Application statements for the Newborn Brain Care Group (BAPM special interest group) Committee 2026

Role – Trainee Representative

Instructions

BAPM has received the following application statements from members wishing to join the Committee in the role of TRAINEE REPRESENTATIVE.

Please read the statements and cast your vote using the online form by **11:59pm, Wednesday, 2nd December 2026**. All Newborn Brain Care Group 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 with complete confidentially.

Trainee Representative (31 applications)

Dr Mohammed Abdalhady

ST8 Neonatal GRID Trainee, CONNECT North West Neonatal Transport

I have over six years of experience in neonatal medicine within tertiary neonatal units, with extensive clinical experience in managing infants with HIE, IVH, neonatal seizures and extreme prematurity, including those at risk of adverse neurodevelopmental outcomes. My experience includes implementing IVH care bundles and neurodevelopmental care measures, contributing to decisions regarding therapeutic hypothermia, and undertaking follow-up of high-risk infants to facilitate early identification of developmental difficulties and timely referral for appropriate support. I work closely with allied health professionals, including physiotherapists, occupational therapists and speech and language therapists, to deliver holistic, developmentally supportive care. I currently work in neonatal transport and represent the transport service within the regional Special Interest Group for the IVH care bundle, contributing to regional collaboration and the promotion of consistent, evidence-based practice.

My experience also extends to paediatric neurology, having completed a Master's degree in Egypt with a thesis focused on the management of childhood idiopathic epilepsy. I have worked for a year as a Clinical Fellow in Paediatric Neurology and Neurorehabilitation. This has strengthened my understanding of the long-term neurological consequences of neonatal brain injury.

I am committed to clinical leadership, education and service improvement. As an NLS and ARNI instructor, a former Simulation Fellow in a tertiary neonatal unit, and a member of the RCPCH Education and Learning Board, I have developed skills in multidisciplinary team training, educational resource development and supporting improvements in clinical practice.

Dr Ibrahim Afolabi

Doctor, Royal Stoke University Hospital, University Hospitals North Midlands

I am an ST5 paediatric resident doctor currently out of programme, working as a Neonatal Simulation Fellow in a Level 3 neonatal unit. I have taken this year to further develop my clinical knowledge and skills in neonatology and prepare for a future Neonatal GRID application. I have a particular interest in neonatal neurology and brain-orientated care, including neurological assessment, cranial ultrasound and prevention of secondary brain injury in preterm and critically unwell infants.

I have been involved in a number of neonatal research, audit and QI projects, with a particular interest in using data to improve clinical practice. I am the departmental lead for the NOAH project, coordinating local data collection and working with the multidisciplinary team towards implementation. I am also leading a five-year neonatal parenteral nutrition study looking at complications, administration and neurodevelopmental outcomes at two years.

I recently presented our five-year quality improvement initiative titled Small Steps, Big Impact: a quality improvement initiative to increase maternal breast milk rates in the neonatal intensive care unit, at the 12th Congress of the European Academy of Paediatric Societies (EAPS) in Greece in September 2026.

My research and QI work has given me experience in data collection, maintaining datasets, identifying gaps in practice and using findings to support improvement. I would like to bring this experience to the Data Lead role, particularly in supporting consistent data collection across neonatal units and using data to understand variation and outcomes in newborn brain care.

I also have experience in neonatal education and simulation and have taken on leadership roles within my

department. I enjoy working with multidisciplinary teams and bringing different perspectives together. As Trainee Representative, I would provide a trainee perspective on education, training and curriculum development in foetal and neonatal neurology, while contributing to the SIG's wider work.

I would be keen to contribute to the SIG and support its work in improving brain-orientated care for newborn infants.

Dr Mohammad Ahmed

ST4 Paediatrics, Diana Princess of Wales

I am a motivated Paediatric Trainee with extensive experience in neonatal and paediatric medicine across a variety of tertiary and district general hospital settings. Throughout my training, I have developed a strong foundation in the assessment, stabilisation and ongoing management of newborn infants, including those requiring intensive and high-dependency care. My clinical experience has enabled me to gain a comprehensive understanding of brain-orientated neonatal care, with a particular focus on optimising neurodevelopmental outcomes through evidence-based practice, family-centred care and multidisciplinary collaboration.

I have experience caring for neonates with a range of neurological and neurodevelopmental conditions, including hypoxic-ischaemic encephalopathy, neonatal seizures, prematurity-related complications and infants requiring therapeutic hypothermia. I understand the importance of minimising stress, supporting appropriate sensory development, promoting developmental care practices and integrating neuroprotective strategies into everyday neonatal care. I am committed to maintaining and expanding my knowledge in this evolving field through regular engagement with current evidence, clinical guidelines and quality improvement initiatives.

Excellent communication skills are central to my clinical practice. I routinely communicate complex and sensitive information to families in a compassionate and understandable manner, ensuring they remain informed and involved in decision-making regarding their child's care. I have worked closely with multidisciplinary teams, including neonatal consultants, nurses, allied health professionals, therapists and community services, adapting my communication style to meet the needs of different audiences. My experience presenting clinical cases, participating in handovers and teaching medical students and junior colleagues has further strengthened my ability to communicate clearly and effectively.

I possess strong organisational skills and am able to prioritise competing demands in busy clinical environments while maintaining patient safety and high standards of care. I am experienced in coordinating patient management, contributing to service improvement projects and supporting the efficient delivery of clinical services. Through rota management responsibilities, quality improvement work and day-to-day leadership within clinical teams, I have demonstrated the ability to remain calm under pressure, make sound clinical decisions and support colleagues in achieving shared objectives.

Leadership and teamwork are integral aspects of my professional practice. I have regularly led ward rounds, coordinated multidisciplinary discussions and supervised junior staff while fostering a supportive and collaborative working environment. I value the contribution of all members of the healthcare team and actively promote respectful, inclusive and effective working relationships. My ability to work collaboratively with professionals from diverse backgrounds has enabled me to contribute positively to patient care, service development and educational activities.

I am committed to delivering high-quality, evidence-based neonatal care and am passionate about improving outcomes for newborn infants and their families. I believe my neonatal experience, understanding of brain-orientated care, strong communication and organisational abilities, and commitment to multidisciplinary teamwork make me well suited to this role and enable me to make a valuable contribution to your service.

Dr Fanny Jocelyn Amalraj

ST3 Paediatric Trainee, Darent Valley Hospital, Dartford and Gravesham NHS Trust

I am an ST3 trainee with an avid interest in neonatology and, having completed a year in a level 3 NICU, I intend to apply for Neonatal GRID. I am applying to be a Trainee Representative because I strongly believe that brain care in a neonatal unit should be incorporated into all aspects of daily functioning. As someone on the verge of stepping up to a registrar, I can bring the perspectives of both junior trainees and new registrars to the committee. Having worked as a Local Trainee Representative in both ST1 and ST2 years, I understand the role's core task of acting as a bridge between trainees and the committee.

My view of brain care comes from a preterm baby I looked after, who was stable by the usual markers and doing well, but had a progressive bilateral brain bleed. This became a major reason to discuss redirection of care with the family. The case taught me that brain health can determine a baby's whole trajectory, and that a baby who looks well can still be at serious risk. Keeping this in mind, I have learnt to perform bedside cranial ultrasound efficiently and in a timely way.

I understand that in daily practice, brain care means responsive individualised interaction, appropriate nutrition, and an environment that supports growth. In my own practice, I time routine blood tests with cares to limit handling, discuss planned procedures with the nurses beforehand, and involve parents in care when possible. I have also cared for HIE babies, placed CFAM needles and interpreted the trace, along with basic interpretation of NIRS.

As Trainee Representative, I would like to run a regional cranial ultrasound course, working with the Education & Training Lead and the Clinical Practice Lead to reflect the group's neuroimaging standards. A tertiary unit in each region would host it annually, focusing on recognising acute and evolving haemorrhage, so that whoever is scanning at 3 am can identify an emergency, and then cover a wider range of pathologies. My own training was mostly bedside teaching, and I would like to see a consistent regional standard. I would also like to explore a trainee-led journal club or study day within the group's education programme.

As an ST2, I co-organised a neonatal study day with my registrar and the education team. We capped attendance at 20 to ensure more hands-on time at the skills stations. I drafted the programme with my registrar, produced the invitations and certificates, booked the room, grouped attendees, coordinated with trainers, and helped solve problems as they arose. All respondents said they would recommend the day to colleagues. I would translate my experience with this small-group, skills-based approach to the regional cranial ultrasound course.

As Local Trainee Representative, I worked with the College Tutor and the local BMA rep on behalf of Paediatric trainees, GP trainees and F2 doctors. One major change was to the rota. I gathered feedback from colleagues in current and previous rotations, designed an alternative rota from scratch to address recurring problems, consulted trainees for comment before proposing it to the rota team, and had it approved for use in the next rotation, which is still in use.

To represent trainees at different stages across the UK, I would run a short twice-yearly survey circulated through RCPCH regional trainee representatives, and bring the results to the committee.

Paediatrics thrives on multidisciplinary team discussions, and I have worked with clinical, safeguarding, nursing, midwifery, dietitians, pharmacy, physiotherapy, and occupational therapy teams throughout my clinical training, benefiting from each other's knowledge to improve clinical experience.

