

# Evidence Brief: Paediatrics

## Contents

Key publications – the big picture .....	3
Case Studies.....	7
The Star for workforce redesign.....	8
Statistics.....	8
National Data Programme.....	8
Published Peer Reviewed Research.....	8
Advanced Practice .....	8
Allied Health Professionals (AHPs) .....	12
Attrition .....	18
Career pathways and intentions .....	19
Dentistry .....	20
Education and Training.....	22
End of Life Care .....	30
Equality, Diversity and Inclusion.....	31
Health Inequalities.....	32
Health and Wellbeing .....	35
Leadership.....	35
Learning from Covid-19.....	36
Mental Health .....	41
New roles .....	41
New ways of working.....	42
Nursing.....	43
Primary Care and Community .....	44
Recruitment and Retention.....	45
Research.....	48
Simulation.....	48
Stress and Burnout.....	49
Support Workers .....	49
Urgent and Emergency.....	50
Workforce .....	52
Competency Frameworks .....	55

\*Help accessing articles or papers .....59

Produced by the Knowledge Management team Evidence Briefs offer an overview of the published reports, research, and evidence on a workforce-related topic.

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There may have been an update to this Evidence Brief - to check you are reading the most current version please see the links below:

- [Complete Evidence Brief list – link for Workforce, Training and Education staff](#)
- [Complete Evidence Brief list – link for External staff](#)

The following Evidence Briefs may also be of interest:

- Children and Young People’s Mental Health
- Children’s Services
- Maternity
- Neonatal Nursing

### Key publications – the big picture

#### [The healthiest generation of children ever: a roadmap for the health system](#)

Source: National Children's Bureau

Publication date: 4 November 2024

Babies, children and young people make up around 25% of the population, yet they only account for 11% of NHS expenditure. Children have their own developmental and health needs, separate from those of adults, that are met through a distinct set of services, staffed by a specialised workforce and underpinned by specific legislation. Yet they have never been treated equitably in national or local decision-making.

#### [Independent investigation of the NHS in England \(the Darzi Review\)](#)

Source: Department of Health and Social Care

Publication date: September 2024

Lord Darzi's report on the state of the National Health Service in England.

“Paediatric services for physical health are under pressure, too. As we have seen, waiting list size and duration of waits have grown more rapidly for children than for adults. And according to the RCPCH, children are 13 times more likely than adults to wait over a year for access to community services<sup>107</sup>. [...] There are real concerns about the NHS' capacity and capability to deliver highquality care for children. Only 25 per cent of GPs now receive paediatric training<sup>109</sup>. The centralisation of paediatric surgery to specialist centres during the pandemic means some surgeons and anaesthetists in non-specialist acute hospitals are more reluctant to operate on children<sup>110</sup>. Paediatrics is not a requirement of doctors' training at foundation level, and for many specialties only happens after full adult training (such as for pathology and radiology)<sup>111</sup>.” P. 43

See also [RCPCH responds to Darzi Review](#) (12 September 2024, Royal College of Paediatrics and Child Health)

#### [Policy report: From left behind to leading the way: a blueprint for transforming child health services in England](#)

Source: Royal College of Paediatrics and Child Health

Publication date: September 2024

Children are waiting longer than adults to access healthcare, paediatric services are not recovering at the same rates as adult services, and there is a growing gap between demand and capacity. This has coincided with an unprecedented increased demand for children's health services, which is forecast to grow further due to both preventable and non-preventable increases in childhood illness.

See p. 16 A sustainable child health workforce

#### [National learning report: factors effecting the delivery of safe care in midwifery units](#)

Source: Maternity and Newborn Safety Investigations

Publication date: May 2024

This report is intended for healthcare organisations, policymakers and the public. It is based on a thematic analysis (a process that looks for common themes) of 92 maternity investigation reports, where the safety incident under investigation included care provided in a midwifery unit. See also [“Staff shortages are key contributor to baby deaths, investigation finds”](#)

#### [National Neonatal Audit Programme \(NNAP\) Summary report on 2023 data](#)

Source: Royal College of Paediatrics and Child Health

Publication date: 2024

The audit reports key outcomes of neonatal care, measures of optimal perinatal care, maternal breastmilk feeding, parental

partnership, neonatal nurse staffing levels, and other important care processes.

See section 4 for Neonatal nurse staffing

### [Paediatric same day emergency care – guidance for system leaders, commissioners and providers for developing or improving paediatric same day emergency care services](#)

Source: NHS England

Publication date: February 2024

This guidance is for system leaders, commissioners and providers who are developing or improving paediatric SDEC services to reduce reliance on overnight admissions for patients who can safely be discharged home on the same day as arrival. It highlights the key principles and minimum standards for this service, including considerations for physical infrastructure, referral and access, workforce, diagnostics, discharge, counting and coding, and patient experience.

See section on Workforce

### [National Training Survey 2024 results](#)

Source: General Medical Council

Publication date: 2024

We run the national training survey every year to gain a comprehensive picture of the experiences of doctors in training and trainers across the UK. The survey is a core part of our work to monitor and report on the quality of postgraduate medical education and training.

See also [Support for child health workforce needed after GMC says nearly 20% of paediatric trainees are at high risk of burnout](#) (Royal College of Paediatrics and Child Health, July 2024)

### [Integrated Care Systems and the health needs of babies, children and young people](#)

Source: national Children's Bureau

Publication date: 31 January 2024

Analysis of almost three quarters of Integrated Care Systems (ICSs) strategies and plans to determine the extent to which they have reflected the needs of babies, children and young people within them.

### [Independent review of gender identity services for children and young people - final report \(Cass Review\)](#)

Authors: Cass, Hilary

Publication Date: 2024

, pp. 263

Abstract: Looks at gender identity services for children and young people in England. Draws on evidence from research studies, those with lived experience, professional input, and international sources. Explores the history of services for children and young people with gender dysphoria, and highlights the changing demographic and the rise in referral rate. Discusses the characteristics of children and young people who are seeking NHS support for gender incongruence and considers what may be driving the rise in referrals and the change in the case-mix. Examines the purpose, expected benefits, and outcomes of clinical interventions, including the use of hormones and how to support complex presentations. Considers the gender service delivery model, workforce requirements, pathways of care into this service, further development of the evidence base, and how to embed continuous clinical improvement and research. Makes recommendations on the questions relating to the provision of gender identity services for children and young people.

### [Workforce information and planning](#)

Source: Royal College of Paediatrics and Child Health

We play a key role in workforce planning to ensure there is an appropriately trained paediatric medical workforce to deliver safe and sustainable services for children in the UK - in the present and in the future.

### [NHS Long Term Workforce Plan](#)

Source: NHS England

Publication date: June 2023

The first comprehensive workforce plan for the NHS, putting staffing on a sustainable footing and improving patient care. It focuses on retaining existing talent and making the best use of new technology alongside the biggest recruitment drive in health service history.

### [Independent Review of Audiology Services in Scotland: review report and recommendations](#)

Item Type: Journal Article

Independent Review of Audiology Services in Scotland: review report and recommendations

Publication Date: 2023

Abstract: This review was commissioned by the Cabinet Secretary for Health and Social Care, after concerns were identified in the standards of care provided by NHS Lothian Paediatric Audiology service. The Review was asked to examine hearing services and make recommendations on how these could be improved.

### [Workforce Census 2022 Report](#)

Source: Royal College of Paediatrics and Child Health (RCPCH)

Publication date: October 2022

The Workforce Census provides insight into the current working life of consultants and SAS doctors in the UK. Here, we present findings from the Census and a set of key recommendations.

See also [Overview reports: key findings and recommendations](#)

### [Paediatric Critical Care](#) Free FutureNHS log in required\*

Source: Getting it Right First Time (GIRFT)

Publication date: April 2022

The scope of this review of paediatric critical care services in England was established by NHS England and NHS

Improvement. Of note, paediatric critical care transport and ECMO services were not within scope as these had recently been reviewed as part of the NHS England and NHS Improvement PCC national review. The focus of our review is on PICand HDC services for children, with an important emphasis placed on the new PCC ODNs and L2 PCC services for children. Separate GIRFT workstreams have reviewed neonatal and adult critical care services.

See p. 32

Workforce concerns was the most frequently stated challenge, with specific discussion of recruitment and retention of intensive care nurses and doctors (middle-grade and consultant) in addition to advanced care practitioners, and HDU trained general paediatric consultants. The impact of workforce concerns was not only on delivery of patient care, but also on education and training of staff, staff well-being, and the ability to develop, lead, and sustain research and quality improvement.

See p. 86 Workforce

### [Paediatric Trauma and Orthopaedic Surgery](#)

Source: Getting it Right First Time (GIRFT)

Publication date: April 2022

See p. 91 Workforce

This report brings together our findings and recommendations based on the evidence and data we collated during the GIRFT paediatric trauma and orthopaedic specialty review. As part of this review, we have collected questionnaire data direct from 128 trusts to understand the delivery and organisation of paediatric trauma and orthopaedic services. This data, combined with information from Hospital Episode Statistics (HES), NHS Resolution, the NIPE (Newborn Infant Physical Examination) database and reference cost data from national submissions has been used to prepare detailed data packs that support our visits to every paediatric trauma and orthopaedic unit in England.

### Paediatrics 2040

Source: Royal College of Paediatrics and Child Health (RCPCH)

Publication date: February 2021

A vision for the future of paediatrics in the UK from the Royal College of Paediatrics and Child Health focusing on four areas - data, innovation, models of care and working lives

Paediatric General Surgery and Urology Free FutureNHS log in required\*

Source: Getting it Right First Time (GIRFT)

Publication date: February 2021

Our GIRFT review has found a significant degree of unwarranted variation in the delivery of paediatric general surgery and urology. These findings suggest that there are significant opportunities to improve the care and outcomes of children requiring paediatric general surgery and urology. In addition to improving quality of care, there is a notional financial opportunity of up to £19.4 million annually, plus up to £4.3 million in procurement.

See p. 27 Workforce and expertise

See p. 64 Workforce

### A snapshot of general paediatric services and workforce in the UK

Source: Royal College of Paediatrics and Child Health (RCPCH)

Publication date: September 2020

This study about general paediatric services and workforce was conducted in September 2019, prior to the COVID-19 pandemic. The results reveal a stretched general paediatric service, with a great deal of variation in services across the UK. This report serves as a useful benchmark and as a prompt to consider the aspects of general paediatric care that should be restored, can be innovated, or that we do not wish to return to.

### A snapshot of neonatal services and workforce in the UK

Source: Royal College of Paediatrics and Child Health (RCPCH)

Publication date: September 2020

The current study was conducted on a weekday and weekend day in September 2019, and surveyed 191 neonatal services. Results from this snapshot were reported back to neonatal services in January 2020 through individual benchmarking reports produced by the GIRFT team. This report summarises the findings at a national level.

### Reimagining the future of paediatric care post-Covid-19: a reflective report of rapid learning from the Paediatrics 2040 project team

Source: Royal College of Paediatrics and Child Health (RCPCH)

Publication date: June 2020

This report, published on 26 June 2020, is the first in a series from the Paediatrics 2040 project that will inform RCPCH's vision for the future of paediatrics in the UK. We summarise our learning from this period of rapid change, focusing in particular on the elements of new practice that we want to keep and take forwards into the future.

### Focus on: Vulnerable children and families paediatric workforce

Source: Royal College of Paediatrics and Child Health (RCPCH)

Publication date: January 2020

This report, published in January 2020, focuses on lead roles concerning safeguarding, the child death service, looked after children (LAC) and special educational needs and disability (SEND).

### Consultant workforce shortages and solutions: now and in the future

Source: British Medical Association (BMA)

Publication date: 2020

The NHS workforce faces a perfect storm of consultants choosing to retire earlier, a significant proportion approaching retirement age and a growing trend of younger doctors walking away from their career. Covid-19 added significant additional pressure on the workforce with doctors working long hours, in new settings, while risking their own lives. Now the NHS is facing a growing backlog of unmet need on top of the existing staffing and resourcing shortages. This report sets out the actions that the government and employers need to take, now and in the future, to ensure consultants are retained in the NHS..

### [2017 workforce census: focus on Speciality Associate Specialist and Staff Grade doctors](#)

Source: Royal College of Paediatrics and Child Health (RCPCH)  
Publication date: May 2019

This report, published in May 2019, focuses on the findings about Specialty, Associate Specialist and Staff (SAS) grade doctors from the workforce census 2017, and makes four key recommendations for employers and workforce planners to support this group.

## Case Studies

[Paediatric Super Clinical Case Study](#) FutureNHS log in required to view

Source: Norfolk and Norwich University Hospitals NHS Foundation Trust

Publication date: November 2024

Norfolk and Norwich University Hospitals (NNUH) have held two 'Super Saturdays', where 3 consultants and one assistant saw 75 paediatric orthopaedic patients. Over the two Saturdays, 150 patients were seen. This was successful in reducing the non-admitted waiting list by 30%.

### [Improving patient flow for children: reducing waiting times in Children's Emergency Department](#)

Source: NHS Confederation

Publication date: 3 May 2023

Case study from the The Royal Wolverhampton NHS Trust on reducing waiting times in Childrens Emergency Department.

### [Bradford Royal Infirmary deliver digital innovation with QR codes on plaster casts](#)

FutureNHS log in required to view

Source: Bradford Teaching Hospitals NHS Foundation Trust

Publication date: January 2023

Patients often called the department to ask questions they had already been given the answer to. In many cases they had lost the patient information leaflet, or hadn't read it. As a result, Bradford Royal Infirmary plaster room has moved away from paper information to QR codes on printed tape, affixed to the cast. This reduced their telephone traffic by 75% and follow-up appointments by 85%.

### [Reducing paediatric surgery waiting lists](#)

Source: NHS Confederation

Publication date: 21 April 2022

Bath and North East Somerset, Swindon and Wiltshire worked together to reduce waiting times that children were facing for surgery.

Taken from Getting it Right First Time reports

p. 86 [In practice: Strategies to improve nursing staff retention](#)

Free Future NHS log in required\*

p. 87 [In practice: supplementing the nursing workforce with non-registered practitioners](#) Free Future NHS log in required\*

p. 88 [In Practice: Running a successful ANP development programme](#) Free Future NHS log in required\*

p. 29 [Case Study: Anaesthetists and surgeons create networks of support](#) Free Future NHS log in required\*

[Supporting Paediatric SDEC Patient Flow through a direct consult hotline](#) FutureNHS log in required to view

Source: Frimley Health NHS Foundation Trust

Publication date: November 2021

Frimley Health's paediatric SDEC units are both commissioned to run a direct Consultant hotline as a point of referral and advice for GPs, supporting the patient selection process.

[Paediatric Advanced Clinical Practitioner](#)

Source: Health Education England

On a daily basis Liz is required to use her high level of clinical skill to respond to and treat children presenting acutely to A&E with undiagnosed/undifferentiated conditions. Using her advanced skills in the identification, assessment, treatment, and management of children and their families she is able to ensure the best possible care is delivered.

## The Star for workforce redesign

More resources and tools are available by searching "paediatrics" in [the Star](#)

## Statistics

You can find relevant statistics on the [Health and Care Statistics Landscape](#) under "**Health and Care**" and use the "**Child and Maternal Health**" filter

## National Data Programme

Workforce, Training and Education staff can look at the [National Data Warehouse \(NDL\)](#) SharePoint site to find out more about datasets and Tableau products.

## Published Peer Reviewed Research

### Advanced Practice

[Advanced clinical practice in paediatric haematology and oncology: developing a capability document](#) Abstract only\*

Item Type: Generic

Author: Woodman, Helen and Spencer, Sally

Publication Date: 2023

Publication Details: Nursing children and young people, 35, (1) pp.27-33. , England:

Abstract: Specialist roles have been developed to provide holistic care to children and young people with cancer, one of which is the advanced clinical practitioner (ACP) in paediatric oncology and haematology. A survey showed that paediatric oncology and haematology ACPs in the UK work in a wide variety of roles and that their numbers vary greatly between treatment centres. The survey also confirmed the need for a national standardised framework delineating the knowledge, skills and expertise required of ACPs working in paediatric oncology and haematology. This article describes the development of a capability document to support and standardise advanced practice in paediatric oncology and haematology. The document reflects the advanced level of critical thinking, autonomy and decision-making required of ACPs and has been endorsed by the Children's Cancer and Leukaemia Group and by the Royal College of Nursing. It is hoped that it will support ACPs to



consistently deliver high-quality, safe care for the benefit of children and young people with cancer and their families. Copyright © 2022 RCN Publishing Company Ltd. All rights reserved. Not to be copied, transmitted or recorded in any way, in whole or part, without prior permission of the publishers.

### Advanced practice physiotherapy in paediatrics: Implementation results

Item Type: Generic

Author: Drapeau-Zgoralski, Veronique, Beausejour, Marie, Painchaud, Ariane-Sophie, Sarda, Melanie and Nault, Marie-Lyne

Publication Date: 2022

Publication Details: Paediatrics & child health, 27, (4) pp.206-212. , England:

Abstract: Objectives: This study aimed to evaluate the implementation of an advanced practice physiotherapist (APP) clinic in our paediatric institution and assess APP and orthopaedic surgeon satisfaction., Methods: In this retrospective cohort study, all patient records from the APP clinic's second year (March 2017 to March 2018) at CHU Sainte-Justine were reviewed. These were compared with the records of patients seen by orthopaedic surgeons within the gait clinic the year before implementing the clinic. The following data were collected: demographic, professional issuing referral, reason for referral, consultation delay, clinical impression, investigation, and treatment plan. We also documented every subsequent follow-up to rule out any diagnostic change and identify surgical patients. Clinician satisfaction was assessed by the Minnesota Satisfaction and PROBES Questionnaires along with a short electronic survey., Results: Four hundred and eighteen patients were assessed by APPs and 202 by orthopaedic surgeons. APPs managed patients independently in 92.6% of cases. Nearly 86% of patients were discharged following the initial visit, and 7.4% were referred to a physiotherapist. Only 1% of APP

patients eventually required surgery compared with nearly 6% in the orthopaedic group. The mean waiting time for consultation was greater in the APP group (513.7 versus 264 days). However, there was a significant reduction in mean waiting time over the last 3 months surveyed (106.5 days)., Conclusions: The feedback from all clinicians involved was positive, with a greater mean score on the Minnesota Satisfaction and PROBES Questionnaire for APPs. The APP gait clinic appears to be an effective triage clinic., Level of evidence: III. Copyright © The Author(s) 2022. Published by Oxford University Press on behalf of the Canadian Paediatric Society. All rights reserved. For permissions, please e-mail: [journals.permissions@oup.com](mailto:journals.permissions@oup.com).

### Economic evaluation of advanced practice physiotherapy models of care: a systematic review with meta-analyses

Item Type: Generic

Author: Lafrance, Simon, Demont, Anthony, Thavorn, Kednapa, Fernandes, Julio, Santaguida, Carlo and Desmeules, Francois  
Publication Date: 2021

Publication Details: BMC health services research, 21, (1) pp.1214. , England:

Abstract: BACKGROUND: The objective of this systematic review is to appraise evidence on the economic evaluations of advanced practice physiotherapy (APP) care compared to usual medical care., METHODS: Systematic searches were conducted up to September 2021 in selected electronic bibliographical databases. Economic evaluation studies on an APP model of care were included. Economic data such as health care costs, patient costs, productivity losses were extracted. Methodological quality of included studies was assessed with the Effective Public Health Practice Project tool and the Critical Appraisal Skills Programme checklist. Meta-analyses were performed and mean differences (MD) in costs per patient were calculated using random-effect inverse variance models. Certainty of the evidence was assessed with the GRADE Approach., RESULTS:

Twelve studies (n = 14,649 participants) including four randomized controlled trials, seven analytical cohort studies and one economic modeling study were included. The clinical settings of APP models of care included primary, emergency and specialized secondary care such as orthopaedics, paediatrics and gynaecology. The majority of the included participants were adults with musculoskeletal disorders (n = 12,915). Based on low quality evidence, health system costs including salaries, diagnostic tests, medications, and follow-up visits were significantly lower with APP care than with usual medical care, at 2 to 12-month follow-up (MD: - 145.02 /patient; 95%CI: - 251.89 to - 38.14; n = 7648). Based on low quality evidence, patient costs including travel and paid medication prescriptions, or treatments were significantly higher with APP care compared to usual medical care, at 2 to 6-month follow-up (MD: 22.18 /patient; 95%CI: 0.40 to 43.96; n = 1485). Based on very low quality evidence, no significant differences in productivity losses per patient were reported between both types of care (MD: 450 /patient; 95%CI: - 80 to 970; n = 819)., CONCLUSIONS: This is the first systematic review and meta-analysis on the economic evaluation of APP models of care. Low quality evidence suggests that APP care might result in lower health care costs, but higher patient costs compared to usual medical care. Costs differences may vary depending on various factors such as the cost methodology used and on the clinical setting. More evidence is needed to evaluate cost benefits of APP models of care. Copyright © 2021. The Author(s).

