

NAME OF CHILD: Raychel Ferguson

Name: M. Parker

Title: Dr.

Present position and institution:

Consultant and Clinical Director, Women and Childrens' Directorate

Previous position and institution:

[As at the time of the child's death]

Clinical Audit Co-ordinator- Altnagelvin Hospital Health & Social Services Trust ("AHHSST")

Membership of Advisory Panels and Committees:

[Identify by date and title all of those between January 2001 - present]

1. Management at Trust Level.

- i. Clinical director Women and Childrens directorate April 2002-
- ii Medical Audit Co-ordinator May 1998
- iii Member of risk management and standards committee Dec 2002-
- iv Chairman, Hospital Clinical Audit Committee May 1998-
- v Chairman, Medical Audit Committee May 1998-
- vi Member of Hospital Ethics Committee May 1998-
- vii Member of Clinical Directors Forum May 1998-
- viii Clinical Governance Steering Group Member May 1998-
- ix Member of Hospital Quality Assurance Team September 1996-
- x Member of Health Records Planning Team 1994-1995
- xi Midwifery Led Unit ,Member of the Project Implementation Team June 1999
- xii Altnagelvin Area Hospital Audit Committee (Obs/Gynae Rep.) April 96-
- xiii Hospital Co-ordinator for the following National Multi-centre Trials:
ORACLE, MISTLETOE, CLASP, BEST, EPICURE.
- xiv Member of radiation safety committee 1996-
- xv Research and Development Committee 2000-
- xviii Services Strategy Implementation Group 2001-
- xix Maternal and Child Health Committee 1989-
- xxi Near Patient Testing Committee 2003-
- xxii Medical and Dental Training and Education Committee 2003-
- xxv BMA consultants committee
- xvi Decomtamination of Reuseable Instruments Committee 2001-
- xvii PPP Committee 2001-
- xx Midwifery Project Board 2001-
- xxiii Post-mortem implementation steering group 2003-
- xxiv Hospital consent implementation group 2004-

- xxv Senior Clinical Management Team 2009-
- xxvi Medical Governance 2009-
- xxvii Medical Leaders Group 2009-
- xxviii Professional Interface With GPs 2011-
- xxix Junior Doctors Task Force 2009-
- xxx Audit Group 2009-
- xxxi Doctors in Difficulty 2009-2012
- xxxii Senior Clinical Management Team 2010-
- xxxiii Directorate Clinical Governance 2010-

2. Management at Area Level

- i Chairman, Area Obstetrics and Gynaecology Division September 1995-
 - ii Member of Area Medical Advisory Committee (obstetrics/gynaecology representative) March 1996-
 - iii Vice Chairman Area Medical Advisory Committee April 2002-
 - iv Member of Western Board Audit Committee May 1998-
 - v GP Electronic Links Committee 1999-
- I am sole Area Hospital Representative on this Committee
- vi WHSSB Waiting List Task Force September 2002-

3. Management at Regional Level

- i Member of Specialist Advisory Committee 2000-
- ii CESDI Assessor 1999-
- iii Regional Audit Committee 2000-
- iv Member of Executive Council, Institute of Obstetricians and Gynaecologists, Royal College of Physicians, Ireland 1999-
- v Member of Examinations Committee, RCPI Feb 2003-
- vi Examiner Diploma O & G, RCP, Ireland 2003-
- vii Examiner Diploma, RCOG, London Dec 2002-
- viii Member of Committee for Minimally Invasive Surgery
Institute Obstetricians and Gynaecologists, College of Physicians, Ireland 1992-
- ix Sub-committee, Exec. Council, RCPI
Abortion in S. Ireland 2000-
- x Sub-committee, Exec. Council, RCPI
Midwifery Services in Ireland
RCPI and Dept. of Health, EIRE 2000-
- xi Member of International Committee (Gynaecare Inc. USA)
Treatment of Menorrhagia by Minimally Invasive Methods, June 1995-
- xii Member of Hospital Services Sub-Committee, Central Medical Advisory Committee
October 2002-
- xiii Extended Matching Essay Question Committee, RCOG, London 2006-2009
- xiv Council, Royal College of Physicians, Ireland April 2007-
- xv Committee of Examination Convenors, RCP, Dublin, Ireland 2009-
- xvi Regional Anti-D audit Committee 2012-

4. Royal Colleges

1. Institute of Obstetricians and Gynaecologist, RCP, Ireland.

Member of Executive Council, Institute of Obstetricians and Gynaecologists, Royal College of Physicians, Ireland 1999-

Member of Examinations Committee, RCPI Feb 2003-

Member of Committee for Minimally Invasive Surgery Institute Obstetricians and Gynaecologists, College of Physicians, Ireland 1992-

Sub-committee, Exec. Council, RCPI . Abortion in S. Ireland 2000-

Sub-committee, Exec. Council, RCPI, Midwifery Services in Ireland RCPI and Dept. of Health, EIRE 2000-

2. RCOG, London

Extended Matching Essay Question Committee, RCOG, London 2006-

Previous Statements, Depositions and Reports:

[Identify by date and title all those made in relation to the child's death]

None

OFFICIAL USE:

List of previous statements, depositions and reports attached:

Ref:	Date:	

IMPORTANT INSTRUCTIONS FOR ANSWERING:

Please attach additional sheets if more space is required. Please identify clearly any document to which you refer or rely upon for your answer. If the document has an Inquiry reference number, e.g. Ref: 049-001-001 which is 'Chart No.1 Old Notes', then please provide that number. If the document does not have such a number then please provide a copy of the document.

