED DATA ABOUT PROTECTED CHARACTERISTICS – THIS IS A GREAT HELP IN SUPPORTING OUR COMMITMENT TO BECOMING A MORE DIVERSE AND INCLUSIVE COLLEGE

58%
OF RESPONDENTS WERE FEMALE, BUT 64% OF MEMBERS ARE FEMALE, SO WOMEN ARE ACTUALLY UNDERREPRESENTED IN THE SURVEY RESULTS

3.5%
OF RESPONDENTS INDICATED THAT THEY CONSIDER THEMSELVES TO HAVE A DISABILITY

1in4
RESPONDENTS ARE BASED OUTSIDE THE UK

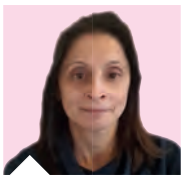
18%
OF RESPONDENTS WORK LESS THAN FULL TIME

GRANT

RCPCH AWARDED GRANT FOR RETENTION PROGRAMME

RECRUITMENT AND RETENTION is one of the greatest challenges facing paediatric health care in the UK and one of the leading priorities for the College, investing considerable time and resources. But funding remains a reality that cannot be ignored. Last September Dr Camilla Kingdon led a grant application to the Dinwoodie Charity for a National Paediatric Retention Programme.

I am really pleased to announce that the Dinwoodie Charity awarded us the grant for the pilot that is due to start this year. As part of our wider work to support and develop paediatricians we would like to better understand the motivating reasons for changing speciality, pausing or leaving practice. We propose to conduct a short survey and then interview a selection of clinicians to form a complete narrative. We're eager to hear from those who have had either a positive or negative experience which has resulted in a significant change to their career and practice. We welcome engagement from members and encourage you to get in touch.



Dr Dalit Hothi

- *Paediatric Nephrologist*
- *GOSH*
- *RCPCH Officer for Retention*

@DalHothi_HD_QI

▶ ***Contact us at cpd@rcpch.ac.uk to get involved.***

A new paediatric training pathway has been developed

TRAINING

Shape of Training – key elements for the time-pressed

Dr David Evans
- *Consultant Neonatologist*
- *Southmead Hospital*
- *RCPCH VP for Training and Assessment*

@RCPCH_TA

Describe the new paediatric training pathway in a nutshell...
Shape of Training will be called Progress+, it will change the three-level current training pathway into two levels: core paediatrics (ST1-4) and specialty paediatrics (ST5-7).

Why should we change?
We need more flexibility in training, for both our patients and our trainees. Removing the middle level simplifies the pathway, allowing trainees to move into a chosen subspecialty sooner and also provides a more natural break point for out-of-programme experience. There will be some flexibility at ST6 to change subspecialty pathway.
The pathway is capability-based. Trainees can move through the pathway faster – e.g., if they have prior capabilities. The Progress+ curriculum places less emphasis on specific placements, allowing more flexibility for differing routes through the pathway. The aim is to allow training experience to better match final career; after all, we currently don't expect every paediatrician to have identical skill sets.

How can we train paediatricians in only seven years?
We aim to improve efficiency of training by removing the current level 2 (minimum of six months each in general, community and neonatology) – accepting that trainees will no longer undertake the current core middle grade years – but they will gain a core set of generic capabilities. In addition, trainees gain specialty-specific capabilities e.g. general paediatrics, paediatric oncology and paediatric neurodisability) depending on chosen pathway.

What about the quality of training?
The Paediatrician of the Future document sets out how to improve quality, giving primacy to maximising learning opportunities through good supervision. This will be a challenge; the document won't improve quality in itself, but it does clearly set out the agenda and direction.

How will we cope with only seven years' worth of trainees?
Firstly, it is not a given that there will be fewer trainees. The number should be determined by service need, not set by the pathway. Even if we recruit no more as currently at ST1, there would be a transient bulge in those gaining CCT, followed by a fall in trainee numbers, but matched by the increase in CCT holders. Employers need to anticipate this when planning how to resource their service.

What about middle grade rotas?
Progress+ will rebalance the junior/middle grade ratios by supporting more junior trainees moving to tier 2 rotas during ST3. All core trainees should be on tier 2 during ST4. The requirement for MRCPCH will move to the end of ST4 and, thus, before progression to specialty paediatrics.

How will you implement this change?
We are anticipating the transition during the summer of 2023. A simplified summary is that new and junior trainees (ST1-3) will move over to core paediatrics, senior trainees (ST6-8) will move into specialty paediatrics (as the curricula are essentially unchanged), and there will be some element of choice for current level 2 trainees (ST4-5) about whether they transition in the first year or whether they wait a further training year before transitioning.

When will we know what is happening for sure?
The Progress+ pathway, including the transition plans and workforce implications, will be submitted to the GMC in 2021. Following approval, we can then publish more specific and granular details.

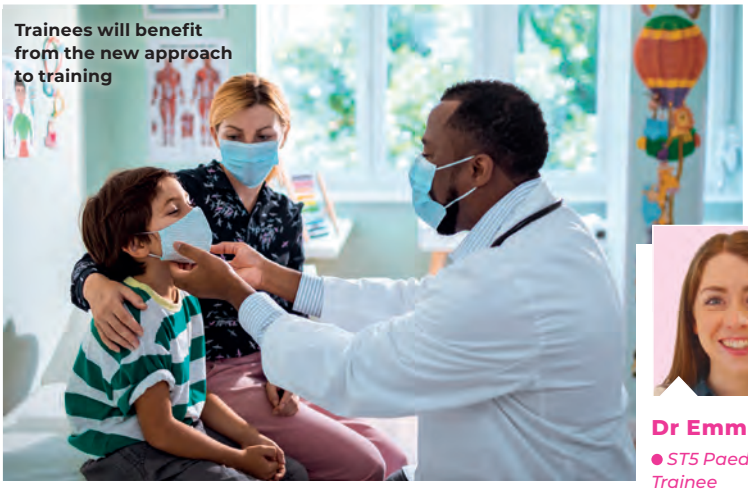
▶ ***For more information visit www.rcpch.ac.uk/shape-of-training***

THE SOCIAL SWITCH PROJECT

Online presence

"Digital resilience gives young people the ability to recognise when going online is having a negative impact"

P21



Trainees will benefit from the new approach to training

TRAINING

Paediatrician of the future

Dr Emma Dyer

- *ST5 Paediatric Trainee*
- *University Hospital Lewisham*
- *RCPCH Trainees Committee Rep for E-portfolio and Curriculum*

@EmmaMDyer

WHEN THE COLLEGE started looking at the Shape of Training report, they used this as an opportunity to look at paediatric training and visualise what this should look like at its very best. The result is Paediatrician of the Future. This is a truly collaborative piece of work, drawing together ideas and experiences of trainees and consultants, the College team and most importantly CYP from RCPCH &Us.

This aspirational document talks about a greater emphasis on integrated care with inclusion of child and adolescent mental health and public health being vital. There is also an increasing need to address the needs of young people beyond our usual age cut-offs, as well as better interfacing with primary care, mental health services and schools.

Paediatrician of the Future goes on to highlight 11 training principles which put at the centre the patient and their families, alongside the training needs of the trainee.

The really exciting bit is where the document outlines examples of how these training principles can be applied. For example; trainees working alongside CAMHS (Child and Adolescent Mental Health Services) teams, getting the opportunity to shadow a social worker, working with schools to design health promotion programmes, setting up joint clinics with GPs and working with young people to redesign services.

Importantly it is also recognised that rotas will need to adapt to facilitate this. It talks about the importance of a flexible and adaptable workforce, recognising the importance of Out of Programme (OOP) time and shifting the balance to a healthy distribution between service provision and training.

If this is what the future of paediatric training is going to look like, then that's somewhere that I want to be!

▶ ***Find out more*** *www.rcpch.ac.uk/paediatrician-of-future*

Staff Spotlight

Caitlin Plunkett-Reilly

- *Public Affairs and Campaigns Lead*

I JOINED THE COLLEGE in July 2019, following four years working in Parliament for a number of MPs. My role is to drive the engagement the College has with Government, parliamentarians and other decision-makers, ensuring we influence them to introduce policies that will improve child health outcomes.

Conducting public affairs and campaigns work in the current climate is tricky – but we have not allowed decision-makers to forget children and young people during COVID-19. Our campaigns work will be evolving in 2021, which will ensure we increase our influence and impact and meet the challenges of the post-COVID-19 world.

My favourite part of my work is working with members and helping them to use their expertise to influence decision-makers. I am particularly proud of the way we were able to bring together thousands of members to call on Government to extend free school meals to the school holidays.

Outside work is something I'm working on. I'm still getting used to the idea of evenings and weekends in life post-Westminster.

Paediatrics 2040
48% of members think mental health will be the biggest health issue for young people in 2040

College news

The COVID-19 pandemic has been difficult for children

PANDEMIC PRESSURES

Jo Revill
● *RCPCH CEO*
@8jorev

HAS THE PANDEMIC created fresh levels of inequality and injustice? Or simply accentuated the old ones? The question of how we treat different generations has been at the heart of so many issues we have faced this past year. Access to free meals during the holidays, the need for schools to remain open when they can safely do so, and for paediatric services to be fully protected during this pandemic are subjects where we've campaigned hard to be heard.

Our Paediatrics 2040 report highlights the issue of equity between the generations and the fact that the next generation of children will have different health needs. This requires a fairer allocation of time, resources and attention. I'm so pleased that we are able to launch this important report, pointing to what we need to create a better future for children's health.

The last few months have been the hardest that most of you will ever have experienced in your working lives. At the College, the staff and volunteers are so aware of this intense pressure and the enormity of the responsibilities that have been placed at your door. We have tried to support you as much as we can during this period and part of this lies in creating resources that might help you, whether it is guidance on the services, tips and advice about resilience or the latest updates on trainee progression. It is never enough: it can never be enough to match the demands that you are facing but we are your College and we are here for you.

