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**5-8 June 2013  
Glasgow  
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## Effective Educational Supervision

- **13 June, London**
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- **10 October, Birmingham**

For consultant paediatricians, trainee level ST 7-8 and existing paediatric educational supervisors

This course will equip delegates with the competencies required to meet GMC standards and work effectively as an educational supervisor.

**Further information:  
www.rcpch.ac.uk/EES**

## Francis Report outcomes and paediatric service standards



**The publication in February of the Francis Inquiry into the failings at the Mid-Staffordshire NHS Foundation Trust presents an enormous challenge to all healthcare professionals that cannot and should not be ignored.**

The report outlined in painful detail the extent to which systemic failures, breakdown of communication and poor management in Mid-Staffordshire cost lives and was right to say that all healthcare organisations have a responsibility to act promptly to ensure such a crisis never happens again.

The RCPCH has developed a number of initiatives since the initial inquiry was conceived in 2005 including the publication of our *Facing the Future* standards for acute paediatrics, the establishment of a system of independent service reviews to check

systems and recommend improvements where failings have been identified, as well as our long-standing work on clinical standards.

Nonetheless the report repeatedly stresses the importance of transparency and requests all organisations to make public the commitments they intend making to take those relevant recommendations forward.

In line with this we are launching a formal online consultation of the RCPCH UK membership and this can now be found on the front page of the RCPCH website at [www.rcpch.ac.uk](http://www.rcpch.ac.uk). Please give your views on how the College should respond to this hugely important report.

**BRIAN DOW**  
Director of Communications

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Work Communications  
www.workcomms.com

**Published by:**

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The College is a registered charity: no. 1057744 and registered in Scotland as SC038299

# From the President

## Keeping Up Appearances



***'I want you to instruct your superiors that this is a first class stamp residence.'***

**Hyacinth Bucket**  
(pronunciation: 'Bouquet' (/bu:'kei/))

It happened several years ago on the night that we had tickets to see Les Misérables at the theatre. I was running a bit late, but figured that I just had time to nip into the small room behind clinic reception where we kept the patients' notes; I just needed to double-check a previous drug dosage, before signing off a clinic letter. Perversely the cleaner had picked that very moment to pass by and lock the reception area, oblivious of the late worker in the back room. Shouting for help and banging on the door produced no effect. I phoned security, and after what seemed an interminable period I was relieved to hear the rattle of keys on the other side of the door. Alas, after several failed attempts to gain entry, the security guard said *'I'm sorry doctor - I don't seem to have a key to this door. Don't panic - I'll be back soon.'* Silence fell, and after another 20 minutes with no sign of Sir Lancelot, I realised I was going to have to take matters into my own hands. The building was on a hill, so the room was quite a few feet above ground level but - my one piece of extraordinary luck - there was a mattress on the ground outside. Jemmying open the recently painted sash window with a ruler, I gathered my things and leapt out. So far so good until, looking up, I saw the father of one of my patients staring at me in horror from the path nearby. Without a moment's hesitation I got up, dusted myself off, picked up my briefcase, and said *'Good evening Mr Kelly. I do hope Sean is feeling better'* and before he could respond I strode off briskly, trying to give the impression that there was nothing remotely unusual about leaving the hospital at night through a convenient

window. Because the truth of it is, no matter what the chaos in our lives and services, we will always do everything we can to reassure the public that everything is running fine and dandy. And that brings me to an altogether more serious matter.

**Could it happen here?**

Many of us have wondered how the situation at Mid Staffordshire could have occurred and surely every one of us will have considered the question *'Could it happen here?'* in relation to our own hospital or clinical service. At first it was all too easy to blame targets, poor management, and the financial pressures associated with the drive towards Foundation Trust status. The Francis Report will, at the very least, make all of us consider our own roles and responsibilities. But whilst we may become more overtly and constructively critical of sub-optimal standards and processes, more ready to challenge ourselves, our colleagues and our managers, does it mean that we will engage in a more mature debate with the public about the real pressures of delivering safe and efficient healthcare?

At a local level, we are generally proud of the organisations we work for and the departments we have helped build, so keeping up appearances with the public is our default position - even if we know there are real problems in sustaining the current configuration of services and model of care. It is only very recently that the media has picked up stories about clinical staff who admit that they would not take their own families to the hospital where they work.

The issue is not just a local one; at a national level, we have not engaged in a mature debate with the public



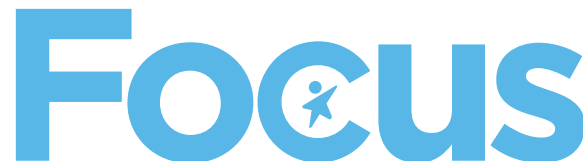
# 'Focus' – the new name for your newsletter

**Thank you to all those who submitted suggestions for a new name for your newsletter following our request in the January RCPCH eBulletin to members.**

After much deliberation we have chosen 'Focus', an idea that came from Dr Mohamed Fadel. We felt that this term worked in a number of beneficial ways in relation to meanings and visuals:

- It provides multiple representation – 'focus' on child health, 'focus' on paediatrics, 'focus' on members.
- It is a more 'active' name.
- We get to use the RCPCH child icon as a centre piece in the title.
- The characters that make up the word balance well as a design graphic.
- The definition of 'focus' represents the purpose of the newsletter as:
  - a centre of activity or attention
  - an adjustment for distinct vision
  - clear perception or understanding.

