RCPCH
Milestones
The magazine of the Royal College of Paediatrics and Child Health

RECOGNISING INSPIRING PRACTICE

SUMMER 2022

RCPCH Conference Liverpool

28-30 June 2022

Celebrating Paediatrics and Child Health Together

Keynote speakers

As we return to Liverpool for this year's RCPCH Conference, we look forward to hosting a range of specialty sessions, great networking opportunities and insightful talks from leading voices in paediatrics.

Here's a list of speakers already confirmed for Conference. These keynote talks will cover vital topics from vaccine research to health inequalities and developments in policies and practice.

What have we learned from the COVID response to help us with COVID recovery?

Professor Jason Leitch
National Clinical Director, Scotland

The future of global vaccine research

Professor Sir Andrew Pollard
Director of the Oxford Vaccine Group, Department of Paediatrics, University of Oxford

Leveraging advances in science to inform a mindset shift in early childhood policy and practice

Professor Jack Shonkoff
Director, Center on the Developing Child at Harvard University

Neonatal and maternal safety

Professor Joy Lawn
Professor of Maternal, Reproductive and Child Health, London School of Hygiene and Tropical Medicine

Health inequalities in the NHS

Dr Habib Naqvi MBE
Director, NHS Race and Health Observatory

Dr Bola Owolabi
Director – Healthcare Inequalities, National Healthcare Inequalities Improvement Programme, NHS England & Improvement

connect
energise
inspire

RCPCH Conference
celebrating paediatrics and child health together

Find out more and get involved at rcpch.ac.uk/conference

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

Editor's pick

Enjoy our Summer edition which takes us into lighter and brighter times, preferably to be read outdoors with a cold glass of something. It's difficult to pick out highlights but I have really enjoyed a day in the life of fellow editorial board member, Hannah. We're looking forward to the College Conference and to meeting in person as a team for the first time since the inception of Milestones. Please come and find us, we'll be planning and scouting for ideas and we'd love to know your wishes for future articles. The importance of child advocacy in all our work is a common theme in pieces from Guddi, Christian, and others. I'm not too far behind Ravi's 30 years in paediatrics and wholeheartedly agree with his 20 tips - especially number three. Also excited to see my shopping list from Ash for the Milestones bake off.

Dr Dita Aswani
Consultant Paediatrician specialising in Diabetes and Weight Management
Sheffield Children's Hospital

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

Contents

Summer 2022

Milestones

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

jamespembroke media

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Update

The latest news and views

KEEP IN TOUCH

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

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milestones@rcpch.ac.uk

The College building in London has been illuminated in the colours of the Ukrainian flag

RCPCH STANDS WITH UKRAINE

Dr Camilla Kingdon
RCPCH President
@CamillaKingdon

OVER THE LAST couple of months, we have witnessed the evolving crisis in Ukraine and seen the endless scenes of tragedy and trauma. It is hard to imagine that any good can come from such a story of devastation. And yet, despite the fear and sadness, there have been stories of incredible bravery and self-sacrifice. Across Europe people have come together to play their part in supporting those suffering and fleeing Ukraine. I have been amazed and really gratified to receive multiple offers and suggestions of how we can help. I have always believed that most paediatricians are motivated by altruism and that has been clear to see, in abundance, in the last weeks.

"I always believed paediatricians are motivated by altruism and that has been clear to see"

In recognition of the role the College can play, we have developed an area on the College's website and you will find that we regularly update it and there are a whole range of ideas from lobbying your MP to upskilling your knowledge and practice in the care of migrant children. Let's also not forget that children are in awful situations in many other places around the world – the famine in Ethiopia and the plight of children in war-torn places like Yemen, to name just two. As citizens of the world, we must not forget our commitment to all children who are suffering.

Summer typically is a time when people hope for sunny weather and throw parties and plan fun things. For those of you who haven't already put it in your diary, our College Conference is on 28-30 June in Liverpool. Whatever the weather then, we will be having a big party! First and foremost, we will be celebrating being together and enjoying each other's company. Also, there is going to be a brilliant programme of talks, workshops and seminars. Please come and join us!

Finally, if you are looking for inspiration, can I recommend the English Children's Commissioner report 'The Big Answer' that led from her work surveying over half a million children in 'The Big Ask'. We have a real imperative to listen to our children and the lessons they have learnt from the pandemic. 'The Big Answer' lays out the hopes and dreams of the nation's children – read and be inspired!

With my best wishes to you all,
Camilla

▶ ***Our live member briefing on Ukraine*** *www.rcpch.ac.uk/supporting-ukraine*

Tackling air pollution

Jo Revill
- *RCPCH CEO*
- **@8jorev**

SUMMER IS FINALLY here, and everyone is eager to spend more time outdoors, but how do we protect those children who live in cities and towns where the air is not so good? It's hard to understand why legislators are not doing more to tackle the pollution that we know has a huge impact on young lives and is a major driver of inequality.

As a College, we've been heartened to be part of efforts to discuss how the health and care system can join together to tackle air pollution. England's Chief Medical Officer, Professor Sir Chris Whitty, has chosen to make this the subject of his annual report this year, stressing that air pollution affects humans throughout their life course, and that it can be tackled.

I attended a summit in London recently where I heard Rosamund Adoo-Kissi-Debrah describe her long campaign to fight for cleaner air following the death of her nine year old daughter Ella from severe asthma. After a long fight, Ella's was the first case in the UK where air pollution was officially listed by the coroner as a cause of death.

For the UK, the issue is that we set the legal limits for fine particulate matter, known as PM2.5, at significantly higher levels than WHO Global Air Quality guidelines. We know that these particulates penetrate into the lungs and alveoli; evidence of their impact on children grows each year. The College has an active group of members who feed into all our climate change activity and have enabled us to respond to the recent consultation on setting new environmental targets to improve air quality.

Finally, I'm looking forward to meeting representatives from the Wildlife Trusts shortly, to hear about the Nature for Everyone campaign – the idea that each child should have access to nature, wildlife and some green space on their doorstep. This can only be achieved through planning reforms and investment, but if the will is there, changes can be made.

I wish you all a very good summer,

Jo

RCPCH FACTS @RCPCHTWEETS

29.8k
FOLLOWERS

2,481
TWEETS IN 2021

3 million
PEOPLE READ OUR TOP TWEET FROM 2021

 # OUR MOST POPULAR TOPICS:

- COVID-19
- THE GREAT PAEDIATRIC BAKE-OFF
- COLLEGE ELECTIONS
- #CHOOSEPAEDIATRICS
- RCPCH ANNUAL CONFERENCE
- MILESTONES

588,000
PEOPLE READ OUR TOP TWEET FROM 2020

GETTING UP TO SPEED WITH START

Dr Assim Ali Javaid
- *ST6 Paediatric Emergency Medicine*
- *University Hospital of Wales*
- **@AssimJavaid**

THERE HAVE BEEN some changes to the START assessment recently, so I've written a few words to get trainees up to speed. First, it's probably worth us all knowing that the START assessment is likely to stay virtual for the trainees from now on. So, for those of us who hate the trek to central hubs for face-to-face assessments, that's great news!

This year is the first to have three diets: spring, summer and autumn. This was to get as many trainees through the START assessment as possible before the change to Progress+. When Progress+ comes in, there will be a move from an eight year training programme to a seven year one. That loss of a training year will mean a lot more trainees will be near the end of their training, so will be eligible for START. The extra diet is to help mitigate for that.

If you're eligible to sit the START assessment and missed the application window at the end of 2021, don't fret! Another application window is opening up for trainees to get onto the autumn diet in October, from the first Monday to the last Friday of June.

That's all from me. If anyone has any questions about the START assessments, please feel free to contact me!

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

Dr Emma Dyer

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

@EmmaMDyer

COUNTDOWN TO PROGRESS+

AS HOPEFULLY YOU will have heard by now, Progress+ is coming in summer 2023... which is going to come round really quickly! Now that the transition is getting closer, trainees need to start thinking about how it will affect them and how they can prepare. For those who support trainees, it is important that they start having early conversations with trainees and supporting them in making plans and decisions about their careers.

Broadly speaking, for those towards the beginning or end of training, the changes will be relatively minimal, and they will move into the Progress+ training pathway at their relevant level.

The trainees that will need to think more about their plans are those in the middle of training, particularly those who are due to be finishing ST4 in summer 2023 as they will have a choice – they can either stay within the new core paediatrics for a year, or they can transition into specialty paediatrics.

The good news is that the curriculum has not been majorly rewritten – just restructured into two rather than three levels, with slightly more emphasis on CAMHS, public health and integrated health. Any learning that trainees are tagging to the current Progress curriculum at the moment will all be pulled across and linked to the relevant competencies so nothing will be lost!

If this all sounds a bit complicated, helpfully, the College has produced a document which goes through exactly what this means for trainees of every grade and lots of details about how to prepare. There is also a very comprehensive FAQs document on the website which addresses lots of the more nuanced and specific circumstances for trainees.

One of the fantastic things about paediatrics is that we have lots of LTFT trainees, opportunities for OOP, trainees taking parental leave and people having varied and interesting career pathways. This means that there will be lots of individualised plans needing to be made around this transition. So having early conversations with ES and TPDs is vital, and if there are queries about specific circumstances, the Progress+ team at the College are very happy to help, so do get in touch!

There will of course be concerns about the transition period and how this will impact some trainees. Lots of these concerns are addressed in the FAQs mentioned, so have a look here, and please do contact the Progress+ team if there is anything you are unsure about (**progress-plus@rcpch.ac.uk**).

RCPCH Progress+
Paediatric training for excellence

▶ ***Information for trainees in training in 2021/22***
www.rcpch.ac.uk/ProgressPlus-and-me

How to influence the decision makers on child health matters

Dr Alison Steele

- *Honorary Consultant Paediatrician*
- *Great Ormond Street Hospital*
- *RCPCH Officer for Child Protection*

WHEN I FIRST became Officer for Child Protection at the College, I was aware that amongst other strategic objectives I had a responsibility to both advocate for the rights of children and influence the safeguarding system within the NHS and UK. This seemed a more daunting task than some of my other responsibilities because I was unsure how to achieve this.

Networking with those in the College, with other Royal Colleges, children's charities, pressure groups, NHS England and Government departments is important. Both the College's evidence-based quality standards and our position statements are used as drivers for change. The position statements publicly declare our position on a particular matter, such as charging regulations for migrant healthcare, and call on Government for specific achievable actions that we feel would improve the lives of children. A unified agreed front is vital to win the argument at a national level. An early lesson for me was that it was important to engage with those we don't agree with, because ultimately the decision makers who are not in agreement with you are the very people whose minds you need to change.

