RCPCH

Milestones

The magazine of the Royal College of Paediatrics and Child Health

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AUTUMN 2022

INSIDE

Take a look at RCPCH Learning

RCPCH Learning is our new learning management platform, which has now completely replaced Compass. The new platform features an improved user experience allowing you to easily navigate and access all of our learning resources, all brought together in one place.

Explore the site and you'll find:

- **Online learning**
- **Webinars**
- **Podcasts**
- **External resources**

You'll be able to easily log on to the platform using your RCPCH number and password, and if you've not got one then it's easy to sign up too!

RCPCH Learning

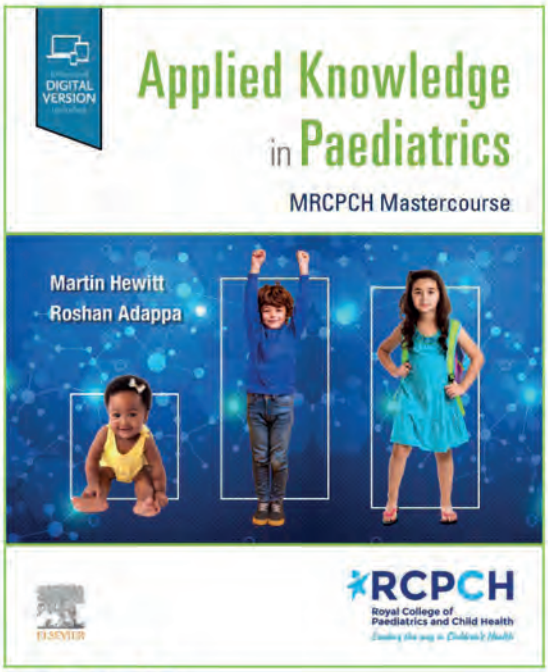
Discover, develop, inspire

Log on and start learning

learning.rcpch.ac.uk

2022-06-23-MS-010

NEW PUBLICATION



RCPCH
Royal College of Paediatrics and Child Health

Applied Knowledge in Paediatrics: MRCPCH Mastercourse, 1st Edition (2022)

The essential guide to passing the MRCPCH Applied Knowledge in Practice (AKP) exam.

Closely aligned to the RCPCH theory exam syllabus and reflective of current UK practice, this book will leave the reader with a sound knowledge of all the core topics relevant to paediatrics and child health, and provide a useful study aid.

Find out more and buy your copy today:

www.rcpch.ac.uk/akp-book

2022-06-23-MS-011

Editor's pick

I am a big fan of our regular features and hearing from members both nationally and internationally, so when asked for my editor's pick I get slightly tachycardic!

This edition, Natasha gives us an excellent overview of new eating disorders guidance, Dan shares some useful wellbeing tips, Nathaniel discusses his inspiring experience of working in Haiti, Jonathan and Nicola give excellent insight into the CESR pathway and it was interesting to hear about the reciprocal mentoring scheme from Kunal and Terence.

I loved reading the conference special (which brings back many epic memories), from 12 year old Shreya to one of our (somewhat older) VPs. It really captures the spirit of the conference. For those unable to attend, I hope it gives you an idea of the themes discussed and that it encourages you to attend in future.

Thank you to all of you that came to say hello to us in person and that shared your ideas on Milestones. Please keep them coming and stay well.

Dr Hannah Baynes
General Paediatric Consultant
Kings College Hospital NHS Foundation Trust
@HLB27

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

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

jamespembroke media

 Head of Design: Katrina Ravn **Senior Editor:** Michelle Royle **Publisher:** James Houston. *Milestones* is published four times per year on behalf of the Royal College of Paediatrics and Child Health by James Pembroke Media, 90 Walcot Street, Bath, BA1 5BG. **T:** 01225 337777. **Advertising:** Alex Brown, Head of Corporate Partnerships **advertising@rcpch.ac.uk**

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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

- Twitter @RCPCHTweets
- Facebook @RCPCH
- Instagram @RCPCH
- milestones@rcpch.ac.uk

Dr Camilla Kingdon presenting at the RCPCH Conference

UPDATE FROM OUR PRESIDENT

Dr Camilla Kingdon
- *RCPCH President*
@CamillaKingdon

WE'VE HAD A busy and thrilling summer and it gives me great pleasure to now welcome you to our autumn edition of *Milestones*. This time of year always has memories of sewing name tags into school uniforms and the promise of the new term ahead with a mixture of fear and excitement. Late summer can be a lovely time of year – blackberry picking and early autumn colours.

The high point of the College summer calendar was most certainly our conference in Liverpool in late June. A thousand images flash through my mind when I remember it! What an honour to host a large contingent of international guests, from Rwanda to Myanmar, Ukraine to Australia!

RCPCH&Us did us proud – opening and closing the conference and featuring in every plenary and many workshops too. While we covered some very serious and challenging topics from racism in medicine to health inequalities, there were so many examples of inspiring work and ideas for improving quality of care. A special memory for me was the abstract presentation from the Soft Landing team which described the work they have done to improve the chances of success at subspeciality recruitment for International Medical Graduates (IMGs). This is a group of IMGs who have faced many challenges working in the NHS. Instead of feeling defeated, they have come together to support others in the same position and their enthusiasm and positivity is infectious! I never cease to be impressed by their work and so to see Dr Sharmila Manivannan presenting on the auditorium stage in Liverpool made my heart swell with pride. Soft Landing espouses all the values I believe we hold dear – perseverance, team spirit, passion and enthusiasm.

There didn't seem to be a let up in the pace of work again this year... perhaps we have finally debunked the myth that paediatrics quietens down when the weather warms up? I hope that you have all managed some time off over the summer and have had some time away from work commitments.

With my best wishes to you all,
Camilla

AWARDS 2022

JAMES SPENCE MEDAL

- PROFESSOR IMTIAZ CHOONARA
- PROFESSOR SIR ANDREW POLLARD

HONORARY FELLOWS

- DR NICK BROWN
- PROFESSOR STEVEN CLIFFORD
- MS YVONNE COGHILL
- DR DAVID EVANS
- MS KATH EVANS
- PROFESSOR HUMAYUN IQBAL KHAN
- DR MICHAEL LINNEY
- DAME MARY MARSH
- PROFESSOR MALA RAO
- DR ROBERT ROSS RUSSELL
- DR AMANDA THOMAS
- PROFESSOR RUSSEL VINER

MEMBERS' AWARD

- DR TESSA DAVIS
- DR MICHAEL FARQUHAR
- DR NASHWA MATTA

This year's RCPCH Members' Award winners

Seeking and providing external second opinions

Dr Mo Akindolie

- *Consultant in Ambulatory Paediatrics*
- *King's College Hospital NHS Foundation Trust*
- *RCPCH Assistant Registrar*

@MAkindolie

THERE ARE CURRENTLY a wide variety of ways in which a paediatric second opinion can be sought. This depends not only on the rarity or complexity of a child's needs, but also on the commissioning arrangements of each specialty or health system. In collaboration with the Paediatric Critical Care Society and Together for Short Lives, we have developed new guidance which aims to standardise practice and improve transparency of the external second opinion process.

As paediatricians, the views of children and families rest at the heart of the decisions that we make about a child's care. Bringing a family's personal circumstances, goals and values together with our clinical view on treatment options, evidence, and the risks and benefits that come with every treatment option is critical when making decisions in complex healthcare. A recent survey undertaken by the Patients' Association demonstrated an overwhelming agreement among clinicians about the value and relevance of shared decision making. This principle of shared decision making was the bedrock of our new guidance.

When seeking a second opinion, it may be easiest to 'phone a friend' you trained with years ago, or you may be fortunate enough to have access to a national MDT for your specialty. To facilitate consistency and equity, we've developed guidance for clinicians and families to draw upon when seeking, providing and receiving a second opinion. Our long term intention is that this approach will contribute towards negating the need for conflict to arise between health teams and families.

Our extensive engagement with paediatricians and families was invaluable in our work. We've now published practical information to help you successfully navigate the second opinion process. This is accompanied by a tailored leaflet for families to help explain the process.

Have a look through the guidance and share the recommendations with your service planners. We hope you find them useful. ***www.rcpch.ac.uk/ESO***

RCPCH FACTS @RCPCHTWEETS

RCPCH CONFERENCE 2022

1882
DELEGATES ATTENDED IN PERSON AND ONLINE

44
NUMBER OF COUNTRIES DELEGATES TRAVELLED FROM TO ATTEND

261
SPEAKERS

+

704
POSTERS

27
PRIZES AND AWARDS WERE GIVEN OUT

6
PLENARY SESSIONS

63
WORKSHOPS AND SPECIAL INTEREST GROUP SESSIONS

WHAT HAPPENS NEXT?

Dr Kevin Windebank

- *Retired Consultant Paediatrician*
- *RCPCH Representative for Senior members, Senior fellows and Honorary fellows*

AFTER YOUR FIFTIETH birthday retirement appears on the distant horizon. How and when become the two big questions. The most important consideration is financial – how to optimise your pension and ensure you have adequate savings. The second area to begin working on is whether there is any way of reducing out-of-hours cover. Over my last three-day weekend on call I had about ten hours sleep. Fortunately, I had recovered enough by the Tuesday to enjoy my sixtieth birthday. If I had been able to work office hours I would have retired later.

What to do in retirement? Many have clear plans, many don't. We've put together some resources to help you plan your retirement as well as some blogs from your predecessor's experiences in different areas.

www.rcpch.ac.uk/thinking-about-retirement

Retired Members Dr Robert Scott Jupp and Dr Vivienne van Someren who helped put the resources together

RECIPROCAL MENTORING PILOT SCHEME

Dr Kunal Babla

- *Consultant Neonatologist*
- *University College London Hospital*

@kunbab

I JOINED THIS reciprocal mentoring scheme not really knowing what to expect, having never participated in this particular type of mentorship before. I've previously avoided organised mentoring schemes, preferring instead to develop my own relationships with people I've met 'along the way'. So I came into this pairing with Sir Terence with a sense of trepidation, and was unsure of what either of us would get out of it.

I have met with Sir Terence a few times now, and we have had some wide-ranging discussions. It's been enlightening for me to see the parallels of my own experiences with those of someone who has a very different background (in some ways, but not all) to me. Discussions about feeling like an outsider or wanting to find a group of people to whom you can relate have in some ways, brought comfort in the feeling that 'it's not just me'. We've talked about the intricacies of our own cultural histories and how that shapes the way we view and interact with society.

I think it's safe to say I initially believed I would be the one 'doing the teaching' in this partnership. It's actually been a much more shared experience, and I have come away having learnt and understood much more than I expected to.