[The added value of the advanced practice provider in paediatric acute care cardiology](#) Full text available with NHS OpenAthens account\*

Item Type: Generic

Author: Willis, Amanda J., Hoerst, Amanda, Hart, Stephen A., Holbein, Diana, Lowery, Kristyn, Harahsheh, Ashraf S., Kipps, Alaina K., Madsen, Nicolas, Patel, Sonali S. and Tanel, Ronn E.

Publication Date: 2021

Publication Details: Cardiology in the young, 31, (2) pp.248-251. , England:

Abstract: OBJECTIVES: Advanced practice providers (APPs) are being employed at increasing rates in order to meet new in-hospital care demands. Utilising the Paediatric Acute Care Cardiology Collaborative (PAC3) hospital survey, we evaluated variations in staffing models regarding first-line providers and assessed associations with programme volume, acuity of care, and post-operative length of stay (LOS)., STUDY DESIGN: The PAC3 hospital survey defined staffing models and resource availability across member institutions. A resource acuity score was derived for each participating acute care cardiology unit. Surgical volume was obtained from The Society of Thoracic Surgeons database. Pearson's correlation coefficients were used to evaluate the relationship between staffing models and centre volume as well as unit acuity. A previously developed case-mix adjustment model for total post-operative LOS was utilised in a multinomial regression model to evaluate the association of APP patient coverage with observed-to-expected post-operative LOS., RESULTS: Surveys were completed by 31 (91%) PAC3 centres in 2017. Nearly all centres (94%) employ APPs, with a mean of 1.7 (range 0-5) APPs present on weekday rounds. The number of APPs present has a positive correlation with surgical volume (r = 0.49, p < 0.01) and increased acuity (r = 0.39, p = 0.03). In the multivariate model, as coverage by APPs increased from low to moderate or high, there was greater likelihood of having a shorter-than-expected post-operative LOS (p < 0.001)., CONCLUSIONS: The incorporation of paediatric acute care cardiology APPs is associated with reduced post-operative LOS. Future studies are necessary to understand how APPs impact these patient-specific outcomes.

[Advanced practice physiotherapy in paediatric orthopaedics: innovation and collaboration to improve service delivery](#) Abstract only\*

Item Type: Generic

Author: O Mir, M. and O'Sullivan, C.

Publication Date: 2018

Publication Details: Irish journal of medical science, 187, (1) pp.131-140. , Ireland:

Abstract: INTRODUCTION: One in eight paediatric primary care presentations is for a musculoskeletal (MSK) disorder. These patients are frequently referred to paediatric orthopaedic surgeons; however, up to 50% of referrals are for normal variants. This results in excessive wait-times and impedes access for urgent surgical cases. Adult MSK medicine has successfully utilised advanced practice physiotherapists (APP) managing non-surgical candidates, with documented benefits both to patients and services. There is a gap in the literature with regard to APP in paediatric orthopaedics., AIM: In this review, we investigate demands on paediatric orthopaedic services, examine the literature regarding APP in paediatric orthopaedics and explore the value the role has to offer current outpatient services., RESULTS: Paediatric orthopaedic services are under-resourced with concurrent long wait times. Approximately 50% of referrals are for normal variants, which do not require specialist intervention. Poor musculoskeletal examination skills and low diagnostic confidence amongst primary care physicians have been identified as a cause of inappropriate referrals. APP clinics for normal variants have reported independent management rate and discharge rates of 95% and marked reduction in patient wait times., CONCLUSION: There is limited evidence to support the APP in paediatric orthopaedics. Further studies are needed investigating diagnostic agreement, patient/stakeholder satisfaction, patient outcomes and economic evaluation. Paediatric orthopaedics is in crisis as to how to effectively manage the overwhelming volume of referrals. Innovative

multidisciplinary solutions are required so that the onus is not solely on physicians to provide all services. The APP in paediatric orthopaedics may be part of the solution.

[An evaluation of diagnostic agreement rates between advanced practice physiotherapists and paediatric orthopaedic consultants for children with musculoskeletal complaints](#) Abstract only\*

Item Type: Generic

Author: O Mir, Marie, O'Sullivan, Cliona, Lennon, Olive and Blake, Catherine

Publication Date: 2018

Publication Details: Musculoskeletal care, 16, (4) pp.433-439. , England:

Abstract: PURPOSE: The purpose of the present study was to establish diagnostic agreement rates between orthopaedic consultants and advanced practice physiotherapists (APPs) for paediatric orthopaedic patients, examine the appropriateness of referrals by APPs to consultants and report on the surgical conversion rate (SCR)., METHODS: A retrospective review of all patients referred from an APP clinic to orthopaedic consultants was conducted for 2013, with a 3-year longitudinal follow-up through to the end of 2016. Study participants were two APPs and four orthopaedic consultants at a single site. Descriptive statistics report the proportion of appropriate onward referrals and SCRs. Raw proportion agreement and kappa coefficients were used to evaluate diagnostic agreement rates., RESULTS: The mean raw agreement was 82% (95% confidence interval = 73 to 87), with 12 of the 15 individual codes demonstrating agreement rates  $\geq$ 90% (range 57-100). Good to excellent agreement was demonstrated in almost all categories based on the kappa coefficient. Eighty-seven per cent of referrals from APPs were deemed to be appropriate by the orthopaedic consultants. The SCR was 23%., CONCLUSIONS: This was the first study to evaluate diagnostic agreement rates between APPs and orthopaedic consultants, the appropriateness of onward

referral by APPs and the SCR for paediatric musculoskeletal patients referred from an APP clinic. Good to excellent diagnostic agreement was observed for routine elective paediatric orthopaedic patients, in tandem with agreement levels reported in the adult literature. The study demonstrates that APPs are clinically effective in the diagnosis and onward referral of paediatric orthopaedic patients in a triage setting. Copyright © 2018 John Wiley & Sons, Ltd.

### [An advanced nurse practitioner service for neonates, children and young people](#) Abstract only\*

Item Type: Generic

Author: Hyde, R.

Publication Date: 2017

Publication Details: Nursing children and young people, 29, (8) pp.36-41. , United Kingdom:

Abstract: The NHS continues to face unprecedented demands and reform which necessitates a move away from traditional modes of delivery. Over the past ten years economic austerity, changes to legislation and professional career developments have led to healthcare service redesign and innovations in nursing roles, including the development of the advanced nurse practitioner (ANP) role. This article explores how one organisation created an ANP service for out-of-hours neonatal and paediatric care in a district general hospital setting. It was found that ANPs help to provide continuity of care, support learning, inspire continued professional development and lead on healthcare agendas. However, the ANP service faced factors not exclusive to local context including an ageing workforce, difficulties in recruiting and retaining suitably qualified staff and economic pressures. The future of the service depends on it overcoming these factors while demonstrating that the shift from traditional models of care can lead to a positive outcome.

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## Allied Health Professionals (AHPs)

### [UK paediatric speech and language therapists' perceptions on the use of telehealth in current and future clinical practice: An application of the APEASE criteria](#)

Item Type: Journal Article

Authors: Charlton, Jenna;Greaux, Melanie;Kulkarni, Amit;Dornstauder, Melanie and Law, James

Publication Date: 2024

Journal: International Journal of Language & Communication Disorders 59(3), pp. 1163–1179

Abstract: BACKGROUND: Telehealth for paediatric speech and language therapy became one of the most salient modes of service delivery during the COVID-19 pandemic. Evidence for speech and language therapy services via telehealth in comparison to face-to-face delivery demonstrates promising outcomes, and studies have begun to explore practitioner and client experiences. However, across the literature, many critical elements of services are overlooked, and there is a need to frame the evidence base within a theoretical model that can draw out practical implications that consider the range of factors having an impact on clinical implementation in real-world contexts. The APEASE (Acceptability, Practicability, Effectiveness, Affordability, Side-effects, and Equity) criteria offer such a model. The current study explored practising UK speech and language therapists' (SLTs) clinical experience of telehealth through the lens of the APEASE criteria and aimed to identify recommendations for future service provision from the practitioner perspective., METHODS: An online survey structured using the APEASE criteria was developed in collaboration with the UK Royal College of Speech and Language Therapists. Quantitative data were analysed using

descriptive statistics and qualitative data were analysed using reflexive thematic analysis. **RESULTS:** Four hundred and thirty-eight qualified and practicing UK paediatric SLTs completed the survey. Telehealth was broadly acceptable and practicable to SLTs yet there remains some uncertainty about its efficacy and cost-effectiveness compared to face-to-face interventions and how equitable it is for different population groups. SLTs reported that effective implementation of telehealth services was dependent upon several contextual factors; affordability was a perceived barrier to clients having access to telehealth resources, intervention via telehealth was perceived as more acceptable than assessment, and whilst many SLTs welcomed aspects of telehealth, there were concerns about the physical and mental health consequences for practitioners. Six themes for the future development of telehealth in paediatric speech and language therapy were identified: (1) balanced and tailored services; (2) technology and equipment; (3) information and communication; (4) capacity building; (5) monitoring and evaluation; and (6) leadership and governance. **CONCLUSIONS:** Outcomes highlight promising, concerning and uncertain aspects of telehealth in paediatric speech and language therapy. SLTs value a flexible and tailored approach to service delivery and recommend that effective leadership, clear communication, ongoing policy and guidance development, upskilling of users and careful evaluation of impact are required to ensure optimal implementation. The APEASE criteria offer a valuable opportunity to enhance and streamline practice and research to ensure sustainable implementation of telehealth in the paediatric speech and language therapy services of tomorrow. **WHAT THIS PAPER ADDS:** What is already known on this subject The COVID-19 pandemic led to the increased use of telehealth as a main mode of service delivery in paediatric speech and language therapy. Pre-COVID-19, evidence for the use of telehealth in this field included small-scale experimental studies that reported on children with particular disorders and

explored telehealth outcomes in comparison to face-to-face delivery. The realities of at-scale clinical practice were not well-represented, and critical elements of service such as cost-effectiveness were often overlooked in the paediatric literature. Furthermore, despite emerging global evidence for temporary telehealth responses to the crisis in speech and language therapy, the long-term and future use of telehealth remains unclear. What this paper adds to existing knowledge The current study applied the lens of the APEASE (Acceptability, Practicability, Effectiveness, Affordability, Side-effects, and Equity) criteria, which were used in this case to consider socioeconomic, ecological and cultural factors to capture an overarching understanding of the use of telehealth in paediatric speech and language therapy, and to inform the role of telehealth in future, longer-term and at-scale service development. Results indicated emerging trends in UK paediatric speech and language therapists' (SLTs') perceptions of telehealth and SLTs perceived a hybrid approach to service delivery, combining mostly face-to-face services with some telehealth, was likely to continue in the future. We identified six themes to guide the future development of telehealth in paediatric speech and language therapy services: (1) balanced and tailored services; (2) technology and equipment; (3) information and communication; (4) capacity building; (5) monitoring and evaluation; and (6) leadership and governance. What are the potential or actual clinical implications of this work? UK SLTs believe that speech and language therapy services using telehealth should be reflective, tailored and flexible to meet the requirements and circumstances of the children, young people and families served, as well as the physical and emotional needs of practitioners. SLTs recommend that this service development is clearly communicated to all stakeholders and suggested that those using telehealth should be supported through appropriate training, and ongoing effectiveness should be monitored. Telehealth is here to stay and the APEASE criteria

offer a unique opportunity to ensure sustainable models of service delivery; to support co-ordinated leadership at the local, national and international levels and the development of policy and clinical guidance. Copyright © 2023 The Authors.

International Journal of Language & Communication Disorders published by John Wiley & Sons Ltd on behalf of Royal College of Speech and Language Therapists.

### Paediatric radiotherapy in the United Kingdom: an evolving subspecialty and a paradigm for integrated teamworking in oncology

Item Type: Journal Article

Authors: Colori A.;Ackwerh R.;Chang Y.-C.;Cody K.;Dunlea C.;Gains J.E.;Gaunt T.;Gillies C.M.S.;Hardy C.;Lalli N.;Lim P.S.;Soto C. and Gaze M.N.

Publication Date: 2024

Journal: British Journal of Radiology 97(1153), pp. 21 EP

Abstract: Many different malignancies occur in children, but overall, cancer in childhood is rare. Survival rates have improved appreciably and are higher compared with most adult tumour types. Treatment schedules evolve as a result of clinical trials and are typically complex and multi-modality, with radiotherapy an integral component of many. Risk stratification in paediatric oncology is increasingly refined, resulting in a more personalized use of radiation. Every available modality of radiation delivery: simple and advanced photon techniques, proton beam therapy, molecular radiotherapy, and brachytherapy, have their place in the treatment of children's cancers. Radiotherapy is rarely the sole treatment. As local therapy, it is often given before or after surgery, so the involvement of the surgeon is critically important, particularly when brachytherapy is used. Systemic treatment is the standard of care for most paediatric tumour types, concomitant administration of chemotherapy is typical, and immunotherapy has an increasing role. Delivery of radiotherapy is not done by clinical or radiation oncologists alone; play

specialists and anaesthetists are required, together with mould room staff, to ensure compliance and immobilization. The support of clinical radiologists is needed to ensure the correct interpretation of imaging for target volume delineation. Physicists and dosimetrists ensure the optimal dose distribution, minimizing exposure of organs at risk. Paediatric oncology doctors, nurses, and a range of allied health professionals are needed for the holistic wrap-around care of the child and family. Radiographers are essential at every step of the way. With increasing complexity comes a need for greater centralization of services. Copyright © The Author(s) 2023.

### 'It's not just linguistically, there's much more going on': The experiences and practices of bilingual paediatric speech and language therapists in the UK

Item Type: Journal Article

Authors: Greaux, Melanie;Gibson, Jenny L. and Katsos, Napoleon

Publication Date: 2024

Journal: International Journal of Language & Communication Disorders 59(5), pp. 1715–1733

Abstract: BACKGROUND: Despite the high prevalence of bilingualism in the United Kingdom, few speech and language therapists (SLTs) are bilingual themselves. Most SLT research on bilingualism has generated knowledge to inform service delivery for bilingual clients, but few studies have investigated how being a bilingual SLT influences one's professional experiences and practices. Better understanding the unique positionality of bilingual SLTs can yield critical insights to meaningfully address issues of diversity, inclusion and equity in the profession., AIMS: To investigate the experiences and practices of bilingual paediatric SLTs in the United Kingdom through the lens of Cultural-Historical Activity Theory- International Classification of Functioning, Disability and Health (CHAT-ICF), a new theoretical framework developed to

conceptualise the activities of professionals working in the field of disability., METHODS: In this qualitative study, 19 bilingual paediatric SLTs practising in the United Kingdom were interviewed individually. Participants were recruited through a snowball sampling strategy, and semi-structured interviews conducted online. The data were analysed using reflexive thematic analysis and following a hybrid inductive-deductive approach to map the results onto the CHAT-ICF framework., RESULTS: Six overarching components of the CHAT-ICF framework hosted the 12 sub-themes identified to capture the experiences and practices of bilingual SLTs: (1) Subject (intersectionality); (2) Tools (language skills, education, clinical resources); (3) Rules (systemic barriers, sense of responsibility); (4) Community (sense of inclusion); (5) Division of labour (parents, colleagues); and (6) Practice (empathy with children, holistic mindset, flexible approaches). The use of the CHAT-ICF theoretical lens revealed two fundamental structural phenomena: (1) the distribution of sub-themes across many components of CHAT-ICF demonstrated that being a bilingual SLT is a multifactorial experience; and (2) the chain reactions between sub-themes illustrated the dynamic nature of bilingual SLTs' experiences which can be harnessed to challenge marginalisation and promote equity in the profession., CONCLUSION & IMPLICATIONS: This is the first qualitative study to date to provide in-depth insights into the experiences and practices of bilingual SLTs in the United Kingdom. These insights can be mobilised to inform the meaningful inclusion of bilingual SLTs in workforce planning efforts and service development. Recommendations include using intersectional lenses, providing cultural and anti-racism awareness training to SLTs, developing more diverse clinical resources and flexible approaches for bilingual families, valuing bilingualism in recruitment processes and increasing accountability at the leadership level. Research giving voice to bilingual SLTs, and other underrepresented demographics in the SLT workforce, can

catalyse action to promote a more diverse and inclusive profession in line with the Royal College of Speech and Language Therapists' strategic vision 2022-2027., WHAT THIS PAPER ADDS: What is already known on the subject Most research on bilingualism in speech and language therapy is focused on issues related to service provision and delivery for bilingual clients with little consideration for bilingual speech and language therapists' (SLTs) unique positionality. A few survey studies have shown that bilingual SLTs report significantly higher competency and greater confidence when working with clients who speak multiple languages, but there are significant gaps in understanding how bilingualism impacts other aspects of their professional experiences. What this paper adds to existing knowledge This is the first study to provide in-depth insights into the experiences and practices of bilingual SLTs in the United Kingdom. We show that being bilingual profoundly impacts many aspects of their professional experiences, including their clinical identity, skillset, sense of inclusion in the workplace, work relationships and clinical approaches. Bilingual SLTs expressed developing trust relationships with bilingual families and adopting flexible approaches to account for their clients' environmental factors, all of which can contribute to more equitable SLT services. This study also makes a novel contribution by proposing and using the Cultural-Historical Activity Theory-International Classification of Functioning, Disability and Health (CHAT-ICF) framework to conceptualise and investigate SLTs' experiences and practices. What are the potential or actual clinical implications of this work? This study provides evidence-based recommendations to inform progress towards the Royal College of Speech and Language Therapists' strategic vision 2022-2027 and the diversification of the profession. Actions to support bilingual SLTs and diversify the profession include shifting a rigid mindset of linguistic and cultural 'competence' to self-growth and awareness, developing more diverse clinical resources and flexible approaches for bilingual families, valuing

bilingualism in SLT recruitment processes and career progression and increasing accountability and leadership around issues of diversity in the workplace. The novel CHAT-ICF framework has the potential to be used to support therapists' reflexivity in their practice or structure audits of rehabilitation services. Intersectionality theories and transformative processes can catalyse positive change in clinical services and research around bilingualism. Copyright © 2024 The Authors. International Journal of Language & Communication Disorders published by John Wiley & Sons Ltd on behalf of Royal College of Speech and Language Therapists.

[Perspectives of speech and language therapists in paediatric palliative care: an international exploratory study](#) Abstract only\*

Item Type: Generic

Author: Krikheli, Lillian, Erickson, Shane, Carey, Lindsay B., Carey-Sargeant, Christa and Mathisen, Bernice A.

Publication Date: 2020

Publication Details: International journal of language & communication disorders, 55, (4) pp.558-572. , United States:

Abstract: BACKGROUND: The involvement of speech and language therapists (SLTs) within paediatric palliative care (PPC) settings has been recognized within the extant literature. However, there is little understanding of SLT's specific roles and practices when working with this vulnerable cohort of children and their families. As part of a larger body of work to develop consensus-based recommendations for SLTs working in PPC, it is important to investigate demographic and caseload characteristics., AIMS: This exploratory study aimed to gather previously undocumented international demographic data pertaining to SLT service provision, caseload and training in PPC. Additionally, it sought to ascertain the current treatment and assessment approaches of SLTs, and if variations exist in beliefs and practices., METHODS & PROCEDURES: An anonymous cross-sectional survey was designed and reported

according to the Checklist for Reporting Results of Internet E-Surveys (CHERRIES). The online survey consisted of 40 items spanning four domains: (1) demographic information, (2) caseload information, (3) service provision and (4) training and education. SLTs from Australia, Canada, New Zealand, the UK, Ireland and the United States were recruited using a purposive snowball sampling approach. Descriptive analysis of closed-ended survey responses and content analysis of open-ended responses are presented., OUTCOMES & RESULTS: A total of 52 respondents completed the survey. SLTs worked in a variety of PPC settings, with patients of varying age and disease groups. Over 50% of participants reported working in PPC for <= 4 years. Genetic disorders (34%), oncology (27%) and neurological conditions (21%) made up a significant portion of respondents' caseloads. Reported treatments and assessment approaches used by SLTs are not unique to a PPC population. Barriers and enablers for practice were identified. A portion of participants did not feel trained and prepared to assess (19.2%) or treat (15.4%) PPC clients., CONCLUSIONS & IMPLICATIONS: This study confirms that SLTs internationally have a role in the management of communication and swallowing impairments in a PPC context. However, whether current training and resources adequately support SLTs in this role remains questionable. This paper helps to provide SLTs, administrators, professional associations and tertiary institutions with foundational data to help inform workforce planning, advocacy efforts and training priorities. What this paper adds What is already known on the subject The published multidisciplinary literature has identified that SLTs have a role in PPC. However, there has been no targeted research investigating the professional characteristics of clinicians in this context, nor any detailed information regarding associated clinician beliefs or management approaches. What this paper adds to existing knowledge This study is a snapshot of attributes, practice patterns and beliefs of SLTs who work with a PPC



population. It highlights SLT perspectives of education and training, as well as meta-perceptions of themselves within the multidisciplinary team. What are the potential or actual clinical implications of this work? Data presented in this paper will help to enable SLTs, organizations and associations to augment service provision and determine future professional development priorities within the field of PPC. Copyright © 2020 Royal College of Speech and Language Therapists.