I have also worked with the local research team on the COMET trial, helping with data collection and communicating sensitively with parents for consent and details of the study.

If given this opportunity, I would be honoured to work with the BAPM's Newborn Brain Care Special Interest Group.

Dr Quratulain Aslam

Paediatric Trainee, Calderdale Royal Infirmary

I am a paediatric trainee with a strong interest in neonatal medicine and will shortly be commencing SPIN training in Neonatology. I am keen to apply for the Trainee Representative position within the Newborn Brain Care Group as I am passionate about improving neonatal outcomes, advancing newborn brain care, and contributing to trainee education and engagement in this evolving field.

Throughout my paediatric training, I have gained experience caring for newborn infants in neonatal and postnatal settings, developing an appreciation of the importance of brain-orientated neonatal care as a core component of neonatal practice. Looking after infants with conditions such as prematurity, hypoxic-ischaemic encephalopathy, neonatal seizures, and other neurological conditions has highlighted the importance of early neuroprotective strategies and multidisciplinary working to optimise long-term neurodevelopmental outcomes.

My interest in newborn brain care extends beyond clinical practice. I have led and contributed to quality improvement work focusing on pain management in neonates undergoing painful procedures across two district general hospitals. This project aimed to improve the use of evidence-based non-pharmacological pain management strategies and increase awareness among healthcare professionals regarding the impact of procedural pain on neonatal wellbeing and neurodevelopment. Through data collection, staff education, and implementation of practice changes, I gained valuable experience in quality improvement methodology, service development, and multidisciplinary collaboration. The project reinforced my understanding of the importance of minimising pain and stress in newborn infants and their potential effects on the developing brain, aligning closely with the principles of newborn brain care.

I possess excellent communication skills, developed through working closely with infants, parents, and multidisciplinary teams across hospital and community settings. I regularly communicate complex and sensitive information to families, adapting my approach to meet individual needs and ensuring shared decision-making. My experience in safeguarding, neonatal care, and paediatrics has strengthened my ability to communicate with empathy, professionalism, and clarity, even in challenging situations.

I have strong organisational skills and am accustomed to balancing demanding clinical responsibilities alongside quality improvement projects, teaching activities, and professional development. I am proactive, reliable, and able to coordinate tasks effectively while meeting deadlines. My involvement in quality improvement work and educational activities has also enhanced my leadership skills, enabling me to motivate colleagues, drive practice improvement, and advocate for evidence-based care.

I have extensive experience working within multidisciplinary teams including neonatologists, paediatricians, neonatal nurses, allied health professionals, therapists, safeguarding teams, obstetricians, and community healthcare providers. I value the perspectives of all team members and recognise that meaningful improvements in neonatal outcomes are achieved through partnership working across professional groups and specialties.

I am particularly drawn to the aims of the Newborn Brain Care Group, including raising the profile of newborn brain care, promoting trainee engagement in neonatal neurology, supporting multidisciplinary education, facilitating research and innovation, and strengthening collaboration between neonatal, obstetric, neurology, rehabilitation, and community services. These objectives align closely with my professional interests and career aspirations within neonatology.

As a trainee representative, I would bring enthusiasm, commitment, and a genuine passion for improving newborn brain care. As I begin my neonatal SPIN training, I am well placed to represent the perspective.

Dr Kelechukwu Ayeni

Neonatal Sub-Specialty Registrar, Norfolk and Norwich University Hospital

I am a Neonatal Sub-specialty Trainee in the East of England with a strong record in neonatal quality improvement, audit, and research. My clinical training has been matched by active involvement in trainee-oriented initiatives, including a one-year tenure as the Regional RDF representative for ST1-3 Trainees in the East Midlands, giving me first-hand insight into the challenges neonatal trainees face across the deanery. I have also led trust-level quality improvement projects, co-led National Neonatal Audit, and contributed significantly as the Trust lead for the 22-week study- a National prospective study.

My knowledge of brain-orientated neonatal care spans over two years of neonatal and paediatric intensive care in tertiary units, where I have managed extreme preterm requiring neuro-protection, and other infants with neurological impairments requiring intervention. From this experience, I have become adept at cranial ultrasound imaging, interpreting cerebral function monitoring and integrating families into care of their infants.

Committed to my interest in long term neurodevelopment, I have participated in MDT fetal medicine clinics, where I have counselled parents following antenatal diagnosis of various conditions. This has strengthened my interpersonal skills and improved my knowledge on reducing brain damage.

I am committed to representing trainees' interests, contributing to curriculum development and training quality, and ensuring trainee feedback translates into meaningful change in neonatal training nationally.

Dr Andrada Bianu

Neonatal ST5 Trainee, Homerton University Hospital

I strongly believe that I am the right candidate to be on the Newborn Brain Care Group given my clinical experience, the attended educational courses and the collaborative work that I have done. I am passionate about developing tools to aid better understanding of neurodevelopmental outcomes in the community, working collaboratively with parents before and after delivery and supporting education and curriculum development among neonatal trainees.

I have developed a strong interest in brain oriented neonatal care through clinical practice, attending neurodevelopmental follow up clinics and education. I have strengthened my clinical skills by completing a Cranial Ultrasound course in Cambridge and the NeoNATE Course run by BPNA (Neonatal Neurology Assessment, Treatment and Education Course). I regularly practice the Hammersmith neonatal neurological examination when assessing a baby with abnormal neurological signs in order to have a standardised approach.

Having worked in both NICU and LNU, I have diagnosed and managed multiple cases of HIE and preterm brain injury. After rotating through neonatology, general and community paediatrics (where I ran neurodevelopmental clinics under supervision) I have witnessed outcomes of babies with brain injuries from different perspectives. This has enabled me to follow a patients' journey from diagnosis to treatment and understand their short and long-term outcome. In this way, I have strengthened my clinical skills and offer patient centred and family integrated care as well as safe practice using evidence-based medicine. I practice a multidisciplinary approach and treat patients holistically. I strongly believe in early intervention measures and encourage those through the use of EI SMART leaflets given to parents and empowering carers in shared decision making.

Treatment and management for different cases of infants with brain injury is an area where progress is constantly being made. As I am keen to sit at the forefront of developing research, I am enrolled in the Associate Principal Investigator Scheme for the COMET study (Cooling in Mild Encephalopathy) since September 2026.

I have extensive experience in collaborative work after having been a NeoTRIPs (Neonatal Trainee Led Research and

Improvement projects) regional lead for the last 4 years. I have coordinated 6 projects so far (either a service evaluation/national QIP/ research) within the neonatal field (heart murmurs, use of probiotics, neonatal equipment, pain assessment scoring, EBM expression and trophic feeds on day 1 of life, reducing unplanned extubations). I have recruited local leads, coordinated between them and the project leader, troubleshot any issues and ensured the project were completed on time. Part of my work also involved advertising the current project into my region, participating in quarterly national meetings, assessing feasibility and voting on future projects. This role demonstrates my skills in team working, communication, collaboration and time management.

In the past, I have also coordinated Morbidity and Mortality meetings in a large tertiary Paediatric Hospital where I have worked closely with multidisciplinary team members. I organised monthly meetings, created the schedules coordinating the presentations of different subspecialties, taking minutes and creating and distributing the learning points through posters.

Academically, I have run journal clubs, completed NIHR GCP training, learnt how to critically appraise research papers and contributed to a large systematic review of equipment used in managing babies born at 22 weeks gestation. This paper is currently under peer review.

I am currently data reviewer for updating the RCPCH national clinical guideline on 'The management of children and young people with an acute decrease in conscious level'. My role involves critically appraising research papers using the appropriate tool based on the study design and extracting key data.

Dr Kerry Blackett

ST5 Neonatal GRID Trainee, James Cook University Hospital

I am a paediatric ST5 Neonatal GRID trainee, with experience across tertiary neonatal services in the UK and New Zealand. I am applying for the trainee representative role because of my strong interest in brain-oriented neonatal care and neurodevelopmental outcomes, and because I would bring experience across clinical practice, research, quality improvement, education and child-health advocacy.

My neonatal training has given me experience caring for babies at risk of neurological injury, including extremely preterm infants and babies requiring intensive resuscitation and ventilation. I have a particular interest in neuroprotection, developmental care and the relationship between neonatal care and longer-term outcomes. My previous work in neonatal developmental follow-up, including a project exploring developmental outcomes following neonatal intensive care, has strengthened my interest in considering the newborn brain beyond the immediate neonatal admission.

I have experience in quality improvement, education and translating evidence into practical neonatal care. I have developed my ability to work systematically, communicate clearly and collaborate with colleagues across disciplines to improve practice.

Alongside my clinical work, I have developed leadership and collaborative skills through my involvement with the International Child Health Group, working with trainees, clinicians, academics and wider organisations on education and advocacy. This has strengthened my ability to listen to different perspectives, communicate effectively and work constructively towards shared goals.

As a trainee representative, I would aim to ensure that the trainee voice is meaningfully represented within the Group while also helping translate its work into practical resources and educational opportunities for trainees. I would be keen to engage with trainees from different units and backgrounds so that I represent wider experiences rather than simply my own.

