

**MINUTES OF THE MEETING
SPECIALTY ADVISORY COMMITTEE
PAEDIATRICS
TUESDAY 5 OCTOBER 2004
2.15 - 5.00, ROOM C3.18**

PRESENT

Dr M Rollins
Dr N Corrigan
Dr P Crean
Mr V Boston
Dr J McAloon
/ Dr J Porteous
- Dr M Shields
Dr A Bell
/ Dr J Jenkins
Dr B Craig
- Dr R Tubman
/ Dr P Kennedy
Dr P McAlinden
- Dr D Carson
· Dr T Brown

DsPH / REPRESENTATIVES

Dr C Beattie
Dr F Kennedy
Dr B Farrell
Dr J McClean (observer)

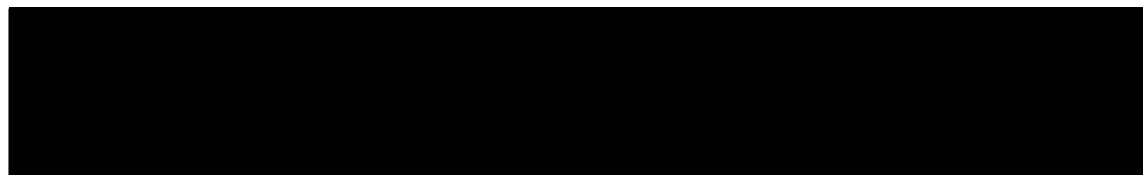
DEPARTMENT

Dr H Campbell, Chairman
Dr C Willis
Dr P Woods
Dr M Boyle
Mr D Sullivan
Mrs I Wilkinson

1. APOLOGIES

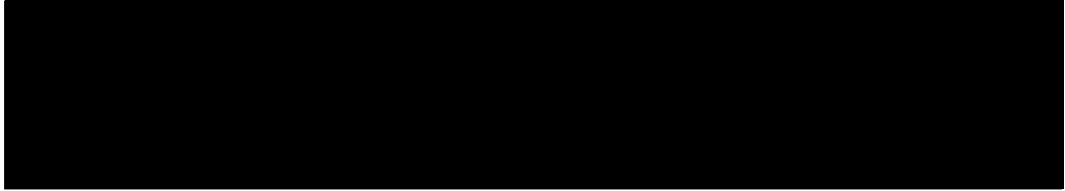


**2. MINUTES OF THE PREVIOUS MEETING 7 OCTOBER 2003,
RECONVENED 10 FEBRUARY 2004**



3. MATTERS ARISING

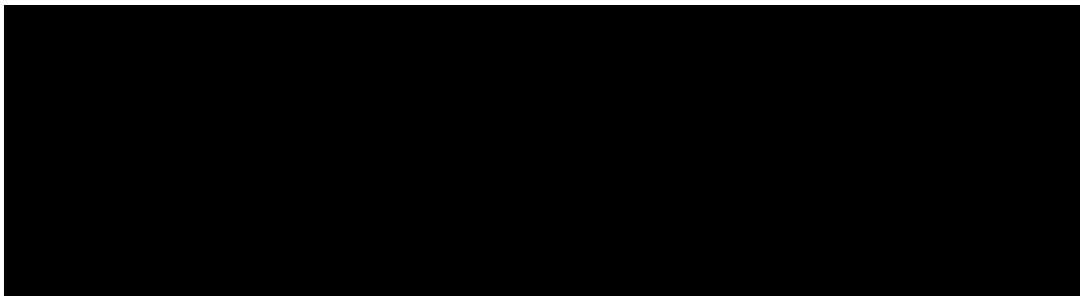
3.1 Child Protection



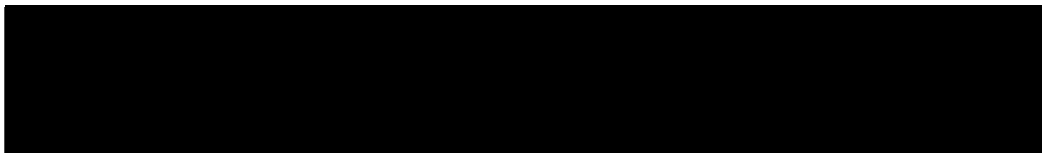
3.2 Upper Age Limit for Admission to Children's Hospital

Members discussed the age limit for admission to Children's Hospital. It was highlighted that plans for the new Children's Hospital at the Royal Victoria Hospital, were using age 16 years as the upper age limit. Members agreed that this was an appropriate approach.