(1) Please provide the following information:

- (a) Your qualifications as of 2001 (please also provide a copy of your CV);**

MD FRCPI FRCOG

- (b) Describe your career history;**

See CV

- (c) Please describe your work commitments at the AHHSST from the date of your appointment as Clinical Audit Co-ordinator;**

One session per week as audit co-ordinator, remainder of work as consultant in Obstetrics and Gynaecology

- (d) What was the role of the Clinical Audit Co-ordinator and what were its functions, accountabilities and responsibilities, and was this reduced to writing by 2001? If so please provide a copy of the same?**

The role was to promote and co-ordinate audit in the Altnagelvin Hospital. Please see attached terms of reference

Key Responsibilities:

1 Coordinate the production of an Annual Audit Report for submission to the Trust Board

2 Develop an annual programme of medical audit in association with Divisional Co-ordinators

3 Encourage the implementation of Audit outcomes in relevant directorates

4 Oversee the implementation of medical audit across all specialties with each specialty identifying key audits to be completed each year

5 Develop constructive and respectful relationships across all specialties to facilitate the development of audit

6 Contribute towards the development of Clinical Audit in association with the Medical Director and Director of Nursing

7 Coordinate the response of audits requested by Purchasers, particularly the WHSSB

8 Coordinate and plan the work of the Audit Assistants

- (2) With respect to the proposal that "the Clinical Audit Co-ordinator will be a key member of the Trust Clinical Governance Committee and in working with the Clinical Effectiveness Co-ordinator and the Risk Management Co-ordinator, will ensure that 'closing the loop' will be**

achieved within the Altnagelvin Hospital Trust" please advise:

- (a) Whether these proposals were realised;

I worked with these people as a member of the Clinical Audit Committee. We encouraged audit and, where applicable, suggested re-audit to ensure the loop was closed.

- (b) The respective roles and interaction of the Clinical Audit Co-ordinator, the Clinical Effectiveness Co-ordinator and the Risk Management Co-ordinator;

The Role of the Clinical Audit Coordinator is enclosed. I do not have a Job Description for the the Clinical Effectiveness Co-ordinator and the Risk Management Co-ordinator

- (c) Whether the deliberations of the AHHSST Clinical Governance Committee were minuted;

Yes, they were minuted. I was only a member of this committee, not it's chairman.

- (d) Whether the AHHSST Clinical Governance Committee produced a regular report of its work

There was an Annual Audit Report produced by the Audit Committee. I have no recollection of an Annual Clinical Governance Report

- (e) What was meant by the term '*closing the loop*' and did you achieve this?

If audit had recommendations, were these implemented and there was a repeat audit undertaken to ensure these had been implemented. Closing the loop was achieved by re-auditing in some, but not all, audits.

- (3) Who was the Clinical Effectiveness Co-ordinator in June 2001?

The Clinical Effectiveness Coordinator came from a nursing background and was Anne Witherow.

- (4) Did you have any engagement with the case of Raychel Ferguson and if so did you make a note or record of your work relating thereto? If so please provide copy.

No engagement in this case.

- (5) In relation to "*the Clinical Audit Committee which ensures that where clinical risk issues are identified, audit can be initiated to ensure that a change to clinical practice takes place and that such risk is prevented or minimised*" (Ref: 321-004gi-045) please advise whether the identification of clinical risks in Raychel's case initiated audit and if not why not?

I can find no record of any audits initiated following the identification of clinical risks in Raycel's case. I did not receive any correspondence following the Critical Incident Review requesting an audit be undertaken by the Audit Department. I did not sit on the Critical Incident Review Panel.

- (6) Please confirm whether or not, in 2001, critical incident reports were brought to the attention of the Clinical Audit Co-ordinator and if so how?

In 2001, the majority of audits were driven by the consultant staff or from Royal College recommendations. On occasion, the Medical Director or Chief Executive would ask for a specific audit to be undertaken. Critical Incident Reports were not shared with the Clinical

Audit Coordinator.

(7) With respect to the Critical Incident Review Meeting held on 12th June 2001 please confirm;

(a) Whether you were involved in this in any way, and if so how;

Not involved.

(b) Was the case of Raychel Ferguson subject to any other case review, mortality meeting, internal investigation or audit;

No audit was undertaken. I am not aware if the case was discussed at a mortality meeting.

(c) Whether you received any report of the Critical Incident Review;

No I did not receive any report of the Critical Incident Review.

(d) What steps were expected to be taken by you to ensure that any recommendations arising from this Review were implemented;

I received no correspondence regarding this case.

(e) Whether you think the information gathering skills and project management discipline of audit might have been applied to the Critical Incident Review?

An individual critical incident review does not usually trigger an audit. However, if there was a suggestion that several cases were similar, then audit would have a role to help establish the facts.

(8) In respect of the AHHSST Ethics Committee upon which you served, please state whether the issue of openness in communication with patients and their families, was ever considered, and if so whether any advice was given in respect of this?

From medical student days onwards, I have always been taught that openness towards patients and families is to be encouraged. I do not remember whether this was specifically discussed at the Ethics Committee

(9) In 2001 did the AHHSST have in place any policies, guidance or procedures governing the following:

I understand the Trust has provided information regarding this question.

