

MEDICOLEGAL CV

Dr Muhuntha (“Mo”) G. Gnanalingham

MB ChB, FRCPCH, FFICM, PhD, MICR, MAcadMEd, FHEA, FColIT, AFSEDA, FJfL, FInstCPD, NLP MIHM, FCMI, FInstLM, MFMLM, FRSPH, PCBEC MRQA, RCPATHME

GMC Registration No. 4181121; DBS No. 001722928859

PROFESSIONAL QUALIFICATIONS & EXPERTISE

Profession:

Consultant In Paediatric Intensive Care and General Paediatrics.

Areas of expertise:

I am experienced in assessing (and their management) babies and children, covering all aspects of General Paediatrics and Paediatric Intensive Care.

I have experience in the assessment of children with:

- Medical conditions
- Developmental delay
- Learning difficulties
- Physical abuse
- Neglect

I undertake independent assessments in a variety of areas and write reports for the courts relating to children and parents or other family members. I accordingly have private medical indemnity insurance with the MDDUS.

RELEVANT EXPERIENCE

I have over 9 years working as a Consultant in Paediatric Intensive Care at Royal Manchester Children’s, Leeds Children’s, Royal Stoke University Hospitals and Sheffield Children's NHS

Foundation Trust. In addition, I have maintained regular Consultant locums at Glasgow, Leeds, and Sheffield Children's Hospitals, as well as paediatric and neonatal retrievals at EMBRACE (Yorkshire and Humber Children's Transport Service). As a PICU Consultant in 4 UK units, I (along with other established PICU Consultants) was responsible for the formal assessment and quality assurance of medical staff, their clinical and professional practice and maintaining patient safety and standards. This included active involvement in the education and training (including simulation) of the PICU MDT. I have over 25 years' experience in Paediatrics, with 2.5 years of PICU grid-training at Alder Hey Children's NHS Foundation Trust; 12-months out-of-programme Anaesthetic (and Adult Intensive Care) experience in North Wales and a post CCT Fellowship at Royal Melbourne Children's Hospital. I have also completed my core specialities in General Paediatrics, Community Paediatrics, as well as over 5 years of tertiary neonatal medical and surgical experience [at Queen's Medical Centre (Nottingham), Liverpool Women's NHS Foundation Trust and Saint Mary's Hospital (Manchester)]. I am on the GMC's Specialist Register in General Paediatrics and Paediatric Intensive Care Medicine from 02.09.08, with my last Revalidation on 02.10.17 (and my next on 17.09.22). I am a Fellow of the Faculty of Intensive Care Medicine (FFICM; July 2014). I have experience in general [including complex Paediatric Metabolic (specifically inherited metabolic conditions), endocrine, haematology, oncology, neonatal surgical and medical, nephrology and herpetology (including transplantation in both), cardiac (including extra-corporeal life support with specific experience in extra-corporeal membrane oxygenation and ventricular assist devices), major trauma centres (6 in total) and neurotrauma-specific PICU departments (with between 15 and 22, level 3 PICU beds) in 6 centres in the UK [including Royal Manchester, Alder Hey (Liverpool), Leeds and Sheffield Children's Hospitals, and Nottingham and Royal Stoke University Hospitals NHS Trust] and 1 overseas (at the Royal Melbourne Children's Hospital, Australia). I also have experience in regional retrieval services, including North West and North Wales Paediatric Retrieval Service (NWTs); EMBRACE; and Paediatric, Infants and Perinatal Emergency Retrieval [PIPER; Melbourne (Australia)]. I have maintained detailed logs of all of my practical procedures in neonates, paediatrics and adults (during my 12-month out-of-programme experience as an Anaesthetic SHO).

For full details of work history please refer to the attached Appendix.

REPORTS

I have prepared more than **10** reports for the Civil, Family and Criminal Courts. These reports have covered the following areas:

- Public Law assessments of children.
- Private Law assessments of children.
- Assessment of injuries (including their causality), and assessing concerns raised by individuals (including parents, solicitors and/or Police) about the care of babies and children in both acute (District General and Tertiary Hospitals) and chronic (including their care at home and other settings).