3.3 Neonatal and Paediatric Transfer



3.4 Framework for the Care of Children Requiring Long Term Ventilatory Support

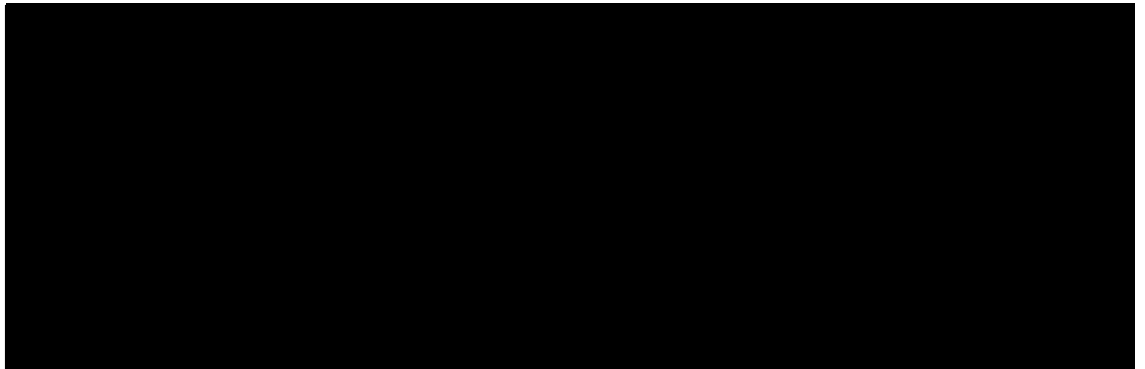


3.5 Paediatric Surgery – Paper 2/04

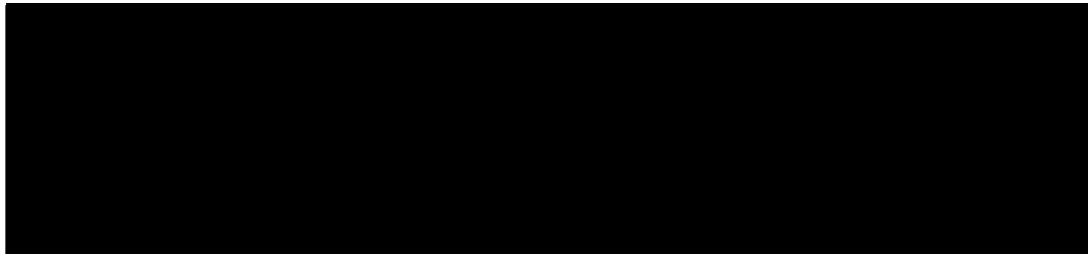
Members discussed the paper provided by Dr Barbara Bell, outlining the key issues regarding the reasons for the increasing trend for children to be referred to the Paediatric Surgical Team in RBHSC. Mr Boston advised that communication is ongoing between the radiologists in the tertiary centre and those in other hospitals to maintain diagnostic services. Mr Boston agreed to liaise with Dr Thornbury and Dr Sweeny and provide an update at future meetings.

ACTION: Mr Boston

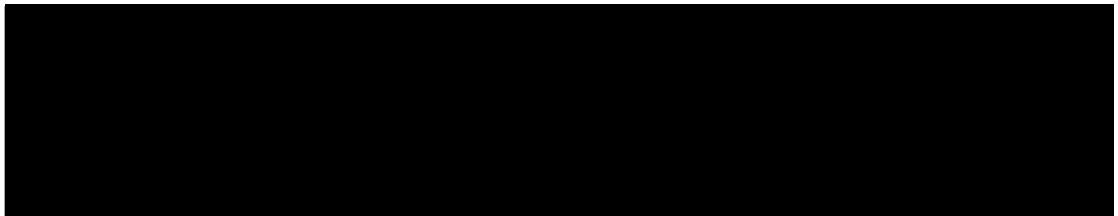
3.6 Paediatric Epilepsy Services – Paper 3/04