(a) Clinical governance;

(b) Social care governance;

(c) Health and Safety;

(d) Adverse Clinical Incident Investigation;

(e) Complaints procedure;

- (f) Performance assessment;
- (g) Continuing medical education and professional development;
- (h) Preparation for Inquests and the gathering of statements therefore;
- (i) Clinical record keeping;
- (j) Communication with next of kin?

If the AHHSST did have any such policies, guidance or procedures in place, then identify the same, provide a copy and state in respect of each:

- (i) Whether it was modelled on or informed by any published guidance, and if so please identify this guidance;
- (ii) How the guidance, policy or procedure was distributed;
- (iii) What training or assistance was given in respect of same;
- (iv) How the AHHSST satisfied itself that the guidance, policy or procedure was being implemented and complied with;
- (v) How implementation and compliance was enforced;
- (vi) How such guidance, policy or procedure was applied in the case of Raychel Ferguson?

- (10) Did the AHHSST seek or obtain accreditation, whether from Kings' Fund Organisational Audit or otherwise, and if so

I am not aware that such accreditation was sought

- (a) What was the accreditation and from whom was it sought;
- (b) On what date was accreditation applied for and received;
- (c) What were the standards/criteria set;
- (d) What was the outcome of this process?

- (11) In 2001, what arrangements did the AHHSST have in place to ensure that regular and systematic nursing/medical/clinical audits took place? If such arrangements were in place please advise:

- (a) Was there a Clinical Audit Committee? If so, what was its remit;

Yes, there was a Clinical Audit Committee. It's remit was to promote audit within the hospital, to prioritise audit tasks, to assist with chart collection, assisted with data extraction, and compiled an Annual Audit Report.

- (b) Who served on the Clinical Audit Committee;

Medical Audit Coordinator, Clinical Effectiveness Coordinator, PAMS representative, Risk Management Coordinator, Drugs and Therapeutics chairman, HOSQIP representative, Clinical Audit assistants.

(c) Who was responsible for ensuring that nursing/medical/clinical audits were carried out;

I, as Audit coordinator, encouraged each specialty to participate in audit. However, it was the responsibility of each specialty to undertake audit.

(d) To whom were the results of nursing/medical/clinical audits sent;

The results of the audits would have been presented at individual specialty audit meetings in the hospital and a summary copy of the audit forwarded to the audit office for inclusion in the Annual Audit Report.

(e) What action could be taken on foot of the results of nursing/medical/clinical audits;

If the results of an audit suggested change in practice, these would be implemented and a re-audit should take place to ensure these had been implemented and that change had occurred.

(f) As to whether there was any procedure or system in place in 2001 to audit the quality, clarity and completeness of clinical case notes;

Case note document audits were undertaken.

(g) Please also describe those criteria/standards used to benchmark audit results;

Standards would usually come from Policies and Guidelines from Royal Colleges and Dept of Health or other professional bodies.

(h) Please describe the process for adopting external guidelines, policies and protocols as criteria in the audit process?

External guidelines, policies and protocols provide excellent standards to audit against. The individual doctor/specialty would devise their audit, using recommendations from these as the standard to compare practice against. The audit committee, where possible, ensured that standards were included in the audit proposal before agreeing to provide assistance.

(12) In 2001, had the AHHST established a Medical Records Committee or like body? If so, please address the following:

I am not aware of such a committee but if there was a Medical Records Committee, I was not a member.

(a) What was the function of the Committee;

(b) Was its remit and operation governed by any policy/procedure;

(c) Who formed the membership of this Committee;

(d) Did you play a role in relation to this Committee, and if so what;

(e) Whether its deliberations were minuted;

(f) Did such a Committee engage with the audit or review of medical records?

(13) Please describe the structures in place in 2001, and the lines of accountability and

responsibility, for:

Clinical Policy Setting and adoption of policies within Obstetrics and Gynaecology was driven through the Divisional Meetings where Policies would be raised and discussion would take place between clinicians. New policies would be introduced and existing policies changed. These would then be monitored by audit. The Clinical Director was the responsible officer. I do not know what the procedure was in other specialties.

- (a) Clinical policy setting;
- (b) Clinical policy monitoring;
- (c) The adoption of policy on clinical practice as a result of NCEPOD, NICE, CREST and other relevant bodies.

(14) As at, or prior to, June 2001 had the practice and procedures in Ward 6 been subjected to audit?

Paediatrics did participate in audit:

6/10/99 Ward Cleanliness:

6/10/99 To find out if parents are available of the facilities available to them when their child is in hospital. [sic]

1/4/ 1996-31/12/2000 Intussusceptions:

(15) Please describe the steps taken to disseminate and implement/enforce compliance with the recommendations deriving from external sources including the following:

Recommendations from the external sources listed are disseminated to consultants by a variety of ways. In the case of obstetric consultants, we receive information directly from the Royal College of Obstetricians and Gynaecologists, Department of Health, GMC, DHSSPSNI, and HPSS. Information which is received by the Chief Executive or Medical Director of our Trust, from these Bodies listed, will then be forwarded to the relevant consultants (who will often have received this information directly from the relevant bodies). The recommendations will then be disseminated to other staff including Junior Medical Staff through Directorate Meetings, Perinatal Meetings, Audit Meetings and Teaching Sessions.