**PUBLICATIONS TEAM**  
**Communications Division**

about the limitations on what can be delivered in an increasingly complex and unaffordable health system, and what steps must be taken to optimise care. David Lock, the MP who lost his safe seat after failing to support his constituents to 'save their local hospital' in Kidderminster, spoke at the RCPCH Policy Conference the following year. As a barrister by background, he was a man who dealt in evidence, and he considered that the health authority's concerns about standards of care at Kidderminster justified their proposals. But his most important comment was that *'the public are ill-informed purchasers of health care'* – a criticism not of the public, but of the professionals who fail to be honest about the realities of the scale of change that is needed – and that *'if you want to change public services, you have to take the public with you'*.

As I've headed around the country, I've discussed this thorny issue with many colleagues. On the whole, paediatricians are increasingly recognising that there will need to be very major changes to the way we work. But the practicalities of how we achieve such major system change are often in the *'too difficult'* box, so the path of least resistance is to just keep doing our best in the day job. The further challenge for us is that we all too often see changes to paediatric services that are not made in the interests of children, but because paediatrics *'has to follow adult care'*. I was particularly disappointed when, despite having strong paediatric representation on the Secretary of State's working party on avoidable mortality, the recently launched Call to Action on Avoidable Deaths failed to mention child mortality; and this despite the fact that the total number

of life-years lost through avoidable child mortality would place it higher than liver disease as a national problem.

## So what does the College need to do about this?

On the front page we urge members to respond to our consultation on the Francis Inquiry and I would underscore how important it is for us to hear your views on what we should be doing. The consultation gives a full breakdown on what activities the College is undertaking to address the pertinent recommendations Francis makes. In addition to these the College has several other initiatives in train. You will read on page 6 that our governance review is progressing, and in particular that we are now actively discussing our collaborative model of working with other professional and voluntary sector groups. It is very clear that given the scale of change that is needed, and the ease with which children can just slip off the national agenda, we cannot tackle this alone. Over the next few months we will be consulting on a range of working models for driving these issues forward collaboratively. At the simplest level, we already have other professionals involved in the work of the College; for example our Medicines Committee is chaired by a pharmacist, and our Ethics and Law Committee by a paediatric surgeon – so as a starter for 10, we can increase the involvement of other child health professionals and voluntary groups in our existing workstreams. We also have a large-scale multi-professional collaborative programme (MindEd, page 7) to help drive up knowledge about mental health issues in young people. Another essential development is the re-launch of our Parents and Carers

Group (see page 10), with a new refreshed membership and a much stronger mandate to help us tackle these very major changes, alongside our Youth Advisory Panel. With the PCG, we will be discussing ways in which we can develop more public events on issues such as reconfiguration and redesign of children's services, as well as involving them closely in the governance review.

In England, the Children's and Young People's Outcome Forum will be a major vehicle for taking forward a series of changes that we hope will improve children's healthcare, and some of these will also have applicability across the devolved nations. We will also have the opportunity to learn from other initiatives such as the Scottish Early Years Collaborative.

## How can you help?

We need as much input as possible to all of these issues from our members, so please do contribute. There are several ways to do this:

- Through our consultation about our response to the Francis Report
- Through direct feedback to your regional representatives, directly to myself or to members of the College staff
- Through continuing to attend regional events and future roadshows and webinars.

No one said it would be easy, but our best chance of success is with your ideas, inspiration and engagement.

**DR HILARY CASS**  
**President**



# President's roadshows feedback

**Over the last few months, Dr Hilary Cass has been visiting members throughout England, Scotland and Wales to talk about the future of paediatrics and RCPCH. More dates are being finalised and will be advertised through the RCPCH eBulletin soon, but for further information please email [roadshows@rcpch.ac.uk](mailto:roadshows@rcpch.ac.uk)**



*'The College is facing very significant challenges. The economic downturn, the consequent spending squeeze in NHS, the Health and Social Care Act, a huge shift of focus and ethos with the change in government are just a few examples of the challenges we paediatricians/*

*College face. Dr Cass addressed all these challenges in her talk in her trademark simple, effective and elegant way. Everyone present appeared on-board with the President and could understand these complex issues because the use of examples, similes, quotes and some funny pictures.'*

**Dr Srinivas Gada,  
Consultant Community Paediatrician**

*'The roadshow in Oxford was excellent with up-to-date information about College view point on many hot topics in paediatrics and the NHS in general. Her vision was clear. Her approach to listen to the members in the way of a roadshow was the right one'*

**Dr. Prakash Dey  
Consultant Paediatrician**

*'Hilary gave an excellent and entertaining overview of the current state of paediatrics in UK. It was good to hear that the RCPCH is actively engaged with other royal colleges and the UK government.'*

**Dr Will Carroll  
Regional Adviser East Midlands North**

*'I enjoyed Hilary's visit to Nottingham and really appreciated her efforts to reach out to the regions in this way. She gave interesting "from the horse's mouth" insights into what she sees as future priorities for our profession, as well as what is already happening to tackle them'*

**Dr Carol Roberts  
Associate Specialist, Community Paediatrician**

## President's webinars

RCPCH President Dr Hilary Cass has delivered three webinars, on:

- future consultant working
- the impact of the NHS Reforms
- the coalition of services.