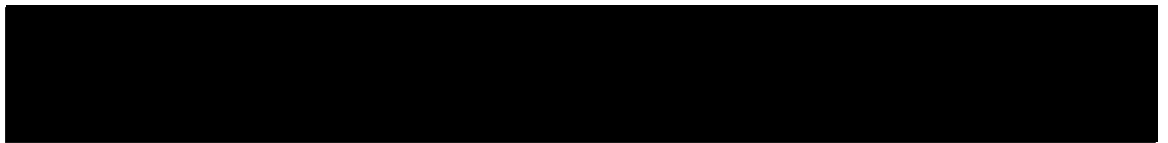
3.7 Paediatric Gastroenterology



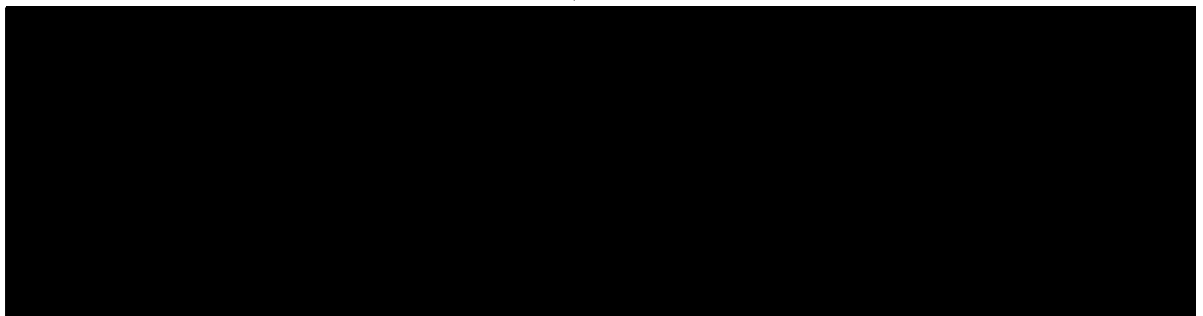
3.8 Vitamin K for Babies – Paper 4/04



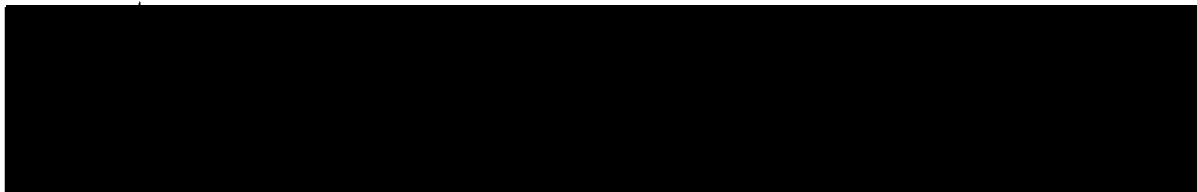
3.9 CREST Report on Diabetes



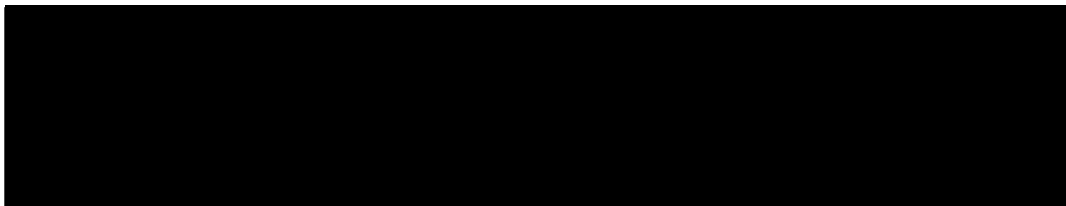
3.10 Neonatal Intensive Care



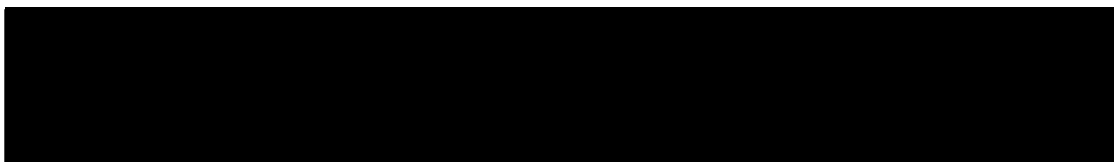
3.11 Acute Bacterial Meningitis and Meningococcal Disease