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

Professor Sir Terence Stephenson

- *Nuffield Professor of Child Health*
- *UCL Great Ormond Street Institute of Child Health*

THE COLLEGE RECENTLY sought volunteers to pilot its new reciprocal mentoring scheme. Both Kunal and I came forward as a Trustee of the College and Kunal as a Fellow. Although we are both involved in the clinical service at UCLH, we hadn't met before which probably says something about a combination of the pandemic and the physical and rota separation of neonatology and paediatrics in a large hospital.

The programme shares experiences so that each can gain an understanding of the impact of experience on College engagement and professional life and to understand better the needs of College members from a breadth of different backgrounds. The overall aim is to engage with paediatricians from demographic groups who are underrepresented or those who currently face barriers, challenges or disadvantages in the professional setting.

Kunal and I have met four times so far. It has been a really interesting journey for me. I had previously completed unconscious bias training by my university and participated in reverse mentoring in another organisation, learning about a colleague's culture. Reciprocal mentoring is more about learning about each other's cultures and, importantly, mentoring pairs are equal partners in the process of learning from each other.

There is no doubt that the challenges Kunal has faced are much greater than for me because skin colour and an ethnic minority name are so visible immediately to everyone he encounters and we know, sadly, that discrimination based on these factors exists in our society. On the other hand, my impression is that we found much more in common than perhaps we expected, with many issues transcending skin colour and ethnicity. For example, we have discussed spoken accents, social class, imposter syndrome, first generation to experience university education, social mobility, self-aggregation, micro-aggressions, name mis-pronunciation and mis-spelling. All of these seemed to be topics where we had overlapping experiences, despite our different ethnic backgrounds.

As someone who has been involved with the College for a long time in different roles, I will strive to better understand the barriers to ethnic minority involvement and encourage Kunal to participate. Other members of the pilot have commented that reciprocal mentoring is giving them some of the courage to tackle discrimination, particularly from insights into how equality and diversity (or a lack of it) has affected our respective careers. Kunal and I intend to meet further and to continue to explore these and other important issues.

Climate change: you said, we are doing!

Dr Indrani Banerjee
- *Consultant Paediatrician*
- *Harrow Community Paediatrics*
- *RCPCH CCWG member & North London Area Officer*

THE CLIMATE CRISIS is urgent and will affect all aspects of children's lives if action is not taken. To help understand how paediatricians feel about climate change and gauge where we need to focus our work, the College's Climate Change Working Group, of which I am a member, included some questions within the 2021 member survey. Over 3000 members responded to the survey, with some interesting results. One year on, we wanted to review what was said and what we have done as a group since then to address what you told us.

We asked about the main barriers for members to make changes to ensure their practice is more sustainable, and found that lack of time was the most common reason given (61%), followed by lack of funding (48%) and lack of knowledge of how climate change affects paediatrics and child health (47%).

One of the ways in which the 'support for members' group has responded to this feedback is to create a resource page of quick links for members looking for ideas and resources about sustainable practice – including sustainable quality improvement, activism and organisational change. There is also now a sustainable paediatrics network hosted in collaboration with the Centre for Sustainable Healthcare for paediatricians to share fresh ideas and resources.

Taking this one step further, we are now seeking funding to establish an RCPCH Green Clinical Fellowship post. Their role will be to help develop a green paediatric framework and establish a green paediatrics competition – both of which we hope will help members and departments feel more supported (and excited!) in working towards more sustainable practice.

▶ ***For the full survey results and links to the resources mentioned, visit: www.rcpch.ac.uk/climatechange***

Staff Spotlight

Esther Kirrage

- *Fundraising Administrator*

I HAVE LEARNT so much about child health and paediatrics in my role – I feel proud to be working for a charity which gives children and young people a voice concerning their health. My role sits within the Grants and Partnerships team, who are responsible for identifying funding and collaborative opportunities, and supporting teams across the College to secure funding for projects. As a busy team of two, we lead on developing funding proposals and managing funding relationships. Being a social, people person, building relationships is a side of the role I really enjoy.

Recently, we set up our first member-led funding campaign, where a group of members completed the Ride London-Essex 100, securing funding which will go towards the College's climate change work. I am particularly interested in individual giving so launching this campaign has been a really exciting step for the College and myself. Over the past two years the Grants and Partnerships team has developed dramatically, expanding its giving streams to include trust and foundation fundraising and legacies. Being part of this team's growth has been a highlight of my time working at the College and I am really looking forward to helping secure more funding for child health programmes.

Outside of work I let off my competitive steam as a keen netball player, training every Wednesday for my local team in Brixton. Off the court you'll find me brunching, boogying and banana-bread baking. I am always eager to hear from members, so come say hi at our new page!

▶ ***Visit: www.rcpch.ac.uk/support-us***

Paediatric recruitment

Dr Blanche Lumb

- *Welsh Clinical Leadership Fellow*
- *Noah's Ark Children's Hospital, Cardiff*
- *RCPCH Trainee Rep Recruitment & Careers*

IT HAS BEEN a while since *Milestones* has updated on recruitment and I am sure readers will be glad to hear that a lot of work has been going on to both increase recruitment but also to plan for the future.

Firstly, our specialty training recruitment has been successful with 100% fill rates in 2021; and it's looking very good for 2022 as well! We continue to work with the fantastic student and foundation doctor team at UKAPS to increase awareness of paediatrics and the #ChoosePaediatrics programme has helped widen access and myth bust to attract more trainees.

We have also been working to demystify sub-speciality recruitment, with upcoming virtual careers days in September, for trainees to learn more about the process and ask CSACs any questions. In addition, we are overhauling the sub-speciality pages on the website, with focus groups of current trainees feeding back to make them more accessible and practical.

Consultant recruitment was taken over by the team in April and we have worked to streamline the process from advertisement to appointment which we hope will speed up and improve the experience for doctors and recruiters.

From September we will also be working more closely with our College Workforce team taking forward some of the lifelong careers work that has been discussed over the last couple of years. With such recent success in attracting doctors to paediatrics we now want to ensure the sustainability and support those paediatricians to get the most out of their lifelong careers.

Join our panel of AAC assessors and help improve the quality of consultant recruitment by getting in touch at aac@rcpch.ac.uk

JOURNAL: BMJ PAEDIATRICS OPEN

Imti Choonara

- *BMJ Paediatrics Open Editor-in-Chief*

@BMJ_PO

DROWNINGS AND BURNS are a major problem especially in young children, and they are a greater problem in low and lower middle-income countries. Two papers from Bangladesh highlight the extent of the problem – over 40 children die from drowning each day in Bangladesh. This high number is associated with the geography of the country and poverty. Education of parents and children of the dangers of drowning alongside teaching children to swim would prevent the majority of the deaths.

Over a thousand children suffer burns each day in Bangladesh. Almost half of these burns are moderate or severe, resulting in death or disability. Young children in rural areas are at greatest risk – poverty again was a major risk factor.

Publication of data is the first step towards public health interventions to reduce morbidity and mortality from injuries such as drownings and burns. It is to be hoped that the papers will result in measures to reduce both drownings and burns in Bangladesh and other countries.

JOURNAL: ADC JOURNAL UPDATE

Nick Brown

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

@ADC_BMJ

APHORISMS. 'Even the obvious needs to be stated at least once' goes the old publishing adage and, following the lead by (amongst numerous others) Isaac Newton with his apple, it is hard to disagree with this stance.

Why? Because even the 'obvious' needs to be challenged – what if the obvious approach, in fact does harm? This is a reason I give equal weight to 'negative' or 'non-inferiority' as 'positive' studies – and find them so refreshing. The only dealbreakers for me are that the question is important and the methodology sound.

Here are example exhibits A to E (the list is, literally, infinite) from recent issues – I won't spoil your future reading by leaking details of those in the pipeline:

- Children refusing treatment.
- Why are children with asthma bullied?
- Daytime urotherapy and nocturnal enuresis.
- Pertussis serology with and without vaccination in mothers in India.
- Barriers to seeking treatment for pneumonia in Bangladesh.

Read any or all of these and you'll see that the 'obvious' as much 'a riddle, wrapped up in a mystery, inside an enigma' as the non-obvious and equally deserving of objective assessment. A chacun son gout (literally, each to their own taste). The reality is that many prefer the aural (aka the podcast) to visual route to digesting new research and opinion.

England's Integrated Care Systems and RCPCH Ambassadors

Dr Mike McKean

- *Consultant in Respiratory Paediatrics*
- *Great North Children's Hospital*
- *RCPCH VP for Health Policy*

@DrMikeMckean

WHEN NHS ENGLAND'S 10-year plan was published in 2019, many professionals who work with children and young people (CYP) felt the emphasis on integration was a step in the right direction. We are used to working across organisational boundaries between hospitals, community services and into schools. The Health and Care Act which came into force in England on 1 July has brought Integrated Care Systems (ICSs) into reality, and we now ask ourselves what the opportunities are for improving child health.

Organisations must now work together as Integrated Care Partnerships (ICPs) within the wider ICS to tackle health inequalities. We know as paediatricians that the determinants of health and wellbeing almost always have their origins in childhood. This is a compelling narrative that should drive the ICS and their Integrated Care Board's (ICBs) work on health inequalities. However, there are other major determinants of health that currently occupy the majority of the NHS's 'bandwidth', including urgent and emergency care, cancer, elective surgery waiting lists, elderly and dementia care, much of which is focused on adults.

The College has been busy preparing for this moment with the development of the Ambassadors programme. The programme supports a network of paediatricians who advocate for the needs of CYP to be prioritised in ICSs across England.

An RCPCH Ambassador's role involves building links with their ICS to advocate for better integrated services, a robust workforce for CYP and ensuring there is a strong voice for CYP informing care.

The Health and Care Act offers opportunities to help us do this as each ICB must have an executive lead for children and produce a forward plan that explains how they will meet the needs of children and young people. This plan will be informed by a CYP strategy developed by the wider ICP and throughout this process the voice of patients must be considered and listened to.

These 'open doors' are opportunities we hope will help us find better solutions for the health and wellbeing of CYP. As Dr Prabhu Rajendran, Ambassador for Bedfordshire, Luton and Milton Keynes ICS puts it "Since becoming an RCPCH Ambassador, I have not only been able to create new professional connections outside the hospital, but by learning about good practice across the nation, I now have the space to think about what should happen next in my region."