They are available online at

[www.rcpch.ac.uk/have-your-say](http://www.rcpch.ac.uk/have-your-say) and are proving popular with members - with many choosing to listen to recordings via the RCPCH website and others taking part in the live webinars with real-time questions and answers.

**We're keen to hear members' suggestions for future topics and on**

**whether 5.30pm-6.30pm is the best time to hold a webinar. Send us your feedback and ideas by emailing:**

[melissa.milner@rcpch.ac.uk](mailto:melissa.milner@rcpch.ac.uk)



## RCPCH in the Twittersphere

**@RCPCHtweets now has over 1,800 followers including many RCPCH members.**

Over the last quarter we've seen discussion and debate on topics from reconfiguration and the Francis Inquiry (see front page of this newsletter) to obesity (P9) and MindED, the mental

health e-portal (p7). We've also had suggestions from members about developing apps for ePortfolio and ASSET.

We encourage staff and members to tweet about relevant events, conferences and news stories relating to paediatrics and child health that may

be of interest to followers.

You can also 'like' the RCPCH on Facebook to be kept up to date on College news and events.

**MELISSA MILNER  
Media and Campaigns Manager**



## Join the discussion on Facebook



Did you know that we are now on Facebook? 'Like' our pages to keep up to date with the latest news, events and resources as well as to discuss the latest in child health stories and advances.

[www.facebook.com/RCPCH](http://www.facebook.com/RCPCH)

[www.facebook.com/RCPCHAnnualconference](http://www.facebook.com/RCPCHAnnualconference)

[www.facebook.com/RCPCHGlobalChildHealth](http://www.facebook.com/RCPCHGlobalChildHealth)





# Medical Training Initiative Scheme

Several years ago a party from RCPCH, including Dr Simon Newell, visited the PEDICON – the International Conference of the Indian Academy of Pediatrics. A queue emerged from one office on the main concourse. In that room the RCPCH team did their best to deal with the much-repeated question: *'When and how can I come to the UK for a period of training?'*

This enthusiasm is reflected all over the world. Accordingly, the Medical Training Initiative (paediatrics) (MTI(p)) was established in 2012 to meet this demand. The scheme allows non-UK/EEA paediatricians, with MRCPCH or other postgraduate qualifications, to undertake high-quality paediatric training for a maximum of 24 months before returning to their home countries.

The initiative is led by Dr Rasioka Jayatunga, who has done much for overseas training in Sri Lanka, and Tanya Rehman, Recruitment and Careers Manager at RCPCH.

The MTI(p) scheme has been designed to offer easy application, both for overseas applicants and UK Trusts, and successful applicants benefit fully from the training support services at RCPCH. Fellows undertake a one-day induction at the RCPCH, delivered alongside the Academy of Medical Royal Colleges, followed by a locally-delivered induction programme over a number of weeks. The RCPCH induction day introduces UK practice and has been very well received.

MTI(p) is a vital way of sharing good practice. It is mutually beneficial to those in the UK and to colleagues overseas. Everyone can be involved by offering excellent clinical opportunities and support to MTI(p) participants in the UK, and learning from the fresh perspectives new colleagues bring. By March 2013 we expect to have approximately 50 doctors working in the UK under this scheme.

The next round of MTI(p) applications runs from 25 March to 27 April 2013.



*Photo: Welcoming new MTI(p) recruits at the inaugural RCPCH induction*

For further information on how the MTI(p) scheme could benefit you or your department, please visit [www.rcpch.ac.uk/mtip](http://www.rcpch.ac.uk/mtip) or contact the team at [mtip@rcpch.ac.uk](mailto:mtip@rcpch.ac.uk).

**SIMON NEWELL**  
Vice President, Training

**DR RASIEKA JAYATUNGA**  
Lead for MTI(p)

**TANYA REHMAN**  
Recruitment and Careers Manager

## START feedback

**START (Specialty Trainee Assessment of Readiness for Tenure) had its inaugural assessment session on 9 and 10 November 2012. 36 assessors evaluated the competency of 63 trainees over 12 scenarios against the standards expected of a newly-appointed consultant using our bespoke electronic feedback system.**

START gives trainees the opportunity to be formally appraised on areas such as safe prescribing, critical appraisal, teaching and handover. It also allows them to be assessed by consultants they do not work with to gain impartial feedback on their skills.

The feedback reports were released

via ASSET on 10 December. Each report contains verbatim feedback from all 12 assessors, which should then be used by the trainee to create a personal development plan with their educational supervisor. These plans should draw on feedback to address areas for development and to identify opportunities that will help achieve this.