3.12 Community Paediatric Workforce Survey – Paper 5/04



3.13 Community Midwifery Unit – Paper 6/04

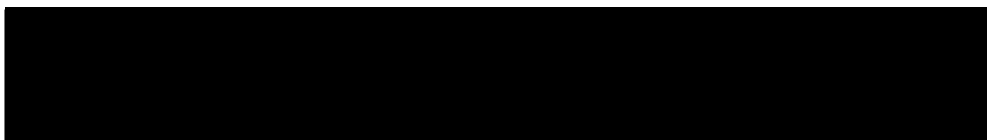


4. MEDICAL STAFFING AND DEVLEOPMENT

4.1 Consultant and Medical Staffing – Paper 7/04

Dr Woods reported there were now 61 consultants in post with 3 vacant posts. The number of specialist registrars stood at 27. However, 10 additional specialist registrar posts had been created on the back of implement of the European Working Time Directive. To date, only a small number of these had been filled. Based on a projected number of 152 consultants providing approximately 122 whole time equivalents, he estimated the need for specialist registrars at 88. Members expressed some concern regarding the likelihood of this number of consultant posts emerging in future. They also commented on the late release of the funds for the additional SpR posts impacting on their ability to recruit, but felt this could be addressed over the next few months.

Paediatric Cardiology



4.2 Modernising Medical Careers – Paper 8/04

Dr Woods informed members that the most recent publication as part of the Modernising Medical Careers Agenda, *The Next Steps*, set out in more detail the developments entailed in the Modernising Medical Careers Agenda. Specifically, the document set out the timing for the establishment of foundation programmes with UK medical graduates in 2005 entering these programmes which would be of 2 years duration. Foundation programmes would build largely on the current pre-registration house officer year with full registration after 1 year and the second foundation year would build on the current 1st year of SHO training. He stressed that this was but one of a series of developments covering the totality of post-graduate medical training. All Royal Colleges were at present revising their specialist training programmes in line with the new arrangements and with a view to introducing 'run-through' programmes.

Members made the following comments. The length of placement in foundation year 2 posts called into question the recognition of these this time for specialist training. They advised that only 2 posts had been made available at RBHSC.

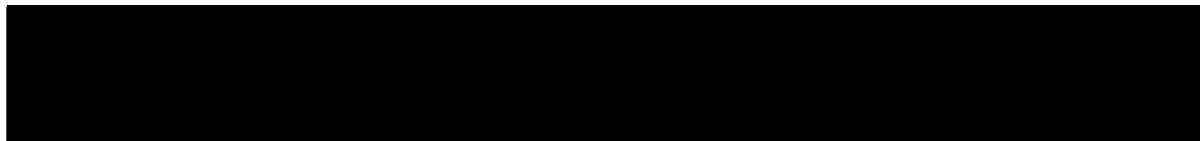
5. AUDIT ON HYPONATRAEMIA – PAPER 9/04

Dr McAloon outlined the findings of the first regional audit undertaken to examine practice following introduction of the guidance. The evidence suggested that implementation so far had been incomplete.

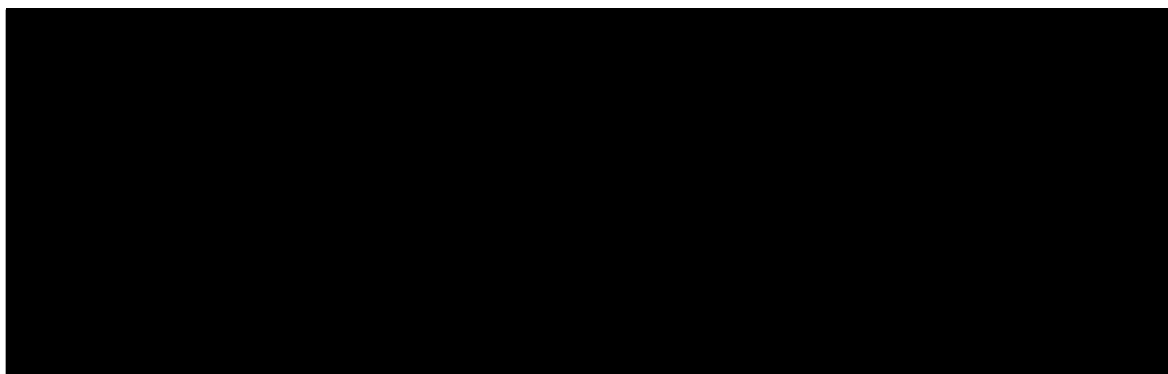
It was acknowledged that internationally, best practice is still controversial and preparation of definitive protocols is not yet possible. Until then it is essential that all clinicians in Northern Ireland caring for children in receipt of fluid therapy know of the associated risks and are aware of the regional best practice guidance and that paediatric departments initiate a process of regular monitoring of guideline adherence as part of their multidisciplinary audit and clinical governance programme.