QUALIFICATIONS, TRAINING & RESEARCH

Qualifications

- RCPATHME (February 2021; Medical Examiner for The Royal College of Pathologists)
- FFICM (July 2014; Fellow of the Faculty of Intensive Care Medicine)
- PCBEC (Distinction) (April 2013; Postgraduate Certificate in Business and Executive Coaching, awarded with Distinction by PB Coaching (Leeds), in conjunction with Leeds Metropolitan University)
- FColIT (April 2013; Fellow of the College of Teachers)
- AFSEDA (March 2013; Associate Fellow of the Staff and Educational Development Association)
- FIFL (March 2013; Fellow of the Institute for Learning)
- FInstCPD (March 2013; Fellow of the Institute of Continuing Professional Development)
- MFMLM (February 2013; Member of the Faculty of Medical Leadership and Management)
- FInstLM (February 2013; Fellow of the Institute of Leadership and Management)
- MIHM (December 2012; Member of the Institute of Healthcare Management)
- Honorary Senior Lecturer (Manchester Medical School; October 2012 onwards)
- FHEA (May 2012; Fellow of The Higher Education Academy)
- MAcadMEd (May 2012; Member of the Academy of Medical Educators)
- FRCPCH (December 2009; Fellow of the Royal College of Paediatrics and Child Health)
- PhD thesis (accepted with no corrections): University of Nottingham (July 2006; UK) (Entitled: "Hormonal and nutritional manipulation of local glucocorticoid action and uncoupling protein-2 in sheep perirenal adipose tissue and lung in fetal and later life")

Training

- I have completed the Cardiff University Bond Solon Expert Witness Certificate (2021), including:
 - Cross-Examination Day course
 - Courtroom Skills Training course
 - Excellence in Report Writing course
 - Law and Procedure 1 and 2
- I have completed multiple courses and workshops with my indemnity provider (namely the Medical Protection Society), covering aspects of risk management, personal indemnity risks and medico legal report writing.

Research

- I have both formal and informal research interests and activity throughout my undergraduate and postgraduate training.
- I was appointed Clinical Lecturers in Child Health at the University of Nottingham, where I undertook his PhD (in Developmental Physiology), which was awarded in December 2005 (with no corrections), entitled “Hormonal and nutritional manipulation of local glucocorticoid action and uncoupling protein-2 in sheep perineal adipose tissue and lung in foetal and later life”.
- In addition to the 19 full paper publications below, I also have 52 abstracts, 2 case reports, 6 letters and 3 database publications. In addition, I have given 40 oral and 18 poster presentations (at national and international meetings).
- I have been recognised as a Member of the Research Quality Association (MRQA; 2014); Professional Membership of the Institute of Clinical Research (MICR; 2012) and Fellow of the Royal Society for Public Health (FRSPH; 2013).

PICU research activity

- Participation in multicentre trials, specifically PANGEA (PI), THAPCA (PI) and DAKI (patient recruiter).
- Measurement of Procalcitonin on PICU, ‘Matching Michigan’ Lead for the Paediatric Critical Care Directorate and external cooling on PICU.
- Potential multi-centre Matching Michigan PICU examination.
- National use of Remifentanyl in PICUs, a questionnaire survey.
- Co-author on ‘Cardiovascular assessment and management’ in the Paediatric AIM course manual (<http://gmccn.org.uk/aimcourses/paediatric-aim>).

MEMBERSHIP & PUBLICATIONS

Professional Memberships

- Full registration with the General Medical Council (Membership number: 4181121)
- Medical Protection Society
- Fellow Royal College Paediatrics & Child Health
- Member of the Paediatric Intensive Care Society (PICS, UK)
- Member of the European Society of Intensive Care Medicine and European Society of Paediatric & Neonatal Intensive Care (ESPNIC)
- British Medical Association

- Member of the Royal College of Pathologists (UK)
- Member of the Resuscitation Council (UK)
- European Mentoring and Coaching Council (Full Member)
- Member of the Paediatric Research Society (UK)
- Fellow of the College of Teachers (UK)
- Fellow of the Faculty of Intensive Care Medicine (UK)
- Fellow of The Higher Education Academy (UK)
- Fellow of the Institute for Learning (UK)
- Fellow of the Institute of Continuing Professional Development (UK)
- Fellow of the Institute of Leadership and Management (UK)
- Member of the Academy of Medical Educators (UK)
- Member of the Association for Medical Education in Europe
- Member of the Faculty of Medical Leadership and Management (UK)
- Member of the Institute of Healthcare Management (UK)
- Member of the International Association of Medical Science Educators

