THE FACULTY OF PAEDIATRICS

Royal College of Physicians of Ireland

Celebrating the First 40 Years:

1982–2022

Edited by Prof John F Murphy

FACULTY OF PAEDIATRICS
ROYAL COLLEGE OF PHYSICIANS OF IRELAND

First Faculty Admission Ceremony, 1982

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Preface

ROYAL COLLEGE OF PHYSICIANS OF IRELAND

Prof Mary Horgan
President, Royal College of Physicians of Ireland

I am delighted to have been invited to contribute a preface to this book celebrating the fortieth anniversary of the Faculty of Paediatrics of the Royal College of Physicians of Ireland.

One of the central aims of my Presidency has been to raise the profile of all the Faculties and Institutes within the College. For me, the Faculties and Institutes are equal members of our College family, working together to improve our profession, a College that prospers by partnering. The important work done by your Faculty with the Faculty of Public Health Medicine on the impact of homelessness and inadequate housing on children's health is just one example of the value of cross specialty collaboration.

This book demonstrates the breadth of work carried out by your Members and Fellows across paediatrics and neonatology in Ireland and beyond. It highlights the crucial part played by your Members and Fellows within the wider medical family in providing the best of care to our patients and population through training, expertise and advocacy.

On a personal note, I would like to thank all those in the Faculty and especially the Dean, Dr Louise Kyne, for the support and help they have given me in my role as President, particularly in the extraordinary times we have lived through recently. I would like to congratulate the Faculty on this excellent publication and wish the Faculty of Paediatrics continuing success in the years to come.

Summary of the Chapters

John Murphy

Chapter 1: Introduction – Louise Kyne, the current Dean, states that the Faculty of Paediatrics was formally established on 19 March 1982. This book marks the first 40 years of its existence. The Faculty has been a success story. It has played a major role in shaping modern paediatrics in Ireland. Its achievements extend across all aspects of paediatrics including training, examinations, setting national standards, promoting child health, and providing a strong advocacy role on behalf of children.

The next 40 years will witness many changes and developments. The New Children's Hospital will play a key role underpinned by the hub and spoke model of care. Regional and local paediatric departments will need to be adequately supported and funded for the services that they provide.

Chapter 2: The Origin and Foundation of the Faculty of Paediatrics – Hilary Hoey outlines the evolution of paediatrics in Ireland. The Brehon laws, which were operational until the early 17th century, placed an emphasis on the rights of children. Matters subsequently deteriorated when Henry VIII abolished the existing structures. This led to extreme poverty. The Dublin Foundling Hospital 1730 was opened to care for sick and abandoned children. The mortality rate was 80%. It closed in 1831.

The development of the voluntary hospitals commenced with Jervis Street 1728, and the Rotunda 1745.

Bedside teaching for medical students commenced in the early 19th century and was subsequently followed by other countries.

The next milestones were – the Pitt Institute for Sick Children 1822 (later called the National Children's Hospital), Temple Street Children's

Hospital 1872, St Ultan's Hospital 1919, Our Lady's Children's Hospital Crumlin 1956.

Outside Dublin, paediatricians were appointed in Limerick– 1949, Cork– 1950, Galway– 1955.

Chapter 3: The Archives and Paediatrics – Harriet Wheelock provides a collection of historical pieces from the RCPI archives. The 12 pieces span the period from 1725 to 1986. The content includes smallpox/ BCG vaccinations, airway obstruction from diphtheria, early paediatric textbooks, a 1940s design of a children's hospital, and the Katheen Lynn diaries.

I was struck by the section on Henry Marsh, whose statue is in 6 Kildare Street. In 1821 he founded a hospital for children in his back garden. He had become a physician because he had lost a finger and was unable to continue in surgery.

Chapter 4: The Faculty of Paediatrics – Denis Gill, Gerard Canny and Martin White describe the development of the Faculty from its outset in 1982.

The objectives were to support education, study and research in paediatrics.

Paediatrics had got off to a slow start in terms of support and funding compared with other specialties. The challenges of TB, Polio, and the roll out of vaccination campaigns had consumed most of the efforts of paediatricians in the 1940s and 1950s.

Prior to the development of the Faculty there were no formal training programmes in paediatrics.

Once the Faculty was in place things began to happen quickly. In 2000 the higher specialist training programme commenced. In 2010 the Basic Specialist Training Programme was established.

In 2010 the Medical Council accredited the Faculty as the recognised body for postgraduate training.

The formation of the HSE in 2005 was made possible a national approach to healthcare of children.

The clinical programmes in paediatrics and neonatology in 2011 was a partnership between the Faculty and the HSE. The remit was the design and implementation of new services, and the restructuring of existing services where required.

The Faculty represents Ireland internationally for paediatrics.

Chapter 5: Paediatric Training Programmes and Courses – Michael O'Neill, Kevin Walsh and Sinead Murphy describe the paediatric training programmes and courses that are administered by the Faculty. The higher specialist training (HST) in paediatrics commenced in 2000 and this was later followed by the basic specialist training (BST). The training programmes have become very comprehensive over time. The key point is that the young doctor entering paediatrics in Ireland can now train right through to achieving the CSCST (certificate of satisfactory completion of specialist training) in paediatrics, cardiology and neonatology.

In 2014, two higher specialist training programmes in cardiology were established. One is for those trainees wishing to pursue a full-time career in cardiology and the other for paediatricians with a special interest in cardiology.

In 2014, higher specialist training in neonatology was commenced.

The Faculty has a strong remit in the training of overseas graduates. There is the CPSP (College of Physicians and Surgeons Pakistan) training programme in paediatrics. The other programmes are the International Fellowship Training Programme (IFTR) and the International Residency Training Programme (IRTP).

The courses run by the Faculty include 'Clinical Skills in Paediatrics', 'RCPI Masterclass Series', 'Diploma in Primary Care Paediatrics'.

The commitment of the Faculty and its members to training is truly outstanding.

Chapter 6: The Development of Neonatology – Gene Dempsey and Tony Ryan describes how the subspecialty of neonatology developed in Ireland. He describes how the new science, the new knowledge, the new technologies and the new funding converged in the mid 1960s leading to rapid advancements. The ability to provide assisted ventilation to

babies in respiratory failure was key to the steep reduction in mortality in preterm infants. Surfactant replacement therapy in 1992 was another major breakthrough in the management of RDS.

He describes the universal use of antenatal steroids prior to preterm birth, nitric oxide for PPHN (persistent pulmonary hypertension of the newborn), parenteral nutrition, and therapeutic hypothermia for neonatal hypoxic ischaemic encephalopathy.

The NNTP (national neonatal transport programme) established in 2001 was an important innovation. It is now a 24/7 facility providing 650 retrievals annually.

The NRP (neonatal resuscitation programme) was introduced into Ireland in 1995 by Tony Ryan. This formal training module is now undertaken by all doctors, nurses, and midwives who look after newborn infants.

The establishment of the higher specialist training programme in neonatology (2017) is recognised as an important step in the growth of the specialty.

The tertiary neonatal centres have contributed a substantial amount to the international body of research in neonatology.

Chapter 7: Community Paediatrics – Hilary Greaney, Jackie McBrien and Sheila Macken state that consultant paediatric posts with a special interest in community paediatrics and child protection were established in 1999. They were configured on a 50:50 split across hospital and community services. The first two appointments were in Sligo and Letterkenny. The two main roles were disability and child protection.

Early intervention teams were developed to work in collaboration with the community paediatrician. The case-mix includes children with developmental delay, cerebral palsy, and autism. An important team member is the paediatric liaison nurse.

Child protection will be enhanced further with the establishment of a Barnahus Child and Adolescent Forensic Medical Services, for children and young people, following disclosure of sexual assault /abuse in Ireland.

Chapter 8: The Clinical Programmes – Ellen Crushell, Nula Murphy, John Murphy state that the clinical programmes in paediatrics, and neonatology commenced in 2011. The programme for diabetes was established in 2015. The aims are to design new services and to reconfigure existing clinical activities where necessary. The initial phase of the programmes was the integration of tertiary, regional, and local paediatric services. The second phase is the integration between hospital and community services.

One of the central themes was the eradication of variation and duplication.

In some cases this necessitated the recalibration of the services provided by individual hospitals. It was important to determine through open discussion what services each unit was staffed and funded to provide. In other words what children should be managed locally and what children should be sent to the tertiary centre. Shared care of children between tertiary and local hospitals was actively supported and encouraged.

Regional centres needed to become more 'self-sufficient' in the management of children with more complex conditions. To achieve this goal paediatricians with a specific special interest have been appointed.

The neonatology services have been reconfigured into tertiary, regional, and local centres. The NNTP provides a 24/7 retrieval service to transport infants when required.

In the Dublin tertiary hospitals there was imbalance between the number of specialists and general paediatricians. This has been corrected by the appointment of additional general paediatricians.

Chapter 9: The New Children's Hospital – Emma Curtis provides an account of the new children's hospital. This landmark development in the history of Irish paediatrics is due to open in 2025. Things are progressing well. The external building is almost complete and the internal fit is under way. When completed it will be a beautiful space both for the children who attend and for those who work there.

The hospital will bring together the existing three paediatric hospitals under one roof. All the experts and the expertise will be concentrated in the one area. It will eliminate the existing fragmentation and duplication of services for children.

Chapter 10: The National Immunisation Advisory Committee (NIAC) – Karina Butler provides an account of the vaccination programme in Ireland. Vaccination is one of the outstanding successes in paediatrics. The early vaccines were BCG (1949), DTP (1952), and Rubella (1971).

The National Vaccination and Immunisation Committee was formed in 1987. A subsequent reports was published in 1992 recommending MMR, and Hep B vaccinations. Following completion of the report the committee disbanded.

NIAC was subsequently established in 1998. The 1990s were an important time for vaccine developments for example haemophilus B. There have been many more additions including – Men C, Men B, Pneumococcal, HPV, Men ACWY.

NIAC clearly gained great national significance and exposure during the COVID-19 vaccination roll-out. It is encouraging that a programme manager and a three person part-time secretariat were funded. The scope of the committee will continue to grow into the future.

Chapter 11: Childhood Mortality – Alf Nicholson, Wendy Ferguson, Michele Goode, Karina Butler and Michael Capra state that it is a great achievement that 997 infants of every 1,000 births will reach their fifth birthday. The big ticket items leading to these high survival rates are vaccinations, improved outcome for preterm infants, 'back to sleep' in SIDS prevention, better treatments for cystic fibrosis, improved cancer survival rates, reduction in RTA-related deaths.

Another advance was the virtual elimination of mother to child transmission of HIV. In the early 1990s the transmission rate was 15 per cent, whereas now the rate is less than 0.8 per cent.

Chapter 12: Child Health Research – Eleanor Molloy, Michaela Pentony and John Joyce examine the current and future opportunities for paediatric research in Ireland. The strengths are the high child population and the good patients and public involvement. The Youth Advisory committees supported by In4kids, and the Children's Health Ireland clinical research facility are important in the promotion of research. The importance of networks across European countries is emphasised. The perennial challenges are funding, availability of research nurses, protected academic time, and better research infrastructure.

Chapter 13: Professional Competence – Hilary Hoey explains that professional competence is about lifelong learning. It was established by the RCPI in 2011 following the recommendations set out in the Medical Practitioners Act 2007. The Faculty operates the scheme on behalf of the Medical Council. The competencies that are being highlighted are professionalism, knowledge, skills, and attitudes of the individual paediatrician. The requirements are 50 hours of learning activity annually – 20 work-based, 20 external (national or international), 10 hours personal learning, and the performance of one audit.

Chapter 14: The MRCPI Examination Committee – Ciara McDonnell outlines the initiation and subsequent development of the paediatric MRCPI. The MRCPI is highly regarded internationally and is recognised by the GMC (2021).

The first time that there was an examination paper in medicine in childhood was 1966 A specific paediatric Part 1 which was purchased from the RCPCH, was added in the mid 1990s. In 2007, the Faculty established its own Part 1.

The format of the Part 2 has been modified on a number of occasions. Since 2019 it consists of a single best answer paper (80 questions), a short answer paper (20 questions), a clinical with a circuit of six short cases (which test key competencies). The Part 1 has been held at a number of sites overseas but the Part 2 is only held in Ireland.

Chapter 15: Advocacy for Children – Ellen Crushell and Peter Kearney emphasise the importance of advocacy for the advancement of the care for both sick and healthy children. Initially the voice for children was informal. Now the voice is strong and coordinated through the Faculty.

The advocacy activities have mostly been concerned with important that affect all children or large groups of children. The initial big items that were addressed were: immunisation, improving child safety, reducing accidental poisoning, services for children with disability, medical cards

for children with chronic illnesses. There have been successful initiatives in relation to tobacco and vaping, obesity and sugar tax, alcohol pricing and availability, and breast feeding. The most recent advocacy position papers were homelessness and children, and the worrying adverse consequences of the COVID-related school closures on children's social development and education.

Chapter 16: International Affiliations – Gavin Stone, Hilary Hoey and Martin White illustrate the strong international links that have been developed by the Faculty. These affiliations are important for three reasons – the delivery of clinical care, the setting of common agreed standards, and the development of the paediatric training curriculum.

The links with the RCPCH have been important for the all-Ireland congenital heart disease network and the cardiac fellowship programme. The WEMS and EPA/UNESPA have aided the establishment of standards of care. The European Board of Paediatrics-UEMS has aided the formation of common trunk training in paediatrics. The Irish American Paediatric Association has over many decades provided strong scientific and cultural links between Ireland and the US. It has opened valuable contacts for trainees seeking fellowships in the US.

Chapter 17: Global Child Health – Patricia Scanlan and Ike Okafor describe the Faculty's active involvement in global child health initiatives. The arrangements are now more formalised through the forum of Irish post graduate medical training bodies.

In 2019 the Faculty accredited the PAIRS (paediatric acute illness and resuscitation skills) course which is designed and provided cost-free for resource poor countries.

The Faculty accredits HST and BST trainees for experience working in third world countries, with up to six months credit. Twenty per cent of trainees have already undertaken global health care work.

The international medical graduate programme supports doctors from Sudan and Pakistan through a three-year training programme in Ireland.

The international fellowship programme offers training in general and specialist paediatrics for doctors from the Middle East.

The outstanding work undertaken by Trish Scanlan for children with cancer in Tanzania receives special mention.

Chapter 18: Scientific Meetings, Faculty Officers, Honorary Officers – Judith Meehan and Raymond Barry describes the Faculty's key May and October scientific meetings. The meetings are at the epicentre for learning, communication, professionalism, and networking. There are themes to each meeting such as paediatric AIDS, helicobacter in childhood, accident prevention, cystic fibrosis screening. There is a mixture of national and international speakers.

During the COVID pandemic, a series of successful webinars were attended by record numbers.

Chapter 19: The Faculty Awards and Medals – Judith Meehan lists and describes the Faculty's main awards and medals. The number one spot is the Ralph Counahan annual lecture which was established in 1977. To date there have been 25 distinguished speakers covering a broad range of important paediatric topics.

The Kathleen Lynn medal has been awarded annually since 2018 to paediatricians who have made an important contribution to the care of children.

The Henry Marsh medal was established in 2020 for the best paper published by a first author paediatric trainee.

The national excellence in paediatric teaching award founded in 2021.

Chapter 20: Retired Paediatricians – Tom Clarke describes the origins and growth of the retired paediatricians group. The piece provides an insight into how much the retirees continue to contribute to paediatrics through teaching, examining, and participation in the College committees.

Scientific half-day meetings are held twice annually. The 35 talks that have been given are described. They range from clinical practice to bell ringing, and deep sea swimming.

Chapter 21: Deans' Biographies – There have been 18 Faculty Deans. All occupants of the post have made a significant contribution to paediatrics during their tenures. Their leadership and dedication to the welfare of children is greatly appreciated by all of us.

Chapter 22: Anecdotes and Reflections – A number of members have contributed anecdotes about their experiences in paediatrics. The content is a mixture of irony and humour. Many of the pieces date back to a time when the practice of paediatrics was less structured and hospital life was more spontaneous.

The Faculty in Numbers

29 Collegiate Members

91 Associate Members

18 Honorary Members

247 Male

Female **408**

INCLUDING TRAINEES

252 Fellows

18 Deans

3 Established Awards

- Kathleen Lynn Medal
- Sir Henry Marsh Medal
- National Excellence in Teaching Awards

2 New Awards

- Victoria Coffey Medal
- O. Conor Ward Essay Competition

3 Training Schemes

25 Training Sites

Doctors currently in...

- BST: **91**
- HST Gen Paeds: **154**
- HST Neonatology: **14**
- HST Paediatric Cardiology: **6**
- Training Overseas: **15**
- Flexi Contracts: **4**

284 Trainees in total

1 Introduction

FACULTY OF PAEDIATRICS

ROYAL COLLEGE OF PHYSICIANS OF IRELAND

Louise Kyne, Dean Faculty of Paediatrics

Reflecting on this special, 40 years of the Faculty of Paediatrics anniversary, we honour the generations of paediatricians and neonatologists before us. Their sacrifices and determination in challenging circumstances enabled the present. We are humbly grateful, and respectful, of this proud foundation they have provided – imbuing Nelson Mandela's words: "What counts in life is not the mere fact that we have lived. It is what difference we have made to the lives of others that will determine the significance of the life we lead".

The inaugural ceremony of the Faculty of Paediatrics took place in RCPI on Friday 19 March 1982. Characterising Martin Luther King, the founding paediatricians "may not at the onset been able to see the whole staircase but they took the first step". They had the vision, foresight and perseverance to achieve so much. The first Annual General Meeting minutes of the Faculty of Paediatrics on Saturday, 25 September 1982, includes a line from the address to Faculty by the first Dean, Owen Conor Ward – "may I assure you that the board of the Faculty and its officers will bend their will to the tasks imposed on them." This they did admirably.

This book will hopefully offer a glimpse into the wonderful doctors who have shaped paediatrics as a specialty and will highlight the seminal steps to the development of paediatric subspecialities over the last 40 years.

Paediatrics has evolved through encouragement, leadership and the political will to flourish. The topics highlighted in the past minutes of the Faculty of Paediatrics over the years are not too dissimilar to present day issues – training, examinations, expansion of neonatal and paediatric posts, vaccinations, health promotion advocacy roles and linking with colleagues in other Faculties/disciplines.

This book provides an opportunity to acknowledge and celebrate the vital contributions made by paediatricians to Faculty boards, committees,

trainees and importantly to children and their families. This reflection will focus our vision for the Faculty's next chapter in the history of paediatrics in Ireland. We need to continue to build on our founding members foundations that have paved the way with their enormous contributions, dedication and distinguished careers. The evolution of training programmes with improvements to paediatric clinical assessment skills, examinations and courses and progressing the development of links with stakeholders of postgraduate education is required. Further development of professional competence in paediatrics and aspiration for excellence and quality improvements in paediatric care through robust audit and conducting meaningful research to answer the simple but challenging questions that need to be facilitated.

In our attempt to predict our future vision for paediatrics and what this paediatric landscape will look like we can only be guided by Abraham Lincoln's wise words – "the most reliable way to predict the future is to create it".

The foundation of this future is to adequately support the people involved. The paediatricians around the country are the backbone of paediatrics. To work together is key. In particular developing the peripheral and regional paediatric departments so that paediatric trainees can learn, be European working time directive compliant, within the planned hub and spoke model of the New Children's Hospital, is paramount. Development of subspecialities in regional units will be required to provide timely local services for complex patients. Mentoring programmes, role models, team building and personal and departmental wellbeing are crucial. The formulation of national guidelines to help deliver safer and consistent practice regardless of geography is required. The increasing number of female doctors in paediatrics requires appropriate workforce planning to accommodate increased flexible training and job sharing as normal practice.

The key future initiatives will have to be more inclusive, innovative, will need to embrace global health and advocate against injustice, poverty and inequality. Professionalism, prevention, health promotion and patient safety should be prioritised through educational initiatives and practice.

Looking for an investment that will provide the greatest return for our young patients over the next 10 years, the further development and extension of the paediatric intensive care transport service has to be a top contender. The introduction of 24/7 neonatal transport service was a game changer in the care of neonates, the 24/7 roll out of the IPATS retrieval service for children and infants is on the horizon and will be welcomed by all units to safely transport critically ill children. In addition, the areas needing urgent attention include the provision of dedicated and appropriately resourced teams, looking after children with complex care needs, mental health needs in our hospitals and in our community. Transitioning children's care to adult services in a timely fashion is now required.

Accurate data is key. It is important to have reliable systems and services that are user friendly to document numbers, outcomes, quality and efficiency of care so as to plan and provide robust child and family centred care services. Unacceptable long waiting lists simply have to be relegated to extinction. Integration with other health care services is essential. Our all Ireland paediatric committee will hopefully develop further joint ventures, joint training fellowships and policies to support us all moving forward and learn from each other's experiences.

Protecting children from the effects of poverty and homelessness have to be aggressively advocated at national political levels. Specific areas including obesity, delay of developmental assessments, rehabilitation, mental health and social media pressures require focused determination at national levels, with investment in resources particularly staffing, educational programmes and legal/statute supports to implement.

We, through the Faculty, need to eloquently, with assertion, strongly advocate for our patients. We need to be in the room where it happens and lead by example.

Thank you to the College and to Barbara Conneely, Faculties team lead, for their ongoing support of the Faculty of Paediatrics. Thank you to Harriet Wheelock, Keeper of Collections RCPI, the editor John Murphy, the organising committee of this book, the retired paediatricians group and all who have contributed to these chapters through their support, advice and sharing their conversations, their anecdotes and memories.

2 Origins and Foundation of the Faculty of Paediatrics

Hilary Hoey

Child health was considered important in Ireland in Brehon times. An indigenous system of laws were developed relating to people's rights, responsibilities, care of patients, compensation and scale of charges, and also the rights of children with disability. The Brehon laws were operational until the early 17th century when outlawed during the English conquest of Ireland.

During Brehon times doctors were well respected with the Chief Physician sitting on the Council of State. When Christianity was introduced in the fifth century, the clergy particularly bishops were very highly ranked within the Brehon Laws. The Christian monasteries provided shelter and small hospital facilities throughout the country. St Ultan, Bishop of Meath and patron saint of sick children, founded a school to educate and feed poor children.

This continued until the 16th century when King Henry VIII suppressed the monasteries, outlawed the Brehon Laws and introduced punitive tax laws which resulted in serious poverty, and the collapse of the health services. The subsequent famines from 1740 exacerbated conditions resulting in extreme poverty, evictions and migration to cities. In an effort to deal with this 'unspeakable poverty', Elizabethan law required that in both England and Ireland, each parish must care for its poor. Workhouses were opened. The philosophy behind the workhouse system was "to make relief so harsh so that only those who were unable to work would avail of it".

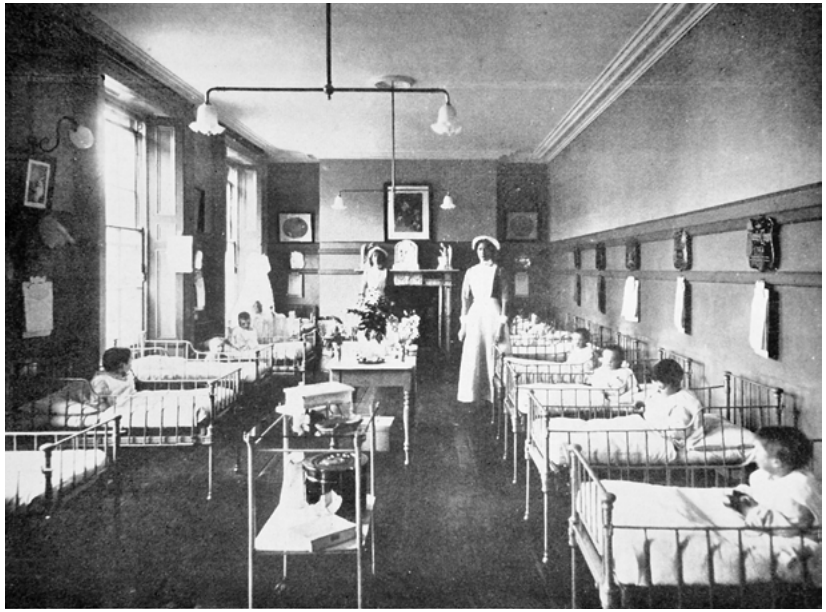
The Dublin City Workhouse opened in 1706 on the site of St James's Hospital and this was followed by the building of the Dublin Foundling Hospital in 1730. These buildings were far away from the luxurious and gracious mansions of Merrion Square. The Foundling Hospital, as Davis

Coakley tells us, was bordered by Pigtown Lane, Murdering Alley and Cut Throat Lane. The aim of the Foundling Hospital was to rescue children who were abandoned and treat sick children living in poverty. However, the mortality rate in the Foundling Hospital was very high at 80% at one time. This horrifying mortality was little different from that in the Foundling Hospital in London. Following an enquiry the hospital was closed in 1831.

At the beginning of the 1700s there was practically no provision for the treatment of the sick poor including children in both Great Britain and Ireland and it was here in Ireland that great changes were introduced by Dublin doctors, many of whom were attached to RCPI.

The measures introduced were:

1. The establishment of Voluntary Hospitals – The Charitable Infirmary Jervis Street (1728), Dr Steevens' Hospital (1733) and the Rotunda Hospital (1745). The first great voluntary infirmary in England was the Westminster Hospital in 1729.
2. In 1745 Bartholomew Mosse founded the Rotunda Hospital as a maternity training hospital. It was the first lying-in or teaching maternity hospital of its kind. Brian Crichton was appointed as the first paediatrician to the Rotunda in 1933. The Coombe Women and Infants University Hospital was later founded in 1826, followed by the National Maternity Hospital in 1894.
3. Clinical bedside teaching of medicine and surgery was introduced by Irish doctors in the early 19th century. It remains the cornerstone of international medical education today. This was illustrated in an editorial in the American Journal of Paediatrics entitled 'The new curriculum; is it new?', where the author described how the new methods of medical education such as problem solving sessions, small group discussion, and independent learning, were implemented 200 years ago in Dublin by Robert Graves, William Stokes, and Abraham Colles in the Meath, Adelaide and The National Children's Hospitals.



Baby Ward, Pitt Street Hospital, from the National Children's Hospital Report 1914 — RCPI Archive

Sir Henry Marsh — RCPI Archive

The Pitt Street Institute for Sick Children (National Children's Hospital, renamed Children's Health Ireland at Tallaght in 2019)

It was against the background of horrendous poverty in the 1700s and early 18 hundreds that three concerned Dublin Doctors founded The Pitt Street Institute for Sick Children in 1822 later to become The National Children's Hospital and this provided a major improvement in child health.

The founders were Henry Marsh, Charles Johnson and Philip Crampton: Henry Marsh wanted to become a surgeon but lost his right index finger due to infection while dissecting in the anatomy room and became a physician. He wrote papers on child health including diabetes and jaundice. He was President of RCPI for three biennial terms.

The second physician was Charles Johnson who also wanted to become a surgeon but developed impaired vision and became an obstetrician and paediatrician.

The third founder was Philip Crampton a surgeon known as" flourishing Phil" as he loved fine clothes and good wine. A very energetic man who had a house in the Wicklow mountains and claimed that in the mornings he'd ride his horse to the nearby Lough Bray, swim across the lake, and then gallop his horse 20 miles into the Meath Hospital and amputate a leg before his breakfast.

They were pioneers as the perception at that time in both the UK and Ireland by the medical establishment and by lay opinion was that there was no need for children's hospitals as 'children were unsuitable objects for hospital treatment'.

The Pitt Street Institute for the Diseases of Children was the first teaching hospital for children in the British Isles. It was followed in England by the Pendlebury Children's Hospital (now the Royal Manchester Children's Hospital) in 1829 and by the Hospital for Sick Children Great Ormond Street in 1852. Charles West a founder of Great Ormond Street had been to Dublin to study in the Rotunda with Charles Johnson and also studied with William Stokes and Robert Graves in the Meath who were attached to the Pitt Street Institute. Following his return to the UK Charles founded Great Ormond Street Hospital in London.

The Objectives of the Pitt Street Institute were to provide free medical and surgical aid to sick children; educate students on infantile diseases which clinical instruction alone can impart; and to educate mothers and nurses regarding the proper management of children both in health and disease. Objectives which could hardly be improved on today.

In 1884, Sir Lambert Ormsby merged the Pitt Street Institution with the National Orthopaedic and Children's Hospital in Adelaide Road under the name of the National Children's Hospital. In 1887, the National Children's Hospital moved to Harcourt Street and subsequently to Tallaght in 1989. Many famous physicians and surgeons were associated with the hospital including, William Stokes, Richard Evanson, Henry Maunsell, Fleetwood Churchill, Abraham Collis and Charles West. The first books on neonatal paediatrics were written by Robert Collis. He was also a playwright and took a special interest in the case of Christy Brown who was born with severe cerebral palsy and later became a famous writer. Robert Steen was appointed to the first Chair in Paediatrics in Trinity College Dublin (TCD) in 1960 and the TCD Department of Paediatrics has since been based in the National Children's Hospital. He was followed by Eric Doyle in 1970 and Niall O'Donohoe in 1980. Ian Temperley and Raymond Rees established the first paediatric haematology service in Ireland in the National Children's Hospital in 1965 and performed the first bone marrow transplant in Ireland.

Other important children's hospitals were subsequently developed in Ireland:

Temple Street Children's University Hospital (Renamed Children's Health Ireland at Temple Street in 2019)

Temple Street Children's Hospital was opened in November 1872 as St Joseph's Infirmary for Children at 9 Upper Buckingham Street and moved to Temple Street in 1879.

In 1966, Seamus Cahalane with Doreen Murphy introduced the National Newborn Screening Programme for phenylketonuria (PKU). The programme now screens for nine conditions – PKU, Homocystinuria, Maple Syrup Urine Disease, Galactosaemia, Congenital Hypothermia, Cystic Fibrosis, Medium Chain acyl-CoA Dehydrogenase Deficiency (MCAD), Glutaric Aciduria Type 1, SCIDS (adenosine deaminase deficiency).

Every baby born in Ireland has a heel prick blood test between 72–96 hours old using the Guthrie card which is sent to Temple Street for analysis.

Major developments were also made in other areas such as in renal, neurology, respiratory and endocrine, surgical and intensive care services. The first paediatric accident and emergency consultant in the country, Peter Keenan, was appointed there.

Royal Belfast Hospital for Sick Children founded in 1873

It was founded by Sir John Fagan, a surgeon, Brice Smyth, obstetrician and Herbert Derbyshire, a physician.

The Ulster Hospital for Children and Women founded in 1873

Founded by John Martin, it became the Ulster Hospital for Women and Sick Children and now a general hospital with a children's department.

St Ultan's Hospital founded in 1919

Initially a hospital for infants where tremendous work was done by a group of lady doctors including Kathleen Lynn and the pioneering work of Dorothy Stopford Price with the introduction and availability of BCG in Ireland.

Negotiations to merge the National Children's Hospital with St Ultan's Hospital took place in the early 1930s which included plans to build a new hospital on land owned by St Ultan's, however, this did not take place. It was opposed by Archbishop Byrne as there was a perceived need for a Catholic hospital for children. St Ultan's Hospital later moved to Harcourt Street in 1984 and in 1987 the general paediatric unit in St James's closed and its work was transferred to the National Children's Hospital.

Our Lady's Children's Hospital Crumlin (Renamed Children's Health Ireland at Crumlin in 2019)

In 1956, Our Lady's Hospital for Sick Children opened. It was built on 16 acres of land donated by Archbishop John Charles McQuaid. It was the most modern hospital in Ireland and the UK, and one of the largest children's hospitals in the world with 344 beds.

It provides secondary care for its local catchment area and is responsible nationally for the provision of the majority of quaternary and tertiary healthcare services for children.

The hospital is a renowned university teaching hospital and The National Children's Research Centre based at the hospital provides well equipped laboratory facilities for the investigation of the biological basis of childhood disease and has made significant progress in the development of a Clinical Research Programme.

Paediatric Units in General Hospitals

There are 16 paediatric units around the country which provide excellent cutting edge secondary care paediatrics working closely with primary care, community care and public health and all now work within an academic network. Three large units have university departments on site including:

University Hospital Limerick: The First paediatrician appointed outside Dublin was Ann McMahon in 1949 who was appointed in the Regional Hospital Limerick which later became the University Hospital Limerick. She trained in Birmingham Children's Hospital and conducted the first exchange transfusion outside Dublin. The first Professor of Paediatrics Clodagh O'Gorman was appointed in 2009

Cork University Hospital had the first independent university department of paediatrics in the country. Richard Barry was appointed lecturer in 1950 and subsequently Professor.

University Hospital Galway: The paediatric department in the Regional Hospital Galway was opened in 1955 and a year later Brian McNicholl was appointed to the Chair of Paediatrics in University College Galway and Consultant Paediatrician.