START has been well received by candidates and assessors alike. One trainee commented: 'I personally found START a helpful experience and particularly the feedback (personalised and constructive) was very useful for determining my future priorities for training.' Feedback from assessors was equally positive: 'I thought the two days

were excellent, really well organised, and a surprisingly enjoyable experience.'

Other comments have indicated areas where we can develop, such as bolstering preparation materials, ensuring the consistency of feedback and supporting supervisors and trainees after the assessment.

The next assessment will be on 1 and 2 October 2013 at the Royal College of General Practitioners in Euston, London. The application period will open on 17 June and close on 29 July. For further information visit [www.rcpch.ac.uk/start](http://www.rcpch.ac.uk/start).

**JOANNE HATTON**  
Education and Training Support Coordinator

## Free online course – Bacterial Meningitis and Meningococcal Septicaemia in Children

*'Brilliant. Great combination of science, evidence based medicine, and patient/parent experiences. Finally a resource that acknowledges the diagnostic difficulties and nuances of this problem. Clearly written by a team who are up to date with the latest research but also understand the day-to-day clinical problems facing junior doctors.'*  
**Dr M Nielsen**

This free online course, worth 1.5 CPD points, is available now for healthcare professionals who want to improve

their ability to assess and manage those children who present with possible bacterial meningitis and/or meningococcal septicaemia. Improve your ability to recognise these diseases, raise your awareness about relevant new NICE guidance and improve your confidence in the disease management for all children and young people (from neonates through to adolescents).

A short online registration will give you immediate access and allow you to complete approximately 90 minutes

of content at your own pace. On completion, you will receive an RCPCH accredited certificate. Helpdesk services are available by phone and email if you have any problems accessing the content.

Link to course: <http://rcpch.learningpool.com/mod/scorm/view.php?id=2>

Lead Author, Dr Nelly Ninis  
Lead Editor, Dr Andrew Riordan

**JAMES PARRY**  
E-learning Project Manager

# RCPCH Governance Review update

**In the last edition of this newsletter, I outlined the ambitious governance review project that we have undertaken. The Governance Review Project Board is being chaired by Christine Lenehan, Director of the Council for Disabled Children. It also includes the President, paediatricians and staff.**

The board met in January and agreed to split the work into two phases.

The first phase of the project will address some anomalies in our election regulations, and will also enable us to begin seeking nominations for College posts by email. We are all acutely conscious that vacancies for College posts must be advertised with maximum publicity, and using email notifications is one tool for this. It is vital

that these reforms are in place for the next Presidential election.

The second phase covers two issues. It will address the question of the appropriate composition of our Trustee Board, and will attempt to balance Charity Commission guidance on the Trustee role with ensuring wide representation for College members at the highest levels of our decision-making structure. It will also address the feasibility of the proposal which the President has brought forward for a Faculty of Child Health. The Faculty would be a broader-based coalition of those working for children's health. In a context where cross-disciplinary working is of increasing importance, it would create a structure within which paediatricians can work and

lobby alongside, for instance, nurses, social workers, the voluntary sector and managers who share the same concerns.

The outcomes of both phases of work will be discussed by Council, and will need to be ratified by our Annual General Meeting. We are also taking appropriate legal advice and will be keeping the Privy Council informed about our proposals.

We will continue to update the webpage on the governance review at [www.rcpch.ac.uk/governancereview](http://www.rcpch.ac.uk/governancereview), and hope to publish detailed proposals there for the first phase in the next few months. Your comments, which can be sent to [governancereview@rcpch.ac.uk](mailto:governancereview@rcpch.ac.uk), are, as ever, most welcome.

**CHRIS HANVEY**  
CEO

## Child Protection Companion Second edition

**It has taken two years but the new edition of the Companion is almost here. When published it will be your handbook for child protection practice and it provides information on all forms of abuse and the child protection processes across the continuum; from examination to identification to referral and to court.**

We have compiled the latest evidence, research, guidance, publications and standards, ensuring that this book will be an essential tool for all paediatricians. It will provide you with all the information you need and allow you to approach child

protection work with competence and confidence.

We are creating a discrete web portal which will be free for all College members. This will allow you to access the Companion electronically and will be an interactive way of using the contents. You will be able to move quickly and easily through content, see the most-read parts and save your own most-used sections. But don't worry; you will be able to buy a hard copy too.

Produced by over 20 authors, and edited and reviewed by many more, you can be assured that the Companion is produced

by paediatricians for paediatricians and is of the highest quality possible. We will also be including good practice recommendations for each chapter to help guide local practice. It has taken a while to get it right – but we hope it will be worth the wait.

Visit [www.rcpch.ac.uk/cp](http://www.rcpch.ac.uk/cp) to see regular updates on our work and to view our current publications.