Let me know your thoughts and please do contact me if there is anything you would like to discuss.

JOURNAL

BMJ PAEDIATRICS OPEN

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

OPEN ACCESS IS very important. Most College members in the UK have no problem accessing scientific papers, as their institutions usually provide free access by taking out subscriptions. For researchers in low and middle income countries however, open access is crucial. Their institutions cannot afford the subscription fees and they therefore cannot access the full article (only abstracts are available). If one is going to increase the research output from low and middle income countries, then they need to be able to access the latest research.

The other group who benefits from open access is the public. As most research in the UK is funded by the public (through taxes) and carried out in public hospitals and universities, it is essential that the public has the right to read the research findings. BMJ Paediatrics Open is fully open access and is read by members of the public throughout the world.

JOURNAL

ADC JOURNAL UPDATE

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

WHILE THE RECENT COVID-19 vaccine landmarks might not be the end of the story, they represent at the least the start of a fresh chapter and we all heaved a collective sigh of relief, and shared a frisson of excitement at the news. But, what else has been going on...

Two entirely new sections: the first Paediatric Emergency Medicine which aims to to raise the profile of ED research, commentary and review articles; the second, 'Clinical Law for Clinical Practice', an occasional series examining aspects of case law and ethics

Oscar Wilde once said "there's only one thing worse than being talked about and that is not being talked about". 'Viewpoints' our new controversies section is emphatically not in the latter category: much downloaded and tweeted, a recent piece on COVID having one of the highest ever recorded altmetric scores anywhere. Of course, the views expressed by authors, though required to be evidence based, aren't always universally shared, but this is how discussion is stimulated and change (for the good) catalyzed. You are all amazing!

NEW ROLE

New Registrar

Professor Steve Turner

- *Consultant Paediatrician*
- *Royal Aberdeen Children's Hospital*

@SteveTurnerABDN

I AM THRILLED at being elected Registrar. I have been involved in College work for many years and find the responsibilities challenging and rewarding, and I thoroughly enjoy working with the College team.

Very few people understand what the Registrar actually does. The dictionary defines a Registrar as someone who keeps records (e.g. births, deaths and marriages) or a junior doctor. The Registrar post of medical Colleges, including RCPCH, is neither of these. A colleague described the post as 'College cage rattler' and it is not that either, although part of the post involves being the devil's advocate during discussions at Council and executive meetings.

The registrar position comes in two parts. First there is a senior officer 'bit' which includes contributing to the proactive College strategy and also to the College's reaction to issues as and when they arise. The second and Registrar-specific 'bit includes chairing a number of committees, contributing to the governance of internal College matters, e.g. charitable objectives, and overseeing relationships with other bodies, e.g. the GMC.

Over the last 11 months we have all become adept at meeting commitments demanded by the COVID situation whilst also attending to the non-COVID 'business as usual' agenda. I am fairly sure that COVID will remain close to the top of the agenda for me over the next three years as your Registrar, but I am keen to make sure that attention continues to be given to all the matters which were challenging the College and its members this time last year.

NEW ROLE

New Officer for Digital Health and Technology

Dr Venkat Reddy

- *Consultant Neuro-developmental Paediatrician*
- *Cambridgeshire & Peterborough NHS Foundation Trust*

@VenkatReddyUK

I HAVE UNDERTAKEN management and leadership roles in clinical care, education, and QI in various posts like Clinical Director, National Clinical Lead, College Tutor and Designated Doctor for Safeguarding. I also act as a board advisor to several IT companies and start-ups.

I will take a lead role in the strategic oversight of the College's digital health and technology work. My initial focus will be to advise on current College workstreams, including:

- Digital transformation of the RCPCH Red Book
- Development of digital growth charts for parents and carers
- How to digitise the System-wide Paediatric Observations Tracking (SPOT) tool
- Digital transformation of Medicines for Children
- Advise the College on the digital skills needed for paediatricians
- Establishing the College's position on issues such as artificial intelligence
- Work with stakeholders, such as NHSX

NEW ROLE

NEW OFFICER FOR SCOTLAND

I AM A CONSULTANT General Paediatrician and lead for the Acute Receiving Unit. I am also an educational supervisor and appraiser, and sit on the training committee so understand workforce and training issues. I plan on working with paediatricians across Scotland so we can improve services for children in both community and hospital settings. The aftermath of COVID-19 will cause increased pressures around inequality, poverty and mental health services which were already under pressure so we will need to work together to create some novel solutions to tackle these issues. One silver lining of COVID-19 has been the ease of attending team meetings and virtual conferences, which I hope will continue into the future. When not at work I enjoy mountain biking and taking my two large dogs for walks in the borders hills where I live.

Dr Mairi Stark

- *Consultant General Paediatrician*
- *Royal Hospital for Sick Children, Edinburgh*

@mairi_stark

Paediatrics 2040
We visited 22 paediatric events to talk about the project

Migrant advocacy

"We produced guidance to help paediatricians understand how to advocate for families"

p19

Read more
Find more dates at
www.rcpch.ac.uk/courses
www.rcpch.ac.uk/events

Diary Dates

Here is a selection of our online and e-Learning courses. More courses will be confirmed in the next few weeks so keep an eye on our website for further updates

ONLINE COURSES

13 APR
Child protection: from examination to court (Level 3)
Providing paediatricians with the skills required for being a professional witness in family, criminal or civil proceedings in child protection cases.

27 APR
How to manage: paediatric allergy training PART 2
Focusing on the practical and clinical management of allergies. The second part in a series of three paediatric allergy training courses.

30 JUL
Statement and report writing – England/Wales (Level 3)
Information and advice on how to document the valuable information needed for effective investigation in child protection cases.

E-LEARNING

PRESCRIBING PRINCIPLES
Understanding the childhood physiological changes that affect drug metabolism, adverse reactions and what to do if they are suspected.

HEALTHY DEVELOPMENT IN YOUNG PEOPLE
Seven modules to help you improve the health and wellbeing outcomes of CYP affected by alcohol and drug misuse.

FGM
Essential knowledge and understanding of issues around FGM including classifications, risk factors and your role as a healthcare professional.

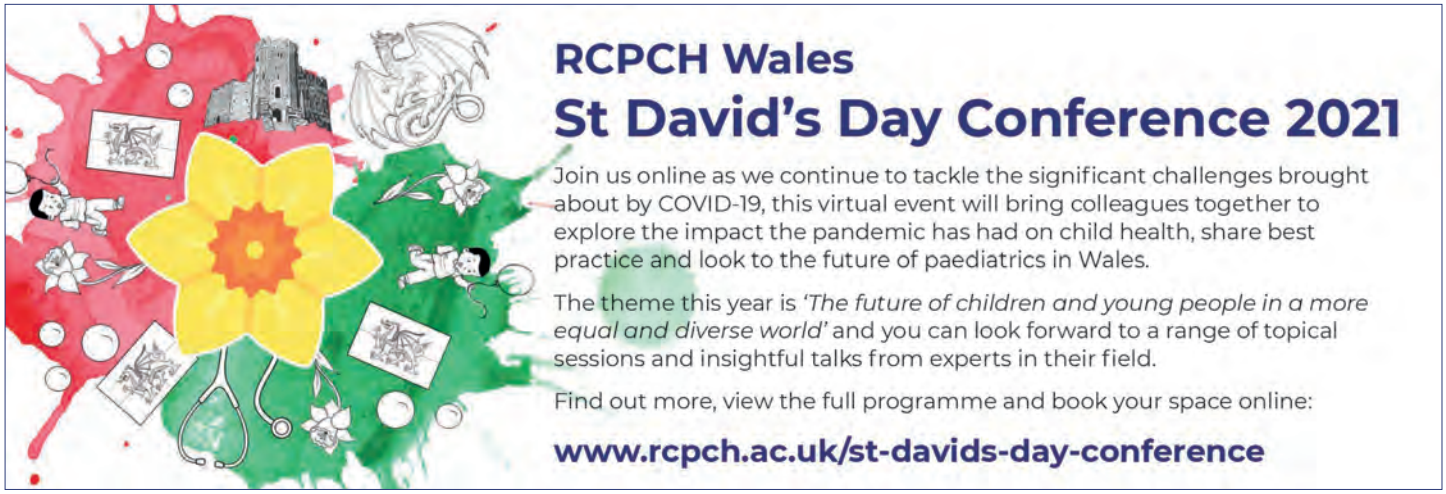
WEBINARS

- **Returning to paediatric training series : a guide for educational and clinical supervisors**
  Guidance for educational and clinical supervisors on how to support trainees planning for and returning from a career break.

- **RCPCH-BPSU series - CATCh-uS before we fall: Transitional care for young adults with ADHD**
  This webinar will present the results of the first in-depth study of the transition of ADHD patients from child to adult health services in the UK.

- **Mentoring skills peer support**
  Delegates discuss their mentoring skills and practice, accessing both peer support and input from an experienced mentor and coach trainer.

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



Paediatrics 2040

890 children and young people were involved in Paediatrics 2040

Paediatrics 2040 &Us

RCPCH &Us Paediatrics 2040 youth authors share their experience and discuss what is needed to create a vision for paediatricians of the future

Anwen
Aged 15

Sashank
Aged 15

Izzy
Aged 16

Demi
Aged 16

Being respectful, kind, supportive and friendly

Good medical conduct

Mental health

Being open minded and aware of different experiences

WHAT DOES PAEDIATRICS 2040 MEAN TO YOU?

Anwen: It's very important to contribute as a young person, and also with my career goal of becoming a doctor. I feel reassured that moving forward, young people in 2040 will have their rights and wishes respected when treated medically.

Sashank: It's a really important project because it is vital that we look after the next generation with high-quality care to ensure that they are looked after.

Izzy: It's a chance for the youth of today to make an impact on others' future. It has given me hope for the future of paediatrics, and I feel confident that future generations will have better experiences with healthcare.