The Paediatric Unit at St James's Hospital [The Foundling Hospital]: Little is known of the provisions for children on the site which was to become the South Dublin Union, and later St Kevin's Hospital, and later still St James's Hospital. There was a small paediatric unit led by Victoria Coffey which moved to the National Children's Hospital in 1978.

The Irish Paediatric Association

The Irish Paediatric Association (IPA) was founded on 5 April 1933 at the home of Dorothy Stopford Price in Dublin. Ten paediatricians attended the inaugural meeting. The annual subscription was five shillings (25p). Founder members included Dorothy Stopford Price, Ella Webb, Robert Collis and Robert Steen, who later became President of RCPI (1960–1962) and president of the British Paediatric Association in 1968, Coleman Saunders, Kerry Redden, Kathleen Lynn, John Shanley, F O'Donnell and J B Magennis. It preceded the Faculty of Paediatrics and laid its foundation.

The objectives of the Association were: (i) The promotion of paediatrics in Ireland, (ii) the study of current literature and (iii) the bringing together of all those interested in discussing subjects of immediate interest.

Clinical meetings were held regularly in the Children's Hospitals and visiting speakers including Sir Wilfred Sheldon were invited from other countries.

The Association strongly advocated for child health including education and training over the years. In 1939, the IPA approached RCPI suggesting the inauguration of a diploma in child health. The approach was successful and two DCH examinations were held twice yearly by both UCD and RCSI. In 1944, the IPA recommended that university medical schools should form professorial chairs in paediatrics. The IPA worked closely with RCPI and the first RCPI Paediatric Membership examination was held in 1966.

In 1969 a 'Report of the Study Group on Children's Hospital's Services' known as the 'Ward Report' was produced by a study group comprised largely of paediatricians at the behest of the Department of Health under the chairmanship of Conor Ward and recommended consolidation of paediatric services in Dublin. However, in 1979 Comhairle na nOspideal produced a report on 'The Development of Hospital Paediatric Services' recommending fragmentation of paediatric services in Dublin with small paediatric departments in all the large adult hospitals. The IPA produced a detailed commentary on the Comhairle's suggestions. These documents were accepted politely by the authorities but no action was taken.

Brian McNicholl, Denis Gill, Brain McDonagh, Raymond Rees, Niall O'Donohoe

Des Duff, Brian McDonagh, Denis Gill, Paddy Deasy

In order to strengthen the role of paediatricians in advocating for child health it was decided to form a Faculty of Paediatrics within RCPI.

In 1982 the Faculty of Paediatrics of the Royal College of Physicians of Ireland was founded. The first Board meeting of the Faculty was held on 6 January 1982 in the College. The President P D J Holland, on behalf of the College, welcomed the formation of the new Faculty and its first Board. This was followed by the election of Officers. Conor Ward was

elected Dean, Niall O'Brien, Vice-Dean and Patrick Deasy Hon Secretary. Other Board Members included; J Cosgrove, G Cussen, D G Gill, B McDonagh, B McNicholl, N G O'Brien, N V O'Donohoe, B J O'Sullivan, J P R Rees, E Tempany, J F T Glasgow and J M Quinn (Northern Ireland Representatives), College Officers C Barry, D M Mitchell and P D J Holland.

The Constitution of the Faculty stated that the Board consist of 12 elected eligible persons and at least one Member shall be elected from each province of Ireland. The Board shall appoint the officers of the Board who shall be members.

The objectives of the Faculty were set out in its constitution developed in 1981 and remain today:

- To advance the science, art and practice of paediatrics in Ireland. To promote education, study and research in paediatrics for the public benefit.
- To act as an authoritative body for consultation on matters of educational or public interest concerning paediatrics.
- To represent the specialty of paediatrics on international, national and regional councils or committees concerned with postgraduate medical education.
- To obtain and maintain recognition for itself as the body responsible for advising on all matters concerning paediatrics under any scheme for specialist training in Ireland provided always that any benefit obtained by Members or Fellows of the Faculty as the result of such recognition should be merely incidental to the achievement of the charitable objects of the Faculty. It is firstly to advance the science, art and practice of paediatrics in Ireland and to promote education, study and research for the public benefit.

At a function in RCPI, on 19 March 1982 a ceremony took place wherein the Dean, Vice Dean Secretary and Board of the newly established Faculty of Paediatrics were formally admitted by the President of the College, P D J Holland. The President presented the Dean with the insignia of his office and a medal. The Dean then formally admitted 30 Foundation Members of the Faculty.

Edward Tempany Michael Wood, Owen Conor Ward, John Glasgow

Paddy Deasy, S M Bashir, Brian Denham

In his opening address to the members of the Faculty, Dean Conor Ward stated that the Members and Fellows of the College who are paediatricians had taken the initiative and proposed that a special faculty be formed within the College for the specialty of paediatrics. — "Until this time there has not been a body that could assume full responsibility for paediatrics as an independent speciality as other statutory bodies such as the Post Graduate Council did not have an official authority which could be called upon to make nominations and to give advice.

"The prime purpose of the Faculty will to be to try to ensure that standards of service and treatment are high. We are all aware that the standards for the provision of services for children in Ireland are unsatisfactory. The Board of the Faculty will concern itself with ensuring that present deficiencies are remedied and children who are our responsibility have made available to them the resources necessary for their adequate care. It will be our responsibility to speak out for the under-privileged multitudes of Irish children for whom provision is so hesitant. The College is the custodian of a tradition of concern."

The first AGM was held on 25 September 1982. It was agreed that the Faculty should support and facilitate the other established paediatric bodies including the IPA which had a long and honourable history and it would be advantageous to preserve an independent paediatric body. Similarly, the Faculty would support the Paediatric Section of the Royal Academy of Medicine in Ireland, but not attempt to influence the operation of these bodies.

Since its foundation in 1982 the Faculty as the national professional and accredited postgraduate education and training body for paediatrics has greatly contributed to child health in line with its objective including strong advocacy and a recognised authoritative body for consultation on matters of educational or public interest concerning paediatrics. It holds regular constructive meetings with stakeholders including officials of the Department of Health. It receives strong support from the President of the College and Council in improving child health and well-being nationally and internationally.

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Niall O'Brien, David Reilly

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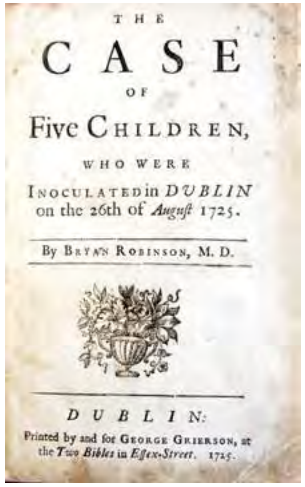
3 The Archives and Paediatrics

Harriet Wheelock

The historic collections held by the Royal College of Physicians of Ireland contain documents, books and items covering over three centuries of developments in medicine. In this chapter I've selected 12 items covering over 250 years relating to the history of paediatrics in Ireland.

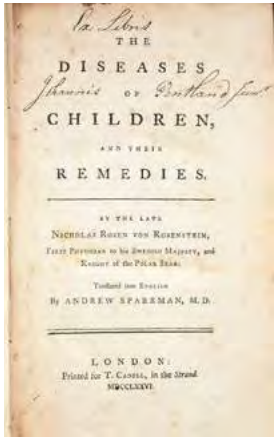

THE
CASE
OF
Five CHILDREN,
WHO WERE
INOCULATED in DUBLIN
on the 26th of August 1725.
By BRYAN ROBINSON, M. D.
DUBLIN:
Printed by and for GEORGE GRIERSON, at
the Two Bibles in Essex-Street. 1725.

Bryan Robinson's The Case of Five Children Who Were Inoculated in Dublin (1725)

In the first half of the 18th century, smallpox was the case of one third of all childhood death in Ireland. In 1725 Bryan Robinson, later President of RCPI, published an account of his attempt at variolation against smallpox in children. Of the five children inoculated two died, showing the limitations of the practice. It would be 1800 before the first vaccination against smallpox was carried out in Dublin, by John Creighton, Surgeon to the Foundling Hospital.

Nils Rosén von Rosenstein's The Diseases of Children, and Their Remedies (1776)

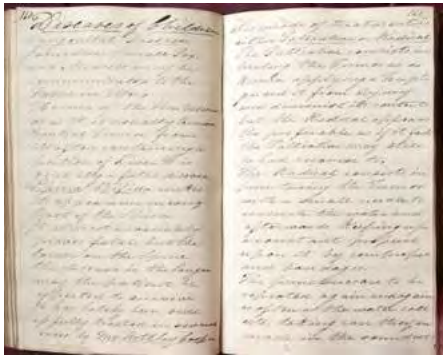
Born in Sweden in 1706 Nils Rosén von Rosenstein is considered to be the founder of modern paediatrics. In 1764 he published Underrättelser om barn-sjukdomar och deras botemedel, considered to be the first textbook on paediatrics. The first English translation was made in 1776, and a copy is held in Dun's Library.



Guangxi Cao's Erke Quan Sheng – Collection of Paediatrics for Complete Life (1817)

Although better remembered as an obstetrician, Irish based Fleetwood Churchill (1808–1879) also published a popular textbook on paediatrics in 1850. Churchill's library, donated to RCPI, contains several important works on the specialty, including a four-volume work in Chinese. The missionary doctor William Lockhart had one of Churchill's works translated for use in China and sent Churchill several examples of Chinese medical works.

Notes from Hamilton's Lectures (1818)



Made by Peter Cunningham in 1818 these notes cover 'diseases of children' and their treatments. Diseases covered include smallpox, measles, clubfoot, colic, diarrhoea, cholera, scrofula (TB), epilepsy, croup, and earache. The notes also deal with common childhood injuries including fractures and dislocations.

Statue of Sir Henry Marsh (1866)

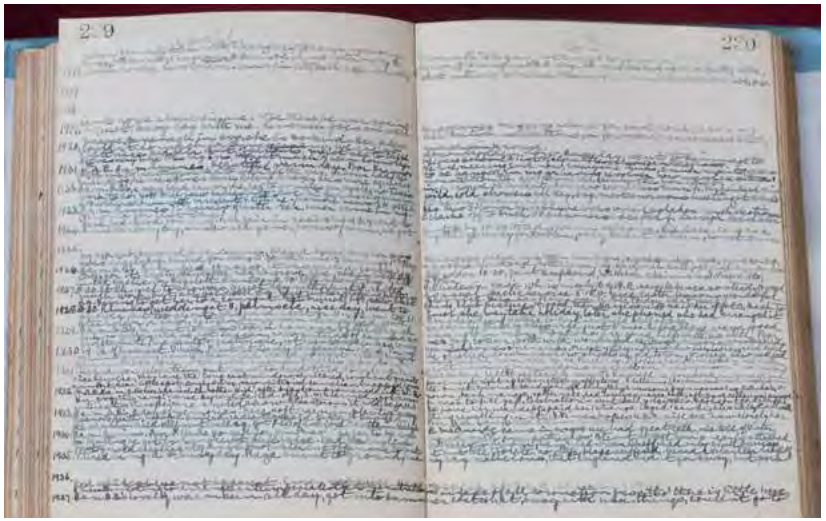
Born in 1790 Henry Marsh was training as surgeon in Dublin, when he cut his right index finger while carrying out a dissection. The finger had to be removed to present gangrene and, lacking the dexterity needed for surgery, Marsh decided to follow a career in medicine. In 1821 he was one of three physicians who founded a hospital for sick children, at the rear of his own residence. It would go on to become the National Children's Hospital. Marsh was elected President of RCPI on three occasions and knighted for his services to medicine. In 1866 a statue of Marsh, by the artist William Foley, was unveiled in 6 Kildare Street.

O'Dwyer Intubation Kit for Diphtheria (c.1890s)

In the 19th century diphtheria was a serious disease, with a high mortality rate, especially in children. With no vaccination or effect medication, tracheotomy was often preformed to prevent suffocation. However, this was a dangerous procedure and often resulted in death. In 1885 Joseph O'Dwyer published his findings on the successful use of laryngeal intubation in cases of diphtheria in children. O'Dwyer's method would remain in use until the development of effective antitoxins.

Kathleen Lynn's Diaries (1916–1955)

Kathleen Lynn (1874–1955) graduate in medicine from UCD in 1899, establishing a practice from her home in Rathmines. A member of the Irish Citizen Army, Lynn was the Chief Medical Officer during the 1916 Rising, being stationed at City Hall. Following her release from Killmainham Gaol she remained active in the Nationalist movement, elected vice-president of Sinn Fein in 1917, and TD for Dublin County in 1923. In 1919, she founded St Ultan's Infants Hospital with Madeline ffrench-Mullen and a group of female activists.



The Dream Hospital (1945)

Founding in 1919 St Ultan's Hospital provided much needed healthcare to the children of intercity Dublin. In the 1930s the Hospitals Commission proposed the amalgamation of St Ultan's and the Harcourt St Children's Hospital to centralise and improve paediatric care. Michael Scott drew up plans for a new hospital on the St Ultan's site, but the project was opposed by the Catholic Church under Archbishop Edward Byrne. He feared the catholic faith of children would be under threat from the Protestant staff, including Lynn, at St Ultan's.

Robert Steen's Infants in Health and Sickness (1937)

Following postgraduate training in Great Ormond Street, Robert Steen (1902–1981) returned to Dublin where he was appointed to the National Children's Hospital. A pioneering paediatrician, he founded the Irish Paediatric Association, performed the first cardiac catheterisation and angiocardiogram in Ireland and was appointed the first Professor of Paediatrics in Trinity. In 1960 he was elected President of RCPI.

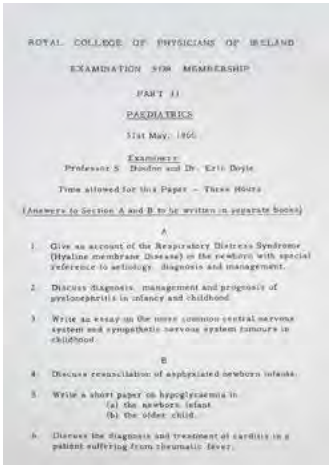
BCG Vaccination Leaflet (1952)

The introduction of the BCG vaccine to Ireland was largely the result of the work of Dorothy Stopford-Price (1890–1954), who undertook research in Germany, Austria and Sweden in the 1930s where the BCG vaccine

was being used. In 1937 she carried out the first vaccination in Ireland at St Ultan's Hospital. When the National BCG Centre was established by Noel Browne (as minister for health) in 1949 it was based in the hospital, with Stopford-Price as its first chair.

First MRCPI Part II Examination in Paediatrics (1966)

In 1963 the examination for RCPI Membership was largely unchanged since it had been introduced in 1880. Part I were written and oral tests in pathology, bacteriology and medicine. Part II was offered in a range of subject including medicine, obstetrics, pathology and psychiatry. In 1966 a Part II examination in the Medicine of Childhood was introduced. By 1988 12% of those taking the MRCPI examinations were sitting the Medicine of Childhood part two paper.



ROYAL COLLEGE OF PHYSICIANS OF IRELAND

EXAMINATION FOR MEMBERSHIP

PART II

PAEDIATRICS

31st May, 1966

Examiners:
Professor S. Stopford and Dr. Eric Doyle

Time allowed for this Paper – Three Hours

(Answers to Section A and B to be written in separate books)

A

1. Give an account of the Respiratory Distress Syndrome (Hyaline membrane Disease) in the newborn with special reference to aetiology, diagnosis and management.
2. Discuss diagnosis, management and prognosis of pyelonephritis in infancy and childhood.
3. Write an essay on the more common central nervous system and sympathetic nervous system tumours in childhood.

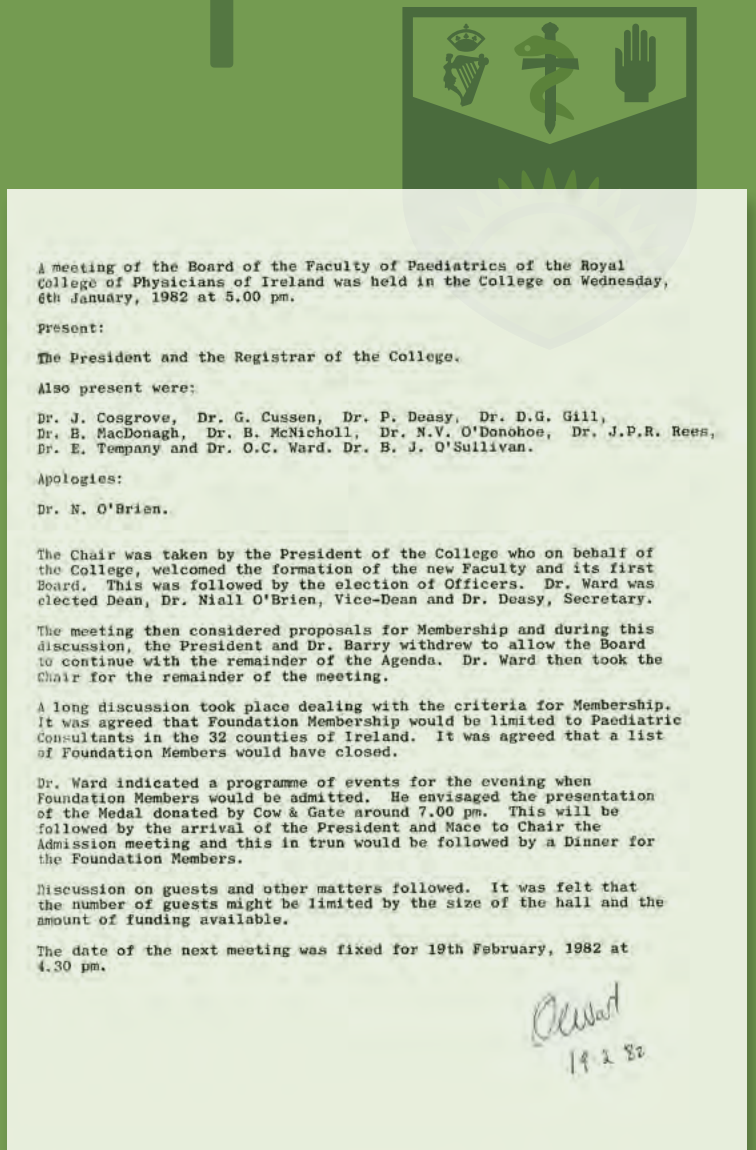
B

4. Discuss resuscitation of asphyxiated newborn infants.
5. Write a short paper on hypoglycaemia in
   (a) the newborn infant
   (b) the older child.
6. Discuss the diagnosis and treatment of carditis in a patient suffering from rheumatic fever.

Harriet Wheelock, Keeper of Collections, RCPI

This is just a glimpse into the varied collections relating to paediatrics in the College's collections. All of our collections are available to view in the Heritage Centre at 6 Kildare Street.

4 Progress of the Faculty of Paediatrics



A meeting of the Board of the Faculty of Paediatrics of the Royal College of Physicians of Ireland was held in the College on Wednesday, 6th January, 1982 at 5.00 pm.

Present:

The President and the Registrar of the College.

Also present were:

Dr. J. Cosgrove, Dr. G. Cussen, Dr. P. Deasy, Dr. D.G. Gill, Dr. B. MacDonagh, Dr. B. McNicholl, Dr. N.V. O'Donohoe, Dr. J.P.R. Rees, Dr. E. Tempany and Dr. O.C. Ward. Dr. B. J. O'Sullivan.

Apologies:

Dr. N. O'Brien.

The Chair was taken by the President of the College who on behalf of the College, welcomed the formation of the new Faculty and its first Board. This was followed by the election of Officers. Dr. Ward was elected Dean, Dr. Niall O'Brien, Vice-Dean and Dr. Deasy, Secretary.

The meeting then considered proposals for Membership and during this discussion, the President and Dr. Barry withdrew to allow the Board to continue with the remainder of the Agenda. Dr. Ward then took the Chair for the remainder of the meeting.

A long discussion took place dealing with the criteria for Membership. It was agreed that Foundation Membership would be limited to Paediatric Consultants in the 32 counties of Ireland. It was agreed that a list of Foundation Members would have closed.

Dr. Ward indicated a programme of events for the evening when Foundation Members would be admitted. He envisaged the presentation of the Medal donated by Cow & Gate around 7.00 pm. This will be followed by the arrival of the President and Mace to Chair the Admission meeting and this in trun would be followed by a Dinner for the Foundation Members.

Discussion on guests and other matters followed. It was felt that the number of guests might be limited by the size of the hall and the amount of funding available.

The date of the next meeting was fixed for 19th February, 1982 at 4.30 pm.

OWard
19.2.82

Gerard Canny
Denis Gill
Martin White

"If we neglect the health of the child, we cannot have healthy men and women." — Langford Symes

The creation of the Faculty of Paediatrics in 1982 occurred against the background of the development of paediatrics as a recognised medical speciality within Ireland during the 20th century. Paediatrics had been slow to receive sufficient societal and government support with the exception of some highlighted areas such as tuberculosis and other infectious diseases. The limitations and slow start to paediatrics in Ireland are well described by Gerry Canny in his Chapter "History of Paediatrics and respiratory medicine on the island of Ireland" in the History of the Irish Thoracic Society. In undergraduate terms, the first Chair of Paediatrics on the island was created in QUB in 1948 and the Chairs in UCD, TCD and RCSI as late as 1960. The fight against tuberculosis, polio and various national vaccination campaigns had consumed much of the attention of paediatricians throughout the 1940s and 1950s.The Dublin based Irish Paediatric Club founded in the 1930s, which later evolved into the Irish Paediatric Association in 1953, at their regular meetings appropriately concentrated on acute gastroenteritis and infectious causes of early childhood mortality and poverty.

The total number of appointed consultant paediatricians at the time of the inception of the Faculty was less than 30 full-time posts nationally albeit with the support of adult specialists particularly surgeons who provided sessions to the paediatric units. Many counties in 1982 still depended on visiting consultant paediatricians from larger centres to provide a monthly outreach clinic but with no locally based inpatient service. Several obstetric delivery units were without a paediatric service in-house. Subspecialities such as respirology often relied on voluntary

Freda Gorman

Barbara Stokes, Hugh Monaghan

David Lillis, Owen Hensey, Denis Gill

fundraising and support to develop infrastructure and services for chronic conditions. For example, Cystic Fibrosis Ireland commissioned the Pollock Report on CF services in 2005 which set out priorities, was submitted to government and led to a HSE working group which then led to major investment and development in care pathways.

Prior to the development of the Faculty of Paediatrics, there were no formal training programmes in paediatrics though some centres offered broad clinical experience but with onerous on call duties. Medical graduates who aspired to a career in paediatrics trained in six-month or 12-month senior house officer or registrar posts in paediatrics or neonatology, then emigrating abroad to complete fellowships or residencies. Some Irish graduates chose to leave shortly after their internship was finished, training abroad was seen as a prerequisite to any permanent consultant appointment at the time. Training posts in paediatric hospitals and units were limited in number, for many doctors significant prior experience in adult medicine at senior house officer level a prerequisite to appointment and the national postgraduate training programmes in paediatrics were not yet developed. Trainees often stayed on the same or a few sites and eventually moved abroad to complete their training with some duplication of their basic experience before gaining higher training opportunities there. The consultant paediatricians present in the early years of the Faculty had almost all received extensive training abroad in the UK, USA, Canada and Australia, having completed fellowships there and they brought this experience and vision from these better developed paediatric services home with them, hence the highlighted areas listed in the stated objects of the Faculty as set out below by the members at the first meeting. In this chapter we will review the progress made against these high standards.

Role of the Faculty

To advance the science, art and practice of paediatrics in Ireland. To promote education, study and research in paediatrics for the public benefit.

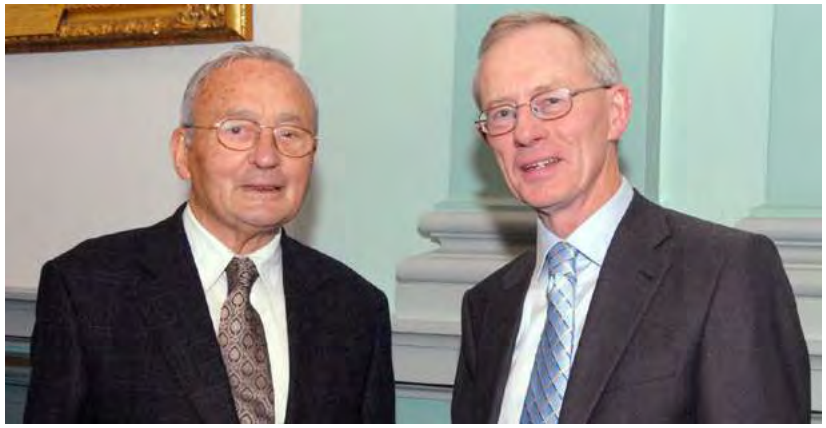
Good paediatric medical practice requires that there be a solid undergraduate training for all doctors which serves as the base for later postgraduate specialisation. It must be recognised that a considerable part of paediatric primary care had always been delivered by our general practitioner and community colleagues. There has always been a close working relationship with public health and general practice around national policies and guidelines. HST Training in paediatrics received national recognition and funding in 2001. Postgraduate paediatrics

Siobhán Burns, Brian McDonagh, Aengus Ó Marcaigh

Roisin Healy, Imelda Ryan, Eileen Tracey

had been resourced by the HSE in partnership with the HSE (NDTP office) to create and establish the BST and HST programmes. Since 2017 the subspecialty programmes in neonatology and cardiology have been funded and have successfully graduated subspecialists with an emphasis on providing their full training within the Republic of Ireland. All the training programmes allow periods for a pre-approved out-of-programme experience abroad or in research The National Speciality

Brian Denham, Clodagh O'Reilly, Gabriel Fox, John Gleeson



Niall O'Donohoe, John McKiernan

Directors and Faculty are responsible for delivering the training curricula for each programme and awarding CSCSTs. In contrast to previous decades, valuable experience abroad is taken at a much more senior level within training, is much more targeted and avoids the need for a prior full paediatric residency in those countries. Research in Ireland has blossomed from a handful of postgraduate paediatric trainees pursuing higher degrees of MD and PhD in the 1990s to more than 30 today.

Included within the Faculty are study days and events to foster interest and to provide guidance around research and postgraduate opportunities.

The MRCPI (Paediatrics) examination is the recognised qualification to progress from basic specialist to higher specialist training and has received significant focus and funding since 2000, it is recognised to be equivalent to other internationally recognised examinations.

To act as an authoritative body for consultation and represent Collegiate Members, Associate Members and Fellows interests on matters of educational or public interest concerning paediatrics.

In the 1980s the health service in Ireland was organised and provided through the Heath Boards, the largest being the Eastern Health Board encompassing Dublin and the east coast counties. There was much less national policy guidance and governance, with fragmented funding processes, only after the amalgamation of the health boards within the Health Service Executive in 2005 did a real opportunity arise to develop a national health model of care for all disciplines and specialities in paediatrics and Faculty with RCPI are now key partners in this. The first head of The HSE was Brendan Drumm, a paediatrician who had advocated for better national planning across all of Medicine. More recently HIQA has taken on a crucial national role in ensuring appropriate standards are maintained in all hospitals, clinics and residential health care settings.

In 2011, the Faculty Board with the support of Leo Kearns and the HSE established the national programmes in paediatrics and neonatology. They play a key role allowing the Faculty in partnership with the HSE to appoint clinical leads and the clinical advisory groups oversee speciality policies, documents and priorities. There have been significant developments within nursing and HSCPs which complement those amongst paediatricians. A novel development has been an all-island cooperation model with Northern Ireland for paediatric cardiology and cardiothoracic children and their families. The clinical programmes have led to a broader and structured approach to funding and the creation of national model of care documents for paediatrics and neonatology with a roadmap across all areas.

To represent the specialty of paediatrics on international, national and regional councils or committees concerned with postgraduate medical education and training, continuing professional development, quality improvement, quality assurance and professional competence schemes.

The Faculty of Paediatrics RCPI is the recognised postgraduate training body for paediatricians in Ireland and represents Ireland internationally in European and world bodies whether for general paediatrics or the subspecialities. In Ireland paediatric experience in training and practice abroad and within other health care systems has always been highly prized amongst our members bringing a broader view to our faculty discussions and planning. The European dimension received a significant boost after Ireland joined the EU in 1973 and there has been a societal progression from a charitable view to the delivery of paediatric health care as espoused in Victorian times to a more rights-based approach to healthcare entitlement for all and particularly those with disabilities or chronic illness. In the early years following Faculty's establishment in 1982 links remained strong with the RCPCH (Royal College of Paediatrics and Child Health, United Kingdom) but the nature of that relationship has changed over time with less dependence for examination support in recent decades as indicated by Chambers and Craft.[6,7] The Faculty has its own postgraduate examinations Parts 1 and 2 with recognised international equivalency. The RCPI/RCPCH Ireland committee is a collaborative structure between RCPCH and RCPI on the island of Ireland with joint chairs provided by both bodies on matters of mutual interest to further common goals in paediatric training and models of care in child health.

European and international paediatric organisations, European Board of Paediatrics–UEMS (Union Européenne des Médecins Spécialistes/European Academy of Paediatrics)

The Faculty has participated and represented Ireland within the European Board of Paediatrics (the recognised paediatric subsection of the UEMS) and the European Academy of Paediatrics (EAP). CESP which was the

fore-runner, had significant Irish input from 1982, notably Denis Gill who was its President and it has since been incorporated within the European Academy of Paediatrics (UEMS) and within the European Paediatric Association and Union of European Paediatric Societies and Associations (EPA/UNEPSA). The UEMS has taken on an even more important role in in healthcare regulation of postgraduate training since the exit of the UK from the EU in 2019.

The Faculty of Paediatrics hosted the Scientific Congress of EPA/UNEPSA (Europaediatrics) in Dublin in 2019. The Congress was organised by Ellen Crushell who was Dean of the Faculty and president of the congress together with the scientific and organising committees chaired by Hilary Hoey along with the enthusiastic help and expertise of Faculty members, Trainees, RCPI, Irish health professionals and the EPA/UNEPSA Council. It was attended by 1,600 Delegates from 77 countries, 125 invited speakers and 1038 abstracts were submitted. Global paediatric leaders attended and contributed – including the presidents of the International Paediatric Association, American Academy of Pediatrics, Asia Pacific Pediatric Association, European Paediatric Association, RCPCH and many other European Paediatric National societies and WHO.

To obtain and maintain recognition as the body responsible for advising recognised statutory and other bodies on all matters concerning paediatrics under any scheme for specialist training including advocacy accreditation and registration.

In 2010 the Medical Council formally accredited the Faculty of Paediatrics with other training bodies at the time as the recognised body for postgraduate paediatric training matters. The NDTP HSE through an annual review and agreement with the Faculty provide the funding and set out the number of funded accredited posts at BST and HST levels for the coming year, there is an EU requirement to link the number of trainees to future service needs and career opportunities.

Graduates of our higher specialist programmes in paediatrics, cardiology and neonatology receive their CSCST on completion of their training and are registered by the Medical Council on the specialist register.

In 2008, the Faculty with Siobhán Kearns, formally developed the Specialist Division Registration (SDR) committee to review and advise the Medical Council of Ireland on outside-of-programme requests around equivalency of training to provide advice on admissions onto the specialist register held. The Faculty of Paediatrics were the first faculty in RCPI to incorporate this very structured committee process in advising on all individual applications when requested by the Medical Council.

To maintain (i) a register of suitable persons training in paediatrics and paediatric subspecialties (ii) a register of recognised training posts (iii) a register of its membership (iv) a register of their members on professional competence schemes.

Under EU policy we are required to register trainees within our BST and HST programmes, and there should be a realistic relationship between the numbers training and the likely future need for paediatric specialists and subspecialists. The national model of care documents set out future development requirements not just within paediatric medicine but also nursing, including our advanced nurse practitioner, clinical nurse specialist and HSCP colleagues. Over the last four decades training at BST and HST has been highly developed and formalised. Through our participation in UEMS, Ireland has the opportunity to contribute and review ETRs across all disciplines, adult and paediatric prior to their UEMS approval. Our seven-year training scheme in paediatrics compares favorably both in duration and comprehensiveness of training to other EU states and internationally. Our training in European terms would be viewed as training toward a hospitalist level of practice rather than a primary care or community basis. There are faculty-recognised training posts in the paediatric units and hospitals, which are regularly reviewed. Faculty and RCPI carry out inspections of training sites regularly, there are in-built feedback mechanisms for the trainees to record their experiences on-site though their eportfolio and annual training assessments. An

important role within the Faculty is played by doctors coming to Ireland to train in paediatrics. Trainees are represented within the Faculty and on the STC committee which oversees training and there are active European organisations such as EURYPA and Young EAP involving junior Irish paediatricians discussing all training matters including the Common Trunk for training and examinations across Europe.[8, 9]

Recruitment to fellowship and associate membership of the Faculty is ongoing, a large number of community health doctors are included in our membership.

