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IN THE STATEMENT OF JARLATH MICHAEL O'DONOHUE

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**Curriculum Vitae:**

Dr J.M. O' Donohoe  
MB, BAO, BCh, MSc, MRCP.

December 2000

**Personal Details:**

Name: Jarlath Michael O'Donohoe

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Marital Status: [REDACTED]

Qualifications: MB, BAO, BCh (University College Dublin), 1978  
MRCP, Royal College of Physicians of London 1986,  
MSc, Kings College, University of London 1986

Current Post: Consultant Paediatrician and Consultant Community Paediatrician,  
Sperrin Lakeland Trust, Erne Hospital, Enniskillen and Tyrone County Hospital,  
Omagh.

### Summary of Post-graduate Experience

Position	Dates	Place	
Intern (House Officer)	July 1978 - June 1979	St Vincent's Hospital, Dublin.	
SHO (General Medicine)	July 1979 - Dec. 1979	Regional Hospital, Limerick, Ireland.	
SHO (Geriatrics)	Jan 1980 - June 1980	James Connolly Memorial Hospital, Dublin	
Casualty Officer	July 1980 - Feb. 1981	St Marys Hospital, Paddington, London	
SHO, Paediatrics	Mar 1981 - Aug. 1981	St Marys Hospital, Paddington, London	
SHO, Neonatology	Oct. 1981 - April 1982	Dudley Road Hospital, Birmingham	
SHO, Paediatric Cardiology & Respiratory Medicine	May 1982 - Jan 1983	Brompton Hospital, London	
Registrar, Paediatrics	Mar 1983 - April 1984	St Bartholomew's Hospital, London	
Registrar, Paediatric Nephrology	June 1984 - July 1985	Royal Hospital for Sick Children, Yorkhill, Glasgow.	
MSc Student (Biochemistry)	Sept. 1985 - Sept. 1986	Kings College London	
Consultant Paediatrics	Dec. 1986 - July 1988	Al Hada Military Hospital, Taif, Saudi Arabia.	
SR Paediatrics	Sept. 1988 - Aug. 1989	Charing Cross Hospital	
Lecturer, Paediatrics (Hon SR)	Sept. 1989 - June 1992	Westminster Children's Hospital.	
Consultant, Paediatrics & Community Paediatrics	July 1992 - July 1997	RTR Healthcare Trust & Queen Marys Hospital, Roehampton	
Consultant, Paediatrics & Community Paediatrics	July 1997 -	Current Post	

### **Previous Experience:**

**General Paediatrics:** I have worked in acute paediatrics in a variety of settings becoming aware of the common disorders of childhood and the impact that family and social circumstances have on the management of such disorders.

**Neonatology:** I have acquired familiarity with the diagnosis and management of most of the problems associated with premature birth. I have undertaken the usual procedures involved such as intubation and ventilation, umbilical artery and peripheral artery cannulation and insertion of long lines. I also have some experience of the use of negative pressure ventilation.

### **Specialities:**

**Paediatric cardiology:** My experience in the Brompton Hospital provided me with an understanding of the management of congenital heart disease as well as an introduction to Paediatric Intensive Care.

**Paediatric Oncology:** The main interest of St Bartholomew's was in solid tumours of childhood. I became familiar with the application of standardised treatment protocols as well as the management of complications such as neutropaenic pyrexia.

**Paediatric Nephrology:** The renal unit in Glasgow provides the main referral centre for Scotland for paediatric nephrology. As well as dealing with nephrotic syndrome and vesico-ureteric reflux the unit served as a referral centre for acute and chronic failure for example in haemolytic uraemic syndrome and in burns. I became proficient in haemodialysis and peritoneal dialysis as well as the management of renal transplants.

**Paediatric Gastroenterology:** In St Bartholomew's Hospital the main emphasis was on chronic inflammatory bowel disease. In the Westminster Children's Hospital a wide range of pathology was seen including disabled children whose nutrition was inadequate.

### **Community Paediatrics:**

**Child Health:** I have worked in child health clinics undertaking the usual range of surveillance and immunisation activities.

**Schools:** I have worked in mainstream as well as schools for children with learning difficulties, schools for physically delicate children and a school for visually impaired children.

**Child Protection:** I attended a course in the examination for possible sexual abuse run by Dr F Lewington for the Metropolitan Police.

**Development:** Assessment of suspected developmental delay including the use of the Ruth Griffith Scales of which I am a trained user.

