



British Association of
Perinatal Medicine

Application Statements for NeoFOCUS Executive Committee 2025

Instructions

BAPM has received the following application statements from members wishing to join the NeoFOCUS Executive Committee in the role of LNU Representative. Please read the statements and cast your vote by completing the online form sent to you via email by **11:59pm, 27 July 2025**. All NeoFOCUS members will be emailed a link to the form to vote. If you have not received this please contact bapm@rcpch.ac.uk.

Votes will be counted by BAPM Office staff and will be treated completely confidentially.

LNU Representative – 8 applications

Dr. Devangi Thakkar

Job Title: Consultant Paediatrician with interest in Neonatology

Hospital: Hillingdon Hospital

Statement:

I am a LNU Consultant and have been for the last 5 years. Prior to starting here as a Consultant, I worked at the Evelina Neonatal unit, where I was learning how to perform lung ultrasound and line placement (mainly IVC lines). In the last 5 years, I have been able to perform echocardiography to a high standard and plan on doing my EACVI exam in the next 12-18 months. I have led various quality improvement projects including preterm optimization and was co-lead in NeoTRIPs, which is well established. NeoFOCUS would support the gentle and targeted care for these babies too. Consultant colleagues have now started attending the NeoFOCUS course, and now feels like the right time for me to become more involved. Completely honestly, however, I would need to refresh my line and lung ultrasound skills and what better opportunity than to become part of the committee.

Dilshad Marikar

Job Title: Paediatrician

Hospital: West Suffolk Hospital

Statement:

I have attended paediatric echocardiography training courses and attended some paediatrician with expertise (PEC) in cardiology clinics. I have performed point-of-care echocardiography in acutely unwell neonates to aid management when PEC is not available. I have attended the CACTUS paediatric POCUS course and have used lung ultrasound to assess neonatal RDS, although I have not been formally trained in this regard. I have occasionally used point-of-care ultrasound for difficult access in neonates.

Neha Sharma

Job Title: Speciality Doctor

Hospital: The Grange University Hospital

Statement:

I have been working as a middle-tier Neonatal doctor in the UK in a Tier 3 NICU for the last 7 years and have been performing screening echocardiograms, cranial scans, and lung ultrasound. I have been performing unsupervised echocardiograms for peer review for the last 6 years and since the last 3 years, I am part of a core group that focuses on implementing LUS as a standard of practice, developing frameworks, and organizing peer reviews for educational purposes. We have started performing POCUS for umbilical line placement recently.

Lucinda Winckworth

Job Title: Paediatric Consultant (Neonatal Lead)

Hospital: RHCH

Statement:

I have had a keen interest in POCUS for the last 5 years, since hearing about the many uses of lung ultrasound in neonates from one of the early pioneers of the process. Prior to that, I had trained in paediatric echocardiography with EACVI certification, so expanding to lung (and subsequently vascular) POCUS was a natural step. I enjoy the regular NeoFOCUS meetings and have obtained both CACTUS accreditation and the ESPNIC lung accreditation. Locally, I have also set up POCUS training days which combine lectures with practical sessions (on both ultrasound simulators and babies) and cover brain, bladder, lung, and cardiac POCUS, including an introduction to the crashing baby protocol. Initially run for local doctors, I have now expanded these to be open across the region, for all grades of doctors and ANNPs, and the feedback has been excellent. I have seen firsthand the

difference POCUS can make to a baby's journey and am a keen advocate for its increasing use - but with the right setup and support so people are well-trained and able to use it appropriately.

Sankara Narayanan

Job Title: Consultant

Hospital: Watford General Hospital

Statement:

I have been working as a Neonatal Consultant for 15 years, with a special interest in Paediatric Cardiology. I hold EACVI accreditation in congenital heart disease. Over the last five years, I have actively developed my skills in point-of-care ultrasound (POCUS), especially in neonatal hemodynamic assessments. I am confident in using POCUS for lung scans, line placement, and BLUE protocol assessments. I work in a busy Local Neonatal Unit (LNU), where I regularly use these skills in a resource-limited setting. This has helped me understand the real challenges many neonatal units face—such as limited equipment, varied skill mix, and competing service pressures. These experiences have made me passionate about making sure national guidance is not only evidence-based but also practical and fair for all types of units, especially those working with fewer resources. Alongside my clinical work, I have contributed to several national guideline projects. I have chaired two BAPM (British Association of Perinatal Medicine) framework groups, working with teams across different professions to develop clear, useful guidance. I've also supported two other BAPM frameworks, which gave me further insight into the work needed to turn good ideas into national standards. These projects required strong teamwork, attention to detail, and a deep understanding of frontline neonatal care. In 2022, I was part of the Royal College of Paediatrics and Child Health (RCPCH) national panel updating the guideline for retinopathy of prematurity (ROP). This allowed me to bring clinical experience into national discussions and shape guidance that meets both current needs and future demands. I am passionate about using my experience to help shape policies that improve care for all newborns. My aim is to work with others who share this commitment, developing recommendations that are both effective and workable in everyday settings. I am especially interested in projects that combine clinical care, leadership, and policy development to help reduce variation and raise standards in neonatal services across the UK.