Occupational therapists' perceptions of service transformation towards contemporary philosophy and practice in an acute specialist paediatric hospital Abstract only\*

Author(s): Murray et al.

Source: British Journal of Occupational Therapy 82(12)

Publication date: 2019

Introduction: The acute occupational therapy department at a specialist paediatric hospital in metropolitan Australia is undergoing a service transformation to increase their alignment with contemporary occupational therapy philosophy and practice. The purpose of this study was to explore occupational therapists' current knowledge and skills regarding contemporary occupational therapy philosophy and practice, and their attitudes and motivation towards a service transformation. Method: Qualitative data were collected through semi-structured interviews with eight occupational therapists. Interviews were audio-recorded and transcribed for thematic data analysis. Findings: Four major themes were established: a glimmer of occupation; variability with recognising and articulating the core of occupational therapy; therapists externalising challenges; and the barriers and enablers to the transformation. Conclusion: The findings suggest that therapists in acute settings are attempting to incorporate contemporary occupational therapy philosophies in practice. Therapists recognised the power of occupation and the benefits of an occupation-based approach, and hence were accepting of the service transformation; although the

implementation of occupation-based practice appears to be inconsistent in acute settings. Findings highlight a need to enhance therapists' knowledge of contemporary occupational therapy. However, therapists did not foresee this as a significant factor, leading to feeling a lack of control and externalising the barriers to service transformation.

Perceptions and practices of paediatric occupational therapists: The challenges of implementing the national assessment of need (AON) process

Item Type: Generic

Author: Murphy, K. and Governey, S.

Publication Date: 2018

Publication Details: Irish Journal of Occupational Therapy, 46, (2) pp.77-88. , United Kingdom: Emerald Group Publishing Ltd. (Howard House, Wagon Lane, Bingley BD16 1WA, United Kingdom).

Abstract: Purpose - The purpose of this paper is to feedback the results of a survey of paediatric occupational therapists completed by the Paediatric Advisory Group (PAG) regarding perceptions and practices of the assessment of need (AON) process. This survey was completed to gather feedback from occupational therapists about the impact of the AON process on paediatric occupational therapy practice in Ireland.

Design/methodology/approach - A questionnaire was developed by the authors, who were on the PAG committee, to specifically gather quantitative and qualitative information about the AON. A snowball sampling method was utilised. The results were grouped into themes related to the practices and recommendations from occupational therapists nationally.

Findings - Surveys were returned from 98 paediatric occupational therapists with a wide national geographical spread with the majority working in the Health Service Executive (HSE). The amount of time spent on AON assessments, as well as the length of reports, varied nationally. The process of how

assessments were completed (unidisciplinary or multidisciplinary) and whether a diagnosis was provided was inconsistent. Concerns were raised about the negative ethical impact of the AON on service provision and intervention and the need for further training of staff along with more frequent assessment reviews. The respondents also highlighted concerns about the increasing age of the AON criteria, with no increase in resources, and they provided suggestions for improvements for the future. Research limitations/implications - The survey was sent to all AOTI and PAG members via gatekeepers and then forwarded to others, resulting in a snowball sampling technique; however, this does not represent all paediatric occupational therapists nationally as membership in these groups is voluntary. Practical implications - The concerns and inequities raised in the survey regarding occupational therapy practices of completing the AON process need to be shared with relevant stakeholders both at the occupational therapy management level and in the HSE and Department of Health/Disability. The PAG will continue to highlight these concerns from their members to relevant parties and by disseminating findings in articles such as this. Social implications - Ethical concerns were raised by some members about the equity of access to interventions as a result of the AON process. The social implication of this for families and children is pertinent, particularly in the context of the increased age in the AON criteria without any increase in resources. Originality/value - The PAG aims to support paediatric occupational therapists nationally and the committee often gathers feedback from members regarding concerns which affect day-to-day practice in paediatric occupational therapy. Sharing of this information with IJOT readers helps to highlight the challenges faced by paediatric occupational therapists nationally. Copyright © Kate Murphy and Sarah Governey.

### Attrition

#### [Searching for the true attrition rate of UK paediatric trainees](#)

Item Type: Generic

Author: Redman, M. G., Carzedda, D., Jay, N., Clark, S. J. and Rogers, M.

Publication Date: 2021

Publication Details: Archives of Disease in Childhood, 106, (9) pp.903-905. , United Kingdom: BMJ Publishing Group.

Abstract: Objective To quantitatively analyse the number of doctors leaving the paediatric specialty training (ST) programme in the UK, to assist with evidence-based workforce planning. Design Data were sought on those leaving the UK paediatrics training programme between 2014 and 2019 from Heads of Schools of Paediatrics and Freedom of Information Act requests. Setting Retrospective data analysis. Outcome measures Overall attrition rate, attrition rate across level of training, attrition rate across geographical area, recorded reason for leaving. Results All results must be interpreted with caution due to limitations in record keeping and analysis. The annual attrition rate across all ST levels between 2014 and 2019 is estimated at 3.7%-4.2% (ie, 749-845 trainees may have left the paediatric training programme over 2014-2019). No reason for leaving was recorded for three-quarters of individuals, around 630 doctors. Of those leaving paediatrics, significantly more ( $\chi^2$ ,  $p=0.015$ ) did so at ST3 (20.3%) versus the next highest training year, ST2 (13.6%). Conclusions This project seems to demonstrate worryingly poor record-keeping of the true attrition rate of paediatric trainees by organisations responsible for workforce planning, including Health Education England, the Royal College of Paediatrics and Child Health and individual paediatric schools across the UK. To allow evidence-based workforce planning for the benefit of UK children, it is vital that accurate records on trainees who leave the training programme are kept and shared

across the UK. Copyright ©

## Career pathways and intentions

### The early determinants of career choices for medical students following an obstetrics and gynaecology placement: Mixed methods study

Item Type: Journal Article

Authors: Sein, Eleanor;Belsi, Athina;Morgenstern, Christian;Terzidou, Vasso and Patel, Roshni R.

Publication Date: 2024

Journal: BJOG : An International Journal of Obstetrics and Gynaecology 131(7), pp. 961–968

Abstract: OBJECTIVE: To explore the impact of attending a clinical placement in considering a career in obstetrics and gynaecology., DESIGN: Mixed methods study., SETTING: London Medical School., POPULATION: Fifth year medical students attending a clinical placement in obstetrics and gynaecology., METHODS: Between January 2021 and January 2022, questionnaires were used and semi-structured focus groups conducted, which were audio-recorded. Descriptive statistics were conducted and a framework analysis on transcribed focus groups., MAIN OUTCOME MEASURE: The impact of the clinical placement on career choice., RESULTS: Six main themes were identified from the analysis; three contributing to considering a career in obstetrics and gynaecology; pregnancy is not an illness, extraordinary experience of observing childbirth and variable specialty and three themes emerged contributing to not considering a career; lack of work-life balance, high stakes specialty and the emotional toll. Even at an undergraduate level, medical students exhibited concerns about the long-term feasibility of achieving work-life balance and avoiding professional burnout, which was partly attributed to the responsibility of looking after both the woman and their baby., CONCLUSIONS: Obstetrics and gynaecology is

perceived as an exciting and variable speciality by medical students. Students' experiences on the labour ward during a clinical placement appear to contribute to the consideration of a career in obstetrics and gynaecology. Students should be given opportunities to discuss their concerns about obstetrics, particularly over the potential psychological impact of adverse/traumatic birth events. It is crucial to provide a realistic introduction to obstetrics, to recruit enthusiastic junior doctors who will be resilient to the pressures of the speciality, to avoid burnout and minimise attrition rates. Copyright © 2023 The Authors. BJOG: An International Journal of Obstetrics and Gynaecology published by John Wiley & Sons Ltd.

### Future career intentions of higher specialist trainees in general Paediatrics Abstract only\*

Item Type: Generic

Author: Butler, Grainne, Breatnach, Colm, Harty, Sinead, Gavin, Patrick, O'Donnell, Colm and O'Grady, Michael,J.

Publication Date: 2019

Publication Details: Irish journal of medical science, 188, (1) pp.189-192. , Ireland:

Abstract: BACKGROUND: A survey of paediatric higher specialist trainees was carried out in 2002 assessing career intentions and perception of training. Fourteen years later, with increased numbers of trainees and a national model of care and a tertiary paediatric hospital on the horizon, we re-evaluated the career intentions of the current trainee workforce., AIMS: To assess the career intentions of the current paediatric higher specialist trainees., METHODS: A 28-item questionnaire was developed based on a previously validated instrument and distributed online using the Royal College of Physicians of Ireland trainee database., RESULTS: We distributed the questionnaire to 118 eligible trainees and received responses from 92 (78%). Seventy-nine (86%) respondents desire a consultant post in Ireland. Seventy-five (82%) indicated that their

preferred consultant post location was in a tertiary paediatric centre. Sixty-two trainees (67%) intend to become subspecialists with 25 (27%) planning a career in general paediatrics. This contrasts with the 2002 survey when 76% wished to work in urban centres and 61% of trainees planned a career in general paediatrics., CONCLUSION: There appears to be a mismatch between the career goals of the future paediatric consultant workforce and the requirements for staffing paediatric units nationally. This has the potential to com

### Dentistry

#### Dental students' clinical and academic experience during placement in a UK tertiary care children's hospital

Item Type: Journal Article

Authors: Strang, Alexander M. and Gartshore, Laura M.

Publication Date: 2024

Journal: European Journal of Dental Education : Official Journal of the Association for Dental Education in Europe 28(1), pp. 100–105

Abstract: INTRODUCTION: There are well-recognized difficulties across UK dental schools in recruiting paediatric patients who are willing to attend, have manageable dental disease, and do not require the behaviour management skills of an experienced dentist. This presents a concern for the skill development of the future workforce. At the School of Dentistry in Liverpool, the challenge to enable students to develop these core skills is supported by attendance at a tertiary care children's hospital. The present study investigates whether attendance of final-year dental students at a children's hospital affects perceptions of their surgical experience, self-reported preparation for working independently as a dentist, and understanding of specialist care., MATERIALS AND METHODS: A self-administered online survey was distributed to final-year dental students (2020-2021). Quantitative and qualitative data were gathered using mixed item

formats for descriptive analysis. Questions addressed themes including experience of primary tooth exodontia, understanding of general anaesthetic dental care and multidisciplinary patient management., RESULTS: The response rate was 90% (n = 66). Attendance was beneficial to student learning and experience; responders reported increased surgical experience, self-confidence and understanding of multidisciplinary care. Students developed insight into future career pathways., CONCLUSION: The present study supports the use of external clinic rotations, known as outreach placements, for dental student training. The findings support existing literature demonstrating the value of outreach placements in providing an experience not available in dental school environments. Dental students' perceptions of their surgical experience, knowledge of specialist care, and preparedness for independent practice may be enhanced by attendance to outreach placements. Copyright © 2023 The Authors. European Journal of Dental Education published by John Wiley & Sons Ltd.

#### Evaluation of UK paediatric nephrology teams' understanding, experience and perceptions of oral health outcomes and accessibility to dental care: a mixed-methods study

Item Type: Journal Article

Authors: Wallace, Christopher K.;Vernazza, Christopher R.;Emmet, Victoria;Singhal, Nidhi;Sathyanarayana, Vijaya;Tse, Yincent and Taylor, Greig D.

Publication Date: 2024

Journal: Pediatric Nephrology (Berlin, Germany) 39(7), pp. 2131–2138

Abstract: BACKGROUND: Oral health conditions are common in children and young people (CYP) with kidney disorders. There is currently limited literature on how confident paediatric nephrology teams feel to identify and manage oral health concerns for their patients., METHOD: An exploratory mixed-method survey was distributed across all 13 UK specialist

paediatric nephrology centres with responses received from consultants, registrars, specialist nurses and special interest (SPIN) paediatricians., RESULTS: Responses received from 109 multidisciplinary team members of 13/13 (100%) UK tertiary units. Ninety-two percent (n = 100) of respondents reported they had never received any training in oral health and 87% (n = 95) felt that further training would be beneficial to optimise care for patients and improve communication between medical and dental teams. Most respondents reported that they did not regularly examine, or enquire about, their patients' oral health. Only 16% (n = 17) reported that all their paediatric kidney transplant recipients underwent routine dental assessment prior to transplant listing. Severe adverse oral health outcomes were rarely reported and only 11% (n = 12) of respondents recalled having a patient who had a kidney transplant delayed or refused due to concerns about oral infection. Seventy-eight percent (n = 85) felt that joint working with a dental team would benefit patients at their unit; however, 17% (n = 18) felt that current infrastructure does not currently support effective joint working., CONCLUSIONS: Across the UK, paediatric kidney health professionals report lack of confidence and training in oral health. Upskilling subspecialty teams and creating dental referral pathways are recommended to maximise oral health outcomes for CYP with kidney diseases. Copyright © 2024. The Author(s).

### Paediatric dentistry provision in the North East of England: workforce confidence and attitudes

Item Type: Generic

Author: Simpson, Sarah, Wallace, Christopher K. and Vernazza, Christopher R.

Publication Date: 2022

Publication Details: British dental journal, , England:

Abstract: Background Exploration of workforce confidence and attitudes towards the provision of paediatric dental care has the potential to inform targeted workforce development to address

the oral health needs of children. Aims To explore: workforce confidence in providing paediatric dentistry; attitudes towards existing paediatric dental service provision; and perceived capacity and willingness to deliver Level 2 paediatric dental services. Methods An anonymous online survey was distributed to regional primary care and early-career dentists. It was distributed via Local Dental Committee Chairs, Community Dental Service Clinical Directors, a regional research collaborative and social media for a six-week period. Results Eighty-eight respondents self-reported confidence in 28 paediatric dental skills/competencies. Overall, 64% of respondents rated themselves as confident or very confident, with the least confidence reported in endodontic treatment of immature teeth and prescribing removable orthodontic appliances. In addition, 66% of respondents felt that the current provision of paediatric dental services was inadequate and 44% expressed willingness to provide Level 2 paediatric dental services. Conclusion High levels of confidence were reported in most paediatric dental skills/competencies. Current regional provision of paediatric dental services was described as inadequate. There is willingness and capacity within the existing workforce to provide Level 2 paediatric dental services. Copyright © 2022. The Author(s), under exclusive licence to the British Dental Association.

### Dental specialist workforce and distribution in the United Kingdom: a specialist map Abstract only\*

Item Type: Generic

Author: Jo, Olivia, Kruger, Estie and Tennant, Marc

Publication Date: 2021

Publication Details: British dental journal, , England:

Abstract: Objectives To illustrate, identify and assess a contemporary model of the geographic distribution of specialist dentists in relation to population age groups and rurality.

Methods All UK dental specialists registered with the General

Dental Council were extracted and paired with publicly available locations of work. Geographic information system tools were used to map specialist locations against population and rural-urban classifications of England, Wales, Scotland and Northern Ireland. The latest 2019 population estimates and health board areas were superimposed to create a specialist map. All other data were collected at the smallest geographic statistical areas and corresponding population data from the latest census.

**Results** A total of 4,439 specialist titles were held by 3,041 individuals, linked to 3,459 unique locations of work. Specialist locations were mapped against 135 Clinical Commissioning Groups (CCGs) of England, seven Local Health Boards of Wales, 14 Health Boards of Scotland and five Health and Social Care Trusts of Northern Ireland. NHS Central London CCG had the highest specialist dentists per 100,000 people at 118.9; paediatric dentists per 20,000 children at 6.4; orthodontic dentists per 20,000 schoolchildren at 23.2; oral surgery dentists at 4.8 per 20,000 adults; and prosthodontic dentists at 7.2 per 20,000 adults. Orthodontics and oral surgery had the highest specialist-to-population ratios at 1:45,545 and 1:77,510, compared to oral and maxillofacial radiology and oral microbiology with the lowest ratios of 1:2,178,316 and 1:9,024,452, respectively. In England, Wales, Scotland and Northern Ireland, there were 79.5% (n = 42,140,039), 55.6% (n = 1,703,248), 46.9% (n = 2,481,996) and 42.9% (n = 776,295) of the respective populations that lived within 2.5 km of a specialist location. There were significant disparities in rural proximity to specialist locations across all nations. In Scotland, 40.8% of the rural population lived outside 10 km of a specialist location.

**Conclusions** Stark inequalities exist in the geographic distribution of UK specialist dentists and high disparities were found in accessing a specialist, especially for vulnerable populations.

## Education and Training

### [Postgraduate education: challenges for the paediatric workforce of the future?](#)

Item Type: Journal Article

Authors: Lee, Tim W. R.; Seal, Arnab K. and Simkiss, Douglas E.

Publication Date: 2024

Journal: Archives of Disease in Childhood 109(10), pp. 866–867

What makes a good paediatrician? What are the knowledge, skills, attitudes and competencies expected of paediatricians? The UK General Medical Council (GMC) guidance on what makes good doctors and the Royal College of Paediatrics and Child Health (RCPCH) curricula have, over the years, set out these expectations clearly. However, how a paediatric trainee will acquire these competencies is delegated to local arrangements. While hands-on experience in the wards and ad hoc teaching sessions may allow trainees to acquire skills, with the pressures of training and reducing training times, it has become increasingly difficult for trainees to acquire all the relevant knowledge and competencies. In the 1990s, paediatricians in different parts of the UK set up master's degrees to address those competencies that are not easily acquired on the job. These courses were very popular, but changes in the university funding models and support from Health Education bodies have led to many closing. MSc courses that did run in Nottingham, Newcastle, Warwick, Cardiff and Glasgow have all finished and the course in Leeds has shut its door to new students.

### [What can be done to ease the transition to becoming a new paediatric registrar?](#)

Item Type: Journal Article

Authors: Long S.A.; Alam S.M.A. and Allery L.A.

Publication Date: 2024

Journal: BMC Medical Education 24(1), pp. 1247

**Abstract:** Background: The transition period of becoming a new paediatric registrar has limited study. Consequently, the learning needs of such trainees are unclear including educational interventions that may improve the process. This qualitative study examined the negative and positive experiences of transitioning paediatric trainees to identify learning needs and subsequently derive educational interventions that are perceived to ease transition. Method(s): This was a qualitative study of semi-structured interviews with Wales deanery paediatric speciality trainees 3 and 4 (ST3 and ST4) undergoing transition to registrar. Participants were asked to recall one positive and one negative experience during transition using the critical incident technique (CIT). Transcribed responses were coded and thematically analysed and categorised into higher and lower order themes. Result(s): Six paediatric trainees were interviewed for the study. A total of eighteen codes relating to learning needs were identified and dichotomised into two higher order themes; clinical skills, and leadership and management skills, with further exploration into lower order themes. Clinical skills included child protection procedures, difficult communication with relatives, emergencies, childhood death, difficult procedures, tertiary level neonatal care, managing family anxiety and expectations, dealing with uncertainty and running clinics. Leadership and management skills involved clinical decision making by new registrars, leading ward rounds, managing workload, leading a team and supervising junior colleagues. For educational interventions, sixty-seven initial codes were recorded and combined to form thirty-two lower order themes under six higher order themes. This outlined six educational interventions perceived to ease the transition to the registrar grade including; acting up whilst a senior house officer, seniors providing feedback, seniors providing support, staff providing support, trainee familiarisation with the new registrar placement and trainees maximising SHO learning opportunities. Conclusion(s): This study provided a grounding upon which further research can

be based, by identifying learning needs within the themes of clinical skills and leadership and management skills, as well as providing further descriptions of perceived beneficial educational interventions that ease transition to paediatric registrar. Furthermore, this study proposes evidence-based recommendations involving five key stakeholders to improve the experience of transition for future trainees. These stakeholders include; trainees, seniors, educators, nursing staff and rota coordinators. Copyright © Crown 2024.

### [The lactation skill gaps of multidisciplinary paediatric healthcare professionals in the United Kingdom](#)

Item Type: Journal Article

Authors: Hookway L. and Brown A.

