

**MINUTES OF THE MEETING OF SPECIALTY ADVISORY COMMITTEE
PAEDIATRICS HELD ON THURSDAY 6 NOVEMBER 1997 AT 2.15PM IN
CONFERENCE ROOM C.3, CASTLE BUILDINGS**

Present

Dr E P Beckett
Dr A Bell
Dr D A Brown
Dr C Corkey
Dr V Gleadhill
Dr E M Hicks
Dr M Hollinger
Dr J G Jenkins
Dr J McAloon
Professor B G McClure
Dr M C McGovern
Dr M Savage
Dr V Sharma
Dr M Stewart

DsPH/Representatives

Dr B Farrell
Dr C Beattie
Dr R Smithson
Dr F Kennedy

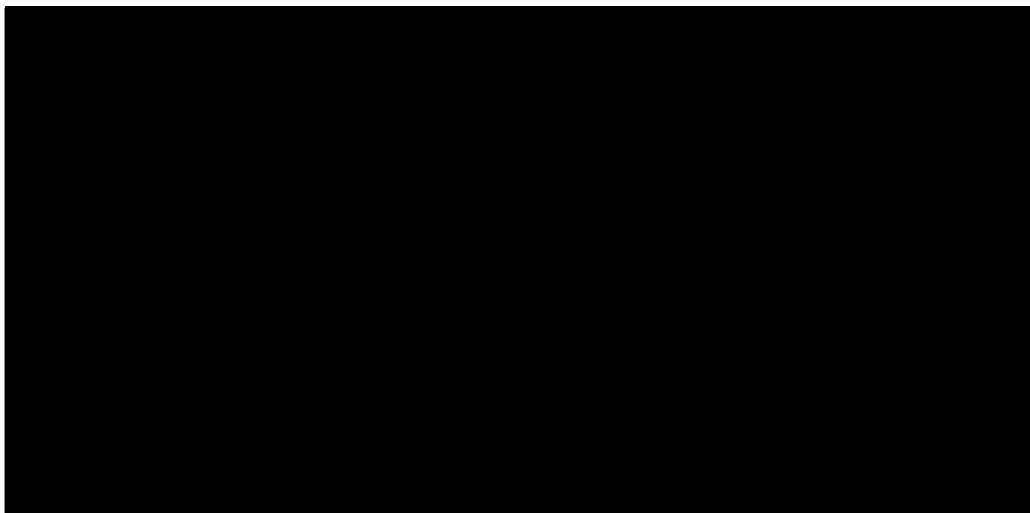
Department

Dr H Campbell (Chairman)
Dr M Boyle
Dr P Woods
Mr R Ritchie (Secretariat)