Professional competence assurance for all doctors is a mandatory requirement for all registered medical practitioners. The RCPI professional competence scheme for paediatrics allows our specialist to maintain a record of their competence across all eight domains of professional practice set out by the Medical Council and Hilary Hoey has contributed significantly to this process.

The Faculty of Paediatrics has since 1982 achieved most of the goals set out by our founding members. With other stakeholders Faculty has advocated for and led major improvements in paediatric medicine, education, lifelong learning and research, we have created partnerships around training matters with the HSE and Medical Council to maintain and advance standards. Over the years a more collaborative relationship amongst trainers and trainees within the Faculty has evolved and our BST and HST candidates are now fully included in our decision making. Our core responsibility remains our role as the recognised postgraduate training body for paediatrics in Ireland and it is welcome that our trainees are now able to complete their requirements within Ireland and while our system is now much less reliant on experience abroad, that we are an outward looking speciality with links regionally to Europe and worldwide.

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5 Paediatric Training Programmes in Ireland

John Fitzsimons
Rachel McDonell
Sinead Murphy
Michael B O'Neill
Kevin Walsh

The Faculty of Paediatrics is responsible for postgraduate training in paediatrics in Ireland. The following training programmes are overseen by the Faculty of Paediatrics 1) Higher Specialist Training in Paediatrics, 2) Basic Specialist Training in Paediatrics, 3) Subspecialty training in Paediatric Cardiology, 4) Subspecialty training in neonatology, 5) College of Physicians and Surgeons in Pakistan (CPSP) Paediatric Postgraduate training programme, 6) International Residency Training Programme (IRTP) and 7) International Fellowship Programme in Paediatrics.

Higher Specialist Training (HST) in Paediatrics

Higher Specialist Training in Paediatrics commenced in 2000 with the appointment of Alf Nicholson and Michael O'Neill as National Specialty Directors. It was designed as a five-year programme in general paediatrics. Entry into the programme was by competitive interview for doctors who had at least two years of clinical paediatrics, with at least six months in neonatology and who had passed the MRCPI or MRCPCH. The first two years were standardised to allow trainees complete one year of neonatology in a tertiary care neonatal unit and a year in general paediatrics in a unit outside Dublin. The remaining three years consisted of six month rotations in paediatric subspecialties, which were selected by trainees based on their ultimate career goals. Research was encouraged and trainees could take time out of programme to complete their MD thesis. Trainees were credited up to one year of training for the research they undertook.

The training programme incorporated eight study days per year, plus a paid half day release every week, to enhance trainee productivity in terms of research and audit while being engaged in a clinical post. The

study day format was targeted towards case based discussion the morning and subspecialty seminars in the afternoon. They were mandatory for Year 1 and Year 2 trainees. The case base discussions were focussed on real case evaluating and what was done well and what was done not so well and the impacts of negative outcomes on trainees.

The paper based logbook in the initial years had to reflect the goals and objectives of the curriculum. It was both cumbersome for trainee and trainer. Fortunately, the based logbook has been replaced with an electronic logbook reducing but not completely eradicating trainee related anxiety.

All hospitals which had an assigned HST trainee had to be inspected. The contribution of George Murnaghan was invaluable as was the administrative support from the College. Hospital inspections consisted of Facility inspection inclusive of the on-call rooms, residences for the NCHDs during their downtime and advocating for SPR office space, where they could undertake their administrative duties and research. During the inspection process the NSDs met with the lead consultant for training, hospital management inclusive of the Medical Manpower officer and the SPR. Initially, SPRs were placed and the inspection occurred once they were in place.

The NSDs recognised that training to a consultant level in Ireland could not be achieved for the majority of trainees and thus continued the relocation of senior Irish trainees in Canada, US, Australia and England for subspecialty training. Fellowships for Irish trainees abroad were achieved with relative ease and two factors facilitated this process 1) Irish trainees had significantly more clinical exposure prior to undertaking their fellowships abroad than local applicants and 2) the end of year assessments with trainees who were abroad and their supervisors facilitated the applications from Irish trainees being viewed more favourably. Many trainees who undertook fellowship became consultants abroad and were lost to the Irish healthcare system.

Up to 2013 the intake of trainees to the HST remained relatively constant at 13–15 places. In 2014 the number increased to 30 places. With the number of places in BST remaining a constant 40, the competitive nature of entry into the programme was reduced. Currently most trainees pursue training in general paediatrics with an area of special interest or in a subspecialty. Many trainees pursue a master's degree in education, business or healthcare management to assist them in their roles as future consultants, where they are required to assume leadership roles in the health services.

While trainees continue to pursue fellowships abroad, subspecialty training in Ireland has evolved with the development of the National Doctors Training and Planning (NDTP) funded Aspire Fellowships. Trainees who have completed their Certificates of Satisfactory Completion of Specialist Training (CSCST) are eligible to make application for these fellowships. For 2022 three Aspire Fellowships were awarded one in Paediatric Inclusion Health, one in Paediatric Infectious Diseases and one in Paediatric Palliative Care.

The development of less than full-time training has allowed trainees to modify their training plan especially if they have young families or health related issues. A future challenge for the HST programme is the development of training that is in keeping with an appropriate work life balance which trainees seek.

Acknowledgements

The following doctors have been or are NSDs for the HST programme and their contribution to training is acknowledged. Alf Nicholson, Michael O'Neill, John Murphy, Mary Waldron, Hilary Greaney, Basil Elnazir, Colm O'Donnell, Sinead Harty, Paddy Gavin, Michael O'Grady, Michael Boyle, Jean Donnelly, Carol Blackburn, Ann-Marie Murphy.

The Basic Specialist Programme in Paediatrics (BST)

In the late 1980s Ann O'Meara, and Peter Keenan, started the process that would evolve into the BST Programme in Paediatrics. Through a series of conversations, they recognised the need for standardisation of the clinical experience of doctors who wished to pursue a career in paediatrics. The initial two-year programme provided a foundation for trainees in general paediatrics, subspecialty paediatrics and neonatology.

Des Duff, Maurice Neligan

Hilary Hoey, John Fitzsimons

Aoibhinn Walsh, Suzanna Slattery, Emma Ruth, Eva Forman, Sinead Murphy

Alf Nicholson, Joan O'Riordan, Pamela O'Connor, John Murphy

Ann O'Meara and Peter Keenan were succeeded by Imelda Lambert and Paula Cahill who developed the initial clinical curriculum for BST trainees.

The BST programme was formalised, by the Faculty of Paediatrics in 2010 with the appointment of Michael O'Neill and Alf Nicholson as National Specialty Directors. Eight study days per year were introduced. The study days provide case based learning, subspecialty seminars, career guidance, collegiality and social interaction for trainees.

BST trainees complete mandatory training courses, which include 1) leadership in clinical practice, 2) ethics, 3) prescribing skills and blood transfusion, 4) child protection, 5) infection control,6) neonatal resuscitation programme and 7) advanced paediatric life support. Each trainee is required to maintain a training log and set goals and objectives with their trainers. The Electronic (E) Portfolio is reviewed at the end of year assessments. To successfully exit BST, candidates were required to successfully complete the MRCPI. If trainees don't achieve this goal within two years therefore a third year of training is available.

Acknowledgements

The following doctors are or have been NSDs for the paediatric BST programme Michael O'Neill, Alf Nicholson, Conor Hensey and John Murphy.

Cardiology Higher Specialist Training

The possibility of higher specialist training (HST) in paediatric cardiology in the Republic of Ireland started with the recognition of paediatric cardiology as a separate specialty in 2005. This was guided through the Faculty of Paediatrics and the Irish Medical Council by Desmond Duff.

Historically, junior doctors who wanted to become a paediatric cardiologist in Ireland had to get their specialist training abroad. Many very talented Irish trainees never actually came back to work in Ireland as they secured or were attracted to better positions in well-resourced institutions abroad. The impetus for the development of the cardiology HST programme was the fact that patients from the North of Ireland began to be referred for surgery and interventional procedures to Dublin.

Paradoxically, they were being referred to Dublin for specialist treatment in a centre where no specialist registrars in the specialty were present. The difference in resources and staffing was made even more apparent by the fact that, specialist registrars were available in both the Belfast centre and in the UK centres where the Northern Irish patients were previously referred. The additional source of funding provided by the Northern Irish patients, allowed us to not only push for the development of a specialist training programme but also provided the funding for it. The development of the programme was a team effort and was supported by all my colleagues in the paediatric cardiology department in Our Lady's Children's Hospital: Orla Franklin, David Coleman and Colin McMahon. Paul Oslizlok with his work with the All Island Congenital Heart Network was able to secure the funding.

The Faculty of Paediatrics and the College developed the programme which was submitted to the Irish Medical Council and approved along with neonatology. The training programme as it is currently configured consists of one year of neonatology/paediatrics and then four years of cardiology training, one of which can be in research. All trainees undertake research which can lead to an MD or PhD which may take two to three years to complete. The recent appointment of Colin McMahon as the first Chair of Paediatric Cardiology solidifies the academic base of the programme.

They are also encouraged to get further training in one of the many subspecialties such as Intervention, Imaging, Electrophysiology, Heart Failure etc. This ensures that the trainees when they return as consultants bring new clinical approaches and developments to the department.

Our first trainees were appointed in 2017, both of whom have now completed the programme. In the meantime, the programme has expanded to include the Royal Hospital for Sick Children in Belfast with two additional trainees as a consequence. The trainees are now rotating between CHI at Crumlin and RHSC in Belfast. We have been extremely fortunate that the trainees we have recruited are of the highest calibre. We are therefore extremely pleased that their training programme is off the ground and well established and on its way to produce a vibrant integrated department providing training for future paediatric cardiologist who will

Mary Waldron, Ciara Martin, Mary McKay, Gerry Loftus, Owen Hensey

Michael O'Neill, Tom Clarke, Brendan Drumm

John Crowe, Freddie Woods

care for infants and children born with congenital heart disease on the island of Ireland.

The other training programme that has been set up is for general paediatricians with a special interest in cardiology. Colin McMahon and Terry Prendiville were instrumental in getting this off the ground. This programme is modelled on the UK programme and trainees spend one year in cardiology and must achieve certification in echocardiography from the British Society of Echocardiography. The training is tailored for the specific clinical demands in units outside tertiary care centres, which include assessment of potential neonatal heart disease, the assessment of murmurs, syncope and chest pain in children. The appointments of these consultants have proven to be a great success and significantly improves both local and tertiary services.

Higher Specialist Training (HST) in Neonatology

There was a recognition, after 2009, that there was a critical mass of neonatologists in Ireland who could provide neonatal training equivalent to that received outside Ireland. However, before this belief could be enacted, neonatology would need to be recognised as a separate specialty from general paediatrics. This process was led by Naomi McCallion and Martin White assisted by the neonatal advisory group and supported by Siobhán Kearns from RCPI. A specific neonatal curriculum was developed. The curriculum was modelled on the UK, North America and Australian neonatal training programmes. The Irish Medical Council accepted that neonatology was a specialty in its own right in 2014 and this facilitated development of the HST programme in neonatology.

Entry into the programme is by competitive interview. Currently the programme is approved to accept four trainees per year and the initial intake of trainees occurred in 2017.

The first two years of training are similar to those trainees who pursue general paediatrics after which trainees enter the neonatal programme. Trainees must rotate through two of the four designated tertiary care neonatal units, spending a maximum of one year in any particular unit. The designated training units are the three Dublin neonatal units and the neonatal unit in Cork. Trainees may also spend time in other posts that are relevant to neonatology such as cardiology, paediatric intensive care or respirology medicine. Trainees have the option to use one clinical year to pursue research which may form the basis of a MSc, MD, or PhD.

Training days in neonatology are held over the three year cycle and focus of neonatology, genetics, radiology and research methodology.

Reflecting the neonatal needs of the country the programme aims to produce two types of consultants 1) trainees whose practice is exclusive to neonates and 2) trainees who are dual trained in neonatology and general paediatrics. The latter group, to meet accreditation requirements, have to spend an additional year in paediatrics.

Acknowledgements

The following paediatric consultants have been or are NSDs in neonatology Naomi McCallion, Martin White and Lisa McCarthy.

College of Physicians and Surgeons Pakistan (CPSP) Postgraduate Training Programme in Paediatrics

The College of Physicians and Surgeons in Pakistan entered into an agreement with the Health Service Executive (HSE) and the Forum of Postgraduate training Bodies in Ireland to offer postgraduate scholarship programme in paediatrics. John Fitzsimons, is the clinical lead for the paediatric programme which commenced in 2014, with a visit to Pakistan to interview suitable candidates. Asad Rahman played a pivotal role in this process and currently remains actively involved in the programme. Doctors in Pakistan with two years paediatric experience are eligible to apply and successful candidates spend two years in Ireland.

A small number of doctors from the Sudan have also participated in this programme to date. This programme is likely to expand and realise its full potential in the training of international doctors over the coming years with the appointment of Basil Elnazir, Paediatric Respiratory Consultant, in April 2022, as the paediatric liaison representative between the Sudanese Medical Specialisation Board and the HSE.

Trainees work as paediatric SHOs in their first year, in the smaller paediatric units where they are able to adapt to the Irish Healthcare system.

In the second year of training, they work as registrars in the larger regional paediatric units inclusive of Galway, Limerick and Drogheda. Occasional doctors have been able to work in tertiary care neonatal units.

They also attend the Basic Specialist Training days and undertake the Mandatory BST training courses; however, they are unable to secure a certificate of Basic Specialist Training (as obtaining the MRCPI is an essential requirement).

International Fellowship Training Programme (IFTR) in Paediatrics

Declan Cody, Consultant Paediatric Endocrinologist at CHI Crumlin, is the lead for the IFTR in paediatrics. Adult fellowship programmes were initially developed by the RCPI and following discussions with the Faculty of Paediatrics, fellowship in subspecialty areas of paediatrics were developed. Cardiology, Gastroenterology and Endocrinology are particularly popular.

Prior to the COVID-19 pandemic, interviews were held in the Middle East but are currently held on line. Entry into the fellowship programme is by competitive interview, and most applicants are nearing the end of their training in their home country and are seeking subspecialty training in paediatrics. Applicants from Kingdom of Saudi Arabia, Oman, Bahrain, Kuwait and Dubai have been successful in applying for fellowship.

The registration process with the Irish Medical Council is facilitated by Castel Education. Prior to commencing clinical work, Fellows undergo a formal induction process. Fellows have also become mentors to trainees in the IRTP.

Fellowship are normally two years in duration; however, some Fellows stay a third year to obtain a specific subspecialty skill set. The fellowship curriculum for each subspecialty is competency based.

International Residency Training Programme (IRTP)

As an initiative of the RCPI, the International Residency Programme was developed in general medicine and in paediatrics.

The paediatric programme lead is Michael O'Neill, Consultant Paediatrician, Mayo University Hospital.

The programme in paediatrics is three years in duration. Entry is by competitive interview. Interviews are held in March with an anticipated start date in the following December. During this interval, successful candidates must secure sponsorship from their hospital, university or the government of the Kingdom of Saudi Arabia and register with the Irish Medical Council, utilising the Electronic Portfolio of International Credentials (EPIC). This process is facilitated by Castel Education, with which the RCPI has partnered. Castel education also assists trainees with accommodation procurement in Dublin and the necessary visa applications. Prior to entry into clinical practice there is an induction programme to facilitate a smooth transition between cultures and healthcare systems. This transition is further facilitated by doctors, who are from the Middle East, who are working as subspecialty fellows in the International Fellowship programme.

Trainees commence their training in general paediatrics spending eight months in a general paediatric unit outside Dublin where they work as SHOs, supervised by a designated trainer. No differentiation is made between Irish Basic Specialist Trainees and International Trainees.

Trainees, after their training in general paediatrics, relocate to Dublin to spent four months in one of the maternity hospitals in neonatology. The next 15 months are spent in subspecialty paediatrics post inclusive of but not limited to neurology, metabolic disease, endocrinology, cardiology and gastroenterology. The last nine months of training are worked at registrar level with three months in neonatology and six months as a registrar in the hospital where the trainee commenced paediatrics. On completion of the programme doctors return to their home country.

Trainees are expected to attend the BST training days, pursue and complete the mandatory training courses to achieve BST equivalency. Trainees are also expected to pass all three stages of the MRCPI. Passing the MRCPI is challenging as trainees to date have not worked in Ireland. A unique aspect of the programme is the appointment of a clinical tutor to assist trainees in their examination preparation which includes the

development of MCQs and the provision of weekly tutorials, which now commence once trainees are accepted into the programme. Feedback from these tutorials is extremely positive. The interactions with the tutor are extremely beneficial. The inaugural tutor was Sarah Richardson, and John Coveney is the current tutor.

Faculty Training Courses

The Faculty of Paediatrics continues to refine and develop the training programmes in paediatrics. It is likely that the number of subspecialty programmes will continue to expand as will the international training programmes.

Education and lifelong learning have always been and remain cornerstones of the Faculty of Paediatrics at RCPI. Testament to this is that two of the senior roles in Educational Leadership in RCPI, the Director of Continuing Professional Competence and the Director of Education and Academic Affairs, are Fellows of the Faculty of Paediatrics.

Clinical teaching is consistently well delivered on paediatric clinical sites by trainees and trainers with an emphasis on clinical examination. It was with this sentiment in mind that one of the first paediatric specific courses was established at RCPI. This was the "Clinical Skills in Paediatrics" course which was initially intended for those sitting the clinical part of the paediatric membership but open to all and was well attended by exam candidates, those wishing to refresh skills and many GPs and Community Medical Doctors. The course ran twice yearly from 2010.

The attendance at this course by the Community Medical Doctors, who have always been closely linked with the Faculty of Paediatrics, prompted them to approach the Faculty to seek a bespoke clinical paediatric course for this group. A curriculum was developed collaboratively between RCPI and the Community Medical Doctors and training in person delivered to 162 of the 184 Community Medical Doctors in practice nationally. Topics such as child psychiatry, neuro-disability, functional paediatrics, orthopaedic presentations, were covered by this successful programme which empowered our colleagues in the Community to optimise care for children.

The RCPI Masterclass series which is the hall mark of CPD and Education have included paediatric topics such paediatric cardiology, care of the complex patient, and neonatal palliative care have been covered.

In 2015, free GP care was made available to children under six years of age, and it was recognised that this would increase GP visits by this group. It was anticipated that many GPs would like to be upskilled in paediatric clinical care. As a result, the Diploma in Primary Care Paediatrics was established. It was delivered for the first time as an in-person course in 2015/16. Sixty candidates successfully completed the diploma in its first two years, some of whom were GPs, some community medical doctors and many paediatric trainees. This course is now run as an online course in collaboration with IHEED with oversight by the Faculty of Paediatrics and is in its ninth year in this format with more than 1,000 Irish and International graduates.

The Paediatric Pocket Tutorial Programme was conceived in 2020 as a response to the challenges of teaching in groups because of the COVID pandemic. The idea was to host on the RCPI website, short (10–15min), structured (by specialty, with learning outcomes & conclusions) videos on common paediatric topics. The videos would be available to all trainees and consultants registered with RCPI, regardless of whether they were in a training programme or not. The programme was funded in part by a generous grant from the Faculty of Paediatrics to cover administrative and technology costs.

The creation of content has been a collaboration across the community of paediatric consultants and trainees in Ireland. Section/specialty Leads co-ordinate presenters, select topics and support the video recordings. All presentations are by consultant paediatricians or senior trainees. The Leads take editorial responsibility for the content of their section. They also provide recommendations on good educational resources which are listed on the pocket tutorial webpages.

Currently there are over 50 videos recorded across sections including Neurology, Respiratory, Cardiology, Child Protection, Oncology and Allergy with plans to continue with new specialty and general paediatric content. Initial feedback from trainees has been very positive and we plan

in time to perform a more in-depth evaluation. In the future we would like to cover surgical topics and learning from colleagues in health and social care professions relevant to paediatrics. As COVID restrictions are relaxed we believe the video tutorials will remain relevant and perhaps support a *flipped classroom* concept where education content is watched in the learners own time and coming together is an opportunity to discuss, debate and apply the material.

We are indebted to all those who have helped to make this project a success.

Paediatric Trainee Trips

6 The Development of Neonatology

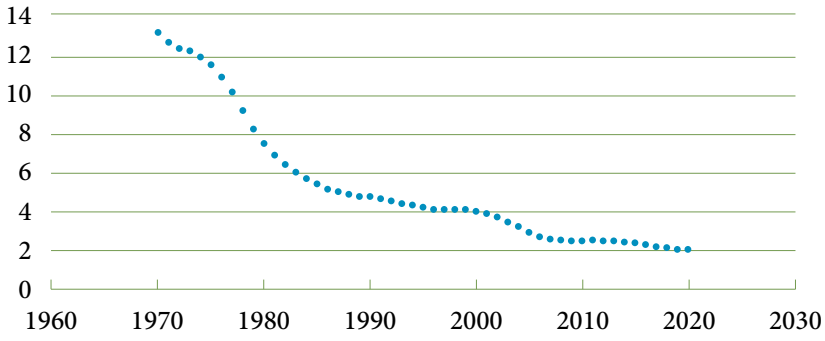
John Murphy, Freda Gorman

Gene Dempsey
Tony Ryan

Definition: The term 'neonatology' was first coined in 1960 by Alexander Schaffer in his book Diseases of the Newborn. The 1960s represented a decade of change internationally with the introduction of mechanical ventilation as a potential mode of respiratory support for preterm infants with so called 'hyaline membrane disease', subsequently known as respiratory distress syndrome (RDS).

International History: The death of Patrick Bouvier Kennedy at 34 weeks due to RDS in 1963, represented a watershed moment in newborn care, with significant investment into neonatal research leading to progress in the identification of the cause of RDS, its treatment and prevention. It also meant that newborn care entered the public consciousness. The next few decades witnessed the development of assisted ventilation, parenteral nutrition, antenatal corticosteroids, surfactant therapy, and in term newborns inhaled nitric oxide and more recently the implementation of therapeutic hypothermia. To put things into perspective and how quickly advances have translated into outcome, survival for infants delivered at 1000g in the 1960s was five per cent, whereas today survival for similar infants is 95 per cent. In Ireland, the most powerful representation of the advances in neonatal care over the last 50 years is shown by the impressive six-fold reduction neonatal mortality rates from 1970s to today (see Figure).

Irish Neonatal Mortality Per 1,000 Live Births



General Paediatricians to Neonatologists: From the 1960s onwards, neonatal care was provided by general paediatricians with a special interest in neonatology, such as E. Tempany & Paddy Deasy in Dublin, and Ray Barry & G. Cussen in Cork. Exchange transfusions for rhesus incompatibility were perhaps the greatest burden for paediatricians in the larger centres of this period. It is a procedure rarely performed today.

The first dedicated consultant neonatologist appointed in Ireland was Niall O'Brien in Holles Street in 1973. Elizabeth Griffin (Coombe Women and Infants University Hospital) was appointed in 1977, followed by Tom Mathews in 1979. Over the next decade Freda Gorman and John Murphy (Holles Street), Tom Clarke (Rotunda), and Margaret Sheridan (Coombe) were appointed. Tony Ryan was the first full time neonatologist to be appointed outside Dublin in 1994, to Cork. By 2016, there were 16 consultant neonatologists appointed to the larger maternity centres, including Con Sreenan in Limerick and Donough O'Donovan the first consultant neonatologist appointed to Galway. Paediatricians with a special interest in neonatology continued to provide neonatal care in maternity units outside of the major centres.

Neonatal Subcommittee: The establishment of the Neonatal Subcommittee of the Faculty of Paediatrics, in 1988, was an important milestone. The committee published many policies and guidelines, one of

the most notable neonatal guidelines being on care of the previable infant in 2006, recently superseded by the 2020 document Perinatal Management of Extreme Preterm Birth at the Threshold of Viability committee.

The Neonatal Resuscitation Programme was introduced to Ireland in 1995 by Tony Ryan and Lisa Clarke ANP, Stony Brook Hospital NY. Administrative support was provided by Bernadette Fitzgerald, UCC. This standardised neonatal resuscitation training programme has been shown to enhance knowledge and skills acquisition and retention amongst participants and result in improved outcomes for newborns. The NRP is now in its eight edition with thousands of healthcare providers trained in this programme throughout Ireland. There is now a national coordinator Margo Dunworth and there are dedicated NRP instructors throughout the country.

National Transport: One very important national development occurred in 2001 with the establishment of the National Neonatal Transport service, initially on a 9am–5pm basis and subsequently extended to a 24-hour service in December 2013. This was initially led out by Tom Clarke, Freda Gorman and Elizabeth Griffin and subsequently Ann Twomey. The NNTP is now under Jan Franta. The service currently retrieves 600 newborns annually and is an essential component of neonatal care nationally. The associated STABLE Course was introduced in Cork in 2000 by its founder Kristine Karlsen from Utah and subsequently disseminated nationally under the leadership of Ann Bowden and Tom Clarke.

Newborn Hearing Screening: Initially advocated by Gay Fox in 2005, this service was commenced in the southern region in 2011 (Neonatal Lead: Brendan Murphy) and was subsequently extended nationwide. Working collaboratively with colleagues in ENT, paediatrics and audiology, this integrated screening programme is now a key component of neonatal screening.

National Clinical Care Programme for Paediatrics and Neonatology (NCPPN): This was established in 2011 under the leadership of Alf Nicholson (paediatrics) and John Murphy (neonatology). In 2015 the Model of Care for Neonatal Services in Ireland was published. The document describes the status of neonatal care in Ireland. A very important element highlighted is the multidisciplinary nature of neonatal care including dietetics, pharmacy, physiotherapy, medical social work, occupational therapy, speech and language therapy, engineering and clinical psychology, all essential components in delivering high quality care. The integration of these services into the tertiary neonatal units has contributed significantly to the improved overall outcome. Interprofessional education, communication and human factors skills training are essential for good teamwork in promoting patient safety and excellence in clinical outcomes for critically ill newborns.

Maternity & Newborn Clinical Management System (MN CMS): Implementation of a complete electronic health record for mothers and newborns across all 19 maternity centres in Ireland was lead out by Brendan Murphy and Richard Greene. The first site to go live was CUMH in Dec 2016 and the system is now implemented in four hospitals, with plans to roll it out in all maternity sites over the next years. This development will facilitate widespread improvements in maternal and newborn care in Ireland, providing the digital infrastructure necessary for the next wave of clinical audit, research, education and business intelligence.

Medical Training: The educational landscape has shifted significantly over the last 20 years. The recognition of neonatology on the specialist register and the establishment of the Higher Specialist Training Programme in Neonatology in 2017 represents a very positive step. Prior to 2020 all consultant neonatologists appointed in Ireland completed their neonatal fellowships abroad, mainly in the United States, UK, Canada and Australia. The HST programme in neonatology officially began in 2017, and in 2020 the first two trainee graduated. Now in its fifth year there are currently 14 trainees on the programme and four have now graduated. The vast majority have completed higher degrees (PhD or MD's) in Ireland. The development of this programme is very much indebted to the work of Naomi McCallion, Martin White and Lisa McCarthy.

Kevin Walsh, David Corcoran

Denis Gill, Martin White, Hilary Hoey, Tom Clarke

Michael Boyle, Edna Roche

Neonatal Research: One of the true leaders of the field was Henry Halliday (Belfast), whose pioneering work in the development of surfactant and the subsequent randomised controlled trials led to the widespread use of this life saving therapy. Henry Halliday was also a key leader in the Irish American Paediatric Society, whose aim is to foster scientific and cultural links between Ireland, USA and Canada. Other key research areas included work on Sudden Infant Death Syndrome (Tom Mathews), to more recently neonatal resuscitation and stabilisation (Colm O'Donnell,) cardiovascular support (El-Khuffash, Jan Miletin, Gene Dempsey), neonatal immunology (ElenorMolloy), neonatal microbiota and breast milk (Ryan, Dempsey), neonatal neurology/EEG (Boylan, Murray, Foran) neonatal ethics (EURICON: Ryan, Dempsey) and neonatal Haematology (Curley). There has also been a very significant increase in the number of neonatal multicentre and multinational randomised controlled trials (with Principal investigators in Ireland. These have addressed important issues such as therapeutic hypothermia (TOBY Trial; Halliday), non-invasive respiratory support (NIPPV trial, O'Donnell, Dempsey, Miletin), management of the ductus arteriosus (El-Khuffash, Miletin), delivery suite surfactant administration (POPART: O'Donnell), seizure detection algorithm (ANSER: Boylan), delayed cord clamping (PREMOD; Dempsey) and the role of platelet transfusions in newborns (PLANET II: Curley). The HIP trial (Dempsey) was an international RCT of blood pressure support in preterm infants and was the first EU funded neonatal RCT led directly from Ireland. One of the more recent trials assessing the role of brain oxygenation monitoring in extremely preterm infants (SafeBooscIII; Dempsey, Curly, El-Khuffash, Miletin) included all four large Irish tertiary centres. Irish neonatologists are members of various international organisations including International Liaison Committee on Resuscitation (O'Donnell), International Neonatal Consortium (Dempsey) and the European Society for Paediatric Research (O'Donnell, Molloy, El-Khuffash, Dempsey) influencing clinical practice internationally. Irish neonatologists are invited speakers to some of the most prestigious international meetings including Paediatric Academic

Society Meeting, Hot Topics in Neonatology and the European Society for Paediatric Research.

Children's Hospital Ireland: The new children's hospital represents a very exciting development with the establishment of a national quaternary neonatal service on one site. This will incorporate an 18-bedded NICU and 24-bedded neonatal ward. The NICU-designated care will encompasses all neonates requiring intensive care, including specialist medical and surgical intensive care. The service will be delivered by eight whole time equivalents (four full-time and eight half-time with maternity neonatal services).

Future: Workforce planning, promoting physician and nursing staff well-being and resilience will be crucial to both staff acquisition and retention. The roll-out of the electronic health record programme nationally, the establishment of the Children's Hospital NICU, the new neonatal training model, the continued clinical and research collaboration between centres, all point to an exciting future for excellence in neonatal care in Ireland.

Acknowledgements

We would like to thank Tom Clarke, Martin White and John Murphy for their support in compiling this document.

Gene Dempsey

Tony Ryan

7 Consultant Paediatricians with a Special Interest in Community Child Health, Neurodisability and Child Protection

International Children's Palliative Care Conference, NUI Galway, November 2019

Hilary Greaney
Sheila Macken
Jacqueline McBrien

In the 19th century UK laws attempted to provide for people with disability at a societal level. The Idiots Act 1886 provided for classification with regards to suitability for education or training in institutions. In 1869 Stewart's Institution for Idiotic and Imbecile Children was founded in Chapelizod. Cardinal Cullen tasked the Daughter of Charity in 1892 with providing for Catholic children. Separate services were set up for Deaf or Blind children with the goal of providing training to 'rescue them from dependence'. Again, these were residential schools. In the 1930s, St John of God and the Brothers of Charity services were set up to provide for males, and the Daughter of Charity now provided for females only. The 1943 Hospitals Commission survey estimated that there were 21,000 children in institutional care.

By the 1950s parental and professional opposition to institutionalisation increased demand for community based services. paediatrician Barbara Stokes supported the establishment of St Michael's House services, and became the Medical Director. In 1961 a Commission of Enquiry on Mental Handicap services was set up. It reported in 1965, with recommendations for establishment of Diagnostic teams, educational/vocational services, residential and day services, but still largely managed by psychiatrists as the asylums had been. Services for children and adults with physical disability were also established, by the early 1950s, by Cerebral Palsy Ireland (now Enable Ireland) and the Central Remedial Clinic.

By the 1970s the social model of disability was becoming well established with links to the old medical model based on 'diagnosis'. At the same time rapid advances in healthcare and rehabilitation was resulting in better health outcomes and increased life expectancy. Sinead O'Nuallain was appointed Paediatrician to Brothers of Charity Services in Galway.

Over the next decades policies increasingly focussed on the rights of people with disability with the 1996 report of the Commission on the Status of People with Disability: *A Strategy for Equality.* The National Disability Authority was established in 1999. But it wasn't until the 21st century that acts underpinning access to community supports such as the 2004 Education for Persons with Special Educational Needs Act, and the 2005 Disability Act, which established the right to an Assessment of Need, as well as requiring local and other authorities to take account of the needs of those with disability. In 2018 Ireland finally ratified the UN Convention on the Rights of Persons with Disability.