▶ ***Find out more about the role of an RCPCH Ambassador at www.rcpch.ac.uk/ambassadors***

The journey of an international graduate

Dr Hiba Ahmed shares her story of adapting to the NHS.

p27

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)**
  7 September
- **Effective Educational Supervision**
  12 September
- **How to Manage: Common Dermatological Problems**
  19 September
- **MRCPCH/DCH FOP exam preparation for overseas candidates**
  20 September
- **Epilepsy12 and OPEN UK national conference 2022**
  21 September
- **How to Manage: Refugee and asylum-seeking children and young people**
  27 September
- **DCH Clinical exam preparation**
  13 October
- **Effective Educational Supervision**
  20 October
- **Effective Educational Supervision**
  15 November
- **How to Manage: Paediatric Sepsis**
  22 November
- **How to Manage: FASD in Community Paediatric Services**
  29 November
- **Expert witness in child protection (Level 3+, 4 and 5)**
  29 November
- **Statement and report writing – England/ Wales (Level 3)**
  16 January

Read more

Find more dates at

www.rcpch.ac.uk/courses

www.rcpch.ac.uk/events

PODCASTS

- **Advocating for child health, now and in the future**
- **Interview with Professor Simon Kenny, National Clinical Director - Children and Young People at NHS England**
- **Pill swallowing in children series**
- **Entrustment with Care Assessment Tool (ECAT)**

See more

See the College's podcasts

www.rcpch.ac.uk/podcasts

Adolescent Health 'Re-coming of age': Re-calibrating & Moving Forward the Global Health Agenda for Young People

9-10 November 2022 | Birmingham, UK

Join colleagues to recalibrate and move forward the adolescent health agenda, focussing on issues that affect young people nationally and internationally.

This event includes keynote speakers and practical, interactive sessions to reinforce the issues most impacting on young people today.

Find out more online: **www.rcpch.ac.uk/adolescent**

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

yphsig young peoples health special interest group

RCPCH and the Young Person's Health Special Interest Group (YPHSIG) are delighted to be partnering to deliver the eagerly awaited 2022 Adolescent conference.

2022-06-23-MS-012

Celebrating RCPCH &Us Volunteers

Every year as part of Volunteers Week and RCPCH Conference we thank all the children, young people, families, College members and health workers who support RCPCH &Us events, projects and activities over the year. This year was no different!

VOLUNTEERS WEEK: 280+ children, young people and families were thanked for their 890+ hours of volunteering over the last year with RCPCH &Us. Young people shared why they volunteer with RCPCH &Us on social media and what it means to them to be involved.

"I wanted to help other people, especially people like me with asthma. Volunteering is interesting and my favourite thing was creating a leaflet for different age groups about going to hospital with an asthma attack. Anyone can get involved – everyone's kind and friendly, you learn a lot, and can make a big difference."
Max

"I wanted to take part in something that affects me and others. I've enjoyed the undercover review of health websites to see what they've done well or can improve on. I encourage you to take part in volunteering as it makes you feel accomplished and helps others."
Jack

The President, Registrar and Assistant Registrar reviewed all the projects to choose the winners for the RCPCH &Us Volunteers Awards recognising their collective volunteering to improve child health and were really impressed by the commitment to improving health for others by each of the projects.

The RCPCH &Us Voice Champion awards were announced at this year's RCPCH Conference. Now in its fifth year, the award recognises members or health workers who have gone over and above in their time and support of RCPCH &Us and youth voice. The winner this year was Dr Ambalika Das who created a youth action guide to give young people the chance to create youth-led projects to improve health outcomes. Dr Das engaged other clinicians who created videos on health topics and supported young people to take part in creating the resource. Congratulations to Dr Das and our Highly Commended winners – Pat O'Connor for EQIP and Dr Joanne Boxhall for her article on youth voice.

To find out how we are getting on, email us at and_us@rcpch.ac.uk

The youth judges said:

"It was great, it was different, and I really enjoyed helping to pick someone who will help us."
Fiona

"These awards give recognition to people who have tried to help young people, and are really well deserved."
Jamie

"It was such an amazing day from the second I arrived. I really enjoyed the fun activities we were given to do and meeting new people. I even learnt how to moo!"
Nathaniel

All of the youth judges said it was very difficult to choose winners, as everyone had great wow-factor and commitment.

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

Connect, energise and inspire

Three years in the making, June saw over 1000 paediatric health professionals in person and over 600 online come together in Liverpool to share experiences, learn and have fun in one of the best attended conferences in the College's history. Members share their stories and highlights of #RCPCH22

Dr Jonathan Darling

- *Clinical Associate Professsor and Honorary Consultant Paediatrician*
- *University of Leeds and Leeds Children's Hospital*
- *RCPCH VP for Education & Professional Development*
- *Chair of the Conference Organising Committee*

@drjcdarling

ONLINE or in-person? We've all wrestled with this question for all sorts of events in the past two years. And in planning our conference, we were aware of the success of our (necessary) online events in 2021 and 2022. So, is there really much to be gained by an in-person event? The answer from #RCPCH22 is a resounding yes! The energy, the sense of celebration, the joy of meeting old friends and making new, the serendipitous conversations that bring solutions or new direction, the affirmation of the power of paediatric community – all of these cannot happen in the same way in the online world!

But of course, it's not one or the other, but both. This year we also had a virtual offering, which meant that hundreds of colleagues could join who might not have otherwise been there.

Highlights for me included our welcome and prize events for medical students and foundation doctors and a bit further along the career life-course, celebrating the achievements of remarkable colleagues through the James Spence Medals, the Honorary Fellowship and Members' Awards. And who could not be inspired, challenged and energised by our key-note speakers, from the fabulous inaugural Rees-Illingworth Lecture by Professor Jack Shonkoff, to the closing plenary with profound reflections from all four nations' children's Commissioners, eclipsed by the even more challenging words from the young people that accompanied them.

And I have only scratched the surface! Practical sessions on clinical topics, workshops and specialty groups with programmes, that it was impossible to choose between, an amazing range of posters, a social and wellbeing stream that put a smile on our faces, a song on our lips (courtesy of the one and only Coldspray band), a cookie in our mouths (Ash's Great Paediatric Bake Off) and the most-fun dinner I've been to for a long time. If you've read this far, I hope you've caught my enthusiasm. So please grab your diary and write this in: #RCPCH23, Glasgow 23-25 May 2023. See you there!

Delegates at the conference

The Great Paediatric Bake Off with Dr Ash Patel

Dr Sean Monaghan
- *ST8 Paediatrics*
- *Birmingham Children's Hospital*

@DrSeanMon

HERE CAME THE SUN, to paraphrase The Beatles, as over 1000 child health professionals descended on the (largely) sunny city that birthed the band. They joined over 600 online delegates to come together as a College for the first time since the pandemic. Spirits were high as friends and colleagues old and new were delighted to be face-to-face again to celebrate the best of paediatrics and child health.

It's appropriate for a child health conference that the College's youth engagement arm RCPCH &Us were involved from beginning to end. They encouraged us to connect, energise and inspire, and I'd like to think we followed their advice! Their stand was buzzing with activity throughout the conference, and Shreya was even spotted baking with the conference's Bake-Off star, Ash Patel.

Ash led regular baking sessions, upskilling a small army of bakers in his 'tent' and I thought I caught a smile from even the grumpiest *Milestones* paediatric history columnist! As well as bringing columns to life, the *Milestones* team were everywhere, recruiting new writers (as you can see).

Although the first day's plenaries were COVID-19 themed, with Professor Jason Leitch reflecting on Scotland's pandemic and Professor Sir Andrew Pollard sharing the Oxford vaccine's developmental journey, the rest of the conference looked forward.

Inevitably, given the economic impact of the pandemic and the growing cost of living crisis, health inequalities dominated the agenda. Plenaries focused on the negative impact of poverty on health, beginning from conception and moving through early years, examining the biological changes that are disastrous in later life. The significant impact of systemic racism on child health was highlighted.

However, the breakout sessions were more hopeful, with best practice shared on 'poverty proofing', social prescribing and integrated holistic solutions to assist struggling families. Tears were shed in a powerful breakout session on suicide prevention, but workshops focused on how to assist our colleagues with their disabilities or support them managing racist families.

The evenings were more hopeful still. BAPIO's dinner and the College dinner brought much food and dancing, whilst the many unscheduled networking events continued festivities into the early hours (allegedly).

As the RCPCH &Us team grilled the UK's children's Commissioners on the final afternoon, we began to look ahead to #RCPCH23 in Glasgow. I cannot wait!

Coldspray the band

Dr Leila Ellis
- *Academic Foundation Trainee*
- *Torbay and South Devon NHS Foundation Trust*

@_leilaellis

HAVE YOU BEEN TO DISNEYLAND? It is known as the happiest place on earth. By this measure, the RCPCH Conference is the happiest place in paediatrics.

Over the three days, I pondered life's big questions with Shreya and Fiona, two inspiringly insightful young RCPCH &Us members, such as how we can better co-design research with children and young people, and how tall can we build the Lego tower in front of us. I connected with #paedstwitter friends for the first time in person during The Great Paediatric Bake Off hosted by the superstar Dr Ash Patel. Whilst the 7.15am 5K group run along the Mersey didn't quite make it onto my conference app personalised schedule, a hula hooping masterclass guided by the College's Treasurer, Dr Liz Marder, prepared me well for two nights of non-stop dancing at the BAPIO and conference dinners.

Notwithstanding the fun and games, leading the way in children's health was at the heart of the conference. My new friends, Shreya and Fiona, epitomised this when courageously delivering the opening plenary. They reminded us that early empowerment supports health ownership and encouraged us to adopt trauma-informed practices, address clinic letters to young people, and find time to celebrate all our patients' achievements and milestones.

Dr Segn Nedd
- *Paediatrics ST7*
- *Queen's Medical Centre, Nottingham*
- *RCPCH Trainees Committee Rep for EDI*

@Segn_Nedd

I CAN SAFELY SAY say that for me, the conference definitely lived up to its theme:

Connect: I am not sure if I can fully express the joy and excitement that I felt meeting face to face with old friends and meeting new and inspirational colleagues working to improve child health. Additionally, I thoroughly enjoyed the epic dance moves at the dinner! Open (and sometimes difficult) discussions were held on topics including racism, xenophobia, ableist attitudes that affect those with different abilities to some others and how the intersection of these and other factors contribute to discrimination for paediatricians and also children and young people.

Energise: Young people had kicked off proceedings and ensured that our focus was on them as individuals with their varying needs. This helped to remind us to always engage them in their own care. Other sessions facilitated active thinking about how we can enable all paediatricians to thrive by actively trying to reduce barriers in training and the workplace. I now have so many ideas and actions that I want to embark on locally and also build on nationally.

Inspire: The conference theme throughout highlighted the sobering truth that we will not be able to improve healthcare experiences and outcome without addressing health and social inequalities in paediatric care. Every plenary session, various posters, workshops and presentations gave inspiration by highlighting key challenges and focussing on work being undertaken nationally and internationally. I am keen to ensure that the ripples of inspiration that were made don't just fade, but alongside others grow stronger and help me contribute to addressing inequalities affecting children and young people and also the clinicians who can only serve them best if they are supported equitably to do so.

