

**MEETING OF THE SPECIALTY ADVISORY COMMITTEE
PAEDIATRICS
TUESDAY 19 SEPTEMBER 2000
2.15PM - 5.00PM
ROOM C3.18, CASTLE BUILDINGS**

AGENDA	PAPERS
1 Apologies	
2 Minutes of the previous meeting	1/00
3 Matters arising	
4 Workforce Planning - Dr Woods	2/00
a Specialist Paediatric Workforce Planning - Progress Report - Dr Woods	3/00
b Paediatric Nephrology - Dr Mary O'Connor	4/00
c Paediatric Neurology - Dr Craig	5/00
d Proposed National Grid for Paediatric Sub-Specialty Training - Dr Anthony McCarthy	6/00
e Non-Consultant Career Grade Posts - Dr Woods	7/00
5 Neonatal Intensive Care	
a NICORE - Update - Dr Jenkins	8/00
b Review of Neonatal Intensive Care - Working Group Report - Dr Jenkins	9/00
c Neonatal Retrieval Service - Dr M Stewart	
6 Paediatric Intensive Care	
a Paediatric Intensive Care Provision at RBHSC - Dr Craig	10/00
b Paediatric Retrieval Service - Dr Rollins	11/00
7 Insurance for Staff on Emergency Ambulance Transfer - Dr Jenkins	12/00
8 Paediatric Dietetics - Dr Stewart	13/00
9 Screening - Update - Dr Boston	14/00
10 Commissioner for Children - Professor McClure	15/00
11 Assessment of Children with Suspected Sexual Abuse Prof McClure	16/00

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|----|---|-------|
| 12 | Rehabilitation for Brain-injured Children – Dr Craig | 17/00 |
| 13 | Anaesthesia for Imaging – Dr Craig <i>Dr Anthony McCarthy</i> | 18/00 |
| 14 | Acute Hospital Services – CMO | |
| | <ul style="list-style-type: none"> • Facing the Future – Press Release • Review of Acute Services | 19/00 |
| 15 | Working Group on the Performance, Recognition and Management of Poor Clinical Performance of Doctors – Dr Woods | 20/00 |
| 16 | Any Other Business | |

Items for information

- | | |
|--|---|
| <ul style="list-style-type: none"> • Clinical Imaging Strategy Group • New Ionising Radiation Regulations • Public Health Strategy • Membership of SAC Paediatrics | <p>21/00</p> <p>22/00</p> <p>23/00</p> <p>24/00</p> |
| Laboratory Services | |
| <ul style="list-style-type: none"> • Organ Retention / Post Mortem Examination • Tissue Banks • Better Use of Blood | <p>25/00</p> <p>26/00</p> <p>27/00</p> |

**MINUTES OF THE MEETING OF SPECIALTY ADVISORY COMMITTEE
PAEDIATRICS
TUESDAY 19 SEPTEMBER 2000
2.15PM - 5.00PM
ROOM C3.18, CASTLE BUILDINGS**

PRESENT:

Dr B Bell
Mr V Boston
Dr P M Crean
Dr B Craig
Dr N Corrigan
Dr C Gaston
Dr C Halahakoon
Dr M Hollinger
Dr J Jenkins
Dr J McAloon
Dr A McCarthy
Dr M O'Connor
Dr M Rollins
Dr M Stewart

DsPH/Representatives

Dr C Beattie
Dr B Farrell
Dr F Kennedy
Dr W McConnell

Department

Dr H Campbell, CMO
Dr P Darragh, DMCO
Dr M McCarthy
Dr P Woods

1. ITEM 1 – APOLOGIES

[REDACTED]

2. ITEM 2 – MINUTES OF THE PREVIOUS MEETING – PAPER 1/00

[REDACTED]

3. ITEM 3 – MATTERS ARISING

[REDACTED]

4. **ITEM 4 – WORKFORCE PLANNING – PAPER 2/00**

Dr Woods introduced this item by stating there were 51 consultants in post and he was aware that a 52nd had now taken up post. There had been 1 consultant retirement in the past year and were currently 3 vacancies.

He then outlined the factors influencing the need for future consultant paediatricians and highlighted:

Implications of the introduction of revalidation and annual appraisal:

The introduction on the Working Time Directive for all health care workers:

The continued decline in birth rate which had averaged 1% per annum throughout the 1990s. There had been a further 3.8% in the year 1998/1999.

Based on a target figure of 70 consultant posts and taking account of vacancies arising from retirement and other losses he projected an average of 3.2 consultant vacancies per year. He outlined the implications of changes to future consultant work patterns with an estimate that 25% of appointments would be filled by consultants working half time. However, he cautioned that such a projection would require regular review in light of experience.

