British paediatrics

Paediatric intensive care

A working party of the BPA has published a report on the facilities, organisation, and staffing for intensive care of children outside the neonatal period. The working party identified 22 paediatric intensive care units in the United Kingdom. In almost all of them medical care and junior staff were provided by paediatricians. Of the consultants in overall charge with responsibility for ventilatory care, about half were anaesthetists and half were paediatricians. One third of an annual total of 4000 children admitted for intensive care were treated in general adult intensive care units, in many cases sharing open plan areas with adult patients. The bed requirement for paediatric intensive care was estimated to be one per 40 000 of the child population and the suggested ideal size of a paediatric intensive care unit was from eight to 10 beds with a minimum of five. One unit of parental accommodation should be provided within the hospital for each intensive care bed. The report includes a list of recommended equipment and supporting services for paediatric intensive care units.

The working party believes there should be a national network of at least one paediatric intensive care unit per region to treat the more complex cases and a regional network of general adult intensive care units with improved facilities for children to deal with the less complex cases. In some of the larger paediatric departments it might be possible to provide intensive care in a children’s high dependency area; in smaller departments a link with the neonatal intensive care unit might be preferred. One consultant should be on call for the unit at all times, and house officers, on a rota of at least one in three, should work full time on the unit for periods of at least three months. At present the mean number of nurses per bed is 3.5 whole time equivalents, which the working party considers to be inadequate.

Training was considered to be of particular importance. Medical training in paediatric intensive care should be included in general paediatric training and should also be part of the training for those specialising in intensive care for adults. Only 1-3% of nurses working in general adult intensive care units had received children’s nursing training and there should be a greater emphasis on training for the staff of these units.

The working party recommends a further survey to determine more precisely the future requirements for paediatric intensive care.

A D M Jackson

Paediatric training in the United Kingdom

British paediatrics has a long history of involvement in child health overseas, especially in the developing countries, and has always felt an obligation to help doctors from those countries who come to the United Kingdom for postgraduate training. Twenty years ago the British Paediatric Association (BPA) published the first edition of its booklet, Paediatric Training in the United Kingdom, as a guide to opportunities for postgraduate paediatric training in this country. The fourth edition of this booklet, which was published in January of this year, reflects the expansion in postgraduate medical education and the increasing complexity of the regulations concerning employment for overseas doctors.

This latest edition describes the British system of postgraduate training and offers general advice on preparing for a visit. It explains immigration requirements and the regulations for registration with the General Medical Council. There are detailed lists of the various paediatric courses available and the organisations that offer scholarships and fellowships. A helpful check list of the steps to be taken by prospective trainees refers to the relevant pages in the booklet. An appendix gives the addresses of the regional postgraduate deans, together with a map indicating the location of the university centres.

Paediatric Training in the United Kingdom was written for the BPA by its overseas committee and will undoubtedly fulfil the wish of the committee to strengthen the links between British Paediatrics and countries overseas.

A D M Jackson