There are two broad sets of decision makers that require influencing: Government and the public who elect them. The College regularly engages with civil servants and politicians to shape policy and brief on policy consultations or bills that are being considered and amended. I attended an excellent parliamentary workshop held at the College that taught me about how Parliament and national influencing worked. The fact that the College is a non-party political professional body with evidence or rights-based positions advocating for the health and welfare of children does appear to be influential.

Stand-out moments include giving evidence at the Independent Inquiry on Child Sexual Abuse and being interviewed by the House of Lords Select Committee on Vulnerable Children. It is always difficult to know what difference you have made because change is usually incremental, but I am a natural optimist and believe that we must keep on trying if we are to ultimately succeed. If you believe like me that paediatricians must stand up and be counted when representing the interests of children, I urge you to get involved by joining College committees when vacancies are advertised and to sign up to the Parliamentary Panel to get involved.

Join our mailing list for regular updates about the College's work in public affairs www.rcpch.ac.uk/sign-up-public-affairs

Staff Spotlight

Alison Firth

- *Strategic Projects Manager*

@alison_firth

I JOINED THE College back in 2015 as part of the research and policy division, and for a while I was responsible for leading our child protection and health improvement policy work. I then went on to manage what the College calls strategic projects, which has included our future forecasting work (Paediatrics 2040) and Climate Change Working Group. More recently I've also supported coordination of some of our emerging priorities, including whole genome sequencing for newborns and the College's response to Ukraine.

I feel very lucky in my role that I get to work right across the College with teams in every division. Being a team of one means matrix working is key to getting anything done! For my main project on climate change, there are over 80 dedicated members who are working with me on taking forward our climate change action plan. I'm really looking forward to meeting lots of them in person for the first time at our Conference in Liverpool in June – watch this space for our green cycling challenge in the exhibition hall!

Outside of work, I spend most of my time exploring all that southeast London has to offer and will often be found out on a cycle ride or enjoying a pint at one of the many excellent breweries. I also joined the trend of getting a lockdown pet, and if you follow me on Twitter or chat to me on MS Teams, you may have seen Milo, my ginger cat, making several appearances. He does make working from home much more entertaining!

New screening for retinopathy of prematurity guideline

Professor Andrew Wilkinson

- *Professor Emeritus of Paediatrics & Perinatal Medicine*
- *John Radcliffe Hospital and All Souls College, University of Oxford*
- *RCPCH Chair of the ROP Guideline Development Group*

RETINOPATHY OF PREMATURITY (ROP) has been a scourge of neonatal intensive care for almost 80 years, causing serious visual impairment and at worst blindness in preterm babies if not detected in a timely fashion. Screening only became vital in the late 1980s when treatment was shown to prevent progression and preserve vision.

There have been three previous guidelines, the last published in 2008. Each reflected the increasing number of very preterm survivors and changes in ROP treatments. Targeted screening requires precise coordination involving the parents and all the specialties.

The new guideline covers all the complexities involved. The most significant change is a reduction in gestational age from less than 32 weeks to less than 31 weeks, while maintaining the independent criterion of birthweight <1501g. Approximately 13% fewer babies will need to be screened in the UK. This is significant as screening requires detailed explanation to parents and preparation including safety issues and pain relief.

In addition to the full guideline – all 70 pages with 200 references, eight appendices, 25 evidence-based recommendations and 15 good practice points – there is a summary, and a new information leaflet for parents and carers produced by parents.

This involved well over two year's work by a group of 20 neonatologists, ophthalmologists, nurses and parent representatives. The College's guideline team carried out the invaluable searches for evidence and ensured compliance with NICE accreditation. None of this could have been achieved without everyone's commitment. I hope that whatever your specialty you will consider volunteering to take part in guideline development. Your expertise is vital, it is very satisfying as well as being a lot of fun!

▶ ***Read the new guideline***
www.rcpch.ac.uk/rop

JOURNAL: BMJ PAEDIATRICS OPEN

Imti Choonara

- *BMJ Paediatrics Open Editor-in-Chief*

@BMJ_PO

THE CLIMATE EMERGENCY is the most serious problem affecting humanity and the planet. It will affect everyone. However, it will affect two groups in particular – young people and disadvantaged people in the global south. Young people are the ones who will live during the exacerbation of the problems and have been active in calling on older politicians to do something. BMJPO has two recently commissioned articles on the climate emergency. One is a review on the effects of the climate emergency on the mental health of young people. It calls on health professionals to campaign for a change in the policies of governments to fossil fuels. It recognises that health professionals are respected and can help counter fake news about the climate emergency. The other paper is an editorial on inequalities and how the changes in the climate will increase inequalities both within countries and between countries.

JOURNAL: ADC JOURNAL UPDATE

Nick Brown

- *Archives of Disease in Childhood Editor-in-Chief*

@ADC_BMJ

IT'S HARD TO remain focused when the situation for children and their parents in Ukraine and the whole of Eastern Europe (no, make that the world) is consuming us – by its ferocity, unpredictability, sadness and disbelief. These feelings are compounded by the tangible sense that, despite near continuous updates, we don't really know what's happening at ground level: reports are so different it's easy to be seduced by what we want to believe

ADC has published a considerable amount of qualitative papers recently, the whole philosophy of which is completely different to 'classic' observational epidemiology and trial approach testing (often quite bluntly) associations between exposures and outcomes. In qualitative work (which has its own, unique, vocabulary), the individual level perception and exploration of 'why' these associations might occur, taps sources of information inaccessible to the analysis of a randomised controlled trial (RCT). My thoughts: there's a case for incorporating a qualitative assessment as part of any protocol; that it strengthens the practical means of implementation, so often the stumbling block after the ink in the abstract is dry in an RCT. Finally, we're surrounded by answers to many of these questions in our daily lives: it's just a matter of opening our eyes.

Dr Mando Watson

- *Consultant Paediatrician*
- *Connecting Care for Children, St Mary's Hospital, London*

@mandowatson

Connecting care for the future

AS THE NHS rearranges itself again, I wonder what opportunities this brings. Integrated Care Systems (ICSs) become statutory in England in July, in recognition that health improves when organisations collaborate in one place. We frequently hear the call to integrate but what does this mean? In my own organisation, we connect hospital specialists with GP practices: as a consequence, children get better access to specialist expertise, problems are intercepted early, and clinicians feel more confident.

In the hospital, a ward round brings key people together to discuss cases. In a GP practice setting, we do the same: paediatricians, GPs, health visitors, school nurses, mental health professionals, dieticians, pharmacists, social prescribers and others, all discuss cases together, share expertise and learn from each other.

Recently we reviewed Lana, a young person with 'odd behaviours'. In the past, this case would have been referred to the hospital via the 'suspected epilepsy' pathway. Instead, we agreed to address Lana's difficulties at school and stresses in the family first, reckoning these were driving Lana's symptoms. If in fact this was epilepsy, as hospital consultant I would step in.

As hospital doctors, we now support populations of children. In the GP practices we ask "who are your children and how can we help?" Similar examples have emerged across the UK; they are already delivering the ambition of the new ICSs. As paediatricians we are trained to think about the 'whole child' and family; now the NHS is thinking 'whole system', working closely with social care, local authorities and public health. We can all embrace that opportunity and accelerate health improvements for the next generation.

▶ ***QI Central has resources and case examples for delivering integrated care in paediatrics and child health across the UK.*** *www.rcpch.ac.uk/qicentral/integrated-care*

Dr Rashmi Mehta

- *Neonatal Medicine/ Paediatric Neurology*
- *Sheffield Children's Hospital*
- *Member of RCPCH EDI Reference Group*

@RRMehta24

Our progress on equality, diversity and inclusion (EDI)

AS THE 'WORKING FOR CHANGE: AN UPDATE ON OUR PROGRESS' is published, I am delighted to share some of its progress. With strong committed leadership, the College has been working through four streams.

Working lives of paediatricians

The focus of this stream was on journey and career progression of paediatricians. It ensured EDI training for College volunteers, representatives and exam question writers. We also joined the START assessment board to encompass EDI into scenario writing. The College has also been working with Soft Landing, a support network for international medical graduates. It has supported initiatives such as medical workforce race equality standards and inter-collegiate committees with an aim to improve the member reporting about EDI characteristics.

Health outcomes of children and young people

Children and young peoples' voices, especially from the under-represented backgrounds, have been amplified by RCPCH &Us, as they continue to raise child health awareness through their 'Our Health Matters' campaign. The College is committed to focusing on ethnicity and inequalities which emerged from the State of Child Health report, including the white ethnic groups affected by socio-economic causes.

Volunteers and awards

This stream worked to improve the volunteering opportunities for members. The nominations committee considered equity of access to the awards and decided to create a new award for members who are exceptional, early in their careers.

Our College

The College has been continuously reviewing our EDI language. There is awareness that members face barriers beyond the protected characteristics. Inclusion of these in the diversity monitoring form is being reviewed.

Through all the work streams, data collection remains a central theme, as it plays a crucial role understanding representation and thereafter benchmarking. Our members can contribute to this work by filling in our diversity monitoring form.

For me, the most exciting part of the project is reciprocal mentoring. Understanding each other's perspective through narratives of lived experience will build a strong foundation to create an integrated work force. I am looking forward to it!

▶ ***Explore our latest report on EDI*** *www.rcpch.ac.uk/edi*

Tackling health inequalities
Dr Guddi Singh explains what drives her to protect health as well as treat sickness
p12

Diary Dates

Listed below are some of the up and coming online courses and events. We will continue to add to this list over the coming months, so don't forget to keep an eye on our website.

- **Statement and report writing – England/Wales (Level 3) – online**
  9 May
- **Seniors Members Day 2022**
  25 May
- **How to Manage: Diabetes in children – online – 14 June**
- **Supporting named and designated paediatricians for Looked After Children – online**
  15 June
- **Child sexual assault and the forensic examination – online**
  Two days
  16 & 23 June
- **How to Manage: Paediatric Allergy Training (PAT2) – online – 21 June**
- **Managing perplexing presentations and FII (Level 3) – online**
  5 July
- **How to Manage: FASD in Community Paediatric Services – online – 6 July**
- **Supporting new named and designated paediatricians (Level 4/5) – online**
  18 & 19 July
- **Statement and report writing – England/Wales (Level 3) – online**
  20 July

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

WEBINARS

- **RCPCH and RPS joint College webinar: The why and how of pill swallowing**
- **Dental implications and management of children with congenital heart disease**
- **Whole genome sequencing for newborns: Recording of RCPCH and Genomics England**
- **Mental health leadership in paediatrics**

See more
See all College webinars
www.rcpch.ac.uk/webinar-archive

It's time to face the truth about child poverty

YoMo Glasgow, Caerphilly Youth Forum, Fitzrovia Youth in Action and RCPCH &Us shared their thoughts with us as part of their session at last year's Annual Conference

THE UK GOVERNMENT has been committed to reducing child poverty since 1999 but, for lots of children and young people, their experiences are getting worse not better. Over the years, policies and plans have been written to try and help, new things have been given like free school meals in the pandemic or the extra £20 a week, but things have also been taken away. When we did our research for the College's 2021 Annual Conference session on child poverty, we found that 400,000 more children and young people were living in poverty since the start of the pandemic, but our worry is this would be worse now.

