



BAPM News

Issue No 5

February 2003

From the President

Our NHS has been subjected to scrutiny and found wanting. Prompted by ridiculously long waiting lists for hospital out-patient appointments and operations, and by the occurrence of a cluster of serious incidents which attracted the media, there came the cry "enough is enough – something must be done". I cannot remember a time when the NHS has been the focus of such a push for change in so many diverse areas simultaneously. Among the important issues are education and training for all staff, a re-examination of professional roles across the whole of the NHS, issues around doctors hours of work, debate around the consultants' contract, and the introduction of a range of clinical governance standards that are subject to critical external assessment.

Most would agree that we need to improve the quality of the NHS experience for patients and, in the case of our specialty, for parents too. But when the drive for change is so intense it is usually accompanied by a period of destabilisation of services. The magnitude of this effect varies from one specialty to another. The most vulnerable are those specialties that are relatively new in the history of the NHS and that are rapidly evolving. These are often the ones where uncertainty still surrounds the most effective way of providing a service nationally and contracting for this, and where the service relies heavily on team working across different specialties. Put simply, when a service has never achieved stability the drive for change is liable to make things worse before they get better. In this respect neonatal-perinatal medicine is a vulnerable specialty. An agreed national plan for the provision of neonatal-perinatal care is only one piece of a jigsaw.

Against this background we need to position ourselves to ensure that stability comes sooner rather than later. Our association, along with the Royal Colleges and a range of other organisations, will continue to influence central policies. However, the key to stability is effective management of change at local level. Yet few newly appointed consultants in neonatal medicine and related perinatal specialties have been adequately prepared for the major agenda which they face.

There is now a real need to introduce

the achievement of non-clinical skills into our education and training. Unless we do so we will run the risk of producing consultants for whom the day to day excitement of clinical challenges in neonatal-perinatal medicine is overshadowed by unhealthy tensions generated by frustration. This path can rapidly lead to endemic unhappiness among all staff and the creation of dysfunctional neonatal units and delivery rooms.

Some training programmes for specialist registrars do have a non-clinical skills component but usually these are of limited breadth. Education in certain core skills, such as helpful communication, emotional intelligence, and effective working in teams, needs to be available before the specialist training years. There is scope for these skills to be taught as a shared experience between junior doctors and neonatal nurses. Other issues such as specialty-related ethics, workforce planning – especially addressing conflicts between training and service provision, working with managers, avoidance of institutional exclusion, and achieving incentives need to be addressed as a continuum throughout specialist training and as part of an extended induction programme for newly appointed consultants.

Our Association has arranged a Trainees Day on 25 June 2003 at the Royal College of Obstetrics and Gynaecology. It is aimed at trainees and there will be an opportunity to explore some of these issues.



Attendees at the AGM in Reading

National Trainees Day (for Neonatal and Obstetric SpRs) Wednesday 25 June 2003

Venue: RCOG, 27 Sussex Place
Regent's Park, London NW1

09.30-10.00 Registration and coffee

JOINT SESSION

- 10.00-10.30 The Changing Environment for Training
- 10.30-11.00 Non-clinical competencies
- 11.00-11.30 Perinatal networks and their impact on the service
- 11.30-12.00 Handling Risk Management in Perinatal Medicine

12.00-13.30 Lunch, with surgery (individual sessions)

SEPARATE SESSION – NEONATAL

- 13.30-14.15 Sub-specialty Training in Neonatal Medicine
- 14.15-15.00 What I wish they had told me BEFORE I became a Consultant
- 15.00-15.30 Academic Training in Neonatal Medicine

SEPARATE SESSION – OBSTETRICS

- 13.30-14.00 What do the Trainees want?
- 14.00-14.30 A future in Obstetrics
- 14.30-15.00 Sub-specialty Training in Materno-Fetal Medicine
- 15.00-15.30 Academic Training in Obstetrics

15.30-16.00 Refreshments

JOINT SESSION

- 16.00-16.45 When to avoid in-utero transfer
Why in-utero transfer is always preferred

16.45 Close

BAPM and RCOG
JOINT SCIENTIFIC MEETING

Open to non-members, obstetricians, paediatricians, midwives, neonatal nurses and other allied professionals