Publication Date: 2023

Journal: Journal of Human Nutrition and Dietetics

**Abstract:** Background: Breastfeeding is an important public health priority and may be particularly beneficial for medically complex infants and children. However, childhood illness and disability are associated with increased challenges and lower breastfeeding rates. The Baby Friendly Initiative has been shown to increase initiation of breastfeeding and improve health professional skills although as yet the standards have not been adopted in paediatrics. Previous studies have found breastfeeding knowledge gaps among paediatric nurses, and a recent systematic review highlighted insufficient lactation support, discouragement by healthcare professionals and lack of resources. The aim of this survey of UK paediatric professionals was to establish their self-defined confidence and skills supporting breastfeeding. Method(s): An online survey was developed to explore associations between level of training and staff confidence and perceived skill, to establish whether there is evidence that more training and/or higher breastfeeding training credentials improve skill. In total, 409 professionals, including paediatric doctors at all grades, paediatric nurses and allied

health professionals, were included in the analysis. Result(s): This study identified specific skill gaps among professionals. Many healthcare professionals felt that different skills and specific training are required to support medically complex children. Several professionals noted that existing breastfeeding training focuses on establishing breastfeeding in healthy newborns rather than sick children in paediatrics. Participants were asked about 13 clinical competencies, and an aggregate skill score was calculated. Multiple univariate analysis of variance found that more extensive training and higher credentials are correlated with higher skill scores (p Result(s): This study identified specific skill gaps among professionals. Many healthcare professionals felt that different skills and specific training are required to support medically complex children. Several professionals noted that existing breastfeeding training focuses on establishing breastfeeding in healthy newborns rather than sick children in paediatrics. Participants were asked about 13 clinical competencies, and an aggregate skill score was calculated. Multiple univariate analysis of variance found that more extensive training and higher credentials are correlated with higher skill scores (p Conclusion(s): Despite this being a relatively motivated sample of healthcare professionals, the findings of this study suggest that breastfeeding skills are patchy and inconsistent, and particularly lacking when it comes to more complex clinical scenarios. This is significant, because it may mean that children who have more significant illness or medical complexity are disproportionately affected by gaps in knowledge and skill. Medically complex children encounter many barriers to optimal feeding - including absence of designated paediatric lactation staff, resources and support - and may have challenges such as low tone, higher calorie need and transitioning to the breast after ventilation or enteral feeding. Current skill gaps indicate that existing training would be insufficient, and bespoke paediatric breastfeeding training based on identified clinical challenges is

thus justified. Copyright © 2023 The Authors. Journal of Human Nutrition and Dietetics published by John Wiley & Sons Ltd on behalf of British Dietetic Association.

### [Paediatric Cardiac Anesthesia Training and Staffing in the National Health Service](#) Abstract only\*

Item Type: Journal Article

Authors: Wilkinson, Kirstin; Taylor, Dan and Murphy, Tim

Publication Date: 2023

Journal: Paediatric Anaesthesia 33(12), pp. 1029–1033

Abstract: BACKGROUND: Considerable importance is attached to the process of training, appointing and retaining highly specialized pediatric anesthetists, such as those with a congenital heart disease practice., AIMS: For the 10-year period from April 2012 to March 2022, we wished to establish changes in the absolute number of consultant pediatric cardiac anesthetic posts in NHS Level 1 Centres, turnover in such posts, and what training appointees had received., METHODS: An email survey was sent to the Centre Representative from the Congenital Cardiac Anesthesia Network in each of the eleven NHS Level 1 Pediatric Congenital Heart Disease Centre. Further follow up was completed in order to confirm accuracy of responses. We defined a pediatric cardiac anesthetist as a consultant with a clinical practice including provision of anesthetic management for children undergoing cardiac surgery incorporating the use of cardiopulmonary bypass., RESULTS: The response rate to our survey was 100%. Over the study period the number of consultants increased from 69 to 81, though three posts were unfilled as at March 2022. There were 55 departures and 65 appointees. Five consultants moved between NHS Units. 52 consultants received formal fellowship training and 13 switched into pediatric cardiac anesthesia from an existing general pediatric anesthetic post, with a period of supplementary training within their institution. Appointees reported extensive additional training variably including fellowships in general pediatric



anesthesia, adult cardiac anesthesia and pediatric intensive care, both within and outside the United Kingdom.,

**CONCLUSIONS:** There has been both an expansion in the number of posts, as well as considerable turnover in consultant posts in the last 10 years. Training standards which support and guide individuals as they develop a practice in this highly specialized field should reflect different routes into the speciality and could be established with the support and advice of the Congenital Cardiac Anesthesia Network. Copyright © 2023 John Wiley & Sons Ltd.

### [When child mental health meets acute paediatrics: A virtual training programme](#) Abstract only\*

Item Type: Journal Article

Authors: Davies, Sarah;Radia, Trisha;Bedford, Stacey and McDougall, Marilyn

Publication Date: 2022

Journal: Medical Education 56(11), pp. 1132-1133

Abstract: The article offers information on a free, online mental health training package planned by St Mary's Hospital of Imperial College Healthcare NHS Trust, to upskill the regional paediatric workforce. Topics discussed include areas of concern identified after reviewing communication from local hospitals, most useful element of the course, and importance of creating psychological safety to encourage contribution from all participants.

### [Digital health education: the need for a digitally ready workforce](#)

Item Type: Generic

Author: Holland Brown, Tamsin Mary and Bewick, Mike

Publication Date: 2022

Publication Details: Archives of disease in childhood. Education and practice edition, , England:

Abstract: Digital health education develops an understanding of the pragmatic use of digital technologies, including health apps, artificial intelligence and wearables, in the National Health

Service (NHS). Staff should feel confident accessing up-to-date, quality-assured digital health solutions. Digital health is a high priority in government, NHS organisations and Royal Colleges. However, there is a gap between what is expected and the education of staff or medical students to enable implementation. Digital health education needs to be up to date and universally included within training, continuing professional development activities and medical school curriculums. During COVID-19, more families across the UK became digitally enabled with school, council, charities and governments providing access to devices, WiFi and mobile data for those that needed it. Improved digital access brings equalities in access to health information and healthcare professionals. Health app use sharply rose during COVID-19, as patients self-managed and took control of their conditions, but most health apps do not reach NHS standards. Paediatricians are well positioned to advise on appropriate health app use and advocate for improved patient access to solutions. Many paediatricians adopted remote video consultations during the COVID-19 pandemic but could soon adopt more digital health strategies to remotely track, monitor and manage conditions remotely. Patient management now includes remote consultations and digital health solutions; therefore, medical histories should capture digital access, environments and literacy. This article explains the importance of digital health education, lists accessible resources and provides examples of health apps that can be recommended. Copyright © Author(s) (or their employer(s)) 2022. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.

### [Supporting the transition from nursing student to newly qualified children's nurse](#) Abstract only\*

Item Type: Generic

Author: Bartley, Naomi and Huntley-Moore, Sylvia

Publication Date: 2022

Publication Details: Nursing children and young people, 34, (3) pp.18-25. , England:

Abstract: **BACKGROUND:** The transition from nursing student to newly qualified nurse is known to be challenging but research on the transition to children's nurse is limited., **AIM:** To examine the experience of primary and secondary transitions among newly qualified children's nurses and to identify effective support strategies for this staff group., **METHOD:** The study was supported by a literature review and conducted in a children's hospital in Ireland in 2017. A descriptive survey methodology was used. Data were collected using a validated survey tool. The purposive sample encompassed 81 nurses who had qualified as children's nurses from 2011 onwards., **FINDINGS:** The transition to children's nurse was found to be a complex but generally positive experience and to require robust support. Transition lasted beyond the first year of practice and the transition experience was similar for all participants, irrespective of whether they had undergone primary or secondary transition. Preceptorship, transition and orientation programmes were reported to be beneficial support strategies., **CONCLUSION:** Challenges are to be expected during transition and effective support strategies for new children's nurses are needed, as is further research in this area. Copyright © 2021 RCN Publishing Company Ltd. All rights reserved. Not to be copied, transmitted or recorded in any way, in whole or part, without prior permission of the publishers.

[An exploration of maternity and newborn exposure, training and education among staff working within the North West Ambulance Service](#)

Item Type: Generic

Author: Heys, Stephanie, Rhind, Susan, Tunn, Joseph, Shethwood, Kate and Henry, John

Publication Date: 2022

Publication Details: British paramedic journal, 7, (2) pp.50-57. , England:

Abstract: **Aim:** Providing emergency and urgent care to pregnant patients and newborns in the pre-hospital setting often presents some of the most challenging and complex incidents attended to by ambulance staff. A service evaluation survey was undertaken to explore current levels of maternity and newborn education, preferred methods of training delivery, exposure and perceived support surrounding maternity and newborn care provision among pre-hospital clinicians working within the North West Ambulance Service (NWAS) NHS Trust., **Methods:** An online, anonymised survey comprising of 22 questions using multiple choice options and free-text questions was circulated among NWAS staff between 27 May 2021 and 21 June 2021. Questions explored the levels of training, education, exposure and confidence relating to maternal and newborn care in the pre-hospital setting. Insights into preferred approaches to engaging with continuing professional development (CPD) activities were also captured. Data were analysed using built-in Microsoft Forms analytics for quantitative response, with a basic thematic analysis undertaken to synthesise qualitative responses., **Results:** The survey received 509 responses, with data providing valuable insight relating to gaps in training provision, preferred approaches to CPD and barriers to engagement. Key themes focused on 'pre-registration standards and variations', 'barriers and facilitators to continuing professional development' and 'exposure and skill decline: confidence and knowledge'. , **Conclusion:** Areas for service improvement are highlighted, providing ambulance trusts and integrated care systems with key recommendations. These include maternity and newborn standards for education among paramedic science degree programmes; recognition of pre-hospital emergency maternity and newborn care among maternity providers; the need for exposure and regular multidisciplinary team (MDT) skills training for staff; and a collaborative system-led approach to scaling up

and delivering MDT training that acknowledges pre-hospital clinicians as key care providers. Copyright © 2022 The Author(s).

### Continuing professional development in children's nursing: identifying needs and delivering quality assured activities

Abstract only\*

Item Type: Generic

Author: Latter, Karine Anne, Reilly, Lesley and Boardman, Rachel

Publication Date: 2022

Publication Details: Nursing children and young people, 34, (4) pp.26-32. , England:

Abstract: Continuing professional development (CPD) for nurses is intrinsically linked to quality improvement, improved patient safety and outcomes, career progression, and recruitment and retention, as well as being integral to nurses' lifelong development. However, despite these advantages, there is no framework to develop, accredit, deliver and measure the outcomes of CPD in the UK. This article outlines the elements of a CPD framework for excellence for children's nurses that was developed by the lead for excellence in nursing practice at Nottingham Children's Hospital, England, in collaboration with lead educators and facilitators of CPD activities. To develop the framework, they scoped existing CPD activities and mapped the content to a quality standards framework. Each of the 39 CPD activities identified were then submitted to the Nottingham University Hospitals NHS Trust Institute of Care Excellence for accreditation, with the aim of providing quality assurance. The framework for excellence aims to support the delivery of credentialed high-quality, evidence-based information that meets the needs of children's nurses, with the future capability to measure learning outcomes. Copyright © 2021 RCN Publishing Company Ltd. All rights reserved. Not to be copied, transmitted

or recorded in any way, in whole or part, without prior permission of the publishers.

### Continuing professional development: evaluating a masterclass for band 5 children's nurses Abstract only\*

Item Type: Journal Article

Authors: Rosengarten, Leah and Callum, Jane

Publication Date: 2021

Journal: Nursing Children & Young People 33(5), pp. 18-24

Abstract: The article evaluates the impact of a continuing professional development (CPD) masterclass on band 5 children's nurses working in the National Health Service (NHS) in England. It describes the masterclass format and content and the evaluation of masterclass delivery, views and experiences of participants. Study findings report the career development plan, benefit of the masterclass, confidence and potential for leadership of participants and their Occupational Self-efficacy Scale scores.

### UK trainee-led paediatric governance collaboratives: improving the lives of both trainees and children Full text available with

NHS OpenAthens account\*

Item Type: Generic

Author: McDermott, Helen, Vawda, Hannah, Harvey, Kate Christina, Lloyd, Siwan, Course, Christopher William, Broomfield, Rebecca, Greenwood, Annabel, Mason, Timothy and Kirk, Jeremy

Publication Date: 2020

Publication Details: Archives of disease in childhood.Education and practice edition, 105, (2) pp.117-121. , England:

Abstract: Research is vital to paediatrics; however, many trainees feel there is a deficit in their opportunities, experience and exposure in this area. Three training regions in the UK, the West Midlands, Wales and Peninsula, have recently started region-wide, trainee-led research and governance collaboratives

aimed at improving trainee access and education in research, undertaking good quality, multicentre audit, quality improvement and pilot projects in collaboration across the regions and implementing change. We report on the experiences, benefits and challenges of these trainee collaboratives (Paediatric Research Across the Midlands, Wales Research and Education Network and Peninsula Trainee Research Audit and Innovation Network) including a trainee survey looking at how these initiatives have improved skills in conducting multicentre prospective studies, team working skills, leadership, understanding of statistics and manuscripts and presentation skills. We also describe how collaboration with colleagues and participation in projects can benefit trainees in a wider sense of purpose and help to encourage morale, as well as what can be learnt as paediatric training moves forward. Copyright © Author(s) (or their employer(s)) 2020. No commercial re-use. See rights and permissions. Published by BMJ.

### [Introducing early-phase medical students to clinical paediatrics using simulation and a flipped-classroom](#) Abstract only\*

Item Type: Generic

Author: Uther, Penelope, Van Munster, Kerri-Anne, Briggs, Nancy, O'Neill, Susan and Kennedy, Sean

Publication Date: 2019

Publication Details: Journal of paediatrics and child health, 55, (9) pp.1107-1112. , Australia:

Abstract: AIM: Both simulation and the flipped-classroom improve learning outcomes in medical education, with evidence emerging that they are effective in combination ('flipped-simulation'). Previous studies evaluating simulation in paediatrics have assessed efficacy for senior students. This study aimed to assess whether using flipped-simulation in early-phase medical student education would show similar benefits., METHODS: A flipped-simulation session was introduced into the earliest phase of the University of New South Wales Sydney's undergraduate

medical program. A pre-test-post-test study design was used to assess short-term knowledge gains with an eight-item quiz administered before and after students attended the session. A retrospective cohort design was used to assess long-term knowledge retention, with student scores from a 10-item quiz administered at the second-phase paediatric course orientation, compared between a group that completed the flipped-simulation course and a group that attended an alternative play-based session. Additional survey data regarding student satisfaction were gathered., RESULTS: Students demonstrated short-term knowledge gains: mean test scores improved from the pre-test to post-test (3.4 +/- 1.5 vs. 6.0 +/- 1.3, P < 0.001). Students attending the flipped-simulation course retained knowledge more effectively in the longer term: mean test scores of students who completed the flipped-simulation session were significantly higher than those who attended the alternative play-based session (4.4 +/- 1.9 vs. 3.4 +/- 1.8, P < 0.001). Survey data demonstrated high student confidence in practical skills., CONCLUSION: Combining simulation and the flipped-classroom is effective for early-phase medical students, with improved knowledge over the short and long term, and high student satisfaction. Copyright © 2019 Paediatrics and Child Health Division (The Royal Australasian College of Physicians).

### [Scotland's GP paediatric scholarship: an evaluation](#) Abstract only\*

Item Type: Generic

Author: MacVicar, Ronald, Borland, Lyndsey, McHale, Sharon, Goh, Dayeel and Potter, Alex

Publication Date: 2018

Publication Details: Education for primary care : an official publication of the Association of Course Organisers, National Association of GP Tutors, World Organisation of Family Doctors, 29, (3) pp.166-169. , England:

Abstract: In a previous publication we described the

implementation and early evaluation of general practice paediatric scholarships in Scotland. We suggested that it was too early to be able to determine whether this significant investment will produce a return for Scotland in terms of enhanced roles in providing, leading or developing children's services in primary care or at the primary care/secondary care interface. This paper presents the results of a survey of the impact of the scholarship for the first six cohorts of the scholarship (119 General Practitioners). The response rate was 76%. Of the 90 respondents, almost half (44) have developed roles or areas of special paediatric interest either within or out with the practice, or in three cases both within and out with the practice. A total of 37 (43%) of those that continue to work within general practice reported that they have developed areas of special interest of benefit to the practice. Qualitative analysis of free text questions suggested that scholars had benefited from their experience in terms of increased confidence in dealing with child health problems, developing links with secondary care colleagues, and personal gain with respect to role development. What is already known in this area: Changes in GP Training have been suggested in order to provide a workforce that can meet the needs of infants, children and young people. Studies have shown a positive impact of paediatric trainees and GP trainees learning together. Little attention has however been given to the potential to support trained GPs to develop their expertise in child health. What this work adds: Early evaluation of the Scottish Paediatric Scholarship suggested a high degree of satisfaction. This more robust evaluation suggests that almost half (44/90 respondents) have developed roles or areas of special paediatric interest either within or out with the practice, or in three cases both within and out with the practice. Suggestions for future work in this area: A longer follow-up supported by more rigorous qualitative evaluation would be beneficial in understanding to what extent, and how scholars have played an enhanced role in providing, leading or developing children's

services in primary care, and what role the scholarship has played in realising this. In addition an assessment of value for money would be important to ensure that the significant investment in the scholarship by NHS Scotland has had demonstrable impact. Ethical statement: As an evaluation of a focused CPD programme, ethical approval was not considered to be necessary.

[Training paediatric healthcare staff in recognising, understanding and managing conflict with patients and families: findings from a survey on immediate and 6-month impact](#)

Item Type: Generic

Author: Forbat, Liz, Simons, Jean, Sayer, Charlotte, Davies, Megan and Barclay, Sarah

Publication Date: 2017

Publication Details: Archives of Disease in Childhood, 102, (3) pp.250-254. , England:

Abstract: BACKGROUND: Conflict is a recognised component of healthcare. Disagreements about treatment protocols, treatment aims and poor communication are recognised warning signs. Conflict management strategies can be used to prevent escalation, but are not a routine component of clinical training., OBJECTIVE: To report the findings from a novel training intervention, aimed at enabling paediatric staff to identify and understand the warning signs of conflict, and to implement conflict resolution strategies., DESIGN AND SETTING: Self-report measures were taken at baseline, immediately after the training and at 6 months. Questionnaires recorded quantitative and qualitative feedback on the experience of training, and the ability to recognise and de-escalate conflict. The training was provided in a tertiary teaching paediatric hospital in England over 18 months, commencing in June 2013., INTERVENTION: A 4-h training course on identifying, understanding and managing conflict was provided to staff., RESULTS: Baseline data were collected from all 711 staff trained, and 6-month follow-up data

were collected for 313 of those staff (44%). The training was successful in equipping staff to recognise and de-escalate conflict. Six months after the training, 57% of respondents had experienced conflict, of whom 91% reported that the training had enabled them to de-escalate the conflict. Learning was retained at 6 months with staff more able than at baseline recognising conflict triggers (Fischer's exact test,  $p=0.001$ ) and managing conflict situations (Pearson's chi2 test,  $p=0.001$ )., CONCLUSIONS: This training has the potential to reduce substantially the human and economic costs of conflicts for healthcare providers, healthcare staff, patients and relatives. Copyright Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to <http://www.bmj.com/company/products-services/rights-and-licensing/>.

### End of Life Care

#### Regional perspectives on the coordination and delivery of paediatric end-of-life care in the UK: a qualitative study

Item Type: Journal Article

Authors: Papworth, Andrew;Hackett, Julia;Beresford, Bryony;Murtagh, Fliss;Weatherly, Helen;Hinde, Sebastian;Bedendo, Andre;Walker, Gabriella;Noyes, Jane;Oddie, Sam;Vasudevan, Chakrapani;Feltbower, Richard G.;Phillips, Bob;Hain, Richard;Subramanian, Gayathri;Haynes, Andrew and Fraser, Lorna K.

Publication Date: 2023

Journal: BMC Palliative Care 22(1), pp. 117

Abstract: BACKGROUND: Provision of and access to paediatric end-of-life care is inequitable, but previous research on this area has focused on perspectives of health professionals in specific settings or children with specific conditions. This qualitative study aimed to explore regional perspectives of the successes, and challenges to the equitable coordination and delivery of end-of-

life care for children in the UK. The study provides an overarching perspective on the challenges of delivering and coordinating end-of-life care for children in the UK, and the impact of these on health professionals and organisations. Previous research has not highlighted the successes in the sector, such as the formal and informal coordination of care between different services and sectors., METHODS: Semi-structured interviews with Chairs of the regional Palliative Care Networks across the UK. Chairs or co-Chairs (n = 19) of 15/16 Networks were interviewed between October-December 2021. Data were analysed using thematic analysis., RESULTS: Three main themes were identified: one standalone theme ("Communication during end-of-life care"); and two overarching themes ("Getting end-of-life services and staff in the right place", with two themes: "Access to, and staffing of end-of-life care" and "Inconsistent and insufficient funding for end-of-life care services"; and "Linking up healthcare provision", with three sub-themes: "Coordination successes", "Role of the networks", and "Coordination challenges"). Good end-of-life care was facilitated through collaborative and network approaches to service provision, and effective communication with families. The implementation of 24/7 advice lines and the formalisation of joint-working arrangements were highlighted as a way to address the current challenges in the specialism., CONCLUSIONS: Findings demonstrate how informal and formal relationships between organisations and individuals, enabled early communication with families, and collaborative working with specialist services. Formalising these could increase knowledge and awareness of end of life care, improve staff confidence, and overall improve professionals' experiences of delivering care, and families' experiences of receiving it. There are considerable positives that come from collaborative working between different organisations and sectors, and care could be improved if these approaches are funded and formalised. There needs to be consistent funding for paediatric palliative care and there is a clear need for education

and training to improve staff knowledge and confidence.  
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### Equality, Diversity and Inclusion

#### Staff experiences of wearing the Rainbow Badge in a paediatric hospital setting: a mixed-methods survey

Item Type: Journal Article

Authors: O'Dwyer, Claire;Kehoe, Anne;Shanahan, Dee;O'Brien, Warren and Hall, Dani

Publication Date: 2024

Journal: Archives of Disease in Childhood 109(5), pp. 422–427

Abstract: OBJECTIVE: This study aimed to assess staff's experience of wearing the Health Service Executive (HSE) Rainbow Badge, a symbol of inclusion for LGBTQ+ (lesbian, gay, bisexual, transgender, queer/questioning; + signifying inclusivity of all sexual and gender identities) people, in a paediatric hospital setting., DESIGN: This was a cross-sectional multisite observational study. Participants completed an anonymous online survey, consisting of open and closed-ended questions covering domains of: responses to the badge from staff and patients; experience and impact of wearing the badge; and further training needs., SETTING: All five sites (four clinical and one non-clinical) pertaining to the Children's Health Ireland healthcare group., PARTICIPANTS: All staff, clinical and non-clinical, who had signed up the HSE Rainbow Badge initiative were eligible to participate., RESULTS: A total of 151 eligible participants across a mix of disciplines participated, 29 (19.2%) of whom were members of the LGBTQ+ community. Over half (58.9%, n=89) of respondents said they learnt something new about barriers to care for LGBTQ+ young people from the initiative. Staff reported mostly positive responses to the badge; 5.1% reported mixed/negative responses from colleagues, 4.5% reported mixed/negative responses from young people and 3.7% reported mixed/negative responses from families. Open-ended

questions were analysed using a thematic analysis framework. Five themes emerged: pride, a symbol of safety and inclusion, impact on workplace culture, awareness of LGBTQ+ issues and more to do for LGBTQ+ patients., CONCLUSIONS: This study demonstrates that the Rainbow Badge initiative increases staff awareness of LGBTQ+ issues and helps to create a safe, inclusive environment for staff, young people and families. Copyright © Author(s) (or their employer(s)) 2024. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.