Last year we had the chance to question different people from health, education, the police, charities and the Government on child poverty. We wanted to know how professionals notice that someone is living in poverty if the appointments are done on the phone or through a webcam. We also asked what they thought was the impact of child poverty on children and young people with disabilities, physical health or mental health conditions. We asked paediatricians about how to tackle the issues that are caused by poverty, like stress or poor diet, and how can families get the help they need if they can't afford to pay for medicines or even data or phone calls with virtual appointments.

Next time you are with your team, talk about what you think are essential items and try and guess how much they cost. This is what some people have to make decisions about every day, and this doesn't include travel, data, fresh food. It is evident that child poverty is an issue that requires teamwork from different services in order to eradicate it and it is clear that it is a long-standing problem that plagues all of the UK. This plague affects a ludicrous amount of our children and can bring about dire consequences. It is time we bite the bullet and face the truth that we need to do better and that we should all come together as one to fight and end it so no more children are living without adequate necessities and can instead focus on being bright and cared for members of our society.

If you know young people who want to get involved in our projects on poverty and health, email us at and_us@rcpch.ac.uk

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

How can paediatricians tackle health inequalities?

Dr Guddi Singh challenges the idea that the social factors that lead to health inequality are "someone else's job" and talks about how paediatricians can be empowered to become child advocates.

Dr Guddi Singh
- *Consultant in Neurodevelopmental & Social Paediatrics*
- *King's College London*

@DrGuddiSingh

CHILD HEALTH IS IN A RIGHT STATE.

Not a lot of people know this, but I used to steal from the hospital kitchen.

I'd sneak in when the lovely dining staff had departed, make sure no one was looking, and see what sandwiches were left in the tiny fridge. Drip, drip, drip. The perpetually leaky tap counted me down. Egg and cress. Ham and cheese. Standard NHS fare. But it would do. One eye over my shoulder, heart thudding with the crime I was committing, I'd stuff my scrubs with as many sarnies, custard creams and pots of jelly as I could fit without looking too misshapen, before scuttling out, down the corridor as fast as my waddling would allow.

On a 12 hour-shift, doctors get hungry. But I wasn't feeding myself. Turning the corner into A&E, I was stealing from the ward to give to poor families I'd met on call. Families who I knew wouldn't have enough money to feed themselves that night.

This is the state of child health in the UK today. Oh, I know we have a report that gives you the numbers: 4.2 million children living in poverty; almost 2 million going hungry in the UK, the fifth richest country in the world. But the meaning of stats can easily get lost. Until you come face to face with the reality.

Nothing in my training had prepared me for this. For feeling helpless. I became a bit depressed when I realised that medicine didn't really care about whether you had enough of the right kind of food to eat, or what your house was like, or whether you had money to pay your heating bills. Over and over again I'd be told, "That's someone else's job, sweetheart". But whose?

Food poverty is a real issue facing many of our patients and their families

The fact is, health inequalities happen when you ignore the social determinants of health. I began to realise that my medicines could be of little use when so few of my patients had access to the basic ingredients for a good life. I started getting into trouble for spending time filling in housing applications for patients or for suggesting we could write our clinic letters in languages that people might actually understand.

I spent years feeling disappointed and disheartened by the setbacks and burnout that comes from working in a health system that cares more about sickness than it does about health. To me, paediatrics and the very medical profession itself, felt useless, if not downright irrelevant to my patients' needs.

Finally, I decided enough was enough – either things were going to change, or I was going to quit paediatrics.

Wellbeing & Health Action Movement (WHAM)

That's why I started the WHAM Project. In the winter edition of *Milestones*, Helen Leveret – one of a handful of the amazing young women in paediatrics who helped get this thing off the ground – wrote about it.

WHAM fills the gaping hole in our medical and postgraduate training by providing ordinary clinicians who care about child health with a community of practice in which to learn. A place to share ideas and improve our methods for dealing with the social determinants of health in practice.

WHAM is a social incubator for conscious clinicians who fight for social justice. Our aim is to provide knowledge, tools and community

through a digital platform that provides peer-to-peer sharing of practical wisdom to address health inequalities.

Our crowd-sourced resources come from the grassroots. No bureaucracy, no top-down interference. It's for ordinary clinicians, by ordinary clinicians, empowering each other as and when we need it. Rooted in the belief that true change comes from the ground up, we're not waiting for others to act on our behalf. We believe the time to act is now.

We built WHAM to make your lives easier by bringing the best of what's out there under one roof. We've just set up our first editorial board and we're piloting the social incubator from QI Central, but we will learn faster the more you engage with it and add to it, so check it out now. We're tiny, but as the name suggests, we pack a punch. And so can you.

Powering up

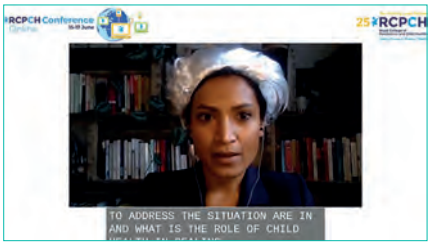
At last year's RCPCH Annual Conference, I organised a session called 'COVID-19 and Child Poverty: Child Health on Trial'. We heard the children of the nation speak about how well they felt child health had taken care of them during the pandemic. The verdict was damning. We can and must do better.

And yet the NHS has never been under so much pressure. COVID-19, against a backdrop of austerity before it, has placed so much pressure on paediatrics that our traditionally holistic approach has been all but squeezed out. But we're meant to care about the whole child, aren't we? And the truth is that since I started worrying about this stuff, wherever you live in the world, health inequalities are rife and are only getting worse. This stuff is more relevant than ever.

When medics first encounter the social determinants of health, there's a tendency for them to feel hopeless. They realise that the contribution of medical science to the wellbeing of their patients is actually very small. And that makes them feel irrelevant.

But it's all a matter of perspective. Seen from another angle, the same insight becomes freeing. I want you to know that advocacy is not just for the great and the good, or something that the College does on your behalf. As paediatricians, we can all be child advocates.

The truth is no matter who you are, no matter what stage of your training you are at, we all hold great power within us. Like seeds that eventually grow into forests, even as students, you hold potential. Like seeds that eventually grow into forests, even students hold huge potential. And that's what I hope WHAM will do for you.



How to pack your punch

So what can paediatricians do about big social problems? Quite a lot as it turns out. Here's my practical guide for powering up to tackle health inequality.

Use my top tips

- **Asking about social deprivation can feel awkward.** The SDH-Q tool helps get over this initial ickiness and break the ice. Singh, G., & Damarell, A. (2021). Co-producing a social determinants of health questionnaire for an urban population in community child health. *Archives of Disease in Childhood-Education and Practice*.
- **Don't go it alone.** Join up with others, especially members of the MDT team, to think about how to tackle poverty together.
- **It's okay if you can't do everything.** Even small actions make a difference. In busy rotas, simply making the space to talk about what you're seeing and how you're feeling might be enough to change the culture of a whole department.

Educate yourself with these resources:

- **Article:** Singh, G. (2022). 'Rules for radicals': a subversive's guide to putting social paediatrics in-to practice. *Paediatrics and Child Health*.
- **Book:** *The Health Gap* by Michael Marmot
- **Film:** *Marcus Rashford: Feeding Britain's Children*. The England footballer has done more to raise the profile of child poverty and food hunger than any paediatrician in this country.

Arm yourself with these power tools:

- **For the clinic:** Boloh, a help-line aimed at Black and Asian families offering advice, signposting, emotional support and free therapy to adult asylum seekers UK wide. **helpline.barnardos.org.uk**
- **For research:** Data at your fingertips. Helps you get up to speed with local poverty statistics. Handy for your six-month rotations. **fingertips.phe.org.uk/profile/child-health-profiles**

Do one thing to address health inequalities today:

- **Trainee paediatrician:** Sign up to WHAM of course!
- **Paediatric supervisor:** Create the conditions to allow trainees the time and support to engage with the social determinants of health in practice. For more ideas of how you can help go to **www.whamproject.co.uk**

Child Health on Trial

Learn more about last year's Child Health on Trial and read Guddi's thank you letter to the jury here:
www.rcpch.ac.uk/child-health-on-trial

We're following it up this year with the Children's Health Press Conference on Thursday, 30 June. Book now so you can hear the children of the nation have their voices heard!

MENTAL HEALTH LEADERSHIP IN PAEDIATRICS

Mental health is a growing factor in paediatric workload. Here, three voices that have experienced and implemented change related to mental health explain what they have done, and what they feel should happen in future

Dr Karen Street

- *Consultant Paediatrician*
- *Devon Partnership NHS Trust*
- *RCPCH Officer for Mental Health*

@karenstreetkhan

"The landscape of paediatrics is changing and we need to change with it"

PRE-PANDEMIC, WE had already seen a shift in acute paediatric workload, fewer septic young children and increasing numbers of distressed children and young people (CYP) in 'psychosocial crisis'. Most don't need months of therapeutic input from specialist mental health teams or institutionalising in Tier 4 mental health inpatient units, they just need looking after with the same level of compassion as any other CYP whilst the causes of their distress are explored. They are the responsibility of the whole children's workforce, of which paediatrics are part.

In this changing world, we need to be fully engaged with the journey, working together with other agencies, striving to improve services for CYP, ensuring they do not fall through gaps. To achieve this, we need leadership in mental health from paediatricians and senior nurses. In the short term these leaders do not need additional training in mental health, they just need skills in leadership and commitment to the cause. Their role should be to develop a culture in their department of parity for physical and mental health; facilitate education and training to upskill and empower their team; develop joint working relationships with their local mental health teams and to advocate fearlessly for CYP's mental health at a strategic level within their Trusts. With time we need to embed mental health professionals in paediatric services.

The fundamental changes needed are:

- Understand that we DO have the skills required: We are trained to communicate with and support CYP and families who are distressed, vulnerable or in pain; we know the law; we can navigate the complexities of social admissions.
- Paediatric wards DO need to be willing and able to admit CYP in acute mental distress if it is the right time and place to access the help they need.
- Outpatient services DO need to develop to support mental health in chronic illness and persistent functional symptoms, and to support physical aspects of mental illness to prevent acute admissions.