It was the responsibility of each Directorate/Specialty to disseminate and then implement recommendations from these sources. As an Audit Committee, if a Directorate/Specialty wished to audit adherence to these policies, we would offer advice and support to assist them. Advice might include suggestions on how to devise a proforma or ensure appropriate standards are selected for comparison. Support would be in the form of chart collection from Medical Records. These charts are then made available for data collection which was the responsibility of those undertaking the audit.

- (a) The Royal Colleges;
- (b) UK Central Council for Nursing, Midwifery and Health Visiting;
- (c) Paediatric Intensive Care Society;
- (d) Department of Health;
- (e) Audit Commission;

- (f) General Medical Council;
- (g) DHSSPSNI;
- (h) HPSS;
- (i) Management Executive.

(16) Please describe all other systems in place in 2001 for quality assuring the safe provision of patient care?

Other systems in place included Royal College Obstetrics and Gynaecology returns on an annual basis and weekly perinatal meetings in conjunction with paediatrics, clinical incident review meetings

(17) In your role as Clinical Director, Women & Children's Services please indicate whether or not you had cause to consider any aspect of Raychel Ferguson's case, and if so please give full details?

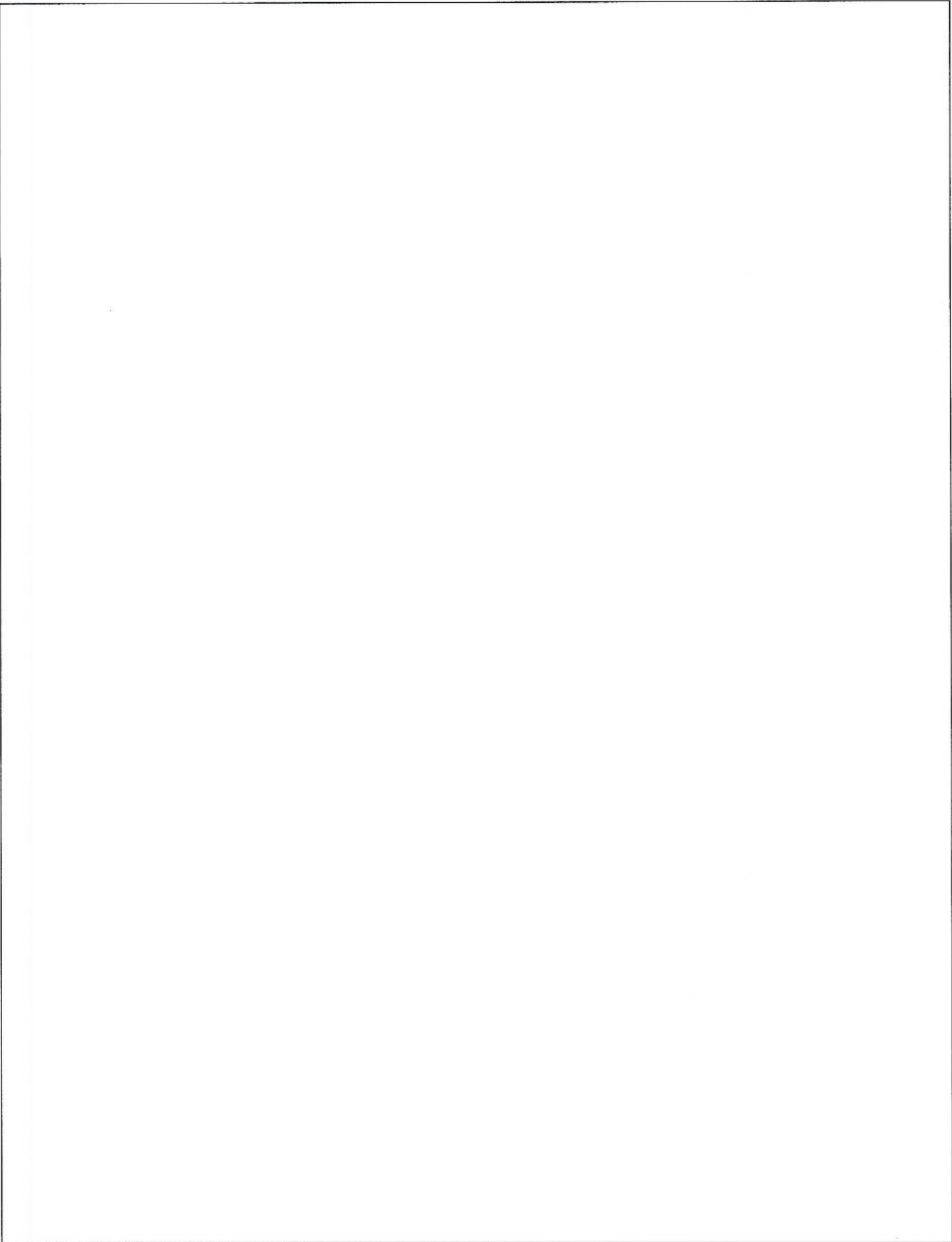
I was not Clinical Director at this time and I had no involvement in this case

(18) Was there any system of independent external scrutiny in place to review clinical performance in the AHHSST, and if so please detail the same?

I am not aware of any external system of scrutiny for individual cases. In the case of Obstetrics and Gynaecology, the Royal College would have visited a hospital every few years for an Inspection but this was more to do with teaching and training standards than review of clinical performance.