On the supply side, he reported that, of the 26 specialist registrars currently in training, approximately half were scheduled to obtain CCST within the next 2 years. He outlined the effect of flexible working on training grades which increased the average length of training. For the purposes of calculation he estimated this at 6.3 years.

On the basis of these projections he proposed that the current number of specialist registrars remain at 26, including flexible trainees.

In response, members indicated that the estimated time in training matched recent experience. They agreed the proposals that the number in training should be maintained at 26. However, they advised that future consultant needs were being revised and a target figure of the order of 100 consultants was being considered. CMO thanked members for this timely advice.

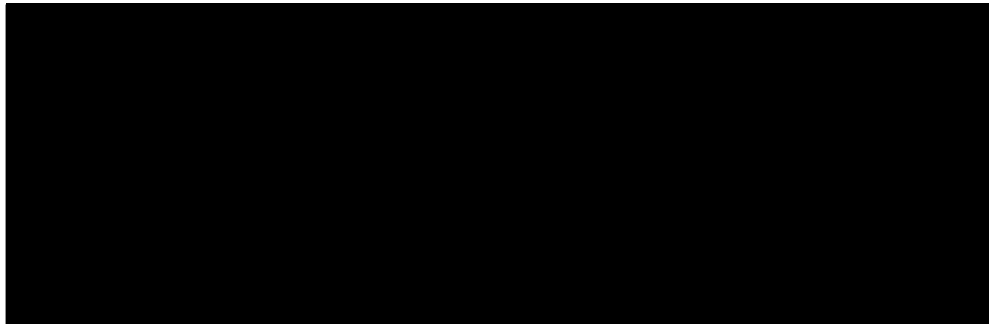
Dr Woods then updated the committee on the position in medical genetics and paediatric cardiology. Responding, members stressed the need to continue to have a medial geneticist with a paediatric interest.

a Specialist Paediatric Workforce Planning – Paper 3/00

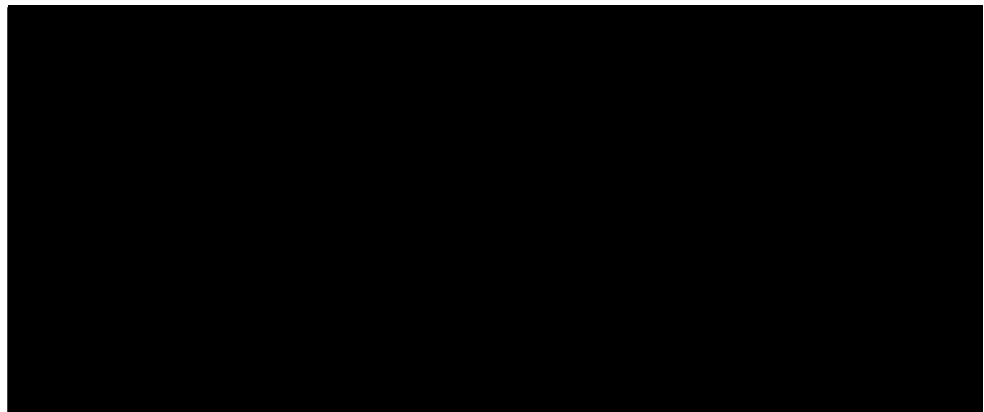
Updating members, Dr Woods reported that that a consultant paediatric oncologist had been appointed in the past year. He was aware that an agreement in principle to the appointment of a gastro-enterologist was in place subject to resource availability. Members stated that the paediatric gastro-enterologist remained the highest priority.

However, there were 5 tertiary specialist areas which, although not as pressing as paediatric gastro-enterology, were still considered high priority. These were neonatology, nephrology, children's A & E, paediatric intensive care and metabolic disorders. They would accord each of these specialties equal priority in recognition that differing factors determined their urgency. These factors were alleviation of onerous rotas, pressing service demands and the maintenance of training recognition. Commenting, Mr Boston wondered if the expense of extra contractual referrals for paediatric gastro-enterology would not provide the funds to establish a substantive local service. In response, Dr McConnell stated that use of extra contractual referrals was reviewed regularly with that thought in mind.