The College's position statement was published in September 2020 and advocates for mental health lead roles. The importance of these is acknowledged in the NHSE framework for supporting acute settings. The College is keen to explore how a network can support members in these new roles. The Progress+ curriculum has additional competencies in mental health, there is also now a SPIN module and GRID training in mental health. Paediatricians of the future will be ready to build on the foundations we make today.

Dr James Dearden

- *Consultant Paediatrician & Departmental Mental Health Lead*
- *Torbay and South Devon NHS Foundation Trust*
- *RCPCH Milestones Editor*

@drjamesdearden

"We have the opportunity to alter the trajectory of a young life"

I AM A GENERAL PAEDIATRICIAN with a SPIN in high dependency care. I CCT'd in 2021. I spent a good proportion of my training politely finding reasons to be in the Children's

High Dependency Unit or ED rather than "do the CAMHS ward round". In short, I am woefully underqualified to be a clinical authority on CYP's mental health, but I am passionate about meeting the needs of CYP.

My team and I have barely scratched the surface of what is needed but we have:

- Linked with CAMHS. We all now know each other, how we work, and who is responsible for decision making (spoiler alert: it is usually not a CAMHS consultant!).
- Listened to young people. We accessed a CAMHS CYP focus group to hear what service users think about the hospital journey and used this to direct our energies and projects.
- Networked locally and regionally. We reached out to clinicians across the South West and found a passionate workforce doing great things, often in isolation, unfunded and unsupported. We now have a network of over 40 members.
- Acquired funding. We have accessed last minute mental health funding streams to transform our wards to be safer and more nurturing for CYP in mental crisis.
- In addition, we are working on governance; staff education; outpatient support; third party and charity contacts.

What have I learnt?

- Aim to reduce fear: We are highly qualified to communicate with a distressed young person and reduce their fear. We are also role models to reduce the fear of managing mental health presentations in our teams.
- Change the hopeless to hopeful: We have the opportunity to make changes that can alter the trajectory of a young life and reap the dividends of tackling health issues in CYP.
- If I can do it...: My role is not about having clinical responsibility, it is about leadership, advocacy, resource acquisition, training, coordination, networking and teamworking.

Claire Tanner

- *Paediatric Mental Health Liaison Nurse*
- *Royal Devon University Healthcare NHS Foundation Trust (Northern)*

"I purposefully changed my practice with rewarding results"

I STARTED AS a staff nurse on my unit years ago when my experience and understanding of mental health was limited. With the increase in mental health presentations, "This is not what I trained for" could be heard on many shifts. I began to recognise that the level of care these CYP received was not on a par with those admitted with physical health needs. As I reflected on my own practice I realised, like my colleagues, it was mostly driven by fear of saying the wrong thing.

As I purposefully changed my own practice with rewarding results, I began to offer support and guidance to others, helping them to use the abundant transferrable skills we have. The team needed to feel listened to and able to share their concerns. We are used to our success being measurable, but this patient group is different. We have learnt to understand this, recognising that the acute ward is sometimes the right place at the right time, and the difference between therapeutic and therapy. I am blown away by the team that we have become.

Examples of changes I have introduced:

- A quick guide to understanding the legal frameworks appropriate to our ward
- Use of verbal de-escalation with a 'one voice' approach to supportive holding if needed
- 'Hot debriefs' following the above and 'cold debriefs' for complex admissions
- A ligature cutter bag adopted trust wide
- Daily liaison with CAMHS and weekly 'red flag' meetings discussing high risk CYP in the community who may present acutely
- Individual care plans for the above enabling discharge from ED when appropriate
- Collaboration with Clinical Commissioning Groups regarding escalation processes

We have not had a consultant mental health lead but in many ways this has encouraged full engagement and ownership from the nursing team. If we can deliver high standards of care to these CYP on our small acute ward, they can be delivered anywhere.

Top mental health lead tips

- Reduce fear and distress in CYP with every encounter
- Reduce the fear your teams have of CYP with mental health needs
- Get to know your CAMHS team
- Involve CYP from the start – use them to develop your strategy
- Shamelessly request meetings with everyone you think might be useful
- Speak to other teams. Support and learn from each other.
- Remember this role is about leadership and advocacy

Key documents

- *'The mental health of our patients is our business'.* RCPCH Position statement, September 2020
- *Meeting the mental health needs of children and young people in acute hospitals: these patients are all our patients.* Joint statement from RCPCH, RCPsych and RCEM, December 2021
- *'An acute paediatric setting can be the right place for children and young people to receive care'. Supporting children and young people (CYP) with mental health needs within acute and paediatric settings: a framework for systems.* NHSE, 2022
- *Access and waiting time standards for Children and Young people with an eating disorder.* NHSE: commissioning guide. July 2015

The national PAFTAs 2022

Showcasing the best of paediatric training, Chair of the Trainees' Committee **Dr Laura Kelly** celebrates this year's national PAFTA winners

Dr Laura Kelly
- *Paediatric ST6 Trainee*
- *Birmingham Women's and Children's NHS Trust*
- *RCPCH Chair of the Trainees' Committee*

@lauramkelly

THIS IS THE second year I have had the fortune to be involved in judging the national PAFTAs and I am pleased to report that it remains an absolute joy to hear about the amazing paediatric trainees and trainers spread far and wide across the UK. I said last year that it was a crowded field of excellence in paediatrics and yet the PAFTAs continue to go from strength to strength, highlighting even more people and their fantastic training achievements.

Not only does the PAFTAs highlight yet more inspirational individuals in each region, it has also been a pleasure to see the ripples of joy that spread out amongst the wider paediatric training community when we celebrate the successes of our colleagues. I know I've certainly had a fair few people press me as to whether I know the results or not, telling me how excited they are to find out. I am looking forward to being able to celebrate our national PAFTAs in person, for the first time since 2019, with an awards ceremony in Liverpool at the College's Annual Conference on 28 June. This in itself feels like a significant milestone having had to do so many things virtually over the last two or more years. This was also reflected in the many nominations, with many mentions of how trainees and trainers were helping to restore disrupted training or provide innovative solutions and support to the children, young people and families that they work with.

Regional nominees

Each region puts forward their own nominee in each of the three awards: Junior Trainee of the Year, Senior Trainee of the Year and Educational Supervisor of the year. However, each region puts their own stamp on their local awards and many regions will have additional local awards. During my time as the trainee rep for the West Midlands our own regional awards have grown. We started out with the three awards that feed into the national awards, but we were soon inspired by

other regions, to expand our awards locally to recognise more people and also places that have an important role in paediatric training. We decided to award a 'Best Training Unit' award each year to recognise those departments that create a fantastic paediatric training experience.

Recognising heroes

We also have our three 'Training Heroes' awards – the three awards are for medical, clinical and non-clinical individuals who have made a positive contribution to the training experience for West Midlands paediatric trainees, either locally in their department or more widely across the region. This has been great to recognise medical staff involved in training beyond just educational supervisors/trainees of the year, the clinical category has allowed us to recognise some of our fantastic nursing colleagues, including advanced practitioners who often have a role in paediatric training and also to recognise the non-clinical colleagues who help make paediatric training that much better, be they ward clerks, postgraduate medical administrators or medical secretaries. We also have the opportunity to personalise our awards with two of our awards celebrating the lives of colleagues who have sadly passed away, these are 'The Annie Callaghan Award for Best Educational Supervisor' and 'The Vishna Rasiah Training Hero (Medical) Award'. Annie and Vishna ('Vish') were much loved and much-admired consultants who left a lasting mark on paediatric training in the West Midlands. Not only do our extra awards help to celebrate more people, but personalising them helps us to remember much loved and missed colleagues too. I'd definitely recommend to anyone that hasn't yet, to get involved with their local PAFTAs process and if you have ideas to personalise for your region, don't be afraid to suggest them.

National PAFTA Winners 2022

JUNIOR TRAINEE OF THE YEAR

Dr Neethu Treasa Sebastian

- *ST3 Paediatric Trainee*
- *Birmingham Community Healthcare Trust*

Neethu is a conscientious and dedicated junior trainee. She took the lead on a QI project to improve delayed cord clamping, taking the initiative to speak to anaesthetic and midwifery colleagues to engage key stakeholders and ensure meaningful changes, which resulted in improved outcomes for the babies she cares for. Neethu is a supportive member of her team, always keen to teach and provide helpful feedback, whilst being an enthusiastic learner. She easily develops a good rapport with colleagues and families on the neonatal unit, and continuously goes the extra mile to ensure her patients receive the very best care.

SENIOR TRAINEE OF THE YEAR

Dr Laura Combe

- *ST7 Paediatric Trainee*
- *Ninewells Hospital, Dundee*

Laura introduced the 'The Learning from Excellence' initiative which has encouraged a culture of acknowledging the good things done by colleagues from all staff groups. Having something become embedded so quickly demonstrated the enthusiasm with which Laura has promoted wellbeing at work. She consistently maintains a high standard of care, taking the initiative to create support packs to help families with information on resources and financial aid available locally. An innovative, hard-working colleague, Laura continually strives to enhance patient care and has added much value to her department, both for her colleagues and many CYP.

EDUCATIONAL SUPERVISOR OF THE YEAR

Dr Anastasia Alcock

- *Paediatric Emergency Medicine Consultant*
- *Evelina London Children's Hospital*

As an educational and clinical supervisor, Anastasia has demonstrated exemplary personal support to trainees, is dedicated to being collaborative and finding solutions for trainees going through the most challenging of times. She takes the time to check in on trainees outside of work, making sure they're doing ok and offering support if needed. Anastasia ensured the paediatric A&E team undertook deaf awareness training, setting up 'silent SIMS' to enable the team to find new ways of communicating with each other, whilst also persuading the trust to allow the use of transparent masks in the department.

Reflections on 30 years in paediatrics

WITH OVER HALF HIS CAREER SPENT AS A CONSULTANT PAEDIATRICIAN, DR RAVI JAYARAM REFLECTS ON THE THINGS HE'S LEARNED OVER THE YEARS. READ HIS 20 TIPS, RANGING FROM HOW TO GET THE MOST OUT OF RELATIONSHIPS WITH COLLEAGUES, TO COPING WITH CHALLENGES

Dr Ravi Jayaram
- *Consultant Paediatrician*
- *Countess of Chester Hospital*

@DrRaviJ

February 2022 marked 30 years since I first walked onto the children's ward at Bishop Auckland General Hospital and stumbled inadvertently into a career in paediatrics. It is now just over 17 years since I was appointed as a consultant in Chester and, in a reflective mood, I put together some of my musings.

1 Working with great colleagues (the whole team from the domestics to IT analysts to the porters and all the other people who work quietly in the background) who support each other means children get better and safer care.