#### Staff competence in caring for LGBTQ+ patients in the paediatric emergency department

Item Type: Journal Article

Authors: Kelleher, Sean T.;Barrett, Michael J.;Durnin, Sheena;Fitzpatrick, Patrick;Higgins, Agnes and Hall, Dani

Publication Date: 2023

Journal: Archives of Disease in Childhood 108(7), pp. 525–529

Abstract: OBJECTIVE: This study aimed to assess the competency of paediatric emergency department (PED) multidisciplinary staff in caring for LGBTQ+ (lesbian, gay, bisexual, transgender, queer/questioning, + inclusive of all identities) adolescents., DESIGN: This was an observational study within which participants were required to complete the LGBT-Development of Clinical Skills Scale self-assessment tool of clinical competence., SETTING: It was conducted across three PEDs and one urgent care centre pertaining to the Children's Health Ireland healthcare group., PARTICIPANTS: Doctors, nurses and healthcare workers were eligible to participate., EXCLUSION CRITERIA: non-front facing staff; prior completion of an eLearning module intended to serve as a future educational intervention., MAIN OUTCOME MEASURES: Participants were assessed on: (1) attitudinal awareness towards LGBTQ+ individuals; (2) knowledge of LGBTQ+ health issues and (3) clinical preparedness in caring for LGBTQ+ patients.

Each domain is scored out of a maximum of 7 points., RESULTS: 71 eligible participants completed the study. 40/71 (56%) were doctors, and 31/71 (44%) were nurses. The mean score for attitudinal awareness was 6.54/7 (SD 0.59), indicating overall positive attitudes. The mean score for knowledge was lower (5.34/7, SD 1.03) and lowest for clinical preparedness (3.39/7, SD 0.94). Participants were less confident in caring for transgender than LGB patients and scored very low when asked if they had received adequate training in caring for transgender young people (2.11/7)., CONCLUSIONS: This study demonstrates positive attitudes towards LGBTQ+ patients among PED staff. However, there was a gap in knowledge and clinical preparedness. Increased training in caring for LGBTQ+ young people is necessary. Copyright © Author(s) (or their employer(s)) 2023. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.

### Differential attainment: how can we close the gap in paediatrics?

Item Type: Journal Article

Authors: Kelly, Laura and Sankaranarayanan, Sailesh

Publication Date: 2023

Journal: Archives of Disease in Childhood.Education and Practice Edition 108(1), pp. 54–57

Abstract: Differential attainment is the gap in attainment between different demographic groups undertaking the same assessment. Across the UK, we see differences in outcome in undergraduate and postgraduate medical education on the basis of gender, age, ethnicity and country of primary medical qualification which cannot be explained by a difference in ability. The largest gaps appear when we look at the variation in outcome between UK and international medical graduates (IMGs) and between white British and black, Asian and minority ethnic (BAME) doctors in postgraduate medical education. If we look to postgraduate medical examinations, the differences in attainment are stark

and occur across all medical specialties, with paediatrics being no exception. The differences are also seen in the rates of relative success in recruitment to training posts and in a trainee's likelihood of getting a satisfactory outcome at the Annual Review of Competence Progression. Ensuring all doctors reach their full potential is undoubtedly an issue of fairness that is of particular significance to paediatrics as IMGs make up 47% of our medical workforce and 36% of the paediatric workforce identifies as being from a BAME group. It is clear that if we fail to close the gap in differential attainment, there will be both a personal cost to affected individuals, but also a cost to the wider paediatric profession and the children they serve. This paper hopes to summarise the background and causes to differential attainment and look towards possible interventions that might tackle this issue. Copyright © Author(s) (or their employer(s)) 2023. No commercial re-use. See rights and permissions. Published by BMJ.

### Health Inequalities

#### The Healthy Start scheme in England "is a lifeline for families but many are missing out": a rapid qualitative analysis

Item Type: Journal Article

Authors: Barrett, Millie;Spires, Mark and Vogel, Christina

Publication Date: 2024

Journal: BMC Medicine 22(1), pp. 177

Abstract: BACKGROUND: Healthy Start (HS) is a government scheme in England, Wales and Northern Ireland that offers a financial payment card and free vitamins to families experiencing low income. Pregnant women and families with children : Healthy Start (HS) is a government scheme in England, Wales and Northern Ireland that offers a financial payment card and free vitamins to families experiencing low income. Pregnant women and families with children METHODS: The study design was a post-implementation rapid qualitative evaluation using



stakeholder interviews. Data were collected between January and June 2023 via semi-structured interviews (50% online; 50% in person) with 112 stakeholders, including parents (n = 59), non-government organisations (n = 13), retailers (n = 11) and health and community professionals (n = 29) at national and local levels. Findings were confirmed by a sub-sample of participants., RESULTS: Six core themes cut across stakeholders' perceptions and experiences, and stakeholders collectively outlined seven recommendations they felt could be acted upon to maximise uptake and efficiency of HS, with actions at both national and local levels. A novel finding from this study is that raising awareness about HS alone is unlikely to result automatically or universally in higher uptake rate. Recommendations include: continuing to provide this scheme that is universally valued; the need for many families to be provided with a helping hand to successfully complete the application; reframing of the scheme as a child's right to food and development to ensure inclusivity; improved leadership, coordination and accountability at both national and local levels., CONCLUSIONS: HS provides benefits for child development and family wellbeing. The study's recommendations should be actioned by national and local governments to enable all families eligible for the scheme to benefit from this nutritional safety net. Copyright © 2024. The Author(s).

### [Poverty proofing healthcare: A qualitative study of barriers to accessing healthcare for low-income families with children in northern England](#)

Item Type: Journal Article

Authors: Bidmead, Elaine;Hayes, Louise;Mazzoli-Smith, Laura;Wildman, Josephine;Rankin, Judith;Leggott, Emma;Todd, Liz and Bramhall, Luke

Publication Date: 2024

Journal: PloS One 19(4), pp. e0292983

Abstract: Poverty impacts negatively on children's health and

future life chances. Access to the UK's National Health Service (NHS) is based on clinical need rather than the ability to pay but horizontal inequities in access exist. Children North East, a charity supporting children experiencing poverty, are working with partners to reduce the impacts of poverty on NHS access. This collaborative study aimed to understand barriers to healthcare access faced by families living on low incomes to validate and support further development of a Poverty Proofing® healthcare tool. Twenty-four parents and eight Voluntary Community Social Enterprise sector staff participated in qualitative interviews or focus groups. Data were analysed thematically, and three main themes were identified as impacting access to healthcare: hidden costs, securing appointments and developing relationships with healthcare providers. We conclude that low-income families experience both financial and other barriers to accessing NHS healthcare and that these barriers are exacerbated for low-income families living in remote/rural areas. Copyright: © 2024 Bidmead et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

### [Understanding responsibility for health inequalities in children's hospitals in England: a qualitative study with hospital staff](#)

Item Type: Journal Article

Authors: Brewster, Liz;Brennan, Louise;Hindocha, Avni;Lunn, Judith and Isba, Rachel

Publication Date: 2024

Journal: BMJ Open 14(4), pp. e081056

Abstract: OBJECTIVES: This study aimed to understand how staff in children's hospitals view their responsibility to reduce health inequalities for the children and young people who access their services., DESIGN: We conducted an exploratory qualitative study., SETTING: The study took place at nine

children's hospitals in England., PARTICIPANTS: 217 members of staff contributed via interviews and focus groups conducted January-June 2023. Staff were represented at all levels of the organisations, and all staff who volunteered to contribute were included in the study., ANALYSIS: Data were analysed using Rapid Research Evaluation and Appraisal (RREAL) methodology for rapid assessment procedures (RAP)., RESULTS: All of the children's hospitals were taking some action to reduce health inequalities. Two key themes were identified. First, it was clear that reducing health inequalities was seen as something that was of vital import and should be part of staff's day-to-day activity, framed as 'everyone's business.' Many staff felt that there was an obligation to intervene to ensure that children and young people receiving hospital treatment were not further disadvantaged by, for example, food poverty. Second, however, the deeply entrenched and intersectional nature of health inequalities sometimes meant that these inequalities were complex to tackle, with no clear impetus to specific actions, and could be framed as 'no-one's responsibility'. Within a complex health and social care system, there were many potential actors who could take responsibility for reducing health inequalities, and staff often questioned whether it was the role of a children's hospital to lead these initiatives., CONCLUSIONS: Broadly speaking, senior leaders were clear about their organisational role in reducing health inequalities where they impacted on access and quality of care, but there was some uncertainty about the perceived boundaries of responsibility. This led to fragility in the sustainability of activity, and a lack of joined-up intervention. Most hospitals were forging ahead with activity, considering that it was more important to work to overcome health inequalities rather than debate whose job it was. Copyright © Author(s) (or their employer(s)) 2024. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.

[The wider health and wellbeing needs of those accessing paediatric care in England: engaging with the hidden voices of children and young people](#) Full text available with NHS

OpenAthens account\*

Item Type: Journal Article

Authors: Hindocha, Avni;Brennan, Louise;Brewster, Liz;Lunn, Judith and Isba, Rachel

Publication Date: 2023

Journal: Lancet (London, England) 402 Suppl 1, pp. S50

Abstract: BACKGROUND: Health need is inextricably linked with inequalities. Health outcomes are worse for those in lower socioeconomic groups, ethnic minority groups, and those with protected characteristics. In the UK, this has been compounded by the COVID-19 pandemic and the cost-of-living crisis. Children and young people accessing hospitals can have unmet health and wellbeing needs, yet the role of hospitals in addressing these is not clear. We engaged with children and young people and caregivers from under-represented groups, often excluded from patient and public involvement, to understand their experiences, in order to support the co-design of future research and interventions., METHODS: A series of virtual and physical engagement events were held in Northwest England between March 9, and May 19, 2023. Community groups in areas of high socioeconomic deprivation, carers of children living with disabilities, adolescent care leavers, and school children were contacted through local websites. The concept of health inequalities was introduced at the start of sessions, and participants were encouraged to reflect on their own experiences. Discussions were co-facilitated with community leaders. Events focused on exploring experiences of health inequalities in relation to health care and views on future research. Ethics approval was not required as this was preparatory work; however, written consent was sought. Financial compensation was provided., FINDINGS: A total of 30 participants (aged 10 years and older) participated in four, 90

min events. Themes included: difficulties with transport and navigating services, lack of staff awareness about disabilities, and concerns about transitioning to adult services. Groups expressed varied opinions about research into health inequalities. The topic was considered to be important, and remuneration for participation was felt to be crucial. This is important because of the long-term nature of health inequality outcomes, which result in no immediate benefit to participants themselves., INTERPRETATION: Users of health-care services-including rarely heard groups-welcome research into health inequalities, but they identified important future considerations. Limitations of the work include its small scale and its location in a single geographical area. The outputs of this study will be combined with a scoping review and a review of local population data and will be essential in designing future research and producing recommendations for health-care services., FUNDING: Manchester University NHS Foundation Trust Charity. Copyright © 2023 Elsevier Ltd. All rights reserved.

### Health and Wellbeing

[Managing well-being in paediatric critical care: a multiperspective qualitative study of nurses' and allied health professionals' experiences](#)

Item Type: Journal Article

Authors: Yeter, Esra;Bhamra, Harmeet;Butcher, Isabelle;Morrison, Rachael;Donnelly, Peter and Shaw, Rachel

Publication Date: 2024

Journal: BMJ Open 14(5), pp. e084926

Abstract: OBJECTIVES: It is well evidenced that healthcare professionals working in paediatric critical care experience high levels of burn-out, compassion fatigue and moral distress. This worsened during the COVID-19 pandemic. This work examines the nature of challenges to workplace well-being and explores what well-being means to staff. This evidence will inform the

development of staff interventions to improve and maintain staff well-being., DESIGN: Qualitative study., SETTING: Paediatric critical care units in the UK., PARTICIPANTS: 30 nurses and allied health professionals took part in online interviews and were asked about well-being and challenges to well-being. Lived experiences of well-being were analysed using interpretative phenomenological analysis., RESULTS: Themes generated were as follows: perception of self and identity; relationships and team morale; importance of control and balance and consequences of COVID-19. They focused on the impact of poor well-being on participants' sense of self; the significance of how or whether they feel able to relate well with their team and senior colleagues; the challenges associated with switching off, feeling unable to separate work from home life and the idealised goal of being able to do just that; and lessons learnt from working through the pandemic, in particular associated with redeployment to adult intensive care., CONCLUSIONS: Our findings align closely with the self-determination theory which stipulates autonomy, belonging and competence are required for well-being. Participants' accounts supported existing literature demonstrating the importance of empowering individuals to become self-aware, to be skilled in self-reflection and to be proactive in managing one's own well-being. Change at the individual and staff group level may be possible with relatively low-intensity intervention, but significant change requires systemic shifts towards the genuine prioritisation of staff well-being as a prerequisite for high-quality patient care. Copyright © Author(s) (or their employer(s)) 2024. Re-use permitted under CC BY. Published by BMJ.

### Leadership

[Leadership in children and young people's nursing: an evolving journey](#) Abstract only\*

Item Type: Journal Article

Authors: Pye, Kate;Brownlee, Laura and Field, Katy

Publication Date: 2024

Journal: Nursing Children and Young People

Abstract: Children and young people's (CYP) nursing leaders have experienced considerable challenges in the context of a complex health and social care system with rapidly changing organisational structures, including the establishment of integrated care systems in England on 1 July 2022. The CYP nursing lead at NHS England commissioned a review of CYP organisational structures in emerging integrated care systems across England. The review encompassed a vision for CYP services, leadership, governance structures and opportunities for progression. A proforma was used to collate data from CYP trusts, CYP standalone hospitals and children's wards in district general hospitals. Qualitative interviews were also undertaken with senior children's nurses. At the same time, the first author of this article interviewed senior children's nurses as part of a Florence Nightingale Foundation leadership scholarship. The aim was to explore how they navigated their leadership journey and understand what advice they may give to future leaders in CYP nursing. The findings in this article identify 'what good looks like' in terms of CYP nursing leadership. Six recommendations for future development and enhancement of CYP nursing leadership are outlined. Copyright © 2024 RCN Publishing Company Ltd. All rights reserved. Not to be copied, transmitted or recorded in any way, in whole or part, without prior permission of the publishers.

### Learning from Covid-19

[How the COVID-19 crisis affected the well-being of nurses working in paediatric critical care: A qualitative study](#)

Item Type: Journal Article

Authors: Pountney, Jackson;Butcher, Isabelle;Donnelly, Peter;Morrison, Rachael and Shaw, Rachel L.

Publication Date: 2023

Journal: British Journal of Health Psychology 28(4), pp. 914–929

Abstract: OBJECTIVES: Evidence shows paediatric critical care (PCC) nurses display high rates of burnout, moral distress, symptoms associated with post-traumatic stress disorder (PTSD) and poor well-being. The COVID-19 pandemic magnified these pressures producing extremely challenging working conditions. The objective was to understand PCC nurses' lived experience of working during COVID-19 to determine the impact it had on their well-being., DESIGN: A qualitative design was used with individual, semi-structured online interviews analysed using thematic analysis., RESULTS: Ten nurses from six PCC units in England participated. Five themes were generated: (i) Challenges of working in Personal Protective Equipment (PPE), (ii) Adapting to redeployment to adult intensive care, (iii) Changes to staff working relationships, (iv) Being unable to attain work-life balance and (v) Unprocessed traumatic experiences of working in COVID-19. It was clear COVID-19 presented novel challenges to PCC nurses' well-being. With those came enforced changes in practice; some were temporary, for example use of PPE and redeployment, but others provided insight into the prerequisites for good staff well-being, for example strong professional relationships, work-life balance and managing one's psychological health., CONCLUSIONS: Findings show authentic connections between peers, verbal and non-verbal communication and a sense of belonging were crucial to nurses' well-being. A dent in PCC nurses' perceived competence significantly affected their well-being. Finally, staff need a psychologically safe space to process distress and trauma experienced during COVID-19. Future research needs to test evidence-based, theoretically-informed well-being interventions to improve and maintain PCC nurses' well-being. Copyright © 2023 The Authors. British Journal of Health Psychology published by John Wiley & Sons Ltd on behalf of British Psychological Society.

[How the COVID-19 crisis affected the well-being of nurses working in paediatric critical care: A qualitative study](#) Abstract only\*

Item Type: Generic

Author: Pountney, J., Butcher, I., Donnelly, P., Morrison, R. and Shaw, R. L.

Publication Date: 2023

Publication Details: British Journal of Health Psychology, , United Kingdom: John Wiley and Sons Ltd.

Abstract: Objectives: Evidence shows paediatric critical care (PCC) nurses display high rates of burnout, moral distress, symptoms associated with post-traumatic stress disorder (PTSD) and poor well-being. The COVID-19 pandemic magnified these pressures producing extremely challenging working conditions. The objective was to understand PCC nurses' lived experience of working during COVID-19 to determine the impact it had on their well-being. Design(s): A qualitative design was used with individual, semi-structured online interviews analysed using thematic analysis. Result(s): Ten nurses from six PCC units in England participated. Five themes were generated: (i) Challenges of working in Personal Protective Equipment (PPE), (ii) Adapting to redeployment to adult intensive care, (iii) Changes to staff working relationships, (iv) Being unable to attain work-life balance and (v) Unprocessed traumatic experiences of working in COVID-19. It was clear COVID-19 presented novel challenges to PCC nurses' well-being. With those came enforced changes in practice; some were temporary, for example use of PPE and redeployment, but others provided insight into the prerequisites for good staff well-being, for example strong professional relationships, work-life balance and managing one's psychological health. Conclusion(s): Findings show authentic connections between peers, verbal and non-verbal communication and a sense of belonging were crucial to nurses' well-being. A dent in PCC nurses' perceived competence significantly affected their well-being. Finally, staff need a

psychologically safe space to process distress and trauma experienced during COVID-19. Future research needs to test evidence-based, theoretically-informed well-being interventions to improve and maintain PCC nurses' well-being. Copyright © 2023 The British Psychological Society.

[Qualitative analysis of the impact of the SARS-CoV-2 pandemic response on paediatric health services in North of Scotland and North of England](#)

Item Type: Generic

Author: Gadsby, E. W., Christie-De Jong, F., Bhopal, S., Corlett, H. and Turner, S.

Publication Date: 2022

Publication Details: BMJ Open, 12, (2) pp.e056628. , United Kingdom: BMJ Publishing Group.

Abstract: Objective To capture the extent and impact of changes in the delivery of child health services in the UK, resulting from the SARS-CoV-2 pandemic response, from the perspectives of a range of child healthcare providers. Setting National Health Service commissioned/delivered healthcare services in two regional settings in the UK: North of Scotland (NOS) and North East and North Cumbria (NENC) in England. Participants Purposive sample of 39 child healthcare professionals including paediatricians, community/specialist nurses, allied health professionals and mental health professionals, from across the two regions (22 in NOS, 17 in NENC). Methods Semistructured qualitative interviews conducted via telephone between June and October 2020, fully transcribed and analysed in NVivo V.11 using thematic analysis. Results Extensive changes across a range of paediatric services were rapidly implemented to support the pandemic response and ongoing healthcare delivery. New ways of working emerged, principally to control the spread of the virus. Keeping users and their families out of hospital was an urgent driver for change. The changes had considerable impact on the health and well-being of staff with many experiencing

radical changes to their working conditions and roles. However, there were some positive changes noted: some practitioners felt empowered and listened to by decision makers; some of the usual bureaucratic barriers to change were lifted; staff saw improved collaboration and joint working across the system; and some new ways of working were seen to be more efficient. Interviewees perceived the implications for children and their families to be profound, particularly with regard to self-care, relationships with practitioners and timely access to services. Conclusions Despite the challenges experienced by staff, the pandemic provided an opportunity for positive, lasting change. It is vital to capitalise on this opportunity to benefit patient outcomes and to 'build back' services in a more sustainable way. Copyright © 2022 Author(s).

