

**MINUTES OF THE MEETING OF SPECIALTY ADVISORY COMMITTEE
PAEDIATRICS *Etob*
TUESDAY 30 SEPTEMBER 2001
2.15PM - 5.00PM
ROOM C3.18, CASTLE BUILDINGS**

Present:

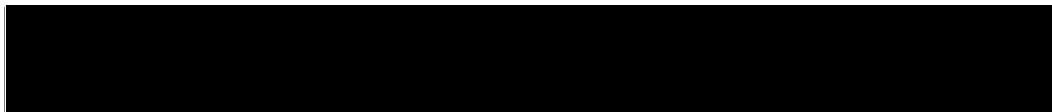
Dr A Bell	Dr C Kavanagh
Dr B Bell	Dr P McAlinden
Mr V Boston	Professor G McClure
Dr B Craig	Dr J McAloon
Dr P M Crean	Dr M Rollins
Dr N Corrigan	Mr S Potts
Dr J F T Glasgow	Professor M Savage
Dr C Gaston	Dr M Stewart
Dr C Halahakoon	Dr B Taylor
Dr D Hanrahan	

DsPH/Representatives

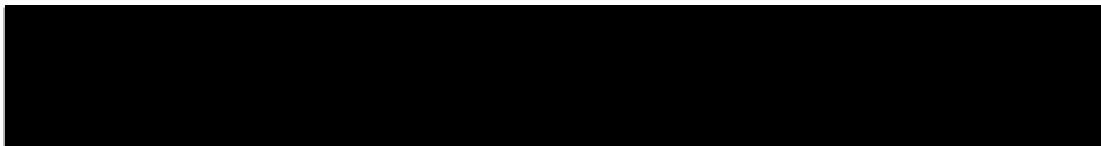
Department

Dr B Farrell	Dr H Campbell
Dr F Kennedy	Dr P Darragh
	Dr M McCarthy
	Dr P Woods
	Mrs I Wilkinson

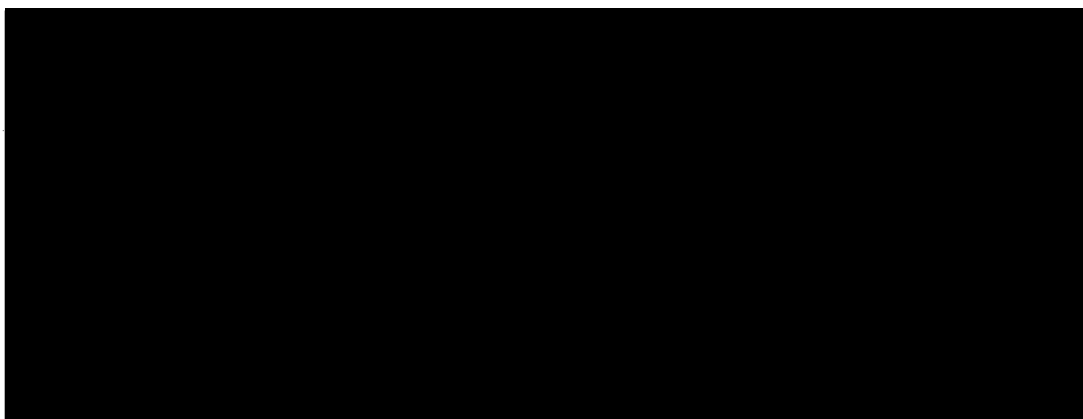
1. ITEM 1 - APOLOGIES:



2. ITEM 2 - MINUTES OF THE PREVIOUS MEETING - PAPER 1/01



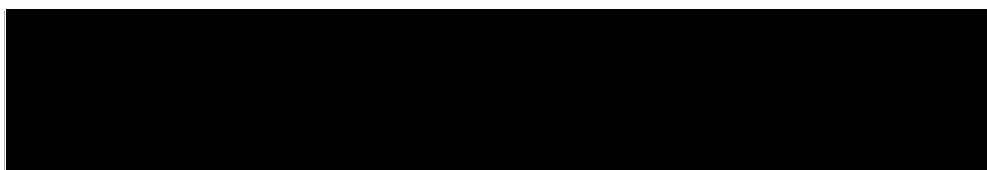
3. **ITEM 3 – MATTERS ARISING**



- **Paediatric Dietetics**



- **Commissioner for Children**



4. **ITEM 4 - WORKFORCE PLANNING**

- **Paediatric Medicine**

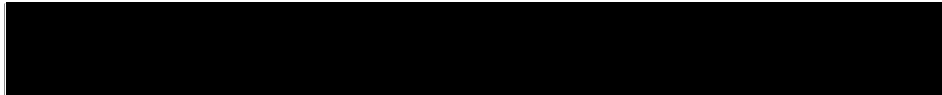
Introducing this item, Dr Woods reported there were 55 Consultant posts with 5 current vacancies. He then went on to outline the factors that would impact on future Consultant requirements. Based on a Consultant target of 100 posts, with the age of retirement between 60-63 and, allowing for part-time working he estimated a requirement of 40 specialist registrars in training. As this represented a significant increase on the current number of 28, he cautioned that of necessity such an increase would have to be phased.

Responding, members made the following comments:-

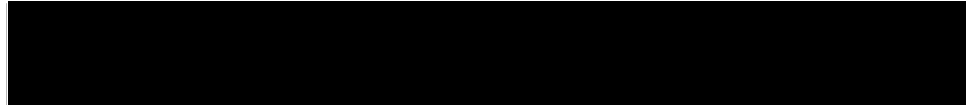
- An exercise undertaken by Dr Jenkins based on 24-hour Consultant presence at all acute sites suggested the need for some 130 Consultant posts;
- The allowance for part-time working needed to take account of the fact that some 70% of current specialist registrars were female; and
- Changing work patterns dictated by the European Working Time Directive would increase the need for Consultant medical staff.

However, in conclusion, members agreed to a phased increase on the current level of 28.