The 5k morning runners

The *Milestones* editorial team

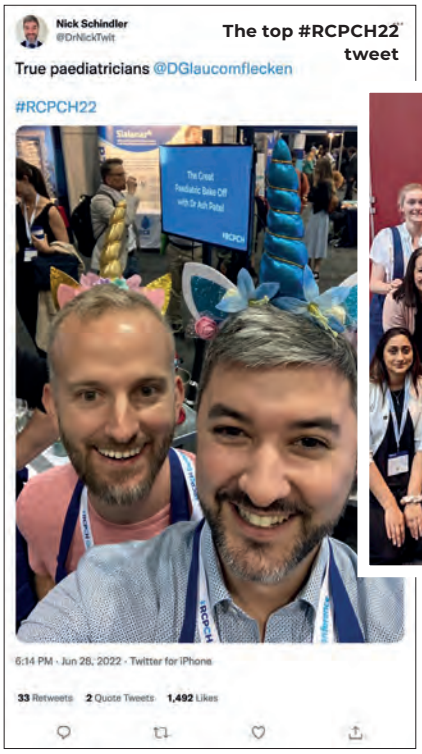
Young people interviewing the Children's Commissioners

Elisha Bannister
- *Year 1*
- *University of Liverpool Medical School*

WHY ATTEND a medical conference as a first-year medical student? By this point, you've only learnt deeper A Level science, can only perform basic first aid, and most likely don't have a clue which speciality you are interested in. I thought this before I attended the RCPCH Conference. But since attending, I have plenty of reasons why this is something every medical student should do.

I attended some extremely powerful and eye-opening talks. In particular, an emotional and inspiring talk on child mental health and the subject of suicide. Very brave doctors shared their personal insight and experience. It opened up the conversation on what more health professionals can be doing and how we can implement education on this topic at an earlier stage in medical professions; so we all know how to deal with mental health most effectively.

Attending this conference was also highly motivating. I came away with new ideas for my future, issues I want to bring forward and present to my medical school, and it was a massive reminder of why I have chosen to take this path. I have also had the opportunity to be involved with the Paediatric Mental Health Association.



The top #RCPCH22 tweet

The Medical Student Prize winners 2022

Ellie Hewitt

- *Final Year Medical Student*
- *University of Nottingham*

I AM ONE of the Medical Student Prize winners who had the incredible opportunity to attend this year's conference. Despite always loving paediatrics, I was not set on it as I also enjoyed other placements. So, I threw myself into the conference, committed to establishing if it was right for me.

The week commenced with a drink's reception, where Dr Camilla Kingdon and the team presented us with our prizes. We were instantly made to feel welcome whilst being regularly reminded that paediatrics is indeed the best speciality!

Choosing a favourite session is difficult, but I especially enjoyed lectures that demonstrated how diverse careers in paediatrics can be, such as Prof Sir Andrew Pollard's vaccine talk. Personally, I was excited by the PEM talks as this combines my love of paediatrics and emergency. Furthermore, the Climate Change Working Group talk showed me how I could incorporate my passion for reducing our environmental impact into my career, even during my FY1 paediatric job.

Thanks so much to the College for this amazing experience and for helping me to end medical school with the clarity I hoped for!

Setthasorn Ooi

- *Year 4*
- *Cardiff University School of Medicine*
- **@SetthasornOoi**

THE RCPCH CONFERENCE was a blast. I very much enjoyed meeting the many talented Medical Student Prize winners who have come from all around the UK. Hearing about the amazing work they have done in paediatrics has left me inspired. Not to mention, we also had a lot of fun as a group getting competitive with the Top Doc operation game as well as throwing shapes on the dance floor at the conference dinner.

Another highlight of the conference was attending the UKAPS session where I learned more about the paediatric curriculum through the insightful presentations of the Tony Jackson Prize finalists (who were also students). Needless to say, the future of paediatrics is in good hands.

I cannot be more grateful to the College for this generous opportunity – everyone was so lovely and I am excited to call them my future colleagues!

Much love,

Operation Man (as nicknamed by the RCPCH & Us staff).

Shreya speaking at the opening plenary session

Shreya

- *Aged 12*

IT WAS A GREAT OPPORTUNITY to represent children and young people at the conference. While there, I worked on the stall, talking to numerous paediatricians on how care for CYP could be improved. My highlights would be speaking in the opening plenary and participating in the Great Paediatric Bake-off. The doctors there were receptive, welcoming and genuinely interested in our views and thoughts. It was great to be able to bake with doctors whose skills were not only limited to being excellent paediatricians but also fantastic bakers. The Toblerone brownies we baked were proof of their fantastic skill and they disappeared within ten minutes of coming out of the oven!

Why we continue to #AskAboutAsthma

The #AskAboutAsthma campaign is back from 12–18 September. Christine Kirkpatrick and Georgie Herskovits from NHS England – London explain why and how we can all help encourage young patients and their families to get the right care

Christine Kirkpatrick
● *Programme Manager – Children and Young People's Programme*
● *NHS England – London*
@CKKirkpatric

The #AskAboutAsthma campaign takes place annually every September – timed to help everyone prepare for the spike in admissions that occurs when children and young people return to school and college after the summer holidays. Now in its sixth year, the campaign is about making simple changes to children and young people's care that will make a big difference to how they experience their asthma.

Children die because of asthma every year in the UK, more than in other OECD countries. Ninety per cent of asthma deaths are preventable: these children should have gone on to lead full and productive lives (National review of asthma deaths, NRAD 2014). Part of the reason for this may be that while asthma is a chronic illness, it is often assumed to be less serious than other long-term conditions. Asthma is usually mild or moderate, however poor control is common. Fifty-seven per cent of cases examined by NRAD were not recorded as being under specialist supervision during the 12 months prior to death. Twenty-one per cent had attended a hospital emergency department with asthma in the previous year and eleven per cent attended twice or more.

Current data indicates that one in 11 children and young people are affected by asthma, which is around three in every classroom. Poorly controlled asthma can mean children and young people miss school and are not able to take part in sports and social activities. Asthma is also linked to anxiety, which may make them feel unable to live their lives fully and without impediment.

The #AskAboutAsthma campaign was established to address these issues and improve asthma care by encouraging everyone involved in the care of children and young people with asthma, as well as the children themselves and their families, to ensure the following are in place:

1. An asthma action plan

A written asthma action plan drawn up between a clinician and patient means people are four times less likely to have to go to hospital for their asthma.

2. Effective use of inhalers

Less than three-quarters of children and young people have any form of instruction in how to use their inhaler. Poor inhaler technique means patients don't get the full benefit of their asthma medication.

3. An asthma review – every year and after every attack

An asthma review by an appropriately trained clinician after every attack helps to work out what went wrong. An annual review ensures effective management of the condition.

For 2022, we've added a fourth ask:

4. Knowing about the impact of air pollution on lung health

Every asthma conversation should consider the impact of outdoor and indoor air pollution on children and young people's asthma.

While there is clearly much more to effective asthma care and management than the points above – and our programme in London reflects the importance of, for example, local asthma networks and a set of clinically-determined standards describing an ideal service to work towards – focussing on these relatively simple interventions has contributed to improvements in asthma diagnosis and has helped bring those working in children and young people's asthma together to improve care across the system.

We want our campaign to reach as many families as possible

Asthma care for every child and young person

Georgie Herskovits

- *Programme Manager – Children and Young People's Programme*
- *NHS England – London*

@Georgiehers

This year's #AskAboutAsthma campaign theme is the health inequalities that exist among children and young people with asthma and how these can be addressed. This is partly why we've added the 'fourth ask' on air pollution, to reflect not only the growing evidence for the damage pollution has on developing lungs, but also that some children and young people – often those living in more deprived areas – have greater levels of exposure to this type of particulate matter. The aim is to share key information so that every child, young person and their families get the asthma care they need – regardless of their circumstances or where they live.

Previous campaigns have been endorsed by Sadiq Khan, Mayor of London, reflecting his own focus and strategies to improve air quality across the capital. We're hoping that the 2022 campaign can go even further and involve more people than ever before.

Our campaign takes place between 12–18 September

Every year we try to include new and exciting content within the #AskAboutAsthma programme and this year is no different. Our key event is the flagship one-day conference on the 14 of September; speakers include Rosamund Kissi-Debrah, a long-time supporter of the campaign, alongside Professor Stephen Holgate on the impact of air pollution on asthma and the wider green agenda.

The patient voice will be a key component, and we're looking forward to hearing from young people from RCPCH &Us and the Association of Young People's Health, along with Asthma + Lung UK Chief Executive Sarah Woolnough. Other key elements of the agenda include:

- **The impact of the National Bundle of Care on reducing health inequalities**
- **How data can improve care and reduce health inequalities**
- **Clinical and national updates**

There will be daily live webinars focusing on children, young people and families, pharmacy, nursing and primary care, plus podcasts, short videos and blogs covering topics like; the impact of vaping on asthma in young people, air quality monitoring, MART therapy and implementing an ICS-wide asthma guideline. We also make sure we include the wider system, recognising that asthma care doesn't just happen in the NHS – we'll hear from schools and school nurses, as well as public health on the measures that can be taken to protect young asthmatics.

We would love to hear from you if you would like to get involved in the campaign. In previous years we've shared fantastic work led by colleagues in regions across the UK.

How to support us

Join the #AskAboutAsthma virtual conference and daily webinars, read our blogs, listen to our podcasts and share what you learn on social media. Offline you can display our posters in hospital or community settings, or even plan your own local events or training sessions on children and young people's asthma featuring local clinicians.

During the campaign week, information and links to new content will be added daily to our web page, so take a look and join in as much as you can: www.healthylondon.org/ask-about-asthma-2022.

Get involved!

Become an ambassador

Get in touch if you'd like more information:
england.cyptransformationldn@nhs.net

Sign up to our newsletter:
healthyldn.activehosted.com/f/180

Use and follow the campaign hashtag
#AskAboutAsthma

FOLLOW US ON: @healthy_ldn @HealthyLDN @HealthyLDN @Healthy London Partnership

Working as a paediatrician in the Pearl of the Antilles

Working in Haiti has presented a range of challenges over the past 15 years for **Dr Nathaniel Segaren**, from the severe earthquake of 2010 to handling the pandemic in an under-resourced health service. Here he gives us his thoughts on the achievements of his team and the personal experiences he has had.