### [COVID-19-related occupational stress in staff in an acute paediatric teaching hospital in Ireland](#)

Item Type: Generic

Author: Murray, Johanna, Adamis, Dimitrios and McNicholas, Fiona

Publication Date: 2022

Publication Details: BMJ paediatrics open, 6, (1) , England:

Abstract: BACKGROUND: The COVID-19 pandemic has resulted in major strains for healthcare staff., OBJECTIVES: This study aims to assess prevalence of occupational burnout (BO) during COVID-19 in staff working in an acute paediatric hospital setting., PARTICIPANTS: One hundred and thirty-three staff, out of 1900 eligible staff (9.6% response rate), completed an online or paper and pencil survey., METHODS: The Copenhagen Burnout Inventory was used as the main outcome measure. Additional questions examined the impact of COVID-19 and restrictions on work setting and personal health., RESULTS: The majority of respondents reported moderate or higher levels of BO for personal (n=93; 70%) and work domains (n=83; 62%). Rates of patient-related BO were lower (n=18; 13%). Higher rates of

BO were found in staff with self-rated COVID-19 adverse effects on physical (n=50, 38%) and mental health (n=88, 66%) ( $F(2, 13.019)=16.019, p<0.001$ ). The majority of staff had no stress reduction training at any stage in their career, either professional (60%), on the job (62%) or postpandemic (59%) work. Although most (82%) were aware of occupational health supports, few (30%) reported an intention to access these if needed; 65% (n=86) of the respondents seriously considered changing jobs in the last 6-12 months., CONCLUSION: High level of occupational stress among hospital staff during COVID-19, in the absence of stress reduction training is a risk factor for BO. Interventions, acceptable to the employee, are urgently needed given the likelihood of additional work demands as COVID-19 continues. Copyright © Author(s) (or their employer(s)) 2022. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.

### [Recovering staff, recovering services: massive-online support for recovering a paediatric service using Lean and compassionate communication](#)

Item Type: Generic

Author: Smith, Iain M. and Bayliss, Elaine

Publication Date: 2022

Publication Details: BMJ open quality, 11, (2) , England:

Abstract: The COVID-19 pandemic has infected tens of millions worldwide. Healthcare systems have been stretched caring for the most seriously ill and healthcare workers have struggled to maintain non-COVID services leading to backlogs. Strategies proposed to support the recovery of backlogs include additional administration support; waiting list data validation; enhanced patient communication; and use of systematic improvement methods to make rapid incremental improvements. As part of COVID-19 recovery, a hospital trust in northern England used the Lean systematic improvement approach to recover the waiting list of a paediatric service to pre-COVID levels. The

intervention strategy used a massive-open-online-course (Lean Fundamentals) to support the improvement project lead to follow a structured improvement routine to apply Lean improvement techniques. By acknowledging that staff were overburdened by the requirements of COVID-19 and that patients were stuck in a system of disconnected processes, administrative activities were redesigned around an ethos of compassionate communication that put patients first. Over a period of 8 weeks, the project reduced the waiting list from 1109 to 212. Waiting times were reduced from a maximum of 36 months to a 70-day average. Lean is often described in terms of increasing process efficiency and productivity. It is not often associated with staff benefits. However, when seen in the context of unburdening staff to deliver patient care, Lean has potential to support the recovery of both staff and services. Lean Fundamentals, with its accessible massive-online design, may provide a means of supporting such improvement at scale. Copyright © Author(s) (or their employer(s)) 2022. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.

### [Implications for paediatric training and workforce from pandemic disruptions: a view from a tertiary hospital](#)

Author(s): Gard et al.

Source: Journal of Paediatrics and Child Health 58(12) pp. 2190-2196

Publication date: August 2022

Aim: To understand the lived experience of paediatric trainees in relation to their educational opportunities, workforce roles and the interplay between them, during pandemic disruptions.

Methods: Twenty paediatric trainees working at Australian paediatric hospitals during the time of COVID-19 restrictions were interviewed between July and November 2020. Based on a phenomenological approach, the interviews examined junior doctors' experiences in relation to medical education, adaptive

education modes, learning opportunities and their workforce roles during the pandemic. Qualitative inductive thematic data analysis was used to develop a cohort narrative. Results: Four overarching themes were identified regarding trainee perceptions of the impact of COVID-19 restrictions on learning opportunities, both positive and negative. These were: impaired rapport building, altered team role, altered care and education affordances versus access. Participants felt ill-equipped to provide optimal clinical care during virtual and stifled in-person consultations, detached from the multidisciplinary team, that changed work roles diminished their professional self-worth, and that online learnings were advantageous if rostering afforded opportunities to engage with them. Conclusion: To equip paediatric trainees for the next steps in their careers, we suggest the following areas of focus: the use of new tools of rapport, smart investment in clinical moments, reconnection of multidisciplinary teams and learning, the support of online learning infrastructure with protected education time and roadmaps for learning, and teaching on how to triage information sources and alongside clinical visit types.

### [Which ethical values underpin England's National Health Service reset of paediatric and maternity services following COVID-19: a rapid review](#)

Item Type: Generic

Author: Chiumento, Anna, Baines, Paul, Redhead, Caroline, Fovargue, Sara, Draper, Heather and Frith, Lucy

Publication Date: 2021

Publication Details: BMJ open, 11, (6) pp.e049214. , England: Abstract: OBJECTIVE: To identify ethical values guiding decision making in resetting non-COVID-19 paediatric surgery and maternity services in the National Health Service (NHS)., DESIGN: A rapid review of academic and grey literature sources from 29 April to 31 December 2020, covering non-urgent, non-COVID-19 healthcare. Sources were thematically synthesised

against an adapted version of the UK Government's Pandemic Flu Ethical Framework to identify underpinning ethical principles. The strength of normative engagement and the quality of the sources were also assessed., SETTING: NHS maternity and paediatric surgery services in England., RESULTS: Searches conducted 8 September-12 October 2020, and updated in March 2021, identified 48 sources meeting the inclusion criteria. Themes that arose include: staff safety; collaborative working - including mutual dependencies across the healthcare system; reciprocity; and inclusivity in service recovery, for example, by addressing inequalities in service access. Embedded in the theme of staff and patient safety is embracing new ways of working, such as the rapid roll out of telemedicine. On assessment, many sources did not explicitly consider how ethical principles might be applied or balanced against one another. Weaknesses in the policy sources included a lack of public and user involvement and the absence of monitoring and evaluation criteria., CONCLUSIONS: Our findings suggest that relationality is a prominent ethical principle informing resetting NHS non-COVID-19 paediatric surgery and maternity services. Sources explicitly highlight the ethical importance of seeking to minimise disruption to caring and dependent relationships, while simultaneously attending to public safety. Engagement with ethical principles was ethics-lite, with sources mentioning principles in passing rather than explicitly applying them. This leaves decision makers and healthcare professionals without an operationalisable ethical framework to apply to difficult reset decisions and risks inconsistencies in decision making. We recommend further research to confirm or refine the usefulness of the reset phase ethical framework developed through our analysis. Copyright © Author(s) (or their employer(s)) 2021. Re-use permitted under CC BY. Published by BMJ.

### [Implementation of photographic triage in a paediatric dental, orthodontic, and maxillofacial department during COVID-19](#)

Abstract only\*

Item Type: Generic

Author: Davies, Anna, Howells, Ryan, Lee, Sharon M. G., Sweet, Chris J. and Dominguez-Gonzalez, Susana

Publication Date: 2021

Publication Details: International journal of paediatric dentistry, 31, (4) pp.547-553. , England:

Abstract: BACKGROUND: During the COVID-19 pandemic, limitations were placed on face-to-face encounters in dentistry and oral and maxillofacial surgery (OMFS) in order to promote physical distancing and reduce viral propagation. To facilitate continued assessment of dental, orthodontic, and maxillofacial emergencies, a photographic triage system was initiated at Alder Hey Children's Hospital (AHCH). We will discuss the benefits this system offers at a patient, clinician, departmental, and NHS service level., AIM: To share our experience of photographic triage during the first 3 months of COVID-19 lockdown, lessons learned, and recommendations., DESIGN: Prospective data collection over 3 months., RESULTS: 220 photographic referrals were received, and swelling (30%) and dental trauma (27%) were the most common presenting complaints. 57% of referrals were not seen, 23% were seen semi-urgently, and 20% booked for outpatient review. Of those seen, 7 children were seen elsewhere and 44 were seen face-to-face at AHCH, with 8 being admitted., CONCLUSION: Photographic triage reduced physical encounters and proved useful in training junior staff, assessment of new patient referrals, and first on-call from home. Implementation should be considered throughout dental, orthodontic, and OMFS departments nationwide. In the event of a COVID-19 resurgence or emergence of a new pandemic, photographic triage could facilitate physical distancing and service provision. Copyright © 2021 BSPD, IAPD and John Wiley



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### Mental Health

#### [Evaluating the provision of paediatric liaison psychiatry services in England](#)

Item Type: Journal Article

Authors: Hines, Declan; Ford, Tamsin; Westwood, Sophie; Barrett, Jessica R.; Westphal, Birgit; Davies, Virginia and Lee, William

Publication Date: 2023

Journal: BJPsych Open 9(2), pp. e30

Abstract: BACKGROUND: Liaison psychiatry provision for children and young people in England is poorly evaluated.,

AIMS: We sought to evaluate paediatric liaison psychiatry provision and develop recommendations to improve practice.,

METHOD: The liaison psychiatry surveys of England (LPSE) cross-sectional surveys engage all liaison psychiatry services in England. Services are systematically identified by contacting all acute hospitals with emergency departments in England.

Questions are developed in consultation with NHS England and the Royal College of Psychiatrists' Faculty of Liaison Psychiatry, and updated based on feedback. Responses are submitted by email, post or telephone. Questions on paediatric services were

included from 2015 (LPSE-2), and we analysed data from this and the subsequent four surveys.,

RESULTS: The number of acute hospitals with access to paediatric liaison psychiatry services increased from 29 (15.9%) in 2015 to 46 (26.6%) in

2019, compared with 100% provision for adults. For LPSE-4, only one site met the Core-24 criteria of 11 full-time equivalent

mental health practitioners and 1.5 full-time equivalent consultants, and for LPSE-5, just two sites exceeded them.

Acute hospitals with access to 24/7 paediatric liaison psychiatry services increased from 12 to 19% between LPSE-4 and LPSE-5.

The proportion of paediatric liaison psychiatry services based offsite decreased from 30 to 24%.,

CONCLUSIONS: There is an

unacceptable under-provision of paediatric liaison psychiatry services compared with provision for adults. Number of services, staffing levels and hours of operation have increased, but continued improvement is required, as few services meet the Core-24 criteria.

### New roles

#### [Introducing physician associates: A new wave of health professionals in neonatology](#)

Item Type: Journal Article

Authors: Tanney K.; Tapping-Upton H. and Edi-Osagie N.

Publication Date: 2023

Journal: Archives of Disease in Childhood: Fetal and Neonatal Edition 108(5), pp. 440 EP

St Mary's Hospital (SMH), Manchester, is home to one of the busiest neonatal units in the UK, with 69 cots providing all levels of neonatal care. As a tertiary referral centre for surgical, cardiac and specialist medical babies in the North West, there is a wide range of activity with many babies requiring complex care. There is therefore a need for a comprehensive and consistent workforce providing high-quality care.

This neonatal intensive care unit (NICU) has benefited from having a blended workforce of what would traditionally have been considered medical rotas, with trainee and locally appointed doctors working on tiers 1 and 2, advanced neonatal nurse practitioners working on tier 1 and band 6 enhanced neonatal nurse practitioners working in high-dependency unit (HDU) and special care (SCBU). However, rota gaps, less than full-time training and recruitment challenges led to understaffed rotas, while nurses choosing to become nurse practitioners meant losing experienced cot-side neonatal nurses.

## New ways of working

### [Transforming nursing care for children with serious long-term conditions: A mixed methods exploration of the impact of Roald Dahl Specialist Nurses in the United Kingdom](#)

Item Type: Generic

Author: Nightingale, Julie, Ali, Nancy, Lewis, Robin, Ibbotson, Rachel, Monks, Helen, Urquhart-Kelly, Tanya and Saunders, Lesley

Publication Date: 2023

Publication Details: Journal of pediatric nursing, 70, pp.90-102. , United States:

Abstract: PURPOSE: A new model of paediatric nursing, funded initially by a charitable organisation working in partnership with UK healthcare providers, was implemented to support children living with serious long-term conditions. This study explored, from the perspective of multiple stakeholders, the impact of services provided by 21 'Roald Dahl Specialist Nurses' (RDSN) within 14 NHS Trust hospitals., DESIGN AND METHODS: A Mixed Methods Exploratory design commenced with interviews with RDSNs (n = 21) and their managers (n = 15), alongside a medical clinician questionnaire (n = 17). Initial themes (constructivist grounded theory) were validated through four RDSN focus groups, and informed development of an online survey of parents (n = 159) and children (n = 32). Findings related to impact were integrated using a six-step triangulation protocol., RESULTS: Zones of significant impact included: Improving quality and experience of care; Improved efficiencies and cost-effectiveness; Provision of holistic family-centred care; and Impactful leadership and innovation. The RDSNs forged networks across inter-agency boundaries to safeguard the child and enhance the family experience of care. RDSNs delivered improvements across a range of metrics, and were valued for their emotional support, care navigation and advocacy., CONCLUSIONS: Children living with serious long-term

conditions have complex needs. Regardless of the specialty, location, organisation or service focus, this new model of care crosses organisational and inter-agency boundaries to ensure that the healthcare delivered has maximum impact. It has a profoundly positive impact on families., PRACTICE IMPLICATIONS: This integrated and family-centred model of care is strongly recommended for children with complex needs crossing organisational divides. Copyright © 2023 The Authors. Published by Elsevier Inc. All rights reserved.

### [An organisational participatory research study of the feasibility of the behaviour change wheel to support clinical teams implementing new models of care](#)

Item Type: Generic

Author: Bull, Eleanor R., Hart, Joanne K., Swift, Juliette, Baxter, Kirstie, McLauchlan, Neil, Joseph, Sophia and Byrne-Davis, Lucie

Publication Date: 2019

Publication Details: BMC health services research, 19, (1) pp.97., England:

Abstract: BACKGROUND: Health and social care organisations globally are moving towards prevention-focussed community-based, integrated care. The success of this depends on professionals changing practice behaviours. This study explored the feasibility of applying a behavioural science approach to help staff teams from health organisations overcome psychological barriers to change and implement new models of care., METHODS: An Organisational Participatory Research study was conducted with health organisations from North West England, health psychologists and health workforce education commissioners. The Behaviour Change Wheel (BCW) was applied with teams of professionals seeking help to overcome barriers to practice change. A mixed-methods data collection strategy was planned, including qualitative stakeholder interview and focus groups to explore feasibility factors and quantitative

pre-post questionnaires and audits measuring team practice and psychological change barriers. Qualitative data were analysed with thematic analysis; pre-post quantitative data were limited and thus analysed descriptively., RESULTS: Four clinical teams from paediatrics, midwifery, heart failure and older adult mental health specialties in four organisations enrolled, seeking help to move care to the community, deliver preventative healthcare tasks, or become more integrated. Eighty-one managers, medical doctors, nurses, physiotherapists, midwives and other professionals contributed data. Three teams successfully designed a BCW intervention; two implemented and evaluated this. Five feasibility themes emerged from the thematic analysis of qualitative data. Optimising the BCW in an organisational change context meant 1) qualitative over quantitative data collection, 2) making behavioural science attractive, 3) co-development and a behavioural focus, 4) effective ongoing communication and 5) support from engaged leaders. Pre-post quantitative data collected suggested some positive changes in staff practice behaviours and psychological determinants following the intervention., CONCLUSIONS: Behavioural science approaches such as the BCW can be optimised to support teams within health and social care organisations implementing complex new models of care. The efficacy of this approach should now be trialled.

### Nursing

[Transforming nursing care for children with serious long-term conditions: A mixed methods exploration of the impact of Roald Dahl Specialist Nurses in the United Kingdom](#)

Item Type: Journal Article

Authors: Nightingale, Julie;Ali, Nancy;Lewis, Robin;Ibbotson, Rachel;Monks, Helen;Urquhart-Kelly, Tanya and Saunders, Lesley

Publication Date: 2023

Journal: Journal of Pediatric Nursing 70, pp. 90–102

Abstract: PURPOSE: A new model of paediatric nursing, funded initially by a charitable organisation working in partnership with UK healthcare providers, was implemented to support children living with serious long-term conditions. This study explored, from the perspective of multiple stakeholders, the impact of services provided by 21 'Roald Dahl Specialist Nurses' (RDSN) within 14 NHS Trust hospitals., DESIGN AND METHODS: A Mixed Methods Exploratory design commenced with interviews with RDSNs (n = 21) and their managers (n = 15), alongside a medical clinician questionnaire (n = 17). Initial themes (constructivist grounded theory) were validated through four RDSN focus groups, and informed development of an online survey of parents (n = 159) and children (n = 32). Findings related to impact were integrated using a six-step triangulation protocol., RESULTS: Zones of significant impact included: Improving quality and experience of care; Improved efficiencies and cost-effectiveness; Provision of holistic family-centred care; and Impactful leadership and innovation. The RDSNs forged networks across inter-agency boundaries to safeguard the child and enhance the family experience of care. RDSNs delivered improvements across a range of metrics, and were valued for their emotional support, care navigation and advocacy., CONCLUSIONS: Children living with serious long-term conditions have complex needs. Regardless of the specialty, location, organisation or service focus, this new model of care crosses organisational and inter-agency boundaries to ensure that the healthcare delivered has maximum impact. It has a profoundly positive impact on families., PRACTICE IMPLICATIONS: This integrated and family-centred model of care is strongly recommended for children with complex needs crossing organisational divides. Copyright © 2023 The Authors. Published by Elsevier Inc. All rights reserved.

## Primary Care and Community

### [Advancing integrated paediatric care in Australian general practices: Qualitative insights from the SC4C GP-paediatrician model of care](#)

Item Type: Journal Article

Authors: Crespo-Gonzalez, Carmen;Hodgins, Michael;Zurynski, Yvonne;Meyers Morris, Tammy;Le, Jane;Wheeler, Karen;Khano, Sonia;Germano, Stephanie;Hiscock, Harriet and Lingam, Raghu  
Publication Date: 2024

Journal: PLoS One 19(5), pp. e0302815

Abstract: The Strengthening Care for Children (SC4C) is a general practitioner (GP)-paediatrician integrated model of care that consists of co-consulting sessions and case discussions in the general practice setting, with email and telephone support provided by paediatricians to GPs during weekdays. This model was implemented in 21 general practices in Australia (11 Victoria and 10 New South Wales). Our study aimed to identify the factors moderating the implementation of SC4C from the perspectives of GPs, general practice personnel, paediatricians and families. We conducted a qualitative study as part of the mixed-methods implementation evaluation of the SC4C trial. We collected data through virtual and in-person focus groups at the general practices and phone, virtual and in-person interviews. Data was analysed using an iterative hybrid inductive-deductive thematic analysis. Twenty-one focus groups and thirty-seven interviews were conducted. Overall, participants found SC4C acceptable and suitable for general practices, with GPs willing to learn and expand their paediatric care role. GPs cited improved confidence and knowledge due to the model. Paediatricians reported an enhanced understanding of the general practice context and the strain under which GPs work. GPs and paediatricians reported that this model allowed them to build trust-based relationships with a common goal of improving care for children. Additionally, they felt some aspects, including the

lack of remuneration and the work and effort required to deliver the model, need to be considered for the long-term success of the model. Families expressed their satisfaction with the shared knowledge and quality of care jointly delivered by GPs and paediatricians and highlighted that this model of care provides easy access to specialty services without out-of-pocket costs. Future research should focus on finding strategies to ensure the long-term implementation of this model of care with a particular focus on the individual stressors in general practices. Copyright: © 2024 Crespo-Gonzalez et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

### [Patient and caregiver characteristics associated with differential use of primary care for children and young people in the UK: a scoping review](#)

Item Type: Journal Article

Authors: Herbert, Kevin;Herlitz, Lauren;Woodman, Jenny;Powell, Claire and Morris, Stephen  
Publication Date: 2024

Journal: BMJ Open 14(5), pp. e078505

Abstract: OBJECTIVE: To systematically map evidence to answer the research question: What is the relationship between the characteristics of children and young people (CYP) or their caregivers and primary care service use in the UK, taking into account underlying healthcare needs? DESIGN: Scoping review., SETTING: Primary care., ELIGIBILITY CRITERIA: English-language quantitative or mixed-methods studies published between 2012 and 2022., DATA SOURCES: Medline, Embase, Scopus and Web of Science Social Sciences Citation Index, and grey literature., RESULTS: 22 eligible studies were identified, covering general practice (n=14), dental health (n=4), child mental health (MN) services (n=3) and immunisation (n=1).