2 Listen to the nurses. They are your eyes and ears not only with patient care but also help to spot difficulties in team working, doctors who are struggling professionally or emotionally, and areas for improvement.

3 **Value each other. Keep the hierarchy as flat as possible. If your colleagues can't open up to you about concerns or challenge you, then you are putting patients at risk. A simple "You did well today" or "thanks" or bringing breakfast in at weekends can boost morale. Your team are your safety net. With good dynamics, the human flaw of making errors will be mitigated for everyone.**

4 Take an interest in and actively encourage your medical students and junior doctors. They are not a drain on your time. Five of my consultant colleagues and several tertiary colleagues were students/trainees with me.

5 There will never be enough nursing staff and the skill mix will never be right. Support them; they work hard with no slack in the system. Sometimes things don't work as well as they should. Don't blame the nurses, it's unfair and counterproductive.

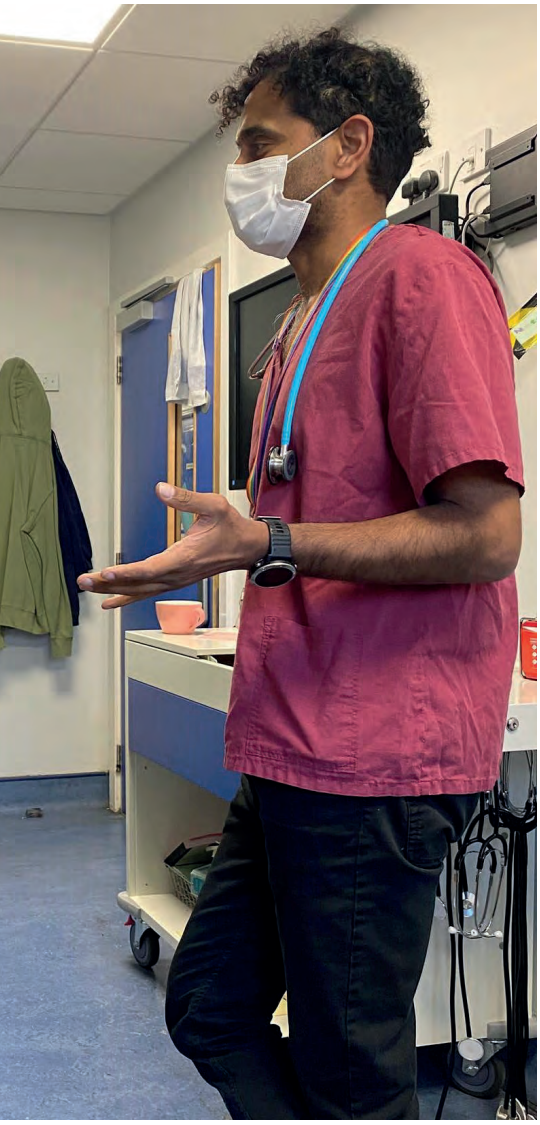
6 Remember it's about the children. Parents want nothing but the best for their children but on rare occasions what they want may not actually be the best. It takes courage to deal with these situations and it never gets any easier.

Ravi at work: he says it's essential to value your colleagues

7 **Having said that, listen to parents. Really listen. If a mum thinks something it not right with their child then there is a problem. It may be with the mum, not the child, but there is a problem.**

8 Safeguarding work is really tough. We like to see the best in everyone but sadly there are people who harm their children. As above, courage is needed to put your head above the parapet whilst, at the same time, staying objective and non-judgemental.

9 Safeguarding cases are rarely black and white. Social care and the police



may often push you to say 100% yes or no. Don't be pressured to say things you aren't confident to say. Medicine is the management of shades of grey and safeguarding is no different.

10 Cognitive dissonance. Accept you will not always be right. Don't take a challenge as a personal affront. It's easy to ignore evidence that doesn't fit with your fixed beliefs. Have the humility to change your mind. It makes you a good doctor, not a bad one. We are humans and get things wrong. Accept this and remember that the unacknowledged good that you do day after day is truly representative of you.

11 NHS managers get a bad press. I couldn't have done my job without excellent managers supporting me, especially during nearly 10 years as departmental lead. If you have a vision, good managers on your side will help you make it happen. A small minority of managers can appear to prioritise self-advancement. It is an art to deal with these types but stay calm and objective, and always bring it back to the patients. Fortunately these types are rare; I would not want the poisoned chalice of being a hospital executive but if I was one, listening to the views of my clinical staff and patients would be my priority, and that is exactly what the good ones do.

12 Learn to prioritise. I'm rubbish at this but time management and learning to accept that there is a finite number of hours in the day are key to staying sane.

13 Because of the infrastructure of the NHS, it feels like we are only ever doing 'just enough' (if that) and know we could do much better if things were different. Change what you can to make it better but don't torture yourself over things beyond your control.

14 Look after yourself. Monitor your work/life balance actively. Work to live. Don't miss your children growing up, it happens quickly and only happens once. If you're stressed, low or just not feeling right, open up to someone you trust. It always looks as if everyone else is fine. They're human too and you won't be the only one. You can't do your best for patients from a bad place yourself.

15 Don't take yourself too seriously. Be yourself, not who you think people want you to be. Airs and graces won't cut it with children. Fortunately for me, being slightly childish is an asset for a paediatrician!

16 It's not just hospital care. GPs, health visitors, school nurses, social workers, teachers and local authorities working together means better outcomes for children. Always think outside the silo and when you can try to break down the walls.

"Be yourself, not who you think people want you to be. Airs and graces won't cut it with children. Fortunately for me, being slightly childish is an asset for a paediatrician!"

17 Try as early as possible in your career to understand the NHS pension scheme! It's a mystery but if you think about it early in your career you'll reap the rewards when you're my age and starting to think about your exit strategy!

18 Accept that you will never please everyone or live up to everyone's expectations. You can only try to do your best.

19 Not everyone thinks the same way as you do. Try if you can to get into the heads of those who appear to be obstructive, obnoxious or unsupportive, they aren't 'bad people'. It may not change things every time but it may help you realise you are not the problem, and may also open your eyes to things you might not have otherwise seen.

20 Finally, in the low moments (which you will inevitably have, it's normal), think back to why you chose to study medicine. It often feels like you're doing stuff that you never expected you'd have to do as a doctor. Focus on the bits you always wanted to do and you'll realise you've not fallen out of love with it at all. I feel as if I should say something about sunscreen at this point!

Returning from retirement to support NHS 111 services

Two recently retired paediatricians tell us how they've been helping out with NHS 111

Dr Robert Scott-Jupp
- *Retired Consultant Paediatrician*
- *Salisbury*

NHS 111 IS a well-established telephone advice service. During the first wave of the pandemic, it came under unprecedented pressure, with up to 15 times the normal volume of calls: 25% were for children. This came on top of long-standing concerns amongst acute paediatricians about the quality of advice offered by NHS 111 clinicians, many of whom have no or limited paediatric training. There have been a few adverse incidents where seriously ill children had not been referred when they should, and many more where referrals to secondary care have seemed unnecessary after assessment. The pandemic made it even more important to keep children and their parents away from primary care centres and hospitals, unless absolutely necessary.

In April 2020 I responded to the College President's appeal for volunteers to participate in a pilot, aimed at the recently retired, working paediatricians, and some senior trainees. About 70 of us who responded were each allocated to one of five NHS 111 providers serving different parts of England. The ability to work remotely from home was a requirement.

People phoning NHS 111 initially speak to trained call-handlers who adhere strictly to their algorithms (which generally prioritise children). Some were passed on to us to call them back, we were unconstrained by algorithms and free to use our judgement.

There were problems: some NHS 111 providers had only just embarked on home-working technology, and this led to difficult technical and information governance issues. The HR procedures and training required to get 'on-board' were demanding and in-part unnecessary, which led many to drop out. Learning how to use the systems by 'remote shadowing' an experienced clinician proved difficult to implement for some. For clinicians who were not used to making assessments by phone, new skills had to be acquired quickly. This was helped by the availability of a video-call facility.

Encouragingly, an evaluation which I co-wrote for *ADC* (doi:10.1136/archdischild-2021-322908), showed the pilot to have been successful, as judged by paediatricians making fewer out-of-hours urgent referrals, and fewer ambulance callouts, compared to other clinicians. Parental satisfaction was high, and the service has now rolled out nationally.

Dr Vivienne van Someren
- *Retired Consultant Paediatrician*
- *London*

AS A PAEDIATRICIAN who retired before COVID struck, the first experience of lockdown was a vision of an elderly future shut away from the world, watching helplessly as the streets emptied and hospitals metamorphosed into adult ITUs.

Through the College, opportunities to connect and contribute began to emerge. The first was the chance to join a collaborative, Don't Forget the Bubbles, and review the rapidly growing preprint literature on COVID in children.

Then came the call for shielding and recently retired doctors, whose licences to practice had been temporarily restored, to take part in the pilot of providing paediatric advice to NHS 111. Many of us jumped at the opportunity to lend a hand and explore a new service model.

The reality was a sharp reminder of the IT and admin hassles we were glad to have left behind. Perhaps the wisdom of age helped us cut through. The IT would enable us to work from home and have meaningful conversations with worried parents, carers and the children themselves. Once on the phone, the human and clinical skills came flooding back and new ones emerged: non-judgemental listening, validating concerns, with new ways of assessing children from sounds off, or a pixelated video. And always agreeing a plan that makes sense to them and takes account of red flags and safeguarding.

We could so easily have been out-of-date, isolated and dangerous. The support of the project leaders and our peers saved us as we shared our experiences, fears and tips in safe virtual clinical meetings and on WhatsApp.

It's good to know that we kept children away from emergency departments and that families valued our advice. Medicine is a vocation and it was satisfying to rediscover the doctor inside the pensioner. I'm not suggesting older doctors could or should rush back to the shop floor after years away from clinical work, but many later life paediatricians want to and can give back with the right support.

Helping migrant and refugee children

Dr Christian Harkensee has seen first-hand the struggle migrants have to access healthcare. He shares his experience and ideas to help

Dr Christian Harkensee

- *Consultant Paediatrician, Paediatric Infectious Diseases & Immunology*
- *Queen Elizabeth Hospital Gateshead*
- *RCPCH College Tutor*

BLUE LIGHTS flicker across the A&E corridor as a two year old Syrian refugee boy is wheeled in. Recently arrived in the UK, his epilepsy medication given to the family by a refugee camp doctor in Jordan ran out, the boy became drowsy and stopped eating. The parents did not know where to turn; when he started fitting, they desperately hammered on the door of a neighbour, who called 999.