Dr Nathaniel Segaren

- *Paediatrician & Country Director*
- *Caris Foundation Haiti*

@carisfoundation

The year 2022 marks the 15th year of working in Haiti for my wife Tessa and I. Haiti was called 'The Pearl of the Antilles' – an island nation that was once the world's richest colony. It is a fascinating place to work. Slaves led a rebellion that defeated the might of the French army and attempts made by Great Britain and Spain to take over the colony.

The country declared its independence in 1804 but suffered under diplomatic and financial sanctions. The population has the lowest GDP per capita in the Americas and there is widespread poverty and lack of investment in the health system.

Learning from other health professionals

During my medical training I was always aware of health disparities. Through assistance from my university, I was able to travel and observe medical practice in countries where access to health services were limited. Often, children and women were most affected by health inequalities and this was one of my principal reasons for choosing a career in paediatrics.

Working at St Thomas', Guy's and King's in London provided an insight into the challenges of providing services that also address the needs of the most vulnerable. I realised that I wanted to work outside of the UK and help develop services for children and young people at a population level.

Made possible by the US-UK Fulbright Commission, I was able to study public health and business administration at Johns Hopkins in Baltimore. This wonderful 18 months allowed me to meet health professionals from all over the world who were committed to improving a range of health issues from gun violence to neglected tropical diseases. I learnt how data can assist the management of health services and to think about treating large populations where resources are limited.

Saving HIV-positive infants

In 2006 I received funding to investigate the Early Infant Diagnosis of HIV (EID) in Haiti. We learned that babies born to HIV positive mothers were not able to be reliably tested until 12–18 months of age. This led to huge delays in identifying HIV positive infants and starting them on treatment. Many positive children either died or were lost to follow up before testing.

Upon my return to Hopkins, we set up a pilot scheme for EID. We took blood from exposed children from four weeks old, dried the blood spots onto cards and posted them from Haiti to Baltimore. The pilot program worked very well and our turnaround time of four–six weeks allowed positive children to be placed on lifesaving Anti-Retrovirals much earlier. The Caris Foundation, a private NGO, generously supported this work and we soon exceeded the capacity of the Hopkins lab. We were able to collaborate with the Kenya Medical Research Institute (KEMRI), to support the testing of these children in Nairobi without any change in the turnaround times or cost.

A national programme

Tessa and I moved to Haiti in 2007 to open the Caris Foundation office in Port au Prince. We worked around our kitchen table and within the first year, the United States Agency for International Development/The US President's Emergency Plan for AIDS Relief (USAID/ PEPFAR) asked us to help set up an EID testing program. We worked with the National Laboratory of Haiti and developed training for the maternal and paediatric HIV centres. We set up tracking systems for mother-child pairs, the sample collection network and developed the National EID Programme.

Our work expanded to support pregnant women and children living with HIV. Within 'Mother's Clubs' our nurses help women learn about HIV and how to reduce the risk of transmission to their children, as well as health topics including vaccination, purification of water and food preparation. We instituted 'Kids Clubs' to assist with Anti-Retrovirals (ARV) adherence, status disclosure, health education and schooling support. We are also involved in the development of the National Pediatric HIV treatment protocols and other national HIV policy documents.

Emergency response

On January 12, 2010, a 7.0 magnitude earthquake struck close to Port au Prince, the nation's densely populated capital. Our team rapidly responded through our contacts with the larger hospitals. Our medical staff helped to set up triage centers and our drivers were able to transport patients and essential supplies. Our 100-strong team worked on this emergency and I was able to coordinate relief efforts and supplies coming in from other countries.

We set up a system of identifying severely injured patients and transporting them via helicopter or truck to the few functional operating theatres. When the US Disaster Medical Assistance Team arrived, supported by the US Marines, the Caris team assisted with running the field hospital and eventually took it over to provide ongoing medical care and longer term rehabilitation to the amputees and seriously wounded. This involved coordinating with the US Military and several local hospitals and surgeons. Our team has responded to a Cholera outbreak, hurricanes, and floods throughout the years.

Improving healthcare

For the past four and a half years, I have led the Caris team on a 100 million USD project to improve health parameters of over 170 health institutions nationally. The combined team of 700 staff supports over 3000 health workers to provide care to over four million people. I cherish the opportunity to work with my brilliant and dedicated Haitian team on the major health issues facing the country.

Our programs have fully vaccinated over 340,000 children and we have screened and treated over one million patients for malnutrition. The team has developed novel ways of training doctors, nurses and community health workers to coordinate care and improve patient outcomes.

We have greatly improved viral suppression and access to effective medication for our 19,000 patients living with HIV. We have invested in solar power for sites, enabling them to serve when there is no electrical supply. We have renovated and equipped maternity units that have enabled an increase in the number of children born in hospitals, in a country where most births take place outside of clinical settings. Our teams have capitalised on our school health education programs to screen tens of thousands of students for hearing and visual impairments and to provide hearing aids and glasses where needed. We have trained hundreds of doctors to provide antenatal and emergency ultrasound scanning in places where there was no imaging before.

Overcoming taboos and myths is part of our work and we have worked closely with communities on how best to overcome resistance to family planning methods, HIV stigma, gender-based violence and vaccination. We have developed strategies to continue to serve patients despite huge obstacles, including increasing insecurity, fuel shortages, strikes and road blockades. Our staff face great personal risks (kidnapping, robberies and road traffic accidents) to support the activities at site level and within the community, and this is one of the things that I worry about the most.

Shifting priorities

Over the last two years we have been intricately involved in the national response to COVID-19. We worked closely with USAID and the Ministry of Health on developing infrastructure and training on how to cope with the pandemic. At the start of 2020 the country had less than 50 functioning ventilators for a population of over 11 million. Most of these were within the capital city and there was a shortage of trained personnel, consumables and significant issues with power supply and oxygen.

The only production of oxygen was within the capital and regional hospitals would have to drive up to eight hours to refill tanks. With the help of emergency funding from USAID and Caris, we were able to rapidly procure a huge oxygen generator that could provide oxygen to the center and the north of the country; oxygen concentrators to provide bedside oxygen for all of our sites and to ensure that they all had enough oxygen tanks.

Our program had to shift priorities to ensure that staff were trained on triage and treatment protocols, all within a very stretched health system. We procured PPE and had to develop training in Haitian Creole to advise health workers and the community on how to limit the spread of COVID, to recognise the signs of infection and how to access care. Thankfully Haiti was spared from high COVID mortality but it was a frightening time waiting to see how the system would cope with the pandemic.

I have greatly enjoyed the challenge of working in Haiti. It has been a hard 15 years that has pushed us to constantly adapt to the needs of the population and to the ever-changing landscape of the country.

Visit: ***www.carisfoundation.org***

The CESR pathway to paediatrics

Certificate of Eligibility for Specialist Registration (CESR) – another route to becoming a consultant paediatrician

Dr Nicola Storring

- *General Paediatric Consultant*
- *East Surrey Hospital*

I BEGAN my paediatric training ten years ago after joining the Kent, Surrey and Sussex deanery. I really enjoyed being part of a training programme with the security and camaraderie it offered. For personal reasons I then moved to London, which made my commute too long. So I applied for an inter-deanery transfer to the London deanery, but was rejected twice. I was at a loss at what to do until the then Head of London deanery suggested the CESR pathway. I learned that this was another method to become a consultant and that it had been created for doctors coming from abroad to allow them to prove that they had done the necessary training to be a consultant in the UK. I attended the College's CESR day where everything was explained and spoke with doctors who had undertaken the process and I decided this was the right choice.

Giving up my training number as an ST6 was scary. However, when I eventually took this step, I felt a sense of freedom that I had not experienced before; I could work anywhere I liked, even abroad. I thought about the consultant I wanted to be and planned the rest of my training around this.

Whilst being on a training programme there is the security of having a job, but with CESR each job has to be applied for independently. It's stressful, but allows you to pick jobs to develop the skill set you want and you gain more practice at interviews. Staying in the same hospital for longer is another benefit as it allows time to learn how a hospital functions, enabling implementation of service improvement projects and development of management skills.

The CESR certification process was arduous and time consuming, taking 20 months from initial application to receiving the certification. It required presenting evidence for the same curriculum that is followed in the training programmes. Even though my evidence was already available on the Kaizen platform, it had to be presented in a different format, which took many hours to process. The evidence had to be verified by consultants from every hospital it was compiled from, which took months. The GMC then checked through the forms and advised on any improvements. The application is costly, being about £1,700. However, with my situation I actually saved money, as I chose hospitals near to where I lived so wasn't wasting money on commuting.

I would advocate taking the CESR pathway to anyone who is self-driven, and advise them that although it will involve hard work, they will reap the benefits of being in control of their own training.

Professor Jonathan Round

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

@jround999

Supervision for a CESR trainee

CESR OFFERS different experiences, timescales and geography *en route* to a consultant job. Regular programmes have limits to their flexibility, so some trainees would not complete training with their career interests intact or maintain commitments outside of paediatrics. CESR makes this possible.

There are some snags with CESR. For the GMC to accredit equivalence, training must be the same quality as approved programmes, and the trainee's evidence of their abilities compiled and submitted. For HEE-managed programmes, much of this work is done by TPDs or educational supervisors. In CESR it's the trainee's responsibility, and to some extent their supervisor's. The bar is perhaps a little higher too.

Supervisors of CESR trainees have tasks a regular supervisor would undertake. In addition, realistic career discussions around future placements are crucial to give sufficient clinical placements to meet curricular requirements. Lastly, the supervisor will need to endorse the large amount of evidence being submitted. While miniscule in comparison with the effort of compiling this evidence, this step is vital in assuring the GMC that the trainee is indeed ready to be a consultant.

As Head of London School of Paediatrics, I have found supervising a CESR trainee particularly rewarding. The multiple activities of a training programme – career guidance, programme management, mentoring, educational and clinical supervision and accreditation – are typically divided between many TPDs. For CESR trainees, it's just you working with an interesting trainee.

▶ ***Visit:*** *www.rcpch.ac.uk/CESR*

Improving care for young people with eating disorders

Dr Natasha Sauven gives an overview of the new guidance on medical emergencies in eating disorders.

Dr Natasha Sauven

- *Consultant Community Paediatrician and Paediatric Eating Disorders Lead*
- *Treliske Hospital, Truro Cornwall*

SINCE THE PANDEMIC has started, we have had an influx of restrictive eating disorder admissions to our paediatric wards. Nationally, referrals to eating disorder services are doubling or even tripling. We have developed guidelines to meet the needs of these young people but the recent publication of MEED (Medical Emergencies in Eating Disorders), replacing MARSIPAN (Management of Really Sick Patients with Anorexia Nervosa) and Junior MARSIPAN, is already making my life – and hopefully that of many others – much easier!