Publications & Presentations

- Gnanalingham MG. Reflections on laboratory-based research. *Care of the Critically Ill* 2007; 23 (1): 1-2.
- Full papers
- Gnanalingham MG, Manns JJ. Patient awareness of genetic and environmental risk factors in non-insulin dependent diabetes mellitus: relevance to first-degree relatives. *Diabetic Medicine* 1997; 14: 660-662.
- Gnanalingham MG, Newland P, Smith CP. Accuracy and reproducibility of low dose insulin administration using pen-injectors and syringes. *Archives of Diseases in Childhood* 1998; 79: 59-62.
- Gnanalingham J, Gnanalingham MG, Gnanalingham KK. An audit of audits: Are we completing the cycle? *Journal of the Royal Society of Medicine* 2001; 94: 288-289.
- John CM, Mathew DE, Gnanalingham MG. An audit of Paediatric audits: Is the audit cycle being completed? *Archives of Diseases in Childhood* 2004; 89: 1128-1129.
- Gnanalingham MG, Mostyn A, Dandrea J, Yakubu DP, Symonds ME, Stephenson T. Ontogeny and nutritional programming of uncoupling protein-2 (UCP2) and glucocorticoid receptor (GR) mRNA in the ovine lung. *Journal of Physiology* 2005; 565.1: 159-169.

- Gnanalingham MG, Giussani DA, Stephenson T, Symonds ME, Gardner DS. Chronic umbilical cord compression results in accelerated maturation of lung and brown adipose tissue in the ovine fetus during late gestation. *American Journal of Physiology (Endocrinology & Metabolism)* 2005; 289: 456-465.
- Gnanalingham MG, Mostyn A, Forhead A, Fowden AL, Symonds ME, Stephenson T. Increased uncoupling protein-2 mRNA abundance and glucocorticoid sensitivity in adipose tissue in the sheep fetus during late gestation is dependent on plasma cortisol and triiodothyronine. *Journal of Physiology* 2005; 567.1: 283-292.
- Gnanalingham MG, Mostyn A, Stephenson T, Symonds ME. Ontogeny and nutritional programming of adiposity: potential role of glucocorticoid action and uncoupling protein-2. *American Journal of Physiology (Regulatory, Integrative and Comparative Physiology)* 2005; 289: 1407-1415.
- Gnanalingham MG, Mostyn A, Webb R, Keisler DH, Raver N, Alves-Guerra MC, Pecqueur C, Miroux B, Stephenson T, Symonds ME. Differential effects of leptin administration on the abundance of uncoupling protein-2 and glucocorticoid action during neonatal development. *American Journal of Physiology (Endocrinology and Metabolism)* 2005; 289: 1093-1100.
- Gnanalingham MG, Mostyn A, Wang J, Webb R, Keisler DH, Raver N, Alves-Guerra MC, Pecqueur C, Miroux B, Stephenson T, Symonds ME. Effects of chronic leptin administration on mitochondrial protein abundance in the pancreas, liver, skeletal muscle and cerebral cortex in the neonatal sheep. *Journal of Endocrinology* 2005; 187: 81-88.
- Bispham J, Gardner DS, Gnanalingham MG, Stephenson T, Symonds ME, Budge H. Maternal nutritional programming of fetal adipose tissue development: differential effects on mRNA abundance for uncoupling proteins, peroxisome proliferator activated and prolactin receptors. *Endocrinology* 2005; 146: 3943-3949.
- Budge H, Gnanalingham MG, Gardner DS, Mostyn A, Stephenson T, Symonds ME. Maternal nutritional programming of fetal adipose tissue development: long term consequences for later obesity. *Birth Defects Research Part C Embryo Today* 2005; 75: 193-199.
- Gnanalingham MG, Mostyn A, Stephenson T, Gardner DS, Symonds ME. Developmental regulation of adipose tissue: Nutritional manipulation of local glucocorticoid action and uncoupling protein 2. *Adipocytes* 2006; 1 (4), 211-228.
- Gnanalingham MG, Mostyn A, Stephenson T, Gardner DS, Symonds ME. Developmental regulation of the lung in preparation for life after birth: Hormonal and nutritional manipulation of local glucocorticoid action and uncoupling protein 2. *Journal of Endocrinology* 2006; 188: 375-386.
- Gnanalingham MG, Robinson SG, Hawley DP, Gnanalingham KK. A 30-year perspective of the quality of evidence published in 25 clinical journals: Signs of change? *Postgraduate Journal in Medicine* 2006; 82: 397-399.
- Gnanalingham MG, Harris G, Didcock E. The availability and accessibility of basic paediatric resuscitation equipment in primary health care centres: Cause for concern? *Acta Paediatrica* 2006; 95: 1677-1679.
- Gnanalingham MG, Williams P, Wilson V, Bispham J, Hyatt MA, Pellicano A, Budge H, Stephenson T, Symonds ME. Nutritional manipulation between early to mid-gestation - effects on uncoupling protein-2, glucocorticoid sensitivity, insulin-like growth factor-I receptor and cell proliferation but not apoptosis in the ovine placenta. *Reproduction* 2007; 134: 615-623.
- Gnanalingham MG, Hyatt M, Bispham J, Mostyn A, Clarke L, Budge H, Symonds M, Stephenson T. Maternal dexamethasone administration and the maturation of perirenal adipose tissue of the neonatal sheep. *Organogenesis* 2008; 4(3): 188-194.
- Young F, Gnanalingham MG. "Would you choose a career in Paediatric Intensive Care?" *Student BMJ* 2013;21: f2410.