Demi: It means change and a better future in health for future young people.

WAS THERE A 'STANDOUT' FROM PAEDIATRICS 2040?

Anwen: I really enjoyed the experience and am grateful for the opportunity to contribute to something so important and I hope that my contribution will support young people in the future in defining paediatric care.

Izzy: . I feel that I was able to see many different points of view and hear many different experiences of paediatrics. The data showed me that young people in the UK, whilst being different in many ways, prioritise the same things when it comes to paediatrics.

Demi: It was that all the young people that were there all agreed on the same issues.

WHY DID YOU GET INVOLVED IN PAEDIATRICS 2040?

Anwen: I am a St John's Ambulance Cadet and plan to study medicine. I feel strongly that the voice of young people is important when dealing with aspects of life such as health and wellbeing to ensure that everyone's own views and beliefs are respected.

Sashank: I think it is really vital to ensure that paediatrics in 2040 improves from how it is now. I wanted to support this change and help influence how children and young people are cared for in 20 years.

Izzy: I'm passionate about the rights of young people and hoped to help to improve their experiences with paediatricians.

Demi: I wanted to help improve paediatrics for future children and young people

Thanks to the 24 young people that took part in sessions in December and January, and to our young writers for sharing their experiences.

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

KEEP IN TOUCH @RCPCH_and_Us @rcpch_and_us @RCPCHandUs and_us@rcpch.ac.uk

Being more mindful when your mind is full

DR KAREN STREET AND DR RORY CONN EXPLAIN WHY UNDERSTANDING MENTAL HEALTH IS CORE TO CLINICAL PAEDIATRICS

There is a large group of young people presenting with emotional difficulties

Dr Karen Street
- *Consultant Paediatrician*
- *Royal Devon and Exeter NHS Foundation Trust*
- *RCPCH Officer for Mental Health*

@karenstreetkhan

Dr Rory Conn
- *Consultant Paediatric Liaison Psychiatrist*
- *Royal Devon and Exeter NHS Foundation Trust*

@roryconn

AS PAEDIATRICIANS, WE have all been present when a young person presenting in distress, with self-harm, food or fluid refusal, has been referred to as a 'CAMHS' (Child and Adolescent Mental Health Services) patient.

We have all seen colleagues (and perhaps ourselves) "avoid" such patients, or leave them to the end of the ward round. Is this because paediatricians consider these young people less worthy of attention and that they shouldn't be on a ward for "physical health problems"? Or do we simply feel ill equipped to know how to assess and manage them, fearful of doing it "wrong"? Are we in need of support ourselves?

The reality of modern day paediatrics is that mental health problems are highly prevalent (RCPCH – State of Child Health – Insight into the state of child health in the UK was evidence of this). Now more than ever, with the wide-ranging effects of the pandemic and lockdown, these young people need our help. Yes, we can and should advocate for better resourced mental health services, for crisis services that will avoid hospital admission where possible, but it is short-sighted to create an artificial divide between the physical and mental health of children and young people, choosing only to see and manage the part with which we are familiar.

Whilst CAMHS services are designed to assess and treat mental illness, there is a far larger group of young people (the bulk of the iceberg below its highly visible tip) who present with emotional difficulties in the absence of formal mental illness, in particular in the context of physical health problems. This includes the large numbers presenting with medically unexplained symptoms, often a physical manifestation of anxiety, in the child or their caregiver, often both.

The right diagnosis

Sadly, few paediatric departments screen for mental distress, depression and anxiety, despite the fact that in chronic long term medical conditions these are likely to be common comorbidities. This is in part because paediatricians may not know what to do with the findings, few hospitals having sufficient provision of paediatric psychology to meet the large, and growing, needs of this overlooked group.

Those working at the interface of physical and mental health are clear that joint offers of support which combine body and mind produce better paediatric outcomes. That is: fewer unnecessary and intrusive investigations, shorter lengths of stay, better control of diabetes, asthma, gastrointestinal complaints, to name just a few. A good multiprofessional paediatric liaison 'offer' should also result in fewer serious incidents involving restraint and tranquilisation, plus improved staff wellbeing and satisfaction in work, with lower rates of burnout.

Of note are the growing numbers of young people presenting to the acute hospital setting with self-harm, self-poisoning, or restrictive eating in the absence of a typical eating disorder. These should be seen as young people in "PsychoSocial Crisis". Invariably, the drivers for the distress are linked with deprivation, abuse, neglect, bullying or other adverse childhood experiences. We need to understand these as safeguarding concerns, and respond to them in a co-ordinated fashion.

Repeat attenders are a common challenge to acute paediatric teams. Clumsily described by some as "attention

seeking", these are young people seeking care, and refuge. We must ask ourselves what it is that they are escaping from and act appropriately. Staff may fear generating a ward environment which is made "too welcoming" or comfortable. If a hospital bed is more attractive than the care received at home, what does this tell us about the quality, or absence, of care received from caregivers? Paediatricians can be consistently supported by child psychiatrists in understanding these issues, and in identifying the systemic problems which present in families – the intergenerational attachment difficulties and patterns of behaviour, in particular relating to health and help seeking.

Working to help children and their families can be immensely satisfying and rewarding, but highly stressful. The emotional responses that we all experience towards complex "CAMHS" patients must be recognised. Feelings of irritation, frustration, confusion, helplessness, worry, anger to name a few are common, understandable and natural. These are usually "projections" of the feelings in the patient themselves (or their family). Departments which prioritise regular, structured, reflective spaces in which to explore such feelings (such as a Balint group), function better.

Working together

Paediatric teams benefit from having psychiatry and psychology but also a social care presence embedded within the team. Fully integrated care systems are the vision of the future where organisational and funding barriers are overcome. In the meantime the best results are likely to be achieved if we as paediatricians reach out to mental health and social care colleagues, develop relationships, build bridges and are the driving force in securing funds to finance these joined up approaches within our own departments.

The College has produced a position statement on the role of paediatricians in supporting children and young people's mental health. Paediatricians, like any member of the children's workforce, have a role in promoting good mental health in all their interactions with children and young people.

- There should be a clinical lead in all paediatric settings to ensure the mental health of children and young people is considered in departmental activity, but also the mental health of our workforce, which has been challenged during the last few months more than ever.
- Improved training for all paediatricians in promoting good mental health and recognising and supporting mental health problems is addressed through the updated Progress Curriculum and the new SPIN module in mental health.
- Paediatricians in managerial roles should also be focussing on improving the interface between paediatric and mental health services through liaison and integration to provide effective joined up services.

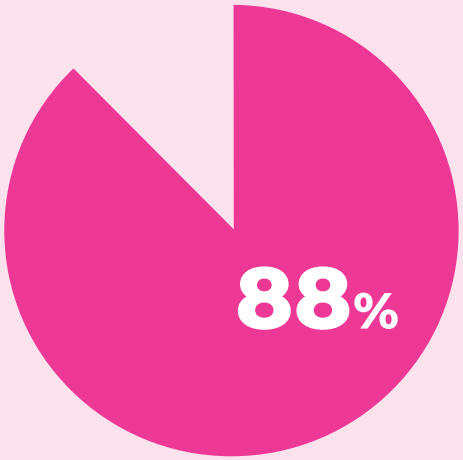
This list is by no means exhaustive, we would strongly encourage you to read the position statement to learn more. If we haven't convinced you then listen to young peoples' views through RCPCH and Us, the College's forum for engaging with service users. The striking findings of a survey of young people around mental health are included in the State of Child Health Report, titled Voice Matters, One young person said of mental health: "I think it's equally important, it might even be more important than physical health".

▶ ***Further reading:*** **the College's position statement** ***www.rcpch.ac.uk/role-paediatricians-mental-health***

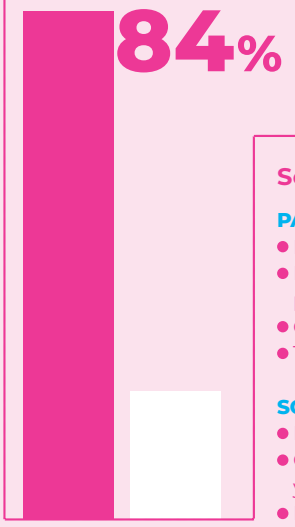
▶ ***Find out more*** **about young people's views in the State of Child Health 2020 report** ***stateofchildhealth.rcpch.ac.uk/voice-matters***

Mental health

88% of young people feel that there is not enough support for thier mental health



84% of young people think there **isn't enough awareness raising HEALTHY BEHAVIOUR**



So...how can we change this?

PARENTS
- Be more open and talk
- Monitor children & young people's actions
- Give books not games
- Teach right from wrong

SCHOOL
- Healthier food
- Care about children & young people
- Don't put pressure on them
- Create safe spaces
- Employ counsellors

GOVERNMENT
- Break stigma about mental heath

CHILDREN & YOUNG PEOPLE
- Support their friends
- Don't be afraid to talk
- listen to others problems

Changing of the guard

AFTER THREE YEARS AS PRESIDENT OF THE COLLEGE, PROFESSOR RUSSELL VINER WILL BE HANDING OVER TO DR CAMILLA KINGDON. HERE THEY ANSWER QUESTIONS FROM EACH OTHER, AND FROM RCPCH &US MEMBERS

Professor Russell Viner

RCPCH President

What are your top three tips that you wish you'd known when you were at my stage?

How to convince the government to take children and young people's health and wellbeing more seriously. But I wish I knew how to do this now, so I suppose that's not a tip.

Second, Rome wasn't built in a day. Give yourself a week or two to achieve your aims. Seriously, make sure you are kind to yourself.

Third, our members and staff are the most incredible resource and they will constantly surprise you. I didn't use them enough at the start, relying on myself too much.

Is there a moment in the last three years that you would bottle and keep forever – if you could?