The new publication, which is based on the advice and recommendations of an expert working group, provides the latest evidence on how we manage eating disorders. Literature reviews and guideline comparisons have been made, 26 full text articles screened, and 12 evidence-based guidelines for eating disorders included within the searches. It concluded that there is still significant variation between international clinical guidelines in the criteria recommended to assess medical risk for patients with an eating disorder, and further research is still needed. Recommendations should be based on evidence rather than expert opinion and MEED makes it clear where more research is needed.

This backs up the results from the 2018 national survey of UK clinicians and their use of MARSIPAN and Junior MARSIPAN. Paediatricians were already well engaged with Junior MARSIPAN with ninety-eight percent of those asked actively using it, but the report highlighted the difficulties of collaborative working, lack of awareness on MARSIPAN and differing views on risk. It is the physicians in this case who are taking the paediatricians' lead and adopting and adapting our tools!

Hopefully, the new approach of amalgamating the two guidelines will enable clinical trusts to offer a more integrated approach and a better standard of care to people with eating disorders.

Welcome advice

There is practical guidance on topics such as 'feeding under restraint', 'helping parents, relatives and carers' and there is an entirely new section on treating people with type 1 diabetes and eating disorders. For me this is a welcome addition as this cohort of patients can prove particularly hard to manage.

One of the topics that tends to make paediatricians shudder is the prospect of compulsory admission and treatment. This is detailed in chapter eight, and I have found it helpful and easy to read. Of the patients admitted to our wards in the last few years, only a few have completely refused treatment, but these take hours of paediatric nursing and medical time. Clear and up-to-date guidance is essential and the decision tree will prove invaluable.

MEED has representation from across the medical colleges, making it applicable to clinicians in all the fields not just paediatricians and psychiatrists. There are examples and scenarios throughout. What is also important to note is that the voices of those suffering from eating disorders and their carers have also been heard and embedded within the guidance.

▶ ***Visit:***
www.rcpch.ac.uk/RCPsych-MEED

Key points that I have bookmarked for personal reference are:

- Updated risk assessment tool using the 'traffic light approach' (chapter 2, page 31)
- Summary sheet for paediatricians and summary sheet for emergency department staff, on call medical and paediatric staff (Annexe 1)
- Refeeding: summary of research in adolescents (chapter 4, page 78)
- Compulsory treatment decision tree (chapter 8, page 117)
- Type 1 diabetes and eating disorders, T1DE, (Annexe 3)
- In addition, the College is now running 'Eating Disorders for paediatricians', a one-day course, online several times a year, which can help embed new knowledge. Get your team booked on!

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

Pregnancy and paediatrics – an alternative perspective

I WANTED TO write about navigating being a paediatrician without children. Don't get me wrong. I wouldn't be in this profession if I didn't love children. I spend most weekends with family or friends' children. However, please bear in mind some people may have made the choice not to have children; some people may have lost pregnancies; or some may not be able to have children of their own. We have seen the very sickest babies, and inevitably this may have made us apprehensive about pregnancy ourselves.

Dr Emily Tabb

- *ST7 Community GRID trainee*
- *Hampshire Hospitals NHS Foundation Trust*

@tabbycat409

We also still live in a world that assumes a heterosexual relationship despite generally increasing awareness of LGBTQIA+.

When seeing patients, parents often ask, "do you have kids?", or they assume you do (possibly due to my age and gender). To close down further questioning I have taken to saying, "I'm too busy looking after other people's children to have my own". However, the parental response to this can be a negative one, with the implication being that as a non-parent I am not able to fully appreciate what they're going through, or am less able to treat their child. I am fully aware I wouldn't be able to empathise with parents who have a sick child – but I am a sympathetic and compassionate person, sensitive to the often upsetting and difficult situation that families and children find themselves in, and trained to be responsive to this. I am also aware from parent paediatrician friends how becoming a parent can change your practice.

Those of us without children also need to bear in mind that paediatricians who are parents may be envious of those of us who aren't: we have an ability to go on adventurous holidays/do medicine abroad/have sleep between night shifts.

In summary, I wanted to write this piece for an alternative perspective. Paediatrics is a diverse and hugely rewarding, but equally challenging, specialty. It takes skilled and sensitive clinicians from all backgrounds to make a team tick and I have met many fantastic paediatricians who are not parents. Do ask if we have kids, but please don't ask why – as the reasons are multiple. It's okay not to have kids, for whatever reason, and still be a great paediatrician.

EPNS4SURGE: AN MDT-DESIGNED INTEGRATED LEARNING COURSE

I AM DELIGHTED and proud to announce the launch of the Enhanced Paediatric Nursing Skills for Surge (EPNS4Surge) course! As a Health Education England Leadership Fellow I have been working with a team of clinicians and educators to develop a course that invests in our incredible nurses, building on their experience and skills in looking after sick children.

The course focusses on enhanced nurse triage, ward reviews, nurse-led discharge and hospital at-home care for specific clinical conditions that often cause significant pressures on inpatient flow and capacity. This includes caring for children with asthma, viral-induced wheeze, croup and bronchiolitis. Training includes effective handover, escalation or de-escalation of care using SBAR, and recognition of the sick child.

Dr Ben Hughes

- *HEE Leadership Fellow and Specialty Trainee in Paediatrics*
- *Bradford Teaching Hospital Foundation Trust*

@bhughes1314

EPNS4Surge can be adapted by participating teams and combines online learning with local supervised placement-based training. These past few months have challenged us with unprecedented circumstances; investing in this educational opportunity could help facilitate efficient flow of children from triage to discharge, reducing bottlenecks and inspiring new ways of integrated working.

Follow us on twitter @EPNS4Surge and watch our introductory video for more information
www.youtube.com/watch?v=3ATOHJpEjCE

HISTORY TAKING: 'TIS THE SEAZN

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

@ccdaniels65

I WAS ENGAGING in the archetypal summer activity of watching cricket on a lovely day, imbibement was ongoing and the poor bloke fielding nearest us was the subject of 'banter' from the stands. He turned around at one point and had the classic thick white sunscreen on. Zinc is the main ingredient in this reflective schmear, and down the micronutrient rabbit hole I went.

Remembering one of my favourite MCQs from membership exams, I knew that not enough zinc leads to Acrodermatitis Enteropathica, and to find the right blood bottle requires an expedition to the moon. Other than that, I didn't really know too much about zinc.

Here's the thing. For a long time, nor did anyone else. It was into the 1960s before anyone really wondered what effect being zinc deficient had on humans. In 1958, Ananda Prasad, an Indian haematologist, moved from Minnesota to Iran to help set up a medical school. He was given a clinical puzzle to solve – "A 21-year-old man who looked like a 10-year-old" – restricted in growth and development; anaemic with intellectual disabilities and a diet of bread and 500g of clay a day.

Here's the crazy bit. Prasad knew this wasn't iron deficiency alone. But he basically looked at the periodic table, flung a dart at the transitional element zone and decided zinc might be related, given that it caused issues with non-human growth.

In 1974, after numerous studies across the Middle East, it was accepted that zinc was essential for human growth and development in many ways. We now know of over 1300 uses for zinc in the body, and one in cricket.

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

@DrKidneyAsh

Custard creams

I, FOR ONE, am a biscuit fiend. You will regularly find me sneaking into the ward kitchens for a three pack of biscuits (don't tell my trust) and frankly they are never enough. Custard creams are my absolute favourites. On a recent trip to Scotland I tested the lightest homemade custard cream in a little café in Tain. I had to recreate them! The secret to the fluffiness is Bird's custard powder – who would have thought! Tried and tested on my educational supervisor and team, these were a huge hit. Enjoy, and continue to spread the love of baking.

INGREDIENTS

Biscuit (roughly 14)
170g unsalted butter, soft
50g icing sugar
1 tsp vanilla extract
170g plain flour
50g Bird's Custard Powder
¼ tsp bicarbonate of soda

Filling
50g unsalted butter, soft
75g icing sugar
2 tbsp custard powder
¼ tsp vanilla extract

Instructions

1. Preheat your oven to 180°C and line two baking trays with baking paper.
2. Cream the butter and icing sugar together either with a stand mixer on medium speed, or by hand. Add in the vanilla extract and stir again until combined.
3. In a separate bowl, add the plain flour, custard powder and bicarbonate of soda and use a whisk to mix together. Sieve the dry ingredients over the creamed butter and mix well to combine.
4. Make 28 walnut-sized balls and place on the baking trays spaced out evenly.
5. Using a fork, score each cookie ball by pressing horizontally and then vertically. If you want to be traditional you can buy a custard cream mould, roll out the dough and cut out rectangles with the mould.
6. Bake in the oven for roughly 15 minutes until pale gold. Allow to cool.
7. For the custard filling, beat the soft butter until creamy, and slowly add the icing sugar then the vanilla extract whilst beating continuously (easiest with a stand mixer) until light and fluffy. Add the custard powder (optional).
8. Spoon or pipe the filling onto half the cookies and sandwich with the other half.

Enjoy!

Dr Shrina Patel
- *ST1 Paediatric Trainee*
- *Morriston Hospital, Swansea*

5 simple tips for welcoming new paediatricians

You typically rotate around specialties as a medical student every few weeks, as a foundation doctor every four months and as a trainee every six months. Change brings nervous excitement but also countless questions, leaving staff overwhelmed. Here are five simple ways to make new members feel welcomed:

1 ENGAGE WITH NEW STAFF EARLY

A warm welcome email before the start of the job goes a long way. Ask your new staff prior to them starting if they have any big life events planned during their rotation. Try to accommodate these early on. The junior doctor contract in England states that "the employer shall, where possible, respond positively to all leave requests, and shall normally agree reasonable requests". Particularly if an annual leave request is put in with six weeks' notice, for a "life changing event", an employer must allow this leave to be taken, so asking for these before the rotation starts is very helpful. This contractual obligation does not apply in Scotland, Northern Ireland and Wales, but a flexible approach to leave is sure to be appreciated!

2 INFORM STAFF ABOUT PAY AND LEAVE ENTITLEMENT

Receiving the correct pay on time is vital; there are several reasons why this is often delayed. It can be hugely frustrating being transferred from one person to another constantly without any resolution. Across the UK, the Code of Practice states that junior doctors should receive the contact details and location of their next place of work, as well as information about pay and leave entitlement, location being twelve weeks and pay and leave entitlement being eight weeks in advance of rotating (these deadlines are contractual in England). It can be challenging for individuals in departments to provide this information in advance, however, it has been agreed at a national level that staff have a right to receive it.

3 TELL MEMBERS WHAT TO EXPECT

Provide a brief outline of the structure and jobs for each shift pattern; staff often work in different areas within the department so the roles can vary. Information should include times, locations of handovers, tasks completed usually during the shift etc. For those trainees who have never worked in paediatrics before, the first day can be daunting. Providing some reference points or reading material for common clinical skills and scenarios are sure to come in handy!