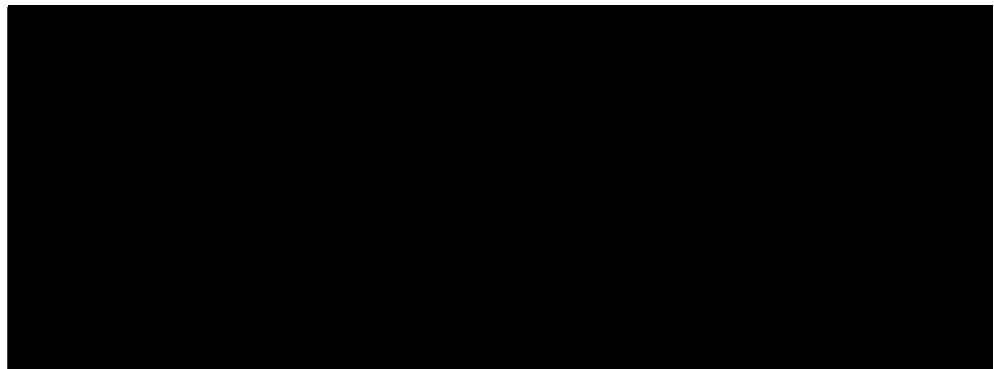
b Paediatric Nephrology – Paper 4/00

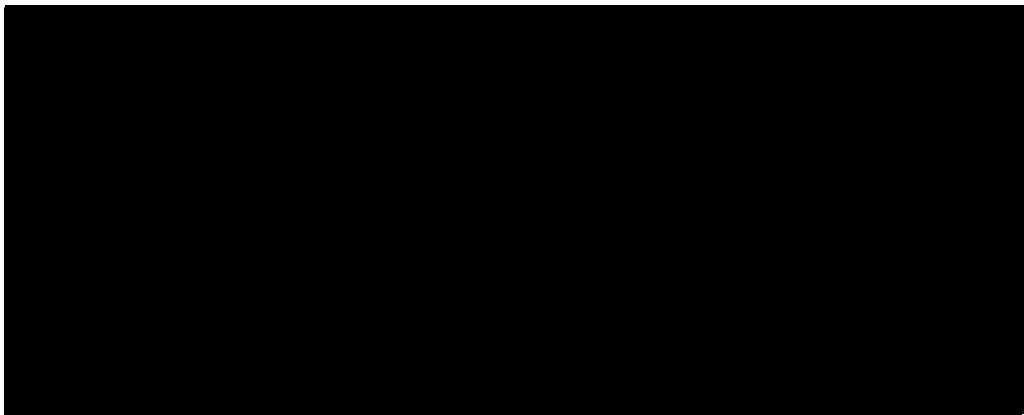


c Paediatric Neurology – Paper 5/00

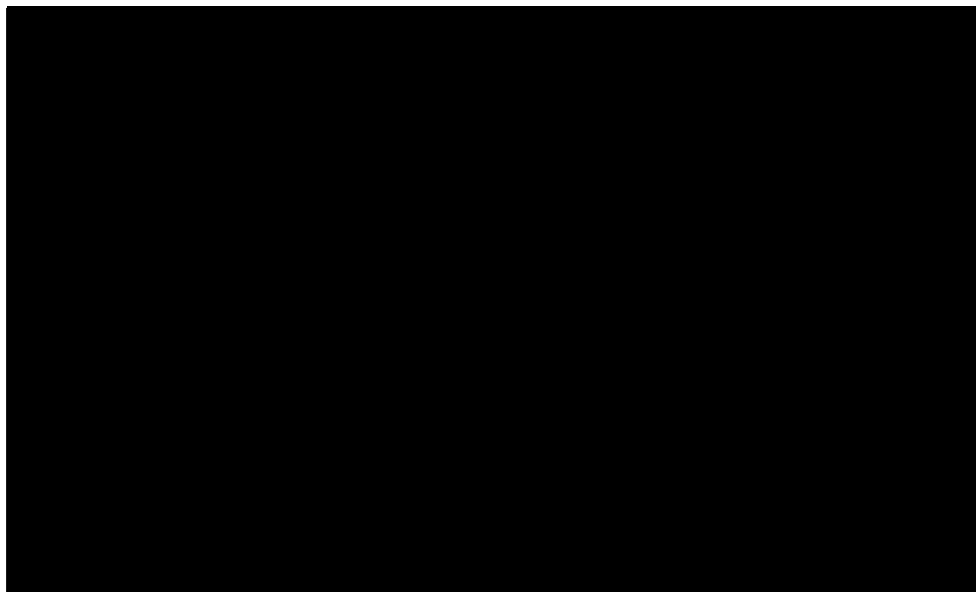


d Proposed National Grid for Paediatric Sub-Specialty Training – Paper 6/00



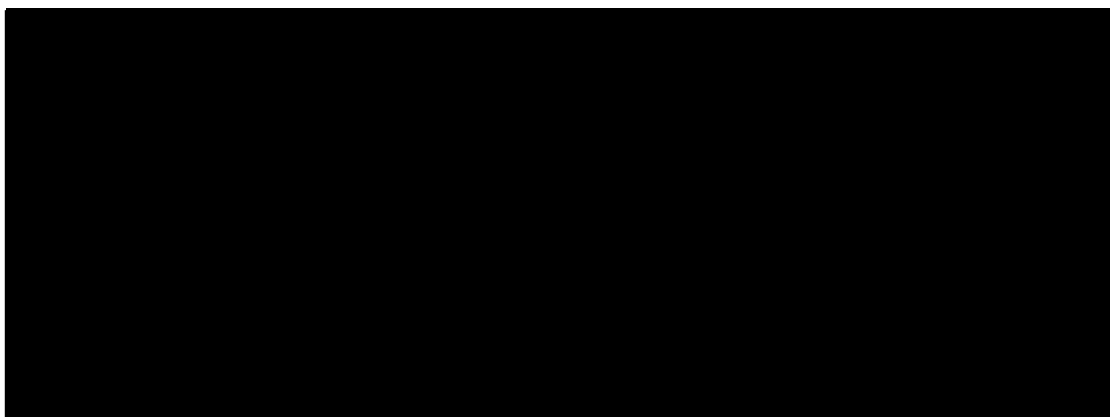


e Non Consultant Career Grade Posts – Paper 7/00

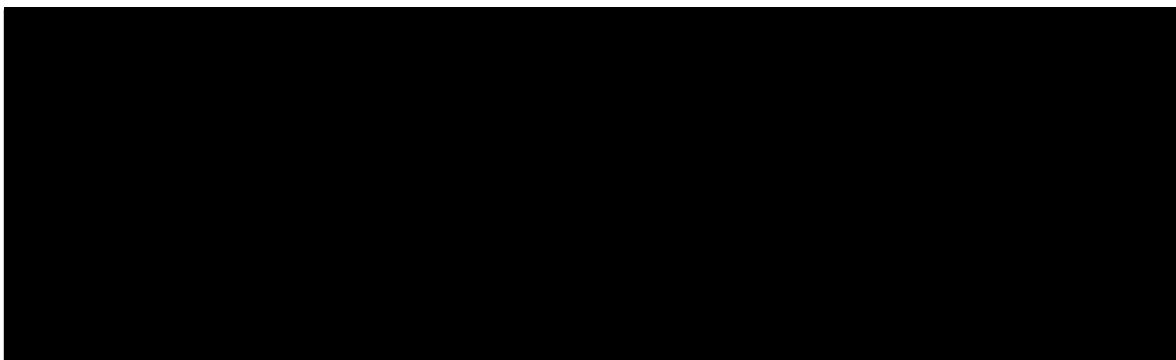


5. ITEM 5 – NEONATAL INTENSIVE CARE

a. NICORE – Update – Paper 8/00



b. **Review of Neonatal Intensive Care – Working Group Report – Paper 9/00**

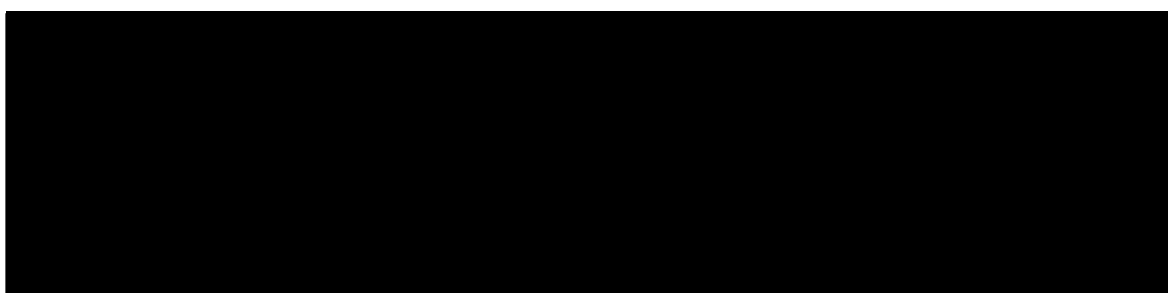