(19) Please provide such additional comment as you think appropriate. It would be of very considerable assistance if you could attach such documentation as you may hold which relates to enquiries, strategies, policies or other issues of relevance.

No further comment



THIS STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

Signed: *Michael Parker*

Dated: 3/7/13

CURRICULUM VITAE

Michael Parker
M.D., F.R.C.P.I., F.R.C.O.G.

July 2011

PERSONAL DETAILS

Name: Michael Julian Reid Parker

Address: [REDACTED]

Telephone: [REDACTED]

GMC: [REDACTED]

Date of Birth: [REDACTED]

Place of Birth: [REDACTED]

Status: [REDACTED]

Number of children: [REDACTED]

Nationality: [REDACTED]

EDUCATION

The Queen's University of Belfast (1974-1980)
Bachelor of Medicine, Bachelor of Surgery, Bachelor of Obstetrics
MB, BCh, BAO 1980.

Postgraduate Examinations

DRCOG Royal College of Obstetrics and Gynaecologists, London, May 1982.

MRCOG (Part I) Royal College of Obstetrics and Gynaecologists, London, March 1983.

MRCOG (Part II) Royal College of Obstetrics and Gynaecologists, London, Jan 1985.

MD Queen's University of Belfast, December 1988.

FRCOG Royal College of Obstetrics and Gynaecologists, London, Sept 1998.

FRCPI Royal College of Physicians, Ireland, March 2007.

MEMBERSHIP OF PROFESSIONAL BODIES

Blair-Bell Research Society

British Medical Association

British Obstetric Computer Society Institute of Obstetrics and Gynaecologists, RCP,
Dublin. Irish Perinatal Society

Ulster Medical Society

Ulster Obstetrical and Gynaecological Society

TENS Club

APPOINTMENTS

- 1. Registrar** August 1984-July 1986.
- 2. Research Registrar** Royal Maternity Hospital, Belfast, Aug 1986-July 1987.

Main Research

Studies of the fetal heart rate during labour using power spectral analysis for which I obtained a Doctorate of Medicine, Queens University of Belfast (December 1988).

Current methods available for the analysis and quantitation of the fetal heart rate remain far from satisfactory and fetal distress often passes undiagnosed. Power spectrum analysis provides a measure of the frequency content of the heart rate and has distinct advantages over traditional statistical methods of analysis. The normal range for power spectrum of the fetal heart rate was determined.

Induction of labour and analgesia during labour does not significantly alter the power spectrum values for the fetal heart although there is a reduction in value associated with narcotic analgesia. Acidosis in the fetus and meconium-stained liquor are associated with a significant increase in power spectrum values ($p < 0.05$); however, there was no obvious relationship with Apgar score. This work suggests that power spectrum analysis of the fetal heart rate during labour may provide a superior method for monitoring the high risk pregnancy.

External Examiners: Dr. P. Johnston, Radcliffe Infirmary, Oxford.
Professor I. Valimaki, University of Turku, Finland.

Internal Examiners: Professor W. Thompson, The Queen's University of Belfast.

- 3. Registrar** Royal Maternity Hospital, Belfast, Aug 1987-July 1989.

SENIOR REGISTRAR APPOINTMENTS

- 1. Senior Registrar, Lecturer** Department of Obstetrics and Gynaecology, Bristol Maternity Hospital. Aug 1989-July 1990.
- 2. Senior Registrar** Obstetrics/Gynaecology, Altnagelvin Area Hospital, Londonderry. Aug 1990-Nov 1991.

I introduced the techniques of Hysteroscopy and Transcervical Endometrial Resection to the Hospital. Both these techniques are available to all patients attending the Gynaecological Clinic and offer many advantages to both the patient and the hospital. I have supervised the training of other members of staff in both these techniques. Since the introduction of Transcervical Endometrial Resection, I have been involved in raising public awareness of this technique through press releases, local and regional television and radio networks.

Date of Accreditation 1st December 1991.

CONSULTANT APPOINTMENT Altnagelvin Area Hospital
1st December 1991.

MANAGEMENT EXPERIENCE AND DEVELOPMENT

1. Management at Trust Level.

- i. Clinical director Women and Childrens directorate April 2002-**
- ii Medical Audit Co-ordinator May 1998**
- iii Member of risk management and standards committee Dec 2002-**
- iv Chairman, Hospital Clinical Audit Committee May 1998-**
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ORACLE, MISTLETOE, CLASP, BEST, EPICURE.**
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- xxviii Professional Interface With GPs 2011-**
- xxix Junior Doctors Task Force 2009-**
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I am sole Area Hospital Representative on this Committee**
- vi WHSSB Waiting List Task Force September 2002-**

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- vii Examiner Diploma, RCOG, London Dec 2002-**
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Institute Obstetricians and Gynaecologists, College of Physicians, Ireland 1992-**
- ix Sub-committee, Exec. Council, RCPI
Abortion in S. Ireland 2000-**
- x Sub-committee, Exec. Council, RCPI
Midwifery Services in Ireland
RCPI and Dept. of Health, EIRE 2000-**
- xi Member of International Committee (Gynaecare Inc. USA)
Treatment of Menorrhagia by Minimally Invasive Methods, June 1995-**
- xii Member of Hospital Services Sub-Committee, Central Medical Advisory Committee
October 2002-**
- xiii Extended Matching Essay Question Committee, RCOG, London 2006-2009**
- xiv Council, Royal College of Physicians, Ireland April 2007-**
- xv Committee of Examination Convenors, RCP, Dublin, Ireland 2009-**