It was horrifying to see how helpless this family was. They had been left friendless in a cold northern English town where they could not communicate but knew their son needed medical help. Having worked in the North East for 15 years, I was unaware that we had one of the highest proportions of refugees and asylum seekers in the UK, and no specialist health services to cater for these children.

So, two years ago, we set up a monthly 'new arrivals' clinic for migrant children. We asked the TB screening service, GPs, health visitors and housing officers to alert us of children with health needs, invited families to bring their children to hospital for an assessment, and gave them recommendations encompassing physical, mental and social health.

The right to health and social care

Refugee children tend to be 'invisible' – isolated and dependant on traumatised adults who struggle to access healthcare themselves. Forcibly displaced migrants have a right to equitable access to healthcare but we found the majority in our clinic had unaddressed health needs. I have helped out in migrant camps around the Mediterranean for 10 years and their problems are no different to those who grew up in war zones with broken health systems. Many are chronically malnourished, have unmanaged chronic conditions, and never completed their vaccinations, losing healthcare records crossing borders. Many have never had their hearing or vision checked to help them integrate into local schools. As paediatricians, we are uniquely placed to help these children become visible.

We held focus groups with patient and migrant community representatives to understand what refugee and asylum-seeking families hope from their health service. Three main aspects were consistently raised:

1. Health professionals building trust and rapport (by reaching out, proactively listening, showing empathy, using interpreters and offering longer appointments).

2. Competent care (health professionals having cultural competence, specialist knowledge and experience in migrant health, understanding of the specific mental health issues such as PTSD).

3. Comprehensive and holistic provision of healthcare in the community.

During the COVID-19 pandemic our clinic was paused. Remote consultation did not really work without the human warmth of face-to-face interaction with an interpreter. Many had poor internet or unsuitable IT devices, and onward help from social and voluntary agencies vanished.

What I learnt

It was a steep learning curve creating a service from scratch. It was heart warming meeting other earnest professionals in social and voluntary sectors all doing their best with limited resources and being creative to help these families. Advocacy and persistence do pay off. We were delighted when Gateshead eventually funded refugee and asylum services in primary care for the whole family so it can be close to home, more accessible, with a Health Education England funded general practice Fellow in migrant health who will be supported by hospital specialists. Our clinic will continue to see children who require secondary paediatric care. We are delighted to have played our small part. The emerging refugee crisis in Ukraine, many of them women and children, shows us that this kind of work is more urgently required than ever.

What can paediatricians do?

- Be proactive in identifying and addressing health needs and removing barriers for migrant children.
- Look for mental health issues.
- Learn about migrants' rights and entitlements, use existing guidance (RCPCH guidance, PHE Migrant Health Guide).
- Understand experiences and needs, be culturally sensitive, use interpreters.
- Mobilise your multidisciplinary team.
- Use patient stories to ask your locality for joined up whole family health, social and voluntary services.

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

Kokul in his first job in neonates

Why Paediatrics? with ThePaedsDoc

Dr Kokul Sriskandarajah

- *ST2 Paediatrics*
- *Chelsea & Westminster Hospital*

@ThePaedsDoc

OVER A YEAR ago I created my Instagram page, ThePaedsDoc, covering all things paediatrics. This platform has allowed me to connect with aspiring paediatricians and create a careers series on paediatrics to encourage students and junior doctors to join our fantastic specialty. I've spoken to over 45 medical intuitions nationally and internationally, as well as with the BMA and other allied organisations.

As a student and a foundation doctor, I felt like people constantly deterred me from a career in paediatrics, telling me that it's "very hard work" with "little gain" and "big responsibilities". I soon learnt that although it was a challenging profession, it was immensely rewarding. In which other job can you go from dealing with an adolescent mental health crisis to the delivery of newborns to doing a lumbar puncture, all in one shift? While working in paediatrics I also noticed the reluctance of non-paediatric trained doctors (foundation/ED/GP trainees) to see children as they felt it to be a scary task.

After these experiences, I felt I wanted to impart my knowledge as a paediatric trainee and debunk the myths, and what better way than through social media. We can all help promote paediatrics by being proactive. One way is through speaking about paediatrics and our experiences online, as juniors are increasingly turning to social media as a powerful educational tool.

The more we engage and educate juniors not to fear children as patients, and openly discuss the reality of our speciality, the more likely they will be to #ChoosePaediatrics.

A ONE STOP HUB FOR NORTHERN IRELAND PAEDIATRICIANS

BACK IN SEPTEMBER 2020 we formed the Northern Ireland Paediatric Education and Audit Network (NI PEAR).

Starting small, with five founding members, we had big plans to champion the brilliant work of NI paediatric trainees. As with many deaneries, NI trainees move around a lot and we knew things were being done differently in hospitals sometimes 20 minutes apart. We recognised that the children (and trainees) of NI would benefit from a more standardised approach; leading us to develop a network focusing on regional guidelines, education, quality improvement and research.

In our first year, we developed a regional prolonged jaundice guideline. This identified significant variations in practice, but with guidance from specialty experts, we were able to ensure every child receives the right investigations at the right time. We learnt change takes time (and lots of emails and meetings), but we soon got into the swing of things, with two further guidelines agreed and more in the pipeline!

Dr Maura Scott

- *ST6 Paediatric Trainee*
- *Royal Belfast Hospital for Sick Children*

@DrMauraScott

An issue we kept encountering was the sharing of resources; forwarding guidelines on work WhatsApp groups wouldn't cut it for much longer. In 2021 we hit the jackpot when our new committee member, Jonny, created a website tailored to our needs. Designed as a 'one-stop' hub for NI paediatrics, you can use it to check the next PICU telelink date, or quickly access guidelines at 3am when you're managing a sick child. Most importantly, it gives trainees somewhere to interact and collaborate with each other's work, building a robust trainee network.

NI PEAR
Paediatric Education, Audit & Research Network

▶ ***Visit our website www.nipear.squarespace.com or follow us on Twitter @ni_pear***

HISTORY TAKING: TRACKING THE LINES

Dr Richard Daniels
- *Paediatric Registrar (OOP)*
- *Pando*

@ccdaniels65

WHAT'S THE MARMITE ward round job? The one that really separates out the tribes of doctors. I propose that it is plotting auxology on a growth chart. Some get very excited by those little dots of joy, weaving their magic across the grid, whilst others just see blurriness and confusion.

We've all flicked through the red book to find the right chart, or hurriedly rustled through a set of notes to find the insert. Those lucky ones who have a digital solution feel like they've won the lottery... punch a few numbers in and bingo, beautiful graphs. But have you ever wondered how we got the centiles to be where they are, and why there are different options?

Once upon a time, there was no standardised reference. Multiple scales were used, with limitations for age, socioeconomic and ethnic parameters. For 30 years after WWII, the most common growth chart used was derived from white children in one small town with the centile lines smoothed out by hand!

In 1977, the National Centre for Health Statistics decided to take a more scientific approach. They used a national survey to gain information from 1-17 years, and a longitudinal research study to provide data for those under one year. This allowed for growth charts to be produced that were much more reflective of a whole population. They have been reviewed periodically since, and the WHO produced a global version which looked at predominantly formula-fed babies. Since 2009, we now use the College's version, which uses a breastfed baby baseline and a UK dataset, as well as specific charts for preterm infants and those with Trisomy 21, and this has now been produced as a digital resource for the most tech-savvy College out there. Take that, Royal College of Radiology!

▶ ***RCPCH digital growth charts***
www.rcpch.ac.uk/digital-growth-charts

Dr Ashish Patel
- *ST7 Paediatric Nephrology & Sim Fellow*
- *Birmingham Children's Hospital*

@DrKidneyAsh

Ash's Baking School

I DON'T KNOW about you, but I am ready for an epic summer! Last year I had a staycation to Cornwall and had the most glorious, buttery scones. It inspired me to make the perfect scone. I decided to elevate mine, making them even more summery with fresh raspberries. Scones can sometimes turn out too dry for my liking but the raspberries make them more moist. Grab some clotted cream and jam and take a batch to your next picnic, hike or bike ride. But the age-old question – cream or jam first? Does it REALLY matter? Enjoy and continue to spread the love of baking!

RASPBERRY SCONES

Ingredients

500g plain flour
3 tablespoons caster sugar
2 teaspoons baking powder
1 lemon, zested
110g unsalted butter, cold and chopped
300ml cold whole milk
150g fresh raspberries
1 egg, beaten

Instructions

1. Sieve your flour, caster sugar and baking powder into a large bowl.
2. Add this to a food processor along with your lemon zest and cold, diced cubes of butter. Blitz until it resembles fine breadcrumbs. If you don't have a food processor you can rub it in your fingers to combine it all together.
3. Transfer back to your large bowl, make a well in the centre and add your cold milk. Mix it together with a fork until it begins to form a dough.
4. As the dough just begins to come together add your fresh raspberries (I usually tear them in half). Finally mix until it clumps together into a crumbly dough – it will be quite wet and sticky!
5. Dust a work surface well with flour and scrape your dough out with floured hands. Dust your rolling pin and the top of the dough and then roll your dough out to roughly 2.5 inches thick.
6. Using a floured cookie cutter, cut out circles from the dough. Place them onto a lined baking tray. Repeat the process to use up the remaining dough.
7. Beat your egg and brush the tops of the scones with your egg wash.
8. Bake your scones in a pre-heated oven at 200°C for 15-20 minutes.

SUSTAINABLE PAEDIATRICS NETWORK

Dr Clare Webster

- *Consultant Paediatrician*
- *Ninewells Hospital & Medical School*

@paedsCSH

THE SUSTAINABLE PAEDIATRICS NETWORK is run by a group of enthusiastic paediatricians in partnership with the College's Climate Change Working Group (CCWG). I am a paediatric consultant and member of the support for members workstream of the CCWG. I set up the network alongside Rosie Spooner, QI education fellow at the Centre for Sustainable Healthcare and Siva Chelladura, a paediatric trainee.

The network was newly set up ahead of COP 26 as a much needed opportunity for paediatricians, paediatric nurses and paediatric allied health professionals with an interest in the environmental sustainability sphere to get together, share ideas and help take forward the sustainability agenda. It is open to all via the Centre for Sustainable Healthcare Networks Platform. Members discuss the impact of climate change on child health and share creative ideas around what can be done to address this in the context of delivering clinical care to children and young people. There are many exciting and innovative ideas and examples of good practice in paediatric centres around the country and by coming together to support each other we will be able to progress this work. Network members may also pose important research questions relating to planetary health and it's impact on child health. Our membership is open to any health professional or allied health professional working in child health across the globe. No contribution is too small. We welcome you to join us and find solutions to address one of the most urgent health issues faced by us and future generations.