APPENDIX

CHRONOLOGICAL WORK HISTORY

Where you worked and dates	Job title and roles
<p>Royal Preston Hospital, Sharoe Green Lane North, Fulwood, Preston PR2 4HT (UK).</p> <p>From 02.08.95 to 06.02.96 (6 months).</p>	<p>Pre-Registration House Officer (PRHO) in Adult General Surgery.</p> <p>Duties included daily ward rounds in general surgery, vascular, urology and orthopaedics, admission of urgent referrals, and attendance weekly to theatres and outpatient clinics.</p>
<p>Wythenshawe Hospital, Southmoor Road, Manchester M23 9LT (UK).</p> <p>From 07.02.96 to 06.08.96 (6 months).</p>	<p>PRHO in Adult General Medicine [General Medicine and Endocrinology (3 months), Respiratory Medicine, including Pulmonary Oncology (2 months) and Cardiology, including Coronary Care Unit (1 month)].</p> <p>Duties included daily general and speciality ward rounds, admission of urgent referrals, and attendance weekly at outpatient clinics. I was also part of the Cardiology 'Crash' team and regularly attended arrest situations.</p>
<p>Booth Hall Children's Hospital, Charlestown Road, Blackley, Manchester M9 7AA (UK).</p> <p>From 07.08.96 to 05.02.97 (6 months).</p>	<p>Senior House Officer (SHO) in Paediatric Surgery [Burns & Plastics (1 month), ENT (1 month), Orthopaedics (1 month), General Surgery (2 months) and Internal cover (1 month, covering all surgical specialities)].</p> <p>Duties included daily ward rounds within the various surgical specialities, admission of urgent referrals, including acute Neurosurgical patients, weekly SHO teaching program, and attendance weekly at outpatient clinics and ENT theatres, where I intubated under general anaesthetic in a variety of age groups.</p>
<p>Booth Hall Children's Hospital, Charlestown Road, Blackley, Manchester M9 7AA (UK).</p> <p>From 06.02.97 to 06.08.97 (6 months).</p>	<p>SHO in Paediatric General Paediatric Medicine, Neurology, Endocrinology and Neonates [Paediatric Neurology, with Neonatal Medicine (3 months), and General Paediatric Medicine and Endocrinology (3 months)].</p> <p>Duties in the first 3 months of the post, included inpatient care on the Neurology/Neurosurgery ward, which had 22 beds in total, including 4 intensive care cubicles. I undertook 2 Neurology clinics per week. My on-calls were undertaken on the Neonatal unit at North Manchester General Hospital.</p> <p>Duties in the second 3 months of the post, included in-patient care on the General and Endocrinology wards, which had a total</p>