4. Royal Colleges

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Member of Examinations Committee, RCPI Feb 2003-

Member of Committee for Minimally Invasive Surgery Institute Obstetricians and Gynaecologists, College of Physicians, Ireland 1992-

Sub-committee, Exec. Council, RCPI . Abortion in S. Ireland 2000-

Sub-committee, Exec. Council, RCPI, Midwifery Services in Ireland RCPI and Dept. of Health, EIRE 2000-

2. RCOG, London

Extended Matching Essay Question Committee, RCOG, London 2006-

3. Examiner

Examiner Diploma O&G, RCP, Ireland 2003-
Convenor and write DOWH exam since 2004, two exams per year
60 MCQ (5 parts each) and 20 OSCE questions

Examiner Membership, RCP, Ireland 2004-

Examiner Diploma, RCOG, London Dec 2002-

I have attended the following Management Development Courses:

1. Education Course on Management for Obstetricians and Gynaecologists, 9th March, 1990.
Royal College of Obstetricians and Gynaecologists, London.

2. Foundation Management Programme A. 12th September, 1990, to 20th February, 1991.
Multidisciplinary Education Centre, Altnagelvin Area Hospital, Londonderry.

3. Extension Management Programme The foundation programme which commenced on the 4th April 1991 is a five day course divided into 3 modules and again organised by the Western Health and Social Services Board. This programme allows participants to develop their managerial skills within the changing environment. The programme is set in the context of:

1. Impact of the NHS review proposals for internal markets on management and service.
2. Developments in information use and resource management.
3. Team working in new multi-professional ways.

PUBLICATIONS

1. Adenocarcinoma in situ of the cervix associated with adenocarcinoma of the uterus and endometrial carcinoma of the ovary.
Parker MJR, Wallace R, Allen D.
The Ulster Med J 1989; 58(2) 190-192.
2. Diagnostic amniocentesis before 16 weeks.
Parker M, James D, Davies T, McDermott A.
J Obstet Gynaecol. 1991; 11 (2): 109 -111.
3. Spontaneous variations in fetal pleural effusion.
Parker M. James D.
Br J Obstet Gynecol. 1991; 98 (4): 403 -405.
4. The development of ultradian rhythms in the human fetus.
Pillai M. James DK. Parker M.
Am. J. Obstet. Gynecol. 1992; 167(1): 172-7.
5. Comprehensive fetal assessment with three ultrasonographic characteristics,
James DK. Parker M. Smoleniec JS.
Am. J. Obstet. Gynecol. 1992; 166(5): 1486-95.
6. Day Case Laparoscopy
Navani S, Martin D. Parker M.
J. Obstet. Gynecol. Nov 1994; 438-440.
7. Power spectral analysis of the fetal heart during labour.
Parker MJR, Dorman JC, Sharif BS, Mitchell RH, Jenkins JG.
Br J Obstet Gynecol 1988; 95 (5): 535 (Abstract).
8. Quantification of the fetal heart rate during labour using power spectral analysis: the normal range for the mature fetus.
Parker MJR, Sharif BS, Jenkins JG, Dorman JC.
Irish J Med Sci 1988; 157(2): 62 (Abstract).
9. Power spectrum analysis: A new method for the quantification of the fetal heart rate during labour.
Parker MJR, Sharif BS, Dorman JC, Mitchell RH. Jenkins JG.
In: Proceedings for the 20th International Meeting of Organisation Gestosis,
University College Cork. Published by Presentation Binding Ltd, Cork. (Abstract)

July 27-29, 1988.

10. Blood glucose profile or glucose tolerance test -How best to define hyperglycaemia in pregnancy?

Erskine L, Roberts R, Parker M, Traub AI, Harley JMG, Hadden DR.

Proceedings of the 20th Annual Meeting of the Diabetic Pregnancy Study Group of the European Association for the Study of Diabetes, Athens, 31 8 1988 -3 9 1988 (Abstract).

11. The height of fetal heart rate accelerations in small-for-dates fetus. Parker M, Smoleniec J, James D.

12. Computer evaluation of the fetal heart rate pattern at term predicts behavioural state. Smoleniec J, Parker M, James D.

13. The Development of ultradian rhythms in the human fetus. Pillai M, James D, Parker M.

14. Surfactant Maturation in response to preterm premature membrane rupture. James D, Smoleniec J, Parker M.

Papers 11-14 Published in: Proceedings of the Society for the Study of Fetal Physiology. 17th International Meeting, Asilomar Conference Center, Pacific Grove, California, USA. 21-24 8 1990.

15. Comprehensive fetal assessment using three ultrasound methods in combination. Smoleniec J, Parker M, James D.

16. The height of fetal heart rate accelerations in small for dates fetuses. Smoleniec J, Parker M, James D.

17. Computer evaluation of the fetal heart rate pattern at term predicts behavioural state. Smoleniec J, Parker M, James D.

18. Self-assessment of blood pressure by pregnant women: A methodological evaluation. Smoleniec J, James D, Parker M.

19. The limitations in prediction and diagnosis of pulmonary hypoplasia in prolonged preterm membrane rupture.

Smoleniec J, Parker M, James D.