Apart from pioneering paediatricians such as Barbara Stokes and Sinead O'Nuallain, most paediatricians provided services to children with disability through hospital services. St Michael's House had a full-time paediatric post shared by Siobhán Murnaghan and Frances Kelly following Barbara Stokes retirement, but with no hospital privileges. Physical Disability was the first to establish joint appointments with the appointment of Owen Hensey to the Central Remedial Clinic and Temple Street Children's Hospital, and Hugh Monaghan to Enable Ireland and Crumlin Children's Hospital in 1984. Sheila Macken was appointed as a Specialist in Child Development in 1996, linking Daughter of Charity and St Michael's House Intellectual Disability Services with Temple Street Children's Hospital, and the first community paediatricians followed shortly afterwards as outlined below.

The improved survival as a result of improved neonatal care and advances in cardiac and other surgeries, resulted in a growing cohort of children with complex medical, social and educational needs. Medical advances such as gastrostomy feeding, respiratory support, such as tracheostomy use and BIPAP, as well as improvement in epilepsy management, required increasing specialisation and training for this cohort of paediatricians supporting children with life-limiting conditions. The term Neurodisability was adopted internationally to define this group of patients, and recognised training programmes were developed.

Sheila Macken, Ann Sheehan, Emma Curtis

In 1999 a new development in paediatrics was introduced into Ireland with the establishment of consultant posts in General Paediatrics with Special Interest in Community Child Health (CCH). These posts would provide specialist paediatric services which straddled across all child health services and complemented the acute general paediatric services already in place across the country.

Community child health had evolved in the UK following the Court Report "Fit for the Future" in 1976 and established specialist paediatric services in non-hospital environments.

In Ireland, up to the development of these new posts, all children requiring consultant paediatric assessment were seen in general paediatric clinics in hospital environments. The vision for the new posts was to deliver specialist assessments in a variety of settings as close to the family as possible. The roles of the consultant paediatrician–CCH included assessment of children with developmental delay and neurodisability including for example cerebral palsy or other physical disabilities, children with potential Autistic spectrum disorder (ASD) or intellectual disability.

These consultant posts were hospital based with a 50:50 split in hospital: community work and they were on the acute general paediatric on call rota. The posts included a commitment to child protection work, advocacy, education and teaching. The posts differed from the UK model but was appropriate for the Irish health system as most paediatricians were on 1:2 rotas at the time.

The first two posts were located in the North Eastern Health Board – Sligo (Hilary Greaney) and Letterkenny Hospital (Louise Kyne) but quickly became established in most Health Boards across the country.

One of the first developments was the setting up of Early Intervention teams (EIT) where disability teams were not in existence. Dedicated therapists assess the child and offer ongoing therapy in tandem with the consultant paediatrician. Prior to this families would have multiple individual assessments with limited communication between the therapists. The development of local teams built up expertise and team working throughout the country. Specialist disability services continued in some areas for care of children with intellectual disability and the Central Remedial Clinic disability services do outreach particularly for motor management. EIT was followed by School Age Disability Teams and paediatric clinics moved into some special schools.

The teams accepted referrals from GPs, PHN, AMOs and hospital colleagues where there was delay in development in two or more areas and thereby streamlined the referral process. After the assessment if a child met the criteria for intervention, regular Multidisciplinary Team (MDT) discussion were held including the parents taking an active role in care planning for their child.

Another early development was the creation of the post of Paediatric Liaison Nurse. This role provided a link between the acute hospital service and the community for children with complex medical needs and could provide specialist nursing advice in child's home.

To further promote the ethos of services delivered close to the families, medical assessments and reviews for children with developmental issues were based in local health centres and in special schools. This

allowed communication with teachers and other carers to get a wider understanding of child's progress.

Over the years the presentation of children with autism has increased significantly and the diagnosis became part of the service offered by some consultant paediatricians–CCH. This involved training in diagnostic tools e.g. ADOS and Griffiths and overseeing the assessment process. As teams have evolved there has been a reduction in input from paediatricians in this process but it was pivotal in the initial stages in guiding service development and clinical governance.

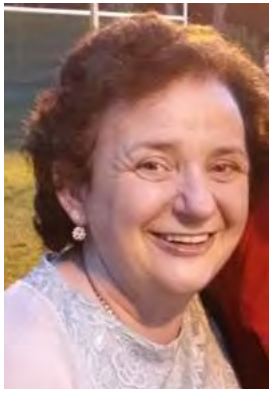
Based on the training and interests of the person in post, additional specialist services have been developed including assessment of children in motor and spasticity management, Feeding clinics, care of the child with medical complexity and severe neurological impairment, sleep clinics, Enuresis clinics and in some areas, joint sessions with CAMHS.

Over the last ten years, disability services in all community health areas have reconfigured to community disability network teams (CDNT) with multi-disciplinary therapy teams based in community settings. Although the paediatricians remain in joint posts with acute hospitals, most CDNT's have a designated paediatric service with which to work closely in a child and family-centred manner. This has enabled increased paediatric involvement in the team service and the development of specialised teams for joint assessment of motor management, feeding and behaviour. These same consultant paediatricians work particularly closely and share care with hospital based subspecialties of neurology, genetics, orthopaedics, neurosurgery, radiology, and palliative care, as well as all the other subspecialties.

Child Protection has always been an important role for paediatricians but the assessment of children for CSA (child sexual abuse) became a remit for the consultant paediatrician–CCH as many had received training in this aspect of child protection. Throughout the country new services were established particularly for non-acute sexual abuse. This involved setting up procedures locally and the establishment of a National Peer educational forum for confidential discussion and education of key learning points from cases, conferences, journals and updating good practice. These consultants also deliver a mandatory course in child protection, Child Protection Recognition and Response, to all BST candidates. The Clinical Programme aims to see the completion of three regional units to allow for a nationwide 24/7 Child Sexual Abuse service.

As a new speciality in 1999, new appointees were working in isolation in community settings, a subcommittee for CCH emerged within the Faculty of Paediatrics. This provided a space for peer support, continuous medical education, and development of national strategy. This committee meets quarterly and is an opportunity for colleagues to meet socially as well as discuss the business of the day. The committee advises the Dean and RCPI board on disability and child protection paediatric issues. It is also a medium for members to advocate and campaign for improvements in services and on national issues as they arise. In 2014, a manpower review was undertaken and identified that a six-fold expansion in consultant manpower was required to meet the then service needs for neurodisability and Child Protection and bring the CCH specialities into the next decade. This analysis then contributed to these specialty chapters in the first publication of "National Clinical Programme for Paediatrics" 2015. At that point there were 12 WTE consultant paediatricians working in CCH, Neurodisability or Child Protection throughout the country. We have not yet reached the required expansion but continue to take the necessary steps

Niamh Lagan, Louise Baker, Judith Meehan, Louise Kyne, Veronica Kelly, Abigail Collins



Hilary Greaney

to train and appoint consultants specialised in these specialties and to provide service as laid out in the National Clinical Programme. The CCH Subcommittee has been chaired by Hilary Greaney, Emma Curtis, Siobhán Gallagher, Jacqueline McBrien, Joanne Balfe and the current co-chairs are Nick Van Der Spek and Niamh Lagan.

With the introduction of formal Higher Specialist Training (HST) programme in 2000, community child health paediatrics became an integral part of HST programme with all trainees expected to get a minimum of six months experience in the speciality. This required the development of a curriculum which outlined the key elements to be achieved by each trainee. These were incorporated into the logbook, study days, mandatory courses and became the standards used for end of year assessments. Consultant appointees complete their training either entirely in Ireland or avail of fellowship abroad for senior HST years. Last year the first Aspire post-CSCST fellows were awarded in neurodisability and child sexual abuse. Development of a complete training programme for CCH or Neurodisability with specialist recognition with the Medical Council is on the agenda for the short-term. The curriculum for fellowship for international trainees in CCH has been finalised and applicants will be invited from this year.

In the past decade there has been a significant increase in a unique group of children with complex or exceptional medical needs. This is due to better care, improved survival, advancements in medical technology and prolonged life span of children with moderate to severe impairments. The specialty of CCH/Neurodisability have been central to the design and delivery of an expert, multidisciplinary and co-ordinated care programme for these children, based as close to the child's home as possible.

Community child health, neurodisability and child protection are relatively young paediatric subspecialties in Ireland but have come a long way since the first posts were appointed in 1999. Disability is the commonest chronic health condition in children, affecting 4% of the population. This fact and the growing prevalence of children with complex medical needs requires a paediatric service equipped to meet these needs. These subspecialities have developed and will continue to evolve according to the growing and changing healthcare needs and the unique Irish Health Care structure. The priorities for the future include expansion of consultant numbers, greater integration with community disability teams and to create a subspecialty HST training programme in Ireland. The specialty has benefited from the foundations based across hospital and community health services and is well poised for expansion to meet growing needs in tandem with Slaintecare, the National Clinical Programme and the principals that aim to deliver.

"Expert care, to the right child, in the right place, and at the right time."

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8 The National Clinical Programme for Paediatrics, Neonatology and Paediatric Diabetes

Ellen Crushell
Nuala Murphy
John Murphy

When Brendan Drumm was appointed CEO of the HSE in 2005 he pointed out that the biggest error made in the organisation the Irish health service was the virtual exclusion of doctors from any significant role in management. He added that it was imperative that clinical leaders be appointed to motivate and encourage their colleagues to undertake change. It had become increasingly obvious that meaningful change could not take place unless it was supported by the medical opinion leaders. It was decided to develop a programme of clinicians in management.

In 2009, Barry White, a Haematologist at St James's, was appointed as the National Director for Clinical Care and Quality. His first step was to commence the process of creating clinical programme leads across a range of medical disciplines. The second step was to link these programmes with the postgraduate colleges. Leo Kearns, the new CEO of RCPI, felt that the College could only have an impact on the quality of healthcare if it engaged constructively with the HSE. There was strong support from T J McKenna, president of the College. It was agreed that the clinical lead posts would be a joint appointment between the HSE and the College.

The national clinical leads in paediatrics, Alf Nicholson and neonatology, John Murphy, were appointed in 2011. The remit was to design and commission health services for children. It became clear early on the Programme should concentrate on the medical services that matter most to most children and the paediatricians who cared for them. The challenge was how to set about identifying the priorities that needed to be progressed. It was appreciated that the Programme needed to distil out what children's services wanted rather than what it was thought they needed.

In a departure from previous national healthcare initiatives it was decided to visit all the paediatric and neonatal departments across the

State. The two Clinical Leads and the newly appointed Programme Manager, Grace Turner embarked on the hospital meetings.

At each clinical site, the Leads met as many of the paediatric staff as possible including doctors, nurses, NCHDs, allied health care professionals, and managers. Details were obtained about the unit's activity, its workload, its staff complement. A particular emphasis was placed in obtaining the staff's views on how their services should be developed and what direction it should take. There was an early buy in. The units were very engaged. They felt included and part of a new positive change in direction for paediatric care. Many of the paediatric units stated it was the first time that their opinion had been sought on their services could be changed and improved.

Common themes quickly emerged. In many units, the admission rates from the ED was as high as 30–40%. A surprising finding was the number of units where there was no audio-visual separation for children in the ED. The children had to share the waiting areas and the clinical cubicles in close proximity with adults. It was clear that this was unacceptable and needed to be urgently addressed.

Another common finding was that old to new cases in the OPD was as high as 4:1. There was long wait times for a new case to be seen at the OPD.

In the children's hospitals, the subspecialists were frequently overburdened with common paediatric problems. The gastroenterologists were reviewing children with constipation, the respiratory consultants were seeing large numbers of children with mild asthma, the neurologists were referred many cases of children with headaches, and the nephrologists were seeing children with UTIs. The downside of these referral patterns was that the subspecialists did not have sufficient time to concentrate on their core activities, the care of children with complex problems. In was evident that there were insufficient general paediatricians to care of the common conditions presenting to the children's hospitals. The visits to the neonatal units identified a different set of challenges. The units were at times uncertain of the roles. There was lack of clarity about what babies could be cared for locally, and which babies needed referral to the larger centres. The neonatal services referral patterns had developed based on collegiality rather than on a specific plan. It was clear that neonatal units

Denis Gill, David Coghlan

Leo Kearns, Emma Curtis, Martin White, Hilary Hoey, John Murphy, Alf Nicholson

Roisin Healy, Nuala Murphy, Joanne Balfe

needed to be categorised into local, regional and tertiary centres and that the neonatal transport should be available 24/7.

The second concern expressed by the staff in all small and regional units was the lack of neonatal transport services at nights between 5pm and 9am. A 24/7 service was needed.

The Clinical Leads were struck by two observations. The first was variation and the second was duplication. The variation was illustrated by the differences in staffing and services provided by similar sized units. The duplication was highlighted by units attempting to provide services that would be better managed at a tertiary centre at the expense of children with common conditions which could be cared for in their own area. The concept of the right baby, the right place, the right time was promoted.

By the time the national visits were completed it had become clear that model of care documents in both paediatrics and neonatology needed to be developed. It was also clear from the visits that the care of patients with Type 1 diabetes needed a specific model as the incidence was rising rapidly and insulin delivery and glucose monitoring technology was rapidly advancing/ Stephen O'Riordan was asked to lead on this. Additional Programme Managers were appointed. Firstly, Clare Browne and subsequently Siobhán Horkan and Jacqueline de Lacy. The Model of Care documents for paediatrics, neonatology and Type 1 diabetes were published in November 2015. The paediatric MOC placed an emphasis on the expansion of general paediatrician numbers both in the children's hospitals and those outside Dublin. A major increase in paediatric ED consultants was recommended. The referral and treatment pathways for sick children were set down. The Model of Care for diabetes set out how services should be organised and staffed to ensure high quality care delivery to all children and adolescents nationally.

The neonatal MOC formulised the categorisation of neonatal units into local, regional and tertiary. The neonatal transport programme was increased to a 24/7 service with the subsequent appointment of consultant neonatologists to deliver the service.

Julie McGinley was appointed to develop the register of all cases of neonatal encephalopathy nationally.

Nuala Murphy subsequently was appointed as the Clinical lead in paediatric diabetes in 2015 succeeding Stephen O'Riordan. The vision

Recent site visit by the clinical programme to University Hospital Kerry

for paediatric Type 1 diabetes care delivery in Ireland was developed based on ten, benchmarked standards of care. Including early diagnosis, clear pathways and equitable access to trained multidisciplinary teams in networks, evidence based tailored use of technology and smooth transition to adult services. Working with Diabetes teams and Diabetes Ireland, Family and School resource documents were developed and published. Working with HSE Aids and Appliances and PCRS, timely access to evolving technology is progressed. Significant investment has been made in developing regional T1DM centres in many sites (Sligo (with outreach to Letterkenny), Galway (with outreach to Castlebar and Ballinasloe), Limerick, Waterford, Drogheda and Mullingar with plans for further outreach and integration in progress) but psychological support remains a significant gap and need in almost all services and meeting this need is an urgent clinical programme priority. Accurate data is key to driving further improvements in quality of T1DM care delivery to reduce the burden of preventable diabetes related complications and evidence based resource allocation. Working with representative stakeholders across the country and the National Office for Clinical Audit, a feasibility study for a National Paediatric Diabetes Audit (NPDA) was undertaken and published in 2022

which reported that a NPDA should and could be undertaken in Ireland and the critical importance of a unique patient identifier for this cohort to link data, services and outcomes.

Ellen Crushell was appointed as Clinical Lead in Paediatrics in 2020. She replaced Alf Nicholson who left to take up the appointment of RCSI Deputy Director Bahrain Medical School.

Since the publication of the MOCs there has been a steady, progressive implementation of their recommendations. The number of consultants in the local and regional units are being increased to six and twelve respectively. There has been an expansion in nurse specialists – advanced nurse practitioners and clinical nurse specialists and allied and social care specialists.

In neonatology, the two regional units at Limerick and Galway now have separate neonatal and paediatric consultant rosters.

The management structure changed within the HSE. Colm Henry became Chief Clinical Office, Siobhán Ni Bhrian National Lead Integrated Care, and David Hanlon NCCAGL for the programmes.

Another important development was the establishment of the National Women and Infant Health Programme (NWIHP). This HSE funded organisation was established to lead on development of obstetric, gynaecology, and neonatal services. The neonatal lead is closely linked with this programme and sits on its committees.

The clinical programmes in paediatrics, neonatology and diabetes have provided a framework for the design and implementation of paediatric services for children. Their role will be particularly important over the coming years when the new children's hospital opens and a new balance needs to be struck on how tertiary, regional and local paediatric services are delivered to children.

The other challenges include the integration of the hospital and community paediatric services. The large work programme has been greatly strengthened by the appointment of Ciara Martin as the National Clinical Advisor and Group Lead for Children and Young People in January 2022.

In conclusion, the Clinical Programmes have become integral to the design and delivery of medical services to children.

9 Ireland's New Children's Hospital

Emma Curtis

Irish children, young people, and their families are accustomed to, and expect high quality and safe hospital-based healthcare. The three Dublin children's hospitals (Children's Health Ireland – CHI), are responsible for the delivery of this care to the children and young people from the greater Dublin area and, for specialty care, to the national population. They are currently doing so in hospital buildings which are no longer fit for purpose. In a short number of years, this service will move to the new children's hospital based on the campus of St James's Hospital. The two new Outpatient and Urgent Care Centres based on the campuses of Connolly Hospital Blanchardstown and Tallaght University Hospital are already in operation (2019 & 2021 respectively). These have enabled CHI to achieve significant reductions in general paediatric waiting times and provide bright and well-designed spaces for children, young people and their families.

Once the new children's hospital opens, CHI's committed clinical and non-clinical staff will work in a new beautiful, spacious, well-equipped new building, which is designed to support the delivery of high quality, safe and reliable care. The new children's hospital is designed to create a warm, bright comfortable and supportive setting for children, young people, and their families. It will be fun, playful, diverting, quiet when required, and designed to support the delivery of co-ordinated team-based care to children, young people, and their families.

This journey started in 2006 when the HSE commissioned McKinsey & Company to prepare a report advising on the 'strategic organisation of tertiary paediatric services for Ireland' which would be 'in the best interests of children'. The report concluded that population and projected demands of Ireland could support only one world class tertiary centre, that

the centre should be in Dublin and ideally, co-located with a leading adult academic hospital. The report also recommended that the centre would be at the nexus of an integrated (national) paediatric service, also comprising important outreach capabilities at key non-Dublin hospitals and adequate geographic spread of emergency/urgent care facilities (including two to three in Dublin). The National Paediatric Hospital Development Board (NPHDB) was established in May 2007 to design, build and equip the new children's hospital.

It was decided that the new children's hospital would be built on the site of the Mater Hospital with an Outpatient, Day Care and Urgent Care Centre based on the campus of Tallaght University Hospital. Architects NBBJ and O'Connell Mahon were appointed to design the buildings. The design principles included that the building should enable and facilitate the delivery of high quality, safe, reliable clinical care leading to the best clinical outcomes, that it should create an environment where children and their families would feel safe and valued, and contribute to one where staff would feel safe, supported and part of a single team working together to provide the best care for children. The design principles also

demanded that the building should be bright, feel spacious, that there should be elements of fun and diversion, that it should meet the needs of all children from zero to eighteen and that it should be adaptable, meeting the changing needs of healthcare delivery over the forthcoming decades.

In 2008, a review of Dublin maternity services recommended that each of the three Dublin maternity hospitals should be co-located with a suitable adult hospital and one of them tri-located with the new children's hospital and a leading adult academic hospital.

There was extensive consultation with hospital staff and users in the development of the final design which was underpinned by detailed healthcare analysis and planning. In late 2011, a planning application was submitted to An Bord Pleanála and, in February 2012, to the great disappointment of the project sponsors, planning was rejected. The basis for rejection was the proposed height of the building and, over development on the site of the Mater Hospital. The Government commissioned the Dolphin Committee to advise on the location of the hospital. In November 2012, the Minister for Health announced that the hospital would be built on the campus of St James's Hospital. In January 2014, the Minister for Health announced that an Outpatient and Urgent Care Centre would be built on the campuses of Tallaght University Hospital and Connolly Hospital Blanchardstown. It was also agreed that the Coombe Women and Infant's University Hospital would be tri-located with the new children's hospital and St James's adult hospital.

BDP and O'Connell Mahon architectural firms were appointed to design the hospital and Coady and HLM architectural firms appointed to design the Outpatient and Urgent Care Centres. The health planning information was updated, and staff and users consulted again in the development of the design for both the hospital and the two centres. Planning was submitted and, in April 2017 An Bord Pleanála granted planning approval for the new children's hospital, the two outpatient and urgent care centres and, also on the St James's Hospital campus, the Child Health and Innovation research centre and a parent accommodation building. In July 2017, construction started on the St James's and Connolly Hospitals' sites. The Outpatient and Urgent care Centre in Connolly opened to patients in July 2019 and has provided a local urgent care service and has contributed significantly to a reduction in general paediatric outpatient waiting times. The orthopaedic fracture review clinic moved into the Connolly centre. The centre in Tallaght opened in November 2021 and is providing emergency care services, general paediatric and neurodevelopment and disability services and both centres accommodate the child sexual assault forensic medical examination (FME) service (Tallaght only), and the assessment and therapy services (both centres) previously based in Temple Street and Crumlin.

The build of the new children's hospital on the campus at St James's is progressing well. The external building is almost complete and the internal fit out is progressing. It is a large and complex building. The international COVID-19 pandemic has impacted on the timeline due to construction work stopping during the first lockdown and being impacted upon by COVID related requirements thereafter. We are emerging from this now. It is really encouraging to visit the new build and see the extent of work which has been completed and to observe the fulfilment of the design vision and principles in the emerging structure. There has been a significant emphasis on art with seven commissioned artworks and a plan to integrate the arts into the daily experience of the hospital.

NPHDB and Children's Health Ireland (CHI) are working closely together to ensure that the hospital is technically ready and suited for Day 1 service delivery. THE NPHDB health Technology Office (HTO) is working with hospital staff to ensure the most suitable equipment is provided, CHI are progressing the Electronic Health record (EHR). Together, both NPHDB and CHI are planning both technical and operational commissioning and clinical migration. CHI continues to work on workforce planning & organisational design and development, standardisation and clinical integration, activity analysis and planning. Both NPHDB and CHI are working closely with St James's Hospital in relation to shared campus services and their future working relationship.

The Faculty has been a stalwart supporter of the new children's hospital project from the outset. During the design development stages, a member of the Faculty Board sat on the NPHDB Board ensuring that children and

Emma Curtis

staff remained at the centre of the planning and development of the hospital design. Alan Finan, Hilary Hoey and Jonathan Hourihane in turn represented the Faculty on the NPHDB Board. There was a different expertise required on the Board once design planning was complete and the construction phase took off, and there is no longer a Faculty member on the board. Since 2009, the spring and winter meetings have provided an opportunity to update the membership on the development of the project. The Faculty, with its national membership, representation and understanding has been an invaluable partner in the development of the new children's hospital project. There is a huge amount of work ahead in technical commissioning, operational commissioning, equipping, and moving children, staff and services from the three children's hospitals in readiness for Day 1 services and developing the national paediatric network. We are confident that the Faculty will be there supporting the work throughout. This new hospital is for all children and young people in Ireland. It is going to be beautiful space both to attend and for those who work there. The new design, build and equipment will enable excellent care in a beautiful and efficient building. It is no less than the children and young people of Ireland deserve.

10 The National Immunisation Advisory Committee (NIAC)

Karina Butler

The recommended schedule for infant vaccination in Ireland began in 1949 with the introduction of BCG vaccine. This was followed by diphtheria, tetanus, pertussis (DTP) vaccine in 1952, oral polio vaccine (OPV) in 1957, and rubella vaccine in 1971.

In the late 1970s and 1980s, national vaccination programmes were seriously challenged by reports of the possible association of whole cell pertussis vaccination with encephalopathy in children. The resulting significant decrease in vaccine uptake and misunderstanding as to what constituted a contraindication to vaccination resulted in large outbreaks of pertussis with its associated mortality in infants. As countries struggled to restore confidence in the vaccination programme and improve vaccination uptake rates, the need to provide a single trusted source of reliable information about vaccines was recognised.

On 2 April 1987, Ralph Counahan and Jacqueline Horgan, of the Faculties of Paediatrics and Public Health respectively, wrote to Ivo Drury, then President of Royal College of Physicians of Ireland (RCPI) to recommend the establishment of a National Vaccination and Immunisation Committee, headed by the Department of Health (DOH).

The suggested aims were to:

a. to define the optimum vaccine and immunisation policy
b. to achieve complete national vaccination coverage
c. to identify firm contraindications to specific vaccines
d. to review vaccine programmes periodically and to consider new vaccines
e. to act as a reference source for the medical profession given authoritative guidelines in areas of difficulty
f. to communicate conclusions to the Medical and Nursing professions
g. to educate the public.

While the composition of the committee was to be the prerogative of the Department of Health (DOH), they recommended that the committee consist of medical and administrative staff of the DOH with representation from the Faculties of Paediatrics and Public Health Medicine, the Irish College of General Practitioners, the Irish Society of Medical Officers of Health, the Irish Medical Organisation, An Bord Altranais, the Health Education Bureau, and Specialists in Bacteriology and Virology.

On 6 November 1987, the RCPI Council agreed to convene a Vaccine and Immunisation Committee, the first meeting of which took place on 12 February 1988, chaired by John Kirker. Also present were Ralph Counahan, C. Dempsey, Irene Hillary, Zachary Johnson, John McKiernan, Brian O'Herlihy and James Walsh. Two working parties were set up to consider infant hepatitis B vaccination and the BCG vaccination policy. While this was underway, a single dose MMR vaccine at 15 months was introduced.

The first committee recommendations were ratified by the RCPI Council on 21 January 1992 and were sent to the DOH on 24 March 1992. The recommendations related to the proposed revision of the vaccination schedule to include hepatitis B vaccine within 48 hours of birth for infants expose d to the hepatitis B virus (HBV), DTP/OPV vaccine at two, three and four months, MMR vaccine at 15 months, a booster DTP/OPV vaccine at five years and booster MMR and BCG vaccines at 12 years. Valid contraindications to vaccines were delineated. Not all of these changes were adopted; MMR vaccine was introduced and hepatitis B vaccine recommended for HBV exposed infants. Administration of BCG vaccine remained variable in differing regions. Neonatal BCG vaccine continued in some areas, was administered to those aged a round 12 years in others and was not recommended in some areas. Following completion of the report, the committee disbanded.

In the 1990s vaccine technology advanced, with the development of conjugate and multivalent vaccines. At that time, Haemophilus influenza type b (Hib) was the most common cause of sepsis and meningitis in young children. The Hib conjugate vaccine was introduced in 1992. Initial uptake was very low. Heightened awareness of invasive Hib disease and the proven effectiveness of the vaccine in other countries resulted in increased vaccine uptake and virtual elimination of Hib disease in Ireland.

As new vaccines were becoming available, an immunisation advisory group was needed and a new committee was convened by the RCPI under the chairmanship of Stephen Doyle. Members included James Kiely and Niall Tierney nominated by the DOH, Geoffrey Bourke, Anna Clarke, Catherine Hayes, Zachary Johnson and Brian O'Herlihy (Public Health Medicine), Kevin Connolly, Owen Hensey and John McKiernan (Paediatrics), Luke Clancy (Respiratory Medicine), Christopher Dick and Dan Murphy (Occupational Medicine), Rita Doyle and Ray O'Connor (General Practice), Irene Hillary (Microbiology) and Mary Teeling (Irish Medicines Board).

The aim of the committee was to develop a simple concise guide to immunisations for Ireland and to improve vaccine uptake. The first Immunisation Guidelines for Ireland were published in 1996. In developing and publishing the guidelines it was stated that "This document is not designed to be restricted to the medical profession alone, and we hope that it will be available to all interested parties on a national basis". Thus, from the outset, NIAC sought not only to provide a reliable source of trusted information on immunisation in Ireland but to ensure widespread dissemination to all interested parties.

At the request of the DOH, RCPI then established the National Immunisation Advisory Committee as a standing committee of the RCPI "to give recommendations on the ever increasing demands for information on all areas of immunisation." On 15 December 1998, the inaugural meeting took place, chaired by Brian Keogh. Kevin Connolly represented the Faculty of Paediatrics. Karina Butler was appointed to the committee as a representative of the RCPI.

In the intervening years the committee has continued to evolve and meet on a bimonthly basis. Key changes over the years included introduction of influenza vaccine for those at higher risk of complication s (1998), meningococcal C (MenC) vaccine (2000), pneumococcal polysaccharide vaccine for risk groups (2000), switch from OPV to inactivated polio vaccine (IPV) (2001), Hib booster (2006), infant hepatitis B and pneumococcal conjugate vaccine (PCV7) (2008), human papillomavirus (HPV) (girls) and PCV13 vaccines (2010), adolescent Tdap vaccine (2012), MenC booster (2014), meningococcal B and rotavirus

National Immunisation Advisory Committee, 2022

vaccines (2016), HPV (boys) and MenACWY vaccines (2019) and COVID19 vaccines 2020. The evolution of the vaccination programme has been facilitated by the development of combination vaccines with progression from trivalent (DTaP) to a pentavalent vaccine (DTaP/IPV/Hib) and finally the hexavalent vaccine (DTaP/ IPV/Hib/HepB) that remains in use.

Throughout this time NIAC has been at the forefront of vaccine advocacy, combatting misinformation related to the MMR vaccine, HPV vaccine and more recently COVID-19 vaccines. Since its inception NIAC has been strongly supported by members of the Faculty of Paediatrics. Following Brian Keogh's (consultant physician) as the first Chair of the reconvened Committee, the Chair has remained with Faculty members. Denis Gill first took the helm setting high standards for those following. On his demit, Kevin Connolly, a founder member of the Committee, assumed the helm and was later followed by Karina Butler. Edina Moylett, is a longstanding member and adds expertise in immunology as well as infectious diseases and paediatrics. Other members of the Faculty have been called upon to share their expertise as needs arose. They have never been stinting in their time or support.

The beneficial impact of vaccination over the years is clearly evidenced. Polio, diphtheria an tetanus are conditions rarely if ever seen in an Ireland by any of today's physicians. Bacterial epiglottitis and meningitis are very rare. Measles, mumps and rubella were rites of passage for almost every child born in the first half of the 20th century; rubella has been eliminated from Ireland, and measles is very uncommon. The impact of HPV vaccine is clearly evidenced in other countries with robust evidence of its protection against HPV infection, cervical dysplasia and cervical cancer. It and hepatitis B vaccines are cancer preventing vaccines. HPV vaccines will also impact on the rates of oropharyngeal, anal and other genital cancers.

However, these infections can rebound when vaccination rates decline. High vaccination uptake is required to maintain control. Recent outbreaks of measles in the unvaccinated serve to remind that this is an infection with severe consequences, pneumonia with later bronchiectasis, blindness, encephalitis, secondary bacterial sepsis, subacute sclerosing panencephalitis and death.

The COVID-19 pandemic represented another step in the evolution of NIAC. The urgency of a pandemic confronting the population with a new disease and novel vaccines available in limited supply presented particular challenges. Meetings, previously on a bimonthly basis were held weekly with a core group essentially committing to it full-time. The demands totally exceeded what would be provided by a voluntary committee undertaking NIAC work after their day jobs.

The World Health Organisation (WHO) recommends that all countries have a Advisory Group National Technical that is both a technical resource and a deliberative body to empower national authorities and policy makers to make evidence based decisions on immunisation. An initial proposal was submitted to DOH in 2018 for the transition of NIAC to a NITAG with a voluntary committee supported by a funded secretariat.

In late 2019, ad hoc arrangements were urgently made with appointment of a NIAC programme manager and funding for a part-time three person technical secretariat (two members from the Faculty of Paediatrics and one from the Faculty of Public Health Medicine) supported by the voluntary committee. The secretariat was responsible for the provision of 35 separate recommendations regarding COVID19 vaccines to the DOH, over 30 updates to the COVID-19 Chapter in the Immunisation Guidelines for Ireland, and media engagement to disseminate reliable information. NIAC made a significant contribution to the COVID-19 response and the very high vaccination uptake in Ireland.

As a continuation of the work commenced in 2018 and paused due to the COVID-19 pandemic a further submission to the DOH "Transition of the National Immunisation Advisory Committee to a National Immunisation Technical Advisory Group" was made on 17 May 2022. This transformation is necessary to meet current demands in a timely fashion without sacrificing the quality of outputs. Vaccinology has undergone significant changes through the years. It is an extraordinarily dynamic field. The advent of mRNA technology that has saved countless lives in this pandemic will have very broad application in the future. Immunisation will continue to protect against infectious diseases and the number of preventable infections will undoubtedly increase.

That however, is not the end of the story. Immunisation can also prevent cancers, already proven with regard to hepatitis B and liver cancer, HPV vaccines and HPV related cancers, and undoubtedly there will be more. Immunisation to prevent other chronic diseases is also a realistic proposition. The recent identification of the Ebstein Barr virus as the putative cause of multiple sclerosis opens this to the possibility of prevention through vaccination.