**NICK LIBELL**  
Child Protection Policy Lead



## New national guidance for safeguarding – what does it mean for paediatricians?

**Spring 2013 sees the publication of a revised Working Together to Safeguard Children. The Department for Education committed to this work following the publication of the Munro Review – the most recent national review of child protection in England.**

The new guidance is due to be published in March following lengthy consultation last year and collaborative work with stakeholders such as the Royal Colleges. The guidance will look radically different – expect less than 100 pages (400

before) and for it to be stripped back to the essential 'must do's'. There will not be any practice guidance – we are, after all, now in an era of local determination and professional judgement.

There will be principles rather than prescription, blueprints rather than bureaucracy and a culture of learning rather than listing. Duties of paediatricians remain the same, but the system around you is rapidly changing. There will be a reduction of timescales for assessment, no initial and

core assessments (replaced by local frameworks for assessment) and new local publications on thresholds and what early help means in practice. Serious Case Reviews are also changing, with new requirements on systems methodologies and publication.

Visit [www.rcpch.ac.uk/cp](http://www.rcpch.ac.uk/cp) for updates and more information on how the changes will affect you.

**NICK LIBELL**  
Child Protection Policy Lead



# MindEd programme receives its verdict from mental health professionals

**Professionals passionate about transforming skills and attitudes towards child mental health have been shaping a pioneering e-portal set to launch in the spring of next year.**

Over the last six weeks healthcare and non-healthcare professionals have been working with the RCPCH's Education Provision Team to feedback on the proposed curriculum for MindEd – a £2.2m advice and e-learning portal aimed at anyone working with children and young people.

The curriculum covers a range of areas, including how to engage with patients and their families, infant mental health and wellbeing, variation in presentation, children who are grieving and children with unexplained physical symptoms or movements.

Feedback, which was constructive and extremely positive, included:

- ensuring e-learning modules work with current training frameworks and can be used for CPD

- providing clear examples of what visual symptoms a child or young person might express as a result of a mental health problem enabling anyone unfamiliar with basic levels of mental health awareness to know what to look out for
- ensuring content is easily accessible and written in a clear non-jargonistic format
- exploring the possibility of hosting videos of case studies which enable children and young people themselves to tell their story, enabling professionals to learn from their experiences.

The MindEd programme team is now revisiting their curriculum to ensure the feedback provided during these focus groups influences the learning material.

MindEd, which is funded by the Department of Health, will give more than a million people who work with children and young people access to

advice and bespoke e-learning materials, helping them support young people at risk from mental health conditions. It will also ensure messages are concise and consistent across professions and will provide clear signposts explaining what concerned professionals should do next.

**LAUREN SNAITH**  
Media and Campaigns Officer

If you have a particular interest in child and adolescent mental health and would like to learn more about ways to get involved in MindEd, such as writing learning material, please contact:

darren.cooper@rcpch.ac.uk or  
laura.green@rcpch.ac.uk



# Information for parents and carers about children's kidney conditions

## What is infoKID?

Parents and carers need high-quality, accessible and accurate information about their child's health, which complements verbal advice from their healthcare team.

The College is working in partnership with the British Association for Paediatric Nephrology and the British Kidney Patient Association (funding the project) to develop a new national, online information resource for parents and carers of children with kidney conditions.

infoKID will cover a range of conditions, tests and diagnosis, treatments and supporting information. Users will be able to access content on a public website to read on-screen or download as leaflets.

## How we produce information

The infoKID project board, chaired by Dr Jan Dudley, Consultant Paediatric Nephrologist, has strategic oversight. Its members lead on the review of each information topic.

Healthcare professionals – from multidisciplinary teams at the 13 UK

paediatric nephrology centres and other stakeholder organisations – review each information topic for accuracy and relevance.

Parents, carers and young people influence the content and format. In early 2012 we ran focus groups to understand their requirements. A virtual user panel comments on draft versions of the information, feeds back on the design and tests the website.

## What happens next?

infoKID will launch in autumn 2013. We will communicate with all health services that manage children with suspected or confirmed kidney conditions, to reach the families who need this information.

If you have questions or wish to get involved – to review draft information or recruit parents and carers to our user panel – please get in touch with Kirsten Olson: Kirsten.olson@rcpch.ac.uk or 020 7092 6175. Visit [www.rcpch.ac.uk/infoKID](http://www.rcpch.ac.uk/infoKID) for more information.

**KIRSTEN OLSEN**  
Research Administrator





# The RCPCH Annual Conference

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A must-attend conference for people working within child health that will attract 3,500 attendees from the UK and Europe to discuss and debate key clinical issues, latest paediatric science and share innovation and best practice.

