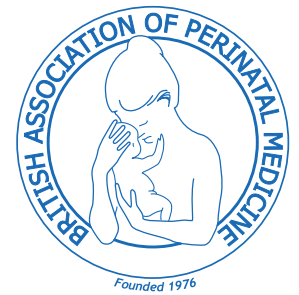


BAPM News



From the President

A belated Happy New Year to you all – I suspect that the festivities are long forgotten as we face 2007. The NHS remains in the forefront of the news and the uncertainty over how neonatal care will be commissioned is only slowly becoming clearer as the new SHAs get themselves organised. The most important news of the month is that we welcome Lisa Nandi as our new Executive Officer. Lisa is just starting to take over the reins and is looking forward to the challenge of keeping the Association on a steady track.

As a result of the Nuffield Council on Bioethics report in the Autumn we have started to move forward. We were recommended to revisit our published guidelines with other professional bodies and we have started to assemble a working group to take this forward. I am delighted to announce that Professor Andrew Wilkinson has agreed to chair the group and we have asked for representation from the RCOG, RCPCH, RCM, NNA. As an important part of this initiative we will be preparing some written information for parents and BLISS have agreed to contribute both to the group and to ask other interested parent representative groups to help develop this. We have given Andrew a tough job as we would like the new guidance to be presented as part of the Annual Meeting on 6-7th September.

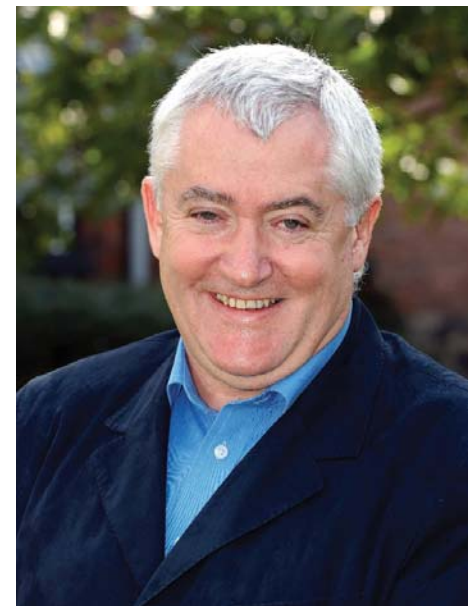
The other congratulations we have to offer is to the team, led by Professor Kate Costeloe, who have completed the labour ward part of the new EPICure-2 Study. This has been a Herculean task and thanks go out to everyone across the country who has contributed to this. She tells me there are still some patient forms

outstanding and a couple of units who have not returned their Unit Profile Forms – please try to get the information up to date as quickly as possible.

We have changed the format slightly of the Annual meeting to reflect the transport peculiarities of the Isle of Man and to finish in time to ensure that those not staying on for the weekend can get away. As the work that you all have put into EPICure has been so central to the success of the study we are intending to get the EPICure team to present preliminary data to the Association as a prelude to the discussion of the revised guidelines. I do hope that this will encourage you to come and be the first to hear of the results of the new cohort study and the continuing saga of the 1995 cohort. We will spend the Friday morning and lunchtime discussing these issues.

Following our AGM we will open a discussion around Neonatal Networks and how they should go forward and then for the very first time we would like to hold a poster session with formal "poster walks" so that posters can be presented briefly and discussed. This precedes our Founders' Lecture which this year is being given by Professor Neil McIntosh. I do hope that all of you engaged in research will think to submit an abstract and come along and present a poster to the meeting. And remember – book early!

Other initiatives are continuing to make headway. The National Neonatal Audit has been running at pilot sites this year. The last question they pose is centred around 2 year outcomes and as a result we have established a joint working group to re-examine how we should categorise



outcome at two for routine purposes, building on the important Health Status and Prematurity Document available from the NPEU in Oxford. This too should be complete by September.

Finally I do hope that as many of you as possible can come to the Perinatal Day at York on Wednesday 28th March and to the joint meeting with the Respiratory Group on the preceding day. I look forward to welcoming you there for what promises to be another good scientific and educational meeting centred around topics important to us all.

Neil Marlow

Neonatal Subspecialty Training - Past, Present and Future

I have been invited by BAPM to give a report on the work programme of the neonatal college specialist advisory committee (NCSAC). At the time of writing this many trainees will be waiting anxiously for the results of the national grid shortlisting process. Interview dates are set for two days 27/28th February 2007.