I am organised, proactive and enthusiastic about contributing to national neonatal work. I would bring a strong

interest in newborn brain care, alongside practical experience of clinical care, education, improvement and collaborative leadership, and would value the opportunity to contribute to the Group's work to improve outcomes for babies and their families.

Dr Catherine Douch

Neonatal GRID ST7, Homerton University Hospital

I am an ST7 Neonatal Grid Trainee with 62 months of neonatal experience, including a 12-month Senior Education and Improvement Fellowship. I have developed particular interests in brain-oriented neonatal care, education, quality improvement and FICare. I was awarded a Merit in an MSc in Medical Education and have seven publications, including four as first author, alongside national and international presentations.

I have broad experience caring for extremely preterm infants with a focus on neurodevelopmental care and term infants with neonatal encephalopathy requiring therapeutic hypothermia. Alongside all neurological skills expected at my training level, I completed the Prechtl General Movements Assessment course and BPNA training, and am developing as a NeoNATE educator. I have contributed to neurology-focused publications and multiple programmes improving HIE care. Within NTS I identified barriers to cooling through staff feedback and Datix review and led development of CritiCool™ training videos for the MDT. I co-wrote RCOG neonatal e-learning on asphyxia neonatorum and delivered HIE education at a tertiary NICU during cooling implementation. During my fellowship, I led implementation of LifeStart™ to improve stabilisation and delayed cord clamping for infants <32 weeks. MDT education and simulation contributed to sustained improvement in DCC from 33% to 60%. This work was presented at BAPM.

Education, leadership and MDT working:
I am passionate about education and completed an MSc in Medical Education and GIC. As London and South East Grid Teaching Coordinator, I organise regional teaching, map sessions to the curriculum and use trainee feedback to shape the programme. I have led MDT simulation, including perinatal Ockenden, transport and the UCL Paediatric MSc simulation day. I have developed RCOG e-learning, educational videos and conference workshops for MDT audiences. My leadership experience includes securing funding for neonatal equipment, leading quality improvement projects and coordinating complex MDT projects that have lead to sustained and significant improvements in care. I currently contribute to NeoTRANSPORT-UK and the CHaL professional advisory group. I strongly believe effective neonatal care depends on collaboration across professional groups and organisations. I have worked closely with doctors, nurses, ANNPs, midwives, obstetricians, allied health professionals, engineers and procurement teams, developing practical solutions around shared clinical goals.

I believe families are partners in care and have undertaken Family and Infant Neurodevelopmental Care training. I have led parent-centred ward round initiatives, developed a parent experience video for NTS, a parent census and introduction of a fingerprint scanner funded by a bereaved family that was recognised at the 2025 Maternity and Neonatal Excellence Awards. My MSc research examined education in bereavement communication, and I have undertaken service evaluation exploring LGBTQ+ family experiences, contributing to changes in perinatal documentation.

Motivation:
Brain-oriented neonatal care brings together the aspects of neonatal practice I am most passionate about: MDT education, FICare and translating evidence into sustainable improvements. I would bring experience in organising educational programmes, developing accessible resources, simulation, curriculum-based teaching and service improvement. I am particularly attracted to the opportunity to contribute to the annual study day and then RCPCH curriculum, facilitate MDT newborn brain health education across units, promote trainee interest and share practical resources and examples of good practice. I would bring a commitment to ensuring that families are supported and meaningfully involved when their babies experience neurological injury or uncertainty.

Dr Thomas Dunne

Neonatal GRID Trainee, Liverpool Women's Hospital

My interest in newborn brain health and neurodevelopment has shaped my clinical and academic career. I am passionate about maximising every baby's potential for healthy brain development and positive long-term outcomes. I am applying to be the BAPM Newborn Brain Care Special Interest Group Trainee Representative to represent UK neonatal trainees and contribute to improving brain-orientated neonatal care, education and training.

My academic background reflects my interest in neurology, neurodevelopment and neuroimaging. During my first-class BMedSc in Psychological Medicine, I undertook fMRI research investigating brain network function, with national and international presentations and publication. During my Academic Foundation Programme, I researched childhood development and disability outcomes through the SHINE trial, including Washington Group/UNICEF Child Functioning Module analysis. I have continued this through literature review and a planned Cochrane review on child development.

As a Neonatal GRID trainee in tertiary neonatal care, brain-orientated care is central to my practice. I am passionate about looking beyond survival to optimise each baby's neurological and developmental potential. I value working closely with families to understand what matters to them and providing individualised, family-centred care. My interest in neurodevelopment is also informed by voluntary roles supporting young people with disabilities, reinforcing the importance of considering longer-term outcomes from the beginning of neonatal care.

I have completed modified Sarnat staging training, recruit to COMET, and presented on HIE at the North West National Cooling Seminar. I am developing my PhD proposal examining neurology and neurodevelopment in at-risk neonates, including the impact of variation in neonatal nutrition on brain development and outcomes. The project will explore neonatal surgery, nutrition, brain imaging biomarkers and neurodevelopmental outcomes, focusing on interventions that improve outcomes and inform practice.

My clinical, academic and educational roles have given me experience in communication, organisation and leadership. I led the introduction of the Neonatal Oral Antibiotics at Home (NOAH) pathway at a tertiary NICU, working with healthcare teams to develop the protocol, navigate governance, educate colleagues and support implementation. This showed me how bringing different professional perspectives together can turn an idea into successful clinical change. I have presented this work nationally and internationally, with further dissemination planned. I have also contributed to regional neonatal improvement as a SAFE-Neo regional lead and led QI work including unplanned extubation and antimicrobial stewardship.

I am passionate about supporting colleagues through education. I have contributed to national and international conferences, including BAPM and EAPS, presenting research and clinical work to share learning and educate others, and regularly deliver neonatal teaching and journal clubs. I help organise the Cheshire & Mersey tri-annual MRCPCH Clinical Revision Course, coordinating trainees, speakers, examiners and volunteer patients. At university, I co-founded the Rare Disease Society, served as President, and organised a CPD-accredited lecture series and conference. These experiences have taught me the importance of clear communication, organisation and working with colleagues from different backgrounds and stages of training.

As Trainee Representative, I would ensure neonatal and paediatric trainees' experiences and priorities inform the SIG's education, training, curriculum, policy and guidance work. I would act as a link between trainees and the SIG, listening to colleagues, identifying educational needs and bringing trainee perspectives to the group. I would bring my clinical, research and educational experience to the role and work with the SIG to improve outcomes.

Dr Issam El-Shukri

ST2 Paediatric Trainee, West Midlands

I am currently an ST2 Paediatric trainee with a keen interest in Neonatal Medicine. Prior to commencing paediatric training, I completed a foundation year placement in Neonatal Medicine and subsequently continued in the specialty as a training fellow for over two years. My total neonatal experience to date is just over three years, including two and a half years at Level 3 neonatal centres.

Throughout my clinical experience, I have demonstrated strong organisational and leadership skills, as well as the ability to work effectively as part of multidisciplinary teams (MDTs). This is evidenced by my involvement in implementing both the PERIPrem bundle and pulse oximetry screening at a Level 3 neonatal intensive care unit (NICU). I have received teaching on interventions in neonatal medicine aimed at improving neurodevelopmental outcomes for preterm infants, including developmental care and Family Integrated Care (FiCare). I have also had the valuable opportunity to observe the progress of infants previously admitted to neonatal units in a neurodevelopmental outpatient clinic setting.

I feel that this role within the Special Interest Group would provide an excellent opportunity to deepen my understanding of neonatal neurodevelopment and the evidence underpinning current practice. I would welcome the opportunity to further develop my teamwork and leadership skills, with the aim of continuing to develop professionally as a future neonatologist. I hope to apply the knowledge gained through this role to contribute to evidence-based strategies to optimise neurodevelopmental outcomes for preterm infants and support families throughout their neonatal journey.

Dr Sristi Ganguly

Speciality Trainee in Paediatrics, East Yorkshire and Humber

I have a strong background and long-standing interest in neonatology, with several years of Level 3 neonatal experience across the UK and India. In the UK, I have worked for around two years in Level 3 neonatal units, including a year at St Thomas' Hospital as a coordinating registrar, where I gained significant experience in managing complex neonatal intensive care, coordinating the unit and supporting junior colleagues. I have recently joined the UK paediatric training programme at ST3 and hope to formally pursue Neonatal Grid training in the future.

My interest in brain-orientated neonatal care grew particularly during my time at St Thomas'. I was involved in the One Brain for Life IVH prevention work, led a Golden Hour QI project for preterm infants, and contributed to reviewing delivery room guidelines. I have completed Expanded Modified Sarnat Staging training through my involvement with the COMET trial and am currently undertaking the BPNA distance-learning course in neonatal neurology. My current community paediatrics placement is also giving me experience in developmental and neurodevelopmental assessment and a better understanding of longer-term outcomes for children and families, coordinating with multiple professional teams.

Research and QI have been a major part of my neonatal work. I have led and contributed to several projects, presented multiple posters at BAPM and internationally at ESPGHAN, and presented research and contemporary neonatal topics at regional GGKT meetings. My academic work has also led to a recent letter in Archives of Disease in Childhood, an article accepted in Acta Paediatrica, with further work currently under review.