	of 44 beds, including 20 cubicles. I undertook 2 clinics per week, in General Paediatrics and Diabetes/Endocrinology, weekly SHO teaching program, and I was part of the arrest team on-call.
St. Mary's Hospital, Whitworth Park, Manchester M13 0JH (UK). From 07.08.97 to 03.02.98 (6 months).	SHO in Neonatal Medicine and Surgery. Duties included daily Neonatal ward rounds, postnatal checks, attendance at high-risk deliveries, all neonatal practical procedures, advanced neonatal resuscitation from 24 weeks onwards, neonatal intra- and inter-hospital transfers, competent in conventional and HFOV ventilation, as well as use of nitric oxide, outpatient clinics once a month, weekly SHO teaching program and monthly Grand-rounds.
Trafford General Hospital, Moorside Road, Manchester M41 5SL (UK). From 04.02.98 to 04.08.98 (6 months).	SHO in General Paediatrics and Neonates. Duties included daily General Paediatric and Neonatal ward rounds, admission of urgent referrals, and one week of outpatient clinics every 4 weeks, which included Community Paediatric experience at a Child Health Surveillance level, weekly SHO teaching program and monthly Grand rounds.
Royal Bolton Hospital, Minerva Road, Farnworth, Bolton BL4 0JR (UK). From 05.08.98 to 03.02.99 (6 months).	Senior SHO in General Paediatrics and Neonates. Duties included twice weekly middle-grade General Paediatric and Neonatal ward rounds; second on-call experience, including exposure to non-accidental injury cases; twice weekly outpatient clinics in General, Specialist (including Cardiology), Neonatal follow-up and middle-grade review; weekly teaching program; monthly Grand-rounds and supervision of junior doctors.
New Cross Hospital, Wolverhampton WV10 0QP (UK). From 04.02.99 to 26.04.99 (3 months).	Senior SHO in General Paediatrics and Neonates. Duties included daily middle-grade General Paediatric and Neonatal ward rounds; second on-call experience; twice weekly outpatient clinics in General, Speciality (Cardiology, Respiratory and Diabetes / Endocrinology) and middle-grade review; weekly teaching program; monthly Grand-rounds and daily supervision of juniors.
Airedale Hospital, Skipton Road, Keighley, West Yorkshire BD20 6TD (UK). From 04.05.99 to 28.05.99 (1 month).	Locum Staff Grade in General Paediatrics and Neonates. Duties included daily middle-grade General Paediatric and Neonatal ward rounds; second on-call experience; twice weekly outpatient clinics in General and Respiratory; weekly teaching and daily supervision of juniors.
Peterborough District Hospital, Thorpe Road, Peterborough PE3 6DA (UK).	Locum Appointments for Training (LAT) in General Paediatrics and Neonates.

<p>From 01.06.99 to 31.08.99 (3 months).</p>	<p>Duties included daily middle-grade General Paediatric and Neonatal ward rounds; second on-call experience; twice weekly outpatient clinics in General and Neonatal follow-up; weekly teaching program; monthly Grand-rounds and daily supervision of juniors.</p>
<p>Warrington General Hospital, Lovely Lane, Warrington, Cheshire WA5 1QG (UK).</p> <p>From 01.09.99 to 31.08.00 (12 months).</p>	<p>Specialist Registrar (SpR; Year 1) in General Paediatrics and Neonates.</p> <p>Duties included daily middle-grade General Paediatric and Neonatal ward rounds; weekly teaching program; regular presentations at Perinatal, X-ray and Journal club meetings; organisation of the middle grade on-call rota and journal club for junior doctors; emergency transfers of Paediatric and Neonatal patients to tertiary centres; consolidation of cranial ultrasound imaging; 2 outpatient clinics per week (including speciality Diabetes, Cardiology and Respiratory clinics); monthly Grand-rounds and daily supervision of juniors. I also undertook 3 research projects and obtained a £3000 grant from the local Research and Development department.</p>
<p>Alder Hey Children's Hospital, Eaton Road, Liverpool L12 2AP (UK).</p> <p>From 01.09.00 to 06.03.01 (6 months).</p>	<p>SpR Year 2 in Paediatric Intensive Care.</p> <p>Duties included managing post-Cardiothoracic Surgical, Cardiology, General Medical and Surgical patients (including Neonates) with a wide age range; daily Consultant ward-rounds; weekly Microbiology and Radiology meetings; member of Paediatric 'Arrest' team; undertook intra- and inter-hospital transfers; regularly attended anaesthetic theatre sessions; weekly teaching program and monthly Grand-rounds.</p>
<p>Liverpool Women's Hospital, Crown Street, Liverpool L8 7SS (UK).</p> <p>From 07.03.01 to 04.09.01 (6 months).</p>	<p>SpR Year 2 in Neonatal Intensive Care (Medicine and Surgery).</p> <p>Duties included weekly SpR ward-rounds; daily Consultant ward-rounds; review of urgent neonatal referrals and admissions; daily supervision of junior doctors and Advanced Nurse Practitioners; cranial ultrasound imaging consolidation; advanced neonatal resuscitation from 23 weeks onwards; competent in all neonatal practical procedures; use of conventional and HFOV ventilation, as well as nitric oxide administration; active member of Regional Neonatal Retrieval Service undertaking regular intra- and inter-hospital transfers; regular presentations at weekly teaching program and monthly Grand-rounds; and audit and research projects also undertaken.</p>
<p>Academic Division of Child Health, School of Human Development, Floor E, East Block, Queen's Medical Centre, Nottingham NG7 2UH (UK).</p>	<p>Clinical Lecturer in Child Health.</p> <p><u>Research undertaken</u></p>