Demands on committees like NIAC will increase and require a level of input in terms of scientific expertise, modelling capacity and economic evaluation to be able to continue to provide the very best immunisation advice for Ireland.

Karina Butler wishes to acknowledge the very helpful contributions of Kevin Connolly, Faculty of Paediatrics and Anna Clarke and Brenda Corcoran, Faculty of Public Health Medicine.

11 The Reduction and Prevention of Child Mortality

Karina Butler
Michael Capra
Wendy Ferguson
Michele Goode
Ahmed A. Monavari
Alf Nicholson

There is no keener revelation of a society's soul than the way it treats its children. — Nelson Mandela

Introduction

This being the 40th anniversary of the establishment of the Faculty of Paediatrics, it is appropriate to reflect on the progress made on the reduction in child mortality during this period of time. The established international barometers of a successful newborn and child health service are the neonatal and under five mortality rates.

Neonatal Mortality

Initially the 'brain child' of Tom Clarke and subsequently led successfully by Siobhain Gormally, the Irish Neonatal Mortality Register (with return rates over 90%) was established in 1987. At that time the neonatal mortality rate was 5.3 per 1,000 live births. Subsequent publications saw this rate dropping to 3.48 in 1999, 2.9 in 2004 and 2.0 in 2021. These results are truly remarkable and reflect the enormous advances in neonatal care over the past 40 years.

The Under-Five Mortality Rate

The under-five mortality rate is seen as a key barometer of child health services internationally. In the past 40 years has seen great strides. The under-five mortality rate in Ireland in 1950 was 35 per 1,000 live births,

Tom Clarke, Alf Nicholson, Hilary Hoey, Alan Finan

Martin White, Miro Vilimek, Vladka Vilimkova, Michael Capra

Mary Horgan, Wendy Ferguson, Karina Butler

decreasing to 12 per 1,000 in 1982 and a remarkable drop to just 3.0 per 1,000 in 2021. This is just behind the world leaders Japan and Norway.

The fact that in Ireland today, for every thousand infants that are born, 997 children are expected to reach their fifth birthday is a clear reflection of the outstanding advances seen in child health over the past four decades.

Infant mortality rates have similarly declined from 12.0 per 1,000 live births in 1982 to just 2.25 per 1,000 in 2020. A major factor has been the significant decline in Sudden Infant Death Syndrome (SIDS). SIDS occurs across all social strata but is more prevalent in socio-economically deprived groups and strongly associated with parental smoking. The 'Back to Sleep' campaign, launched in 1991, was initiated to encourage parents to avoid placing their infants on their front, to use less bedclothes, avoid co-sleeping and discourage smoking and has led to a dramatic decline in SIDS rates in many countries.

The National SIDS Register, led by Tom Matthews, allowed epidemiological data to be collected and contributed both nationally and internationally in terms of research into SIDS.

Vaccination uptake rates of over 90% have led to a dramatic fall in most forms of bacterial meningitis, measles, pertussis and tuberculosis and an eradication of polio and diphtheria. However there are concerns. There is a small but vocal group of the population (up to 5%) who as parents decline vaccination for their children on the basis that they consider vaccines to be unsafe or unnecessary. As these unvaccinated children may cluster in a given population, outbreaks can occur. The level of vaccine hesitancy has risen in recent years in both Europe and the USA. Advice from a trusted health care professional is a pivotal factor to enable a parent to change their mind over vaccinations they have previously delayed or declined.

Cystic Fibrosis

With the routine implementation of CFTR modulators at an early age for patients with cystic fibrosis (CF), survival to over 40 years of age is expected with a clear focus on enhanced quality of life. In 1982, survival was not anticipated beyond the early teenage years.

The Prevention of Mother-to-Child-Transmission (MTCT) of HIV

In the late 1980s the risk of MTCT of HIV was 15%. Twenty percent of the infected infants died by two years of age. In 1988 the 076 study of Zidovudine (ZDV) found that ZDV given orally in pregnancy, IV during delivery, and to the baby for six weeks was associated with a 67% reduction in the risk of MTCT.

Combining the ZDV protocol with a planned caesarean section reduced transmission even further. In 1998, Mary Cafferkey, at the Rotunda Hospital Dublin initiated routine opt-out HIV screening for all women at the first antenatal visit.

The MTCT collaborative was initiated by Karina Butler, Fiona Mulcahy, Mary Cafferkey, Wendy Ferguson and Patrick Gavin. The Rainbow paediatric ID service worked closely with adult ID services and obstetric services nationwide. During the period 2000–2010, there were only eight (0.8%) positive cases among 964 HIV exposed infants. The combination of routine antenatal screening and active management of HIV in pregnancy has now almost eliminated MTCT transmission of HIV infection in Ireland.

Unintentional Injuries

Most deaths and hospitalisations due to injuries in the under-five year olds occur in or around the home. Deaths relate to high falls, smoke inhalation due to house fires, drowning, choking and accidental suffocation or strangulation.

Risk factors for increased injury risk include gender (boys far higher across all age groups), socioeconomic deprivation, a history of epilepsy or attention hyperactivity disorder, overcrowding and maternal depression.

Home safety education and the provision of safety equipment helps families make homes safer. This includes increasing possession of functional smoke alarms, safety gate use on stairs, safe storage of poisons, fireguard use and a fire escape plan, reducing baby walker use and having a safe hot tap water temperature.

Road traffic accidents are a major cause of childhood death from one to 14 years of age and the primary cause of death in adolescents from 15 to 19 years of age. In Ireland, we have witnessed quite dramatic reductions in road-related deaths in both the one to 14-year-old age group (down from 4.0 to 0.84 per 100,000 of the population and in the 15 to 19-year-old age group (from 15.5 to 4.91 per 100,000).

On the roads, reducing vehicle speed is of paramount importance and thus it is important to reduce speeds to 30 km per hour in streets that are primarily residential or with high volumes of pedestrians and cyclists and traffic-calming speed bumps. In cars the most important factor is the use of age-appropriate child restraints or car seats as these measures do significantly reduce death and serious injury in a road collision. Child restraints are only effective if they are correctly fitted and used. Separation of cyclists from traffic using cycle lanes and the use of bicycle helmets are two strategies to reduce cyclist deaths and severe injuries.

This significant decline in road-related deaths has been brought about through cross-sectoral safety campaigns. paediatricians have played a key advocacy role in these national road safety campaigns.

National Newborn Blood Spot Screening Programme (NNBSP)

Ireland is one of the first countries to introduce nationwide NNBSP in early 1966, which was a major milestone in Irish paediatric and public health services. The National NNBSP Laboratory is based at CHI at Temple Street Hospital, alongside the National Metabolic Laboratory and National Centre for Inherited Metabolic Disorders.

All newborn babies in Ireland are offered screening for nine conditions that are rare but treatable. Detection of these conditions in early life may prevent serious disability or even death.

Conditions	Year introduced onto NNBSP
Phenylketonuria (PKU)	1966
Homocystinuria (HCU)	1971
Classical Galactosaemia (CGal)	1972
Maple Syrup Urine Disease (MSUD)	1972
Congenital Hypothyroidism (CHI)	1979
Cystic Fibrosis (CF)	2010
Medium Chain Acyl CoA Dehydrogenase (MCADD)	2018
Glutaric Aciduria Type 1 (GA1)	2018
Adenosine Deaminase Deficiency Severe Combined Immunodeficiency (ADA-SCID)	2022

The number of conditions included on the screen has almost doubled since 2010and hopefully, will continue to significantly increase in number in the near future. Approximately one in 500 babies is detected as having one of the above conditions.

The screening has led to increased detection; e.g. the prevalence of MCADD has increased fourfold, with the introduction onto NNBSP, which has resulted in a decrease of morbidity and mortality in early life.

Along with the increase in rate of diagnosis, the treatment options in inherited metabolic disorders have evolved and expanded from mainly specialised diets to include medications some of which are genotype specific.

We are looking forward to the expansion of newborn screening which will further impact patient care through early diagnosis and reduction in mortality and morbidity.

Mortality Rates / Survival – Childhood Cancer

Mortality rates over the last four to five decades have significantly decreased, the greatest example is within childhood cancer.

Michele Goode

Ahmed A Monavari

Children's cancer survival has doubled between the 1970s and 2000s, from below 40% to approximately 80% currently. The 1970s and 1980s produced the greatest incremental rise, predominantly as a result of the introduction of chemotherapy, with more modest increments recently. The most common cancer in childhood, acute lymphoblastic leukaemia is now curable in over 90% of patients. High risk neuroblastoma, a near fatal diagnosis in the 1970s now has a survival rate of 50%. In contrast, survival for localised osteosarcoma has remained relatively static around 60% to 70% over the last 30 years. Sadly, a diffuse intrinsic pontine glioma (DIPG, recently renamed diffuse midline glioma) remains invariably fatal to this day.

Current Challenges

There are increasing numbers of children with highly complex needs and life-limiting conditions and we are also seeing changed societal expectations about what can or should be done to extend life.

Adolescence, debatably now extending from 10 to 24 years of age, is an area requiring significant investment as patterns can be laid for a lifetime of poor nutrition, mental ill health, reduced exercise, alcohol and tobacco use and interpersonal violence. Smooth transition to adult services is key.

There is no doubt that we have made significant strides over the past 40 years. Families continue to seek care that is personalised, accessible, coordinated and they should have input into how the service is developed. The key areas for further development include paediatric transport for critically ill or injured children, adolescent mental health and children with complex care needs.

Pandemics may come and go but the key to a successful healthcare system for our one million most valued citizens is to empower parents and families, to support GPs, to provide additional support for vulnerable children, to ease the path to and from tertiary care and to ensure that children are managed as close to home as possible.

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12 Child Health Research

John Joyce
Eleanor Molloy
Michaela Pentony

Introduction

Ireland has one of the largest proportions of young people among the EU Member States, accounting for more than one in five, and specialist paediatric healthcare is centralised in a small number of hospitals. However, research funding for child health is proportionally less than in adult heath, where funding has increased over time. There is a relative paucity of senior researchers and representation on funding bodies for child health in the UK and Ireland. The UN Convention on the rights of the child states that children have a right to healthcare and to make their own choices (Molloy EJ 2019). However research funding for child health is proportionally less than in adults in whom research funding has increased over time. Recent publications from the Royal College of Paediatricians and Child Health (RCPCH) in the UK have shown a relative paucity of senior researchers and representation on funding bodies for child health. The importance of concentrating on childhood interventions to prevent adult disease is well-recognised. Modifiable factors such as Adverse Childhood Events (ACEs) and diet and lifestyle are vital. In a recent report, *A Future for the World's Children?*, from the World Health Organisation (WHO), UNICEF and The Lancet aimed to place children at the centre of sustainability goals. However resources for children's health care and research does not reflect the size and needs of the paediatric population. Construction of the new Children's Hospital has increased emphasis on child health and gives a new focus on child health research and developments for the future. The National Model of Care for Paediatric Healthcare Services in Ireland explored the challenges encountered in developing the national research culture required to expediate clinical trials for children and new therapies.

Issues for Children

One in nine (approx. 132,000) Irish children grow up in consistent poverty, going without basics such as heat or nutritious food. The health of children in Ireland is affected by poverty, homelessness, and obesity. Ireland is placed seventh across all dimensions of inequality, and one-third of all Irish children live in materially deprived households. Despite having the largest population proportion of children of any country in Europe, Ireland has amongst the lowest proportion of paediatricians. The Growing Up in Ireland study described a longitudinal survey of more than 7,000 nine-year-olds, finding that Irish children have become healthier, friendlier, and more resilient, even despite the economic crash. Ending child poverty would massively alleviate health issues and disparities, and *inclusion* health research in the Lynn clinic is impacting on future care while delivering immediate health care needs for refugee children and marginalised communities.

Opportunities for Child Health Research

Current paediatric trainees are involved in time out of programme to develop research and training goals and have research training embedded which has now expanded to include trainees on specialist paediatric PhD programmes (Neonatal Brain Consortium Ireland: www.nbci.ie).

Ireland has the highest number of young people and university educated persons in Europe and has an evolving reputation as a world leader in scientific research capability. The latest rankings place Ireland at 10th globally for overall scientific research quality. Ireland ranks in the top five in key disciplines including Nanotechnology (1st), Chemistry and Immunology (3rd). Ireland has a strong pharmaceutical sector, characterised by a mix of local companies and a strong multinational presence. Ireland provides an ideal location for researchers to access European Horizon 2020 programmes, European Research Council grants and international funding from charities and industry especially as an English-speaking country in Europe post-Brexit.

Sharon Condon, Eleanor Molloy, Karina Butler

Organisations Involved

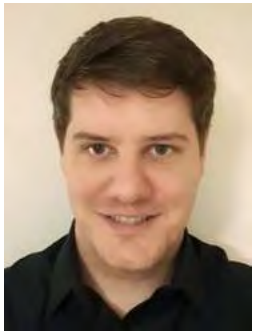
All paediatric hospitals are research-active in Ireland with many specific paediatric clinical trial networks ranging from disease specific to clinical trials networks. There is an extensive breadth of research areas from bench to bedside in addition to implementation research as well as the child's environment. There is a high level of international collaboration and technical expertise in immunology, stem cells and data analysis. Resources for funding in Ireland include the Health Research Board, Science foundation Ireland, The Children's Research Foundation. Children's Health Ireland incorporating the three children's hospitals in Dublin developed a research strategy which highlights the importance of supporting culture, people and infrastructure. The RCPI's Research, Education and Advocacy subcommittee of the Faculty of Paediatrics will have a national remit to support research and trainees career development. Therefore further national integration including the maternity hospitals will be a framework for future research. In4kids [Irish Network for Children's Clinical Research] is a new National Paediatric Clinical Research Network established in 2018 which aims to build a strong network within Ireland that will enhance collaboration amongst the paediatric research community and enable national capacity for high-quality, ethical paediatric clinical research. It seeks to integrate existing infrastructures and continue to increase capacity and activity. In4kids is the national hub for the European Connect4children network for research collaboration and clinical trials (https://conect4children.org/).

Child and Family Inclusion in Research

Patients and Public Involvement (PPI) is now a core pillar in paediatric research and in Ireland PPI is embedded in paediatric research programmes. Parents and families are involved in research from inception to completion, including supervision of PhD students, collaborative research meetings, and writing papers together. The Youth Advisory committees have been established and will be supported by In4kids and the new Children's Health Ireland clinical research facility. These aim to emulate initiatives such as the children's charter for research from the Royal College of Paediatrics and Child Health UK. Ireland has many other unique child-centred programmes including the START competition which encourages primary school children to develop their own randomised clinical trial and science for kids which is a writing programme for children in scientific themes regarding children's research. The aim is to develop the skills of critical thinking and to become the scientist of the future.

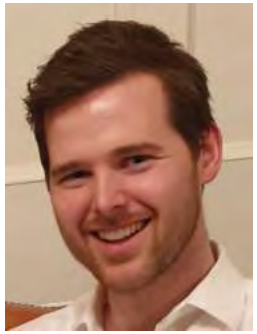
Proposals

Challenges facing child health research in Ireland include funding, availability of research nurses, protected academic time and better supports for the clinical research centres to enable them to increase their capacity to support researchers in child health. In the future building on the evolving collaboration across EU countries to develop researchers to create networks and support structures like the National institute of Child Health and Development (NICHD) and NIHR UK clinical trials group. Training for Research for all health-care providers and education for families is also key to embedding a research culture in Ireland. Improving health and wellbeing in childhood has immediate, long-term, and intergenerational benefits, which compound synergistically. High benefit–cost ratios highlight the undeniable economic benefit of investing in children's health and education.



John Joyce

Michaela Pentony



Gavin Stone

Appendix

Resources

- CFINK–Cystic Fibrosis : Irish Network For Clinical Trials In Kids;
- Health research board, HRB Ireland;
- Science Foundation Ireland
- Children's Research fund
- In4kids [Irish Network for Children's Clinical Research] In4Kids.ie
- European Connect4children network for research collaboration and clinical trials conect4children.org
- INFANT – Irish National Fetal And Neonatal Translational Research: infantcentre.ie
- UCD Perinatal Research Centre and National Rare Diseases Office
- Neonatal Brain Consortium Ireland (NBCI): nbci.ie
- Trinity Research in Childhood centre (TRiCC): tcd.ie/tricc
- The Children's Research Network: childrensresearchnetwork.org/network
- National Rare Diseases Office: rarediseases.ie

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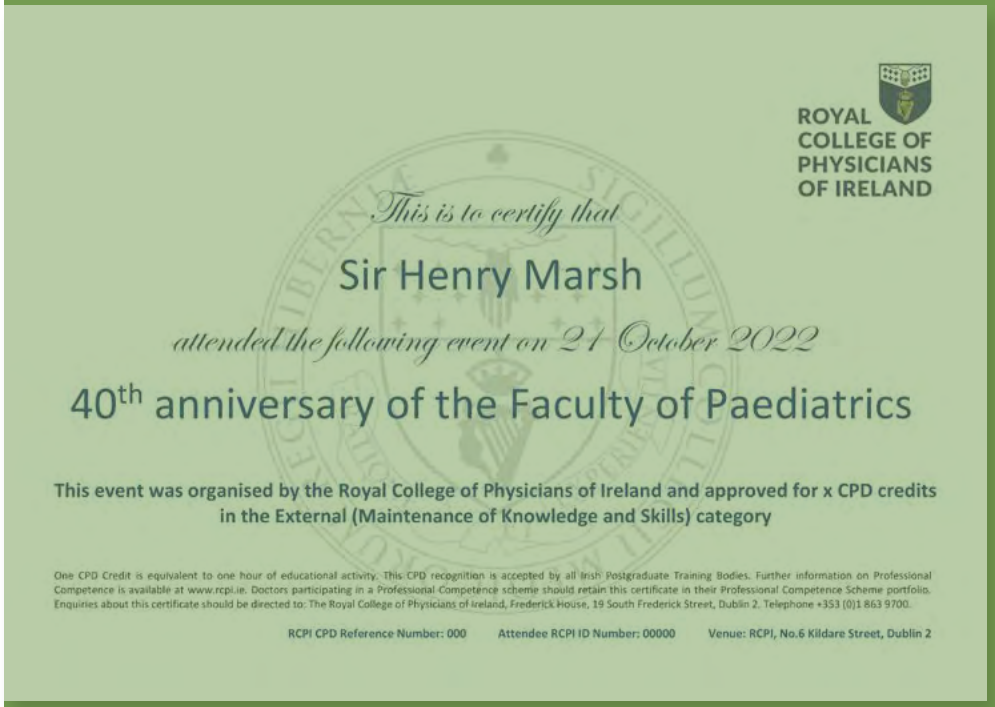
13 Professional Competence


ROYAL COLLEGE OF PHYSICIANS OF IRELAND

This is to certify that

Sir Henry Marsh

attended the following event on 21 October 2022

40th anniversary of the Faculty of Paediatrics

This event was organised by the Royal College of Physicians of Ireland and approved for x CPD credits in the External (Maintenance of Knowledge and Skills) category

One CPD Credit is equivalent to one hour of educational activity. This CPD recognition is accepted by all Irish Postgraduate Training Bodies. Further information on Professional Competence is available at www.rcpi.ie. Doctors participating in a Professional Competence scheme should retain this certificate in their Professional Competence Scheme portfolio. Enquiries about this certificate should be directed to: The Royal College of Physicians of Ireland, Frederick House, 19 South Frederick Street, Dublin 2. Telephone +353 (0)1 863 9700.

RCPI CPD Reference Number: 000 Attendee RCPI ID Number: 00000 Venue: RCPI, No.6 Kildare Street, Dublin 2

Hilary Hoey

Professional Competence and lifelong learning underpin the mission of The Royal College of Physicians of Ireland (RCPI) and the Faculty of Paediatrics, which is to lead in excellence in health and medical practice. In 2011, RCPI welcomed the introduction of statutory professional competence requirements as set out in the Medical Practitioners Act, 2007.

The professional competence system was introduced to help protect the public and improve patient safety and constitutes an important milestone for the medical profession and its commitment to enhancing patient safety. In moving from voluntary to statutory provision of professional competence, it marked an important advance in medical professionalism in Ireland and in formalising existing commitment to continuous improvement.

At a ceremony held in the Medical Council on 30 March 2011, the Faculty of Paediatrics, RCPI was formally accredited for the purpose of operating national Professional Competence Schemes on behalf of the Medical Council.

Maintenance and development of knowledge and professional skills by doctors, along with its recording is a statutory requirement regulated by the Irish Medical Council since May 2011. The development of the Faculty of Paediatrics Professional Competence Scheme was led by the Director of Professional Competence Mary Holohan and the Dean of the Faculty of Paediatrics Martin White and Hilary Hoey since 2014 along with Thelma Russell. The Faculty has responsibility for operating national Professional Competence Schemes on behalf of the Medical Council, in line with formal arrangements.

Hilary Hoey, Niall O'Donohoe

The Professional Competence Schemes are designed to promote self directed and practice-based learning activities relevant to scope of practice rather than supervised training. As well as promoting personal professional development the Scheme aims to promote activities that maintain and develop the competencies, e.g. professionalism, knowledge skills and attitudes of the individual practitioner, which are essential for meeting the changing needs of patients and the healthcare delivery system. It also encourage participants to plan, record and reflect on professional development needs, as part of their pursuit for lifelong learning.

Over 5,000 physicians engaged in the practice of medicine are enrolled in RCPI 11 Professional Competence Schemes (PCSs) across our six Professional Bodies. Our goals and objectives include the provision of excellence in education and specialist training, CPD and lifelong learning along with healthcare leadership, through advocacy, influence, expertise and support in order to provide optimum health and patient care.

A CPD framework is provided incorporating the Medical Council's Eight Domains of Good Professional Practice and includes the CPD

activities that doctors are required to engage in annually. Requirements include a minimum of 50 hours of learning activities per year (20 work based, 20 external – national/international, 10 hours personal learning/ teaching/research and in addition conducting at least one clinical/practice audit or quality improvement project per year which generally relate to patient outcomes.

Doctors are encouraged to complete a Professional Development Plan at the outset of each year and a survey question on educational needs is included where doctors are asked to select from a predefined list the courses that they would like to attend along with an opportunity to include additional suggested topics.

All Practitioners on the Specialist and the General Division of the Register of the Medical Council must enrol in an accredited Professional Competence Scheme (PCS) except for those enrolled in recognised structured post graduate Training Programmes.

The Faculty of Paediatrics operates a PCS for Medical Practitioners who are registered on the Specialist Division of the Medical Council who are generally consultants. It also a operates a PCS for Medical Practitioners who are registered on the General Division of the Medical Council Register who are generally non consultant hospital doctors and who hold one of the following:–

- Membership of the Faculty of Paediatrics, RCPI (MFPaed, RCPI)
- Fellowship of the Faculty of Paediatrics, RCPI (FFPaed, RCPI)
- Membership of the Royal College of Physicians of Ireland (MRCPI)
- Membership of the Royal College of Physicians, UK (MRCP, RCP UK)
- Membership of the Royal College of Paediatrics & Child Health UK (MRCPCH, RCPCH UK)
- Diploma in Child Health, RCPI/RCSI (DCH, RCPI & RCSI)

The PCS year runs from 1 May until 30 April. The number of doctors enrolled in the Faculty PCSs has increased year on year. In the PCS year 2011–12; 401 doctors were enrolled in the Faculty PCS (193 General Division Scheme and 208 on the Specialist Register). This increased in the PCS year 2020–21 to 468 (157 General Division Scheme and 311 on the Specialist Register).

The proportion of doctors who fulfilled their CPD requirements also increased from 59% in 2011/12 (General Division 50% and Specialist Division 67%) Register to 87% in 2020/21 (General Division 82% and Specialist Division 87%). Doctors on the General Division are mainly junior hospital doctors and have the greatest difficulty fulfilling requirements.

RCPI provides doctors with a formal electronic structure to enable them to record their learning activities and highlight their dedication to developing and maintaining key skills and competencies throughout their medical career. In addition, we annually assess the learning needs of our doctors, provide extensive relevant education, monitor the outcomes, assess barriers to fulfilling requirements and target interventions to improve engagement in CPD.

An annual verification process is conducted involving 4% of its learners using a stratified representative selection process. Learning activities including audits submitted are verified by a physician in the relevant speciality. This is conducted in a constructive and helpful manner with each doctor. Doctors who had not been successfully verified during the previous professional competence year are reassessed.

The Faculty develops extensive guidance, support and innovations in order to help doctors fulfil their CPD requirements and also individual support and mentoring to doctors and in addition a health and well-being service is available for doctors suffering from stress.

The Faculty is represented on the RCPI Education & Professional Development Committee, and more recently the Training Committee, which has oversight of all Professional Competence Schemes within RCPI to ensure co-ordination and collaboration across all Schemes.

The COVID-19 Pandemic

The first case of the COVID-19 coronavirus was confirmed in the Republic of Ireland in February 2020 and was rapidly followed by a large number of people suffering from COVID-19 in Ireland and internationally. It

created unprecedented enormous pressure on health services in Ireland and particularly on doctors and health professionals. The Medical Council cognisant of this reduced the CPD requirement for that PCS year and subsequently until May 2023.

Education and Learning Activities

The Faculty along with RCPI Education Department led by Sinead Murphy and Ann O'Shaugnessy provide extensive educational and CPD offerings based on educational needs. The RCPI Education Development Department ensures that this is achieved through wide consultation with relevant stakeholders including clinicians, Heath Service Executive, senior management personnel, hospital CEOs, the Irish Medical Council and patient groups and also recommended learning activities by PCS participants in their annual Personal Development Plan and learner feedback and surveys.

Educational formats include – Lectures, in person small group, online materials, journal based activities, bedside or workplace-based learning, conferences, small group facilitated discussions, online interactive individual activities, including paediatric pocket tutorials and simulation.

Research

Year on year research is conducted to assess educational needs and learner feedback, identify areas of good practice and barriers preventing lifelong learning and CPD, monitor outcomes of interventions and determine targets for improvement. A range of research strategies are used including feedback from doctors within a section of their annual personal development plan, anonymised surveys and focus groups. It enables us contribute to the development of CPD in Ireland and throughout the world.

Recent research involving 1408 RCPI PCS participants regarding CPD perceptions were very positive; 93% indicated that CPD is 'a good idea', 81% reported it improves patient safety and patient/practice care and 61% reported it improves their personal and professional wellbeing. This is in contrast to a recent US national survey (2016) of physician attitudes towards the maintenance of certification programmes provided where only 24% considered learning activities were relevant to their patient care, only 21% perceived it improved patient care and 84% considered it a burden not worth the time and effort. (Physician Attitudes About Maintenance of Certification: A Cross-Specialty National Survey. Cook DA et al. Mayo Clin Proc. 2016 Oct;91(10):1336–45). It is likely that the positive ratings by RCPI participants reflects the more relevant self-directed CPD approach in Ireland along with the support for attending national and international learning activities.

Major barriers to CPD compliance in our RCPI study included time and finances to engage in CPD activities particularly amongst junior hospital doctors not in training programmes. RCPI and the Faculty run a Continuous Professional Development Support Scheme (CPD-SS), an educational programme open to NCHDs who are not in training posts. Engagement in 2020/21 was at its highest compared with previous years with over 200 doctors attending courses and 502 doctors signed up to the scheme.

Recent developments in order to enhance CPD programmes and engage participants

- Enhanced electronic platforms including research and quality improvement processes greatly increase opportunities for education with national/international experts
- The Virtual Learning Environment (VLE) enhances learner experience, with increasing online courses/programmes providing learners with greater flexibility and access to educational content
- New programme 'Learning Paths' provides a planned schedule of learning activities annually, with content building year on year. This arose from a survey of doctors that requested a more structured, guided approach to education/CPD requirements
- A suite of postgraduate modules that can be done alone or combined towards a Postgraduate Certificate, Diploma or Masters launches in 2022
- Specialty-specific 10-minutes pocket tutorials have been developed

- Expanding our range of clinical skills courses in partnership with simulation centres

In 2020, Terry McWade, CEO RCPI and Hilary Hoey, Director of Professional Competence, RCPI represented the Forum of Postgraduate Training Bodies on a working group established by the Medical Council to review and strengthen the Maintenance of Professional Competence Model (MPC Model). This review resulted in modifications to the 2011 model and the new improved, more flexible MPC Model will be implemented during the 2023–24 PCS year.

Accreditation of CPD Activities Provided by Other Individuals/Bodies External to RCPI

RCPI is an approved National Accrediting Authority by the UEMS European Accreditation Council for Continuing Medical Education (EACCME) for CPD and we comply with the EACCME Accreditation criteria. The Director of Professional Competence Hilary Hoey is a member of the EACCME Council. RCPI and the Faculty of Paediatrics accreditation process is led by AnneMarie Murphy. In 2019 RCPI Professional Competence Department reviewed and accredited 518 CPD events (2431 hours).

Since 2014, The Royal College of Physicians and Surgeons of Canada recognises RCPI CPD Programme to be substantively equivalent to the Maintenance of Certification (MOC) Programme of the Royal College of Physicians and Surgeons of Canada. Following a review in 2021 this recognition was renewed with recognition from January 2022 to December 2026.

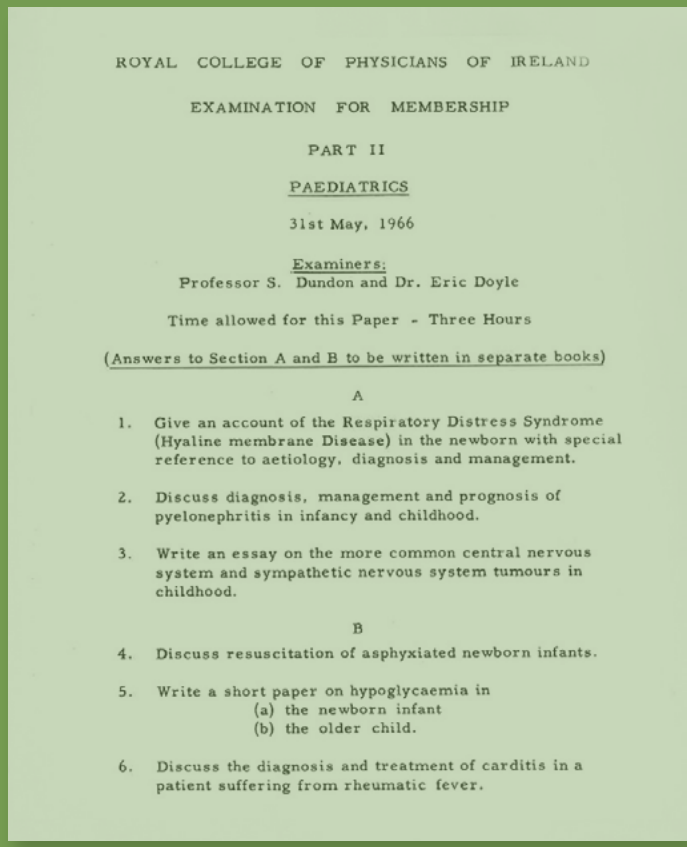
RCPI is collaborating with the International Academy for CME Accreditation and the development of International Standards for Substantive Equivalency between CPD/CME Accreditation Systems along with the promotion of best practice in CPD internationally.

The Director of Professional Competence participates in National and International CPD Committees and Working Groups in Ireland and internationally including stakeholders in Ireland, the Academy of Royal Medical Colleges of UK and Ireland, European and International CPD and Health organisations in order to best support doctors and enable them keep up-to-date and deliver optimum patient care.

Conferences/Publications

The Professional Competence dept is actively involved in national and international research in this field with many international conference presentations and peer-reviewed publications. Copies of peer reviewed publications may be obtained from the Director or the department.

14 The Paediatric Membership Examination



ROYAL COLLEGE OF PHYSICIANS OF IRELAND

EXAMINATION FOR MEMBERSHIP

PART II

PAEDIATRICS

31st May, 1966

Examiners:
Professor S. Dundon and Dr. Eric Doyle

Time allowed for this Paper - Three Hours

(Answers to Section A and B to be written in separate books)

A

1. Give an account of the Respiratory Distress Syndrome (Hyaline membrane Disease) in the newborn with special reference to aetiology, diagnosis and management.