20. Early Amniocentesis - More information is needed.

Smoleniec J, Parker M, James D, Davies T.

Papers 15-20 Published in: Proceedings of the World Congress in Obstetrics and Gynaecology. Singapore 20-21 9 1990.

21. Strep. bovis as a cause of Intra-uterine Death

Journal of Hospital Infection 38 (1), 63-64, 1999 January

Manderson J., Glynn G., Hughes D., Parker M.

22. Common Variable Hypogammaglobulinaemia and Pregnancy

Journal of Perinatal Medicine, Vol 29 (2001) : pg 484

Harley I., Parker M, Edgar D.

23. A Rare but distinctive placental lesion associated with Beckwith Wiederman Syndrome

Journal of Obstetrics and Gynaecology Vol 22 pg 90 -91 2002
Steele K., Johnston K., Parker M.

24. Folic Acid Supplementation: Have we Improved in 3 years?
Irish Journal of Medical Science Vol 170, supplement 3, No.4, page 59
Conlon OM, Parker M.

25. Does Parity Affect Uptake of Folic Acid Preconceptually?
Br J Obstet & Gynaecol 2002 Abstract
Conlon OM, Parker M.

RECENT POSTER PRESENTATIONS

A Rare but distinctive placental lesion associated with Beckwith Wiederman Syndrome
Steele K., Johnston K., Parker M.
British Maternal and Fetal Medicine Society
Warwick. 23 -24th March 2001.

A Rare but distinctive placental lesion associated with Beckwith Wiederman Syndrome
Steele K., Johnston K., Parker M.
Junior Obstetrics and Gynaecological Society
Dublin. February 2001.

Audit -Macrosomic Babies
Johnston K., Parker M.
Specialist Registrars Obstetrics and Gynaecology
Liverpool. April 2001.

Does parity affect uptake of folic acid preconceptually?
Conlon OM, Parker M
British Maternal and Fetal Medicine Society 2002 Conference.

Research Interests

I am a member of the Hospital Research and Development Group

i. Studies of the fetal heart rate during labour using power spectral analysis for which obtained a Doctorate of Medicine, Queens University of Belfast (December 1988).

ii. CLASP is a multicentre trial to study the effects of low dose Aspirin in pregnancy. I was the hospital coordinator for this trial and attended the Annual CLASP meeting in Oxford on 28th Sept., 1990.

iii. MISTLETOE study. I was the Hospital co-ordinator for this RCOG study to investigate the outcome of Minimally Invasive Surgery.

iv. ORACLE study. I am the hospital co-ordinator for this multicentre trial to study Antibiotic Prophylaxis in Premature Membrane Rupture.

v. Thermal Balloon Ablation. Altnagelvin Area Hospital and Belfast City Hospital have taken part in a large International Multicentre Trial to study the treatment of Menorrhagia using Thermal Balloon Ablation. Altnagelvin is the only Hospital in Ireland to study this treatment using local anaesthesia. I was the Investigator in these studies and have presented the findings at International Meetings in Badgastein, Austria March 1996 and Paris February 1997. I have also written articles in medical journals and local press regarding this technique.

Educational Activities

Recognised as International Expert and European Trainer for Endometrial Ablation and provide the only hands-on training course in the UK for Novasure and Thermachoice Balloon ablation.

Recent dates of Courses:

17 th June 2005	1 consultant
21 st October 2005	1 consultant
18 th November 2005	2 consultants
9 th December 2005	2 consultants
17 th February 2006	2 consultants
24 th March 2006	2 consultants
2 nd June 2006	2 consultants

Clinical Lecturer, Dept. Obstetrics and Gynaecology, QUB.

Clinical Lecturer, College of Midwifery, QUB.

i. Lecturer / Senior Registrar, Department of Obstetrics and Gynaecology, University of Bristol August 1989-July 1990.

ii. Actively involved in Undergraduate and Postgraduate teaching.
I lecture annually to the MRCOG Part II Intensive Course.
I attended the Workshop "More Effective Teaching" by Prof. W. Thompson.

iii. Lecturer to Northern Ireland College of Midwifery.
"Update -Antenatal Care" to the Statutory Refresher Midwifery Courses.

iv. Lecturer to the School of Nursing. I lecture during all the Breast and Cervical Screening Courses. Lectures include "Pelvic Examination" and "Smear taking and Colposcopy".

v. I regularly lecture to GP Educational evenings and post-MRCOG CME.

vi. I introduced the techniques of Hysteroscopy and Transcervical Endometrial Resection to the Hospital. Both these techniques are available to all patients attending the Gynaecological Clinic and offer many advantages to both the patient and the hospital. I have supervised the training of other members of staff in both these techniques. Since the introduction of Transcervical Endometrial Resection and Thermal Balloon Ablation I have been involved in raising public awareness of this technique through press releases, local and regional television and radio networks.

- vii. Assessor for the RCOG London. Part II Book and Dissertation requirements.
- viii. Examine Medical Students Finals in OSCE Examination.
- ix. Interview Panels. Courses attended -eligible to be Chairman of an Interview Panel.
- x. Responsibility for organising and chairing the monthly Junior Doctors Audit Meeting.
- xi. Responsibility for organising and chairing the Annual Clinical Audit Symposium.