6. **ITEM 6 – PAEDIATRIC INTENSIVE CARE**

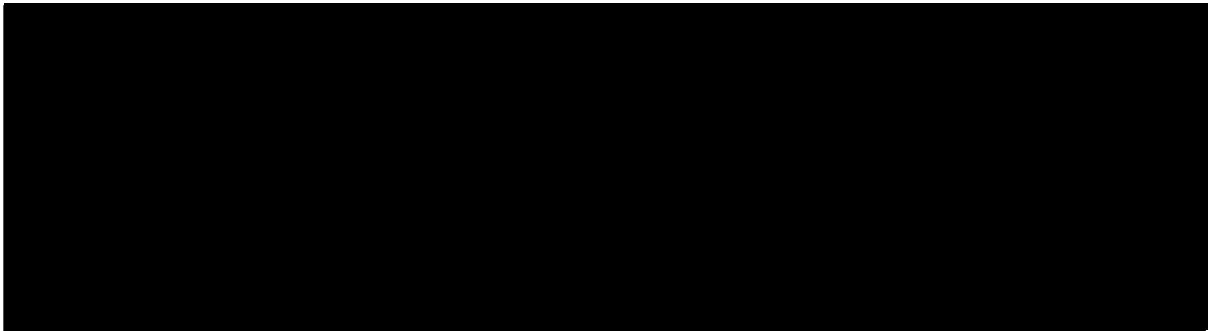
- a. **Paediatric Intensive Care Provision at RBHSC – Paper 10/00**
b. **Paediatric Retrieval Service – Paper 11/00**

- Dr Craig emphasised that the Paediatric Intensive Care Unit (PICU) at RBHSC struggled to meet peak demands. There have been delays in opening the seventh PIC bed. Although nurses have been recruited to PICU equal numbers have been leaving and there have not been sufficient numbers of nurses to staff 7 beds.
- Medical staffing of PICU is also problematic. One solution suggested was to split the anaesthetic group in a way