From 01.10.01 to 31.03.05 (42 months).

Hormonal, environmental and nutritional challenges to the fetal and postnatal environment predispose the offspring to potential metabolic, pulmonary and cardiovascular disease in adult life. Such epidemiological data is supported by experimental animal studies, although the precise molecular mechanisms are unknown. During my laboratory-based research, I determined the effects of maternal nutrient restriction, chronic umbilical cord compression, fetal cortisol infusion, bilateral fetal adrenalectomy, and leptin administration on fetal and postnatal lung and perirenal adipose tissue development, by using a sheep model to examine the regulation and expression of local glucocorticoid action and uncoupling protein-2, an inner mitochondrial protein. In order to undertake these experiments, I utilised several well-established laboratory techniques, including reverse transcriptase-polymerase chain reaction (RT-PCR), immunoblotting and densitometric semi-quantitative protein analysis. I demonstrated that imposed prenatal and postnatal challenges have distinct effects on mitochondrial development in the lung and perirenal adipose tissue, which can persist into later life. The potential 'programming' of these tissues at the molecular level may underlie the physiological and pathophysiological processes implicated in disease development. Changes in these mitochondrial proteins may therefore provide a potential marker for identifying those most at risk of developing adulthood disease.

I wrote numerous research grant proposals and obtained over £13,000 from the Special Trustees for University of Nottingham Hospitals, which was used to fund my experiments. During my Clinical Lectureship, I published 10 first-name author papers to high impact factor journals and was awarded my PhD in December 2005 (with no corrections), entitled "*Hormonal and nutritional manipulation of local glucocorticoid action and uncoupling protein-2 in sheep perirenal adipose tissue and lung in fetal and later life*".

Clinical duties

During the first 12 months of this post, I was involved in a 1:6 prospective on-call rota, covering all aspects of the regional Paediatric and Neonatal, Medical and Surgical specialities. For the subsequent 30 months of my post, a full shift rota was instigated, with me covering both the regional Paediatric and Neonatal intensive care units. In addition, I was part of the Regional Neonatal and Paediatric Retrieval Service, and further consolidated my experience in neonatal and paediatric transfers within the Trent Region. Both the Paediatric and