"There are many exciting and innovative ideas and examples of good practice in paediatric centres around the country and by coming together to support each other we will be able to make progress in this work"

SUSTAINABLE PAEDIATRICS NETWORK

▶ ***Find out how you can get involved: https://networks.sustainablehealthcare.org.uk/network/sustainable-paediatrics***

Dr Siân Ludman

- *Paediatric Allergy Consultant*
- *Royal Devon University Healthcare NHS Foundation Trust*
- *RCPCH Chair of LTFT Committee*

LTFT COMMITTEE UPDATE

WE HAVE ALL struggled with tricky less than full time (LTFT) questions as trainees, non-training doctors and consultants, and in certain regions LTFT trainees outnumber full time. With the advent of category 3 LTFT applications, this will increasingly become the norm. The LTFT committee provides a range of resources and support for LTFT training across the country and support for trusts or deaneries with difficult LTFT questions.

Our committee has representatives from every deanery and nation and there is an expectation that each member will sit on the school board for their deanery and act as a conduit to and from the committee. We presently have vacancies in certain regions and would love to see more of you getting involved. We encourage deaneries to have their own trainee LTFT representative as well as those sitting on the committee.

We are committed to making sure we integrate this committee fully into College life and its future directions, and to be an active resource for trainees and their supervisors. We're currently working through our first LTFT trainee survey, allowing us to compare responses across the country to ensure updates are timely, relevant and in tune.

Our website is a rich resource for all questions LTFT and has all the advice and published guidance available, though we are very happy to field specific questions. Please do not hesitate to contact me, or Ben Harper our College liaison on **ben.harper@rcpch.ac.uk** and visit our webpage **www.rcpch.ac.uk/ltft**

We put 10 questions to a paediatric married couple who both received their MRCPCH certificates at the same Admissions Ceremony

Dr Kamaal Mughal

ST6 Paediatrics, Leicester Royal Infirmary

1) Describe your job in three words.
Challenging, unpredictable, fun.

2) After a hard day at work, what is your guilty pleasure? Playing video games really helps me relax and unwind, especially if I can rope my wife into joining me.

3) What two things do you find particularly challenging?
Balancing non-clinical responsibilities and a healthy work life balance.

4) What is the best part of your working day?
The satisfaction of knowing you have done the best you can for your patients and families and made their journey just that little bit smoother.

5) What is the best advice you have received as a trainee?
Enjoy the journey and make time for you. Don't be afraid to challenge yourself (and ask out your future wife sooner!).

6) Who is the best fictional character of all time, and why? Dr Leonard McCoy – fiercely loyal, laid back, mildly abrasive, the conscience of the team and always aware of what he is and what he isn't.

7) What three medications would you like with you if you were marooned on a desert island filled with paediatric patients?
Paracetamol, salbutamol, caffeine (for myself).

8) If you were bitten by a radioactive gerbil, what would you like your superpower to be, and why? The strength of one man and one radioactive gerbil – imagine the possibilities!

9) What is the single, most encouraging thing that one of your colleagues can do to make your day? Everyone has difficult days, sometimes all it takes is a few words of encouragement and a coffee to make my day.

10) How do you think you and your colleagues can inspire the next generation of paediatricians? In this job we deal with incredibly challenging situations and help families through their most difficult times. We need to show that despite this, there are moments of fun and beauty and the very real opportunity to make a difference.

Dr Sammar Nazeer (Mughal)

ST6 Paediatrics, Leicester Royal Infirmary

1) Describe your job in three words.
Rewarding, challenging, roller-coaster.

2) After a hard day at work, what is your guilty pleasure? Playing loud music and dancing like nobody is watching.

3) What two things do you find particularly challenging?
Not seeing my husband for several days in a row due to both our rota demands which ties into the challenge of trying to maintain a healthy work-life balance.

4) What is the best part of your working day?
When patients/parents are thankful and happy with the care I have been able to provide; the feeling that I have made a difference.

5) What is the best advice you have received as a trainee? Remember to take breaks and take care of yourself so you can take care of your patients.

6) Who is the best fictional character of all time, and why?
Mrs Doubtfire – she'll do anything for the children, and plus she's "a hip old granny who can hip-hop, bebop, dance 'til you drop and yo-yo, make a wicked cup of cocoa!"

7) What three medications would you like with you if you were marooned on a desert island filled with paediatric patients?
Salbutamol, paracetamol, Difflam spray (the stuff is magic!).

8) If you were bitten by a radioactive gerbil, what would you like your superpower to be, and why?
The ability to remain functional with minimal sleep.

9) What is the single, most encouraging thing that one of your colleagues can do to make your day?
Genuinely ask me, "How are you?"

10) How do you think you and your colleagues can inspire the next generation of paediatricians?
We can motivate students and juniors by showing them that the rewards of helping children by far outweigh the challenges of paediatrics. Plus, where else can it be totally acceptable to sing Disney songs on the wards! Hakuna-matata!

BOOK: MY NAME IS WHY

by Lemn Sissay

Dr Cat Longthorpe

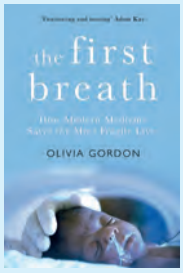
- *ST4 Paediatrics*
- *Musgrove Park Hospital – Somerset NHS Foundation*

IF YOU ONLY read one book this year, please let it be this. *My Name is Why* is an incredibly powerful and beautiful read. Having been born in the late 1960s to an unmarried Ethiopian mother, Lemn soon finds himself in the British social care system, reimagined by the state as 'Norman' and fostered by an evangelical local family. Following a significant breakdown in his relationship with the foster family, Lemn finds himself in numerous care homes and institutions across the Manchester area, being 'in care but not cared for'. He bravely shares his story through his social care records (which he has only recently won the right to), as well as his lived experience and poetry, to explore themes of identity, memory, race, love, hope and the care system. His book is a true triumph of human resilience, from which we can all learn a great deal.

BOOK: THE FIRST BREATH. HOW MODERN MEDICINE SAVES THE MOST FRAGILE LIVES *by Olivia Gordon*

Dr Kelly Brown

- *Consultant Neonatologist*
- *University Hospital Southampton*



AN HONEST PARENTS' perspective of their son Joel, who was born prematurely with hydrops and chylothorax. Told by journalist Olivia who wanted to "find out how, exactly, modern medicine got my son here." It is an insight into the world of fetal and neonatal medicine; "Saving a life that hasn't even begun".

As a neonatologist this is an eye-opener into the parents' experience. Their OCD in the neonatal unit, how they perceive our actions around their babies. How our honest and devastating conversations will stick with them forever, even if the baby has a positive outcome. As a trainee I never saw what happened to the ethically challenging patients and would often question why we were doing this. This book brings to light the world of possibilities in fetal and neonatal medicine. It shows that hope can be given where there was none before and that even the most complex babies can have a good quality of life after their long road to recovery.

FOMOHub

Dr Ian Lewins

- *Consultant in Paediatric Emergency Medicine*
- *Royal Derby Hospital*

@ianlewins

IF YOU'RE ANYTHING like me when it comes to CPD, I tend to be well-intentioned if a little disorganised. I keep an eye out for what look like interesting courses but never quite remember to book them and subsequently spend envious hours on social media seeing what a fun and educational time everyone had who was more organised than me. This leads to the Fear Of Missing Out, or FOMO. The pandemic has heightened this further with a significant increase in the number of courses, seminars and conferences now available online, not just in person. The problem is, how do you know what courses are out there without spending hours searching for them across multiple different websites? It always struck me as odd that there wasn't one central, searchable database of paediatric conferences and courses. I looked and there wasn't one.

So we made our own.

Created by Dr John Rasquinha and myself, FOMOHub is a regularly updated, fully searchable database of online, face-to-face and hybrid paediatric and emergency medicine conferences and courses from a wide range of providers including RCPCH, RCEM, RSM and many others. All in one place. And free to access.

We launched in January this year and hope that as the site grows organically it will become the place that health professionals will think of and turn to when considering what CPD to undertake next.

We can be found at **www.fomohub.org** and look forward to having you visit us soon.

"Don't get FOMO, get FOMOHub."

Paediatric care in Barbados

We hear from **Dr Paula Michele Lashley** on her experiences of both paediatric care and medical education on the Caribbean island of Barbados

Dr Paula Michele Lashley

- *Lecturer in Child Health/ Associate Consultant Paediatrician*
- *Queen Elizabeth Hospital*

@pmlashleyuwi

I've worked predominantly in Barbados since I completed my postgraduate paediatrics training in 1991. I have always wanted to work in paediatrics, and more so when I worked in the specialty as a senior house officer. Over the subsequent years, I worked in Jamaica as a trainee resident, the UK as a locum doctor and several observer positions in the USA and Canada, giving me a broad view of paediatric care worldwide. Today I am an associate consultant at the main Hospital in Barbados – The Queen Elizabeth Hospital. As well as Lecturer in Child Health responsible for postgraduate training, I also have administrative responsibilities as the Deputy Dean of the clinical faculty at the University of the West Indies (UWI). UWI has the only 'landed' medical school in the region and is the only Caribbean university rated among the best in the world.

Paediatric staff at Queen Elizabeth Hospital in the PICU

Barbados is the most easterly island in the Caribbean, and is an English-speaking country, with an estimated population of over 287,000 people inhabiting its 431km^2. The island provides both public and private healthcare to the population, whereby there is a choice of either utilising the free universal healthcare (like the NHS) for all citizens and residents or the large complementary private care system. In the free public health service, community childhood care is provided by GPs and includes immunisations, well baby clinics and walk-in primary care clinics. In the private care sector, paediatricians as well as GPs also provide consultations in stand-alone practices, which means anyone can have direct access to a paediatrician.

Tertiary paediatric care is provided at the main tax-funded general hospital which has a dedicated paediatric service and training department. This includes inpatient services (inclusive of a level 3 NICU, a four-bedded PICU and two general wards for children up to the age of 16 years) and outpatient services for acute and chronic childhood illnesses and a few subspecialty clinics. The paediatric department is managed by a team of seven consultant paediatricians, eight junior staff doctors and eight to 10 rotating F1 interns.

Paediatric care in Barbados is not always considered as a specialty unless there is a child with a complex issue since general doctors see many of the children. However, we are blessed with having a very healthy childhood population despite our small size. One of the main challenges in paediatrics is the lack of all the subspecialty services and a dedicated paediatric emergency department on the island. As part of the UWI, we are constantly in touch with our regional colleagues on other islands and this facilitates sharing ideas and resources through this network.

Our education system is free for all children, and they are required to be in school at least until aged 16 years. Unfortunately, like many small developing states, our children are bound to the resources available on the island. However, we pride ourselves in being able to maintain a reasonably high standard of living. This has also brought us the scourges of the internet, social media bullying, obesity and more recently the added burden of COVID and the loss of school time.