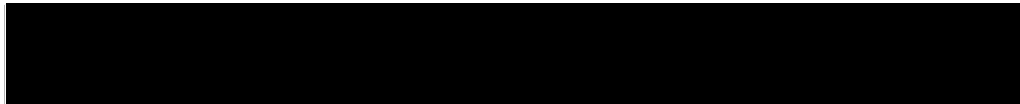
- **Medical Genetics**



- **Paediatric Cardiology**



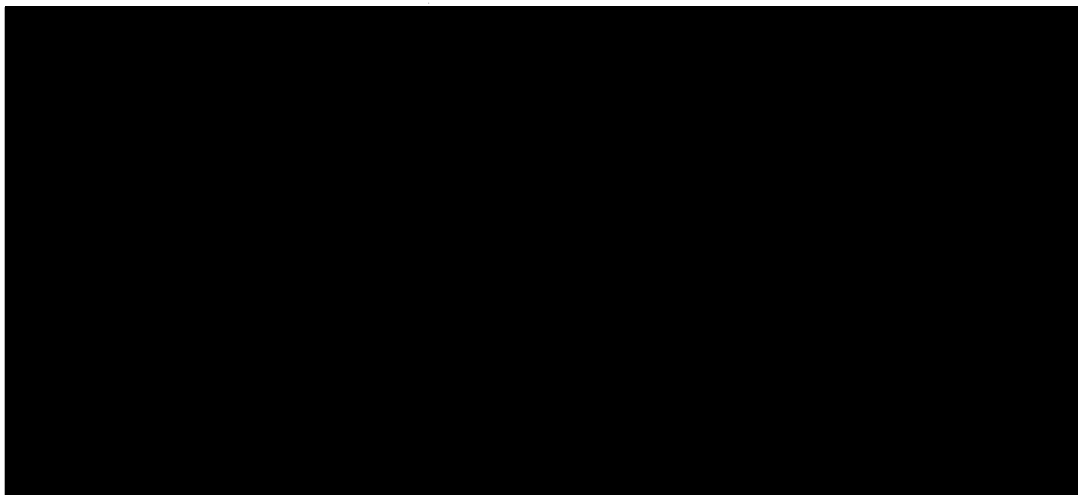
- **Paediatric Endocrinology**



- **Anaesthesia and Intensive Care RBHSC**

Issues regarding Consultant staffing for anaesthesia and intensive care at the Children's Hospital were outlined. The main issues were that with a rise of surgical activity following the transfer of paediatric neurosurgery and paediatric dentistry there had been an increased requirement for Consultant Anaesthetists. In addition, the onerous workload emanating from the Children's Intensive Care Unit would require the appointment of 5 further Consultants. A paediatric retrieval service would require additional Consultant staffing. He commented that Consultant staffing for the Intensive Care Unit need not necessarily be solely anaesthetists

5. **ITEM 5 - PAEDIATRIC SURGICAL OUTREACH CLINICS - PAPER 7/01**

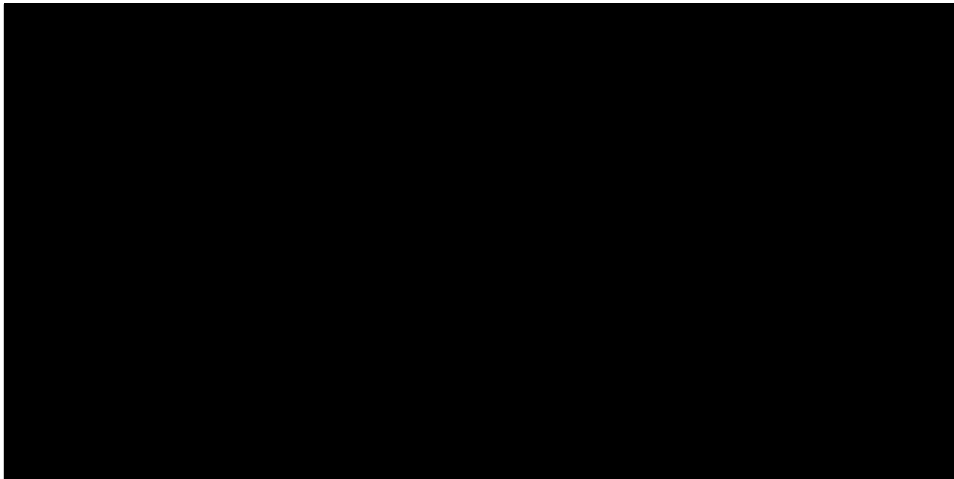


6. **ITEM 6 - NEONATOLOGY**

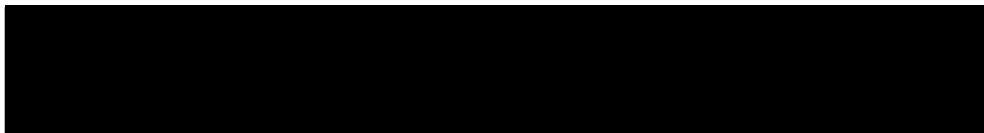
- **NICORE**



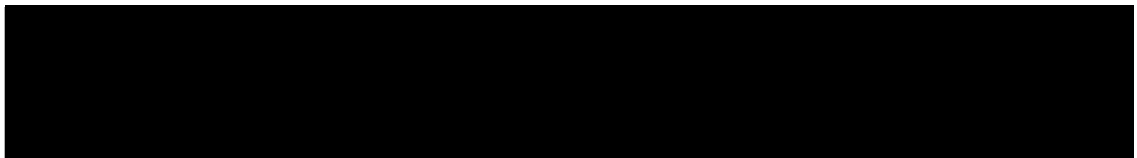
- **Neonatal Working Group - Paper 9/01**