1. ITEM 1 - APOLOGIES

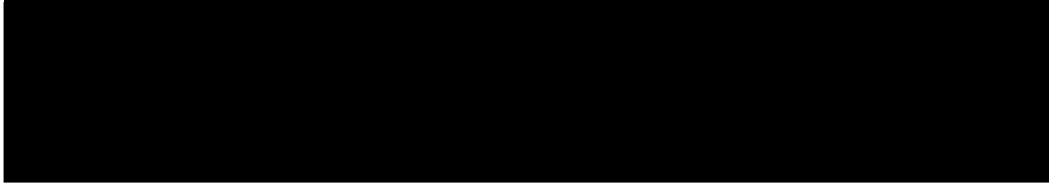


2. ITEM 2 - MINUTES OF PREVIOUS MEETING - PAPER 1-97



3. **ITEM 3 - MATTERS ARISING**

1. Identification of Criteria for High and Low-Risk Pregnancies



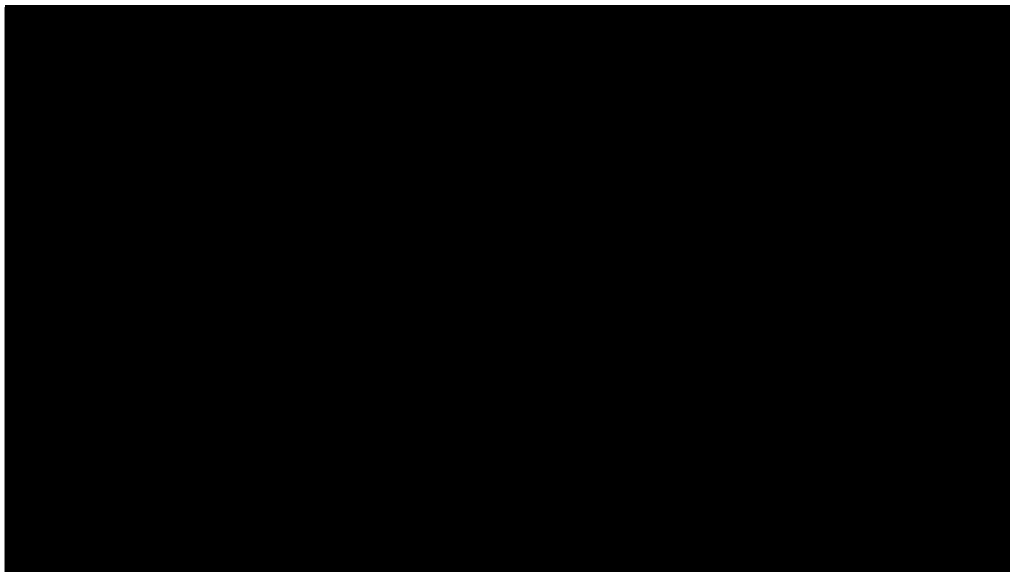
2. Neonatal audit group - third annual report