2. Discuss diagnosis, management and prognosis of pyelonephritis in infancy and childhood.

3. Write an essay on the more common central nervous system and sympathetic nervous system tumours in childhood.

B

4. Discuss resuscitation of asphyxiated newborn infants.

5. Write a short paper on hypoglycaemia in
   (a) the newborn infant
   (b) the older child.

6. Discuss the diagnosis and treatment of carditis in a patient suffering from rheumatic fever.

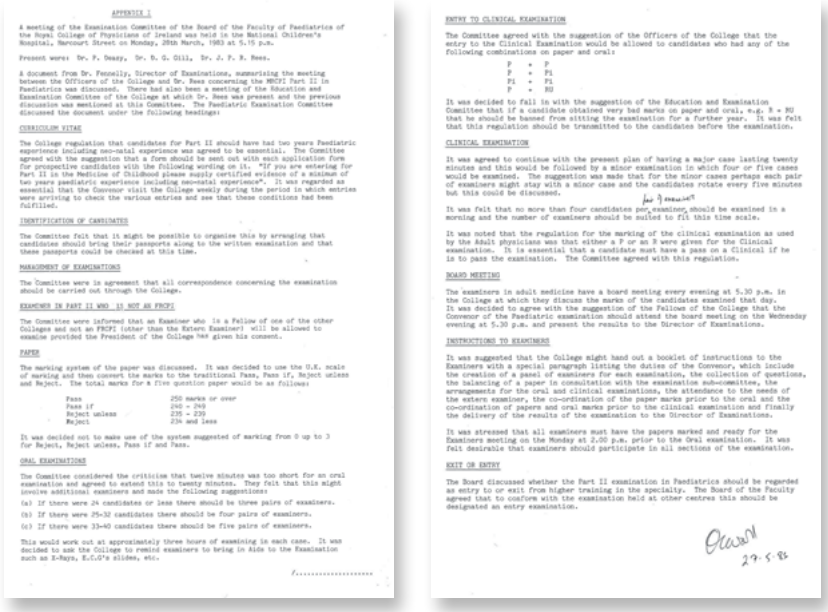
Ciara McDonnell

History of the Paediatric Membership

Between 1963 and 1988 the Membership Part I was taken in common with the MRCP UK while the Part II was conducted by the College in a more traditional way with the opportunity of specialising. Paediatrics or Medicine of Childhood was the second choice after Medicine. An examination in Medicine in Childhood was held as demand required and the first paper available in the archive dates from 1966 and covers many topics still relevant to today's trainees. The examination consisted of a three essay type questions and two short answer questions followed by a short oral. Candidates who met the standard proceeded to a clinical examination. The examination was took place once or twice per year at that stage. In 1977, the minutes show that 29 candidates entered the Part II examination with nine successful overall of which four were Irish trainees.

The Faculty of Paediatrics was established in 1982 with Owen Conor Ward appointed as Dean. A subgroup were assigned to review the examination structure. The role of the committee was to review the exam procedure, establish a panel of examiners and convene the exam. The committee consisted of Raymond Rees (convenor), Paddy Deasy (previous convenor) and Denis Gill.

Over the next decade the Faculty of Paediatrics consistently demonstrated progress in the development of the Medicine of Childhood examination. This included expansion from one major and one minor clinical case to one major and two or more minor cases (1983) and introduction of a slide session of 20–30 picture slides to replace 50% of the oral viva marks (1984). In 1985, it was proposed that a different set of examiners would be used for the major and minor cases of each candidate.



APPENDIX I

A meeting of the Examination Committee of the Board of the Faculty of Paediatrics of the Royal College of Physicians of Ireland was held in the National Children's Hospital, Harcourt Street on Monday, 28th March, 1983 at 5.15 p.m.

Present were: Dr. P. Deasy, Dr. B. G. Gill, Dr. J. P. B. Rees.

A document from Dr. Fennelly, Director of Examinations, summarising the meeting between the Officers of the College and Dr. Rees concerning the MRCPI Part II in Paediatrics was discussed. There had also been a meeting of the Education and Examination Committee of the College at which Dr. Rees was present and the previous discussion was mentioned at this Committee. The Paediatric Examination Committee discussed the document under the following headings:

CURRICULUM VITAE

The College regulation that candidates for Part II should have had two years Paediatric experience including neo-natal experience was agreed to be essential. The Committee agreed with the suggestion that a form should be sent out with each application form for prospective candidates with the following wording on it. "If you are entering for Part II in the Medicine of Childhood please supply certified evidence of a minimum of two years paediatric experience including neo-natal experience". It was regarded as essential that the Convenor visit the College weekly during the period in which entries were arriving to check the various entries and see that these conditions had been fulfilled.

IDENTIFICATION OF CANDIDATES

The Committee felt that it might be possible to organise this by arranging that candidates should bring their passports along to the written examination and that these passports could be checked at this time.

MANAGEMENT OF EXAMINATIONS

The Committee were in agreement that all correspondence concerning the examination should be carried out through the College.

EXAMINER IN PART II WHO IS NOT AN FRCPI

The Committee were informed that an Examiner who is a Fellow of one of the other Colleges and not an FRCPI (other than the Extern Examiner) will be allowed to examine provided the President of the College has given his consent.

PAPER

The marking system of the paper was discussed. It was decided to use the U.K. scale of marking and then convert the marks to the traditional Pass, Pass if, Reject unless and Reject. The total marks for a five question paper would be as follows:

Pass	250 marks or over
Pass if	240 – 249
Reject unless	235 – 239
Reject	234 and less

It was decided not to make use of the system suggested of marking from 0 up to 3 for Reject, Reject unless, Pass if and Pass.

ORAL EXAMINATIONS

The Committee considered the criticism that twelve minutes was too short for an oral examination and agreed to extend this to twenty minutes. They felt that this might involve additional examiners and made the following suggestions:

(a) If there were 24 candidates or less there should be three pairs of examiners.

(b) If there were 25-32 candidates there should be four pairs of examiners.

(c) If there were 33-40 candidates there should be five pairs of examiners.

This would work out at approximately three hours of examining in each case. It was decided to ask the College to remind examiners to bring in Aids to the Examination such as X-Rays, E.C.G's slides, etc.

ENTRY TO CLINICAL EXAMINATION

The Committee agreed with the suggestion of the Officers of the College that the entry to the Clinical Examination would be allowed to candidates who had any of the following combinations on paper and oral:

P	+	P
P	+	P1
P1	+	P1
P	+	RU

It was decided to fall in with the suggestion of the Education and Examination Committee that if a candidate obtained very bad marks on paper and oral, e.g. R + RU that he should be banned from sitting the examination for a further year. It was felt that this regulation should be transmitted to the candidates before the examination.

CLINICAL EXAMINATION

It was agreed to continue with the present plan of having a major case lasting twenty minutes and this would be followed by a minor examination in which four or five cases would be examined. The suggestion was made that for the minor cases perhaps each pair of examiners might stay with a minor case and the candidates rotate every five minutes but this could be discussed.

It was felt that no more than four candidates per examiner should be examined in a morning and the number of examiners should be suited to fit this time scale.

It was noted that the regulation for the marking of the clinical examination as used by the Adult physicians was that either a P or an R were given for the Clinical examination. It is essential that a candidate must have a pass on a Clinical if he is to pass the examination. The Committee agreed with this regulation.

BOARD MEETING

The examiners in adult medicine have a board meeting every evening at 5.30 p.m. in the College at which they discuss the marks of the candidates examined that day. It was decided to agree with the suggestion of the Fellows of the College that the Convenor of the Paediatric examination should attend the board meeting on the Wednesday evening at 5.30 p.m. and present the results to the Director of Examinations.

INSTRUCTIONS TO EXAMINERS

It was suggested that the College might hand out a booklet of instructions to the Examiners with a special paragraph listing the duties of the Convenor, which include the creation of a panel of examiners for each examination, the collection of questions, the balancing of a paper in consultation with the examination sub-committee, the arrangements for the oral and clinical examinations, the attendance to the needs of the extern examiner, the co-ordination of the paper marks prior to the oral and the co-ordination of papers and oral marks prior to the clinical examination and finally the delivery of the results of the examination to the Director of Examinations.

It was stressed that all examiners must have the papers marked and ready for the Examiners meeting on the Monday at 2.00 p.m. prior to the Oral examination. It was felt desirable that examiners should participate in all sections of the examination.

EXIT OR ENTRY

The Board discussed whether the Part II examination in Paediatrics should be regarded as entry to or exit from higher training in the specialty. The Board of the Faculty agreed that to conform with the examination held at other centres this should be designated an entry examination.

27.5.83

Examination Committee Minutes, 28 March 1983

In addition, the presence of parents during history taking and long cases was introduced (1985).

As paediatrics gained in popularity as a speciality the need for a dedicated examination in the speciality increased. The Part II clinical examination was held outside Dublin for the first time in 1993 when it was convened successfully in Belfast and two years later the Part I paper was held abroad in Tabuk and Oman. From 1996, the clinical examination was held regularly outside Dublin. During this period the first part of the membership moved from a college examination to one based on paediatrics which was purchased from the RCPCH. In 2003, the RCPI made a formal request to the Faculty of Paediatrics to produce an independent Part I exam.

In response the Faculty identified the need for an Associate Dean of Paediatric Examinations to which Louise Kyne was appointed in July 2007. The creation of the post was in response to the need for improved clinical governance. Under Louise Kyne's guidance the examination expanded

Kieran Fulcher, Louise Kyne, Ciara Martin

Ciara McDonnell, Animitra Das, Eleanor Molloy

and the clinical examination was held by all paediatric units over a five-year period. She also supervised the move from RCPCH involvement in the Part I to an independent RCPI led examination with the creation of a question bank. The multiple-choice question paper was transitioned from negative marking [much loathed by trainees] to the single best answer approach and the papers were populated by the development of new

questions at question blitzes which were held two to three times per year. At that stage the Part II written paper consisted of two parts. An essay paper consisting of five questions consisting of essay titles or short notes and a second part consisting of 20 short answer questions. The slides and viva had both been discontinued in previous years.

The Jenkins Report

Following the Imrie report, in 2014, the Faculty of Paediatrics undertook a review of the MRCPI Paediatric examination with the aim to provide a world class internationally recognised clinical Paediatric Examination to reflect the clinical needs of paediatrics when dealing with a child and their family. At this stage, Ciara Martin had succeeded Louise Kyne as Associate Dean for Paediatric Examinations and led the review on behalf of the Faculty which was sanctioned by the RCPI President John Crowe. John Jenkins CBE, President of the Association for the Study of Medical Education, UK at the time conducted the review and met extensively with representative members of Faculty prior to his presentation at the annual Faculty AGM in October 2014. John Jenkins published his review in December 2014 with the assistance of Ciara Martin, Ciara McDonnell [the clinical exams convener since 2013] and the Examinations Department. The report portrayed the current exam positively but also highlighted areas of potential improvement. A total of 50 recommendations were given for consideration in order to improve the exam.

The main over-arching themes were:

- To reappraise/redesign the exam to examine candidates for knowledge expected of them and do it using tools that are consistent, valid and reproducible;
- To regularly review performance of the exam and examiners by trainee feedback and available metrics;
- To increase support from HSE and RCPI to allow trainers and examiners to participate more frequently and effectively in the exam process, from question setting to clinical examination performance.

The task of assessing and implementing the findings of the report fell to the incoming Assoc. Dean of Examinations Ciara McDonnell who was appointed in October 2015. A steering group led by McDonnell in conjunction with Aisling Smith [Education specialist] worked through the report and recommendations to prepare a series of options for exam reconfiguration over 2016 while continuing the organisation and management of the existing examination process.

Current Structure of the Paediatric Examination Committees

There are now two committees charged with oversight of the examinations. The first committee is the *SBA committee* which oversees the creation and update of the single best answer (SBA) multiple choice question (MCQ) bank for the Part I (basic science) and Part II (clinical interpretation) papers. From the question bank, each MCQ paper is generated according to the blueprint which is determined by the RCPI BST curriculum. The committee are responsible for a review of the blueprint every three years to ensure that it is updated in line with the curriculum. The question bank is improved by the organisation of question blitzes across the year to generate new questions and review current questions in a two to three-year cycle to ensure that the questions used in examinations remain current and reflect best practice. Question blitzes and Examiner roles are open to all consultants but in particular BST trainers are encouraged to attend.

The second committee is the SAQ/clinical committee which oversees the Part II short answer question paper and co-ordinates the running and standard of the clinical examination. The short answer questions are held in a separate question bank and similar to the MCQ process, each SAQ paper is generated according to the blueprint which is determined by the RCPI BST curriculum but focuses on clinical scenarios, provision of imaging or tests for interpretation and advanced decision making, ethics and statistics. The clinical examination format is guided by the committee in conjunction with local paediatricians whose responsibility is to source patients for examination participation. Since May 2022 the examination will be held at regional sites in addition to the Urgent Care Centres in

Connolly and Tallaght which have provided an excellent setting within the CHI network while the new examination was calibrated.

Both committees operate under the guidance of the Assoc. Dean of Examinations who co-ordinates with the Education Department to maintain each question paper to the set standard of the Examination and ensure that each paper adheres to the blueprint. A results meeting is held after each examination sitting to confirm that the set standard, consistency and transparency are maintained. The committees are responsible for a review of the blueprint every three years to ensure that it is updated in line with the curriculum.

There are two diets of the Paediatric Membership Examination each calendar year with two sittings of each paper which are timed to coincide with the training cycle of BST trainees. From Autumn 2022, a convenor will be appointed to lead the work of each committee to support the Assoc. Dean of Examinations. An audit of examination results will be completed every two years in tandem with the annual report. The first audit is due in October 2022 and will complete the work recommended by the Jenkins Report.

International Examinations

When the Faculty was established the Part I examination was a common college examination covering bacteriology, pathology and medicine held as a MCQ examination in conjunction with the Royal College of Physicians of London, Edinburgh and Glasgow since 1970. The reciprocal arrangement (whereby holders of either Membership were exempted from Part I of the other) existed from the 1970s until 2010 when the examination was independently managed by RCPI. The Royal Colleges of Edinburgh, Glasgow and London also provided an extern examiner for the clinical examination on the request of the RCPI.

The Faculty of Paediatrics has fostered a strong tradition for hosting examinations abroad. The first overseas diet of written examinations was held in 1998 and since then the written examination has been hosted in many locations including Dubai, Jeddah, Melbourne, Oman, Kolkata and Kuala Lumpur. The Faculty looks forward to the continued involvement

Exam Writing Workshops

of Extern Examiners from our sister institutions in the Royal Colleges and those from further afield.

In 2020 the COVID-19 pandemic and associated lockdown accelerated the move to telemedicine and remote examination monitoring. Both Part I and Part II written examinations – single best answer MCQ and short answer questions – are now available remotely for all candidates whose location meets specified criteria based on computer capacity and internet access.

In 2021 the MRCPI examination was recognised by the GMC. Later that year, initial talks were held about the possibility of holding the clinical examination abroad which is a longstanding request from international candidates and centres. The establishment of a standard set blueprinted template has improved the feasibility of this move and we look forward to the progress to a truly international examination. In 2022, between 80–100 candidates applied to sit each diet of the Part I and Part II papers with approximately 55 candidates proceeding to the clinical examination.

Personal Reflection

My earliest memories of the Paediatric Membership examination as a junior trainee were of the essay paper requiring pages of written knowledge. I can recall clearly the frustration of a failed exam signified by a single slip of paper received in the post. With maturity, I recognise how the added months enriched my education and clinical experience. I would thank all my consultant colleagues past and present. The Paediatric Membership is a proud example of the high standard of Paediatric Medicine seen in Ireland and Abroad.

Acknowledgements

This chapter was written with reference to writings from the annual faculty reports, minutes of meetings, the history of the College from 1963 to 1988 by David Mitchell and the Jenkins report.

SBA committee – 2020 to 2023	**SAQ/Clinical examination committee – 2020 to 2023**
Ciara Martin	Cathy Gibbons
Turlough Bolger	Niamh Lynch
Clodagh Sweeney	Muhammed Azam
Joanne Beamish	Ngozi Oketah
Michael Riordan	Naomi McCallion
Taha Hussein	Stan Koe
Eoin O'Currain	Juan Trujillo
Sheena Durnin	Louise Kyne

15 Child Health Advocacy

Ellen Crushell and Minister Simon Harris — Photo: Mel Maclaine, Irish Times

Ellen Crushell
Peter Kearney

Introduction

From the outset, the Faculty of Paediatrics has seen itself as having a role in advocacy, especially for those who have no voice. While not a stated objective when the Faculty was founded, in reading back over minutes of AGMs and annual reports, the importance of advocacy is clear. From advocating for improving childhood vaccination rates in the Faculty's early years, to speaking out against prolonged school closures during the COVID-19 pandemic, the Faculty has long been a strong and influential voice advocating for the health, safety and wellbeing of children.

History

The Irish Paediatric Association was founded in 1933 with a focus on clinical research in paediatrics and child health. Additionally, its advice was sought by Comhairle na nOspideal for their report on the development of hospital paediatrics, published in 1979. Conor Ward, who would later become the first dean of the Faculty of Paediatrics, was a member of Comhairle na nOspideal. He felt a need for a cohesive voice to advocate for the development of paediatric and child health services and he founded the Irish Paediatric Consultants' Group, which was initially independent of the Royal College of Physicians of Ireland. Paediatrics was only recognised then as a subspecialty of General Medicine, with little say at the Department of Health. Change was inevitable. The Irish Paediatric Consultants' Group became the nucleus of the RCPI Faculty of Paediatrics, which was established in 1982 with Conor Ward as the first Dean. The RCPI Faculty of Paediatrics has flourished since then as the voice of paediatrics and child health in Ireland.

Conor Ward, Peter Kearney, Niall O'Donohoe, Raymond Rees

In the 1980s and 90s, the Faculty had direct access to, and regular meetings with, the Department of Health (DOH). Political relationships were important. It has been quoted "Denis (Gill) always knew who we should talk to" !

In the early years of the Faculty, advocacy topics were varied. They included improving childhood immunization rates, improving child safety e.g. reducing accidental poisoning through the introduction of child resistant containers for medications, developing services for children with disability, and advocating for universal medical cards for children with chronic illnesses in the 1990s.

The need for appropriate hospital facilities and accommodation for children was a regular theme at Faculty meetings – many children were hospitalized amongst adults on general wards. The Faculty was also very concerned about paediatricians' work conditions and was advocating for extra consultants – in 1985 there were 44 consultant paediatricians in Ireland, with many units being led by a single-handed consultant. As recently as 2000, eleven units were staffed by just two consultant paediatricians.

With cutbacks, the DOH meetings became less frequent. The Health Service Executive (HSE) was established with paediatrician Brendan Drumm, a Fellow of the Faculty, as its inaugural CEO. He was responsible for ensuring that clinicians are involved in clinical design of health services, through the development of the Clinical Programmes. These also provide direct communication channels between the training/ professional bodies and the HSE and are an important route for clinical advocacy.

New Children's Hospital

The Faculty has been a major proponent for the new National Children's Hospital. From when it was first proposed (first featured in the 1993 AGM minutes, following a review of paediatric services in Dublin), the Faculty supported the proposed large national tertiary hospital in Dublin and publicly expressed its support for the planned building at the Mater site and, when plans changed, ultimately at St James's – where the new children's hospital is now nearing completion.

Evolution

Many of the issues raised in the early AGMs have been successfully addressed over the years, e.g. neonatal transport, child accommodation in general hospitals, an increase in consultant numbers. Other items although featuring in AGM minutes from decades ago, have been slower to implement e.g. adolescent medicine, coordinated forensic services for child sexual abuse (CSA), expanding newborn screening. The Faculty established many subcommittees to tackle various topics e.g. obesity, alcohol abuse amongst teens.

In recent years advocacy has become less adhoc and more coordinated. Since 2013 RCPI developed public advocacy through the development of policy papers and positions supported by the Policy Specialist, Mairead Heffron, and through public and political advocacy campaigns coordinated by Siobhán Creaton, Head of Communications and Public Affairs. The Faculty has actively participated in a college-wide approach to many important health issues e.g. on alcohol, obesity, tobacco, physical activity. These initiatives have been particularly strong and

impactful on the national stage, illustrating the power of RCPI speaking with one voice. RCPI's success in this area is enabled to a large degree by its strong spokespeople, including many representatives from this Faculty. The clinical voice they bring to public health debates is powerful and this is particularly evident for issues affecting children.

Some of the Faculty's recent advocacy work has been driven by our trainees (e.g. the lead authors for the direct provision and breastfeeding papers were senior SpRs). Not all of the Faculty's work has involved public advocacy as outlined below, many of the most effective types of advocacy are done through direct communication and engagement e.g. assisting with the progression of the multi-agency Barnahus profect for children and families affected by CSA.

A selection of advocacy, legislation and national policy papers – which the Faculty actively contributed to – are available on RCPI website.

Vaccination

The Faculty since its inception has been a stalwart supporter and promoter of childhood vaccination. It was instrumental in the proposal of and setting up of the National Immunisation Advisory Committee and has always has strong representation on NIAC. The Faculty is proud to have one of our Fellows, Karina Butler, in the role of chair of NIAC through the pandemic providing strong clinical leadership on the national COVID-19 vaccine roll-out.

Tobacco and Vaping

RCPI's Policy Group on Tobacco (2014 to present) has been successful in advocating for legislation that will protect children – for example, the Public Health (Standardised Packaging of Tobacco) Act 2015, Protection of Children's Health (Tobacco Smoke in Mechanically Propelled Vehicles) Act 2014 and has been recently focussed on the Public Health (Tobacco Products and Nicotine Inhaling Products) Bill (not yet passed into law) – legislation banning sale of e-cigarettes to children. The group, and the Faculty, has advocated for a ban of sale of flavour e-cigarette products, as these may be more attractive to children.

Obesity and Sugar Tax

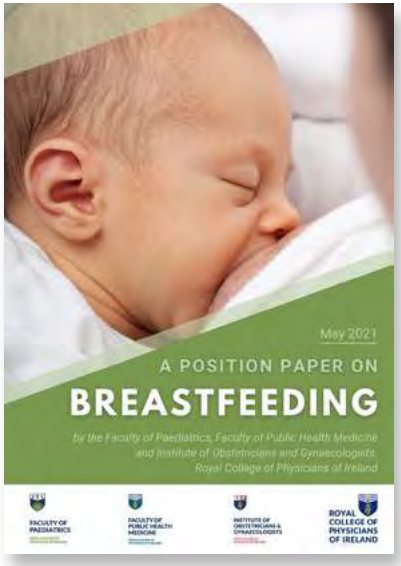
Legislation introducing a tax on sugar sweetened drinks 2018 – advocacy for this was facilitated through the RCPI Policy Group on Obesity (2013–2017). The group also informed the development of the Obesity Policy and Action Plan (2016). The Faculty has been strongly represented on this group, and on the Obesity CAG, and has also been involved in the development of a Model of Care (MOC) for obesity in children.

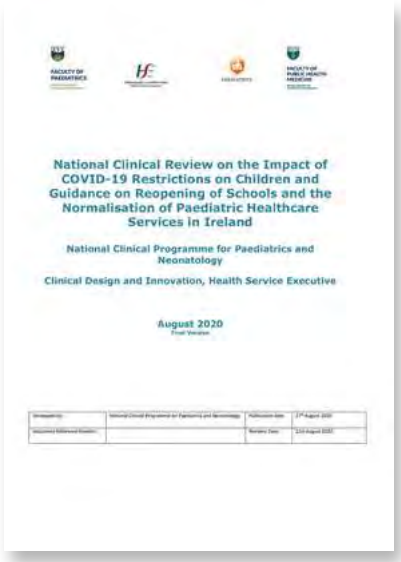
Alcohol

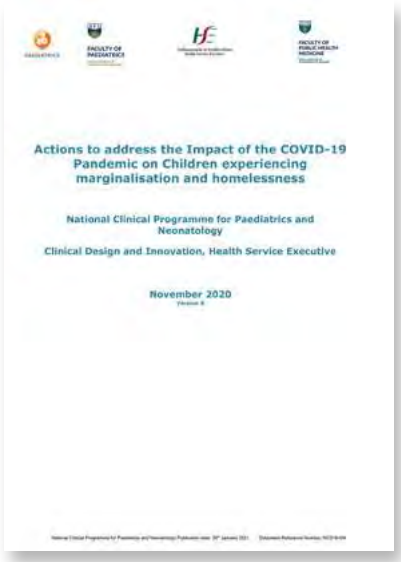
Public Health Alcohol Act was signed into law in 2018, supported by strong advocacy through the Policy Group on Alcohol and the Alcohol Health Alliance (led by RCPI and Alcohol Action Ireland). The Act contains a range of evidence-based measures that target the pricing, availability and marketing of alcohol products including restricting the advertising of alcohol to children and curbing sponsorship during sporting events. It also provides for structural separation of alcohol products from grocery products in shops.

Direct Provision

In 2019, the Faculty published a hugely influential position paper outlining pediatricians' concerns about the effects on children of spending long periods of their childhood living in the direct provision system. The paper was headline news when it was published, covered by all major national news outlets. This was soon followed by a government white paper on replacement of direct provision.







Breastfeeding

Ireland's breastfeeding rates are amongst the lowest in Europe. In 2021 the Faculty led and published a collaborative position paper with the Faculty of Public Health Medicine (FPHM) and the Institute of Obstetrics and Gynaecology, including recommendations to address this problem. It received welcome local and national publicity.

Effects of Homelessness and Inadequate Housing on Children

In the context of the current housing crisis and rising family homelessness, The Faculty collaborated with the Faculty of Public Health Medicine (PHM) in producing this important and extensive paper outlining the effects of homelessness and inadequate housing on children. This paper has put a focus on this population and many initiatives have arisen out of it, including for example the development of an RCPI/HSE inclusion health paediatric fellowship, an integrated inner-city clinic for marginalized children and the development of a paediatric inclusion health service.

COVID-19 Pandemic

The pandemic was extremely difficult on children. Closure of schools and other restrictions had detrimental consequences on many children and adolescents, especially those children and families who were already at a disadvantage due to marginalization, poverty, domestic difficulties, or those living with disabilities. The Faculty aligned with the FPHM, the Clinical Programme and the CAG, Public Health Specialists, HSE social inclusion, Focus Ireland, specialists in disability and child psychiatry, and others, to co-author two wide-reaching position papers to highlight the impact of pandemic restrictions on children especially those who are marginalized and to advocate on behalf of children and their rights to education, play, health and wellbeing.

Conclusion and the Future

The Faculty would like to thank all Members and Fellows who have contributed to its advocacy work over the years. We thank also those who have given wholehearted support within RCPI to the Faculty in

its advocating for children; in particular the RCPI Presidents, Council, Executive and CEO.

The Faculty will continue to advocate for children's health, safety and wellbeing. Advocacy collaborations have proved particularly successful and the Faculty will continue to build relationships and work together with others to strive for improved child health and health services, and better childhoods for all children.

"Each child has but one childhood and it passes all too quickly."
— Homelessness paper (www.rcpi.ie)

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16 International Affiliations and Associations

Hilary Hoey
Gavin Stone
Martin White

Introduction

The Faculty of Paediatrics RCPI as the recognised national professional and postgraduate training body for paediatricians in Ireland has an important role internationally. In addition to international training programmes the Faculty of Paediatrics has developed significant widespread international affiliations and working relationships. Prior to the Faculty's establishment in 1982, paediatric training in Ireland was heavily intertwined with the then Paediatric Section of RCP (UK) and the British Paediatric Association, later constituted as the RCPCH (Royal College of Paediatrics and Child Health, United Kingdom). In the early years many of these close training links continued, particularly in the delivery of postgraduate examinations (Craft, 2018, Chambers, 1991). The Faculty has since the 1980s designed and delivered its own postgraduate examinations Parts 1 and 2 with recognised international equivalency. Since 1995 MRCPI (Paediatrics) examinations have been delivered internationally in locations including Oman, Saudi Arabia, the United Arab Emirates and Malaysia. The delivery of this examination to international audiences has increased in the post-COVID era with the current online format for the MRCPI Part 1 and Part 2 written.

Royal College of Paediatrics and Child Health, United Kingdom (RCPCH)

The RCPI/RCPCH Ireland committee was established in 1999 with the aim of representing paediatrics and child health across both the Republic of Ireland and Northern Ireland and the respective interests of the RCPI and RCPCH. John Jenkins was Irelands first elected representative on this committee. Among the remits of this committee were correspondence with respective departments of health, facilitating examinations and building and maintaining relationships between university departments. While differences were noted between the organisational structures for the delivery of health care and training programmes it was recognised that many policies aligned with mutually recognised child health goals. The cross-border links fostered by this committee have paved the way for joint initiatives in service delivery such as the All-Ireland Congenital Heart Disease Network (Morrow, 2019) and the recent creation of an All-Ireland Paediatric Fellowship Programme. The programme also resulted in a successful three-year quality improvement project involving all neonatal intensive care units throughout Ireland and Northern Ireland in association with the Vermont Oxford Network and EuroNeoNet. Louise Kyne is the current co-chair representing the RCPI on this committee.

European and International Paediatric Organisations

Ireland has held prominent roles within European organisations such as the UEMS (Union Europénne des Médecins Spécialistes) and the EPA/UNESPA (European Paediatric Association, the Union of National European Paediatric Societies and Associations) as well as several organisations with paediatric sub-specialty remits. Ireland also holds important positions in the International Paediatric Association and in the Irish American Paediatric Society. Following the Foundation of the Faculty in 1982, Neil O'Doherty represented the Faculty on the Council of CESP (Confédération Européenne des Spécialistes en Pédiatrie) and followed by Denis Gill who was elected president. CESP is now incorporated within the European Academy of Paediatrics (UEMS) and within EPA/UNEPSA.

European Board of Paediatrics–UEMS (Union Europénne des Médecins Spécialistes)/European Academy of Paediatrics

Leading roles on working groups within the European Board of Paediatrics (the recognised paediatric subsection of the UEMS) and the European Academy of Paediatrics (EAP) are held by Irish paediatricians. One particular working group into which Irish delegates Alf Nicholson and Martin White had significant input is the development of the common

Hilary Hoey opens the 9th Europaediatrics Congress in Dublin

Honorary Conferring Ceremony at Europaediatrics

Europeadiatrics dinner in Kildare Street

trunk training curriculum in paediatrics approved by the EBP European Board of Paediatrics (Paediatric Section of UEMS) in 2015, upon which the European Board of Paediatrics examination is based. This was first delivered in 2020 and is an attempt to address the absence of standardised postgraduate examinations across the majority of member states (EAP, 2022), Martin White also served as the European Board of Paediatrics Examinations Officer for this European-wide exam from 2020 to 2021.

European Paediatric Association and Union of European Societies and Paediatric Associations and the European Young Paediatricians' Association (EPA/UNEPSA)

Delegates from the Faculty of Paediatrics have been long term members of the executive councils of both the EPA/UNESPA and the closely linked European Young Paediatricians' Association (EURYPA). The main objectives of the organisations are to improve child health, quality of life and to promote children's rights to health, equality and social justice throughout Europe and internationally (Hoey et al., 2020, Meric et al., 2020). The role of vice president of EPA/UNEPSA is currently held by Hilary Hoey and that of EURYPA by Gavin Stone. Due to the long-standing links the Faculty with the support of RCPI successfully bid to host Europaediatrics 2019 the biennial Scientific Congress of EPA/UNEPSA in Dublin. At this event the statute of the European Young Paediatricians' Association was ratified, and Sarah Lewis was elected to the role of vice president in the organisations inaugural executive committee.

The congress was organised by Ellen Crushell who was Dean of the Faculty and president of the congress together with the programme organising committee chaired by Hilary Hoey, the enthusiastic help and expertise of Faculty members, RCPI, Irish health professionals and the EPA/UNEPSA Council. An excellent international scientific programme was developed along with a memorable social programme. Our young paediatricians and RCPI trainees led by Sarah Lewis & Michael Fitzgerald played a major role in the organisation of the congress in encouraging the young paediatricians in Europe to attend and present. The congress was held in the Dublin Convention Centre and was a great success with

Gavin Stone, Rishi Watson, Peter O'Reilly

Martin White, Jacqueline McBrien, Edwina Daly, Riz Wan Gul

1600 delegates attending from 77 countries and 1038 abstracts submitted. Global paediatric leaders attended and contributed – including the presidents of the International Paediatric Association, American Academy of Pediatrics, Asia Pacific Pediatric Association, European Paediatric Association, RCPCH and many other European Paediatric National societies and WHO Europe.

International Paediatric Association

The Faculty also participates in the International Paediatric Association and in 2021 Hilary Hoey was appointed European regional representative on the International Paediatric Association Strategic Advisory Group on Non-Communicable Disease.

Irish American Paediatric Association

Irish paediatricians were founder members of the Irish American Paediatric Association and actively contribute to their meetings since its foundation in 1963 and hold the office of president, which alternates between Ireland and the US. Its aims are to promote fellowship and exchange scientific and cultural information in the broad area of child health and life in Ireland, Northern Ireland, the United States and Canada and to initiate joint collaborative clinical research projects and establish closer professional ties between Ireland and North American paediatricians.

The Faculty looks forward to advancing collaboration within Europe and globally, sharing experiences with different health challenges and healthcare systems and to mitigating against inequalities in child health both within and between countries and to together strongly and courageously advocate for the health and well-being of all children with health service providers and at government level.