4 LOGISTICS

Some of the smallest pieces of information make the biggest difference. Where can staff have coffee before starting? At night, where can they take rest? Which changing rooms/toilets are the best? Where do members park if shifts start in the afternoon and all the car parks are full? These questions are specific to each job – most you won't think to ask until a few weeks in. It is helpful to meet or chat with current doctors in post, but continuity of staff across changeovers is challenging, which is why a 'Welcome to Paediatrics' manual written by predecessors is a fantastic tool and could be a good project for someone's e-portfolio.

5 ASK FOR FEEDBACK EARLY ON

At the end of the first two or three weeks, ask for feedback. Check in on all the members, both new and existing. Not only does this make everyone feel supported but it makes the newcomers feel included. This small gesture helps address any major concerns early on. Be open to new ideas which can enhance the way in which the whole department functions.

Investing time and effort into the new members of your team will galvanise everyone. Regardless of which stage of your career you are at, we all want our work environment to be a place we feel welcomed, heard, and appreciated. The next induction, let us all actively cultivate a positive environment which not only attracts, but also works to retain the best doctors for our patients.

We put 10 questions to a consultant paediatrician and his paediatric trainee

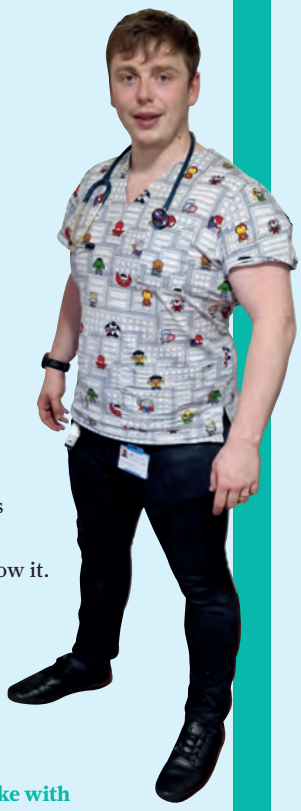
Dr Mohammed Sakheer Kunnath

Consultant Paediatrician, Wrexham Maelor Hospital
RCPCH North Wales Regional Lead

1) Describe your job in three words.
Learn from children.
2) After a hard day at work, what is your guilty pleasure?
No guilt, but pleasure in having a cup of tea and tending my garden.
3) What two things do you find particularly challenging?
The ever-increasing demand to treat children with challenging behaviour without any medical cause, and dealing with frustrated parents feeling the lack of support – when I cannot offer anything from the NHS.
4) What is the best part of your working day?
When a severely disabled child says that they are happy.
5) What is the one piece of advice you wish you could impart to yourself as a junior trainee?
See your own children in the eyes of the children you are treating.
6) Who is the best fictional character of all time, and why?
Mowgli from The Jungle Book. He remained happy and confident even with no worldly possessions, and he kept learning from Mother Nature.
7) What three medications would you like with you if you were marooned on a desert island filled with paediatric patients?
ORS, Paracetamol, Amoxicillin.
8) If you were bitten by a radioactive gerbil, what would you like your superpower to be, and why?
To achieve the power of healing, which I lack, and to alleviate the suffering of children.
9) What is the single, most encouraging thing that one of your colleagues can do to make your day?
To tell me how to ward off marauding squirrels that gnaw away my walnut fruits, without harming them.
10) How do you think you and your colleagues can inspire the next generation?
By showing them that you can be a good paediatrician if you can bring a smile to an ill or abused child.

Dr Joe Mullally

ST3 Paediatric Trainee,
Wrexham Maelor Hospital



1) Describe your job in three words.
Professional Difflam Dispenser.
2) After a hard day at work, what is your guilty pleasure?
A mixed garlic keema naan kebab.
3) What two things do you find particularly challenging?
Sitting still. Having nothing to do.
4) What is the best part of your working day?
When I feel like I've helped.
5) What is the best advice you have received as a trainee?
The most important person in any consultation is often not in the room, it's usually granny – if you can get them on board with the plan the patient will follow it.
6) Who is the best fictional character of all time, and why?
Probably SuperTed. He was unwanted and cast aside but managed to pick himself up. He saves the universe on the regular.
7) What three medications would you like with you if you were marooned on a desert island filled with paediatric patients?
Benzydamine hydrochloride, Wound glue, ORS
8) If you were bitten by a radioactive gerbil, what would you like your superpower to be, and why?
Teleportation. Imagine the fuel savings.
9) What is the single, most encouraging thing that one of your colleagues can do to make your day?
Tell me when I've done something well.
10) How do you think you and your colleagues can inspire the next generation?
Take the time to show interest and teach according to their learning needs. Take the time to really prioritise their learning and professional development. Make them feel like more than just numbers on a rota.

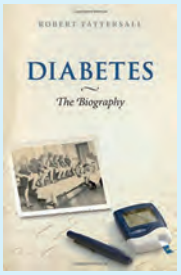
BOOK: DIABETES: THE BIOGRAPHY

by Robert Tattersall

Dr Shilpa Shah

- *Consultant Paediatrician*
- *Craigavon Area Hospital*

@drshilpashah



DIABETES MELLITUS is a chronic condition known to humankind for centuries, and in his book Robert Tattersall unravels its history in immaculate detail, explaining how the disease described variously in ancient scriptures as the 'disease of honey urine' and 'diarrhoea of the urine' among others, came to be what we know it today. He offers glimpses of the past where 'Pisse prophets' experimented and even tasted urine to make the diagnosis of diabetes! Early treatments included purgatives, antispasmodics, extreme calorie restriction, skin anointment with hog's lard and even external ulceration immediately opposite to each kidney. A hundred years on, it seems befitting to look back at the unique and fascinating history of diabetes in this book with twists and turns that are no less than a thrilling and enlightening page turner.

PAEDIATRIC SIM-OFF

Dr Philip Ross

- *Education and Simulation Fellow*
- *Royal Belfast Hospital for Sick Children*

@SimEdRBHSC

JULY WITNESSED THE return of Paediatric Sim-Off in Titanic Belfast. From across the UK and Ireland, 13 teams competed to be crowned Paediatric Sim-Off Champions 2022. The event involved teams of up to five healthcare professionals or students taking part in moderate-high complexity simulated paediatric scenarios.

As clinicians, our primary aim is to deliver high-quality patient-centred care. Simulation-based learning enables healthcare professionals to develop the knowledge, skills and behaviours that can help individuals, teams and systems improve. Our unique brand of game-based contests enhances this by engaging learners, motivating collaborative problem-solving skills, and galvanising team performance in a fun, relaxed environment. It was a great day and a collaborative learning experience.

We were also delighted to be joined by two guest speakers – Professor Walter Eppich (Chair of Sim, RCSI, Dublin) and Dr Dani Hall (PEM Consultant, OLCHC, Dublin and Don't Forget the Bubbles). We are indebted to Lagan Search & Rescue Agency who assisted with a dramatic scenario for the final round.

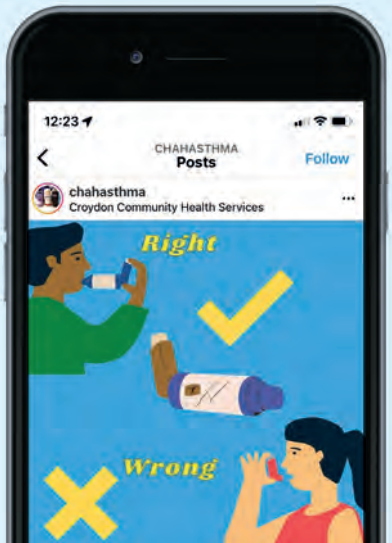
Congratulations to all those who took part, particularly to the Royal Belfast Hospital for Sick Children (RBHSC) Emergency Department who were crowned Sim-Off '22 Champions and to the Evelina Children's Hospital team who came a close second place.

Plans are afoot for the next big Sim-Off event. We hope to see you all there!

Review: CHAH Asthma on Instagram @chahasthma

(This account is run by the Children's Asthma Team for Croydon NHS)

WE HAD A LOOK at this Instagram feed at our asthma project with the College and wanted to let everyone know how good it is! If you have children and young people with asthma let them know so that they can have a look. We like that it is colourful, clear, bright and has easy to understand information. It's really great that they have the detail in the comments – for example different inhalers – and that they use highlights and stories to tell you more information – like the hayfever tips.



It would be really good if there was more information like this out there – we found it really useful and wanted to tell everyone about it! Do follow them on Instagram.

Demi, Jack, Max, Noor, Shreya & Toby

- *Aged 11 – 18 from the Asthma & Me Ambassadors project*

Journey of an international medical graduate

Dr Hiba Ahmed shares her story of adapting and thriving in the NHS

Dr Hiba Ahmed

- *Paediatrics Specialty trainee ST4/Chief Registrar*
- *Hull University Teaching Hospital NHS trust*

@hibagaily

I graduated from the University of Khartoum, faculty of medicine, in 2014, and then did my internship in Sudan before pursuing my passion and commitment to paediatrics. When I started working in the NHS for the first time, I thought my five years of clinical experience would help me to adapt to the new system within a heartbeat. Looking back, I was naïve to think this would be the case. After many challenging months, a lot of resilience and perseverance, I finally managed to adapt to the system as a clinician.

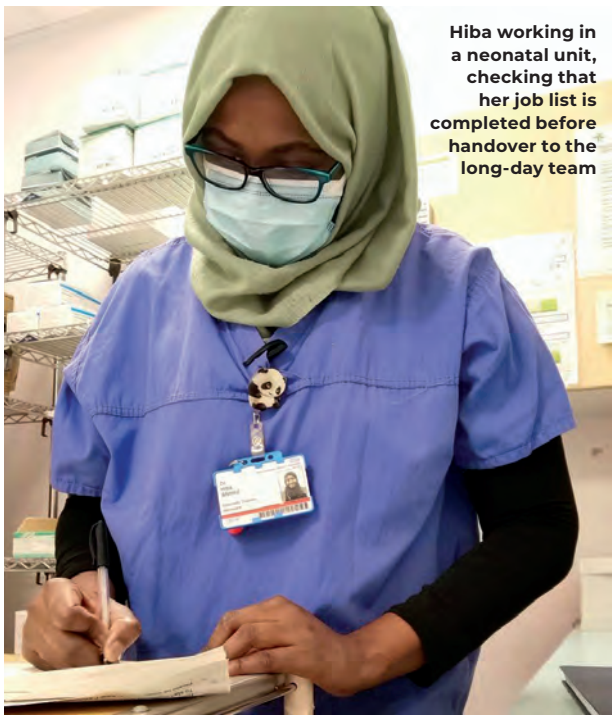
It was easy assessing a child and formulating a sensible management plan, but it was difficult not to overthink every word I said to parents. I speak English well, even though it is not my first language, and I have no problem with communication skills, but the fear of using the wrong words – or at least not the right words – has been a constant worry! I'm now much more confident in knowing that when I speak from the heart I can reach parents.