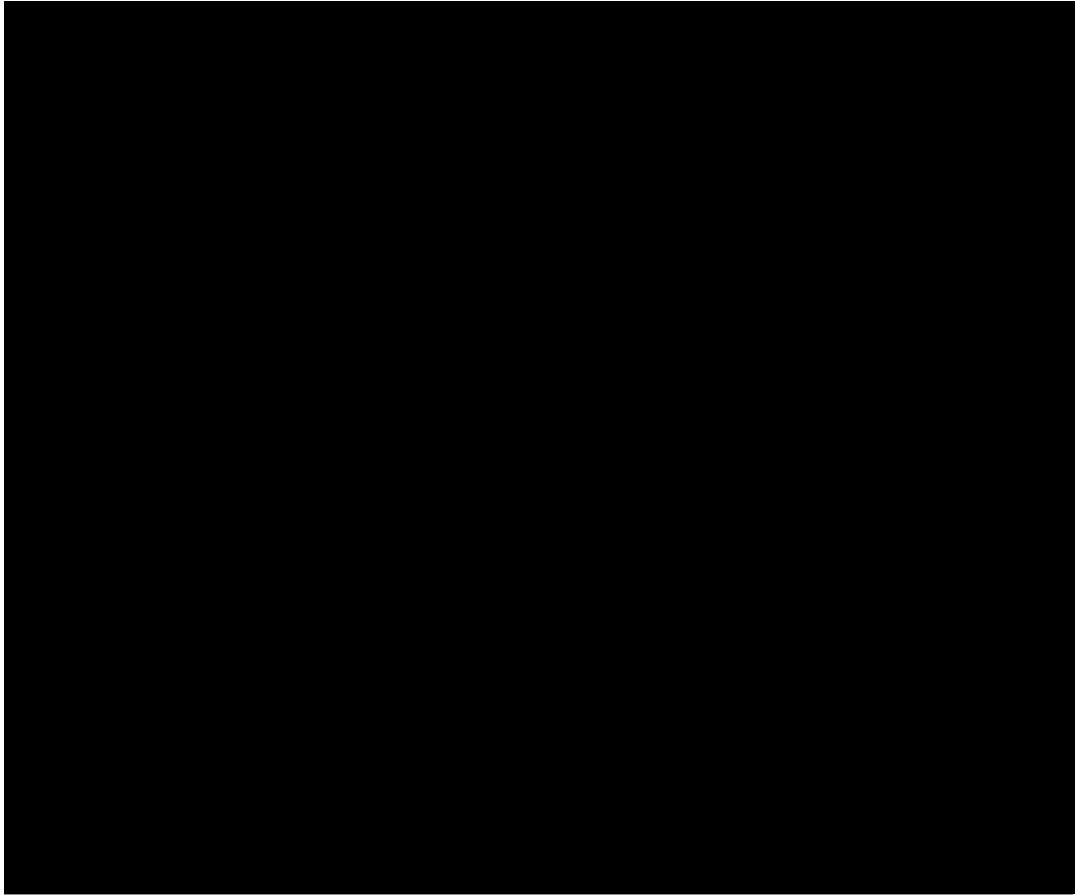


4. **ITEM 4 - WORKFORCE PLANNING**

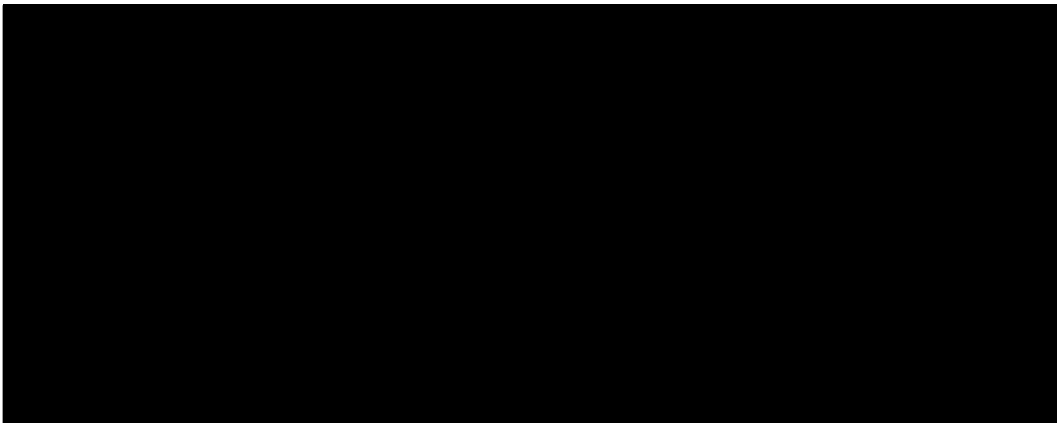
Dr Woods introduced this item by stating there were now 46 consultants in post, an increase of 4 on the previous year. Growth in consultant numbers had averaged more than 12% per annum over the previous 6 years. Currently, there were 24 specialist registrars in training, 4 of whom were training on a part-time or job-sharing basis. He went on to detail the factors that were likely to affect consultant numbers in paediatrics over the ensuing decade. He anticipated 8 retirements over the next decade and projected growth at 4%, in line with a target consultant population of 70. On this basis, he calculated a training requirement of 20 specialist registrars. However, Dr Woods pointed out that there was a sizeable demand within the specialty for flexible training and, therefore, he proposed that the numbers in training should be maintained at 22 in 1998.

Following discussion members endorsed this proposal. Dr Woods went on to report on the various sub-specialties.





5. ITEM 5 - NEONATAL TRAINING POST AT BCH



6. REVIEW OF SERVICES FOR THE ACUTELY ILL CHILD

CMO informed the meeting that the membership of the review group is being expanded to include another GP for 2 reasons:-

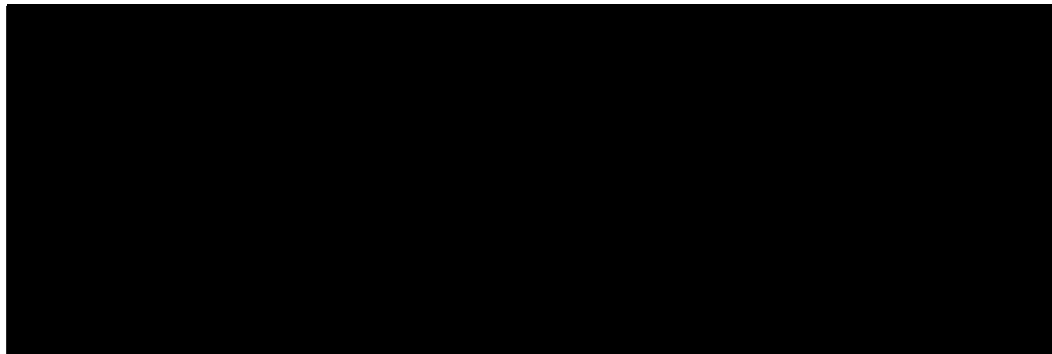
- i. it was felt that more representation from outside Belfast is needed;
- ii. the important issue of GP training in was mostly undertaken at peripheral hospitals.

CMO further reported that an all day seminar on this subject had been held recently. All participants, particularly representatives from HSSCs, had found most informative. It also helped clarify a number of issues and develop principles in relation to standards set by the Royal College. The final report will include reports from the sub-groups on paediatric intensive care and paediatric A&E. A working group on paediatric surgical services has also been established. SAC paediatrics will be convened in February to discuss the final draft of the report.