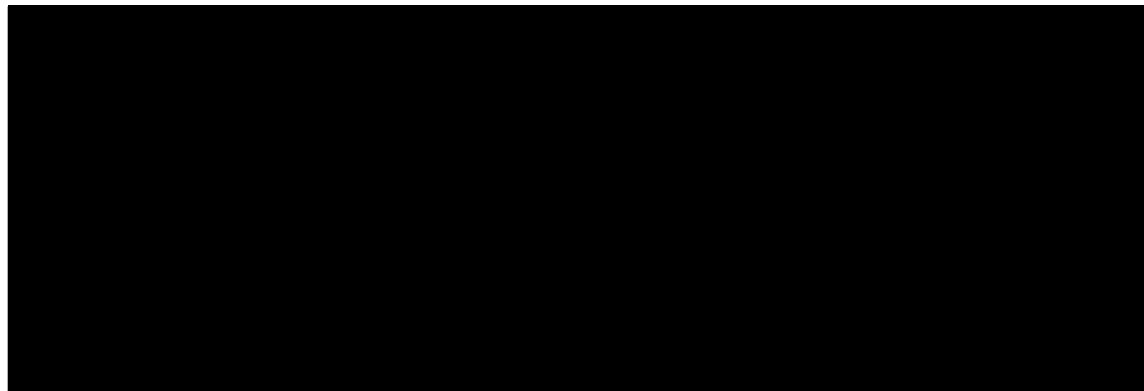


- **Northern Ireland Perinatal Information Project - Paper 10/01**



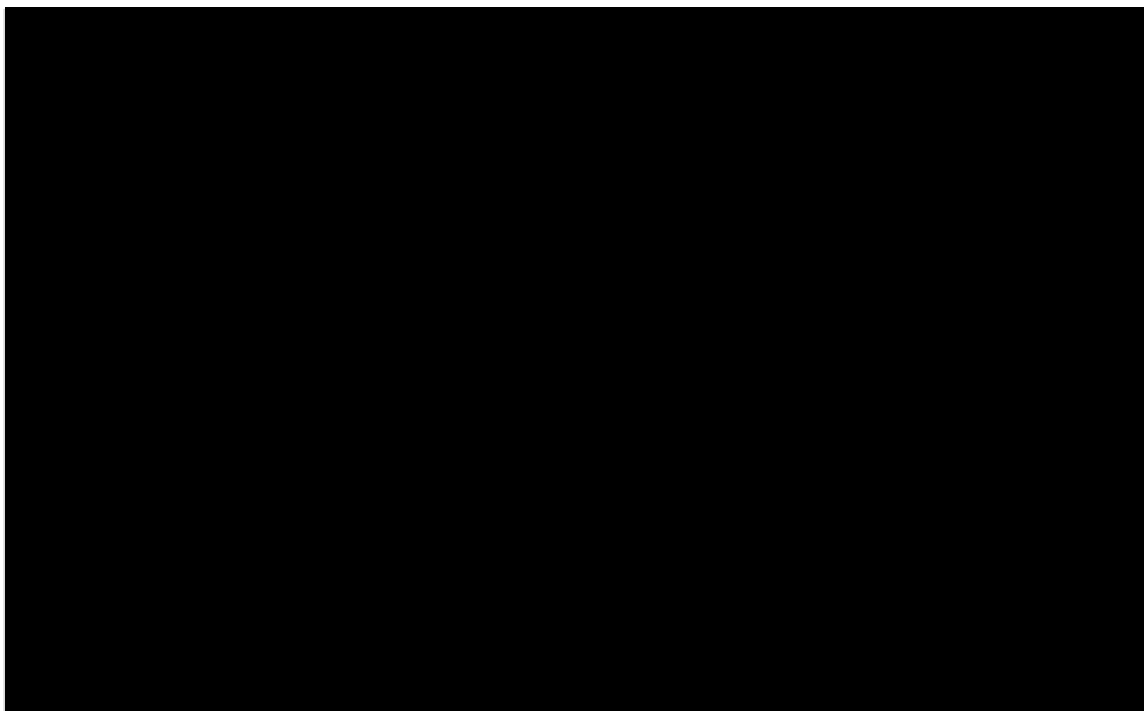
7. **ITEM 7 - CARE OF CHILDREN REQUIRING LONG TERM VENTILATORY SUPPORT - PAPER 11/01**