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2. Craft, A. D., K. *From an Association to a Royal College: The History of the British Paediatric Association and Royal College of Paediatrics and Child Health 1988–2016*, Springer, 2018.
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5. Meric, R., R G Stone, V V Lupu, S Lomholt, M Slobodanac, B A Maar and E Maca. The Diversity of Pediatric Residency Programmes across Europe: Admission Procedures, Curricula and Duration of Courses." *The Journal of Pediatrics* (2020).

17 Global Child Health

Ikechukwu Okafor
Patricia Scanlan

The Faculty of Paediatrics has always been involved in Global Health activities through the activities of its members in this field. In particular, several notable paediatricians and paediatric trainees have embarked on extensive and really impactful projects and partnerships. Their activities have frequently been recognised by the Faculty and individuals have been offered the platform to share their learnings and achievements with other paediatricians in Ireland.

More recently, the Faculty has been more directly involved in the field of Global Health in Ireland under the auspices of the Royal College of Physicians of Ireland (RCPI) and the Health Service Executive (HSE) Global Health Department. In March 2018, the Faculty was part of a meeting on global health which was attended by representatives from all the postgraduate medical training bodies and Irish Aid. It was agreed at the meeting that future discussions on collective action on matters and initiatives pertaining to Global Health could take place through the Forum of Irish Post Graduate Medial Training Bodies (the 'Forum'). The Faculty of Paediatrics sits proudly on the global health sub-committee of the Forum and is working with other members to develop a clear Global Health strategic vision and to create and cement partnerships with other organisations involved in this field. The Forum is active in many areas of Global Health including research, seminars, education and funding. The inaugural Global Health Symposium, organised by the Forum and hosted by the College of Anaesthesiologists of Ireland, was held in October 2019, and has become an annual event, with many eminent speakers.

The Faculty in 2019 approved the accreditation of PAIRS (Paediatric Acute Illness and Resuscitation Skills) course. The course is a paediatric resuscitation, illness recognition and safety course that was developed by a

group that included members of the Faculty and is designed to be taught in resource-poor settings at zero cost to the candidates. The course has been taught at various sites in Tanzania, Uganda and Nigeria and there are plans to roll it out further. It targets frontline staff such as nurses and interns who might not otherwise afford the cost of more established courses. The Faculty has supported the development of this course and through RCPI, funding has been provided for the procurement of manikins to facilitate the course.

Unusually amongst Irish training bodies, the Faculty accredits HST and BST trainees for a period of training in partner institutions in resource poor settings. Pre-approval is required and trainees can achieve up to six months training credit. The Muhimbili National Hospital, Dar Es Salaam in Tanzania, for example, is a well-established partner institution. This is a progressive and visionary step by the Faculty in supporting training exchange. The benefits that can accrue to the trainees in this type of exchange are numerous. The extent of pathology seen and an insight into running clinical services with leaner resources are two of the most obvious benefits. There is evidence also that such programmes help the trainees to build resilience and to develop key leadership qualities. A survey of Faculty of Paediatrics HST and BST trainees in 2019 showed a very high level of interest in global health with >20% of trainees having already participated, or planning to participate, in global health work. This research was presented at the inaugural Global Health Symposium in October 2019 on behalf of the Faculty. There was keen interest expressed by other training bodies in the Faculty's approach to supporting trainees in this area.

The Faculty has also been involved in the set up and composition of the Children's Health Ireland Global Health Department which is dedicated to developing the area of global child health and facilitate global partnerships. The Faculty is assisting CHI to launch the department and to facilitate training and education sessions in the field of child global health. There is a shared vision of the reciprocal benefits of this programme to the development of the paediatric medicine, not only in the partnering countries but also in Ireland. The department will oversee projects, volunteers,

Karina Butler, Patricia Scanlan, Judith Meehan, Ellen Crushell, Flaura Winston

Ike Okafar, Pamela O'Connor, Sinead Murphy, Louise Kyne, Kiernan Moore, Helene Hugel

research, exchange of professionals and donation of equipment between Irish paediatric centres and overseas partners. The Faculty has assisted in the development of child global health networks within Ireland and this was practically demonstrated in the area of migrant health where the Faculty assisted CHI in establishment of regional paediatric partners to facilitate the transfer of care of migrant patients from Dublin to regional centres.

Finally, the Faculty has been a leader in training international graduates. Through the international medical graduate programme (supported by HSE), trainees from Sudan and Pakistan are supported

to train through a three-year paediatric training scheme in Ireland and ultimately bring their skills home to their country of origin.

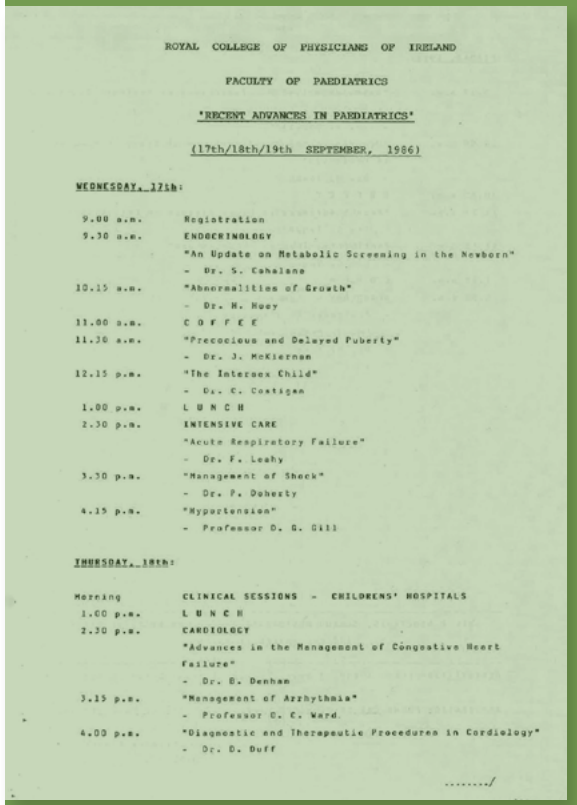
The International Fellowship Programme, organised by the Royal College of Physicians of Ireland. This programme offers fellowship programmes to doctors from Middle Eastern countries in Ireland to specialise in various medial disciplines such as general paediatrics, paediatric endocrinology, respiratory paediatrics and paediatric emergency medicine. The programme is popular and interviews are therefore competitive. Following completion of their fellowship, they are then required to return to their home countries, in order to further develop the practice of paediatrics and related subspecialities in their home countries. The programme has helped create lasting partnerships between hospitals in the target countries and Irish institutions.

Several notable paediatricians and paediatric trainees have embarked on extensive and really impactful projects and partnerships. There activities have frequently been recognised by the Faculty and they have been offered the forum to share their learnings and achievements to other paediatricians in Ireland.

One example the impact the Faculty has had in the world of global health is highlighted through the work of Trish Scanlan, one of the Fellows of the College. In fact, Trish Scanlan was invited to become a Fellow and awarded the Kathleen Lynn Medal 'for exceptional service on behalf of children', in recognition of the Global Health work she has undertaken in the field of paediatric oncology based at Muhimbili National Hospital, MNH in Tanzania and through a charity Their Lives Matter, based in Ireland.

This network of like-minded professionals has been a force for good in the world. The Faculty has nurtured these bilateral relationships all over the world which have in turn enabled many Irish trained medical students and junior paediatricians to spend time working on the paediatric wards in MNH and other sites across Africa receiving supervised training and remarkable clinical experience in a global paediatric context.

18 Scientific Meetings / Faculty Officers / Honorary Fellows



ROYAL COLLEGE OF PHYSICIANS OF IRELAND

FACULTY OF PAEDIATRICS

'RECENT ADVANCES IN PAEDIATRICS'

(17th/18th/19th SEPTEMBER, 1986)

WEDNESDAY, 17th:

9.00 a.m.	Registration
9.30 a.m.	ENDOCRINOLOGY
	"An Update on Metabolic Screening in the Newborn"
	- Dr. S. Cahalane
10.15 a.m.	"Abnormalities of Growth"
	- Dr. M. Hoey
11.00 a.m.	C O F F E E
11.30 a.m.	"Precocious and Delayed Puberty"
	- Dr. J. McKiernan
12.15 p.m.	"The Intersex Child"
	- Dr. C. Costigan
1.00 p.m.	L U N C H
2.30 p.m.	INTENSIVE CARE
	"Acute Respiratory Failure"
	- Dr. F. Leahy
3.30 p.m.	"Management of Shock"
	- Dr. P. Doherty
4.15 p.m.	"Hypertension"
	- Professor D. G. Gill

THURSDAY, 18th:

Morning	CLINICAL SESSIONS - CHILDRENS' HOSPITALS
1.00 p.m.	L U N C H
2.30 p.m.	CARDIOLOGY
	"Advances in the Management of Congestive Heart Failure"
	- Dr. S. Denham
3.15 p.m.	"Management of Arrhythmia"
	- Professor G. C. Ward
4.00 p.m.	"Diagnostic and Therapeutic Procedures in Cardiology"
	- Dr. D. Duff

...../

Raymond Barry
Judith Meehan

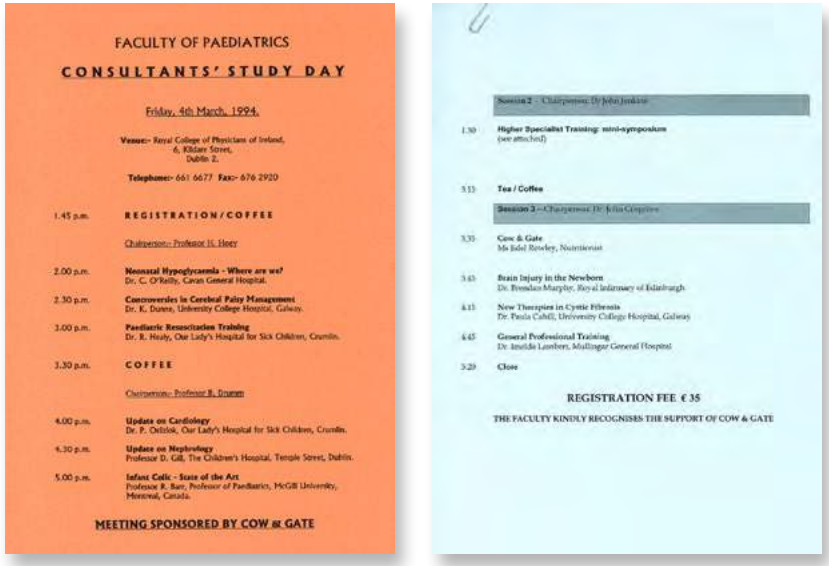
Scientific Meetings

The Faculty holds Bi-annual scientific Meetings. These meetings are held over two days – one in May and one in October. These meetings have been held in the inspiring surroundings of the RCPI building at No 6 Kildare Street until 2020. The Sars-CoV-2 (COVID-19) pandemic forced radical rethinking of how it would be held. Faculty business and educational activities rapidly changed to using online resources. As a result of these platforms there was enhanced engagement and continuing professional development. There has been a series of highly successful webinars which were attended in record numbers with very positive feedback.

The scientific meetings have brought paediatricians, trainees, public health doctors, general practitioners together and are viewed as a focal point for networking and learning. There are oral presentations from invited speakers-national and international. The Faculty awards and medals are presented at the October meeting. Updates from various sub-committees of the Faculty are provided at this meeting too as well as national developments such as the New Children's Hospital.

Over the years there have been many keynote talks from invited international experts in Child Health with excellent attendance. Many topics have been discussed and spoken on over the years – wide ranging and topical. In 1986 a three-day meeting was held – a thee-day attendance rate of £40 was charged – with a two-day option for £20 and a half day rate of £10!

Speakers included Conor Ward, Hilary Hoey and Mary King. The 1991 scientific meeting covered Paediatric AIDS and Helicobacter in Childhood. Highlights of the 1996 meeting included a talk on injury


FACULTY OF PAEDIATRICS

CONSULTANTS' STUDY DAY

Friday, 4th March, 1994.

Venue:- Royal College of Physicians of Ireland, 6, Kildare Street, Dublin 2.

Telephone:- 661 6677 Fax:- 676 2920

1.45 p.m. REGISTRATION/COFFEE

Chairperson:- Professor H. Hoey

2.00 p.m. Neonatal Hypoglycaemia - Where are we? Dr. C. O'Reilly, Cavan General Hospital.

2.30 p.m. Controversies in Cerebral Palsy Management Dr. K. Dunne, University College Hospital, Galway.

3.00 p.m. Paediatric Resuscitation Training Dr. R. Healy, Our Lady's Hospital for Sick Children, Crumlin.

3.30 p.m. COFFEE

Chairperson:- Professor R. Drumm

4.00 p.m. Update on Cardiology Dr. P. Ostlok, Our Lady's Hospital for Sick Children, Crumlin.

4.30 p.m. Update on Nephrology Professor D. Gill, The Children's Hospital, Temple Street, Dublin.

5.00 p.m. Infant Colic - State of the Art Professor R. Barr, Professor of Paediatrics, McGill University, Montreal, Canada.

MEETING SPONSORED BY COW & GATE

1.30 Higher Specialist Training: mini-symposium (see attached)

3.15 Tea / Coffee

3.30 Cow & Gate Ms Edel Rowley, Nutritionist

3.45 Brain Injury in the Newborn Dr. Brendan Murphy, Royal Infirmary of Edinburgh

4.15 New Therapies in Cystic Fibrosis Dr. Paula Cahill, University College Hospital, Galway

4.45 General Professional Training Dr. Imelda Lambert, Mullingar General Hospital

5.20 Close

REGISTRATION FEE € 35

THE FACULTY KINDLY RECOGNISES THE SUPPORT OF COW & GATE

1994 and 2002 Faculty Study Day Programmes

prevention by Alf Nicholson and the merits of Cystic Fibrosis screening "To screen or not to screen" with a panel discussion.

The meeting held in 2000 heralded the structuring of paediatric specialist training in Ireland – HST in Paediatrics – Reality Bites! Fergal Bowers – then editor of the Irish Medical Times spoke on the paediatrician and the media.

In recent years there has been a continuing focus on important areas of interest and concern: mental health, medical, surgical, neonatal, psychosocial issues, direct provision and inclusion paediatrics.

Sapientia et Doctrina

Honorary Secretaries	
1982–85	Patrick F Deasy
1985–87	Denis Gill
1987–89	Ralph Counahan
1989–91	Tom Clarke
1991–93	Hilary Hoey
1993–94	Gerry Loftus
1994–95	Tom Clarke
1995–98	Alf Nicholson
1998–01	Terry Bate
2001–04	Siobhán Gormally
2004–06	Hilary Greaney
2006–09	Ciara Martin
2009–12	Muireann Ni Chronin
2012–14	David Corcoran
2014–17	John Twomey
2017–21	Judith Meehan
2021–	Sinéad Murphy

Honorary Treasurers *This post was introduced by the Faculty in 1992*	
1992–98	John Carson
1998–00	Tom Clarke
2000–03	John Gleeson
2003–04	Alan Finan
2004–06	David Vaughan
2006–08	John McKiernan
2008–12	Anne O'Meara
2012–14	Ray Barry
2014–17	Ellen Crushell
2017–20	Norma Goggin
2020–	David Mullane

Honorary Fellows

Honorary Fellowship, sometimes referred to as Honorary Membership, was introduced by the Faculty in 1993. It was initially award to existing Fellows of the Faculty in recognition of their contribution to paediatrics. It was later expanded to also recognise those outside the Faculty who had made a contribution to paediatrics.

Honorary Fellows include Errol Alden, Zulfiqar A Bhutta, Hin-Bin (Bill Chan), Allan Clover, Tom Cone, Sir Alan Craft, Denis Daneman, Charlie Fairhurst, Raymond Fitzgerald, Denis Gill, Freda Gorman, Anne Greenough, Peter Kearney, Henry Halliday, Jacqueline Ho, John Irwin, John Jenkins, Emily Logan, Nadeem Moghal, Leyla Namazova-Baranova, Christina Noble, Pauline O'Connell, Niall O'Donohoe, Michael O'Keefe, Aman Pulungan, Adi Roche, Paddy Rowland, Joe Schmidt, Kuling Shen, Eddie Tempany, Senator Jillian van Turnhout, Owen Conor Ward, Flaura Winston, Yonghong Yang.

Faculty Admission Ceremony 2018

19 Faculty Awards and Medals

Freda Gorman
Judith Meehan

The Ralph Counahan Memorial Lecture

The Ralph Counahan Memorial Lecture was established in 1997 in honour of Counahan's immense contribution to the Faculty and to paediatrics in Ireland. It is delivered annually by an invited speaker at the Autumn meeting of the Faculty of Paediatrics.

Ralph Counahan, paediatrician in Waterford Regional Hospital, died suddenly on the 20 April 1996 a few days short of his 50th birthday. He died in his sleep while on a short boating holiday on the river Shannon. He was born in Tramore Co. Waterford and attended Glenstal College Co. Limerick. He entered UCD in 1963 and graduated with distinction from UCD medical school in 1969. He was awarded the gold medal in Obstetrics from the Coombe Hospital, and in the Mater, where he interned; he won the silver medal in medicine. He spent one year as senior house officer in Our Lady's Children's Hospital Crumlin, and then in 1971 he moved to Royal Belfast Hospital for Sick Children as junior tutor. He continued his paediatric training in London starting at the Brompton – where he obtained his DCH and MRCP. He also trained at the Hospital for Sick Children in Great Ormonde Street and at the Queen Elizabeth Hospital or Children and Guy's Hospital.

He was appointed paediatrician to Waterford Regional Hospital in 1978, and helped establish a regional paediatric and neonatal service. The same year he obtained his MD from UCD on published work. He published widely on a variety of paediatric topics both in Ireland and abroad, and was in frequent demand as a lecturer.

He was a former president of Waterford Clinical Society 1987–88 and Irish Perinatal Society 1983–84. He was a member of the Faculty of Paediatrics Royal College of Physicians of Ireland and served as Honorary

Ralph Counahan

Secretary. He was a member of the Irish Paediatric Association and the British Paediatric Association and served on council 1989–1992. He was a member of the British Paediatric Association Research Unit (BPSU) Advisory Committee. He was a member of the Irish Sudden Infant Death Association Scientific Advisory Committee and also an elected member of the South Eastern Health Board. He was vice-president and president elect of the Confederation of European Specialists in Paediatrics just before his untimely death.

The Ralph Counahan Memorial Lecturers

1997	Bob Postlethwaite	Urinary tract infection – fact, fiction and fashion
1998	David Baum	International paediatrics
1999	Richard Cooke	Prems growing up
2000	David Hall	The disabled child – service needs
2001	Minister Mary Hanafin	Our children their lives – the national children's strategy
2002	Darina O'Flanagan	Childhood immunisation – do all our kids count?
2003	Conor Ward	The child and hospital – Dublin experience 1800–1950
2004	J R Sibert	Child protection evidence or eminence

The Ralph Counahan Memorial Lecturers

2005	Russell Viner	Adolescents in paediatrics – need for change
2006	Ms Emily Logan	Children's rights in Ireland
2007	Brid Farrell	Opportunities for co-operation in child health services
2008	Patrick Morrison	Bushes, bombs & broccoli recent advances in the science of human genetics
2009	Phil Derbyshire	The management of sickle cell disease
2010	Sir Terence Stephenson	The RCPCH vision for child health at home and abroad
2011	Minister Frances Fitzgerald	Irish childhood – challenges and opportunities
2012	Peter Lachman	Improving quality/safety of care in paediatrics – what will it take?
2013	Andrew Long	21st century paediatrics – are we adequately prepared
2014	HB (Bill) Chan	Neonatal resuscitation: Team up to learn, learn to team up
2015	Gerry Loftus	Challenges and change in paediatrics
2016	Denis Daneman	The patient teacher
2017	Allan Colver	Adolescent development and transition
2018	Sir Alan Craft	Nec sorte, nec fato, neither by chance nor fate
2019	Flaura Winston	Child injury prevention research studies
2020	Adrian Plunkett	Learning from excellence
2021	Peter Rosenbaum	What lessons from developmental paediatrics might be relevant to the whole field of child health?

The Kathleen Lynn Medal

The Inaugural Kathleen Lynn Medal was awarded by the Faculty of Paediatrics in 2018. In 2018 the Faculty of Paediatrics, in agreement with RCPI President Mary Horgan and RPCI Council, established a Kathleen Lynn Medal to be awarded by the Faculty for exceptional contribution to the care of children.

Kathleen Lynn (1874–1955) was the daughter of a Church of Ireland rector in Co. Mayo and her upbringing and education were that of a staunchly Protestant and Unionist family. She was deeply affected by the destitution that she witnessed as a child among the local population and as a result decided to become a doctor. She graduated from the Royal University of Ireland (now UCD) in 1899. She devoted most of her professional life in Dublin to caring for sick and malnourished children and with other colleagues established St Ultan's Hospital for infants. As well as treating sick and malnourished children, the hospital addressed the wider role of educating young mothers about breastfeeding and basic principles of hygiene and nutrition. Lynn was an ardent feminist and a patriot who supported the workers during the 1913 lockout and was Chief Medical Officer during the 1916 Easter Rising.

Kathleen Lynn by Lily Williams

Kathleen Lynn Medal Winners	
2018	Karina Butler
2019	Patricia Scanlan
2020	Desmond Duff
2021	John Murphy

Patrick Gavin, Mary Horgan, Karina Butler, Ellen Crushell

Eithel Ryan, Patricia Scanlan, Michael Scanlan, Ellen Crushell

Engraving of Sir Henry Marsh — RCPI Archive

Sir Henry Marsh Medal

The Sir Henry Marsh medal was first awarded in 2020. It was set up as an annual award to be given to the first author of the best paper published by an RCPI paediatric trainee during the preceding Calendar year.

Sir Henry Marsh, a Galwegian, was one of the leading Irish physicians of the 19th century and on three occasions was elected President of the College of Physicians. In 1821, in association with the Master of the Rotunda and another colleague he set up the first Hospital for Sick Children in Britain and Ireland which at that time was located at the rear of his own residence on Molesworth street and subsequently became The National Children's Hospital. The objectives laid down for this hospital in 1821 were: to provide free medical and surgical aid to sick children, to educate students on infantile diseases, and to educate mothers and nurses regarding the proper management of children both in health and disease.

Sir Henry Marsh Medal Winners

2020	Aisling Smith: *Disclosing the diagnosis of down syndrome; the experience of 50 Irish patients*
2021	Peter O'Reilly: *Do preterm bones still break? Incidence of rib fracture and osteopenia of prematurity in very low birth weight infants*

The National Excellence in Teaching Awards

The Inaugural National excellence in teaching awards were presented at the Autumn meeting of the Faculty of Paediatrics in October 2021. Michaela Pentony and John Joyce, SPR and trainee representative, announced the winners. These awards were established to recognise outstanding teaching contributions by paediatricians and are voted for by the trainees.

The National Excellence in Teaching Award Winners 2021

Subspeciality in the tertiary children's hospital	Orla Franklin
Neonatology in tertiary and regional centres	Michael Boyle
General and special interest and community paediatrics (tertiary and regional centres)	Orla Flanagan
General and community paediatrics (local centres)	Nick Van der Spek

Des Duff

John Murphy, Louise Kyne, Alf Nicholson

20 Retired Paediatricians Group

Tom Clarke

Retirement courses emphasise that "For everything you've done, you deserve the best retirement ever"; retirement should not be viewed negatively but as a reward for a lifetime of work.

Retirement should be as engaging and productive as any other period in life. Our wellbeing is dependent on balancing three elements – prosperity or finance, health and happiness. When a person retires, they undergo a transition process through which almost every aspect of life will change, regardless of career history or professional background. This can have a major impact on happiness levels. Daily routine, the amount of spare time, social networks and personal relationships all shift dramatically. One's role in society, the status that often goes along with that role and the way that might have shaped personal identity can also be affected.

Retirement is often considered the culmination of one's "life's work", but it is really just the next step in life's journey. Work often defines who a person is when they introduce themselves and how their day is determined or structured. Work also fulfils personal needs such as camaraderie, challenge, focus and power. Those needs don't go away when someone retires.

Denis Gill suggested in 2011 having a retired group in the Faculty of Paediatrics. He had attended the Retired Group of the RCPCH meeting for several years; this stopped a few years ago; it has been replaced by a monthly meeting for a RCPCH Seniors Group "Zoom chats".

A survey was performed to assess level of interest. A Convening Group of Denis Gill, Tom Clarke and Hilary Hoey evolved. Terry Bate and Owen Hensey have since joined the group with Terry Bate taking over as convener in 2019.

Tom Clarke undertook a survey of retired paediatricians in 2012, with the help of John Gleeson, Hilary Hoey, Mary McKay, John McKiernan and Hugh Monaghan. 36 retirees replied. Of these 20 remained on the Specialist Register of the IMC and 12 were in a professional competence scheme. Thirteen found it difficult or very difficult to maintain CPD accreditation. Four considered themselves as still working. Fourteen examined and nine still taught, including three with formal clinical tutor appointments, four did medicolegal work and three were in clinical practice. Twelve did no medical work. Only four indicated they were unhappy in their retirement. All undertook exercise and/or sport, particularly walking or golf. The main hobbies were reading (90%), gardening and cooking. Thirteen had too little free time! Three too much, and 19 – "just the right amount". Nineteen believed retired paediatricians could have a useful role in paediatrics, one disagreed and 12 were not sure.

Roles paediatricians offered to do included examining (16), teaching (13), reviewing papers (3), mentoring NCHDs (11), involvement in Faculty (9) and supporting consultants, particularly new consultants (15). Comments included "ensure current paediatricians comfortable with any role for retired" and "they should let go and not try to cling on to power"! Of the 36 who replied, 28 agreed there was a role for a retired paediatrician's group, with five disagreeing.

The format decided was a two-hour afternoon scientific meeting twice yearly at the RCPI. Lunch was arranged in a local restaurant. Meetings have usually been in Kildare Street and there have been two out-of-town meetings.

At the inaugural meeting in June 2013, Mary Holohan, Dean of Professional Competence, noted there were specific days in RCPI for internal CPD credits; she also recommended the professional competence Help Desk for any advice. Alf Nicholson, HSE Clinical Director in Paediatrics, spoke about the work being done by himself and John Murphy, Clinical Director in Neonatology, and stressed the challenges of improving access to healthcare and keeping children out of hospital. The potential role for retired paediatricians who wish to be involved was discussed; he noted there might be a need for mentors for 75–80 paediatric SHOs and for bedside teaching. However, this has become unnecessary with the increase in consultant paediatricians over the past decade.

The theme of the second meeting was "Working and Volunteering". Speakers were Denis Gill who spoke on Operation Smile; Tom Matthews on the Cost of Obstetric Mishaps; Mervyn Taylor on Bell Ringing (he volunteers at the cathedral); Anne Murphy spoke on Volunteering with the Samaritans; Bob Fitzsimons, on "Sea Swimming – Keeping Fit After Retirement" (Bob does deep sea swimming from the shore around Great Blasket Island); and Geraldine Prendiville on Art Therapy. Hilary Hoey gave a progress report on the work of Faculty and at most subsequent meetings.

There have been two very successful out of town meetings, hosted by Gerry Loftus in Galway and Terry Bate in Mullingar. Local paediatricians and other local consultants spoke at these. Particularly impressive was Martin Cormican from Galway in spring 2017 describing his "experiences in West Africa during the Ebola Outbreak", including how he regularly ran locally worrying everyone – he was unconcerned as he trusted that Ebola is only spread through contact with body fluids.

There have been many presentations about the development of care of children and of the specialty of paediatrics throughout Ireland. Conor Ward spoke in 2014 about the Foundation of the Faculty of Paediatrics. A comprehensive review titled "Paediatricians and Professors 1960–2010" was given by Peter Kearney on Cork, Gerry Loftus ln Galway, Hilary Hoey on the National Children's Hospital and Denis Gill on Temple Street.

Philip Mayne spoke on "The Cholera Epidemic 1829–1835" and about the role of his ancestor Rober Mayne who died from typhus in 1864. Michael Mahony spoke about the Cork 1956 Polio Epidemic. Conor Ward spoke about "Morbus Caeruleus: the History of the Tetralogy of Fallot"; Des Duff discussed the evolving story of paediatric cardiology in Ireland. Bob Fitzsimons spoke about "Kerry County Infirmary from the Mist of the 18th Century till the Birth of Modern Medicine". Denis Gill spoke on the "History of Polio", and also gave an illustrated presentation on art in paediatrics. Veronica Donoghue from Temple Street spoke on "Radiology

over the past 40 years". Ray Fitzgerald, Consultant Paediatric Surgeon, spoke on "The Tales of Paediatric Surgeons" and about working with Barry O'Donnell and Eddy Guiney. We had a comprehensive two-hander on disability with Sheila Macken presenting on "From Idiocy to Ability; from Institution to Integration" and Owen Hensey on "Great Expectations and Fake News"; both titles conveyed very succinctly the main message of their talks. Pauline O'Connell spoke about "Kathleen Lynn. Irishwoman, patriot and doctor". Peter Keenan spoke on "Reflections from Casualty Deportment to Emergency Room" and Mary King reflected on her career in paediatric neurology.

John Murphy spoke on the history of neonatology since he qualified; he noted the improvement in outlook for extremely premature infants and asphyxiated infants and how greater attention is now paid to the environment for infants in the NICU. Henry Halliday from Belfast spoke about the history of surfactant.

The work that went into these presentations, if someone has the motivation to put them together, could form the basis of a book, or collection of essays, on the history of paediatrics in Ireland!

There were several presentations on living and working overseas. Sheikh "Bash" Basheer spoke about travelling from Uganda and acclimatising to Ireland, "From Snakes to Shamrock; from Uganda to Ireland, a journey untold" – he has published a very interesting book on Kindle. Kevin Connolly spoke about improving immunisation uptake in Africa and his travels in this regard. Joe MacMenamin, recently retired as Head of the RCSI School of Medicine Bahrain, spoke about "how to transform health care through education, research and service." Terry Bate and Gerry Loftus described their experiences teaching in Malaysia and how the country and politics is very different; Dengue fever is not a historical myth.

Dermot Power, Consultant in Geriatric Medicine, Mater Hospital presented on "Thinking Ahead" and reminded us about the importance of exercising the mind and the body – he recommended the "sitting to standing" exercise and was very impressed at the level of fitness of the RPG

Retired Paediatricians Group April 2022; Back row: Bob Fitzsimons, Michael Earley, Hilary Greaney, Ray Fitzgerald, Margo Anglim, Roisin Healy, Sheila Macken. Front row: Brian Denham, Freda Gorman, Terry Bate, Hilary Hoey, Tom Clarke

audience. Des O'Neil of TCD and Tallaght presented "Fresh Thinking in the Sciences of Ageing" and gave a very stimulating talk on dementia.

Blanaid Hayes, Consultant Occupational Health Physician Beaumont Hospital spoke about "How Doctors are Different". Burnout occurred in almost one third of doctors in Ireland, more so in NCHDs; the culture of medicine needs to change from stigmatisation and competitiveness to compassion and collaboration. David Vaughan and John Fitzsimons spoke about Safety Science; patient safety includes high reliability organisations, human factors and promoting a safety culture. Harriet Wheelock, Keeper of Collections at the RCPI, gave a very well illustrated presentation on "Caring for the History of the Profession". Tony Ryan did a workshop on "Critical Thought Through Visual Strategies" and showed three slides provoking and cajoling the audience into participating. Freda Gorman who is on the Dublin Cemeteries Committee spoke about "Glasnevin – Ireland's Necropolis".

The work that went into preparing these presentations and, many other excellent presentations not listed, was enormous and greatly appreciated by the audience.

Due to the pandemic the Spring 2019 meeting was cancelled and two meeting were on Zoom.

COVID compliant! meetings resumed in Autumn 2020 at Georges Hall, Temple Street as as RCPI was not available; lunch was in Bleeker Street Café Bar on Dorset Street; this was a change from the Dublin 2 restaurants, such as One Nico's and the Saddle Room at the Shelbourne, but nevertheless was very enjoyable.

Fulfilling annual CPD requirements can be an onerous process, particularly the need for audit and internal CPD points. Because of this, most retired paediatricians have become less interested in obtaining CPD.

Retirement poses challenges for many, if not most adults. It is important to consider retirement beforehand and plan to ensure there is life and purpose after paediatrics, with activities that stimulate the mind and body both in winter and summer. Hopefully, the camaraderie of the RPG may contribute a tiny bit to the enjoyment of retirement.

You know you are growing old when someone phones at 9pm and asks, "did I wake you?"