Further details will be made available on the website

Contact:
BAPM Administrator
Email: bapm@rcpch.ac.uk

Thursday and Friday
4 & 5 September 2003

Venue: RCOG
Sussex Place
London

The 'Child in Mind' Project

Child Mental Health for all Paediatricians

We hope you already know something about the 'Child in Mind' Project - an initiative of the RCPCH, but jointly managed by the Royal College of Psychiatrists and the British Psychological Society. The aim of the Project is to develop training for paediatricians in child mental health as it applies to each area of paediatric practice. We are currently piloting a course for SHOs new to paediatrics and GP trainees in 6 pilot sites around the UK.

We are now looking ahead to the training of career paediatric SHOs. Starting in August 2003 we hope to pilot a neonatal and infant focused course in a similar number of sites. If you are a Consultant Neonatal Paediatrician, are interested in mental health and have a good working relationship with a child psychiatrist, psychologist or psychotherapist, we would be interested to hear from you.

On Monday 7th April 2003, as part of the Annual Scientific Meeting in York, we will be holding the second 'Child in Mind' Workshop. We would particularly welcome applications from those of you who might be able to offer your services as a neonatal pilot site. A registration form is included with the main meeting information or can be obtained from the RCPCH.

We look forward to hearing from you.

Dr Avril Washington
Consultant Paediatrician
'Child in Mind' Project
awashington@doctors.org.uk

Data Network Project

At the AGM in Bristol in September 2000, Andy Lyon described the possible development of a project whereby data already collected using a range of systems could be collated using web based software. The objectives would be to produce reports for individual units and to facilitate benchmarking to enable quality improvement initiatives.

It was agreed that BAPM would support but could not fund the project and the President (then Prof Andrew Wilkinson) agreed to initiate the necessary grant applications. Reports on the progress of the project have been made to subsequent BAPM AGMs.

In 2001 funds were granted by the South East Region to pilot the project at 10 sites spread across England.

In 2002 further funds were granted by the London Region to extend the pilot to include the 16 units in London with the greatest activity.

Together these 26 sites will be adequate for testing the development of software for the pilot study.

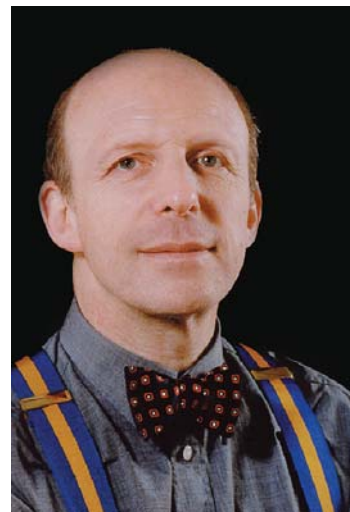
The study is led by a team comprising, Dr Andrew Lyon, Prof Kate Costeloe and Prof Andrew Wilkinson and has gone forward supported by BAPM in collaboration with Clevermed, an Edinburgh based software company with experience in working with the staff of neonatal units.

The 10 sites funded by the South East Region have been visited and software for the processing of pooled information has been developed. A sample database of fictitious data is available at www.bapmdata.net

In the time since this project was first discussed in 2000 there has been, in England, a National Review of Neonatal Services and the announcement of the Children's National Service Framework which includes an IT module. There have been no published reports as yet but there is wide realisation that all recommended developments will have to be under-pinned by accurate, standardised, transparent data describing activity and outputs.

On 15 January a very successful meeting was held at RCPCH to discuss the way forward and notes of that meeting are available on the website (www.bapm.org)

Kate Costeloe



Recognise this man?

For any of you who don't, this is Prof David Harvey, BAPM's Honorary Archivist and one of the founder members of the Association.

David retired at the end of September and colleagues and friends gathered to recognise his outstanding contribution to paediatric and perinatal medicine throughout his career.

He continues his work as Honorary Archivist for the Association and we wish him all the very best for his retirement.