**Audiology:** I attended audiology clinics run by Dr Bethan Davies in Charing Cross Hospital.

**Paediatric Neurology:** Attachment with Dr N Cavanagh, Paediatric Neurologist, including attending peripartetic Regional clinics.

**Psychiatry:** Attachment with Dr H Zeitlin in Westminster Children's Hospital.

**Research:**

My first introduction to research was during my MSc in Biochemistry undertaking a project to establish if asparaginase inhibits protein syntheses in *Xenopus* (toad) oocytes.

While at Westminster Children's Hospital I was the local co-ordinator for the OSIRIS project, investigating the relative value of early and delayed administration of surfactant and different dosage regimes.

I also initiated a project to investigate the possible association between *Helicobacter pylori* and recurrent abdominal pain in children. This involved recruiting and taking blood from over 600 children in schools.

**Teaching:** Teaching medical students, junior doctors and other groups such as health visitors has been a part of my work in most of my jobs for some years. I have examined for final MB examinations.

**Experience as a Consultant:**

**Hospital Paediatrics:**

**General Paediatric:** In Queen Mary's Hospital, Roehampton there were two paediatrics wards, one predominantly acute paediatrics and the other predominantly paediatric surgery. The latter serves mainly the plastic surgery and ENT departments. I shared a one in three on call rota as second on call to an SHO. I also did two out patient sessions a week.

**Neonatology:** The Special Care Baby Unit is an 8 bedded unit and has facilities for short term ventilation.

**Specialities:** Queen Mary's Hospital has a long standing involvement in children with limb deficiency and I took part in a multi-disciplinary service with colleagues from the plastic surgery, prosthetic and occupational therapy departments.

The Leon Gillis Unit also provides respite care, particularly for children with medical problems that make appropriate respite care elsewhere difficult to access.

**Immunisation Advice:** I undertook an immunisation advice service, including administration of vaccines to "high risk" subjects. This is predominantly in support of the routine programme of vaccination but also includes adult issues and holiday immunisations.

## Community Paediatrics

**Clinical:** I continued my involvement in the clinical aspects of community paediatrics - child health clinic, special schools (delicate, learning disability and visually impaired), developmental assessment and child protection work.

**Child Protection:** I regularly saw children for examination in the context of child protection issues. I have experience of court appearance both in criminal and civil cases. I sat on the Area Child Protection Committee as well as its standing and monitoring committees.

**Child Development Team:** I chaired multi-disciplinary team meetings to plan the assessment and management of children with developmental problems.

**Training:** I was involved in child protection programmes organised by the Local Education Authorities and had been involved in a local Home start programme.

**Audit:** Case conference Attendance: I have undertaken an audit which identified administrative problems in ensuring optimal levels of attendance. This resulted in a doubling of the rate of attendance.

Medical reports for Statements of Special Educational Needs: This audit was undertaken in the light of the target times introduced in the 1993 amendment of the 1981 Education act. There has been a significant reduction in the time to return reports although it is still not possible to achieve the target times in all cases.

Uptake of High Risk Neonatal Hearing Screening: Following the introduction of high risk screening policies in hospitals delivering babies to mothers resident within the RTR area this audit was intended to establish the application of such policies and to identify what action might need to be taken in the community following discharge to support these policies.

### Service Development:

High risk infant hearing screening: Along with a former SCMO I set up a high risk hearing service. This was initially implemented on children admitted to SCBU and is will be implemented in those with a family history in the near future. The screening was initially undertaken by a member of the medical staff using Brain Stem Auditory Evoked Potentials. It has since been possible to transfer the day to day running to an Audiological Scientist and it is hoped the Oto-acoustic emissions will become possible in the reasonably near future.

Health Visitor immunisation: To try to improve immunisation rates a programme of health visitor training was undertaken to maximise the possibility of domiciliary and opportunistic immunisation.

School Nurse Hearing Testing: Traditionally the school hearing service has been undertaken by an Audiological Scientist. This has led to difficulties for example when the individual concerned has not been available or the post is vacant. To overcome this an alternative arrangement involving school nurses was put in

Health Visitor 8 month distraction hearing training: the audit of the rates of referral from different clinic sites showed a wide range of referral rates. While part of this may have been due to the varying quality of facilities available it called attention to the fact that there was no ongoing programme of training for health

visitors. Such a programme has been put in place and will be evaluated to assess if it has overcome the difficulties it was intended to address.