that permits a team of anaesthetists to cover PICU. A split service would require a minimum of 10 anaesthetists. While there are currently 7 paediatric anaesthetists in RBHSC it was anticipated that when additional services move to RBHSC, eg Paediatric Neurosurgery, the quota of anaesthetists will increase.
- Members highlighted the problems in transferring ill children to and from PICU. Currently, a business case for a paediatric and neonatal retrieval service is being prepared by RGH.

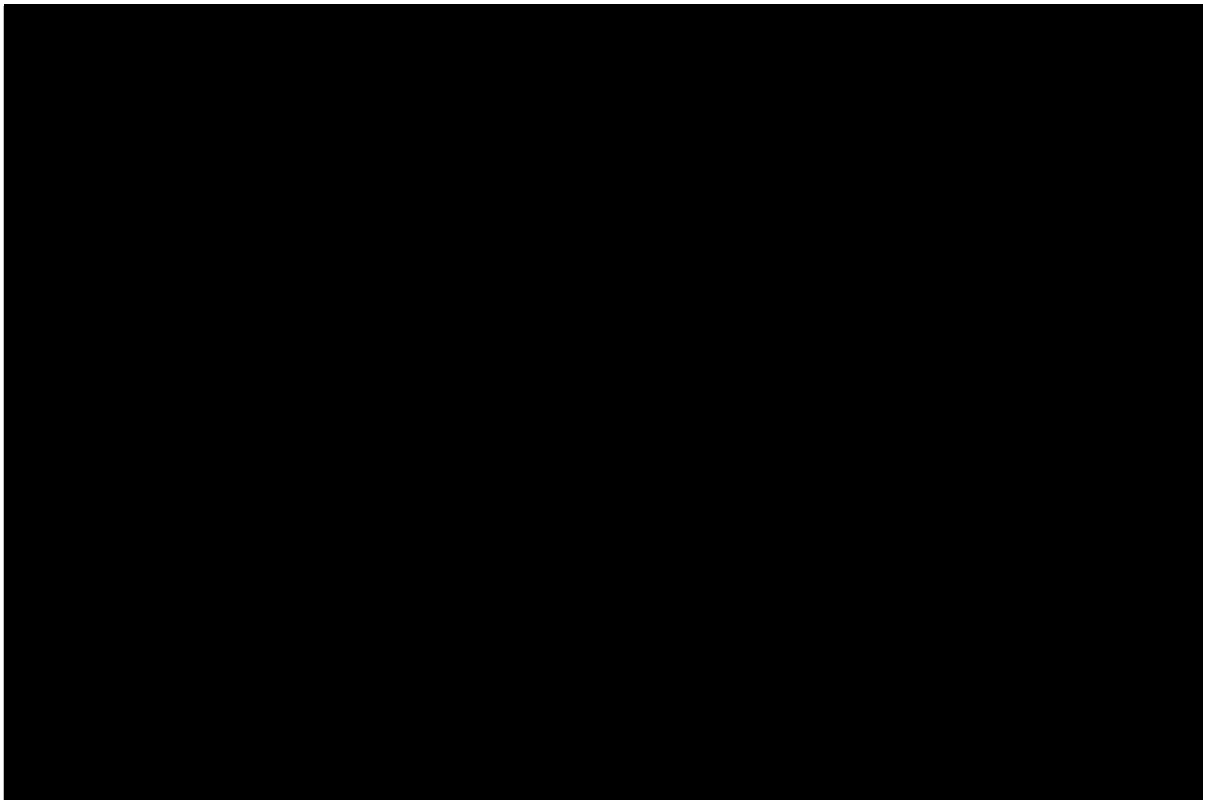
7. **ITEM 7 – INSURANCE FOR STAFF ON EMERGENCY AMBULANCE TRANSFER – PAPER 12/00**