British Association of Perinatal Medicine
Clinical Trials Group



Annual Meeting

10:00am–5:00pm
Thursday, 22 May 2003

Royal Institute of British Architects
66 Portland Place, London W1

Organised by the
British Association of Perinatal Medicine
Suitable for CME / CPD programmes

Communication

In the coming months, we intend to pilot a number of ideas that we hope will improve communication between the members of BAPM and those involved in various activities on behalf of the Association. In relation to most of these initiatives, we need a little more time to get our thoughts together but look for further announcement in future newsletters. However, what would we like to begin as soon as possible, is a letters page for the newsletter. We are happy to receive comments on any topic related to perinatal medicine but we are particularly keen to hear the views of members in relation to what you feel BAPM should, or should not, be doing.

David Field

To make it clear ...

It has come to our attention recently that there has been some confusion regarding the current data network project, and the relationship between BAPM and the software company, Clevermed (who have provided much of the technical expertise for the project).

BAPM encourages all research and development work designed to improve data collection and utilisation in relation to neonatal care, particularly where such work employs the BAPM dataset.

The Data Network Project is seeking to develop a system which can receive a core set of data from a number of neonatal units (even where those units use different database systems) which can then be used to compare performance nationally.

BAPM's role in the Data Network Project is that it supports the project but has not put funding into it. BAPM has no direct input into the running of the project but the Executive receive progress reports regularly from the management team.

Clevermed's technical expertise is assisting the Project Team to pilot this project.

However, this is merely an attempt to pilot an interesting approach it does not represent BAPM's view of how units should carry out benchmarking and performance management in the future.

David Field

Letter from the Honorary Secretary

It has become something of a tradition that each of the pieces I write for the newsletter should contain reference to the "National Review", and I am loathe to break with tradition but there is little new to say. However those of you that follow Parliament closely will perhaps be aware that at the end of last year the Minister, in response to a question, reported to the House that the "National Review of Neonatal Care" would be released by the Government soon. One can speculate on the reasons why it has taken so long to release the document but I think an undertaking given in this way means that we can expect to see it sometime during the coming months. A lot of people have been lobbying to have the document released and I would like to thank, in particular, our colleagues at BLISS and the President of RCPCH, Prof Sir David Hall, whom I would also like to congratulate on behalf of BAPM for his deserved knighthood in the new year's honours list.

I seem to have spent a lot of time in recent weeks organising a variety of meetings due to take place in 2003. The programme for the perinatal session of the Spring meeting is now settled. Although there was a fall in the number of abstracts submitted to us this year (last year's total was a record high) I am pleased to announce that 9 of the 12 abstracts put forward for plenary presentation were accepted. Our own programme on Tuesday, 8 April, I think will make for an excellent day and I hope to see as many of you as possible. Remember that because of the new format for the Spring meeting as a whole our session will start at 0830.

Last year, the final programme for the Clinical Trials Group meeting was left rather late and as a result it was eventually cancelled because the number of people who booked was insufficient to make the meeting financially viable. The organisation of the meeting was changed as a result and, in fact, the programme for this year was settled last Autumn (see separate advertisement for details). The meeting will take place on 22 May and the venue will be in London for the first time (previous meetings having taken place in Birmingham). Those of you that have attended these meetings in the past

will know they are extremely stimulating, giving everyone a chance to influence the design of major trials that are being developed.

Our "Day for Trainees" this year will take place on 25 June at the Royal College of Obstetricians and Gynaecologists. Last year's "pilot", which we were kindly allowed to run as an add on to the Middlesbrough neonatal meeting, was a great success. However, the executive felt that BAPM had to take complete responsibility for future meetings and hence this is a "stand alone" day.

This year will also be tailored to both neonatal and obstetric trainees. Unfortunately, by separating the meeting and using a central venue, the costs have risen considerably but we felt this change was essential if we were to fulfil our remit of being truly perinatal. We think that the programme is first class and would ask you to encourage trainees, those thinking of training in a perinatal specialty and trainers to attend.

The programme for the AGM and annual meeting are nearly settled. We are meeting jointly with the Royal College of Obstetricians and Gynaecologists at the new education centre at their Regent's Park office.

Again I think the programme is excellent - but there is a small snag, which I wish to flag now (and will keep flagging to you). Despite our very best efforts we have not been able to arrange a single booking form for the AGM and the scientific meeting. Therefore I am both warning you of and apologising for the apparent duplication of effort that will be needed in booking for this meeting. We will try and make things as simple as we can.