Education and leadership have also been important parts of my work. At St Thomas' I was the neonatal trainee lead for the departmental education bulletin, helping to oversee teaching and supporting junior colleagues to produce a weekly bulletin of key learning points. I have also delivered departmental and regional teaching, completed Teach the Teacher and leadership and management courses, and previously worked as a paediatric resident lead. My

coordinating registrar role helped me further develop my leadership, organisation and communication skills while working closely with nursing colleagues, junior doctors and the wider MDT. I am also trained in neonatal and paediatric resuscitation.

I would really value the opportunity to join the Newborn Brain Care Group as Trainee Representative. I would like to bring my neonatal experience, research/QI and education background to the group while representing the views and training needs of neonatal trainees. I am particularly interested in helping make brain-orientated care a practical part of everyday neonatal training and would be keen to contribute actively to the group's education, guidance and wider projects.

Dr Lucy Gossling

ST4 Paediatric Trainee, Calderdale Royal Hospital

I am currently on rotation in a district general hospital covering both paediatrics and neonates and I am hoping to sub-specialise in neonates via GRID or SPIN. I have worked in tertiary neonatal units in Christchurch, Bradford and Leeds prior to and during training. Additionally, I have rotated through the Community Children's Development Centre with plenty of exposure to neurodevelopment clinics. I feel this has been helpful to appreciate the why and longer journey ahead for the families and neonates that will benefit from this project.

I have experience of the clinical factors, adaptations and MDT input we can combine to try to both prevent injury and support brain development in neonates. I have experience of updating guidelines, communicating with peers and colleagues in a range of settings, MDTs and governance/audit meetings and presenting research. I designed and lead on a quality improvement project in HIE as well as interviewing many professionals on their clinical practice as part of my MSc on neonatal seizure management.

I am able to communicate with families, other health professionals and colleagues and am keen to ensure we can all learn from each other and share knowledge. I have recently been through the paediatric exam process and core teaching modules and can offer insight into this and the curriculum and liaise with fellow trainees where necessary. I would be delighted to be part of the team and feel I have the organisation and time management skills needed to ensure I can thrive in this role alongside training.

Dr Elizabeth Healey

Neonatal GRID Trainee, The Rosie Hospital, Cambridge

I am currently a final-year Neonatal GRID trainee with a specialist interest in Newborn Brain Care. This is an area I feel particularly passionate about, and I strongly believe in the importance of optimising newborn brain health and the positive impact this can have on lifelong outcomes.

Throughout my Neonatal GRID training, I have gained a broad range of experience and expertise in brain-oriented neonatal care, including the management of neurological conditions in both NICU and neonatal transport settings. I also recognise the importance of neurodevelopmental follow-up in supporting the longer-term outcomes of babies and their families.

My clinical and academic interests have been reflected in the projects I have led and contributed to throughout my GRID training, all focused on improving aspects of neonatal care known to influence newborn brain outcomes. These have included projects implementing the preterm bundle, improving resident doctors' neonatal airway skills, and an audit reviewing rates of hypercarbia during neonatal transfers. I have also recruited patients into the COMET trial and undertaken neurological examination training. In addition, I have completed several relevant courses, including the NEONATE course and Bayley-4 training, and attended BPNA and BANNFU study days to further develop my clinical knowledge and skills.

I am actively involved in teaching and supporting the development of residents' cranial ultrasound skills and CFM interpretation. During my formal teaching sessions, I have focused my topics on newborn brain care. I enjoy sharing knowledge and helping colleagues develop the skills and confidence required to deliver high-quality, brain-oriented neonatal care.

Over the past three years, I have held the role of Neonatal GRID Teaching Representative, through which I have developed my communication, organisational and leadership skills. More recently, I completed the King's Next Step Leadership and Management Fellows Programme, further strengthening my leadership and management capabilities. Organising pan-deanery teaching has given me valuable experience in understanding the curriculum, coordinating study days and communicating effectively with multiple stakeholders. These skills would be invaluable in liaising with current Neonatal GRID trainees, ensuring their views are heard and effectively represented. Throughout my training, I have worked across the London and Eastern Deaneries, as well as undertaking two years of neonatal training in a quaternary centre in Melbourne, Australia as an OOPE. Working across these diverse clinical environments has broadened my experience and perspective, strengthened my adaptability and communication skills, and developed my ability to work collaboratively within multidisciplinary teams.

I feel that my clinical experience, commitment to Newborn Brain Care and established leadership and communication skills would enable me to make a valuable contribution as Trainee Representative. I would be privileged to be part of this multidisciplinary group and to contribute to its important work. I strongly align with the vision of the Newborn Brain Care group and feel passionately about embedding evidence-based, consistent and equitable brain-oriented care for every infant admitted to a neonatal unit across the UK.

Dr Gillian Hyliger

ST8 Neonatal GRID Trainee, Leeds Teaching Hospital Trust

I am applying for the role of Trainee Representative for the Newborn Brain Care Group because I am passionate about improving the neurodevelopmental outcomes of babies nationally. It is a vital part of neonatal care with lasting effects on infants, their families and their futures. I have always been interested in this field but during my first year of neonatal grid training, my son had a neonatal stroke and subsequently developed cerebral palsy. This experience showed me the importance of early intervention and gave me a valuable perspective as both a dedicated clinician and a concerned parent.

As a Neonatal grid trainee, I have demonstrated Interest in this field and a desire to improve brain-orientated care. I have been involved and led QI teams in various aspects of neonatal care which effects neurodevelopmental outcomes. These include pain relief during procedures, optimal cord management and pre-term optimisation in transport.

I have broad experience of effectively representing trainees throughout my training. I was the ST1-3 trainee representative on the East Midlands North school of paediatrics and chaired the ST1-3 education committee. More recently, I've had the privilege of being on the neonatal CSAC committee as a trainee representative for the past two years, contributing to discussions around the neonatal grid curriculum and supporting solutions to trainees' concerns.

I understand the neonatal curriculum and what is expected of a neonatal grid trainee, neonatal spin trainee and a general paediatric trainee. I have a wealth of experience representing the trainee perspective and voicing the challenges faced in a constructive manner. I understand the importance of engaging with trainees directly, listening to their views and have enjoyed the responsibility of representing them nationally.

I have worked in multidisciplinary teams through quality improvement projects and teaching, including NLS, APLS and GIC courses. I spent a year in Kenya as a RCPCH Global Links volunteer working clinically, teaching and on QI projects alongside nurses, nursing students, clinical officers, and doctors. Currently, I am part of the developmental

care team in my neonatal unit. These collaborative roles have given me the opportunity to work closely with colleagues from a wide range of professional backgrounds, valuing the integration of a broad range of contributions.

Research is a vital part of ensuring that we are delivering the best evidence-based care for the babies on the neonatal unit. I have completed GCP training, and I have been on the delegation log for a number of trials including COMET (Cooling in Mild Encephalopathy Trial).

At this stage of my career, having contributed effectively to committees and QI teams, I bring both experience as a senior trainee and a strong understanding of how training can be improved. It would an honour to be part of this committee seeking to improve care for babies across the United Kingdom by supporting the multidisciplinary teams who look after them. I believe I can contribute to better brain-orientated care, improving long-term outcomes and make a meaningful difference to infants and their families.

Dr Megha Jagga

ST7 Neonatal Medicine, Singleton Hospital, Swansea

I am a Neonatal GRID trainee currently undertaking a Senior Clinical Fellowship in Neonatal Neurodevelopment at Singleton Hospital, Swansea. I am passionate about embedding brain-orientated care into neonatal practice, from antenatal counselling through to childhood follow-up.

Knowledge and Experience:

My clinical experience spans tertiary medical, surgical and cardiac neonatal units, including managing extremely preterm infants, babies with hypoxic-ischaemic encephalopathy (HIE), hypotonia, seizures, and other neurological conditions. I have completed formal training in Prechtl's General Movements Assessment (GMA), regularly perform Hammersmith Neonatal Neurological Examinations (HNNE) and undertake Bayley developmental assessments. I have completed advanced cranial ultrasound training and regularly attend neuroradiology meetings with Dr Mary Rutherford.

In my current post, I am standardising developmental assessments for high-risk infants, including facilitating multidisciplinary team (MDT) training in HINE, Ages and Stages Questionnaires (ASQ) and Bayley assessments. This aims to improve early identification, timely intervention and equity of care.

As trainee lead for the All-Wales Enhanced Neurodevelopmental Follow-up Framework, I have drafted pathways incorporating four-year assessments for eligible high-risk children. I am also developing a local neuroprotective care bundle for extremely preterm infants and preparing a business case for MDT outpatient developmental follow-up clinics at a tertiary surgical neonatal centre.

I have completed the BPNA NeoNATE course, am undertaking its online Neonatal Neurology course, presented a poster at the 2026 Fetal and Neonatal Neurology Conference and regularly attend Newborn Brain Society webinars.

Communication, Organisation and Leadership:

As Regional Trainee Lead for the All-Wales SWOSH (Switching to Oral Antibiotics and Sending Home) project, I coordinated evidence reviews, prospective analysis of clinical and financial benefits, guideline development, stakeholder engagement and implementation across all seven perinatal units in Wales. This strengthened my ability to translate evidence into practical improvements through collaborative leadership.