I think my proudest moment was at the most recent College Annual Conference we had before the pandemic. I remember looking around the Birmingham conference centre just amazed at how many super bright and capable young paediatricians were attending and reflected on the extra-ordinary three days of inspiring lectures and presentations we'd had. I think that – plus when I heard that our ST1 recruitment in England had reached 97.4% last year.

The Presidential term of three years isn't very long. What is your "unfinished business"?

Actually three years is quite long – well the pandemic bit has been! I don't think that I have a lot of unfinished personal business as I've always seen what we do as team business and I know that you are already taking forward the work to reset our strategy for the next three years and focus on supporting our members as we come out of this pandemic

Question from RCPCH &US

What do you think you will miss when you finish being President?

I'll miss so many things. Mostly the people. The team at the College, both the other paediatricians and the staff, are a pleasure to work with. They're both simply highly competent but also warm and human – and great fun. I was thinking back and realised that there wasn't a single person in the College that I didn't enjoy working with – and that College feels a very safe and accepting place to work. That definitely isn't true of every place I have worked! The camaraderie of the Senior Officer group is very strong, and I'll particularly miss that. The sheer competence of the College staff. And the sense of belonging and being part of the College furniture that you get after being around for three years – I'll definitely miss that.

I'll miss being at the centre of things, the feeling of being able to influence important decisions – but most particularly the sense of being part of a team doing important work – perhaps the most important I will do in my career.

I'll miss the kindness of College members whom I don't know but always amaze me with their insight, passion and kindness.

I'll miss the insights that young people from our &Us network give all our work – although of course I'll continue working with children and young people.

Dr Camilla Kingdon

RCPCH President Elect

RCPCH has two main roles, to promote the health of children and young people and to advance and protect the interests of our membership. How do you balance these?

I recognise that and I know that some would criticise the College at times for giving one role more emphasis to the detriment of the other, at times. These two roles obviously have a huge amount of synergy and so much of what we do essentially has a dual purpose. Our climate change work, as an example, will do exactly this – we will be looking just as closely at how we advocate for child health in the context of climate change globally as we will be looking at how we can support members in tackling climate change. However, I acknowledge the potential tension, and this is something we need to keep a close eye on and be open to feedback when there is a perception that we may be getting the balance slightly out of kilter.

Is there anything you want RCPCH to stop doing?

I so often sense that paediatricians are accustomed to taking a seat at the back of the room, as it were, and allowing some of the bigger or noisier specialties drown out our voice. And yet, I know for a fact, we very frequently are ahead of the curve, have ideas that are truly inspiring for other specialties and are pushing the limits on innovation and fresh ways of doing things. So, I want us all, and this includes the College, to stop being quite so submissive, but rather start being positively disruptive and confident about sharing our great ideas and ways of working and thinking! We have so much to be proud of!

What are the three key things you want to achieve when you are President?

Our members are our greatest resource. I want to critically look at the role the College has in supporting paediatricians to become the very best they can be, and then start implementing those recommendations. The work looking at retention in paediatrics has already started and I want that to expand to help us truly understand the challenges of being a paediatrician so we can develop resources to proactively help. Secondly, our action plan to address equality, diversity and inclusion really excites me and it too is addressing our ambition to build a world-class workforce. So, I want to see that tackle some of our most difficult questions and help us find approaches to these issues. Finally, the College has both a role and a responsibility to advocate for children and we really have an urgent need to help focus on that in a different way since COVID and examine our role in understanding how we promote the importance of society prioritising children.

Question from RCPCH &US

How can RCPCH &Us help you achieve your goals as President?

&Us is vital in realising these ambitions. I very much see &Us as our 'critical friend'. Friends look out for each other and watch each other's backs. The children, young people and parents that we all work with professionally see how we perform in the sharpest focus. That gives us an invaluable lens that enables us to understand when things are working well, and when they aren't. The huge opportunity that &Us gives us to understand, in an impartial and non-threatening way, is an absolute gift that we must not squander! So, I truly hope that &Us will be tapping me on the shoulder regularly to let me know how we're doing, where our blind spots are, what we need to do more of, and what isn't working so well.

What will paediatrics look like in 2040?

FOUR MEMBERS OF THE PROJECT TEAM DISCUSS THEIR HOPES FOR THE FUTURE AND GIVE AN INSIGHT INTO WHAT'S INSIDE PAEDIATRICS 2040

Dr Joseph Ward
- *Paediatric Registrar (ST7)*
- *Homerton University Hospital*

@_joe_ward

Data and Evidence

"It's difficult to make predictions. Especially about the future." (variously attributed)

Perhaps this is not quite true: making predictions is easy – it's making accurate ones that's hard. But attempting to do so can provide a compelling argument for the need to adapt and innovate now. I was excited to be involved with Paediatrics 2040 because of this core aim; to use data describing current patterns and recent trends in healthcare activity and disease burden to establish how we can best meet the future health needs of children and young people (CYP).

The value in trying to predict future trends in disease burden is highlighted by concern around current health outcomes for CYP in the UK. CYP mortality for common conditions such as asthma and epilepsy are significantly higher in the UK than comparable rich countries. Perhaps more troubling is the increasing variation in CYP health outcomes within the UK, much of which can be explained by levels of deprivation. These concerns may be exacerbated by indirect effects on health determinants due to the COVID-19 pandemic which are not fully understood.

Paediatrics 2040 provides an opportunity to envisage what could be achieved if improvements are made to factors contributing to the UK's poor CYP health outcomes, such as child poverty, but also to warn against the consequences of not doing so. It also aims to highlight the tools we need, such as better access to data on CYP health metrics, to both understand current burden, and hopefully improve our ability to predict future need.

Dr Tania Haynes
- *Paediatric Clinical Fellow*
- *Children's Hospital for Wales Cardiff*

@ taniarnimarie

Dr Victoria Hemming
- *Consultant Paediatrician*
- *York Teaching Hospital NHS Foundation Trust*

@vphemming

Dr Kevon Parmesar
- *Academic Clinical Fellow*
- *Bristol Children's Hospital*

@drkpxr

Working Lives

The opening episode of "I'm a Celebrity..." 2020 encapsulated what I hope the Paediatrics 2040 project will achieve. For a challenge, campmates passed stars to each other down a pipe. Some used their fingers to fumble through wire whilst others, like Paralympian Hollie Arnold OBE, used a magnet to guide their prize. Only afterwards did I realise that the show had quietly altered the task to ensure everyone could participate equally, instead of that burden being placed on an individual contestant.

In fact, it can be argued that many barriers to work for people with disabilities are due to the world being poorly adapted, rather than personalised extra adjustments being required. Whether that be physical obstacles or attitudes towards difference, it is our society which is disabling people and through that exclusion, valuable contributions are lost.

So how does "*I'm a Celebrity*" relate to us as paediatricians and the 2040 project? It shows that we can do better and challenges us to adjust our outdated viewpoint. The recommendations in the working lives sections highlight this, by suggesting practical changes which remove obstacles and reform what our teams look like and how they function.

By 2040, I hope we have an environment which suits all staff by effortlessly welcoming their wealth of experience. There are changes happening now, but not everywhere and not fast enough. To recruit and retain a workforce fit for the future, to provide the best service for our patients, we need a workplace fit for all.

Models of Care

When I heard about the Paediatrics 2040 project I knew I had to be involved. Children and young people (CYP) are our future and I am passionate about providing high quality, safe and effective care. We all need to work together to reduce health inequalities and ensure CYP are able to access services which meet their needs.

As a resident consultant in a remote and rural hospital I'm aware of the challenges we face in paediatric services now and in the future. I wanted to contribute this voice and experience to the project, and it was important that a range of voices with different experiences in paediatrics from across the country were involved. Being involved in shaping the future of care and priorities for RCPCH policy has been an exciting opportunity.

Recognising the challenges we face in paediatrics, we need to listen to the views of CYP, their families and their healthcare workers to ensure we are meeting their needs. We need innovative and new models of care which work for CYP and their families. Services should be designed to work within the local system linking and supporting primary, secondary and tertiary care with a varied workforce. We need to empower CYP to get the right care in the right place for them.

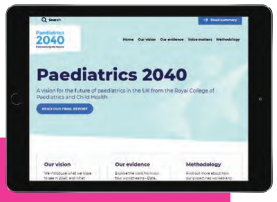
The COVID-19 pandemic has led to change. Paediatrics 2040 has already published a report of the learning there has been. We should continue to develop models of care to ensure there is an integrated, collaborative approach supporting CYP and their families.

Impact of Innovation

The past few decades have seen incredible developments in technology, most notably the rise of the computer, the internet and the smartphone. Most of us today would struggle to imagine our everyday lives without these!

Technology has the potential to change medicine for the better, through improvements in communication, easier access to information, and access to new health technologies like genomics and medical devices. It's also helping to enable children and young people to become more engaged and involved in their care.

During my training I've been able to learn more about what technological innovation might have in store for the next two decades, in particular in the fields of software, data, and machine learning. Paediatrics 2040 has been a brilliant opportunity for learning, imagining and sharing how we can plan and prepare for the future, and how we can really harness these advances to the fullest. For me, the future of paediatrics is truly exciting. My hope is that we can use this enormous potential to make our practice safer, more effective, more efficient and allow us to really focus on the children and young people we care for.



See more

The Paediatrics 2040 project conclusions are now available to view on a dedicated website. Make sure to check it out!

paediatrics2040.rcpch.ac.uk

COVID-19

My redeployment

One paediatric trainee's experience of being redeployed during the first wave

Eoin had to isolate from his family when he contracted COVID-19

Dr Eoin Blaney

- *Paediatrics ST3*
- *King's College Hospital*

@dr_blaney

IN THE MIDDLE of my redeployment, we had a particularly difficult week as a team. We lost a lot of patients. One of my colleagues, whose camaraderie and support I am very grateful for, saw how upset I was and tried to explain the predicament we were in to comfort me. He said something that initially shocked me but was an honest reflection of where we were at. He said, "Eoin, where we are working is the closest place, metaphorically and physically, to heaven in this hospital". (We worked on the top floor of the high-rise section of the hospital).