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**[www.rcpch.ac.uk/conference2013](http://www.rcpch.ac.uk/conference2013)**



## RCPCH events and courses 2013

**EVENTS TEAM:** email: [events@rcpch.ac.uk](mailto:events@rcpch.ac.uk) tel: 0207 092 6000 web: [www.rcpch.ac.uk/events](http://www.rcpch.ac.uk/events)

**How to Manage: Paediatric Allergy**  
**29 April**  
RCPCH, London

**Evening of Evidence: Health Promotion in Clinical Practice for Under-fives**  
**15 May**  
RCPCH, London

**How to Manage: Paediatric Pain**  
**16 May**  
RCPCH, London

**How to Manage: The Transition Between Paediatric and Adult Care**  
**24 June**  
RCPCH, London

**Evening of Evidence: Families Who Maltreat Children. When Should the Child be Removed?**  
**3 July**  
RCPCH, London

**How to Improve Muscle Tone and Motor Control in Children with Neurodisability**  
**4 July**  
RCPCH, London

**Expert Witness in Child Protection - Developing Excellence**  
**4-5 July**  
RCPCH, London

**How to Manage: End of Life Care and Bereavement**  
**08 July**  
RCPCH, Cardiff

**Evening of Evidence: Eating Disorders and Development in Adolescents and Younger Children**  
**5 September**  
RCPCH, London

**How to Manage: End of Life Care and Bereavement**  
**10 September**  
Glasgow

**How to Manage: Paediatric Oncology**  
**16 September**  
RCPCH, London

**How to Manage: Mental Health in General Paediatrics**  
**14 October**  
RCPCH, London







# INTERNATIONAL

## A World of Difference: A day in the life of Dr Ian Spillman, Medical Superintendent at Kisiizi Hospital, Uganda

**Dr Spillman is a paediatrician on the RCPCH's Global Links Volunteer Programme. To find out about how you can get involved, and to read the full version of the below article, please visit, [www.rcpch.ac.uk/members-overseas](http://www.rcpch.ac.uk/members-overseas), or contact the Global Links manager Peter Nash, [peter.nash@rcpch.ac.uk](mailto:peter.nash@rcpch.ac.uk) or 0207 092 6016.**

At 6:30am the hospital drum beats in the background while we breakfast, followed by half an hour in the office preparing for the day and then off to chapel at 8am for staff prayers.

It's Wednesday so there is an audit for all staff. Today is paediatrics and happily our intern reports that there were no deaths on the children's ward last month. We present a case of an infant with sepsis and bleeding preceded by gastro-enteritis. He had been taken to a traditional healer and 'ebiino' performed – this involves the removal of an unerupted milk tooth from the gum using crude instruments. As most gastro-enteritis is self-limiting, the practice perpetuates, but we see the complications – particularly sepsis and bleeding. Staff discuss the ways we can improve health promotion in our communities to avoid such problems and I subsequently raise the issue with the District Health Officer and Board of Governors.

At 9:15am it is on to the children's ward. In addition to the usual group of young children at various stages of treatment for pneumonia, we unusually have two with nephroblastoma. The first is bilateral with spread to the para-aortic nodes and we cannot offer any treatment – the family decline the possibility of travelling eight hours to Kampala to try and access radiotherapy/chemo. The second child has a large unilateral tumour and our excellent Ugandan surgeon resected it four days ago; the child is making a good recovery.

I move on to the malnutrition bay. Sadly I see another new admission with severe kwashiorkor oedema and signs of zinc deficiency. Malnutrition is a consequence of poverty and sometimes related to parents having more children than they can feed and educate. We are aiming to expand our family spacing programmes as well as our community health promotion.

Ward round over, I go to the treatment room where I demonstrate to our new



*Photo: going home after recovering from rheumatic fever*

paediatric intern how to do a lumbar puncture on an irritable febrile two-year-old with no clinical focus. I use a blue needle as we don't have proper LP needles with trocars.

I head home for lunch at 2pm and then go on to a finance sub-committee to look at our accounts and plan what money we need to move to pay our staff salaries next week.

I bump into our Peace Corps volunteer who is helping us prepare for the World Health Organisation (WHO) seminar we are running and we discuss plans to make a video demonstrating the production of alcohol hand rub which is used in our infection-control programme. Kisiizi is the only hospital in the country on the WHO Africa Partnerships for Patient Safety programme.

I pop home at about 6pm for a quick cup of tea and then head back to the office to complete a report. There are lots of papers left on my desk for me to sign, mostly authorising expenditures.

At 9:30pm I head down to the wards for my night round as I am on-call. First to the special care baby unit where thankfully they are all behaving, then down to the children's ward. I review a child with probable typhoid with our medical officer (we don't yet have culture and sensitivity testing so rely on clinical diagnosis).

Walking home I pause to gaze at Jupiter and the beautiful night sky and pray for a quiet night and especially no possible cases of Marburg (we have an outbreak a couple of hours drive away from here)...

Visit our blog <http://spillmanuganda2.blogspot.com> for other stories from Kisiizi.

**DR IAN SPILLMAN**

## ACADEMY OBESITY REPORT: CAMPAIGN LAUNCH



*Photo: Dr Sarah Wollaston MP*

**February saw the launch of the Academy of Medical Royal Colleges' obesity report, *Measuring Up: the medical profession's prescription for the nation's obesity crisis*, for which the RCPCH led the communications and policy work. The key aims were to raise awareness amongst key stakeholders about the serious implications of obesity in the UK to develop a clear set of recommendations focusing on early intervention and to galvanise the medical profession to take steps to tackle such a big public health concern.**

The report's 10 recommendations included:

- A ban on advertising foods high in saturated fat, sugar and salt before 9pm.
- Further taxes on sugary drinks to increase prices by at least 20%.
- A reduction in fast food outlets near schools and leisure centres.
- A £100m budget for interventions such as weight-loss surgery.
- No junk food or vending machines in hospitals, where all food must meet the same nutritional standards as in schools.
- Food labels to include calorie information for children.