As a National Soft-Landing Steering Group member, I contribute to educational initiatives supporting international medical graduates. I have independently organised and delivered regional communication and simulation training

days for four consecutive years, receiving consistently excellent feedback. I am also a Newborn Life Support Instructor.

As a former trainee risk and governance lead, I reviewed DATIX incidents, identified system-level issues and contributed to patient safety improvements. I have also participated in and presented local and regional HIE mortality and morbidity reviews.

Multidisciplinary Collaboration and Trainee Representation:

My neurodevelopmental work involves close collaboration with neonatologists, community paediatricians, physiotherapists, occupational therapists, dietitians, psychologists, outreach nurses and families. Developing regional frameworks and service proposals has strengthened my ability to bring together diverse professional perspectives towards shared objectives.

Having trained across England and Wales, I recognise variation in access to specialist neurological education. As Trainee Representative, I would propose a national survey of trainee confidence and educational needs, exploring exposure to neurological examinations, aEEG/EEG, neuroimaging, HIE prognostication and developmental follow-up. Findings could identify training gaps and inform SIG priorities.

I would use these findings to advocate for accessible, curriculum-aligned, case-based education and trainee participation in collaborative research, quality improvement and guidance development, ensuring trainee perspectives contribute meaningfully to the SIG's work.

Dr Amina Kahtoon

ST3 Paediatrics, Hereford County Hospital

I am an enthusiastic ST3 Paediatric Trainee with an interest in neonatology and a passion for improving neonatal outcomes through evidence based, brain orientated care. Having completed two tertiary neonatal rotations, and aspiring to pursue Neonatal GRID training, I appreciate the importance of neuroprotection in improving long-term neurodevelopmental outcomes. I am keen to join BAPM’s Newborn Brain Care Special Interest Group as a trainee representative, contributing to best practice and ensuring trainee perspectives inform national discussions.

My neonatal experience has developed my understanding of brain-orientated care, including maintaining physiological stability, minimising neurological injury and providing developmentally supportive, family-integrated care. I recognise that neuroprotection is embedded in everyday practice: optimising ventilation, oxygenation and cerebral perfusion, reducing environmental stressors and supporting parent–baby bonding. I am particularly interested in implementing evidence-based strategies consistently across neonatal units to reduce variation and improve outcomes.

I have demonstrated sustained commitment to quality improvement, audit and research. During ST1, I led a project reviewing metabolic bone disease in premature infants within a tertiary neonatal unit. This developed my skills in evaluating practice, identifying improvements and presenting findings, and received Best Poster at a local neonatal network event.

As local hospital lead for a regional home antibiotic project, I developed experience coordinating initiatives and collaborating beyond my department. I am currently collecting data for a project exploring intrauterine growth restriction and congenital cytomegalovirus infection. I have also collected data on two year neurodevelopmental outcomes in children with agenesis of the corpus callosum. These projects have strengthened my interest in factors influencing neonatal and developmental outcomes. Additionally, I am supporting the introduction of a KP sepsis assessment tool within my trust to improve and standardise clinical practice.

Leadership and advocacy are important to me. During each six month rotation, I independently initiate a staff wellbeing project recognising colleagues' contributions through small awards and tokens of appreciation. I adapt this initiative to each team, maintaining engagement across changing environments. This work received a Best Poster Prize at the West Midlands Paediatrics Conference and demonstrates initiative, organisational skills and the ability to engage colleagues.

Communication and multidisciplinary collaboration are key strengths. Working alongside neonatal nurses, advanced neonatal nurse practitioners, allied health professionals and medical colleagues has reinforced the importance of collaborative, family centred care. Regularly teaching medical students has strengthened my ability to explain complex information clearly and adapt to different audiences.

As trainee representative, I would promote awareness of brain orientated care, identify educational needs and support dissemination of evidence based guidance and resources. I would provide an approachable link between trainees and the group, seeking perspectives from different units and highlighting barriers to implementing neuroprotective practices. I would draw on my experience of coordinating projects to encourage trainee involvement and help translate the group's priorities into practical improvements.

Joining the group would allow me to contribute to an area I am passionate about while learning from specialist colleagues. I would bring enthusiasm, initiative, strong communication and organisational skills, alongside a demonstrated commitment to collaborative improvement and ensuring that trainee voices help shape neonatal brain care nationally.

Dr Jatinder Khipal

ST8 Neonatal GRID Trainee, Nottingham University Hospital, EMNODN

Knowledge and Experience of Brain-Orientated Neonatal Care:
I have developed a strong specialist interest in neonatal neurology and brain-orientated neonatal care through research, clinical practice and quality improvement. During my MD Paediatrics training in India, I completed a dissertation on acute encephalopathy in children using MRI-based characterisation of neurological injury patterns. This work was published in a peer-reviewed journal and presented at the European Society for Paediatric Neurology (ESPN) conference in Vienna. I subsequently completed a Neonatal Fellowship with the Indian Academy of Paediatrics, researching retinopathy of prematurity and associated risk factors.

Following my move to the UK, I undertook neonatal fellowship training at Princess Anne Hospital, Southampton, where I led a quality improvement project evaluating cranial ultrasound surveillance practices. I developed expertise in neonatal neuroimaging, cranial ultrasound, cFAM/aEEG interpretation and neuroprognostication, and co-designed a structured HIE documentation tool to improve documentation quality in complex neonatal encephalopathy cases.

I completed a year of advanced neonatal training in Oxford, formal cranial ultrasound training and the BAPM NEONATE course. As a current Neonatal Grid Trainee within the East Midlands Neonatal Network, I play an active role in neurodevelopmental ward rounds, follow-up clinics and prognostic counselling, integrating neurological examination findings, cFAM data and learning MRI interpretation from online course at newborn brain society. I am also a member of BAPM, BANFU and the BAPM Brain Care Special Interest Group, reflecting my commitment to advancing neonatal brain health and neurodevelopmental outcomes.

Excellent Communication, Organisation and Leadership Skills
I have demonstrated leadership through education, quality improvement and service development. I have delivered regional teaching on HIE, cFAM interpretation and cranial ultrasound across Southampton, Glasgow, Oxford, Leicester and Nottingham, improving confidence in neonatal neurological assessment.

To standardise practice, I developed teaching on serial neurological examinations and HINE assessments and created network-wide educational videos to support early identification of neurological impairment.

I have led audits, quality improvement projects and service evaluations, including evaluating neurodevelopmental outcomes of infants discharged home on oxygen versus those discharged without oxygen support. I have also led projects on neonatal encephalopathy documentation, cranial ultrasound surveillance and jaundice management, and authored local guidance on neonatal hypoglycaemia, with ongoing updates to neonatal hypotonia and encephalopathy guidelines.

As Deputy Lead for the SEQUIN programme, I coordinate multidisciplinary teams across the neonatal unit to implement BAPM standards, drive quality improvement and support sustainable service change.

Ability to Work Collaboratively with a Diverse Team of Professionals
I work effectively within multidisciplinary teams and have collaborated extensively with consultants, neonatal nurses, ANNPs, radiologists, physiotherapists, occupational therapists and speech and language therapists to optimise outcomes for infants at risk of neurological impairment.

My work in neurodevelopmental follow-up services and multidisciplinary ward rounds has strengthened my ability to coordinate holistic, family-centred care. Through regional teaching, quality improvement work and my SEQUIN leadership role, I have successfully engaged diverse professional groups, built consensus and supported sustainable service improvements across neonatal networks.

Overall, I have intentionally developed expertise in neonatal neurology and neurodevelopment, combining clinical practice, research, education and leadership to improve brain-orientated neonatal care and long-term outcomes for infants and families.

Dr Arangan Kirubakaran

ST6 Neonatal GRID Trainee, Imperial College Healthcare NHS Trust

I am a neonatal GRID trainee based in London with experience in education, leadership, and research, which has equipped me with the skills needed for this role. I am standing for the trainee representative role as I believe the Newborn Brain Care Special Interest Group will play a pivotal role in setting standards and shaping future neonatal practice. I am excited by the opportunity to work at a national level to help standardise practice across the country using the available evidence base. I will bring my personal mixture of compassion, advocacy and dedication to this role.

As a researcher, I co-authored a systematic literature review on the use of NIRS in the delivery room and am involved in conducting a pilot feasibility trial on delivery room NIRS during cord clamping. I understand the limitations of the current evidence base, the practical obstacles to delivering quality research, and the challenges of translating research into everyday practice.

In my previous role as a paediatric undergraduate teaching fellow, I gained extensive experience in curriculum design and teaching, as well as an understanding of organisational challenges from a management perspective. I am a passionate educator and helped to design the first paediatric undergraduate virtual reality simulation, which is now embedded within the Imperial College curriculum. I am an NLS instructor, and I currently co-ordinate departmental teaching within my unit. My firsthand experience as a neonatal trainee and paediatric educator can help the committee deliver its aims of promoting subspecialty interest and supporting multidisciplinary education.

As a leader, I am currently the Senior Specialty Resident Doctor (SSRD) for Neonatology in my trust and a trust representative. In this role, I advocate for trainees and work with senior leadership to create a fair and effective working environment.