Only eight studies (36%) controlled for variables associated with healthcare need (eg, age, birth weight and long-term conditions). In these, evidence of horizontal inequity in primary care use was reported for CYP living in deprived areas in England, with and without complex needs. Horizontal inequity was also identified in primary care MN referrals for CYP in England identifying as mixed-race, Asian or black ethnicity, compared with their white British peers. No evidence of horizontal inequity was observed, however, in primary care use for CYP in England exposed to parental depression, or for CYP children from low-income households in Scotland. Increasing CYP's age was associated with decreasing primary care use across included studies. No studies were found regarding CYP from Gypsy or Traveller communities, children in care, or those with disabilities or special educational needs., CONCLUSIONS: There is evidence that socioeconomic factors impact on CYP's primary care use, in particular age, ethnicity and deprivation. However, better quality evidence is required to evaluate horizontal inequity in use and address knowledge gaps regarding primary care use for vulnerable CYP populations and the impact of policy and practice related 'supply side' of primary care. Copyright © Author(s) (or their employer(s)) 2024. Re-use permitted under CC BY. Published by BMJ.

### Recruitment and Retention

[Retention of surgical trainees in England](#) Abstract only\*

Item Type: Journal Article

Authors: Khalil, Khalid;Sooriyamoorthy, Thushanth and Ellis, Ricky

Publication Date: 2023

Journal: The Surgeon : Journal of the Royal Colleges of Surgeons of Edinburgh and Ireland 21(4), pp. 203–207

Abstract: BACKGROUND: Surgical training is a competitive process attracting highly motivated clinicians. The National

Health Service is currently facing long waiting lists and a workforce crisis yet there is a paucity of data regarding attrition of surgical trainees in England. This study aims to describe the attrition of surgical trainees from 2016 to 2021 and explore the relationship between specialty competition ratios and attrition rates., METHODS: Data was obtained from Health Education England by freedom of information requests. Binary logistic regression analyses explored differences in attrition between surgical specialties. Spearman's correlation was used to assess the relationship between competition ratios and attrition rates., RESULTS: From 2016 to 2021, 481 surgical trainees have left surgical training, with an average yearly attrition rate of 2.68%. This number varied considerably across specialties with Paediatric Surgery having the highest rate at 4.20% and Trauma & Orthopaedic Surgery (T&O) the lowest at 1.52%. Compared to General Surgery, trainees in Neurosurgery, T&O and Plastic Surgery were significantly less likely to leave their respective programmes (OR 95% CI 0.53 (0.33-0.85)  $p = 0.009$ , 0.44 (0.34-0.58)  $p$  : From 2016 to 2021, 481 surgical trainees have left surgical training, with an average yearly attrition rate of 2.68%. This number varied considerably across specialties with Paediatric Surgery having the highest rate at 4.20% and Trauma & Orthopaedic Surgery (T&O) the lowest at 1.52%. Compared to General Surgery, trainees in Neurosurgery, T&O and Plastic Surgery were significantly less likely to leave their respective programmes (OR 95% CI 0.53 (0.33-0.85)  $p = 0.009$ , 0.44 (0.34-0.58)  $p$  CONCLUSION: These data highlight the increasing attrition of surgical trainees over recent years, with some specialties experiencing greater rates of attrition than others. Qualitative research and exit interviews are needed to ascertain the causal factors behind the attrition of surgical trainees to improve training and retention of this highly skilled workforce. Copyright © 2022 Royal College of Surgeons of Edinburgh (Scottish charity number SC005317) and Royal College of

Surgeons in Ireland. Published by Elsevier Ltd. All rights reserved.

### Retention of surgical trainees in England Abstract only\*

Item Type: Generic

Author: Khalil, Khalid, Sooriyamoorthy, Thushanth and Ellis, Ricky

Publication Date: 2022

Publication Details: The surgeon : journal of the Royal Colleges of Surgeons of Edinburgh and Ireland, , Scotland:

Abstract: BACKGROUND: Surgical training is a competitive process attracting highly motivated clinicians. The National Health Service is currently facing long waiting lists and a workforce crisis yet there is a paucity of data regarding attrition of surgical trainees in England. This study aims to describe the attrition of surgical trainees from 2016 to 2021 and explore the relationship between specialty competition ratios and attrition rates., METHODS: Data was obtained from Health Education England by freedom of information requests. Binary logistic regression analyses explored differences in attrition between surgical specialties. Spearman's correlation was used to assess the relationship between competition ratios and attrition rates., RESULTS: From 2016 to 2021, 481 surgical trainees have left surgical training, with an average yearly attrition rate of 2.68%. This number varied considerably across specialties with Paediatric Surgery having the highest rate at 4.20% and Trauma & Orthopaedic Surgery (T&O) the lowest at 1.52%. Compared to General Surgery, trainees in Neurosurgery, T&O and Plastic Surgery were significantly less likely to leave their respective programmes (OR 95% CI 0.53 (0.33-0.85)  $p = 0.009$ , 0.44 (0.34-0.58)  $p < 0.001$ , 0.51 (0.33-0.78)  $p = 0.002$ , respectively). Attrition rates were inversely related to competition ratios, with more competitive specialties experiencing less attrition ( $\rho = -0.302$  ( $p = 0.078$ ))., CONCLUSION: These data highlight the increasing attrition of surgical trainees over recent years, with

some specialties experiencing greater rates of attrition than others. Qualitative research and exit interviews are needed to ascertain the causal factors behind the attrition of surgical trainees to improve training and retention of this highly skilled workforce. Copyright © 2022 Royal College of Surgeons of Edinburgh (Scottish charity number SC005317) and Royal College of Surgeons in Ireland. Published by Elsevier Ltd. All rights reserved.

### Addressing recruitment and retention in paediatrics: A pipeline to a brighter future Abstract only\*

Item Type: Generic

Author: Mallett, P., Thompson, A. and Bourke, T.

Publication Date: 2022

Publication Details: Archives of Disease in Childhood: Education and Practice Edition, 107, (1) pp.57-63. , United Kingdom: BMJ Publishing Group.

Abstract: Background In the UK, the number of junior doctors completing foundation programme, and the number of trainees applying to paediatrics has been in decline in recent years. The NHS is at breaking point', exacerbated by workforce shortages, chronic underfunding, increasing service demand and poor job satisfaction within healthcare workers. Issues in recruitment and retention of paediatricians threaten the safety of our children's health', according to the Royal College of Paediatrics and Child Health. Aim To explore what strategies have been described in the literature to enhance recruitment and retention in paediatrics. Methods A scoping review methodology was conducted, employing a qualitative approach to review the literature. The studies included were English-language studies. 16 full-text articles were reviewed and analysed. Study findings There is a paucity of data in the literature that describes evidence-based approaches to enhancing retention and recruitment in paediatrics. The most important strategies employed to help are identified and grouped into six main themes. These include

professional advocacy, workforce diversity, mentorship, improving working conditions, career flexibility and enhancing educational opportunities. The authors have created a paediatric pipeline' paradigm of identify, engage, recruit, retain and champion', which allow us to present these themes in a pragmatic way for paediatricians and policymakers. Conclusions While some issues share similarities with other specialties in difficulty, much of the context and potential remedies within paediatrics are distinct. A strategic, multi-agency collaborative approach is required urgently to address the significant issues that face both paediatrics and the healthcare system., A review of strategies to enhance recruitment and retention in Paediatrics with a suggestion for a new "pipeline"approach. Copyright © 2022 BMJ Publishing Group. All rights reserved.

### [Can a clinical skills facilitator improve staff retention in a children's hospital?](#) Abstract only\*

Item Type: Journal Article

Authors: Dowers, Holly

Publication Date: 2021

Journal: Nursing Children & Young People 33(5), pp. 12-17

Abstract: The article discusses the implementation and evaluation of a pilot clinical skills facilitator role at a medical ward in a children's hospital in a National Health Service (NHS) trust in England aimed at improving nursing staff retention. The study examines the efficiency of the clinical skills facilitator in improving clinical skills, staff recruitment, job satisfaction, welfare and well-being at work. The importance of relationships, sense of community and mentorship at work is discussed.

### [Enhancing nurse satisfaction: An exploration of specialty nurse shortage in a region of NHS England](#) Abstract only\*

Item Type: Generic

Author: Gray, K., Wilde, R. and Shutes, K.

Publication Date: 2018

Publication Details: Nursing management, 25, (1) pp.26-33. , United Kingdom: RCN Publishing Company Ltd. (E-mail: rcndirectjournalsteam@RCN.org.uk).

Abstract: Aim This article offers nurse managers guidance on analysing, managing and addressing a potentially dissatisfied nursing workforce, focusing on three priority shortage specialties: emergency care, paediatrics and cardiology. The aim of the study was to explore to what extent registered nurses and healthcare assistants, referred to collectively here as 'nursing staff', are satisfied with teamworking opportunities, continuing professional development (CPD) opportunities and workplace autonomy. Method A survey questionnaire was developed to evaluate three derived determinants of nurse satisfaction: team working, CPD and autonomy. The NHS West Midlands region was the focus given that it is among the poorest performing regions outside London in filling nursing posts. Findings Overall, nursing staff respondents were satisfied with teamworking, CPD and autonomy, which challenges the perception that nurses in NHS England are dissatisfied with these satisfaction determinants. The findings give a complex picture of nurse satisfaction; for example a large minority of respondents were dissatisfied with their ability to carry out duties as they see fit. Conclusion When developing management systems to investigate, manage and enhance nurse satisfaction, nurse managers must recognise the complexity and subtleties of determining factors. This will increase as nursing becomes more specialised. Subsequently, nurse managers need to work closely with staff at higher education institutions and other professional agencies to commission appropriate professional development. Copyright © 2018 RCN Publishing Company Ltd.

### Research

#### [A Survey of Resources and Nursing Workforce for Clinical Research Delivery in Paediatric Intensive Care Within the UK / Ireland](#)

Item Type: Generic

Author: Menzies, Julie C., Jennings, Claire and Marshall, Rebecca

Publication Date: 2022

Publication Details: Frontiers in pediatrics, 10, pp.848378. , Switzerland:

Abstract: Introduction: Clinical research within Paediatric Intensive Care (PICU) is necessary to reduce morbidity and mortality associated within this resource-intensive environment. With UK PICUs encouraged to be research-active there was a drive to understand how centres support research delivery., Aim: To identify the research workforce available within UK/Ireland PICUs to support clinical research delivery., Method: An electronic survey, endorsed by the Paediatric Critical Care Society (PCCS), was designed and reported in accordance with CHERRIES guidelines. The survey was distributed by email to all UK/Ireland Nurse Managers and Medical/ Nursing Research leads, aiming for one response per site during the period of April-June 2021. Only one response per site was included in analysis., Results: 44 responses were received, representing 24/30 UK/Ireland sites (80% response rate). Responses from n = 21/30 units are included (three excluded for insufficient data). 90% (n = 19/21) units were research active, although only 52% (n = 11) had permanent research roles funded within their staffing establishment. The majority of units (n = 18, 86%) had less than two WTE research nurses. Resources were felt to be sufficient for current research delivery by 43% of units (n = 9), but this confidence diminished to 19% (n = 4) when considering their ability to support future research. The top barriers to research conduct were insufficiently funded/unfunded studies (52%; n =

11), clinical staff too busy to support research activity (52%; n = 11) and short-term/fixed-term contracts for research staff (38%; n = 8)., Conclusion: Despite the perceived importance of research and 90% of responding UK/Ireland PICUs being research active, the majority have limited resources to support research delivery. This has implications for their ability to participate in future multi-centre trials and opportunities to support the development of future medical/nursing clinical academics. Further work is required to identify optimum models of clinical research delivery. Copyright © 2022 Menzies, Jennings and Marshall.

### Simulation

#### [An Evaluation of the Use of Low-Fidelity and High-Fidelity Mannequins in Clinical Simulations in a Module Preparing Final Year Children's and General Nursing Students for Internship Placement](#)

Item Type: Journal Article

Authors: Hill, Katie;Schumann, Michaela;Farren, Linda and Clerkin, Rosemary

Publication Date: 2023

Journal: Comprehensive Child and Adolescent Nursing 46(4), pp. 295–308

Abstract: Internationally, the use of simulation-learning environments in nursing education has escalated over the last number of years. Simulations have been recognized as providing clinical opportunities for student nurses to gain experience in a safe and controlled learning environment. A module specifically preparing fourth year children's and general nursing students for internship was developed. Preparation work for these simulation sessions included a video for the students to watch which demonstrated evidence-based care using sample simulations. This research aims to evaluate two simulation scenarios, using low-fidelity and high-fidelity mannequins for children's nursing students as part of a nursing module preparing them for



internship practice placement. This mixed-methods evaluation survey of students was conducted in one School of Nursing in a Higher Education Institute in Ireland in the academic year 2021-2022. A simulated learning package was created using a partnership approach with members from the Higher Education Institute and the clinical learning site and piloted with 39 students. This was evaluated using an anonymous, online questionnaire with 17 student responses. An ethical exemption was granted for this evaluation. All students reported the use of the simulations, including the pre-simulation video as beneficial to enhance their learning and to prepare them for internship. The use of low-fidelity and high-fidelity mannequins enhanced their learning process. Students recommended implementing further simulations throughout their programme to enhance their learning experiences. The findings of this evaluation can provide guidance to aid future development of interactive simulations in preparing students for practice placements. Both low fidelity and high fidelity have their places in simulation and education, depending on the scenario and associated learning outcomes. Collaboration between academia and clinical practice is crucial, to bridge the theory-practice gap and demonstrate a positive relationship between staff in both settings.

### Stress and Burnout

[Occupational stress in clinical and non-clinical staff in Child and Adolescent Mental Health Services \(CAMHS\): a cross-sectional study](#) Abstract only\*

Item Type: Generic

Author: McNicholas, F., Adamis, D., Minihan, E., Doody, N. and Gavin, B.

Publication Date: 2022

Publication Details: Irish journal of psychological medicine, pp.1-7. , England:

Abstract: BACKGROUND: Previous literature has highlighted high rates of burnout among doctors and nurses in healthcare settings. Non-clinical and support staff such as administrative, housekeeping and managerial staff are also exposed to the stressors of a health care setting, but fewer studies report on their experiences. Therefore, the aim of this research is to examine occupational stress in all staff working in Child and Adolescent Mental Health Services (CAMHS) in Ireland and identify risk and protective factors., METHOD: Fifty-nine clinical and non-clinical staff (44% response rate) were surveyed. Participants completed the Copenhagen Burnout Inventory (CBI) and the Effort Reward Imbalance scale, as well as survey-specific questions., RESULTS: Both clinical and non-clinical staff were found to experience moderate or high rates of work-related, personal and patient-related burnout (57.6%, 52.2% and 50.8%, respectively). Univariate general linear modelling showed an association between total CBI scores and effort reward index ( $B = 64.306$ ,  $t = 3.430$ ,  $p = 0.001$ ); overcommitment ( $B = 1.963$ ,  $t = 3.061$ ,  $p = 0.003$ ); and an unwillingness to work in CAMHS ( $B = 28.429$ ,  $t = 3.247$ ,  $p = 0.002$ )., CONCLUSION: Pre-pandemic levels of stress were high among clinical and non-clinical staff surveyed. Given the anticipated increased demand on CAMHS post COVID-19, urgent action is needed to protect all staff from intolerable levels of occupational stress and burnout.

### Support Workers

[Implementation and evaluation of clinical supervision for support workers in a paediatric palliative care setting](#) Abstract only\*

Item Type: Generic

Author: Beavis, Jonathan, McKenzie, Sian, Davis, Lucy and Ellison, Nell

Publication Date: 2022

Publication Details: Clinical child psychology and psychiatry, 27, (2) pp.369-384. , England:

Abstract: Support workers represent a large proportion of the NHS workforce and yet their supervisory needs are often overlooked. This study focused specifically on a cohort of support workers in a community paediatric palliative care setting. Peer supervision was implemented for this group, initially face to face and then virtually. The experiences of clinical supervision for this group were investigated through responses to an online survey (n = 25) and two focus groups (n = 7). Survey data were analysed concurrently with a thematic analysis. The following themes and sub-themes were developed from transcribed focus groups: (1) Barriers to engagement (2) Being Listened to (3) What Worked Well: Logistics. Overall, delivery of supervision was effective to a mixed degree - though support workers appreciated a space to be listened to, their distrust of colleagues and other barriers impeded the capacity of supervision to achieve more than support and catharsis for this group. Future projects should focus on introducing more preliminary interventions to promote reflection and peer support for these groups as well as continue to consider the supervisory needs of support workers.

### Urgent and Emergency

[Emergency Inter-Hospital Transfer of Children to PICUs in the United Kingdom: Qualitative Exploration of Parents' Experiences of Retrieval Teams](#) Abstract only\*

Item Type: Journal Article

Authors: Evans, Ruth E. C.; Barber, Vicky; Ramnarayan, Padmanabhan; Davies, Patrick and Wray, Jo

Publication Date: 2023

Journal: Pediatric Critical Care Medicine : A Journal of the Society of Critical Care Medicine and the World Federation of Pediatric Intensive and Critical Care Societies 24(10), pp. e476–e486

Abstract: OBJECTIVES: Each year in the United Kingdom there

are around 5,000 inter-hospital transfers of critically ill children into PICUs. There are few published descriptions of what this experience is like for parents. The objective was to describe parents' experiences of the inter-hospital transfer of their critically ill child to a PICU., DESIGN: Qualitative in-depth interviews., SETTING: Twenty-four PICUs in England and Wales., PARTICIPANTS: Parent interview participants ( n = 30) were purposively sampled from a larger pool of parent questionnaire respondents to create a sample diverse in child's age, presenting medical illness, retrieval team and whether a parent traveled in the ambulance., MEASUREMENT AND MAIN RESULTS: Open-ended semi-structured interviews using topic guides to encourage parents to describe their experiences of transfer. Interviews were audio recorded, transcribed verbatim and thematically analyzed using Framework Analysis. Parents' perceptions of transport staff as confident and competent through observation of clinical care, and positive communication experiences during the transfer process, were related to feelings of trust and being supported, as well as relief from distress. Parents varied in their needs for conversation and support. Parents who did not travel in the ambulance had fewer opportunities to interact with the transport team and experienced different challenges in the period prior to their child's admission to the PICU., CONCLUSIONS: Retrieval teams can influence how parents experience their child's emergency transfer to the PICU, offering parents proximity to knowledgeable staff. Satisfaction may be related to matching parents' needs. Understanding parents' needs and optimizing opportunities for effective communication between parents and staff are beneficial to parents. Copyright © 2023 by the Society of Critical Care Medicine and the World Federation of Pediatric Intensive and Critical Care Societies.

### Regional variations in short stay urgent paediatric hospital admissions: a sequential mixed-methods approach exploring differences through data linkage and qualitative interviews

Item Type: Journal Article

Authors: King, Emma; Dick, Smita; Hoddinott, Pat; Malcolm, Cari; France, Emma; Kyle, Richard G.; Aucott, Lorna; Wilson, Philip and Turner, Stephen

Publication Date: 2023

Journal: BMJ Open 13(9), pp. e072734

Abstract: OBJECTIVES: The aim of this sequential mixed-methods study was to describe and understand how paediatric short stay admission (SSA) rates vary across Health Board regions of Scotland., DESIGN: Exploratory sequential mixed-methods study. Routinely acquired data for the annual (per capita) SSA to hospital were compared across the 11 regions. Five diverse regions with different SSA per capita formed cases for qualitative interviews with health professionals and parents to explore how care pathways, service features and geography may influence decisions to admit., SETTING: Scotland., PARTICIPANTS: All children admitted to hospital 2015-2017. Healthcare staff (n=48) and parents (n=15) were interviewed., RESULTS: Of 171 039 urgent hospital admissions, 92 229 were SSAs, with a fivefold variation between 14 and 69/1000 children/year across regions. SSAs were higher for children in the most deprived compared with the least deprived communities. When expressed as a ratio of highest to lowest SSA/1000 children/year for diagnosed conditions between regions, the ratio was highest (10.1) for upper respiratory tract infection and lowest (2.8) for convulsions. Readmissions varied between 0.80 and 2.52/1000/year, with regions reporting higher SSA rates more likely to report higher readmission rates (r=0.70, p=0.016, n=11). Proximity and ease of access to services, local differences in service structure and configuration, national policy directives and disparities in how an SSA is defined were recognised by interviewees as explaining the observed regional

variations in SSAs. Socioeconomic deprivation was seldom spontaneously raised by professionals when reflecting on reasons to refer or admit a child. Instead, greater emphasis was placed on the wider social circumstances and parents' capacity to cope with and manage their child's illness at home., CONCLUSION: SSA rates for children vary quantitatively by region, condition and area deprivation and our interviews identify reasons for this. These findings can usefully inform future care pathway interventions. Copyright © Author(s) (or their employer(s)) 2023. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.