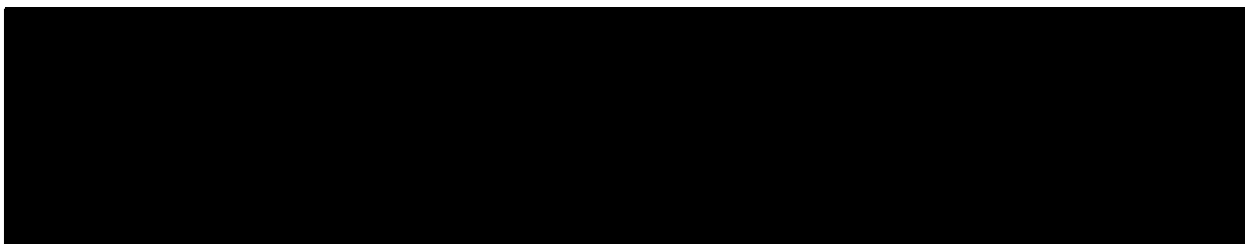
8. ITEM 8 – PAEDIATRIC DIETETICS – PAPER 13/00



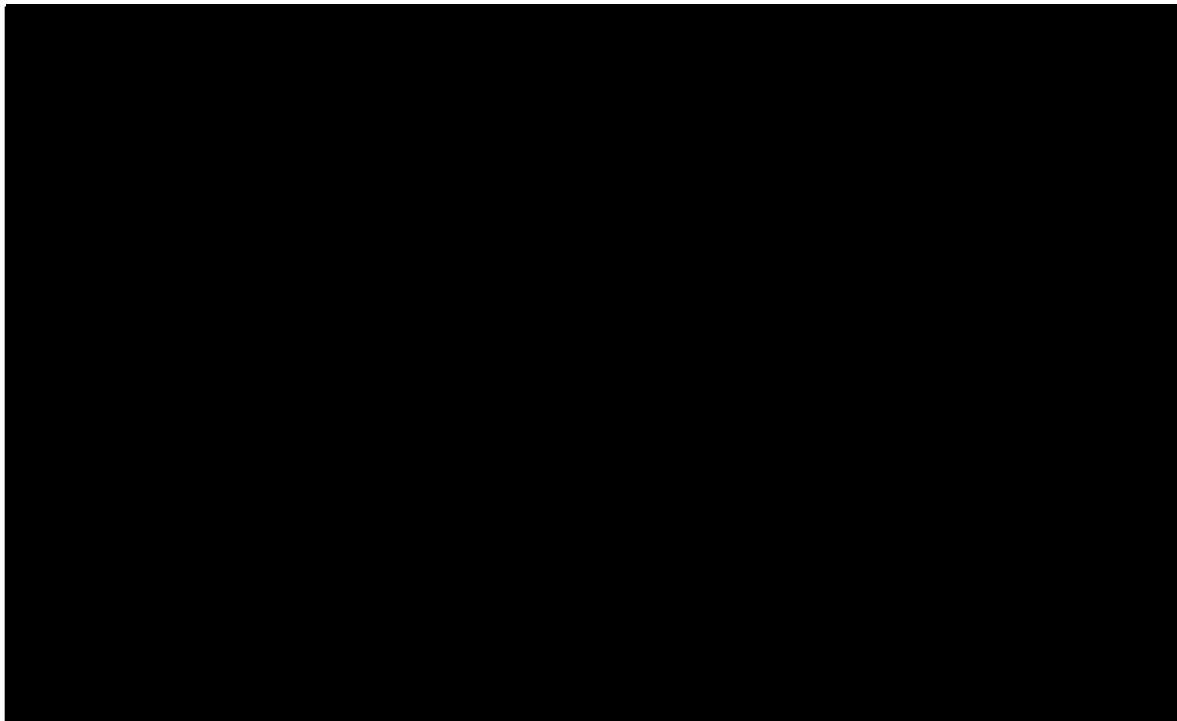
9. ITEM 9 – SCREENING UPDATE – PAPER 14/00