Finally, I just want to flag to you that we will be electing my successor in the Spring. The successful individual will then serve a year as Secretary Elect before taking over at the end of the 2004 AGM. If you are interested in standing and want to find out more about the role then please get in touch.

By the time you read this it will be a bit late but nonetheless Happy New Year.

David Field

Seeking informed consent: changing times

I retired several years ago and would not presume to comment on the admirable Doc E of AGM Agenda Papers 2002. However, two sentences strike a chord.

When I took up my appointment at Charing Cross Hospital in 1966, the so-called "Prem Unit" was a small airless prefab which even the occupants of Calcutta's black hole would have regarded less congenial.

Five years later, we had piped oxygen and air, proper ventilation and air conditioning and our own ambulance, a sort of SCBU on wheels, for collecting babies from far and wide. With no maternity beds at Fulham, all referrals came from elsewhere. The NHS contribution for all this was minimal and even the piped oxygen was a gift from British Oxygen in a rare show of philanthropy.

In 1972, I approached Mothercare to sponsor a leaflet the team could leave parents before we took the baby away. This, plus a rather foggy Polaroid snapshot, were two small tokens to show that we cared. Elegantly printed on glossy paper, it was probably the first of its kind.

The babies pictured in that leaflet are now over 30 years old and the students who posed as their parents must be nearing retirement. Your own current SHOs and registrars had not been born. Consent was not a major factor in 1972 and our leaflet was more intended to carry information and hope.

Shortly after starting to hand it out, I received a curt note from the House Governor forbidding us to use it and to destroy the 1000 or so copies Mothercare had generously printed. (He was actually a very decent person and very able administrator, so this unexpected row over nothing was totally out of character.) Apparently, he took exception to the following sentence: *"Because the care of the babies is the most important consideration, it is not always possible to keep you fully informed of all that is being done."*

I naturally refused and the dispute rapidly blew up into a major war. Battle lines were drawn, knives sharpened, axes ground and unlikely alliances forged. Sworn enemies for years suddenly became bedfellows.

As if the affair had not already spiralled out of control enough, the House Governor saw fit to involve the

MDU of which I was a member but he, of course, was not. The Secretary of the MDU happily obliged

with the extraordinary opinion that the leaflet was dangerous without thinking to ascertain the author.

I was outraged, as were several colleagues who threatened to resign from the MDU and join the MPS. I sent a strong protest to the MDU President, whose grandchild I happened to be looking after at the time.

Apart from the storm now raging at the MDU, the battle at Charing Cross was about to culminate in an extraordinary meeting of the full Medical Committee of all 80 or so consultants. Here the House Governor could expect to be heavily outnumbered, especially those who felt their freedom of expression in *The Lancet* or *Spectator* was under threat. There were dark mutterings of a vote of censure - the first in the 150-year history of the hospital.

Two days before the fateful meeting, the House Governor asked to see me and made the penitient journey from the Strand to Fulham. He apologised and offered to make amends which I was happy to accept. The nearby occupational therapy hut was about to be vacated and was just what I needed for a neonatal research laboratory. We shook hands on the deal, the meeting was called off and peace was restored.

It was a major territorial gain. Six months later, with a large grant from Cow & Gate, the laboratory was up and running with a research fellow, technician and state-of-the-art analysers which enabled us to check our own blood gases, electrolytes and bilirubins on microsamples as often and whenever we liked. This may now be normal NICU practice, but 30 years ago it was almost unique. We never made any earth-shattering discoveries but a lot of lives were saved in the process.

Herbert Barrie



Owen Rice, 2 July 2002 at Whittington Hospital

Diary Dates 2003

- 11-12 Feb EPICure meeting, Nottingham
- 24 Mar CESDI Project 27/28, RCOG, London
- 8 April Perinatal Session at RCPCH Spring Meeting, York
- 22 May BAPM Clinical Trials Group Annual Meeting, RCOG, London
- 25 June BAPM National Trainees Day, RCOG, London
- 4-5 Sept Annual General Meeting and Scientific Meeting, RCOG, London, UK (Joint meeting with the RCOG)

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