Dr McAloon advised that he is presenting the findings at a forthcoming workshop and looking into a redesign of fluid balance charts.

6. CHILD HEALTH SCREENING – PAPER 10/04



7. REGIONAL DEVELOPMENT OF PAEDIATRIC ALLERGY SERVICES – PAPER 11/04

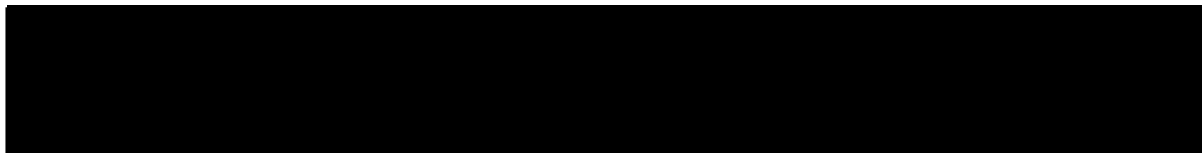


8. DEVELOPING BETTER SERVICES – UPDATE ON PROGRESS – PAPER 12/04

Mr Dean Sullivan provided members with a verbal update. Members were informed that implementation structures had been established. Detailed planning was being carried out at Trust level to ensure that safe, high quality services are maintained. Members suggested the appointment of a National Clinical Lead for Children, along the lines of a recent appointment in Scotland. CMO agreed to investigate this further.

ACTION: CMO

9. SCHOOL HEALTH – PAPER 13/04

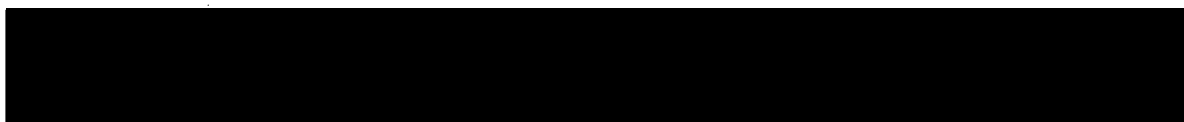


10. **THE POLICY FRAMEWORK FOR REVALIDATION: A POSITION PAPER – PAPER 14/04**

CMO drew the attention of members to this paper for information.

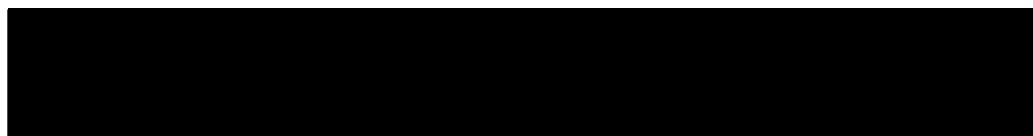
11. **ANY OTHER BUSINESS**

- **Task Force on Obesity**



- **Consent to Treatment or Examination**

Members were advised that the Northern Board were piloting a new approach to Consent to Treatment or Examination.



FEBRUARY 2005

**SAC PAEDIATRICS
5 OCTOBER 2004
ACTION POINTS**

ITEM	ACTION	LEAD	DHSSPS CONTACT	PROGRESS DATE
Matters Arising				
3.4 Paediatric Surgery	Liaise with Dr Thornbury and Dr Sweeny	Mr Boston	Dr Willis	
8 Developing Better Services	Consider the appointment of a Clinical Lead for Children	CMO	Dr Willis	