I am an examiner in:

Diploma, RCOG, London 2000-

Diploma, RCP, Ireland 2003- and sole responsibility for organising the Diploma exam including setting papers (60 multiple choice questions-5 parts each and 20 OSCE questions).

Lectures Given During 2000

Pelvic examination and cervical smear
School of Nursing QUB March 2000.

Abnormal Uterine Bleeding
DRCOG Course
Belfast March 2000.

Colposcopy, Cervical and Ovarian Cancer
School of Midwifery QUB May 2000.

Diseases of the Ovary
N.I. Family Planning Association May 2000.

Male and Female Sterilisation
Family Planning Course
N.I. Post -Graduate Medical and Dental Education September 2000.

Osteoporosis and HRT
National Osteoporosis Society
Londonderry October 2000.

Ovulation Induction, Infertility
GP Health Centre, Coleraine November 2000.

Lectures Given During 2001

Bleeding Disorders in Pregnancy
MRCOG Part II Course, Belfast January 2001.

Gynae Aspects of Incontinence
Promotion of Continence Module
School of Nursing QUB February 2001.

HRT Update -Benefits of low dose continuous combined HRT
Health Centre, Limavady February 2001.

Urodynamics
GP Health Centre, Coleraine March 2001.

Abnormal Uterine Bleeding
DRCOG Course
Belfast March 2001.

Menorrhagia Misery
Gynae Study Day
Altnagelvin Londonderry 23rd May 2001.

Clinical Governance
Audit, Quality and Research Symposium
Londonderry 13th Sept 2001.

Menorrhagia
DRCOG Revision Course, Belfast 17th Sept 2001.

Non Hormonal Treatment of Osteoporosis
GP Meeting Londonderry 13th Dec 2001.

Lectures Given During 2002

The use of SERM's in the management of Osteoporosis
GP Meeting, Strabane 28th Feb 2002.

Annual Audit Symposium
Altnagelvin Area Hospital
14th June 2002.

Menorrhagia
DRCOG Course
16th September 2002.

Lectures Given During 2003

Gynaecological aspects of Incontinence
Promotion of Continence Module -Nursing
3rd March 2003 (60 minutes).

Safety and Side-effects of HRT
GP and Practice Nurse Meeting 9th April 2003 (60 minutes).

Update on Advances in Antenatal Care GP Practice meeting, to be given 9th June 2003 (60-90 minutes).

Menorrhagia
DRCOG Course
15th September 2003.

Basic Theoretical Course Family Planning-Male and Female Sterilisation including Essure technique GP Family Planning Course, 17th October 2003.

Lecture at the Uterine Balloon Therapy Study Days.

I am one of four UK and European Recognised Trainers for Uterine Balloon Therapy used in the treatment of menorrhagia and the only one who provides hands-on training.

Lectures Given During 2004

**Abnormal uterine bleeding
DRCOG Course 13th September 2004.**

**Audit
Audit, Quality and Research Symposium, Altnagelvin 4th October 2004.**

**Thrombotic Thrombocytopenic Purpura
Ulster Obstetrical and Gynaecological Meeting October 2004.**

Lectures Given During 2005

**Menorrhagia: causes, investigation and treatment
N.I. Gynae nurses study day 25th May 2005.**

**Abnormal uterine bleeding
DRCOG Course 12th September 2005.**

**Advances in Gynaecology
GP study day October 2005.**

International Expert and European Trainer for Endometrial Ablation and provide the only hands-on training course in the UK for Novasure and Thermachoice Balloon ablation

Recent dates of Courses lecture on Novasure prior to clinical teaching:

17th June 2005.

21st October 2005.

18th November 2005.

9th December 2005.

Lectures Given During 2006

**Abnormal uterine bleeding
DRCOG Course March 2006.**

International Expert and European Trainer for Endometrial Ablation and provide the only hands-on training course in the UK for Novasure and Thermachoice Balloon ablation

Recent dates of Courses lecture on Novasure prior to clinical teaching

17th February 2006.
24th March 2006.
2nd June 2006.
17th November 2006 (planned).
8th December 2006 (planned).

Health Promotion

i. WHSSB Folic Acid Awareness Campaign. Lecture delivered to G.P.'s , Health visitors, Midwives and Staff Nurses. "Folic Acid and Pregnancy"
27th February 1996.

ii. Health Promoting Hospitals -4th International Conference , N. Ireland
Lecture entitled "The Treatment of Menorrhagia by Minimally Invasive Surgery"
18-19th April 1996.

iii. Lecture to the Girls Brigade 'Teenage Pregnancy'
29th January 2003 Kilfennan, L'Derry,
5th March 2003 Limavady GB.

MARCH 1998

ALTNAGELVIN HOSPITALS TRUST

Medical Audit Co-Ordinator

Key Responsibilities:

1. Co-ordinate the production of an Annual Audit Report for submission to the Trust Board
2. Develop an annual programme of medical audit in association with Divisional Co-ordinators.
3. Encourage the implementation of Audit outcomes in relevant directorates
4. Oversee the implementation of medical audit across all specialities with each specialty identifying key audits to be completed each year.
5. Develop constructive and respectful relationships across all specialities to facilitate the development of audit.
6. Contribute towards the development of Clinical Audit in association with the Medical Director and Director of Nursing.
7. Co-ordinate the response of audits requested by Purchasers, particularly the WHSSB.
8. Co-ordinate and plan the work of the Audit Assistants.