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21 Deans' Biographies

Collated and edited by
Terry Bate

Prof Owen Conor Ward (1923–2021)
Dean 1982–84

Conor Ward graduated from UCD in 1946. He undertook post graduate training in paediatrics at Alder Hey Children's Hospital, Liverpool. In 1956 he was appointed Consultant Paediatrician with a Special Interest in Cardiology to the newly founded Our Lady's Hospital for Sick Children, Crumlin (OLHSC). In 1970 he became Professor of Paediatrics in UCD.

Prof Ward led the development of paediatric cardiology and cardiac surgery in Ireland. He earned an international reputation in that specialty. The 'Ward Romano' syndrome, which he described, is named after him. He was also an excellent general paediatrician and undertook clinics throughout Ireland before paediatrics became established in the country's general hospitals. He received a lifetime service award for his care of children with Down Syndrome.

Prof Ward was an excellent teacher. He demanded excellence from himself and from those with whom he worked for the care of patients. In 2016 he was conferred with the degree of Doctor of Science honoris causa by UCD. He was a founder member and the first dean of The Faculty of Paediatrics.

After he retired Conor moved to live in London, he completed a PhD, continued to write and had many interests including Irish literature.

Dr Raymond Rees
Dean 1984–1986

Raymond Rees was a Trinity College Dublin graduate. He was appointed a consultant to the National Children's Hospital, Harcourt Street, Sir Patrick Dun's Hospital and to the Adelaide Hospital, and Senior Lecturer in Trinity College (1971–1987). He had a special interest in paediatric nephrology and coeliac disease. He presented at international conferences and wrote many scientific papers at a time when neither computers nor word processors were available.

He was a founding member of the Faculty of Paediatrics and following Conor Ward served as Dean. He was elected President of the Irish Paediatric Association. In 1976 he founded the Junior Irish Paediatric Association, an all Ireland society whose members were paediatric registrars and SHOs. Awards were made including bursaries to junior doctors to attend meetings or gain experience abroad. The UK College of Paediatrics later followed and formed a junior paediatric association.

Together with Prof Ian Temperley, in 1965 he established the first paediatric haematology service in Ireland which included the treatment of leukaemia; and in 1971 the National Centre for Children with Haemophilia in Harcourt Street where the first bone marrow transplant in Ireland was performed in 1976.

He had generosity of spirit, compassion, courtesy and gallantry and provided help and support to patients, families, colleagues and junior staff.

Prof Niall O'Donohoe
Dean 1986–1988

Niall O'Donohoe greatly contributed to paediatrics and child health in Ireland and internationally

A graduate of University College Dublin he trained in Dublin, Great Ormond Street Hospital, London and the Children's Hospitals in Sheffield and Liverpool. He was appointed Consultant Paediatrician and

Paediatric Neurologist in the three Dublin children's hospitals in 1959. In addition he ran monthly clinics in Sligo, Leitrim and Donegal. In 1980 he was appointed Professor and Head of Department of Paediatrics Trinity College Dublin based in the National Children's Hospital Harcourt Street.

Contributions to many national and international paediatric organisations include; President of the Irish Paediatric Association, founder member of the Irish Neurological Association, the British Neurological Association and elected Fellow of Trinity College Dublin and Hon Fellow of the Royal College of Paediatrics UK.

He authored numerous publications including a book on childhood epilepsies which was published with three editions and also translated into many languages.

In addition he was a wonderful colleague, mentor and friend to Irish paediatricians.

Prof Edward Tempany (1930–2010)

Dean 1988–1990

Edward Tempany was born in Leeds to Irish parents, the fourth of five children. At the outbreak of WW2, he and his siblings were sent to Ireland for safety and education. He attended Clongowes Wood College, he had three uncles who were Jesuits. After graduating in Medicine at UCD he specialised in paediatrics. He trained in Georgetown, Washington and Great Ormond Street Hospital, London before returning to Ireland in the early 1960s. Prof Tempany, with his colleagues, established the specialty of paediatrics in Ireland and developed OLHSC Crumlin as a centre of excellence for the specialty. His special interest was in cystic fibrosis and he developed the first dedicated service for CF in Ireland. He gained international reputation and for this and was made an Honorary Fellow of The American Academy of Paediatrics. Throughout his career Prof Tempany was an inspiring teacher and was appointed Associate Professor of Paediatrics at RCSI. He was an examiner for both RCPI and RCSI in Ireland, Britain and the Middle East. Prof Tempany had many interests including gardening, fishing and family holidays in Hook Head.

Dr Brendan Joseph O'Sullivan (Joe) (1929–2015)

Dean 1990–1992

Dr O'Sullivan was Educated at Presentation College, Cork and graduated from UCC in 1955. He undertook specialist training in paediatrics and neonatology in London, Edinburgh and Manchester.

He returned to Ireland (Limerick Regional Hospital) in 1961 and moved to Drogheda (Our Lady of Lourdes Hospital) as a consultant in 1963 to establish paediatric and neonatal units at the request of Mother Mary Martin.

Dr O'Sullivan held Fellowships in paediatrics (Edinburgh), medicine (Dublin) and sports medicine (RCSI). He was Dean and founder member of the Faculty of Paediatrics (RCPI), Treasurer and Trustee of the Irish Medical Organisation and negotiator of the Common Contract for Consultants in Ireland. He was a founding Fellow of the RCPCH (London) and founder of the Irish Perinatal Society.

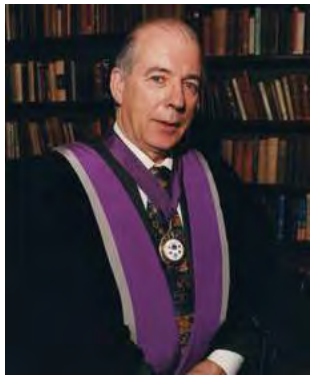
Joe had many outside interests and was awarded the Paul Harris Fellowship for International Service by Rotary International. He was also widely active in music, sport and local charities and held the position of Team Doctor to Drogheda United FC for over 20 years.

Prof Denis Gill
Dean 1992–1994

Denis graduated from UCD in 1968 and undertook paediatric training in Dublin, Bristol, the Brompton Hospital, and Brisbane. He trained in Guys Hospital with the father of paediatric nephrology, Cyril Chantler. Denis was a general paediatrician and paediatric nephrologist in Temple Street and Professor of Paediatrics RCSI. He had a reputation as an enthusiastic teacher and researcher. Denis was President of the Confederation of European Specialists in Paediatrics and, as Ethics Committee Convenor, produced guidelines on biomedical research in paediatrics for Europe. He is a founder member of The Faculty and as Dean promoted The Faculty's interest in childhood immunisations and prevention of childhood poisoning. As Chairman of the National Immunisation Committee RCPI he led the development and publication of National Guidelines. Denis is a past President of the British Society for the History of Paediatrics and Child Health. He was the founder of the Retired Paediatricians Group of Faculty.

Prof Peter Kearney
Dean 1994–1996

Dr Peter Kearney graduated from UCC in 1966 and committed to paediatrics as Medical Registrar in OLHSC from 1971–73. He was involved as an MRC Research Fellow in the early UKALL clinical trials in GOS before becoming Lecturer in Child Health in Bristol. In 1978 he returned to Limerick as one of three paediatricians covering the MWHB. He joined the Irish Paediatric Consultants group founded by Conor Ward, which reformed in 1982 as the RCPI Faculty of Paediatrics. He was appointed to the UCC Chair of Paediatrics in 1980 and supported the reorganisation of paediatric and neonatal services in Cork. From 1992–94 he served as chairman of the first review of the Dublin Children's Hospitals before serving as Dean. He was a council member of the BPA, when that organisation became the RCPCH separate from the RCP (London).



Dr Brian McDonagh
Dean 1996–98

Dr McDonagh was born in Co Sligo and educated at Garbally College and Blackrock College. He graduated from UCD in 1963 and trained in Dublin and Liverpool achieving MRCPI in 1968 and FRCPI 1973. Appointed Consultant Paediatrician at Sligo General Hospital and North Western Health board in 1970. Founding member of Faculty of Paediatrics 1982. Vice President RCPI in 1997. Retired 2004.

Dr Winifred (Freda) A Gorman
Dean 1998–2000

Dr Gorman graduated in medicine with honours from UCD where she won the gold medal in Pediatrics. She interned in St Vincent's Hospital, worked in Our Lady's Hospital for Sick Children, Crumlin before moving to USA where she undertook a residency programme in general paediatrics and a fellowship in neonatology in Texas Children's Hospital. She passed the American Academy General Paediatric Board's and Perinatal-Neonatal Medicine Board's examinations.

Freda became Assistant Professor in Neonatology in Texas Children's Hospital before being appointed Consultant Paediatrician to the National Maternity Hospital and Our Lady's Hospital Crumlin in 1980.

Freda was Chairperson of the Colin McStay Liver Transplant Appeal 1984–2003, a member of the National Committee to Examine Medical Genetic Services 1989, an executive member of the National Blood Users' Group 1998–2001, President of The Irish and American Paediatric Society 1997–1999, Dean of the Faculty of Paediatrics 1998–2000, President of the Irish Perinatal Society 2003, Associate Dean for Postgraduate training in RCPI 2008, Trustee of the Glasnevin Cemetery and Museum 2010–2020 providing guidance on medical matters especially following the Organ Retention Crisis. She was a member of the Accreditation Commission on Colleges of Medicine (ACCM) 2008–2020.

Dr Tom Clarke
Dean 2000–2002

Tom Clarke graduated from UCD in 1970. He was Consultant Neonatologist at the Rotunda Hospital and Temple Street Hospital and Associate Professor of Neonatology RCSI. Tom was Honorary Secretary of the Faculty of Paediatrics 1989–91 and 1994–95, Treasurer 1999–2000 and then Dean 2000–2002. Tom was Chair of the Neonatal Committee; he co-authored the first study of perinatal services and published several studies on neonatal transport in Ireland. He was founding Director of the National Neonatal Transport Service from 1998–2003. He was mentor to the first advanced neonatal nurse practitioners in Ireland. Tom was Honorary Secretary of the Irish Perinatal Society 1989–1991; Honorary Secretary of Irish and American Paediatric Society 1984–1989 and its President 2001–2003. Tom was a member of Consultant Applications Advisory Committee 2010–2019 and has been an Inspection Chair for ICHMT since 2013. He was convenor of Retired Paediatricians Group 2013–2019.

Dr John Cosgrove
Dean 2002–2004

John Cosgrove graduated from NUI, Galway in 1964. He trained in paediatrics at Alder Hey, Children's Hospital Liverpool, Limerick Regional Hospital and as a Respiratory Fellow in The Sick Children's' Hospital, Toronto.

In September 1975 he established the Regional Paediatric Unit at the Ardkeen Hospital, Waterford. Subsequently a new neonatal unit was added. Dr Cosgrove remained single handed for three years. The unit provided a regional paediatric and neonatal service for Wexford, Clonmel and Kilkenny until paediatric units were established there in 1992 and 1998. A purpose-built state of the art paediatric and neonatal unit was opened in WRH in 1990.

He took a particular interest in Cystic Fibrosis and ran a very busy CF clinic. With colleagues in Cork, Limerick and Tralee he established the Munster Cystic Fibrosis club. He chaired the committee that introduced neonatal CF screening in Ireland.

Dr Cosgrove was a founder member of Faculty of Paediatrics. He was heavily involved in teaching and had many articles published throughout his career.

Prof Joe McMenamin
Dean 2004–2006

Joe McMenamin graduated from UCD in 1972. He completed training in paediatrics and paediatric neurology at Sick Kids in Toronto. As recipient of a Young Investigator Research Scholarship he became Research Fellow in Neurology with Prof JJ Volpe, Washington University School of Medicine. He returned to BC Children's Hospital, Vancouver, as

Consultant Paediatric Neurologist with a Special Interest in Neonatal Neurology. In 1983 he was appointed Consultant Paediatric Neurologist at Our Lady's Hospital for Sick Children, Dublin. In 1996 he was appointed Associate Professor of Paediatrics at RCSI Dublin. In 2010 he joined RCSI Bahrain as Professor and Chairman, Department of Paediatrics, and was subsequently appointed Head of School of Medicine and Vice President for Academic Affairs. He returned to Ireland in 2019 as Professor Emeritus at RCSI Dublin. He was appointed to the Irish Medical Council, representing Irish Medical Schools in 2020.

Dr John McKiernan
Dean 2006–2008

John McKiernan graduated from UCD in 1971 and had postgraduate training in Dublin, Bristol, Liverpool and Nottingham. He was Consultant General Paediatrician in Cork Regional (later University) and St Finbarr's Hospitals from 1981 until retirement in 2010, and led the development of specialised services there in paediatric endocrinology and childhood diabetes. Childhood immunisation was another keen interest and he was involved with hospital immunisation initiatives in Cork and the National Committee. A founding member of the Faculty of Paediatrics of the RCPI and the UK Royal College of Paediatrics and Child Health, he was a past-President of the Irish Paediatric Association and also a member of the British Society of Paediatric Endocrinology and Diabetes.

Prof Martin J White
2008–2011

Martin graduated from RCSI and obtained his MD from UCD based on research into Autonomic Function in Newborn Infants. He undertook specialty training in Ireland before completing a Neonatology Fellowship at Duke University, North Carolina. He was appointed as Consultant

Neonatologist at the Coombe and Crumlin Hospitals, Dublin and subsequently Clinical Professor in RCSI and UCD. Prof White obtained an MBA from Smurfit Business School and was CHI NCHG lead in the neonatology development group for the new Children's Hospital from 2015–2020. He was the first to serve a 3-year term as Dean during which time he was involved with the HSE in establishing the Joint Clinical Programmes and Advisory Groups in Paediatrics and Neonatology in 2011. He was lead Convenor for Part 2 MRCPI 2002–2006, NSD for the Neonatology HST programme. He also represented Faculty in Europe on the European Academy of Paediatrics and European Board of Paediatrics/ UEMS (as Examinations Officer) for the development of a common European Training Syllabus and Exam.

Prof Hilary Hoey
Dean 2011–2014

Prof Hoey is a UCD graduate. She trained in Ireland, Great Ormond Street, University San Francisco, and the Children's Hospital Pittsburgh.

She was appointed Chair and Head of Department of Paediatrics Trinity College 1991–2011, Consultant Paediatric Endocrinologist National Children's Hospital and CHI Crumlin. She was the first woman in Ireland appointed to a clinical chair.

She was Elected Fellow TCD, FRSM London, FRCP London, FRCPCH UK and FRCPI.

She is a past President Irish Paediatric Association.

Her many other roles include:

Director of Professional Competence RCPI, Vice President European Paediatric Association and Union of National European Paediatric Societies and Associations, Chairman Diabetes Ireland and European representative on International Paediatric Association Strategic Advisory Group on NCD.

Past President Irish Paediatric Association.

Member CPD Directors Committee Academy Medical Royal Colleges UK; UEMS European Accreditation Council for CPD EAACME; International Academy for CPD Accreditation and the European CPD Forum.

President European Society Paediatric Endocrinology 2013–2014. Received ESPE Outstanding Clinician Award 2016, Lifetime achievement awards; Irish Health Care Award, Down Syndrome Ireland, Prader Willi Syndrome Association and International Collaboration Award Croatian Medical Association 2021.

She has over 150 peer reviewed publications and served as External Examiner at Universities of Cambridge, Nottingham, Kuwait and Cairo.

Dr Raymond Barry
Dean 2014–2017

Dr Barry was born in Cork and qualified in medicine from NUI Galway in 1992. He subsequently embarked on a career in paediatrics and became FRCPCH (Edinburgh) in 1999 after post graduate training in Dublin, Sydney Australia, Newcastle upon Tyne and Northumberland in the UK. He was appointed Consultant Paediatrician with a Special Interest in Community Child Health in Newcastle upon Tyne in 2005. Dr Barry relocated to the post of Consultant Paediatrician with a Special Interest in Community Child Health at the Mercy University Hospital, Cork in 2008. As a passionate advocate for children with physical and intellectual disability, he has established and continues to develop specialist services for children with disability in conjunction with multidisciplinary colleagues at voluntary organisations in Cork, and provides a general paediatric service and specialist child sexual assault medical cover in Cork. He has had roles as a Faculty of Paediatrics board member from 2011 – 2018 and became treasurer of The Faculty before becoming Dean of the Faculty from 2014–2017.

Dr Ellen Crushell
Dean 2017–2020

Ellen Crushell graduated from UCC in 1994. Her interest in paediatrics was sparked as a student in Cork Regional and Erinville Hospitals. A graduate of the new ICHMT HST programme in paediatrics, she specialised in metabolic disorders in Dublin and Toronto and was appointed consultant at Temple Street/Crumlin in 2009.

While Dean, she worked to increase engagement with Fellows, members and trainees. She was president of the Nineth Europaediatrics Congress, held in Dublin in June 2019 which showcased Irish Paediatrics. The Minister for Health attended. She chaired the National Clinical Advisory Group, the All Island RCPI/RCPCH Committee and advocated for homeless and marginalised children.

In 2020 she was appointed the Clinical Lead for Children in the National Clinical Programme for Paediatrics and Neonatology. The Faculty, NCP and Public Health leads, had an important collaboration in 2020 to highlight the impact of the COVID pandemic on children's wellbeing.

She continues to work closely with the Faculty and represents paediatrics on National and International committees including European Academy of Paediatrics.

Dr Louise Kyne
Dean 2020–

Dr Louise Kyne graduated from NUI. Galway in 1990. She began her paediatric training in Ireland before becoming a senior registrar and obtaining a M. Med. Sci (Clin Edu) from the University of Nottingham. She subsequently undertook a clinical and research fellowship (Suspected Child Abuse and Neglect) at The Hospital for Sick Children, Toronto.

Louise was appointed General Paediatrician with a Special Interest in Community Child Health to Letterkenny University Hospital; the first of two pilot consultant posts set up to develop community paediatrics. Her special interests include child maltreatment, child development /disability and clinical education.

In 2007 Louise was appointed to her current post with Children's Health Ireland (CHI) at Temple Street. She was chair of their paediatricians group and representative on the clinical advisory group since its onset. She is on the Faculty community child health/child protection subcommittee, examinations committee and now All Ireland Paediatric Committee, Governance group and joint chair of the Clinical Advisory Group as Dean.

From 2007–2013, Louise was the Associate Dean of Paediatric membership examinations in RCPI which involved many changes to the exam format and in particular working with peripheral sites to host the clinical examinations. As Honorary Senior lecturer at RCSI she teaches medical students and those of other allied professions.

22 Anecdotes and Reflections

Michael Capra
Tom Clarke
Kevin Connolly
Seamus McGuire
Mary McKay
John Murphy
Alf Nicholson

Celtic Cousins – Alf Nicholson

Paediatric get-togethers are always fun. In former days, lots of us were on very tight rotas, so a trip away to meet colleagues and their families was a great escape. Slides were all on carousels and frequently jammed or jumped but the show always went on regardless. Our children still remember those paediatric trips with great fondness and they ran around bedroom corridors in packs.

Possibly my most memorable 'get-togethers' were those wonderful meetings with the Welsh Paediatric Society. They, superbly led by the wonderful David Davies, burst into song in the evening with their wonderful Welsh voices and we had to counter with the singing of Noel Tagney, the wonderful wit of John Murphy after dinner and the never to be forgotten vision of Kevin Connolly playing the piano with his feet. The trip to Llandudno was a particular highlight and we all travelled over on a bus. I was the Secretary at the time and will not forget the sight of the late Eddie Tempany dancing on his recently replaced hip with gay abandon. We had another wonderful get-together in Cork with a trip to the old Cork gaol. We enjoyed a memorable session of Irish dancing which our Welsh colleagues still recall to this day. Science alone may not sustain us but these memories certainly will.

You Couldn't Make It Up – Mary McKay

I was bleeped to ring X-ray urgently. "Come immediately – the monkey is going ape".

I started to ask… but the phone was slammed down. So off I went and of course there was no monkey. Just a small gorilla – a toddler I suppose. But Bimbo was not a happy bunny, so to speak. Fasting for surgery clearly didn't agree with him.

All attempts at chest X-ray were vigorously resisted and eventually abandoned.

Why a chest X-ray? Well anaesthetists were as cautious then as they are now, and Bimbo was down for inguinal hernia repair that afternoon.

All went well and he was ensconced in a cot in a cubicle at the furthest end of the baby ward. I had almost forgotten him when later that night I was at the nurse's station. A perplexed mother came up. She had glimpsed Bimbo snoring peacefully and was worried. A very wise and experienced ward sister reassured her.

"Ah yes. That little one is very hairy but his treatment has gone well and he will be discharged home first thing in the morning."

And off Bimbo went next day – back to Dublin Zoo.

We saw the occasional primate in Harcourt Street. Melvyn Taylor advised the zoo on their care. Apart from Bimbo almost wrecking the X-ray Department they rarely caused a problem. After all we share 98 per cent of our DNA with them.

However I doubt HIQA would be enthusiastic about them attending CHI. The primates might not be too keen either – facilities at Dublin Zoo are much improved.

Ramblings of a Rural Paediatrician – Kevin Connolly

Ah, those were the days, the 1960s and 70s. Before evidence based and defensive based medicine were invented. Eminence, vehemence based and providence based medicine were still in vogue, even though, just like their practitioners, they were tottering a bit. Eminence was the prerogative of Physicians, vehemence was owned by the surgeons ("there are two ways of doing things – my way, and the wrong way"), and providence was the refuge of the rest of us, especially meek and humble and diffident paediatricians.

I entered UCD in 1964 having achieved the minimum of three honours. In medical school we learned the difference between the rashes of chickenpox and smallpox (centripetal and centrifugal, or vice versa), how to suspect diphtheria (grey and white membrane on the which bled when rubbed with a throat swab, bull neck), and Catzel's percentage method for calculating paediatric drug doses.

CT scanners were the wonder of the age, only available in self-styled Centres of Excellence and inaccessible to those in Peripheries of Mediocrity. The primary vaccine schedule consisted of diphtheria, pertussis, tetanus, oral polio and BCG vaccines. Pyloric stenosis was verified by seeing visible peristalsis and feeling an olive-sized intermittent lump one inch above and one inch to the right of the umbilicus.

On my first day as the rooky first consultant in Portiuncula Hospital, July 14, 1978, I felt very important in the slightly apologetic chest-puffed-out-but-humble sort of way of paediatricians. Hair shampooed and conditioned, tie in a Windsor knot, formal trousers freshly pressed by leaving under mattress overnight, spick and spanned. I was met at the door by Matron.

She slowly looked me up and down, then up again. "You are a consultant now. You need to wear a suit or a white coat. And please get your hair cut."

In those olden days differences in the infectious diseases presenting to hospital. About 10 percent of cases of stridor were caused by haemophilus epiglottitis. New junior staff were warned not to use a tongue depressor if a child with a worried look, a muffled voice, croupy cough, drooled, and was sitting up and leaning forward. Epiglottis was usually visible if the child screamed loudly; it was preferable that the scream was spontaneous.

A significant number of children with diarrhoea had hypernatraemic dehydration, and E.coli 153 gastroenteritis had an easily recognisable smell.

Developmental dysplasia of the hip was labelled CDH. As access to an orthopaedic opinion by this provincial paediatrician was difficult, and hip ultrasound was not on the to-do list until the 1980s, application of a Craig splint or Pavlik harness was done by the author.

Bacterial meningitis was treated with triple therapy-penicillin, chloramphenicol and sulphadiazine. On occasions, Gentamycin was injected into a fourth ventricle by inserting the needle from the lateral angle of the anterior fontanel towards the back of the opposite eye.

I had been called in three nights in a row. In the middle of one of these nocturnal transfusions, I wearily said I'd love a pint. Some minutes later the nurse said she needed to be excused for a moment. Just after I had finished and ungowned, her husband, who had been contacted by the nurse, arrived in the SCBU with a cold can of beer. Such pleasure.

That is one of the many reasons I am a contented man!

Reflections – Seamus McGuire

Looking back over the years, I feel extraordinarily lucky to have been able to combine my passions for medicine and music. I think I was very fortunate that at different stages in my career in paediatrics I worked in parts of the world which had strong musical traditions, introducing me to music which I wouldn't otherwise have experienced. Coming from a musical family in Sligo, I developed an interest in both classical music and traditional fiddle music at an early age. As a 'sensible' medical student at UCG in the 1970s there wasn't much time for music in my life! Luckily, however, there were some fine musicians and singers among my classmates, and in our final year we managed to squeeze in the occasional music session at the old Castle Hotel in Lower Abbeygate Street. At that time, a lot of Aran trawlers came into the Galway docks, and the bar in the Castle Hotel became the Aran Islanders main meeting place. There they could be heard speaking as Gaeilge, singing sean-nós songs and playing tunes. We sometimes joined in the tunes, soaked up the magical atmosphere and even indulged in the odd pint after a hard day's study! A few years later, while working in Canada as a resident in paediatrics in Toronto, I was invited to play traditional Irish music at the wonderful multicultural Mariposa Festival on the Toronto Islands. While there I met some inspirational guest musicians from Cape Breton, The Ottawa Valley, Scandinavia and Scotland. This experience was to prove hugely influential in the following years when I returned to Ireland. Later, during my year as a

tutor in paediatrics in Kuwait for the UCD DCH course, I met some gifted traditional musicians from Lebanon who taught me some of their gorgeous tunes including 'We and the Moon are Neighbours' made famous by the iconic Lebanese singer, Fairuz. I later recorded this on my first solo album, The Wishing Tree. On my recordings with the trad group Buttons & Bows we played many of the tunes I learned in Canada, introducing that music to an Irish audience for the first time. Our French-Canadian waltzes became popular in Irish in trad circles in the 1980s! County Donegal became my eventual destination as a consultant paediatrician. It's a beautiful county which is steeped in Irish culture and music, and again I've had the good luck to meet and play tunes with many inspirational local musicians and singers. I've had a longtime love for classical music, and playing with The West Ocean String Quartet allowed me to explore with my colleagues the interesting space between classical and traditional music. Now that I've retired from medicine, I have more time to indulge my passion for music, and I've recently been busy with a recording project 'An Irish Viola / Vióla Gaelach' with the great Australian-born Donegal-based guitarist, Steve Cooney. I'd like to thank my former colleagues in the Faculty of Paediatrics who were always a great source of encouragement in my musical activities over the years. Happy 40th anniversary! Comhgháirdeas.

Probability – Michael Capra

Grief stricken on hearing me confirm that his child has cancer, her father asked me if the chemotherapy I was recommending would 'work'? I answered that with current available data, the probability of curing his daughter would be in the region of 50%. This potential chance seemed to solace him somewhat as he was fearing the cancer to prove fatal. He immediately and visibly relaxed. With humility he proceeded to caution me about the word probability. He went on to relate his personal story about probability.

He was a mathematics teacher in the local secondary school. In one of his recent lessons, he was explaining the concept of probability to his pupils. To augment his explanation, he took out a €1 coin from his pocket and stated that if he spins the coin, there is a 50% chance it will fall heads up and a 50% chance it will fall tails up. While the class noddingly grasped the concept of probability, the tips of his thumb, index and third finger spun the coin with great vigour clockwise on the top of his desk. With all eyes transfixing on the coin, it continued to spin with ever decreasing velocity waiting for gravity to inexorably pull it down heads or tails up. With utmost defiance, the coin ridiculed his attempt to illustrate probability by coming to a standstill, completely upright – no heads up, no tails up!

"Be respectful of the word probability Doc", he knowingly said as he walked out of the room.

Last year I received a letter with an enclosed photograph of a proud grandfather holding his first grandchild in his arms, with his daughter's hand on his shoulder. Probability.

Newborn Care; The Early Years – Tom Clarke

In 1927 Brian Crichton was the first paediatrician appointed to the Rotunda. However, the annual report noted a new x-ray machine was the outstanding event of the year. Crichton retired in 1927 to manage the family farm.

In 1932 Robert "Bob" Collis was appointed as paediatrician. The Department of Paediatrics was "simply a nursery consisting of seven cots looked after by three little girls of 18 called "nursery nurses"; unsurprisingly mortality there was 60 percent". Collis soon after noted the main problems then were temperature control, nursing, infection and birth trauma.

Overcrowding occurred as at the Children's Hospitals. Once in 1935, three babies had to be nursed in one cot. In 1944 Collis stated that the hospital was nowhere fly proof. "If one of the babies became infected, it either had to be transferred to the nursery where more than likely it starts an epidermic among the particularly susceptible immature babies and kills some half a dozen of these before it dies itself" or is placed in the duty room of the ward sister.

In 1945 Collis and his assistant Patrick McClancy were given leave of absence from April to August to work in Belsen concentration camp and

care of the paediatric department fell back on the Master and Assistant Masters.

Half strength saline infusions were occasionally given subcutaneously in the 1950s or slow rectal drip if there was marked dehydration.

The Delivery Room was still the exclusive domain of obstetricians in 1951.

Nevertheless, with improved social conditions, maternal health and obstetric and neonatal management, many of the diseases of 90 years ago such as gastroenteritis epidemics, rhesus disease, tuberculosis and syphilis were successfully overcome.

The problems faced by our predecessors were daunting, but expectations were less.

A Brush with Fame – John Murphy

In 1992 the Irish premier of the movie Chaplin was held at the Savoy cinema, Dublin. I went along because some of the proceeds of the night were being donated to the Holles Street neonatal fund.

There was a drinks reception before the movie started. It was packed. I knew hardly anybody and I was standing on my own nursing a class of red wine. Then I noticed that the director of the movie Sir Richard Attenborough was momentarily on his own, so I took my chance and went over to introduce myself. He asked 'what do you do'. I told him that I looked after premature babies in Holles Street Hospital. He enquired about how we kept them from getting cold. I explained that we place them in heated, humidified incubators. He appeared fascinated by this and said 'just like the humid conditions in the tropics'. He further added 'I have a brother – David – David Attenborough – perhaps you have heard of him, he presents programmes on the BBC about the natural world – he would be very interested in what you are doing'. At that point he was whisked away by one of his PAs.

The next morning I was doing the ward round on the neonatal unit, when I got a call from the porter saying that there was a Sir Richard Attenborough in the front hall who would like to visit the neonatal unit. He arrived up with his entourage. I took him around and showed a series of babies in incubators and explained how they keep babies warm.

Afterwards, I offered him a cup of tea, little expecting him to say yes. However, he took up the offer and we all crowded into the small nurses tea room. He stayed for the best part of an hour chatting to all the nurses and doctors about his career in the movies. One nurse said to him 'you were very scary as the murderer in the movie 10 Rillington Place' – a remark which he found very funny.

Following the visit his press agent rang to say thanks for our hospitality.

This is a Really Cool NICU – John Murphy

The Holles Street NICU was constructed in the early 1940s on the roof of the hospital. It was supposed to have been a temporary structure but we ended up working there for the next 70 years, until a new unit was opened some years ago. The old unit was adjacent to the canteen. The lift access was some distance away and the only way to bring an incubator to the NICU was through the canteen. Many former trainees will remember this unique arrangement.

Sir Richard Attenborough and John Murphy — Private Collection

One day we got a call that a US neonatal transport team would be arriving with a baby. The mother, who was from Dublin, had delivered prematurely in Boston while on holiday. Following a period of care, the baby was now stable for the transfer. At 9am all the Holles Street neonatal medical staff were sitting around a table in the canteen

having the traditional cup of tea before starting the day's work. Suddenly the canteen swing doors burst open and a team of doctors and nurses wearing smart uniforms with multiple logos arrived pushing a baby in a transport incubator. They had a look of consternation as they thought that they were in the wrong place. We quickly reassured them that they were in the right place. We quickly cleared a path between the tables so that they could bring the baby through to the NICU.

When the formal handover of the baby was safely completed we invited the Americans for breakfast. There was a great conversation and banter comparing the differences in neonatology on the opposite sides of the Atlantic. Our visitors commented 'this is so much fun, we must start doing this when we go home'. As they got up to leave the senior US doctor said 'this is a really cool NICU, I love it'.

Your Prince Awaits You – John Murphy

A few days before Christmas 2010 our neonatal transport team (Cathy Gibbons and Shirley Moore) transported an ill baby from Dublin to King's Hospital London via the Army Air Corps helicopter. During the return flight it started to snow. As they passed over North Wales, the snowfall became very heavy. The helicopter crew requested an emergency landing at the RAF base in Anglesey. When the helicopter had landed and the engine was switched off, the cabin door was opened from outside. Standing beside the aircraft to greet them was Prince William, who was stationed in Anglesey at that time. He helped to unload the helicopter and store the incubator out of the cold.

The Prince escorted Cathy, Shirley and the crew into the officers mess, arranged a meal, and sat chatting to them. They discussed many things including their mutual Christmas rosters. Prince William said that he had been given Christmas Day off so that he could have dinner with his grandmother.

Overnight lodgings in the local town were arranged for the neonatal team. The following morning the weather had improved sufficiently for the team to fly home. The Prince was there to say good-bye and see them off.

Gallery 23

































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