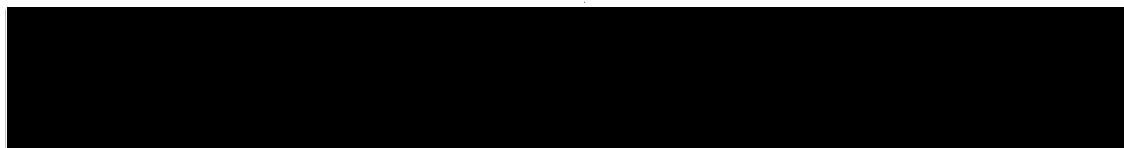


8. ITEM 8 - CHILD PROTECTION ISSUES

- **ASSESSMENT OF CHILDREN WITH SUSPECTED SEXUAL ABUSE - PAPER 12/01**
- **CHILD PROTECTION PROCEDURE GUIDELINES IN A & E - PAPER 13/01**

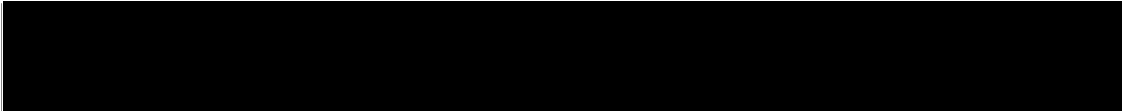


9. ITEM 9 - REHABILITATION FOR BRAIN INJURED CHILDREN - PAPER 14/01





10. **ITEM 10 - SCREENING - UPDATE**



11. **ITEM 11 - REPORT OF THE ACUTE HOSPITALS REVIEW GROUP - PAPER 15/01**

This report was commissioned by the Department. The consultation period would end in October. The vision of the Hayes Report had widespread support.

12. **ITEM 12 - ANY OTHER BUSINESS**

- **Hyponatraemia**

Dr McCarthy summarised the brief guidelines on the Prevention of Hyponatraemia in children receiving intravenous fluids. Members welcomed the guidelines which will be published soon.

There being no other business CMO thanked members for their participation and closed the meeting.

FEBRUARY 2002

**SAC PAEDIATRICS
30 OCTOBER 2001
ACTION POINTS**

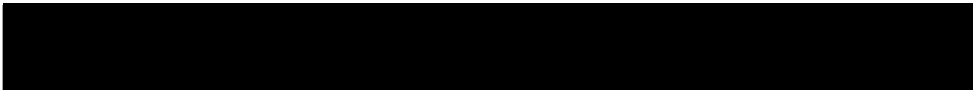
ITEM 3 MATTERS ARISING



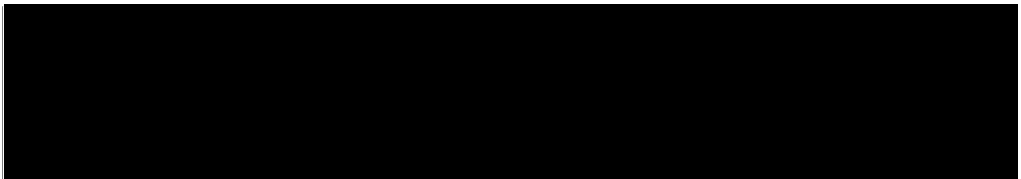
ITEM 6 NEONATOLOGY



**ITEM 7 CARE OF CHILDREN REQUIRING LONG TERM
VENTILATORY SUPPORT**



ITEM 8 CHILD PROTECTION ISSUES



FEBRUARY 2002