**Present Position:** Consultant, Paediatrics and Community Paediatrics.  
My present position is a combined Community/Hospital position. The hospital component is in Erne Hospital, Enniskillen and Tyrone County Hospital, Omagh and the Community component in the Sperrin Lakeland Trust community area.

Developments include:

**Guidelines:** a set of guidelines for use by junior medical staff

**Induction programme:** setting up an induction programme for newly started medical staff.

**Audit:** regular audit meetings to encourage junior medical staff to develop an understanding of audit and to develop an audit project. Regional funding for an audit of inappropriate admissions to the paediatric ward.

**Critical reading:** I have put in place a structured system for junior medical staff to increase their capacity for critical reading.

**Monitoring:** of timeliness of discharge summary rates, which have increased from 35% to 95%

**Breast Milk Bank:** I have led the development of a human milk bank, the first in Ireland and which is now operational

**Nurse IV insertion training:** a programme of training to facilitate the greater involvement of nursing staff in procedures of blood taking and insertion of IV cannulas.



## Presentations, Publications.

O'Donohoe JM, Jurgess E and Jones S. Prolapsed intervertebral disc following volunteer bone marrow donation. 17th Annual Meeting of the European Bone Marrow Transplant Association Italy Jan 1991

O'Donohoe JM, Sullivan PB, Barltrop D Helicobacter pylori serology in asymptomatic London primary school children Paediatric Research Society September 1993 Leicester.

Hancock MR, Bannerjee GK and O'Donohoe JM Serum cholesterol levels in London Schoolchildren National Meeting, Association of Clinical Biochemists, Brighton 1994.

O'Donohoe J.M. , Sullivan PB and Barltrop D Parental Consent to their Children's Involvement in Research.. Paediatric Research Society Liverpool February 1995

Godden CW, O'Donohoe JM, Richman J, Robinson M, Hancock M, Barltrop D Iron Deficiency in Primary School Children in London BPA, University of York, 1996

Association of Lactation Consultants of Ireland: Why Ireland Needs Human Milk Banks, Ulster Hospital, Dundonaldm Annual Study Day October 2000

Regional Multidisciplinary Audit Meeting, Inappropriate Admissions in Acute Paediatric Wards, Stormont Hotel, Belfast, October 2000

O'Donohoe JM, Burchett K Home nebulisers BMJ 1991; 302 ;1599

O'Donohoe JM, Brueton MJ and Holliman RE Concurrent congenital human immunodeficiency virus infection and toxoplasmosis Pediatr Infect Dis J 1991;10:627-8

Jurgess E, Eltumi M, O'Donohoe J and Hobbs J. Pancreatic insufficiency after bone marrow transplantation. Lancet 1991;336

Prophylactic paracetamol and childhood immunisations. Drugs and Therapeutics Bulletin 1990; 28:73-4

Cooling the Feverish Child. Drugs and Therapeutics Bulletin 1991;29;71-72

O'Donohoe JM, Sullivan PB and Barltrop D Helicobacter pylori serology in asymptomatic London primary school children. Paediatric Rev Commun 1995 ;8;212

O'Donohoe J.M., PB Sullivan, D Barltrop Parental Consent to Their Children's Involvement in Research. Pediatr Rev Commun 1995;8:224

O'Donohoe JM, Sullivan PB, Scott R, Rogers T, Brueton MJ and Barltrop D: Recurrent Abdominal Pain and Helicobacter pylori in a Community-based Sample of London Children Acta Paediatr 1996;86:961-4

Robinson M, O'Donohoe J, Dadian G, Wankowicz A, Barltrop D and Hobbs J An analysis of the Normal Ranges of Lymphocyte Subpopulations in Children aged Five to Thirteen Years European Journal of Paediatrics 1996;155:535-9

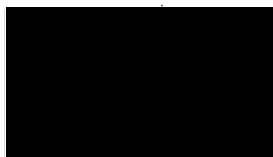
O'Donohoe JM, Hancock MR and Banarjee Screening for Hyperlipidemia in childhood Journal of the Royal College of Physicians of London 1996;30:268

## Local Co-ordinator:

The OSIRIS Collaborative Group: Early versus delayed neonatal administration of a synthetic surfactant - the judgement of OSIRIS Lancet 1992:: 1363-1369

4.4.6.

Referees:



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