The decision to limit the number of trainees entering the grid to 15 this year reflected a number of factors. These included the lack of detailed workforce planning in the UK for neonatologists, the reduced numbers of consultant job descriptions submitted for approval to CSAC in 2006, down to below 10, the national direction for reduced funding to the NHS from 2008, and that there are upto 60 trainees (years 3-5) going through neonatal subspecialty training at present. NCSAC accepts that this is not exact but in the absence of any other methodology the committee felt it must be cautious as it would be inappropriate to train too many as would appear to be the case in some adult specialties. I feel confident that we will not face shortages of trained doctors in neonatal medicine for at least the next 5 years.

Many members of BAPM will be familiar with the neonatal competency framework, first developed by NCSAC in 2000. We all accepted it had some weaknesses but was being used as a helpful guide in monitoring the training needs of individuals. However, it is no longer considered fit for purpose and in the past 12 months NCSAC have had to revisit this and redesign in line with the already published Level 1 (basic) and Level 2 (core) paediatric competency documents. This is to meet the requirements set by PMeTB for MMC. The development has been a slow process and I suspect many will be surprised (possibly disappointed) by the format of the document. The NCSAC have made numerous representation to the college to make this more user friendly, but since the format for these

documents had been set in the Level 1/2 documents, it will be in the same format. NCSAC will be communicating directly with the neonatal specialty training leads on this issue in due course. Your views on the new document would be greatly valued.

By July 2007 it is expected that the new assessment strategy (for the defined competences) will have been agreed for subspecialty training. The assessment of trainees during the final 3 years of training will become mandatory. Before the award of CCT, each trainee will have to demonstrate satisfactory progress i.e. be deemed competent. What is clear from this new curriculum is that the neonatal trainee will need to prove their competence in paediatric skills as well as neonatal.

We appear to be moving away from an exit exam (was being seriously considered) and more towards continuous assessment during training. The assessment methods being discussed include Case based Discussion (CbD), SPRAT and Mini-CeX. A pilot programme has started to assess Mini-CeX at level 1 and CbD at level 3. Once the most appropriate assessment methods have been agreed, the significant challenge will be to work out how all this formal assessment of trainees will be delivered from the existing consultant body. It is noteworthy that foundation training and the assessments came with extra resource to support this. No surprise for guessing that level 1/2/ and 3 assessments will not.

Later this year, the College will be inviting nominations for chair elect of NCSAC. Given the size of the specialty and for improved continuity it has been agreed that there should be for 1 year prior to completion of my tenure in September 2008. I hope there will be significant interest.

If readers are paying attention it will not have escaped them that my tenure as chair of NCSAC and my

role as honorary secretary of BAPM (starting in September 2007) overlap for a period of 1 year. Since the honorary secretary of BAPM sits on NCSAC, it has been agreed with the college that another representative from BAPM will be invited to sit on the NCSAC for this overlap period. This will be discussed at the BAPM EC in due course.

I would be happy to hear from any members on issues that relate to the work of NCSAC. I know that many of you have already contacted over the dreaded national grid process. I suspect that will continue. However I'm happy to be contacted by email, bryan.gill@leedsth.nhs.uk, on any other relevant issues.

A Bryan Gill

Chair of Neonatal RCPCH Specialist Advisory Committee

BAPM Clinical Trials Group

16 & 17 May 2007

Jurys Inn, Birmingham

16 May Clinical Trials Group Meeting

Topics include:

- Atosiban versus nifedipine for tocolysis
- Donor breast milk versus formula
- Evaluation of maternity units
- Labour ward management of the neonate

17 May Clinical Trials Workshop

'Developing a Protocol for a Randomised Controlled Trial'

For further information and to register for this meeting, please visit

www.bapm.org

or contact the BAPM office.

Letter from the Secretary

The effects of global warming seem to be delaying my normal desire to go into hibernation – clear blue skies up here in Edinburgh compare well with the storms south of Hadrian's Wall.

Over the last 3 months there has been nothing major to report but the Association deals with a continual trickle of consultation requests. The Nuffield Council report on ethical decisions in fetal and neonatal medicine stimulated much debate. This is an excellent document which will help us all in practice. BAPM is forming a working group to look at the practical issues and aims to update the current guidelines on the management of the extremely immature baby.

The RCOG working group considering the management and registration of the previable fetus has not yet been finalised and published. I hope that this will appear soon as it is important that we have some clarity and consistency in the way the extremely immature babies are treated and how we register them after death.