This may sound shocking to some, but this was a very real state of affairs at the height of the first wave of the pandemic. This is not to say that the care patients received was in any way lacking. Far from it, in fact. The unit was run by two young, enthusiastic and very capable consultants, from whom I learned a great deal about holistic care. The senior nursing staff were the most caring and compassionate people I have ever had the fortune of working with. They worked incredibly hard and the care they delivered was inspiring.

Working together

Looking back on my time on that ward, and across the hospital, the thing that stood out for me was the sense that we were all in it together. People were redeployed from all walks of medicine and I loved that we all brought our specialist skills and knowledge to the table. One defining example of this was when we were joined by a dermatology registrar. Without trying to offend my dermatology colleagues, we were (naively) concerned that, beyond the skin, they would struggle. We were proven very wrong. Not only did she deliver an exceptional standard of geriatric care, but she also sorted out the skin of every patient and staff member on the ward. I, on the other hand, found myself particularly useful when it came to difficult lines as well as bringing a bit of paediatric flare to the job too. I think as paediatricians we learn from an early stage the importance of communication with families. In the context of COVID this became extremely important. I found I was at ease when discussing patient care with loved ones and I felt this went a long way to easing the suffering of the family unit in such a difficult and lonely time. I feel I learned a huge amount on my redeployment, in particular, the importance of spending time with patients to explain their care, especially when they are alone. I learned to lean on my colleagues and friends, to share my experiences and learn from them. Above all, I learned the importance of compassion. Nothing brightens a person's day more than a chat and a smile, even through a mask and visor.

"The senior nursing staff were the most caring and compassionate people I have ever had the fortune of working with"

Mutual support

It felt like, in every sense of the word, we were working as a team. No heroes, no individuals, just a group of people working together for a common goal. This was one of the darkest moments any of us will live and work through, but the day was (and will be) saved by the people of the NHS. We could so easily have been swallowed up by the futility and heartbreak so evident on the wards, but it was the people and their commitment that kept me, and those around me, going.

▶ ***Find out more about the guidance for trainees being redeployed***
www.rcpch.ac.uk/training-redeployment

GUIDANCE

Patients not passports

Paediatricians can play a role in reducing barriers for migrant children and advocating for universal healthcare

Dr Jonathan Broad
- *ST3 Paediatric Trainee*
- *Evelina London Children's Hospital*
@Dr_jonbroad

I REMEMBER LOOKING after a child with a devastating illness requiring lifesaving treatment, and a prolonged hospital stay. The parents were distraught. The fear and sadness anyone would feel when a member of their family is seriously ill was made worse when they realised that, due to their insecure immigration status, they were likely to be billed for their child's care. They were terrified that they would not be able to afford the bill, that they might be deported, and that they could not afford to pay upfront for future healthcare costs.

That patient, and similar patients across the NHS, led me to want to get active and do more. I joined a group of other doctors and College staff, and we launched work to understand the problem, and provide guidance for how paediatricians can advocate for patients. This case is not a one-off; there are 144,000 undocumented children in the UK, expected to increase after Brexit. Our research, published earlier this year, documents the experiences of families denied or delayed care due to NHS charging regulations and the hostile environment policies introduced in recent years. Doctors, nurses, and midwives reported terrible stories about the harm that has come to children and families as a result of increasing restrictions and barriers to NHS healthcare for undocumented migrant families. They overwhelmingly opposed these policies, made it clear they were unworkable, and described how they breached our basic duty of care.

Safeguarding children is at the heart of the new guidance for paediatricians

Based on these stories, we produced guidance to help paediatricians understand how to advocate for families against hostile environment policies. Our guidance aims to provide a clear framework for what paediatricians can do at the individual and systemic levels. We discuss practical steps: identifying exemptions and vulnerable groups such as trafficked people to challenge incorrect denials; supporting wider rights e.g. GP registration and social care; seeking advice from hospital ethics, safeguarding teams, specialist legal services such as Coram; and lastly, advocacy at the institutional and societal level.

Safeguarding children is at the heart of the guidance. If you have a patient in your care who may be facing charges, or want to do more to reduce the barriers in these families, this guidance may help you.

Dr Catarina Soares
- *FY1*
- *Whipps Cross Hospital*

I'M GLAD TO see this guidance on how I can advocate for children and families. NHS charging regulations have left clinicians caring for undocumented migrants with an impossible situation. These regulations are at odds with doctors' ethical duties and public expectations, by putting up barriers to certain children's health.

In my own workplace, I've been witness to how most colleagues are not familiar with the regulations, and unclear how to support patients. The guidance has set out helpful and clear advice to navigate the system and to advocate for our patients, as well as identifying those who are most vulnerable to harm.

We're proud to be a part of a movement of healthcare workers across disciplines supporting a return to universal healthcare. 2020 was a difficult year, in which we saw the devastating impact of health inequalities. The College is one of many leading bodies, including MPs, Medical Royal Colleges, the BMA and civil society, calling for the suspension of charging regulations, particularly given the coronavirus pandemic. We must see the charges lifted and the barriers to healthcare removed for all people living in the UK.

Explore the guidance
www.rcpch.ac.uk/rights-healthcare

Taking a QI approach has shaped the way Dita and her team now work

TEAMWORK

Taking a QI approach to service development

How to make the most of embedding QI into your service

I WORK WITH DEDICATED individuals possessing a variety of skills undescribed by their job titles. We jointly care for 250 patients with diabetes. Formal QI training has permanently shaped our team approach to service development, even though sustaining pace can be a challenge.

My top tips for embedding QI into your service:

1. Develop a mission statement broad enough to cover your ethos, but SMART in its aims and objectives.

2. Identify key areas and root causes influencing achievement of this mission (fishbone analysis). Considerable time is required to do this thoroughly, but the exercise educates the whole team in aspects of the service they are less familiar with.

3. Agree on one or two priorities for improvement. Understand how different personalities function within your group, and consider the time, space and method required for full involvement in making a collaborative decision on focus (such as visual voting). In our current virtual world, pursuit of inclusion requires more effort.

4. Keep QI on your team meeting agenda. Dates for progress reports should be set by the individuals responsible for actions. Given the right environment, these deadlines can serve as comfortable trigger points to discuss completion difficulties, and establish what assistance is needed.

5. Try things out on a small scale. This is not research and vast evidence collected at length is not the only way to prove benefit or validity. QI is pragmatic, and tests an educated hunch. Data collected after a couple of weeks of a new intervention is sufficient to pursue, adjust or bin an idea completely.

6. Be brave and open-minded, putting past bias aside. An idea tried previously may have more success in the present climate or environment, or with a different approach.

Dr Dita Aswani

- *Consultant Paediatrician*
- *Derbyshire Children's Hospital*
- *Milestones Editorial Board*

@drdita

Our first QI project aimed for all patients to share blood glucose data remotely with the MDT. Engagement had previously been limited, despite repetitive encouragement. We invested protected time for paediatric diabetes specialist nurses (PDSNs) to lead in proactively creating software accounts for families as they attended clinic. Removing patient responsibility and potential barriers led to the majority of patients having this facility over a short time period. We then developed a nurse delivered remote data analysis clinic supporting insulin adjustment between appointments, and provision expanded rapidly in response to demand. Multiple 'plan, do, study, act' (PDSA) cycles refined the project to minimise potential telephone or email communication errors. Proformas were created to ensure consistency in recording of dose information by practitioners and families alike. When lockdown forcibly made telephone consultations the norm for doctors, we were fortunate that information sharing via the cloud was already familiar to patients, and a risk mitigating process was in place.

The spirit of 'Quality Improvement' is nothing new for driven individuals, however the terminology describes a methodological approach and framework to service development. These formal techniques used by a team encourage unanimous engagement and efficient achievement of a joint aim. A heartfelt thank you to Derbyshire Children's Paediatric Diabetes Team for working passionately to a common purpose, and sharing a vision.

Share your QI experiences and expertise on QI Central
qicentral.rcpch.ac.uk

SOCIAL MEDIA

Know your app from your elbow

With social media usage increasing, it can be harder to support and encourage positive behaviours. Christina Hicks from the Social Switch Project has some advice on how best to prepare yourself.

Christina Hicks
- *Programme Manager*
- *The Social Switch Project*

@socialswitch_

AT THE SOCIAL SWITCH Project, we are often asked what online behaviour we should be encouraging or discouraging. But with the online world now as much a part of young people's lives as the offline one, especially this last year, the solution is not that simple. We know that simply limiting young people's use of social media will only drive their online activity behind closed doors where it cannot be monitored or challenged. Learning to openly talk about social media with young people is one of the first steps to helping them keep safe online and here are a few simple ways to encourage a positive online community for us all.

Know the apps

For young people who have grown up online, social media platforms are where they get their information and where they go to understand themselves. Social media is changing all the time but having a general understanding of what the popular apps do will help to start conversations with young people. To admit you don't have a clue is to shut the conversation down, when you could be having a more useful discussion about what they're using it for or who they're engaging with. NSPCC's Netaware has a lowdown of the most popular apps, including what they can be used for and scales of risk.

Flag, report, block or ignore?

It's useful to think about the wider context of a young person's life and dynamics of adolescence, when considering the role social media plays. This normal teenage behaviour, combined with an increased ability to access new online relationships, can cause young people to engage in risky online behaviour. Our role is to help young people make informed decisions on contributing online and safeguard them against harm. Sometimes the appropriate response is flagging inappropriate content to the right authorities; at other times it is having a conversation with the young person to divert them away from harmful content. Always listen, always respond and know where to signpost if a young person does experience online harm. The Childline website is a good first point of call.