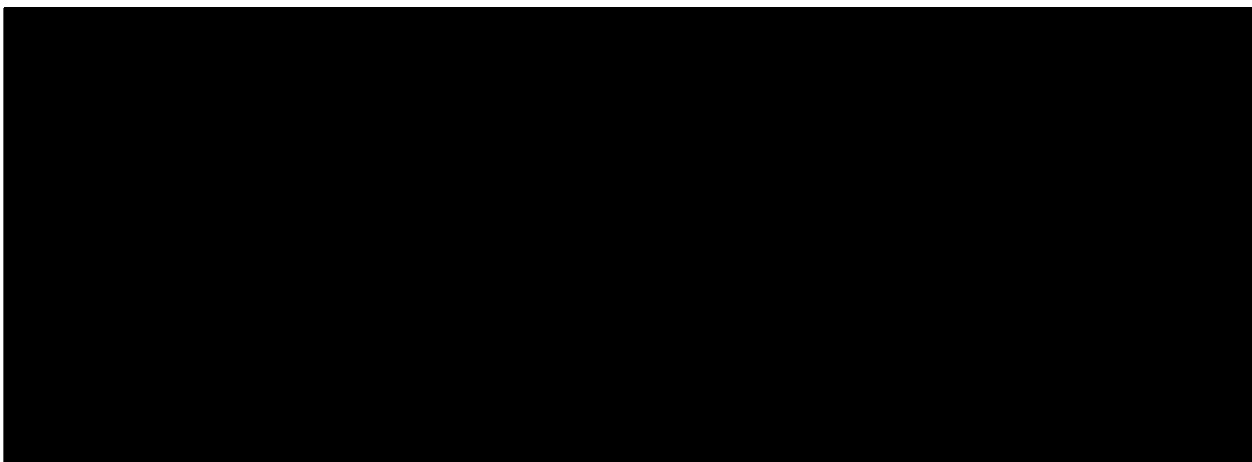
10. ITEM 10 – COMMISSIONER FOR CHILDREN – PAPER 15/00



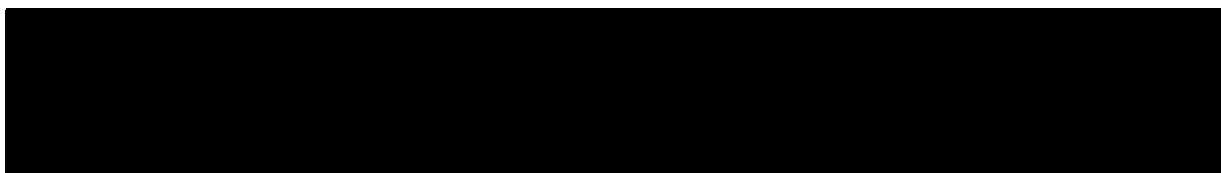
11. ITEM 11 – ASSESSMENT OF CHILDREN WITH SUSPECTED SEXUAL ABUSE – PAPER 16/00



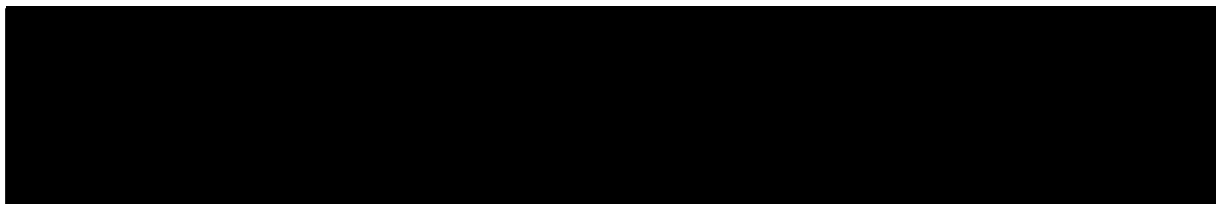
12. ITEM 12 – REHABILITATION FOR BRAIN-INJURED CHILDREN – PAPER 17/00



13. ITEM 13 – ANAESTHESIA FOR IMAGING – PAPER 18/00



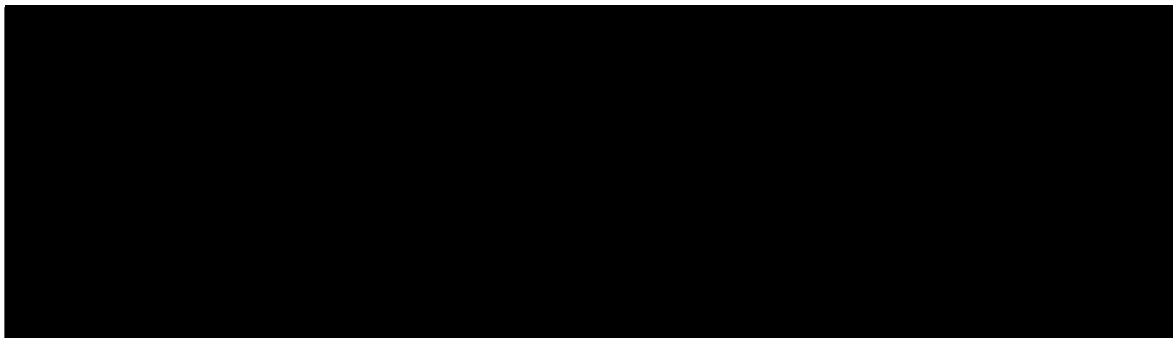
14. ITEM 14 – ACUTE HOSPITAL SERVICES



15. ITEM 15 – WORKING GROUP ON THE PERFORMANCE, RECOGNITION AND MANAGEMENT OF POOR CLINICAL PERFORMANCE OF DOCTORS – PAPER 20/00