Joshua Somerville

Job Title: Neonatal Registrar

Hospital: Derriford, Plymouth / Flinders Medical Centre, Adelaide, Australia

Statement:

I am a paediatric trainee with a strong interest in neonatology and point-of-care ultrasound (POCUS). NeoFOCUS has been instrumental in shaping my professional development, and I am eager to contribute to its mission as the LNU Representative. My clinical experience spans various neonatal settings, including SCBUs, LNUs, and NICUs in both the UK and Australia. I have independently performed cranial ultrasounds and, under supervision, conducted targeted functional echocardiography. Additionally, I have completed the ASUM lung ultrasound course, enhancing my proficiency in neonatal POCUS. While working in an Australian NICU, I engaged with the Australasian Society for Ultrasound in Medicine (ASUM), gaining insight into structured accreditation pathways for functional and neonatologist-performed echocardiography. This experience underscored the importance of balancing skill development with maintaining high standards of competency. In the UK, I collaborated with midwives to develop and implement a transitional care guideline in a SCBU, facilitating improved care for late preterm and low birth weight infants. This project required navigating complex management structures and engaging multiple stakeholders, honing my communication, leadership, and organizational skills. I am committed to promoting the safe and effective use of neonatal POCUS, particularly in LNUs where access to advanced imaging can be limited. I believe in supporting the development of POCUS skills among trainees and ANNPs while ensuring adherence to competency standards. Although I have not previously served on a BAPM

working group, I have applied for several roles within NeoFOCUS and remain dedicated to contributing meaningfully. I am confident that my diverse clinical background, combined with my experience in guideline development and organizational skills, will allow me to effectively support NeoFOCUS's objectives. I look forward to the opportunity to collaborate with a multidisciplinary team to advance neonatal POCUS practices and improve outcomes for infants across various care settings.

Gitika Joshi

Job Title: Consultant Neonatologist with expertise in neonatal and paediatric cardiology

Hospital: University Hospital of Derby and Burton

Statement:

I have been a consultant neonatologist with expertise in paediatric cardiology since April 2011. I have also held the European Accreditation in Cardiovascular Imaging. At UHDB, I have developed a dedicated neonatology and paediatric cardiology service. This includes developing a 24-hour echo imaging rota, formal reporting, image storing, and sharing facilities for routine and emergency cases. I have also partnered with local and national charities to secure funding for new state-of-the-art equipment and its maintenance contract. I have developed collaborative working with regional Level 3 NICUs and paediatric cardiology services to improve patient pathways, clinical governance, and ongoing training needs. I have led a quality improvement initiative, along with foetal medicine and paediatric cardiology colleagues, to improve our congenital heart disease detection rate from 40% to over 90%—a result we've sustained for more than five years now. I was fortunate to present this work at the BAPM Quality Improvement Conference in 2021. I have regularly performed targeted functional echocardiography since 2011 for patients on NICU, children's emergency department, and paediatric ward. This has helped us provide targeted management and get the right patient to the right service in a timely manner. Recently, I've begun expanding into point-of-care ultrasound (POCUS) for other indications, including line placement and respiratory conditions like RDS and pneumothorax, having completed the Neonatal cardiology including POCUS course. I've started these scans locally and am currently drafting guidelines to support their safe implementation. Teaching and collaborative work are close to my heart. I contribute to local and regional training, guideline development, and multidisciplinary education for doctors, ANNPs, and echo technicians. I believe strongly that high-quality functional echocardiography and POCUS should be accessible to all babies, including those in LNUs like ours. While I recognize this expansion must be handled with care and appropriate expertise, I hope my extensive experience can support the NeoFOCUS group's goal of safely expanding these services.

Brindha Soundaram Muthusamy

Job Title: Consultant Neonatologist

Hospital: Northwick Park Hospital

Statement:

During my training, I received specialized training in Point of Care Ultrasound (POCUS) for diagnosing lung pathology and identifying the appropriate placement of umbilical and central venous lines. As a consultant, I have honed my skills in Echocardiogram, which has been instrumental in diagnosing critical congenital heart disease and facilitating timely transfer to cardiac centers. I actively engage in training resident doctors to perform POCUS and emphasize the reduction of radiation exposure. I firmly believe that exposure to POCUS is crucial for resident doctors in their early years of training, as it is an invaluable skill that extends beyond neonatology and finds increasing relevance in emergency departments and paediatric intensive care units (PICUs). I look forward to working with the NeoFOCUS Executive committee team to develop comprehensive guidelines and conduct courses and webinars that raise awareness about the application of POCUS. As an Executive committee member, I will collaborate with the team to incorporate POCUS into the training curriculum, both for neonatal grid training and for trainees completing specialized interest modules

in neonatology. This initiative will facilitate the widespread adoption of POCUS, not only in Neonatal Intensive Care Units but also in Local Neonatal Units in the future.

End of statements