### Identifying and prioritising future interventions with stakeholders to improve paediatric urgent care pathways in Scotland, UK: a mixed-methods study

Item Type: Journal Article

Authors: King, Emma; France, Emma; Malcolm, Cari; Kumar, Simita; Dick, Smita; Kyle, Richard G.; Wilson, Philip; Aucott, Lorna; Turner, Stephen and Hoddinott, Pat

Publication Date: 2023

Journal: BMJ Open 13(10), pp. e074141

Abstract: OBJECTIVES: To identify and prioritise interventions, from the perspectives of parents and health professionals, which may be alternatives to current unscheduled paediatric urgent care pathways., DESIGN: FLAMINGO (Flow of Admissions in children and young people) is a sequential mixed-methods study, with public and patient involvement (PPI) throughout. Data linkage for urgent admissions and three referral sources: emergency department, out of hours service and general practice, was followed by qualitative interviews with parents and professionals. Findings were presented and discussed at a stakeholder intervention prioritisation event., SETTING: National Health Service in Scotland, UK., PARTICIPANTS: Quantitative data: children with urgent medical admission to hospital from

2015 to 2017. Qualitative interviews: parents and health professionals with experiences of urgent short stay hospital admissions of children. PPI engagement was conducted with nine parent-toddler groups and a university-based PPI advisory group. Stakeholder event: parents, health professionals and representatives from Scottish Government, academia, charities and PPI attended., RESULTS: Data for 171 039 admissions which included 92 229 short stay admissions were analysed and 48 health professionals and 21 parents were interviewed. The stakeholder event included 7 parents, 12 health professionals and 28 other stakeholders. Analysis and synthesis of all data identified seven interventions which were prioritised at the stakeholder event: (1) addressing gaps in acute paediatric skills of health professionals working in community settings; (2) assessment and observation of acutely unwell children in community settings; (3) creation of holistic children's 'hubs'; (4) adoption of 'hospital at home' models; and three specialised care pathways for subgroups of children; (5) convulsions; (6) being aged : Data for 171 039 admissions which included 92 229 short stay admissions were analysed and 48 health professionals and 21 parents were interviewed. The stakeholder event included 7 parents, 12 health professionals and 28 other stakeholders. Analysis and synthesis of all data identified seven interventions which were prioritised at the stakeholder event: (1) addressing gaps in acute paediatric skills of health professionals working in community settings; (2) assessment and observation of acutely unwell children in community settings; (3) creation of holistic children's 'hubs'; (4) adoption of 'hospital at home' models; and three specialised care pathways for subgroups of children; (5) convulsions; (6) being aged CONCLUSIONS: Health professionals and families want future interventions that are patient-centred, community-based and aligned to outcomes that matter to them. Copyright © Author(s) (or their employer(s)) 2023. Re-use permitted under CC BY. Published by BMJ.

## Workforce

[Child Health Needs and the Pediatric Emergency Medicine Workforce: 2020-2040](#) Abstract only\*

Item Type: Journal Article

Authors: Iyer, Maya S.;Nagler, Joshua;Mink, Richard B. and Gonzalez Del Rey, Javier

Publication Date: 2024

Journal: Pediatrics 153

Abstract: Approximately 30 million ill and injured children annually visit emergency departments (EDs) in the United States. Data suggest that patients seen in pediatric EDs by board-certified pediatric emergency medicine (PEM) physicians receive higher-quality care than those cared for by non-PEM physicians. These benefits, coupled with the continued growth in PEM since its inception in the early 1990s, have impacted child health broadly. This article is part of a Pediatrics supplement focused on predicting the future pediatric subspecialty workforce supply by drawing on the American Board of Pediatrics workforce data and a microsimulation model of the future pediatric subspecialty workforce. The article discusses the utilization of acute care services in EDs, reviews the current state of the PEM subspecialty workforce, and presents projected numbers of PEM subspecialists at the national, census region, and census division on the basis of this pediatric subspecialty workforce supply model through 2040. Implications of this model on education and training, clinical practice, policy, and future workforce research are discussed. Findings suggest that, if the current growth in the field of PEM continues on the basis of the increasing number and size of fellowship programs, even with a potential reduction in percentage of clinical time and attrition of senior physicians, the PEM workforce is anticipated to increase nationally. However, the maldistribution of PEM physicians is likely to be perpetuated with the highest concentration in New England and Mid-Atlantic regions and "PEM deserts" in less

populated areas. Copyright © 2024 by the American Academy of Pediatrics.

### Canadian developmental pediatrics workforce survey Abstract only\*

Author(s): McLeod et al.

Source: Paediatrics & Child Health

Publication date: 2024

**BACKGROUND:** Neurodevelopmental conditions are common, and many of these conditions benefit from specialized developmental assessments or services from a developmental pediatric clinic. There is limited data about the supply of developmental pediatric subspecialists and limited knowledge about the sustainability of the current workforce providing this care in Canada. **OBJECTIVES:** To understand the current Canadian developmental pediatric workforce, we conducted a survey to determine: (1) The demographic profile of developmental pediatric professionals who comprise the current workforce and their career plans; (2) The challenges and trends to inform future resource planning; and (3) Opportunities for innovative provision of developmental care in pediatrics.

**DESIGN/METHODS:** A 31-item questionnaire was cross-sectionally distributed to practicing developmental pediatricians in Canada. The Royal College of Physicians and Surgeons and Canadian Pediatric Society Section of Developmental Pediatrics assisted with the distribution of the survey to its membership. Results were analyzed with descriptive statistics. **RESULTS:** A total of 145 participants completed the study (91% response). Forty-six percent (n = 65) of the participants had >20 years of experience. Within the next 3 to 5 years, 23% (n = 32) of respondents' plan to retire completely from practice. Trends influencing the present workload of developmental pediatricians included: (1) requirements for translation services (endorsed by 70% of respondents); (2) coordination issues with multidisciplinary assessments (endorsed by 64%); and (3) the

influence of government funding resources for specific neurodevelopmental disorders (endorsed by 32%).

**CONCLUSIONS:** Addressing issues affecting developmental pediatrician workload and increasing the developmental pediatric workforce will be vital to address current needs. The viability of specialized developmental care in Canada will rely on recruitment and identifying barriers that inhibit trainees and physicians from choosing to practice in the field of developmental pediatrics.

### Child Health and the Pediatric Hematology-Oncology Workforce: 2020-2040 Abstract only\*

Item Type: Journal Article

Authors: Russell, Heidi;Hord, Jeffrey;Orr, Colin J. and Moerdler, Scott

Publication Date: 2024

Journal: Pediatrics 153

**Abstract:** Pediatric hematology-oncology (PHO) is 1 of the oldest recognized pediatric subspecialties. PHO physicians care for infants, children, adolescents, and young adults with all types of cancer and nonmalignant blood conditions, in many cases temporarily assuming the role of a primary care physician because of the complexity and intensity of treatment. However, the number of clinically active PHO subspecialists needed to care for children in the United States remains unknown. Recent papers suggest a potential oversaturation of PHO physicians in some geographic areas. This article is part of a Pediatrics supplement focused on projecting the future supply of the pediatric subspecialty workforce. It draws on information available in the literature, data from the American Board of Pediatrics, and findings from a new microsimulation model estimating the future supply of pediatric subspecialists through 2040. The model predicts a workforce growth in PHO subspecialists of 66% by 2040. Alternative scenarios, including changes in clinical time and fellowship size, resulted in a

difference in growth of +/-18% from baseline. The model also forecasts significant geographic maldistribution. For example, the current workforce is concentrated in the Northeast Census region and the model predicts the New England Census division will have a 2.9-fold higher clinical workforce equivalent per 100 000 children aged 0 to 18 years than the Mountain Census division by 2040. These findings suggest potential opportunities to improve the PHO subspecialty workforce and the outcomes and experiences of its patient population through educational changes, practice initiatives, policy interventions, and dedicated research. Copyright © 2024 by the American Academy of Pediatrics.

### Consultant staffing in UK congenital cardiac services: a 10-year survey of leavers and joiners

Item Type: Generic

Author: Crossland, David Steven, Ferguson, Richard, Magee, Alan, Jenkins, Petra, Bullock, Frances A., Parry, Andrew, Babu-Narayan, Sonya, Carroll, Aisling, Daubeney, Piers Ef and Simpson, John

Publication Date: 2021

Publication Details: Open heart, 8, (2) , England:

Abstract: OBJECTIVES: To report the numbers of consultant congenital cardiac surgeons and cardiologists who have joined and left UK practice over the last 10 years and explore the reasons for leaving., METHODS: Retrospective observational questionnaire study completed between 11 June 2019 and 1 July 2020 by UK level 1 congenital cardiac centres of 10-year consultant staff movement and reasons suggested for leaving UK practice., RESULTS: At survey completion there were 218 (202 whole time equivalent (WTE)) consultant cardiologists and surgeons working within level 1 centres made up of 39 (38 WTE) surgeons, 137 (128.5 WTE) paediatric cardiologists, 42 (35.5 WTE) adult congenital heart disease (ACHD) cardiologists. 161 (74%) consultants joined in the last 10 years of whom 103 (64%)

were UK trained. There were 91 leavers giving a staff turnover rate 42% (surgeons 56%, paediatric cardiologists 42%, ACHD cardiologists 29%). Of those, leaving 43% moved to work abroad (surgeons 55%, paediatric cardiologists 40%, ACHD cardiologists 67%). Among the 65 reported reasons for leaving 16 were financial, 9 for work life balance, 6 to working conditions within the National Health Service (NHS) and 12 related to the profession in the UK including six specifically highlighting the national review process., CONCLUSIONS: There has been a high turnover rate of consultant staff within UK congenital cardiac services over the last 10 years with almost half of those leaving moving to work overseas. Financial reasons and pressures relating to working in the NHS or the specialty in the UK were commonly reported themes for leaving. This has major implications for future planning and staff retention within this specialised service. Copyright © Author(s) (or their employer(s)) 2021. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.

### Accelerated programmes in children's nursing to tackle the workforce gap in the United Kingdom: A cost-consequences analysis

Item Type: Generic

Author: Benedetto, V., Whittaker, K., Wilson, N., Storey, H. and Daune, D.

Publication Date: 2020

Publication Details: Nurse education today, 86, pp.104317. , United Kingdom: Churchill Livingstone.

Abstract: Background: With alarming vacancy rates and dipping availability of European nurses, remedies for the shortage of nurses in the UK are urged. To accelerate the registration of new children's nurses, a health education funder commissioned two education programmes within its region. The first is a 1-year programme designed for UK-registered nurses in adult or mental health. The second is a 2-year programme for individuals, not

registered as nurses, who are child or social care graduates with experience of working with children and young people.

Objective(s): To evaluate the economic effectiveness of two accelerated children's nursing education programmes. Design(s): Economic evaluation. Setting(s): Two accelerated children's nursing education programmes in two sites in England.

Participant(s): Nursing students enrolled in both programmes (N = 20). Method(s): We adopt a cost-consequences analysis to analyse the programmes' costs and outcomes. Result(s): All graduates were heading for posts within the region where they studied, a favourable outcome for the funder. However, the first programme would deplete the workforce in other nursing fields, whereas the second, by quickening the graduates' career progression, would not dent the long-term shortage in entry roles. Given our small sample size, these impacts may differ if the programmes have wider implementation. Conclusion(s): Our evaluation measures the effectiveness of two novel accelerated education programmes in tackling the nurses' shortage. Concurrently, it contributes to developing a standardised approach for future economic evaluations in nursing education. Copyright © 2019 Elsevier Ltd

### [A survey of staffing levels in paediatric diabetes services throughout the UK](#)

Item Type: Generic

Author: Charalampopoulos, D., Amin, R., Warner, J. T., Viner, R. M., Campbell, F., Edge, J. A. and Stephenson, T.

Publication Date: 2018

Publication Details: Diabetic medicine : a journal of the British Diabetic Association, 35, (2) pp.242-248. , England:

Abstract: AIMS: To assess staffing levels of healthcare professionals involved in the care of children and young people with diabetes in the UK., METHODS: A web-based questionnaire was distributed to lead consultant paediatricians from all paediatric diabetes services in the UK between October and

December 2014. Data on staffing levels and other aspects of diabetes services were collected and differences between the four nations of the UK and across the 10 English diabetes networks were explored., RESULTS: Some 175 services (93%) caring for 29 711 children and young people aged 1 : 70. Scotland and Northern Ireland had the highest ratio of consultants and fully trained doctors per 1000 patients (3.5 WTE). Overall, 17% of consultants had a Certificate of Completion of Training in Endocrinology and Diabetes. Some 44% of dietitians were able to adjust insulin dose. Only 43% of services provided 24-h access to advice from the diabetes team and 82% of services had access to a psychologist. Staffing levels adjusted for volume were not directly related to glycaemic performance of services in England and Wales., CONCLUSIONS: Wide variations in staffing levels existed across the four nations of the UK and important gaps were present in key areas. Copyright © 2017 Diabetes UK.

## Competency Frameworks

### [Capability Framework for Occupational Therapists working with Children, Young People and Families \(Paediatrics\)](#)

[Australia]

Source: Occupational Therapy Australia

Publication date: June 2024

The Capability Framework for Occupational Therapists working with Children, Young People and Families proposes a set of key capabilities (knowledge, skills and attitudes) for occupational therapists working across a range of service settings. The framework recognises that paediatric practice is within the scope of all registered occupational therapists.

### Maternity support worker competency, education and career development framework

Source: NHS England

Publication date: May 2024

Support workers in maternity settings are vital members of the maternity team providing a wide range of care and support every day to the women and families we care for, and the whole maternity team. The first competency framework allowed us for the first time to put a formal support structure around these important roles. Now, as we have continued to see the evolution of their work and the continued dedication of those in the roles, we are delighted to be able to publish this updated version to reflect the breadth and depth of the work they do.

### Greater Manchester Early Years Workforce Competency Framework

Source: Greater Manchester Combined Authority

Publication date: May 2024

The GM Early Years Workforce Competency Framework identifies the skills, knowledge and abilities that everyone who works with young children and families from conception to age 5 is expected to have. It offers a single framework to support integrated working, training and professional development across a GM multi-agency early years workforce.

### The National Capabilities Framework for Professionals who are Children and Young People with Asthma

Source: Health Education England

Publication date: 2022

The National Capabilities Framework for Professionals who care for Children and Young People with Asthma is aimed at anybody who may encounter a child or young person with asthma and includes childcare providers, those working in education, uniformed services, sports coaches, social services, local government, health care workers.

### A professional development framework for paediatric respiratory nursing

Source: British Thoracic Society

Publication date: May 2021

Paediatric respiratory nurses are an important component of the multi-professional team for a wide variety of respiratory conditions, providing holistic care for patients in a variety of settings.

We hope that this document will support the necessary training and development needs of the paediatric respiratory workforce (2).

The document has been developed deliberately to address generic paediatric respiratory nurse competencies, and reflects the Four Pillars of Practice of a Nurse Specialist (3) and Multi-Professional Framework for Advanced Clinical Practice (4)

- Clinical expertise
- Leadership
- Research
- Education and training

The competency framework provides a potential career pathway, for paediatric nurses, from a band 5 nurse to nurse consultant. While this does not cover general practice nursing specifically, we would also direct nurses to the Fit to Care document published by the Primary Care Respiratory Society (5).

### Children and Young People's Cardiac Nursing

Source: Royal College of Nursing

Publication date: June 2021

This publication provides optimum standards for the nursing care of infants, children and young people with congenital heart disease. It includes recommendations for education and training, underpinned by competency frameworks and career pathways.



### [The Development and validation of a competency framework for paediatric nurses](#)

Source: Paediatric Nursing Certification Board

Publication date: January 2021

In 2019, PNCB initiated a project to develop a competency framework for paediatric nurses. The competency development project represented a key element of PNCB's ongoing Continuing Competence Initiative. The goal of this initiative is to develop well-informed methods of ensuring continuing competence in the context of PNCB's certification maintenance programs. The framework, while describing the evolution of practice for all paediatric nurses, was designed to support PNCB's Certified Paediatric Nurse (CPN) certification program. The goal was to create a framework that describes ways that paediatric nurses may develop professionally over time and with experience in different nursing roles.

### [A paediatric musculoskeletal competence framework for physiotherapists working in the UK](#)

Source: Association of Paediatric Chartered Physiotherapists

Publication date: 2020

The intention of this document is to provide a learning resource for physiotherapy assessment and management of children and young people presenting with musculoskeletal symptoms. The document was developed by a panel of expert paediatric physiotherapists to establish the basis by which to prepare the physiotherapy workforce to deliver safe care to children and young people requiring musculoskeletal assessment, advice and management. Physiotherapists will be able to utilise the document as the basis for their ongoing learning and demonstrate their competence to practise as a physiotherapist working with children and young adults.

### [An integrated career and competency framework for children and young people's endocrine nurse specialists](#)

Source: Royal College of Nursing

Publication date: October 2019

Children's endocrinology covers a wide range of illnesses and disorders, varying from minor disorders to severe life-threatening conditions. The need for specialist children's endocrine services is paramount, and it is suggested that patients would benefit from the care provided by specialist children's endocrine nurses. This framework has been designed to help guide endocrine nurse specialists with decisions and inform appropriate care of a child or young person and their family.

### [Safeguarding children and young people: roles and competencies for paediatricians](#)

Source: Royal College of Paediatrics and Child Health

Publication date: August 2019

An essential component of the RCPCH mission is to make the health and wellbeing of infants, children and young people at the core of all we do. It is for this reason that the RCPCH is committed to the principle of having shared roles and competencies for safeguarding children applicable across the children's workforce as this sets consistent high-quality standards for healthcare workers and facilitates interdisciplinary working in order to achieve the best possible outcomes for children and young people. The 4th edition of the Intercollegiate Document Safeguarding children and young people: roles and competencies for healthcare staff (the ICD) can be found on the Royal College of Nursing (RCN) website.[i] Within this you can read a full background and context to the document and the competency framework.

### Competences: an education and training competence framework for administering medicines intravenously to children and young people

Source: Royal College of Nursing

Publication date: November 2017

This education and training competence framework for administering medicines intravenously to children and young people was first published in 2005. It has been revised in 2017 to reflect a number of current political and professional issues and initiatives. The framework describes the theoretical and practical competences and overall indicative content for education and training programmes for administering medicines intravenously to children and young people.

### Development of an integrated competency framework for postgraduate paediatric training: a Delphi study

Author(s): Robbrecht et al.

Source: European Journal of Paediatrics 181(2) pp. 637-646

Publication date: February 2022

Competency-based education (CBE) has transformed medical training during the last decades. In Flanders (Belgium), multiple competency frameworks are being used concurrently guiding paediatric postgraduate CBE. This study aimed to merge these frameworks into an integrated competency framework for postgraduate paediatric training. In a first phase, these frameworks were scrutinized and merged into one using the Canadian Medical Education Directives for Specialists (CanMEDS) framework as a comprehensive basis. Thereafter, the resulting unified competency framework was validated using a Delphi study with three consecutive rounds. All competencies (n = 95) were scored as relevant in the first round, and twelve competencies were adjusted in the second round. After the third round, all competencies were validated for inclusion.

Nevertheless, differences in the setting in which a paediatrician may work make it difficult to apply a general framework, as not

all competencies are equally relevant, applicable, or suitable for evaluation in every clinical setting. These challenges call for a clear description of the competencies to guide curriculum planning, and to provide a fitting workplace context and learning opportunities. Conclusion: A competency framework for paediatric post-graduate training was developed by combining three existing frameworks, and was validated through a Delphi study. This competency framework can be used in setting the goals for workplace learning during paediatric training. What is Known: •Benefits of competency-based education and its underlying competency frameworks have been described in the literature. •A single and comprehensive competency framework can facilitate training, assessment, and certification. What is New: •Three existing frameworks were merged into one integrated framework for paediatric postgraduate education, which was then adjusted and approved by an expert panel. •Differences in the working environment might explain how relevant a competency is perceived.

### The career and competence framework: for those working within the children and young peoples complex needs pathway

Source: Skills for Health; HEE and NHSE

Publication date: June 2021

The Career Framework (Appendix 1) provides information about the level at which the jobholder is required to function. Each level has characteristics and attributes which describe, for example, the levels of autonomy, responsibility, decision-making and critical analysis skills needed in a role or job. It comprises nine levels ranging from Level 1 initial entry jobs to the most senior staff at Level 9. It is applicable to Health & Justice and social care sectors. Combining the characteristics of a particular level of the Career Framework with National Occupational Standards<sup>6</sup> provides information that can support the Children and Young People's complex needs pathway workforce and service

development as well as the identification of appropriate education and training.

### [Psychological approaches and interventions in multidisciplinary paediatric settings](#)

Source: UCL and NHS Education for Scotland

Welcome to the competence framework for psychological approaches and interventions in paediatric settings. This site gives open access to the framework, as well as background documentation that explains how to use the framework.

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