The immunisation status for current routine childhood illnesses is nationally over 80% and therefore we no longer see those illnesses and infectious diseases associated with children growing up in low-income countries. Our disease portfolio mirrors the same childhood pathology as middle-high income countries such as asthma, eczema, diabetes, epilepsy, childhood malignancies.

Paediatrics is an awesome specialty! The paediatric community works closely with each other, and are very supportive in assisting each other when we have difficult cases. It is a pleasure to work in a country where our children are relatively healthy and child and neonatal mortality remains at a national low. The best part of this job is the feeling of eternal youth and the smile of those children who give their all to us without reservation.

Wellbeing

Wellbeing and you – two years on

In our summer edition of 2020, a number of members shared with us how they had been supporting each other through the pandemic. Two years on, we hear how they're getting on

Dr Julie-Ann Collins

- *Consultant Paediatric Emergency Medicine*
- *Royal Belfast Hospital for Sick Children*

@DrJA_C

The Bloom Room's second birthday!

TWO YEARS ON AND THE BLOOM ROOM IS STILL GOING STRONG. What a journey it has been since the start of the COVID pandemic – a true rollercoaster!

The Bloom Room has become so much more than just a relaxing space to retreat to and in which to be mindful. It symbolises the wellbeing culture that our emergency department team has embraced. From starring in our very own Christmas music video 'Rockin Around the Paeds ED' to fiercely competitive exercise challenges and bake-offs to the bonny baby competition, we have each learned more about ourselves and each other as a team, developing a deeper connection and creating special memories in an uncertain and challenging time. We reflected on what we truly valued and demonstrated this through simple acts of kindness – charity fundraising and donations as well as 'You've Been Mugged' recognition and reward initiatives in the department. As part of a creative challenge, we now have a departmental logo designed by one of our very talented nurses, Alix. The Bloom Room concept has since spilled out beyond the department and seen regular team walks, paddleboarding sessions and hot yoga being organised with more adventures to come. An enthusiastic multidisciplinary wellbeing team now exists to hopefully ensure that the Bloom Room is here to stay to provide the necessary balance we need, especially at times of extreme clinical pressure, like the present, and to endure whatever is to come.

Two years on and the Bloom Room is still going strong

The last two years have been a time we never imagined and a time we'll never forget!

Dr Alessandra Glover Williams

- *Post CCT Neonatal Fellow*
- *University Hospitals Bristol and Weston NHS Foundation Trust*

@alessglover

Well and resilient doctors

BACK IN THE SUMMER OF 2020, *Milestones* invited articles on local wellbeing initiatives. I wrote about WARD (Well And Resilient Doctors), a voluntary initiative run by junior doctors for junior doctors in Severn.

Happily, WARD is enduring and has spread into the Peninsula, funding local wellbeing initiatives such as essential rest space, expressing room refurbishments and funding mentoring courses to creating communities of supportive colleagues; and in November of 2020 we ran a free national wellbeing conference.

I stepped down from my role in WARD six months prior to CCT not only so that responsibilities could be handed over, but in recognition of needing some space myself; my bucket was full. I wasn't burning out, but I knew that if one more thing needed my attention or capacity, that I wouldn't have anything left, and when fulfilling supportive roles, whether in our professional capacities or informally though initiatives like WARD, we've got to know how and when to put ourselves first. So I focused on myself using assessment tools like the 'Wheel of Happiness' to prioritise and invest in my own resilience.

I am really happy to have CCT'd and become a mother in the same month. I would like to take this opportunity to remind everyone to reflect, look after themselves and leave a little space for the unexpected.

www.welldoctors.org

Dr Nisha Patel
- *Paediatric Registrar ST4*
- *London*

@nishnashpat

Surviving & Thriving: Our Wellbeing Resource Pack

THE LONDON SCHOOL OF PAEDIATRICS (LSP) TRAINEES' COMMITTEE IS BACK IN *MILESTONES*, sharing more work from our incredible Surviving & Thriving team!

After the success of our 'COVID-19 Handbook' and 'Workplace Positivity Menu', we have developed the LSP 'Wellbeing Resource Pack'. This is an online accessible and sustainable resource providing clear guidance on seeking support and signposting resources to promote self-care and wellbeing.

Of significance is 'Our Wellbeing Wheel'; a visual representation of all the elements in our training and life that need to be aligned for us to survive AND thrive. We highlight resources for areas such as sick leave, addressing mental health, exam support and financial advice relating to pensions and contracts. Followed by thriving strategies, encouraging trainees to explore meditation and mindfulness, to remembering lost hobbies. We also provide advice about how to reinvent training with out of programme experiences or going less than full time.

We hope to share our resource pack with colleagues across all medical specialties, empowering them to create and adapt their own version, bespoke to their workforce.

If you are interested in producing your school-specific wellbeing pack

or learning from our London-wide Surviving & Thriving projects, please check out our website and get in touch.

Now more than ever, we need to recognise the importance of training programmes, advocating and investing in wellbeing; by helping trainees navigate the challenges within their training and reignite their PASSION for PAEDIATRICS!

londonpaediatrics.co.uk/trainees-committee/surviving-thriving/

Dr Rajeeva Singh
- *Consultant Paediatrician*
- *Mid Yorkshire Hospitals NHS Trust*

@Rajeeva21

Supporting paediatric trainees

PAEDIATRIC COLLEAGUES AND TRAINEES have taken this unprecedented challenge in COVID times, in their stride by 'being there' as and when needed.

They have been flexible in bridging the rota gaps, skill mixing appropriately whilst providing support and togetherness with quick coffee catch-ups. Consultants balancing ward work with timely checks on trainees' wellbeing has helped with morale which is crucial to multi-disciplinary patient care.

Our trust has been proactive in ensuring trainees' wellbeing by setting up paediatric forums allowing trainees to discuss issues with service leads for quick resolutions. Medical education has created the post of Matron for Medical Education with the responsibility of addressing the needs of foundation year trainees. A colleague has created a 'Trainees Wall of Fame' where all specialties are encouraged to post positive comments recognising trainees' good work. Regular junior doctors' awards and weekly multi-disciplinary nominations for 'going above and beyond' called 'Greatix' have all added to people feeling valued. Another new award called the 'Mug of Kindness' has been started by the medical education team to acknowledge the good work of junior doctors. The latest initiative of the 'wellbeing suggestion box' is responded to in a timely manner in the junior doctors' forum. The readily

accessible wellbeing box of goodies on the wards is always welcome!

Creating a nurturing and supportive work environment has been essential during these tough times. Our focus should now shift to ensuring that future working environments are equally supportive for all staff. We also stress allowing staff to flourish outside of work, enjoying strong social networks, extra-ordinary self care and focusing on one's personal love and joy, which comes in many forms!

A DAY IN THE LIFE

"I enjoy working with CYP – they are so honest"

Dr Hannah Baynes

General Paediatric Consultant
King's College Hospital NHS Foundation Trust
RCPCH Milestones Editor
@HLB27

Hannah organised this charity walk in 2019 in the Brecon Beacons for Redthread

Hannah at work, where she loves the variety and support

I became a paediatrician because I really enjoy working with children and young people (CYP). From a young age I have had several roles working with children. From babysitting my cousins, to selling ice creams at Bristol Zoo during my term breaks whilst at medical school. It is something I have always liked doing because they are so honest and fun! My time spent as an SHO (FY2) in the emergency department cemented this and I was always the one to volunteer to go to the children's side!

My typical working day is never the same. The beauty of being a general paediatrician is the variety. You can go from seeing a small baby in clinic, whose parents just need reassurance that their baby's poo is normal, to a 15 year old, who opens up to you allowing you to support them with all aspects of their life. I spend a lot of time juggling plates but my role as clinical lead has allowed me to work closely with our fab medical, nursing and management teams to improve services locally to support more CYP. The bit of my job I really enjoy are my attending/COW weeks as this gives a good balance of clinical work with working with fantastic trainee doctors and undergraduates, helping them to develop as future colleagues. I have witnessed previous house officers of mine go on to flourish as amazing consultant colleagues – yes, it makes me feel very old, but also very proud!

The most difficult part of my job is not being able to fix every issue! If I can't fix something I find it incredibly frustrating, especially if it is an issue directly affecting patient care or a colleague's wellbeing. This has become increasingly apparent over the last few years of the pandemic with ongoing issues around capacity and workforce. With support from epic role models and senior colleagues I am getting better at dealing with never being able to 'fix all' and I am grateful for these words of wisdom and advice.

The best part of my job, apart from getting to work with CYP and fantastic colleagues, is the satisfaction when things go well. This can be as simple as receiving a thank you from a family to developing a service that improves care and patient experience. The biggest job satisfaction though is knowing, and on occasion witnessing, how getting it right now can have a huge impact on a CYP's life, not just at that moment but well into adulthood.

My most memorable moment recently was my team (led by our fantastic college tutor) winning the London School of Paediatrics PAFTA 'Best Training Unit'. The PAFTAs are a reason to celebrate how wonderful paediatrics is (and why people should #ChoosePaediatrics)! You can read more about the PAFTAs on page 16.

When I'm finished working I like to...

... go walking! I can sometimes be found on a Sunday hiking up to the top of Crystal Palace in London with my AirPods in listening to tunes. Not only is it great exercise, but it gives me much-needed headspace and there are spectacular views from the top. One of my most fun walks was in 2019 when I organised a walk for Redthread youth work charity in the Brecon Beacons. I spent a day with some fabulous paediatricians, emergency medicine doctors, an obstetrician, child health nurses and College staff. A nice pot of money was raised for charity and the world was put to rights several times that day!

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Extensive content updates in the new edition include:

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 5mg, with a maximal dose of 10mg. 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 other adverse reactions. **PHARMACEUTICAL PRECAUTIONS:** Do not store above 30°C. **LEGAL CATEGORY:** POM. **MARKETING AUTHORISATION HOLDER:** RAD Neurim Pharmaceuticals EEC SARL, 4 rue de Marivaux, 75002 Paris, France. Marketed in the UK by Flynn Pharma Limited, Hertlands House, Primett Road, Stevenage, Herts, SG1 3EE, Tel: 01438 727822, E-mail: medinfo@flynnpharma.com.

Product	NHS List Price	Pack Size	Marketing Authorisation Number
Slenyto 1mg	£41.20	60 tablets	PLGB 52348/0003 EU/1/18/1318/001
Slenyto 5mg	£103.00	30 tablets	PLGB 52348/0004 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

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References

1. *BNF for Children.* https://bnfc.nice.org.uk/drug/melatonin.html#indications AndDoses [Accessed January 2022]. **2.** Slenyto SmPC [Accessed January 2022].

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