Lastly, I co-created a series of parent information resources to address knowledge gaps in preterm vaccination for two Trusts in the North West London region. This included two videos that reinforced positive messages of family-integrated care, ensuring equal representation of patient groups and consistent themes aligned with the evidence base. This showcased my abilities to communicate, lead and engage with patient groups, all skills which I will bring to this role.

As a trainee representative, I will use my skill set to advocate for infants and their families in order to achieve the objectives set out by the special interest group.

Dr Heather Kitt

Clinical Neonatal Research Fellow, John Radcliffe Hospital & University of Oxford

I am an ST5 paediatric trainee, currently a Neonatal Clinical Fellow at the John Radcliffe Hospital and undertaking a DPhil in Neonatal Neuroscience at Oxford. I would bring to the NBC Group clinical experience across neonatology, paediatric neurology and neurodisability, alongside experience in trainee representation, education and evidence-informed improvement.

Working in neurodisability highlighted the importance of early detection and intervention for longer-term developmental outcomes. This inspired me to undertake advanced training in Prechtl's General Movements Assessment and contribute to the MDT at Liverpool Women's. My paediatric neurology experience led me to train in the Hammersmith Neonatal Neurological Examination. Working in neonatology in Malawi highlighted how brain protection extends beyond specialist interventions. Minimising procedural pain, optimising the sensory environment and supporting parent–newborn relationships are fundamental to newborn care. It struck me that helping healthcare workers understand *why* these everyday practices protect the developing brain could strengthen their adoption and delivery.

I have represented trainees on the Alder Hey Medicines Safety Committee and RCPCH International Child Health Group Executive Committee. At Alder Hey, I co-led a multidisciplinary initiative to move beyond identifying prescribing errors towards creating a supportive, non-judgemental environment where trainees could learn from them. Developed through iterative trainee feedback, it encouraged reporting and shared learning, reduced prescribing errors by over 50% and became embedded in routine practice. I would bring this experience of listening to trainees and translating their feedback into sustainable improvements to the NBC Group.

I am currently developing the brain-protective care content for the NEST360/UNICEF Newborn Care Implementation Toolkit, mapping existing resources against core principles, identifying gaps and incorporating evidence-informed materials. I also contributed to European guidance on pain management in neonatal necrotising enterocolitis. I would apply this experience to the NBC Group's clinical practice and policy workstreams.

Medical Education has been a consistent focus throughout my career. I received an Award for Teaching Excellence at Keele, where I developed and led a simulation programme to improve final-year medical students' preparedness for emergencies in clinical practice. At Liverpool, I identified difficulties students experienced applying paediatric knowledge and developed curriculum-mapped, case-based teaching in response.

My DPhil uses EEG to investigate neonatal cortical responses to procedural pain and the effects of kangaroo mother care. Believing families should be central to neonatal research, I developed my study protocol, consent materials and procedures in collaboration with expert parents from SSNAP.

As Trainee Representative, I would seek views across regions, training stages and neonatal settings to inform the NBC Group's work. My initial priority would be identifying educational needs across its four pillars, recognising that different settings require different levels of expertise. I am particularly interested in neurological assessment, introductory EEG interpretation, neuroprotection and developmental care. Rather than duplicating provision, I

would work with the education workstream to collate existing resources, identify barriers and improve access. My connections with US neonatal trainees offer opportunities to share established educational approaches, potentially informing a future BAPM/RCPCH curriculum supplement.

I believe protecting the developing brain is everyone's responsibility, from general paediatric wards to tertiary NICUs. I want to help the NBC Group translate this into accessible education, evidence-informed practice and better lifelong outcomes, shaped by trainee perspectives.

Dr Jane Lawson

ST8 Neonatal GRID Trainee, Sheffield Teaching Hospitals

As a senior neonatal grid trainee with 12 years of experience as a resident doctor, I believe I represent the voice of trainees. My training has spanned several iterations of the generic and neonatal curriculums and as such I have a good understanding of how trainees interact with the curriculum and prioritise their time. There are many competing demands on trainees' attention and innovative ideas will be required to reach this audience.

Through my neonatal grid training I have gained extensive experience in neurological assessment and management, as well as neuroprotection principles. I recognise the role of the entire neonatal team in promoting neuroprotective care, from how we protect babies' environments and handle them to how we perform painful procedures and the treatments we offer.

Families are at the centre of newborn care and play a vital role in protecting their child's brain. I have completed an MSc (gained with distinction, a prize for the highest scoring dissertation, and a publication) which included a research project surrounding the parent experience of antenatal counselling. In carrying this out I spent a lot of time with families, and understand their role as stakeholders who have unique insights as well as a long term interest in newborn brain care.

I have written a network guideline on neonatal seizures. This gave me an insight into how practice can vary, even within a network. This highlighted to me both how the current evidence is not complete and how what does exist can be interpreted in differing ways. I therefore have an understanding and drive to improve the evidence and ensure it is implemented in a cohesive manner.

I was recently inspired by a talk at the BAPM annual conference about how the CPQCC had achieved impressive improvements in outcomes by implementing existing evidence in standardised ways across the Californian network. I believe this is possible in the UK setting and newborn brain care is an area which would benefit from this approach.

I consider myself a strong communicator in all settings, with patients and families, with colleagues, and in public speaking. I have been an "Advanced Resuscitation of the Newborn" (ARNI) course instructor for several years. I believe this is a good objective benchmark of communication skills. In my annual multi source feedback I am consistently described as having good communication skills. I enjoy meeting people and working collaboratively.

I am highly organised, always getting things done in a timely manner. I can balance heavy work demands with excellent prioritisation. This applies to both day to day task management and long term projects. I have completed an MSc and multiple other projects alongside neonatal grid training (and the demands of my four young children!).

Throughout my paediatric training I have taken on various leadership roles including departmental lead for teaching, trainee rota lead and simulation lead. I have led on several audit and QI projects which resulted in long term changes to practice, for example, the introduction of continuous vancomycin infusions, and the introduction of bespoke drug cards for gentamicin. I led a team of several resident doctors to run my MSc research project. I relish the prospect of joining a team of committed individuals to work on projects to completion.

It is a prerequisite of my day job to work with a diverse team of professionals. This includes fellow doctors, nursing staff, allied health professionals, midwifery team, obstetrics and fetal medicine, ancillary staff and management. I very much enjoy this aspect of the job and am always grateful for the input of those with a different perspective and knowledge base. I am a strong believer in the MDT and know that we work more effectively together. I understand that conflict is inevitable within teams but a positive culture of listening and understanding can resolve most issues, usually with the benefit of additional learning along the way.

Dr Eva Loucaides

Registrar (ST7) & Academic Clinical Lecturer, St George's University Hospital & City St George's University of London

I am an ST7 neonatal subspecialty trainee at St George's Hospital and Chadburn Clinical Lecturer at City St George's, University of London. Newborn brain health runs through my clinical, QI and research work, and for ten years I have created opportunities for trainees and connected them across regions.

REPRESENTING, CONNECTING AND CREATING OPPORTUNITIES FOR TRAINEES

- In 2021 I founded REACH, a pan-London trainee-led research network that has involved 300+ doctors across 28 hospitals; over 75% of members use it to evidence curriculum competencies.
- Our PEAR study showed that women, IMGs and LTFT trainees face greater barriers to research. I led REACH's EDI action plan and was invited to speak at the Royal Society of Medicine on diversity in the research workforce.
- I co-chair the RCPCH Trainees' Research Network (TRN), lead its work supporting trainee networks nationally (including NeoTRIPs), and led its national conference (June 2026, 60 attendees).
- With a CSAC panel member I co-designed a national webinar series on neonatal subspecialty applications (>4.4K views).
- As an LTFT trainee and parent, I understand the different situations trainees work in.

KNOWLEDGE AND EXPERIENCE OF BRAIN-ORIENTATED NEONATAL CARE

- Assessment: every resident doctor should be able to assess neurological and developmental status accurately, on the unit and in follow-up clinic, working with the MDT; routine serial assessment improves detection and prediction. I am leading a QI project on neurological examination and serial documentation in HIE. I am trained in GMA (basic), Bayley-4 and Ei SMART, and am training in HNNE and HINE.
- Monitoring and imaging: I have attended several cranial ultrasound courses (including eurUS.brain, ESPR), updated local CrUSS guidelines and teach residents. I led the OMWaNA IVH sub-study and a systematic review of CrUSS findings in sub-Saharan Africa.
- Protecting and developing: I have contributed to London ODN developmental care guidance, joined developmental care ward rounds and led family-integrated care projects, including a family census of parental presence. I see parents as key partners in early intervention.
- Life course: my research covers infection, physiological stability and neurodevelopment, including systematic reviews on outcome after neonatal encephalopathy in LMICs and neurodevelopment after KMC, and I work with the Baby Ubuntu early intervention programme. As BAPM representative on the JLA UK Stillbirth Priority Setting Partnership, I worked with obstetricians, midwives and parents on research priorities before birth.

COMMUNICATION, LEADERSHIP AND COLLABORATION

Leading REACH and co-chairing the TRN means I regularly lead and communicate with large, diverse teams – resident doctors, consultants, nurses, statisticians, RCPCH staff, funders and families – each with different skills and views. I set shared goals, delegate clearly, keep volunteers motivated and plan for succession. International research partnerships in sub-Saharan Africa have taught me to adapt across settings and cultures. I am committed, with a track record of delivering projects from local to international level.