Switch the Story

We know that young people are contributing to online spaces every day. It can be an exciting place where young people feel safe to exchange ideas, but these open platforms can lead to conflicting or even hateful content. Digital resilience gives young people the ability to recognise when going online is having a negative impact, and the strategies to bounce back and recover. To empower young people to switch the story and have positive online experiences, we recommend:

Check your feed

- How do the posts you see make you feel?
- How do your posts make others feel?
- Delete or unfollow anything that makes you feel bad – be the person that makes others feel good.

Check in

- Use your social media to check in with others and let them know you care.
- Show support to causes you care about and elevate others who do amazing things.
- Find more of what makes you smile.

Check out

- Don't let your emotions rule you. If you're about to share a humiliating video or like a mean meme, take a breather.
- Use technology on your phone to give yourself some down time. Restrict the time spent on your apps.

Ultimately, we need to embrace social media and focus on the positives – the online world provides unprecedented opportunities for connection, expression, creativity, education and support. And it's unlikely Instagram and Snapchat are going anywhere soon, so we need to empower young people to develop their own ways to manage their time online positively and look for support when needed. At the Social Switch Project we offer training for practitioners working with young people to deal with the challenges of online behaviour.

Useful resources

The Social Switch Project *www.thesocialswitchproject.org.uk*
NSPCC Net Aware *www.net-aware.org.uk*
Childline *www.childline.org.uk/info-advice/bullying-abuse-safety/online-mobile-safety*

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
- Instagram @RCPCH
- milestones@rcpch.ac.uk

RESEARCH

WORLD CUPS: Success for paediatric research in Wales

Alexandra Richards
- *5th Year Medical Student*
- *Cardiff University*
- @alexrichards97

DR JORDAN EVANS, ST8 paediatric trainee in Cardiff, and I founded WORLD CUPS in November 2019. The acronym stands for 'Working paediatricians Overseeing Research Led and Delivered by Cardiff University Paediatric Society' (yes, there is a silent p!). We found that students typically have limited practical experience of research, but high levels of enthusiasm and so, WORLD CUPS was set up in the hope that we could bridge this gap and provide opportunities for students to undertake research projects within paediatrics.

Any success stories so far?

We have 23 fantastic projects in progress, led by several paediatricians. So far, we are very pleased to say that one has been published in Archives of Disease in Childhood and three have been presented at national conferences.

How can I set up something similar in different deaneries or universities?

Firstly, it is important to bear in mind that these projects sit outside of university hours so I would recommend small achievable QI projects, data collection for audits etc. We have also found that supervisor proposed projects have been the norm as students tend to struggle coming up with research ideas due to understandable inexperience in the field. We are continuing to recruit paediatricians via conferences, study days and social media. If you would like to get involved or support with setting up a similar initiative, please get in touch. You can also listen to us on the Dragon Bytes podcast (episode 44) to hear more.

HISTORY

HISTORY TAKING: STEROIDS FOR THE BUBS

THERE ARE FOUR words that reverberate in every neonatal doctor. No, not "Are you the paed?" but "They have had steroids". We know the why – some people might even know how the magic works on babies' lungs – but how many people know how we got to this point.

The year is 1972. The first USA-USSR Arms Control Treaty was signed, the Watergate scandal ensured that all future events would be suffixed with '-gate' and in Auckland, New Zealand, Graham Liggins, an obstetrician was trying to find out what caused preterm labour. Liggins observed that lambs born without pituitary glands were delivered after prolonged labours. Fast-forward in the cliched montage, and he demonstrated that injecting the ewes with cortisol provoked labour, even preterm.

Liggins incidentally noticed that these premmie lambs were unexpectedly surviving with breathing belying their prematurity. He teamed up with paediatrician Ross Howie to perform a randomised control trial (RCT) looking at giving cortisol to mothers in preterm labour. The results were astonishing, especially for babies born before 32 weeks, given steroids 24 hours before delivery. Whereas previously, over half had been expected to die, in the RCT only 12% of the newborns developed Respiratory Distress Syndrome (RDS). The practice was rapidly rolled out across Australaisia and the world, and now, 50 years later, think how many babies have survived due to one obstetrician's obsession with sheep brains.

Dr Richard Daniels
- *ST5 Paediatrics/ Neonatology*
- *Barnet Hospital*
- @ccdaniels65

Paediatrics 2040

125 members joined the project as commissioners

DIVERSITY

Have you made a pledge?

Dr Liz Marder
- *Community and Neurodisability Paediatrician*
- *Nottingham Children's Hospital*
- *RCPCH Treasurer*

@lizmarder

FOR THE ONLINE Conference last year, the Paediatricians in Medical Management (PiMM) Committee continued their tradition of hosting debates. Chaired by Dr Nic Jay and I, it seemed apt to spend part of the afternoon reflecting on challenges that COVID-19 has posed to the workforce, with the topic;

"NHS Organisations have not done enough to keep our diverse workforces safe during COVID: how can they do better?"

We had three fantastic speakers – Dr Mo Akindolie, Dr Maddy Fogarty Hover and Dr Fizz Izagaren. They shared their experiences through the early months of the pandemic, exploring issues including ethnicity, gender, pregnancy, and disability. They also discussed the effects on working lives in paediatrics and practical action needed to manage risks and keep people safe. We then asked for audience participation. Prompted by the speakers' powerful stories they made pledges as to how they could make a difference in their workplace. Here are some examples.

I pledge to...

... raise the profile of disability and to challenge if I see issues being side-lined.

... put in some nominations for the National BAME awards for some of our magnificent leaders who have helped in this pandemic.

... have more courage when raising issues at work and support other colleagues to do the same.

... find out where to get the clear masks!

... work harder to create opportunities to listen to individuals, so we are less defensive and more open to addressing concerns openly and seeking solutions.

... be available for people to talk to across our Integrated Care Systems if they are struggling.

... support juniors who feel they are not being protected at work appropriately from COVID-19.

... ask my colleagues if they have any ideas or have experienced any challenges or examples of good practice and use those.

... listen to my colleagues with compassion, amplify their voices and take appropriate actions to ensure they feel safe at work.

Read about the College's work on equality, diversity and inclusion at www.rcpch.ac.uk/edi

JOURNAL CLUB

DONUTS ET AL

THE COVID-19 PANDEMIC has greatly impacted the provision of medical education. Traditional teaching modalities sadly do not meet social distancing requirements and many events and sessions have been cancelled or adjourned. Journal Club was destined to be one such casualty.

Appreciating the value and importance of critical appraisal, along with the benefits provided by an active journal club, myself and my colleagues Dr Jenna Johnston and Dr Shaun O'Hagan decided to create a Regional Paediatric Journal Club involving all medical trusts in Northern Ireland. We decided to use Zoom as the platform to deliver these monthly. sessions

Prior to each session a paper is chosen by the presenting team. The selected paper is then circulated to all trainees and any other interested individuals by email. We have also made use of social media to promote the journal club. The session itself is then led by paediatric trainees with a consultant facilitating a discussion regarding the paper afterwards. The only mandatory requirement of the club is that sweet treats are present, which is how the name 'Donuts et al' was founded.

This regional journal club initiative has received support and encouragement from the School of Paediatrics in Northern Ireland. Although still in its infancy, Donuts et al has been very popular amongst trainees and consultants alike, with excellent attendance to the sessions. As well as providing an opportunity to develop critical appraisal skills, it has become a great forum for trainees to catch up. We hope that its popularity and success continues in the future.

Dr Colin Higgins
- *Paediatric ST5*
- *Royal Belfast Hospital for Sick Children*

@nipaedsjournal

STARTER FOR TEN

We put 10 questions to a paediatric registrar and a consultant to see what makes them tick

Dr Gillian Body

Consultant Paediatrician &
Training Programe Director
Noah's Ark Children's Hospital for Wales

1) Describe your job in three words.
A real privilege

2) After a hard day at work, what is your guilty pleasure?
I don't feel guilty after a busy day; I love a brisk walk home through Cardiff to clear my head, followed by a good cup of tea, or a G&T (or both!)

3) What two things do you find most challenging?
Trying to minimise rota gaps to help the balance of training and service. Clinically, the current increase in mental health presentations in our young patients.

4) What is the best part of your working day?
The times when I know I've made a positive difference to patients, families or trainees (and occasionally all of them!).

5) What is the one piece of advice you wish you could impart to yourself as a junior trainee?
Enjoy the journey, learn something from every patient and don't be afraid to step off the path and try something new.

6) Who is the best fictional character of all time, and why?
Lucy from the Chronicles of Narnia: determined, adventurous but also vulnerable, who sticks by her friends, and of course has the magic healing cordial!

7) What three medications would you like with you if you were marooned on a desert island filled with paediatric patients?
Paracetamol, ORS and sunblock.

8) If you were bitten by a radioactive gerbil, what would you like your superpower to be, and why?
To be multi-lingual. It would make every travel experience so much richer to be able to talk and be understod in any language!

9) What is the single, most encouraging thing that one of your colleagues can do to make your day?
Say thank you and smile – we all like to be appreciated.

10) How do you think you, your colleagues and current trainees can inspire the next generation of paediatricians?
We have to acknowledge the challenges, but promote the many positives. Which other speciality has so much variety and so much fun?

Dr Matt Pickup

ST8 General Paediatrician
Noah's Ark Children's Hospital for Wales
@mattpickup87

1) Describe your job in three words.
Learn, teach, repeat.

2) After a hard day at work, what is your guilty pleasure?
I have a routine – kids in bed, then half-hour of eating something pasta-based and watching an old comedy. Puts me in my happy place.

3) What two things do you find particularly challenging?
Rotas are a challenge everywhere, and balancing clinical with non-clinical demands.

4) What is the best part of your working day?
Watching an SHO absolutely nail that practical procedure we've been going through together.

5) What is the best advice you have received as a trainee?
Some very practical advice for that anxiety-inducing first night shift as a neonatal registrar: "as long as you can bag-mask ventilate a baby, you'll be fine!"

6) Who is the best fictional character of all time, and why?
Homer Simpson: A flawed human, but fundamentally a good dad. Not sure I can condone the strangling-Bart-thing though...