The report launched in the media on 18 February with extensive coverage, including the *Guardian* front page and BBC Breakfast, with equally strong coverage in Scotland, Wales and Ireland.

The parliamentary launch took place on 25 February in Westminster at an event sponsored by the Conservative Dr Sarah Wollaston MP who spoke alongside Professor Stephenson and Rosie Cooper, Chair of the All Party Parliamentary Group on obesity. The reception drew a large attendance, including those representing schools, industry, health professionals and members. There was also significant political representation at the reception, including Public Health Minister Anna Soubry and Shadow Health Secretary Andy Burnham.

RCPCH President Dr Hilary Cass also spoke on childhood obesity at the Public Service conference Obesity and Related Conditions: Tackling an Epidemic. We are continuing to take the work of the report forward through lobbying key policy makers and securing further media pieces.

For updates visit: [www.rcpch.ac.uk/obesity](http://www.rcpch.ac.uk/obesity)

**KARMJIT KAUR**  
Public Affairs Lead

# Parents and Carers Group

## RCPCH launches the UK Parents and Carers Group

**We are delighted to announce that the UK-wide Parents and Carers Group (PCG) was launched on Universal Children's Day, 20 November 2012, by Dr Hilary Cass. The group has been established to ensure the insights and experiences of parents and carers strategically influence the work of the RCPCH, including College governance mechanisms.**

The PCG will provide a link from the RCPCH to the wider community by bringing together perspectives on healthcare and standards from parents, carers, organisations that have links with paediatric patients and families, and experts in order to support the RCPCH's efforts to improve child health standards and paediatric services. The PCG will work closely with the Youth Advisory Panel and be instrumental in advising the RCPCH on its accountability to paediatric patients and their families.

The PCG consists of twelve parents and carers of patients and four clinicians (with representatives from RCPCH, RCOG, RCN and RCGP). To date, the PCG has provided advice on a number of College policy responses, including:

- Nothing About Us Without Us
- NHS Constitution
- Children and Young People (Scotland) Bill
- Children and Young People's Health Outcomes Forum Report
- Francis Inquiry

The launch of the PCG also marked the official opening of the RCPCH Patients' Gallery, with pictures kindly donated by Action for Sick Children.

The group will be supported by new team member Farrah Pradhan, Patient Insights and Advocacy Coordinator.



*Photo: UK Parents and Carers Group launch*

For further information, please visit our website [www.rcpch.ac.uk/parents-and-carers-group](http://www.rcpch.ac.uk/parents-and-carers-group) or contact [pcg@rcpch.ac.uk](mailto:pcg@rcpch.ac.uk).

**BHARTI MEPANI**  
Children and Young People's  
Participation Manager

# Medicines for Children Research Network



## MCRN Children and Young Persons' Group lead development of national stakeholders meeting

**Generation R<sup>2</sup> is an exciting national meeting planned by members of the NIHR Medicines for Children Research Network Young Person's Group. The event is to be held at the London Science Museum on 11 September 2013 and will demonstrate to the pharmaceutical industry, funding bodies, charities and investigators the role that children and families can have in the design, development and delivery of paediatric research. The event has attracted support from Professor Dame Sally Davies, Chief Medical Officer as well as Dr Jonathan Sheffield, CEO of the NIHR Clinical Research Network. In addition, the young people are approaching a number of inspirational speakers to share their passion and experiences of health research.**

The content and topics of the event have been designed by young people

and families who have formed a planning group to organise the day's events. The group will meet on a monthly basis and take responsibility for organising speakers, interactive workshops, presentations and science-based performances. One sixteen-year-old member of the group, Aatif Syed, described the day as an opportunity to take delegates on a journey of the advancements made in research where involvement of children and young people has influenced protocol and programme development, and has impacted on the delivery of high-quality children's research.

The speakers, presentations and interactive workshops will seek to address the key issues of education and how the next generation can have an informed opinion of research. The workshops will look at how we cultivate profitable partnerships

and collaboration between industry professionals, health research and families. In addition, the workshops will look at the impact of involving patients in the early stages of study design and the ways in which this impacts on recruitment and retention to studies. There will also be workshops exploring methods of disseminating results and information to a wider audience. Young people and parents will run drop-in helpdesks to review patient information sheets and consent forms during breaks throughout the day.

Visit [www.mcrn.org.uk](http://www.mcrn.org.uk) to find out more or contact Helen Paton, Youth Participation Officer: [helen.paton@liverpool.ac.uk](mailto:helen.paton@liverpool.ac.uk).