	<p>Neonatal intensive care units provided additional experience in the presentation, investigation and management of a vast array of Paediatric and Neonatal medical and surgical disease processes. I further consolidated my cranial ultrasound imaging and was also able to undertake basic paediatric echocardiography during this posting.</p>
<p>Strelley Health Centre, 116 Strelley Road, Nottingham NG8 6LN (UK).</p> <p>From 01.04.05 to 05.09.05 (5 months).</p>	<p>SpR Year 3.5 in Community Paediatrics.</p> <p>I was primarily involved in 3-4 weekly Community clinics, covering all aspects of General Paediatrics, as well as speciality constipation and growth clinics. In addition, I was exposed to a vast array of behavioural problems within the Community, including Attention Deficit Hyperactivity Disorder, Autism / Asperger's Syndrome, Tourette's Syndrome, encopresis and enuresis. I was allocated specific secondary schools, with which I arranged regular SENCO meetings, and undertook the necessary behavioural observations. For specific patients, I arranged multi-professional meetings, involving Speech and Language therapists, Health Visitors, Social Workers, Clinical and Educational Psychologists, Portage, and Nursery and School teachers. I managed the follow-up of my own patients within the outpatient clinics, and attended regular departmental meetings and presentations. I was also involved in undertaking non-accidental injury clinics, in conjunction with other middle-grade doctors and Consultants. The full-shift Paediatric and Neonatal on-calls consolidated my previous experience and provided valuable additional experience with tertiary Paediatric Respiratory and Nephrology patients.</p>
<p>Alder Hey Children's Hospital, Eaton Road, Liverpool L12 2AP (UK).</p> <p>From 07.09.05 to 03.09.06 (12 months).</p>	<p>SpR Year 4 (Grid-Trainee Year 1) in Paediatric Intensive Care.</p> <p>Duties included managing post-Cardiothoracic Surgical, Cardiology, General Medical and Surgical patients (including Neonates) with a wide age range; daily Consultant ward-rounds; weekly Microbiology and Radiology meetings; member of Paediatric 'Arrest' team; undertook intra- and inter-hospital transfers; regularly attended anaesthetic theatre sessions; weekly teaching program and monthly Grand-rounds.</p>
<p>Glan Clwyd Hospital, Rhyl, Denbighshire LL18 5UJ (UK).</p> <p>From 04.09.06 to 31.08.07 (12 months).</p>	<p>Anaesthetic SHO (Out-of-programme experience).</p> <p>Duties included pre-operative assessment; elective and emergency theatre sessions; learning and practicing advanced airway skills, including rapid sequence induction, failed intubation drill, awake and asleep fiberoptic intubation and double lumen endotracheal intubation; administration of peripheral nerve blocks, spinal and epidural (thoracic, lumbar) anaesthesia; management of patients on adult ITU, medical and surgical wards; sole emergency transfers to the Paediatric Intensive Care Unit (Alder Hey Children's Hospital) and Neurosurgical ITU at the Walton Centre; attending and</p>

	presenting at weekly anaesthetic teaching and monthly Grand-rounds.
<p>Alder Hey Children's Hospital, Eaton Road, Liverpool L12 2AP (UK).</p> <p>From 06.09.07 to 03.09.08 (12 months).</p>	<p>SpR Year 5 (Grid-Trainee Year 2) in Paediatric Intensive Care.</p> <p>Duties included managing post-Cardiothoracic Surgical, Cardiology, General Medical and Surgical patients (including Neonates) with a wide age range; daily Consultant ward-rounds; weekly Microbiology and Radiology meetings; member of Paediatric 'Arrest' team; undertook intra- and inter-hospital transfers; regularly attended anaesthetic theatre sessions; weekly teaching program and monthly Grand-rounds.</p>
<p>The Royal Children's Hospital Melbourne, 50 Flemington Road, Parkville VIC 3052 (Australia).</p> <p>From 01.10.08 to 31.03.09 (6 months).</p>	<p>PICU Registrar: Post CCT Fellowship.</p> <p>I received extensive experience in general [including complex Paediatric Metabolic (specifically inherited metabolic conditions), endocrine, haematology, oncology, neonatal surgical and medical, nephrology and hepatology (including transplantation in both), cardiac (including extra-corporeal life support with specific experience in extra-corporeal membrane oxygenation and ventricular assist devices)] in one of the largest major trauma and neurotrauma centre at the Royal Melbourne Children's Hospital (Australia). I also got extensive experience with Paediatric, Infants and Perinatal Emergency Retrieval [PIPER; Melbourne (Australia)] service, getting experience in air retrievals (including helicopters and fixed wing aeroplanes) in the large state of Victoria.</p>
<p>Royal Manchester Children's Hospital, Oxford Rd, Manchester M13 9WL (UK).</p> <p>From 06.07.09 to 23.08.15 (70 months; 5.8 years).</p>	<p>Substantive PICU Consultant.</p> <p>I was 1 of 8 PICU Consultants working in a regional PICU, funded for 22-beds, with additional PHDU (funded for 18-beds), PED and Paediatric Burns cover (with 2 allocated PICU beds).</p> <p>We managed over 200 staff as part of an MDT group (consisting of Nursing Staff, Advanced Practitioners, Clinical Fellows, Paediatric Registrars, Anaesthetic Trainees, Physiotherapists, Occupational Therapists, Play Therapists, Dieticians and Pharmacists), with medical turnover of 10 every 6 months and nursing turnover of 15 per year. We had frequent interaction with other Tertiary Specialists, North West and North Wales Paediatric Transport Service (NWTS), as well as providing support to the referring hospitals throughout the North West. We had multi-disciplinary ward rounds, attended by at least 2 PICU Consultants, with weekly Radiology, Microbiology, Virology and Immunology combined ward-rounds. We worked a shift work, involving 7-days continuous 'first-on' shifts. We cover patients of all specialities, in particular complex Paediatric Metabolic, Haematology, Oncology and Nephrology patients.</p>