Dr Woods informed members that the consultation document "Confidence in the Future" will be launched 11 October and that all doctors will receive a copy.

16. ITEM 16 – ANY OTHER BUSINESS



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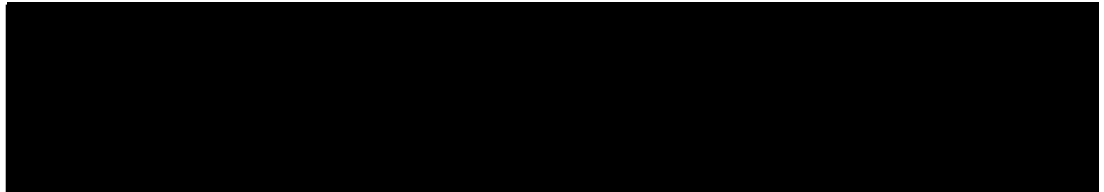
**SAC PAEDIATRICS
19 SEPTEMBER 2000
ACTION POINTS**

ACTION

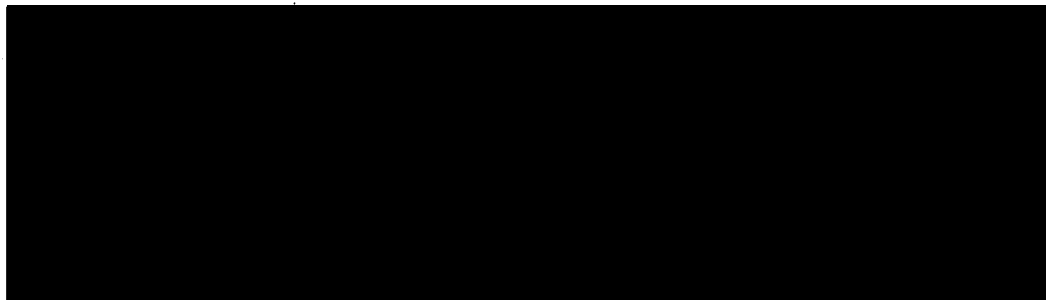
Item 5b



Item 7



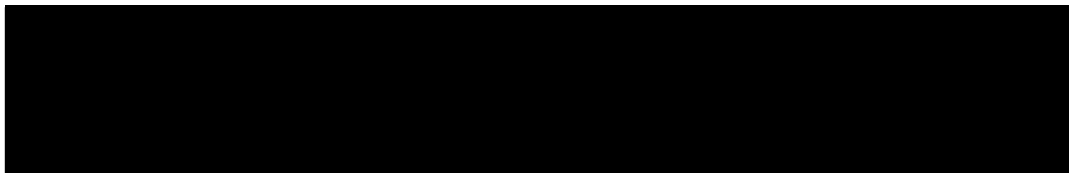
Item 9



Item 11



Item 12



DECEMBER 2000