**DR VANESSA POUSTIE**  
Assistant Director,  
NIHR Medicines for Children  
Research Network



# Training matters

## Out with the old, in with the new(ish)

**There are currently around 3,500 trainees registered to the College, most of whom are on the run through training scheme.**

Run through training was introduced in 2007 as a result of Modernising Medical Careers (MMC), bringing with it a new curriculum for paediatric training. This curriculum was then updated in 2010. Despite these two revisions, there are still dinosaurs like myself on the old pre-2007 curriculum. This is hardly surprising, as it takes an average of 10 years to bring us up to CCT. It's an odd situation though, to have a group of trainees all heading towards CCT, but with multiple lists of competencies to guide us. Don't we all need to know the same sort of things if we're to function fully as consultants? I'm sure that would make sense to the parents of the children we see.

In 2012 the GMC reviewed the curricula situation and came to the conclusion that things had to change. They have instructed the colleges and faculties that by December 2015 all trainees must be moved to the most up-to-date curriculum. The College is currently making plans for bringing this about. Most importantly, if your CCT date falls after 31 December 2015 (although the College would ideally like everyone transferred by 31 August 2015) then you will have to transfer to the updated curricula. If it falls before then there's nothing to stop you changing too, and there are a lot of benefits to getting to grips with ePortfolio, particularly in light of revalidation.

For those of us (myself included) who will need to change, I will quote the words of a truly wise man: 'Don't panic!'.

The College is committed to making the transition as smooth as possible, and there are no plans to make everyone backdate work based assessments. Each trainee will be individually assessed at the time of transfer in order to identify the competencies on the newer curriculum which they have yet to gain and relevant guidance will be provided. The saddest thing is probably going to be having to retire the badge that says 'SpR', but what's in a name?

If you would like more information about these proposed changes and how you might be affected, please feel free to contact me at:

[trainees.committee@rcpch.ac.uk](mailto:trainees.committee@rcpch.ac.uk).

**DANIEL E LUMSDEN**  
**Chair Trainees' Committee**

## SSASG news

**My time as RCPCH Council SSASG Representative comes to an end soon and so this will be my last news item. In 2010 the SSASG Council seat was a new post which has subsequently proved to be a key development in helping to highlight the needs of SSASG paediatricians. The SSASG role has evolved over time to provide a versatile career choice which, it is now appreciated, can be a step towards future career goals. Early, specialty-specific career advice is essential to allow SSASGs to plan their careers and we have worked closely with senior College officers to have this provided by the RCPCH.**

Over the last three years the committee has been given many opportunities to raise awareness of the value of SSASG roles in paediatrics and to strengthen the SSASG voice in College. We have contributed to several important consultations and projects:

- We made a strong case that SSASGs who share Consultant duties in the care of children in acute settings have this level of practice recognised (*Facing the Future* RCPCH 2011).
- We contributed to the GMC *Review of Routes to the GP and Specialist Registers 2012*, arguing for a simplified, competency-based application process with equality of access to non-CCT CESR for UK and non-UK trained

SSASGs. Many of our recommendations were adopted.

- We contributed to the GMC Consultation *Recognition and Approval of Trainers 2012* and successfully argued that, where approved, SSASGs could be Educational and Clinical Supervisors.
- We contributed to the RCPCH response to the *Shape of Training Review 2013*, demonstrating the continued value of the SSASG grade in the future paediatric workforce.
- We helped to develop 'SSASG-specific' census questions which have informed College workforce planning.
- We devised the first RCPCH SSASG Survey in 2012. This work has provided extremely valuable information which will guide RCPCH plans for education, training and career support for SSASGs.

### **SSASG Update Meeting at RCPCH Annual Conference, Friday 7 June 2013, 12-1pm**

The results of the recently-conducted survey asking for feedback on format, timing and content of the SSASG Update Meeting show:

- 96% felt a SSASG Update Meeting was useful
- 68% wanted an open forum with or without invited speaker
- 66% wanted a lunchtime meeting

Respondents also raised the following questions:

- Can SSASGs have a reduced rate for the conference?
- Is there an option to attend the SSASG meeting without attending the rest of the day?
- Could a list be made available of which SSASG doctors are attending and on which day?

My thanks to Dr Sarah Smith for conducting this survey.

The outcome is that the 2013 meeting will be at lunchtime on the same day as the BACCH meeting. There will be presentations by RCPCH President, Dr Hilary Cass and Registrar, Dr Ian Maconochie, which will focus on the College vision and SSASG career support. There will then be an open forum to hear your views and provide answers to questions. I have asked the conference organisers to give consideration to the other points raised regarding cost and attendance information.

I would urge you to come and I hope to see you there.

**DR JANE D WILKINSON**  
**Chair SSASG Committee**



# BNF for Children

## 2012-2013

Guiding health professionals  
on all aspect of paediatric  
drug therapy.

### Significant content updates for latest edition

- ✓ Updated guidance on the prevention of secondary case of Haemophilus influenzae type b disease
- ✓ New guidance on the prescribing of Controlled Drugs by Independent Prescribers
- ✓ Revised guidance on the use and monitoring of warfarin
- ✓ Updated advice on the prescribing of antipsychotics
- ✓ Updated advice on the risk of osteonecrosis of the jaw with bisphosphonates



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July 2012

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