With Christine Cooper moving to take up battle with training and PMETB we have appointed Lisa Nandi as the new Executive Officer, taking up post at the end of January. Lisa has much experience in medical postgraduate education and I have no doubt will move into her new role with ease. In the interim Andrea Drury has kept everything (including me) under control and I thank her for an amazingly good and professional job over such a short time. Andrea's interests lie more with working in some role with developing countries and I know we all wish her well in her future. As always, Julia Wheal has been a steady, efficient and cheerful presence in the office and I am sure she will be important in helping Lisa 'get up to speed'.

The programme for the RCPCH meeting in York has now been finalised and will be available soon. As you will remember the perinatal day is on Wednesday 28th March and not on the Tuesday as in previous years. There are 2 invited speakers. Dr Alan Cameron from Glasgow talking about problems of monochorionic twins, in particular issues around twin-twin transfusion and decisions about timing of delivery. Ben Stenson from Edinburgh will be reviewing the current literature on early management of RDS. This will include the CPAP/early surfactant debate which is current following the reporting of the COIN study. There were a large number of abstracts submitted for the free papers. It is inevitable that many have to be rejected, including some of good quality. However, I hope that we have put together an interesting programme for the day.

On the afternoon of Tuesday 27th March we are holding a short combined session with the Respiratory Group. There will be a debate about the use of Palivizumab and discussion around issues relating to home oxygen in babies with chronic lung disease.

Details of the summer meeting are in this newsletter. The clinical meeting will include early data from EpiCure2, which will be reported for the first time. This year all abstracts accepted for presentation will be given as a poster. We will have room for up to 30 posters which will be presented as 3 parallel poster walks. The Isle of Man looks like being a fun venue. The clinical programme is also shaping up to be very interesting and I hope as many as possible join us for the meeting.

By the time you read this newsletter you should have received an e-mail bulletin about the proposed changes to the Trust Deed. You may remember that this needed to be done to keep us in line with the new Charity Commission rules. During this exercise we circulated the idea that the President and Secretary may extend their period of office from 3 to 4 years. This resulted in a great many responses and a decision has been made to put this on hold until we can discuss it further at the AGM.

Talking of the President, we will soon have to elect someone to take over the presidency after the AGM in 2008, following a year as President-elect. A call for nominations will go out around May but it would be useful for members to give some thought to possible nominees.

The National Neonatal Audit Project continues to progress. Most of the early adopter sites are now supplying data and this is helping sort out a number of problems relating to collection, data definitions etc. At the RCPCH meeting in York there is a meeting about this project just before dinner on Tuesday 27th March. This is open to everyone and aims to bring you up to date with the project and discuss the roll out to other units. Neil McIntosh informs me that there is an ample supply of wine to go along with this meeting. I hope as many of you can attend the Respiratory Group combined meeting on Tuesday, followed by the National Audit Project the same day and then the Perinatal day on the Wednesday.

There has been a work going on with the major data collection projects throughout UK to try and finally make sure we are all using the same data definitions. If all systems are collecting the same data then it should in the future be easy to pool anonymised data for audit and benchmarking exercises. There is a BAPM working group being put together to develop and agreed dataset for the 2 year follow up of babies who have been through neonatal intensive care.

I look forward to seeing you in York and at the AGM and summer meeting in the Isle of Man.

Andy Lyon

Nursing and Midwifery Update

It's nearly over. My three years as the first nursing and midwifery (N&M) representative on the Executive Committee (EC) of BAPM, that is. At the AGM in September Alison Gibbs will take this on for the next three years. The time has really raced by, and so I thought it might be good to take stock, to consider what has been achieved and what might need to be on the agenda for the next period.

Inevitably with a new position a lot of work has been done in simply trying to work out how the N&M rep can best serve the interests of the N&M constituency and the Association as a whole. Like with cookery, simple things done well are probably better than complex things done badly, so a significant first step was to identify all the N&M members and start to work with them on topics of interest and concern. A system of pre and post EC meeting emails aims to provide a speedy process from seeking members issues to discussion at EC and subsequent feedback to members. Many issues raised by members have been through this cycle and hopefully this has been helpful. The other effect of this is that N&M issues are now a routine part of the discussions at EC and so the organisation as a whole is better briefed on these than it was before. Further, many of the discussions at EC have a N&M dimension that might previously have been overlooked but which are now more rounded and complete.

Getting N&M issues on the agenda at BAPM has been very straightforward, like pushing at an open door. No-one working in neonatal or maternity care can be under any illusion that nurses and midwives are key to building successful perinatal services and the Association clearly has a desire to engage with these issues. BAPM is a position of some strength as a multidisciplinary organisation in seeking to be a leading player in discussion about the future of perinatal care, and so there are strong reasons for nurses and

midwives to engage with BAPM. I strongly urge members to sign-up nurses and midwives for BAPM membership. More N&M members strengthens the Association and also gives the Association a stronger voice to represent those members – a win-win scenario!

