

# Evidence Brief: Paediatrics workforce

## Contents

Key publications – the big picture .....	2
Case Studies.....	4
The Star for workforce redesign.....	4
Statistics.....	4
National Data Programme.....	4
Published Peer Reviewed Research.....	5
Advanced practice.....	5
Allied health professionals.....	9
Attrition .....	11
Career pathways and intentions .....	11
Dentistry .....	16
Education and Training.....	17
Recruitment and Retention.....	24
Research.....	26
Stress and Burnout.....	26
Support Workers .....	27
Competency Frameworks .....	29
*Help accessing articles or papers.....	32

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

**Date of publication:** April 2023

Please acknowledge this work in any resulting paper or presentation as:  
Evidence Brief: Paediatrics workforce. Katie Nicholas. (April 2023). UK: Workforce, Training and Education Knowledge Management Team

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](#)

## Key publications – the big picture

### [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 PIC and 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-Covid019: 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.

### [Physician associates in paediatrics: findings from a February 2020 RCPCH workforce event](#)

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

Publication date: February 2020

We invited Advanced Clinical Practitioners (ACPs) and Physician Associates (PAs) from across the country to attend the 'Paediatric workforce: Advanced Clinical Practitioners and Physician Associates' event at the RCPCH on 28th February 2020. The goal of the event was for it to be a learning and networking experience for the attendees and for the College. This report will summarise findings from the event, focusing on PAs.

### [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

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\*

### [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 for “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](#) Abstract only\*

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. Copyright ©2012 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.



### Allied health professionals

[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](#)

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

#### [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 complicate the proposed expansion of general paediatricians in regional centres and result in a significant proportion of current trainees failing to secure a post in their desired location.

### Covid-19

[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: Chimento, 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 & Sons Ltd.

### Dentistry

[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

[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.

### [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.

[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 (NWS) NHS Trust., Methods: An online, anonymised survey comprising of 22 questions using multiple choice options and free-text questions was circulated among NWS 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  $\chi^2$  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/>.

### 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.

### Recruitment and Retention

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

Item Type: Generic

Author: Khalil, Khalid, Sooriyaamoorthy, 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.

### 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.

### Workforce

[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

### [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 pediatric nurses](#)

Source: Pediatric Nursing Certification Board

Publication date: January 2021

In 2019, PNCB initiated a project to develop a competency framework for pediatric 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 pediatric nurses, was designed to support PNCB's Certified Pediatric Nurse (CPN) certification program. The goal was to create a framework that describes ways that pediatric 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.

### **\*Help accessing articles or papers**

Where a report/ journal article or resource is freely available the link has been provided. If an NHS OpenAthens account is required this has been indicated. It has also been highlighted if only the abstract is available. If you do not have an OpenAthens account you can [self-register here](#).

If you need help accessing an article, or have any other questions, contact the Knowledge Management team for support [KnowledgeManagement@hee.nhs.uk](mailto:KnowledgeManagement@hee.nhs.uk)