	<p>Additional input with tertiary transfers, prior to and including the introduction of regional retrieval service (NWTs), also is an important aspect of the clinical job.</p> <p>We were responsible for the formal assessment and quality assurance of medical staff, their clinical and professional practice and maintaining patient safety and standards. In addition to my clinical responsibilities, I had extensive Leadership and Management responsibilities (outlined above). Along with my fellow 7 PICU Consultants and Managers, we managed the PICU Medicine budget (>£2 million) and PICU Ward budget (>£5.5 million), as part of the Children's Division expenditure budget (>£110 million). The monies stated were resourced for the recruitment of staff, as well as the procurement of equipment and medicines, within national and regional policies and guidelines.</p>
<p><i>Between 23.08.15 and 21.08.17 (~2 years), I was not working clinically. I completed a reintegration program at Leeds Children's Hospital over 12 months.</i></p>	
<p>Leeds Children's Hospital, Clarendon Wing, Leeds LS1 3EX (UK).</p> <p>From 21.08.17 to 22.08.18 (12 months).</p>	<p>Honorary PICU Consultant.</p> <p>I completed my 12-month return to practice in the PICU Department at Leeds Children's Hospital PICU Department as of August 2018, which has included sessions in General and Cardiac Paediatric Anaesthesia, 3 months at the regional retrieval service (EMBRACE), as well as unsupervised daytime and overnight clinical work.</p> <p>I was involved in the management of general and cardiac PICU patients in a busy tertiary PICU Department at Leeds Children's Hospital, as well as undertaking neonatal and paediatric transfers intra- and inter-hospitals across a large geographical area.</p> <p>In addition, to regaining my clinical (including practical) skills, I was proficient in my non-clinical skills, including liaising with tertiary specialists in the various teaching hospitals regionally and nationally, as well as the DGH Paediatricians (and affiliated specialities and Departments).</p> <p>I was able to manage patient flow and acute shortages in beds and staffing numbers effectively, and where appropriate escalate up the management hierarchy within the relevant organisations.</p>
<p>Royal Stoke University Hospital, Newcastle Road, Stoke-on-Trent, Staffordshire ST4 6QG (UK).</p>	<p>Locum PCCU Consultant.</p> <p>I managed general patients in a tertiary PICU Department, including managing patient flow [including accepting referrals</p>

<p>From 29.04.19 to 05.10.19 (6 months).</p>	<p>from the tertiary retrieval service (EMBRACE), from Birmingham Children’s Hospital PICU Department, the local DGHs and from within the Hospital], facilitating MDT discussions [for challenging complex general (in particular spinal and neuromuscular) paediatric and general PICU patients]; as well as educating, training and supervising junior doctors and nursing staff.</p>
<p>Sheffield Children's NHS Foundation Trust, Clarkson Street, Broomhall, Sheffield S10 2TH (UK).</p> <p>From 04.11.19 to 04.11.20 (12 months).</p>	<p>Locum PCCU Consultant.</p> <p>I managed general patients in a tertiary PICU Department, including managing patient flow [including accepting referrals from the tertiary retrieval service (KIDS NTS), from Birmingham Children’s Hospital PICU Department, the local DGHs and from within the Hospital], facilitating MDT discussions; as well as educating, training and supervising junior doctors and nursing staff.</p>