The process of building N&M representation in BAPM has really only just started, and there are several areas that I think need further consideration. The cost of attending the annual meeting, with travel and accommodation, is an obstacle for many N&M members and we are still working on plans for a funded bursary scheme. Simply expanding the N&M membership is important. Building better links with the other organisations in the field will really help us work in a joined-up way in the future and some mechanism for perinatal N&M organisations to meet may be helpful. It's not easy for a neonatal nurse to represent midwifery issues and while I've had some great help from midwife members of the Association there may be a better way of having this voice at the table.

In a couple of years time the Association will be seeking nominations for the third N&M representative and I urge N&M members to seriously consider standing – it's a really excellent opportunity. Before then of course, my sincere best wishes to Alison Gibbs for her time as N&M rep and thanks to BAPM for welcoming me to the EC.

Andy Leslie

N & M Representative

Neonatal Section membership:

Dr Kathy Beardsall, Prof K Costeloe, Prof Henry Halliday, Dr Alison Leaf, Dr Andy Leslie, Dr Nim Subedar, Miss Beryl Langfield, Dr Rachel Lewis, Prof David Evans (*ex officio*), Prof Peter Brocklehurst (*ex officio*)

MCRN Neonatal Update

I thought it was time that I got back to BAPM with regard to how the neonatal section of the Medicines for Children network is going, as there have been quite a few developments.

One of our aims is to provide help and support to those developing protocols. We can, where applicants wish, work with them until a point is reached where we can write formally saying that the protocol has the support of the CSG, and this can be included in any application for funding. Our work in reviewing protocols was hampered for several months this year because of uncertainty about how telephone conferences were to be funded. This situation seems now to have improved although the exact budget available to us during a year remains somewhat uncertain.

Many people will be aware that the local research networks who are going to be responsible for carrying out recruitment for many trials that run through the Medicines for Children network have now been set up. We have successfully made the case that for neonatal medicines this patient base will not be adequate and we have been given funding for an additional administrator who will oversee a somewhat wider collaboration of units committed to recruiting to neonatal trials. He/she will shortly be appointed to the NPU, and once in post will actively be seeking out units who wish to join this wider network.

We also hope to gain sufficient resource to carry forward a dialogue with the neonatal community to highlight what those involved in neonatal care currently feel are the priorities with regard to future neonatal trials. If we are successful in gaining the funds to do this we will hope to use a Delphi approach to narrow down the suggestions to the top four or five.

David Field

Consultant Neonatologist

News from BLISS

Training opportunities in 2007

BLISS is running a series of study days in 2007 which will focus on the feeding and nutrition of preterm infants. Professor Peter Hartman, from the University of Western Australia, will present the latest results from his research on breast physiology and lactation. Another keynote speaker will be Dr Donna Ramsay who will be discussing new research on how babies coordinate sucking, swallowing and breathing. Other topics to be covered include the nutritional adequacy of preterm milk (and the pros and cons of fortification and mineral/vitamin supplementation) and the role of donor breast milk. The days are aimed at all health professionals involved in the care of premature babies.

Dates: 6 July (Bristol), 9 July (London), 11 July (Manchester)

Contact Sheila Thorne at BLISS for more information (sheilat@bliss.org.uk or 020 7378 1122)

Research update

The BLISS Innovation in Care Fund enables the UK neonatal community to develop new ideas, communicate them within and between units and networks, and put them into practice. Here's a summary of what BLISS is currently funding:

Development of vital signs monitoring software – Prof Neil McIntosh of Edinburgh University is leading a three year project to develop intelligent monitoring software, designed to alert clinicians to dangerous trends in the vital signs of a baby in intensive care.

New ways of disseminating information – Dominique Acolet of CEMACH is assessing whether an innovative 'active' strategy for the dissemination of neonatal research findings, recommendations and national guidelines is more likely to lead to changes in practice than the traditional, more passive, forms of dissemination.

The active strategy involves educational outreach by trained facilitators.

New research into the benefits of Kangaroo Care – Maria Tallandini, Professor of Psychology at University College London, is researching the effects of prolonged skin-to-skin contact on the early relationship of mothers and their premature babies. While the physiological benefits to premature babies of receiving regular kangaroo care have been well-documented, Professor Tallandini is hoping to learn more about its effects on mother-infant interaction and bonding, and also on maternal psychological well-being.