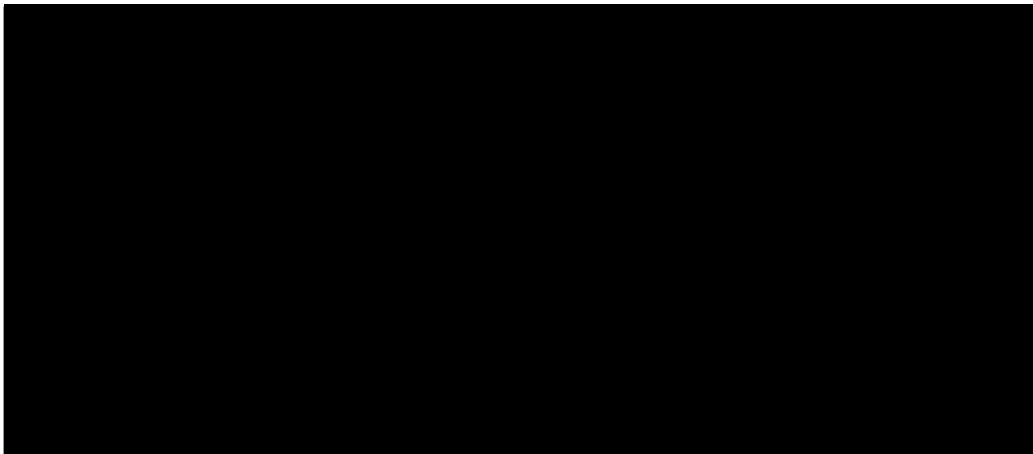
Professor McClure asked if it were possible to robustly promote the recommendations coming out of the report, so that Boards and Trusts would have to comply with them. CMO replied that the recommendations would require the support of the Department, Directors of Public Health and Chief Executives of Boards.

Discussion then took place about Ambulatory Paediatric care and an explanatory paper was tabled at the meeting. CMO said that this paper should go to the Review Group on Services for the Acutely Ill Child.

7. ITEM 6 - CHILDRENS PALLIATIVE CARE - PAPER 4/97



**8. ITEM 7 - IMPACT OF THE NEW ADMINISTRATION
ITEM 8 - UPDATE ON THE REGIONAL STRATEGY - PAPER 5/97
ITEM 9 - NEW PUBLIC HEALTH INITIATIVE - PAPER 6/97**



9. ITEM 10 - CANCER SERVICES UPDATE



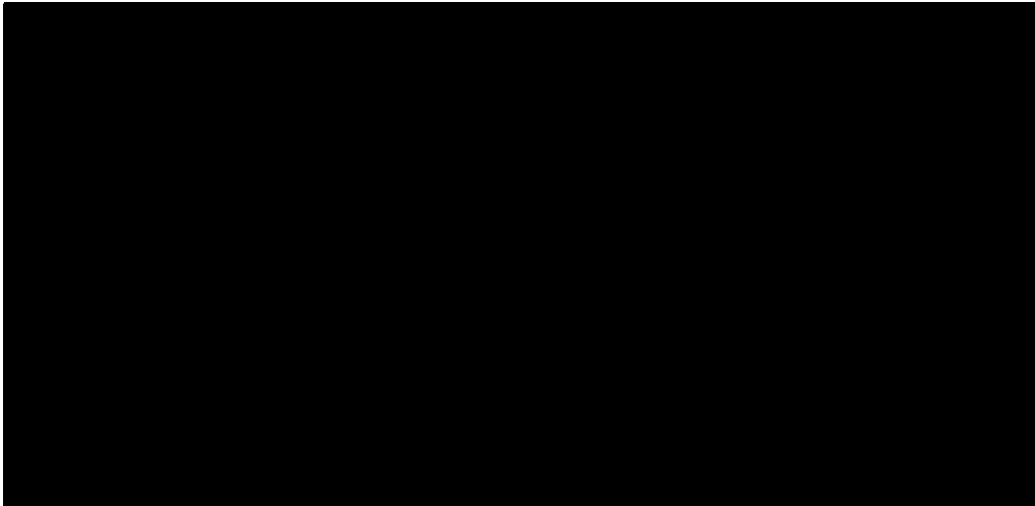
10. ITEM 11 - PANDEMIC INFLUENZA PLAN - PAPER 7/97



11. ITEM 12 - CLINICAL INDICATORS - PAPER 8/97

CMO introduced this paper to the meeting and said it is likely that the Royal College will be approached to see if clinical indicators can be used in neonatology and paediatrics.

12. ITEM 13 - IMPENDING ADVANCES IN SPECIALTY



13. ITEM 14 - ANY OTHER BUSINESS