WHAT I WOULD DO AS TRAINEE REPRESENTATIVE

- Use TRN, REACH and NeoTRIPs links to survey trainees UK-wide on confidence in neurological assessment, CrUSS and developmental care, then address gaps with accessible guidance, courses and resources
- Advocate for brain care relevant skills in the RCPCH curriculum for all residents, not only those in tertiary units
- Connect trainees to NBC workstreams through trainee-led multi-centre projects, e.g. audits of practice variation
- Promote newborn brain care as a career path through webinars and trainee events
- Ensure LTFT, IMG and non-tertiary trainees are heard and included in initiatives

Dr Caitriona McArthur

Paediatric Trainee, NHS Greater Glasgow & Clyde

I am currently a fourth year paediatric trainee in the West of Scotland. I have a strong career interest in both neurology and neonates, and hope to undertake subspeciality training.

I have 12 month's experience working in a tertiary neonatal centre where I gained experience working with a wide variety of neonatal patients. I was introduced to, and keen to learn about, neuroprotective care, while in this role. I did not have much understanding of this area prior to learning about specific local initiatives, and as a trainee rep, I would aim to raise awareness of this early in paediatric training. Paediatric trainees often work in neonatal settings from early on in their training, and I think it is important that trainees have an awareness of neuroprotective care.

I have leadership experience; I have been working with the British Academy of Disability (BACD) to organise their national teaching sessions on neurodisability. This involves liaison with trainees across the UK, as well as consultants and experts to organise and facilitate sessions. I have undertaken and presented research regarding pulmonary haemorrhage in preterm infants, and congenital diaphragmatic hernia, and I have an understanding of the importance of remaining up to date with current research, particularly in neonates where there is a fast pace of development.

I enjoy working with the wider MDT, and have learned lots throughout my training from ANNPs and other specialised AHPs.

I am motivated to improve national understanding and care of the neonatal brain, and promote awareness of how early care can have lifelong effects on neurodevelopment. I would be delighted to have this opportunity to work with others to try and improve national care.

Dr Alison Mintoft

Neonatal GRID Trainee, Royal London Hospital

I am an ST8 neonatal GRID trainee with a longstanding clinical and academic interest in neonatal neurology, neuroprotection and neurocritical care. I strongly support the Newborn Brain Care Group’s vision of making evidence-based, consistent and equitable brain-orientated care fundamental to neonatal practice and would welcome the opportunity to contribute as Trainee Representative.

Neuro-focused care has been central to my clinical and academic career. My research explores the clinical translation of intranasal mesenchymal stromal cells as a potential neuroprotective therapy for neonatal encephalopathy. This has developed my expertise in neonatal brain injury, therapeutic hypothermia, emerging neuroprotective therapies, EEG/aEEG and MR spectroscopy, alongside critical appraisal and translational research. It has also strengthened my ability to collaborate across multidisciplinary clinical and scientific teams.

I have extensive experience in leadership, quality improvement and education. Roles including Unit Chief Resident, RCPCH Trainee Committee Representative and neonatal education fellow have strengthened my organisational, teaching and advocacy skills, enabling me to represent trainees, influence senior decision-making and champion educational priorities. I co-led a preterm neuroprotection quality-improvement project associated with a sustained reduction in intraventricular haemorrhage, presented nationally and internationally. I have also contributed to clinical guidelines, SOPs and care pathways across several tertiary neonatal units, translating evidence into practice. I hold a postgraduate qualification in medical education and have organised regional GRID study days, undergraduate and postgraduate teaching programmes and journal clubs. I would draw on this experience to deliver the NBC's educational priorities and support the training lead in providing study days, webinars and educational resources, while promoting trainee engagement in neonatal brain-focused care.

I would bring trainee perspective, specialist expertise in neonatal neuroprotection and experience in education, leadership and quality improvement. I strongly believe every baby deserves the opportunity to reach their full potential and that brain-orientated care should underpin everything we do. I would welcome the opportunity to embed this philosophy into everyday neonatal practice, improving lifelong outcomes for infants and families.

Dr Rebecca Ollerenshaw

Senior Neonatal Clinical Research Fellow, St Mary's Hospital, Manchester University NHS Foundation Trust

I am applying to the role of trainee representative as paediatric trainee currently out of programme for research who is passionate about evidence-based, brain-oriented care. I am employed as a senior neonatal clinical research fellow and am currently conducting a systematic review of neuroprotective bundles for IVH prevention alongside developing a PhD proposal to explore care optimisation and novel therapies in HIE. I am therefore abreast of the current literature in bundles of care for HIE and IVH; knowledge I apply clinically when caring for the medical and surgical babies with brain injury on our NICU. Locally, I facilitate the ACUMEN trial (Phase 1 IV Melatonin for HIE) and support education and recruitment to the COMET trial (Cooling in mild encephalopathy).

Regionally, I contribute to the North West Neonatal ODN cooling and neuroprotective trauma-informed FiCare special interest groups, assisting with planning and delivery of regional projects to improve brain-oriented care across the region. I recently led a comprehensive regional HIE and cooling audit, recruiting collaborators across 22 units and overseeing data collection and analysis. I presented the findings to the cooling SIG and regional steering group meeting, highlighted variation in practice and suggested priorities for regional QI. This work required effective organisation, clear communication, and sustained collaboration across a diverse professional network. I have built strong rapport and effective working relationships with data analysts, administrative coordinators, parent representatives, clinical and nursing ODN leads. This will benefit further work delivering HIE QI initiatives and MDT co-production of a regional IVH prevention framework. I consistently receive excellent feedback on my communication skills and have two years' experience of representing trainees at foundation training programme meetings. I will bring a strong combination of clinical insight, research expertise, and collaborative experience. This combination positions me well to contribute meaningfully and with dedication to the Newborn Brain Care Committee.

Dr Raymand Pang

ST8 Neonatal Subspecialty Trainee & Academic Clinical Lecturer in Neonatology, Guys and St Thomas Hospital & UCL

I am a neonatal subspecialty trainee (ST8) and NIHR Academic Clinical Lecturer in Neonatal Medicine at UCL with a clinical and research interest in neonatal neurology and neuroprotection. I have a keen interest in joining the Newborn Brain Group as a trainee representative, bringing experience across research, education, guideline development and QI in neonatal neurology.

My PhD in neonatal neuroprotection for HIE at UCL, awarded in 2023, provided me with up-to-date knowledge and expertise in neurocritical care, including pathophysiology, neuromonitoring and neuroimaging. I have expertise in translational neuroscience spanning both preclinical research and early-phase clinical trials (including regulatory trial authorisation processes and clinical trial site set-up). I am a research co-investigator in a Phase 1 clinical trial of melatonin for HIE and also lead a preclinical research programme as Principal Investigator to assess interventions for mild HIE. My work has been recognised with several awards, most recently the Neonatal Society Young Investigator Prize 2026. I publish actively in the field (15 publications) and serve as an Associate Editor of Archives of Disease in Childhood (Fetal and Neonatal Edition).

I am passionate about education in neonatal neurology. I co-founded the ESPR European Baby Brain Club for early career researchers in the field. Within this role, I co-organised two pre-congress courses and workshops on EEG and optimising neurocritical care at international conferences (jENS 2025, CEPAS 2026). Within the local neonatal network, I organised a neonatal neurology education seminar and co-direct the UCLH advanced neonatal survival simulation course. During my time as a neonatal subspecialty trainee, I led a significant update to the hypothermia guidelines, incorporating a new neuroprotection bundle and working with allied health professionals to bring cool cuddles into the framework to support family bonding.

My work, spanning my academic and clinical roles, is inherently collaborative, bringing together scientists, pharmacologists, neurophysiologists, medical physicists, allied health professionals and parents. I have experience representing trainees internationally in neonatal neurology organisations, including serving as an active committee member of the Newborn Brain Society Early Career Task Force and the ESPR Brain Development and Imaging Section. As trainee representative, I would draw on this experience to represent the views of UK neonatal resident doctors, advise on education and curriculum development in fetal and neonatal neurology, and contribute to guidance and shared projects across the group's workstreams. My international roles would also allow me to bring learning and connections from European and global early career networks to benefit UK trainees.

Dr Isha Patel

ST6 Neonatal GRID Trainee, Queens Medical Centre, Nottingham

I am currently working as a neonatal GRID trainee in Nottingham but have worked in other neonatal units in North Wales, Wirral and Newcastle, and as such have seen how practices vary with regards to brain orientated neonatal care and the changes that have been implemented but that standardisation and further guidance is needed for such an important aspect of neonatal medicine.

I understand the importance of protecting the developing brain during the neonatal period including recognising risk factors associated with neurological injury, maintaining physiological stability and minimising avoidable stress and pain. I also recognise the value of developmentally supportive care, including appropriate positioning, minimising excessive noise and light, supporting sleep and feeding, and encouraging parental involvement in their baby's care and this is something I am particularly passionate about and encourage in my own clinical practice.
I have represented trainees before as a trainee representative for training and am therefore aware of the commitment expected as well being able to work collaboratively with other professionals. I have also been part of a family integrated care group where there was a strong MDT with a parental perspective, and was able to communicate effectively and discuss ideas professionally.