7) What three medications would you like with you if you were marooned on a desert island filled with paediatric patients?
ORS, Salbutamol, Amoxicillin.

8) If you were bitten by a radioactive gerbil, what would you like your superpower to be, and why?
Flying would really add some excitement to my West Wales to Cardiff commute!

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

10) How do you think you and your colleagues can inspire the next generation of paediatricians?
By showing genuine interest in each student that passes under our mentorship, however briefly, and not losing our own appreciation of the absolute privilege of our job.

KEEP IN TOUCH @RCPCHTweets @RCPCH @RCPCH milestones@rcpch.ac.uk

Paediatrics 2040

328 members took part in our thought experiment about the future

FILM MAKING

Bumblebees and Butterflies

Professor Andrew Williams
- *Visiting Professor in Medical History, Humanities & Child Health*
- *University of Northampton*

@AndrewNWilliam1

FOR 12 YEARS I have made short films with children from Northamptonshire. I accidentally fell into this when a BMJ paper I conceived and co-authored on Oliver Twist's diet was made into a podcast. The process was such fun that I really wanted to make more. As curator of the Archive at Northampton General Hospital and post-doctoral medical historian, clearly the films would be historical. As my day job is a consultant community paediatrician, the films would be on child health and be fully inclusive. The ideas for films come from the children themselves at clinics. The films' core message is that a disability shouldn't stop any child doing what they would like to do. They provide children with wonderful opportunities, fantastic memories and hopefully their own childhood immortalised electronically. Three non-negotiables define complete success. All children irrespective of disability are invited to take part, all safeguarding hurdles must be fully implemented at all times, and it must be a lot of fun for everyone! One of the films 'The Boudiccae' was shown in the Houses of Parliament in 2018, all the children involved had a great day out and the event led to two written changes in the NHS Long Term Plan (2019)! I am always happy to discuss any potential future film projects.

▶ You can see some of my films on the RCPCH YouTube channel

HONOUR

DR DAVID EVANS AWARDED MBE

Dr Andrew Long
- *Retired Paediatrician*

@amlong12

IT IS UNCOMMON for paediatricians to feature in the Honours Lists so, during an extraordinary year when COVID-19 has had such an impact on adult services, it is wonderful to see this recognition given to a neonatal paediatrician. David Evans has presented the 'human face' of the College to trainee paediatricians for many years, as a truly gifted and committed neonatologist, as Head of the Severn School of Paediatrics and then as an Officer and Vice President for Training and Assessment for the College. He has worked tirelessly to make sure that paediatricians do not have their training opportunities adversely affected by the pandemic but continue to progress at a time when there is a huge need for skilled paediatricians. His wisdom, knowledge and skills are only surpassed by his humour, humility and humanity.

Dr David Evans (centre) led the way at the 5k run at the Annual Conference in 2019

SURVEY

2020 MEMBER SURVEY

WE'VE COMPILED A list of 10 key take-aways from the 2020 member survey:

- Archives of Disease in Childhood continues to be the most popular member benefit or service.
- Among UK members, child protection resources are the most popular member benefit or service.
- You liked our advice for children, parents and families in response to COVID-19.
- 80% respondents have never applied to volunteer for the College.
- To encourage more of you to apply for volunteer roles, you told us we should make it clearer what job roles involve.
- You told us that we should focus our efforts in tackling inequalities on:
  - ensuring better diversity of speakers and panellists at College events.
  - tackling inequalities experienced by underrepresented CYP communities.
- You told us the top three activities that would be likely to improve your wellbeing 1) Access to individual career support and advice. 2) Access to trained mentor. 3) Online group support sessions with peers.
- You identified 'making services more CYP friendly' as a priority for training and resources from our RCPCH &Us team.
- Despite advances in digital technology, you're still more likely to view hard copy content than watch a video or listen to a podcast
- You told us how much you're enjoying the content in Milestones, but some of you are concerned about our environmental footprint – so we've brought in an option to get email alerts instead of hard copies!

▶ Explore the findings and read about the College's action plan.
www.rcpch.ac.uk/member-survey-2020

RESOURCE

PAEDIATRIC FOAMed

Dr Jonathan Round

- *Consultant Paediatric Intensivist*
- *St George's Hospitals NHS Foundation Trust*

@jround999

OPTIONS FOR KEEPING up to date with what's new or for a topic refresher have expanded over the last years with the growth of FOAM – Free Open Access Meducation.

Several paediatric sites have sprung up, including paediatricfoam.com, which grew out of the IT group in the London School of Paediatrics.

Expect to find short, readable articles on topics right across paediatrics, with basic science, practical tips and pointers to more reading. Most are written by experts in their field, aiming to share their insights with a wide audience. Its searchable too. Right now posts on Williams Syndrome and on Long QT are interesting me!

BOOK

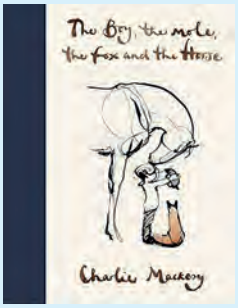
THE BOY, THE MOLE, THE FOX AND THE HORSE

by Charlie Mackesy

Dr Hannah White

- *ST4 in General Paediatrics*
- *Salisbury NHS Foundation Trust*

@DrHannah_W



CHARLIE MACKESY'S ENIGMATIC ink sketches have captured the hearts of hundreds of thousands of readers, and peeping into this magical book it isn't difficult to see why. The adventures of the Boy, accompanied by his new friends Mole, Fox and Horse are filled with a delightful mix of joyful whimsy and profound wisdom. Whether it is the curiously optimistic little Mole pondering the big and the little questions, or the sage steadiness of the Horse offering courage through the dark, every page pulls the reader along with the Boy on his journey of self-discovery.

These beautiful pages have sprung up in staff rooms all over the country during the challenging recent months. Their messages of kindness, courage and hope have resonated powerfully with many who have found comfort in these pages. As one page tells us, "when the big things feel out of control, focus on what you love right under your nose".

A book perfect for all ages; it can be enjoyed simply for its beauty, but also for the many lessons it has to offer - perhaps the most important of those being that sometimes the answer really is as simple as cake!

GAMES

FORTNITE

Oli

- *Aged 14*

FORTNITE IS A free video game rated 12 years by Epic Games. Costs come from in-game purchases such as buying new skins (new characters) and battle passes. There are three different worlds/versions, but all involve fighting to be the last person in the game. Fortnite: Save the World is played in a four-man team, Fortnite Battle Royale is a solo game and Fortnite Creative is like Minecraft where you can build your battle world. Lots of primary school children play the game and even though there is fighting and killing there isn't any blood and gore. It was developed in 2017 and continues to be really popular.

FILM

TURBO

Emilia

- *Aged 9*

I LOVED THIS film because it gives you the message that you can do anything. The main character is a kind-hearted, loveable garden snail who had a dream that he never gave up on. His dream was to be fast and race against his hero. A freak accident involving a car gave him super-speed. The result of him never giving up is he won the Indianapolis 500, beating the world champion (his hero) and bad guy (Guy Gagne). This film is an inspiration and reminds me that no matter how small you are, how underestimated you are, you can do anything.

My immigration story

Adapting to a new home during a pandemic presented a unique set of challenges for Dr Oro Omonade

Dr Oro Omonade

- *Paediatric Staff Grade*
- *Salisbury NHS Foundation Trust*

MY NAME IS Oro. Where I am from, Oro means gold. Gold is soft, ductile, malleable, yet more than strong enough to withstand being hammered. It is unreactive to nature enabling it go through times and seasons without tarnish. Why is this important you ask...

I was born in Nigeria, spent my entire life and working experience in Nigeria. Then I emigrated to work in the NHS. Here I was in a new country, with a new job, a new culture to imbibe and new places to visit. Every challenging situation I had faced in Nigeria had probably put me in good stead, along with the fact that I was raised to be resilient and resourceful (hey gold!), so I embraced the challenge of assimilating quickly.

I began at Salisbury District Hospital as a Trust SHO in paediatrics at the start of March 2020 and I could not have asked for a better landing place. The paediatric consultants are all genuinely amazing and the help they offered is something I will always be thankful for.

My first few months were interesting and challenging to say the least. Practicing in the NHS is so different. In Nigeria we have a saying in medicine "common things are common" – well, this Dorothy quickly saw she wasn't in Kansas anymore.

"Every challenging situation I had faced in Nigeria had probably put me in good stead"

Left and below: Oro has made the most of her free time to get out and explore the English countryside

The common things here, were not the same as back home. The testing protocols available are markedly different, for example. Back home, due to a paucity of resources and the cost of healthcare, treatment is often based on clinical acumen. Contrast that with how the NHS is structured to ensure that the best possible treatment is afforded to patients, and medical knowledge I hadn't relied on in a while suddenly needed to come into play, and fast.

A learning curve

I also needed to become accustomed to how much technology is integrated into healthcare. Now I am no neophyte when it comes to computers, but this was on a totally different scale. And don't get me started on the safety protocols. I barely knew normal from my arrival as I was having to learn in a time of extreme change when the hospital safety protocols were changing almost daily.

Little by little, I started to develop proficiency in handling most of my tasks. I was now quietly confident that I did not leave all my medical knowledge back in Nigeria. I will be honest and say that the first few months were tough. I wanted so badly to fit in and not be the weakest link in the team (gold is not weak).

My colleagues could not have been more gracious, and one of the consultants helped me be kinder to myself and see the progress I had already made. I was not berated or forced to do anything I wasn't comfortable with. But make no mistake, I was not babied and I still had to pull my own weight, but I was not made to feel stupid or inadequate for asking questions or seeking help. It was truly a relief to be part of such a great team.

I do not take it for granted that my journey and immigration story is better than most. I am well aware of how fortunate I have been and it is still amazing to see how far I have come. I am quite excited for where the journey takes me and am confident that from this point on, like gold, I can only get better!