Pioneering approach to neonatal training - Lidia Tyszczyk, consultant in neonatal medicine at Hammersmith Hospital, is developing the application of clinical simulation to multidisciplinary neonatal training. The key benefits expected of this new training approach will be enhanced clinical practice and improved communication and teamwork, leading to better decision making in crisis situations – which in turn will lead to improved patient management and safety.

Resources for parents - Ayrshire Central Hospital is developing a DVD specially designed to help train parents in infant resuscitation. It will give them precise information and demonstration of what to do if their baby chokes or stops breathing. The DVD will help parents to be better equipped and feel more confident of caring for their baby by themselves after discharge.

Infant pain intervention – Professor Linda Franck is leading a research project to assess the benefits of a nurse-led, parent-focused intervention which aims to facilitate parenting skills and empower parents in alleviating pain.

For more information contact Jane Abbott (Janea@bliss.org.uk or 020 7378 1122)

BAPM Educational Bursary Treasurer's Sponsored Trek to Mount Kilimanjaro

I am going to attempt to trek up Kilimanjaro in February. This started as a private holiday and so as far as expenses of getting there and doing the climb are concerned I will be footing all the bills personally.

I have for some time been trying to set up a bursary for educational purposes particularly for non-medical members of BAPM. It strikes me that the climb would be an opportunity to raise funds for this bursary.

If you would like to assist BAPM and sponsor my Trek, please contact the BAPM office with your pledge. All

funds raised through this route will go to the bursary fund.

Just to be clear, I will collect your pledge if I get at least some way up Kili, but please feel free to incentivise me by increasing the amount if I get to the top! So far,

BAPM members have generously sponsored me £1,170 plus an additional £585 if I reach the summit. I have also received £1,550 of commercial sponsorship.

I hope to report back on the trip in the May newsletter, complete with pictorial evidence.

With best wishes and thank you in advance for your generosity.

Jag Ahluwalia



Meeting Information 2007

BAPM Annual Meeting 2007

As you will see from the enclosed booking form, the programme for this year's meeting should provoke lively discussion and prove to be as interesting and informative as ever.

The format of the Annual Meeting this year differs slightly to previous meetings: the meeting will last for a day and a half with the Scientific Meeting commencing on the Thursday.

Instead of free papers there will be a poster walk with 3 parallel sessions, containing approximately 10 posters each with 5 minutes presentation per poster and 2 minutes for discussion. We hope to have productive debate on developing networks and look

forward to a stimulating Founder's Lecture from Professor Neil McIntosh.

The Friday programme focuses on the EPICure Studies of extreme prematurity. This will allow delegates to catch afternoon return flights or to extend their stay and enjoy all that the Isle of Man has to offer.



48th Annual Meeting of the European Society for
PAEDIATRIC RESEARCH
Prague, Czech Republic, October 6 – 8, 2007

The 48th Annual Meeting of the European Society for Paediatric Research – ESPR, will take place in Prague, Czech Republic, October 6 - 8, 2007. The purpose of the Annual Meeting is to advance paediatric research in Europe and to promote the interchange of ideas and information between investigators on subjects of importance for paediatrics.

The high quality scientific programme, currently evolving through collaboration between local and international experts, will open new perspectives on issues related to paediatric research, treatment and patient care. The content will be international in scope with speakers recognised for their academic and clinical achievements. The programme will feature state of the art plenary lectures. Planned featured topics are epigenetics, developmental plasticity, microhaemodynamics, brain development and neuroprotection,

infection and inflammation, developmental pharmacology, imaging and obesity.

Free papers on basic and clinical research are invited on all aspects of paediatric research. Oral presentations, platform sessions and poster walks are being planned. The intention is that there should be ample time for discussion in a friendly atmosphere. Participants will have the opportunity to interact and discuss current and future issues shared by all.

For detailed information, please visit: www.kenes.com/paediatric-research or contact the Secretariat:

ESPR 2007 Meeting
Kenes International
17 Rue du Cendrier
PO Box 1726
CH-1211 Geneva 1, Switzerland
Tel: +41 22 908 0488
Fax: +41 22 732 2852
E-mail: espr07@kenes.com

Diary Dates 2007

26 March 2007

RCPCH York Meeting: Joint BAPM & Respiratory Group Meeting

27 March 2007

RCPCH York Meeting: Main Perinatal Session

16 & 17 May 2007

Perinatal Clinical Trials Group Meeting and Clinical Trials Workshop
Jury's Inn, Birmingham

6-7 September 2007

BAPM Annual General Meeting & Scientific Meeting, Isle of Man

24 October 2007

BAPM Trainees' Meeting
RIBA, London

www.bapm.org

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