I have strong communication and organisational skills, managing my time effectively, prioritising competing demands whilst still paying attention to the details and have received positive feedback regarding this. I continue to develop my leadership and am currently leading a care workstream on communications within my unit attending monthly meetings to maintain an overview of the projects which fall within this, and working with nursing and midwifery staff to support these projects and develop new ideas as well.

I am committed to developing my own learning, and feel the skills I possess would make me a valuable member of

the team. I am very motivated to improve neonatal care and look forward to learning from you all.

Dr Philippa Rees

Academic Clinical Lecturer & ST4 Trainee, Barts Health NHS Trust & University College London

I have been a resident doctor for ten years, five of them doing a PhD focused on the newborn brain while working clinically on the NICU. I am now back in training, combining clinical work with research on newborn brain care and outcomes.

For my PhD I built CHERuB, a cohort linking national neonatal, child health, education and social care data for every baby born with brain injury in England between 2008 and 2025, followed to 16 years old. It covers term and preterm babies with neonatal encephalopathy, germinal matrix-intraventricular haemorrhage, white matter injury, perinatal stroke, central nervous system infection, and seizures. I have used it to study how incidence, management and outcomes vary by clinical care, geography, and demographics including socioeconomic status, sex and ethnicity. For example, I led a national study exploring variation in IVH incidence across neonatal networks. This has given me a detailed understanding of neonatal datasets, of how differently these babies are cared for across the country, and of what that variation means for their lives after discharge. Seeing children and their families in follow-up, and following them throughout childhood, is what showed me that all care really is brain care.

A 2023 Churchill Fellowship took me to the University of California San Francisco, Duke and Toronto SickKids, to work with neonatal neurologists and to learn what good neurocritical care and follow-up look like in North America. In their neurocritical care nurseries I saw routine use of continuous multichannel video EEG, NIRS, serial neurological examination, and MRI for high-risk babies, and multi-disciplinary teams across neurology, neonatology and neuroradiology working together at the cot side and counselling families. It gave me a clear sense of what good neurocritical care and training look like, and of how UK trainees would benefit from dedicated training in newborn brain care, supported by an enhanced curriculum.

My work now looks at how we deliver the best neuroprotective care: which anti-seizure medications work best, and whether therapeutic hypothermia helps in mild and preterm HIE, using national routine data. Alongside this, I have led a UK study of families' experiences of neonatal and post-discharge care, and am working on projects to improve follow-up after HIE and reduce inequities in who receives it. I am also looking at how well MRI predicts childhood outcomes, and how we communicate that prognostic uncertainty to parents. That means working with neonatologists, neurologists, community paediatricians, epileptologists, allied health professionals, students and parents, in the UK and internationally. I work closely with families of children with brain injury, and with Peeps HIE, Bliss, Hope for HIE and the Meningitis Research Foundation.

The Newborn Brain Society's educational resources were my introduction to brain-orientated care and I am a longstanding member. I am also a member of BANNFU, and a trainee representative on the BAPM working group updating the therapeutic hypothermia framework.

I have been the NNRD trainee representative for five years so I am used to gathering, representing and voicing the views of both my core and neonatal GRID trainee colleagues. Exposure to neonatal neurology teaching is inconsistent between tertiary centres, and between tertiary and non-tertiary centres. Many high-risk infants are born outside tertiary centres, and for these babies some of the most important brain care happens before transport arrives and is usually delivered by core/non-GRID trainees whose neonatal neurology training varies. Equitable brain-orientated care depends on equitable training, and I would represent both groups with that in mind.

In my clinical and academic work, I am already a committed advocate for brain-orientated care, so I would be well placed to work in both directions: bringing trainees' voices into the committee and making sure the group's work reaches them.

Dr Nurshifa Shaari

Neonatal Doctor, St George's Hospital

I am a Neonatal GRID trainee in London, with two years of experience working in tertiary neonatal units across the East Midlands and London. I am applying for the Trainee Representative role to bring a practical trainee perspective to the group's work and help strengthen the links between clinical practice, education and guidance in fetal and neonatal neurology.

Throughout my paediatric training, I have developed a strong interest in neurodevelopment and optimising neonatal care from birth. I led a quality improvement project introducing delivery room CPAP for preterm infants, which improved the proportion receiving non-invasive ventilation only by approximately 20% after one year. This involved multidisciplinary collaboration, staff education, coordinating implementation and evaluating outcomes. I used BAPM's quality improvement resources extensively, developing familiarity with its approach to translating evidence into practical improvements in neonatal care.

I am currently involved in my unit's working group developing a neonatal brain care bundle. As part of this work, I have reviewed the literature and surveyed neonatal units across London to explore variation in practice and existing guidance. This has strengthened my knowledge of brain orientated neonatal care and my understanding of the challenges involved in implementing consistent, evidence informed practice. I would welcome the opportunity to share this learning, contribute to policy and guidance development, and work with workstream leads on projects that support neuroprotective care.

As former co-chair of the East Midlands Paediatric Academic Network, I helped establish a regional committee to support trainee involvement in research and quality improvement through education and collaborative projects. My responsibilities included organising and chairing meetings, coordinating work across sites, supporting committee members and maintaining communication with trainees and senior colleagues. I also raised trainees' development needs with the School Board. These experiences strengthened my organisation, leadership and communication skills, particularly in gathering different perspectives, building consensus and maintaining progress across a geographically dispersed team.

Having trained in both the East Midlands and London, I appreciate the differing opportunities and challenges trainees encounter across units and regions. As Trainee Representative, I would actively seek views from UK-based neonatal resident doctors, communicate their priorities clearly and provide feedback on the group's work. I would aim to ensure that trainee contributions meaningfully inform its educational resources, guidance and projects.

I also hold a Postgraduate Certificate in Medical Education from the University of Leicester, which has developed my understanding of curriculum design, teaching, assessment and evaluation. I would bring this knowledge, alongside my experience organising regional teaching, to discussions about education, training and curriculum development in fetal and neonatal neurology.

My clinical, quality improvement and regional leadership roles have required collaborative working with professionals from different disciplines and levels of experience. I value respectful communication, shared goals and learning from others' expertise. Having completed my regional co-chair role following my move to London, I am well placed to commit time to this role and contribute reliably to the group's work.

Dr Richa Singh

Paediatric Trainee, East of England

I am keen to join BAPM's Newborn Brain Care Special Interest Group as a Trainee Representative and contribute to improving brain-orientated neonatal care across the UK. I am particularly interested in the recognition, prevention and management of neonatal brain injury, and in ensuring that trainee perspectives inform education, training and clinical guidance in fetal and neonatal neurology.

I am a paediatric trainee in the East of England Deanery and have previously worked as a Senior Clinical Fellow at Great Ormond Street Hospital NICU and the neonatal unit at University College London Hospital. I am preparing for subspeciality in neonatal medicine. These experiences have strengthened my understanding of neuroprotection, developmental care and long-term neurodevelopmental outcomes. I have a particular interest in near-infrared spectroscopy (NIRS), especially its potential role in protecting the brains of preterm babies.

I would bring strong communication, organisation, leadership and collaborative working skills to the role. I would aim to engage with trainees, identify educational needs, contribute to guidance and projects, and act as a link between the Special Interest Group and the wider trainee community.

Dr Katarina Stefkova

Neonatology Subspecialty Trainee, Royal Jubilee Maternity Hospital, Belfast

I am an ST7 neonatal subspecialty trainee with a longstanding interest in newborn brain care and a strong commitment to improving neurological outcomes for infants and their families. I would be delighted to contribute to the BAPM Newborn Brain Care Group as a Trainee Representative.

Care of the newborn brain has been a recurring theme throughout my training and continues to be an area that inspires and motivates me. I have clinical experience caring for infants with a wide range of clinical conditions and recently completed an MSc in Neonatal Medicine, which deepened my understanding of neonatal neurology and strengthened my ability to critically appraise evidence. I have led neuroprotection quality improvement work for extremely preterm infants, delivered regional teaching on HIE, contributed to educational resources on cerebral function monitoring, and remain actively engaged in neonatal neurology education through national meetings and the Newborn Brain Society. I was recently selected as a trainee member of the BAPM working group reviewing the Therapeutic Hypothermia for Neonatal Encephalopathy Framework for Practice, an opportunity closely aligned with my interests in neonatal neurology, evidence-based practice and guideline development.

Alongside this, I am involved in regional neuroprotection and HIE initiatives and in supporting collaborative research projects within my unit. A recent PICU placement offered valuable insight into neurocritical care beyond the neonatal period, while a self-arranged observership in Vienna and contributions to Cochrane review translations reinforced the importance of collaboration, shared learning and access to high-quality evidence.

As MSc student representative and co-lead of a regional paediatric mentorship scheme, I have enjoyed supporting fellow trainees, bringing people together and working across professional groups. I would be excited to represent neonatal trainees within the Group, contribute to education and curriculum development, support policy and guidance work, and help inspire others to develop an interest in newborn brain care.

END OF STATEMENTS