The first year was the hardest. I was trying to remind myself of my capabilities whilst acknowledging my limitations of being in an unfamiliar environment and having to learn so many things differently. I was sometimes confused, occasionally overwhelmed and always homesick.

I did the most useful thing any human could do... listen. I listened to all the advice given and listened to my inner voice that kept me motivated and encouraged. By the end of the first year I was ready to challenge myself more! So, I applied for the chief medical registrar spot in my trust, as I recognised my clinical skills alone were not going to make me the future leader that I aspire to be.

Challenging and rewarding times

I started the role last September and these past months have been equally challenging and rewarding as I navigated my time between my clinical duties, whilst doing this management and leadership role within my training. Being a chief registrar provided an excellent opportunity to participate in QI and I am now a member of the QI forum in our trust, where I've learned how to turn my ideas into reality. I am now able to design and lead useful projects, and by assessing submitted applications, I understand the problems and how to get to grips with the process. This has allowed me to help my colleagues demystify QI and enable them to participate in projects of their own.



Hiba working in a neonatal unit, checking that her job list is completed before handover to the long-day team

I have been frequently attending our trust mortality and morbidity meetings, as well as our task and finish groups, plus patient safety committee meetings – which are giving me a valuable opportunity to get a much broader view of how things are being done and how they may be improved within a large healthcare institution.

My mentor meets with me weekly and I receive feedback on how to overcome barriers towards achieving my QIPs aims. I have also been regularly attending training programmes led by the Royal College of Physicians and Faculty of Medical Leadership and Management, which have been useful in providing a deeper understanding of different leadership styles, including my own.

Equipped with a different, more mature mindset towards leadership and quality improvement in healthcare, I now realise that achieving a really sustainable positive change requires more than one individual to be involved.

I am looking forward to consolidating all the transferable skills I have gained, and using them in turn to support and mentor other colleagues. I would encourage anyone to apply for these posts – it really has been nice to vary the day-to-day work of the ward, to have a mentor who is interested and invested in your work, and to empower yourself with the skills and confidence to help fix the problems you see around you!

Wellbeing

Keeping your head when all about you are losing theirs

Dr Dan Magnus reflects on wellbeing after being the clinical lead for a children's emergency department

Dr Dan Magnus
- *Consultant in Paediatric Emergency Medicine*
- *Bristol Royal Hospital for Children*

@drdanmagnus

NO AMOUNT OF rehearsal or mental preparation can fully prepare you for stepping into the shoes as a department clinical lead. It's similar, in a way, to the first time you put in a cannula, break bad news, or are team leader for a cardiac arrest. There's just no substitute for 'wearing the shoes.' Having been a consultant for three years in the children's emergency department and taking over from a predecessor who was experienced and effective, I felt nervous at best – and at worst – completely in over my head. And this was just nine months before I heard the word COVID for the first time.

Part of the fear for many when it comes to taking on a leadership role in the NHS is not simply a sense of imposter syndrome, and the pressure, and worries about performance – but also concerns about how much time it will take in addition to existing clinical and non-clinical commitments, and the effect this might have on one's self, health, family and friends. I can remember this weighing heavily on my mind as I discussed it with my wife, Kerri, before agreeing to become clinical lead.

Most of us understand that there are often substantial amounts of work to do that are not related to the direct clinical care we provide, but are for the benefit of children, families, our departments, colleagues or our professional development. But we also recognise that much of this non-clinical work is frequently dramatically under-resourced, especially in terms of time. For example, I had four hours per week allocated to running the department. I know this is a problem experienced by many consultants, colleagues, and, anecdotally at least, I suspect this is the case right across the NHS.

The 'R' word

We have come a long way in trying to mitigate the effects that the pressure of clinical work can have on our minds and our bodies. For example looking at rest breaks, work patterns, night shift working, support after traumatic clinical experiences and paying attention to the psychological and physical toll our clinical work can have on us. However, the stress stressors posed by our 'non-clinical' work are more poorly understood and seem to hide in the shadows somewhat. Especially at more senior levels of medical management.

There has been lots of discussion about 'resilience' in the context of wellbeing in healthcare. I can relate to some of the backlash about the use of the 'R word', and understand the anger, for example, in relation to initiatives like 'mandatory resilience training.' There has been frustration accompanying the perception that a focus on resilience is a smoke screen of sorts rather than looking at sub-optimal working conditions, rotas and a lack of ability to tackle some of the things that make working in the NHS so demanding.

However, I have found reframing what we mean by resilience very helpful. That 'reframing' acknowledges that even in optimal working conditions and imagining a health system with no flaws, the nature of clinical medicine, non-clinical work, and the human condition, mean that things will always be tough at times. We will almost certainly feel stressed, angry, demoralised or upset at some point. How then can we equip ourselves to handle this? How do we ensure our own emotional 'suspension' to encounter the inevitable bumps in the road? This was at the forefront of my mind when I was stepping up to the clinical lead role.

My three years were a remarkable and humbling experience, with a pandemic thrown in too. They were difficult years but also inspiring ones. From the start I was determined to do my very best, but not by paying a price with a cost to my mental health. Many people asked how I managed to remain cheerful, to look after myself, and what I learned. The truth is that I did not always manage it. There were occasions when I felt stressed. But overall, my reflections on how

I managed to keep my head during some challenging times can be broken down into '3 Ps':

The '3 Ps'

PERSPECTIVE. It *all* really matters, but just *how* much, is worthy of some reflection. Much of the medical leadership work with which I was engaged could feel (and occasionally was) hugely important, but it was also easy for it to become inflated. Most of it does not require the same urgency that we rightly give to our patients. Ask yourself if you really need to send that email right now. Or is that upsetting interaction you just had really worth feeling cross about. Allow yourself to get focused, passionate and immersed in the work. It is important, but not at any cost. I occasionally found myself checking emails on a Sunday morning, drinking coffee, with my son right across from me, ready to play. I feel embarrassed about that now. Who you are, your health, happiness, family and friends matter above all.

PEOPLE. There is a big difference between how it feels to be talking to or working with people who leave us feeling energised and pro-active, and people who leave us feeling negative and cynical. Dr Anna Baverstock describes 'chargers' and 'drainers'. For sustaining wellbeing in leadership roles it is essential to let the chargers nourish you, inspire positivity and propel you to accomplish. Listening to others is important, and you should hear the drainers, but do not allow them to diminish your spirit. The same too for our charging and draining inner voices. The human interactions in the non-clinical work are often about issues that do not bring out the best in people. Concentrating on being a charger yourself, even when it's difficult, will keep you feeling good about yourself and the people who you respect.

PRIDE. It is all too easy to feel downtrodden or self-critical about the things that are difficult or when that voice inside whispers that you are not good enough. But you are trying your best to make things better. Take pride in the work you do and in your colleagues. They are amazing. Nobody in your department or hospital is perfect and nobody gets it right all the time. But our intentions, the things motivating us, and the way we treat others, always shine through to show who we really are. I found that good communication often trumped good 'content'. It is important to try to focus on the positives and to let the negatives go. It means that even if things are difficult or when we face adversity, we can be united by a common purpose and one that is genuinely good. It will bring you strength, sustain you and help you to shine.

There is, of course, no magic recipe for wellbeing or happiness in a leadership role, and the day-to-day realities can be gritty and complex. Which is why how we promote and maintain wellbeing in our working lives is vital, not least in more senior roles. It's time to recognise – and support – the incredible hard work of all of those in medical leadership roles. It's not too late for strategies to help you stay well and there's plenty to reflect on for all those with important leadership contributions to make at some point in the future. Now, more than ever, our clinical leaders need to be happy and healthy in their pursuits to make things better for children, families, colleagues and our healthcare system. Not just in the UK, but globally too.

A DAY IN THE LIFE

"There are so many 'highs' in neonates"

Dr Keri Jones

Consultant Neonatologist

Hull University Teaching Hospitals NHS Trust

@jetandbeau

Keri was fascinated with the NICU since being a med student

I became a neonatologist because I was fascinated by what happened behind the NICU doors when I was doing my paediatric rotation. The consultant talked to us about tiny babies requiring lines, strange medications and resuscitation – it was captivating. I spent my elective on that unit and never looked back. I feel just as passionate now about neonates and I hope to perhaps inspire a few trainees to pick our specialty.

My typical day is never predictable. If its a service week, I join the safety huddle and do the morning rounds. This involves reviewing every baby, planning the day, and speaking to families. The babies are some of the sickest in Yorkshire and their management plans can be complex and very MDT focused. I'm a huge advocate for the families and spend a long time speaking to parents – helping them to understand their baby's condition and what the future might look like.

The most difficult part of my job is reorientation of care. Despite many families knowing their baby is dying, or will likely die, it's tough having these conversations. I take a few moments beforehand to focus my thoughts on what to say and what I need the family to understand. Facing my fear of these discussions has been empowering though, and I'm now the bereavement and mortality lead for our unit. I am working on helping to shape the bereavement pathway on our unit, ensuring training and support is available to all staff members involved with bereavement.

The best part of my job is hard to pinpoint. There are so many 'highs' in neonates. That first intubation; securing a tricky long line; stabilising a 23-weeker and then seeing that same 23-weeker in clinic at two years. You'll often find me cuddling a baby late at night. These are magical moments in a role that can often be heartbreaking. I encourage trainees to have a cuddle or give a feed – it's amazing how those happy endorphins will get you through a busy shift.

Keri loves that each day can be very different

My most memorable moment was being involved in a neonatal transplant case. I was just back from maternity leave, finding things hard emotionally, when I was faced with having to help coordinate transferring the deceased baby to theatre during the night. The family were just incredible throughout the whole process. I cried happy and sad tears for a long time afterwards, but I feel so privileged to have been involved in a successful transplant and a unit first.

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

...drive home listening to cheesy pop then cuddle my children and chew my husband's ear off! I've recently got back into fitness and you'll often find me at my Crossfit gym lifting silly weights or doing burpees. I'm a massive fan of having a good work-life balance, and having something to escape to that's so different to my job has been very cathartic. I love to travel too and I'm often planning my next holiday... which usually involves a beautiful beach and a cheeky gin!

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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]

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Published: August 2020

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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

DATE OF REVISION OF PRESCRIBING INFORMATION: June 2021

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

Date of preparation January 2022 UK/SLY/2021/1858

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