Wellbeing

Support, guidance and reflection

SUPPORT

Peer support across a critical care network

A formal peer support system can supplement the work already provided by your Wellbeing Support Team (WeST).

Peter at the launch of the Critical Care Network Peer Support

Dr Peter Donnelly

- *Consultant Paediatric Intensivist*
- *Royal Hospital for Children, Glasgow*

@drpeterdonnelly

WORK CAN BE hard. We know that within critical care there is a high risk of burn out, post-traumatic stress disorder and moral distress. A recent Paediatric Intensive Care based UK-wide prevalence study reported high burnout scores for 50% of nurses and 37% of doctors. 36% nurses and 18% doctors scored above the study threshold for moral distress with 31% nurses and 16% doctors scoring at risk for PTSD.

Self-care has an important role to play in allowing staff to establish and maintain their own health, both physical and mental. Part of self-care involves forming and maintaining valued connections with our friends, family and peers. Connections in the work environment allow us to feel trusted, supported, cared for and competent. We need to think how we, at a systems level, can facilitate meaningful and productive connections that may prove useful in supporting care of ones 'self' whilst working as a part of a team.

In The Royal Hospital For Children, Glasgow, we wanted to create a system that allowed staff to look out for one another in a safe and structured manner. A direct result of this mentality was the formation of the Critical Care Network Peer Support Scheme spanning across Paediatric Intensive Care, Paediatric Emergency Medicine and Paediatric Theatres. We have trained a team of peer supporters across the three departments in Critical Incident Stress Management (CISM) which allows them to provide structured support to both individuals in crisis as well as larger groups post-adverse events such as major incidents or trauma. This network has been formed with a robust governance and support structure to protect both those in need of support, and also the supporters themselves.

Our first pilot group support session was held in Summer 2020 after a major incident. This session was delivered collaboratively by the Peer Support Leads from each area and targeted all involved hospital and pre-hospital team members. Two sessions were carried out to ensure capture of those requesting support and a mixed methods approach was utilised including in-person attendance and remote online attendance. This approach was required to respect social distancing requirements. Feedback comments from this session included:

"Thank you so much for doing that, it helped so much to hear other folk describe what I had been going through, the sleepless night, feeling irritable and weepy. "

"I think we were all at different stages of dealing with what happened, some of us just starting to process, others further down the line. It was good that we could all come together, and have the chance to talk it through. The peer supporters were excellent."

In order to raise awareness of our team and with the success of our pilot sessions, we held a launch event in November 2020. Our funding for this, merchandise and ongoing training came from our hospital charity after we put in a bid. Our initial training was funded through the PICU education fund. On the back of our positive feedback we aim to continue to develop and build on our peer support work supporting both individuals and teams. We have secured funding for increasing our team of peer supporters and have developed promotional material to raise awareness of this important support strategy. We are also working to bring other areas of the hospital in to our network and would encourage other institutions to consider developing a peer support network.

BAKING

Ash's Baking School

Not only can baking be a great way to unwind, but it also results in some delicious treats that you can share with family or colleagues!

Dr Ashish Patel
- *ST6 General Paediatrics & Sim Fellow*
- *Birmingham Children's Hospital*

@ash_patel21

THE JOY I receive from witnessing my teams and colleagues taste my delicious treats and the smiles and excitement on their faces is what drives me to bake more.

So much love and care goes into my baking. It certainly brightens up any day, regardless of how disastrously it may be going. There may never have been a time when staff wellbeing has been more important than it is now, during the current pandemic.

A moment to not talk or think about COVID-19 is precious. I believe it is now time to spread the baking love with all paediatricians. Like most bakers, I became a bit Biscoff obsessed during lockdown. Not only are they vegan friendly, it also comes in spread form that is super more-ish. So it seemed only fitting that I chose this Biscoff cupcake recipe to share with you all! Enjoy, and spread the love of baking with your teams far and wide!

BISCOFF CUPCAKES
Makes 12 cupcakes

Ingredients
150g unsalted butter (softened)
150g light brown sugar
150g self-raising flour
3 eggs (medium)

For the buttercream:
150g unsalted butter (softened)
300g icing sugar
200g Biscoff spread
1-2 tbsp boiling water

For decoration (optional)
Biscoff spread and biscuits

Method
1. Preheat your oven to 180°C/160°C fan/Gas Mark 4
2. Combine the butter with the light brown sugar. Add the eggs and flour and beat again until all combined
3. Split the mixture evenly between 12 cupcake cases. Bake for 15-20 minutes until they are bouncy to touch and a poked skewer comes out clean
4. For the buttercream, use an electric mixer to beat the butter and icing sugar together until combined and smooth (about 3-4 minutes). Add the Biscoff spread to the mixture (melt it slightly in the microwave) and beat until whipped (about 5 minutes). Add the boiling water if it is too stiff.
5. Pipe the buttercream onto the cupcakes. Add a Biscoff biscuit, some Biscoff crumbs and a drizzle of melted Biscoff spread to each cake, if using.

SUPPORT

YOUR WELLBEING TOOLKIT

Dr Sofia Cue-vas-Asturias
- *ST6 Paediatrics*
- *Bristol Children's Hospital*

@SofiTheDoctor

I WAS FORTUNATE enough to be able to organise and deliver a virtual wellbeing conference as part of a peer-support network of doctors called WARD as a response to the COVID-19 pandemic. The conference included talks covering yoga, positive psychology, coaching, sleep, wellbeing, moral injury and burnout amongst other topics.

Now, in the midst of the third wave of COVID-19, I wanted to reflect on what I learnt. One of the biggest take home messages for me was that self-care is individual. There is no 'one size fits all,' no magic pill to make me a hero or permanently happy. Self-care is individual to you.

I also learnt about moral injury. It is not an illness or a sign of weakness ,and as doctors we will likely all suffer from a degree of moral injury in our working life. Moral injury describes the psychological harms that come when your set of beliefs is violated and this can lead to questions of "where do I fit in" and negative thoughts. This can lead to burnout if left unchecked. When you are experiencing burnout it can be hard to see the wood for the trees. When your bucket is empty the prospect of trying out lots of different things to 'help' can be just unthinkable. So this is the time to invest in yourself and think about your own wellbeing 'toolkit'. Start by addressing your own basic needs: sleep, good food, social circle. Attend to them as a priority and recognise your limitations. Don't be afraid to ask for support for mental health.

▶ *Visit www.welldoctors.org*

A DAY IN THE LIFE

"I'm starting to feel like a real community paediatrician"

Dr Hannah Dumelow

ST6 Community Paediatrics, training with a Special Interest in Safeguarding, Northumbria Healthcare NHS Foundation Trust

Hannah Dumelow is partof a group of doctors pushing for sustainability

I wanted to become a paediatrician before I got to med school. As a teenager I used to teach kids gymnastics, and I liked science and so from there a paediatrician was born. My first paediatric job was in the community and I knew pretty quickly that I wanted to work with vulnerable children and families.

My typical working day involves a developmental clinic: speech delay, challenging behaviour, social communication difficulties, cerebral palsy. If parents are struggling I'll chat with their health visitor about what increased support we can offer, e.g. through the Early Help Framework. If I'm on call for child protection, I'll meet the consultant to have a chat about the case coming in and then see the patient. Recently I've completed a chronology for a patient with perplexing presentation to try to tease out whether a safeguarding referral is necessary. I then had a discussion with the consultant and disability social worker about next steps for the child. I might do some QI project work related to my public health module. We're lucky enough to have two Public Health Consultants within our trust and I'm learning about health needs assessments and improving child health from an upstream point of view. I could finish off my day chatting with my educational supervisor, who is the lead for the North East's Paediatric Regional Forensic Network, about plans for me to start training with her in assessments for suspected sexual assault, an essential part of my safeguarding SPIN module.

The most difficult part of my job is forming an opinion about a child's injury to give to Children's Social Care when the case is unclear. Discussion with members of the team both at the time and later at peer review really helps though.

The best part of the job is that I'm starting to feel like a real community paediatrician, working more independently with my own patients and making a difference in families' lives. Parents come to me for advice between appointments, and I have attended multi-agency meetings for those families requiring extra support via Children's Social Care. It's really satisfying to come together as a group of professionals with parents (on Microsoft Teams these days – "you're still on mute Hannah!") to have a discussion and create a plan that will lift at least some stress for these families.

I'm also getting involved with a group of doctors pushing for increased sustainability, working out how we can do our bit as a trust to combat the climate crisis that will be a massive part of the future of the children that we care for.

My most memorable moment was testing my paediatric skills outside of work by giving birth to my son in the back of a moving car! It takes a lot to surprise my husband but that did it. He describes me as going into total 'paediatrician mode', remaining weirdly calm.

I still get stick from my friends for being the paediatrician who didn't recognise third stage labour...

When I've finished work,

I pick up my boys from their amazing childminder and wrestle them into their car seats. Bath and story are teamwork with my husband and at 7 o'clock I breathe! I'll listen to a comedy podcast while cooking something tasty and plant-based like a daal, accompanied by a well-deserved beer. On my days off I love taking the boys for a play on the beach. It's a beautiful place to be, even though it's usually freezing!

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New monographs on:

- Gilenya® [fingolimod] for multiple sclerosis
- Mozobil® [plerixafor] to mobilise haematopoietic stem cells to peripheral blood for collection and subsequent autologous transplantation in patients with lymphoma or solid malignant tumours
- Renapime® [cefepime] for bacterial infection

MHRA advice:

- Domperidone for nausea and vomiting: lack of efficacy in children; reminder of contra-indications in adults and adolescents

Dose changes:

- Epipen® preparations (adrenaline/epinephrine) [body-weight ranges for children's dosing updated]
- Idursulfase [updated age range]
- Qvar® (beclometasone dipropionate) [age-range extension]

To view the full list of content updates please visit **www.pharmpress.com/BNFC**

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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 30ºC. **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.

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