

Conclusion: The outcomes show that continuous education of nurses contributes to quality of care. Continuous education must be stimulated. It is clear that the registration system of the Dutch law is not sufficient at the moment. The Dutch quality register of nurses is a first and good step on the way. One of the main advantages of this register is the criterion for continuous education. There are also some shortcomings, like the number of mandatory hours of continuous education, which are not enough and the inadequate accreditation of the training institutes.

In 2009 the quality registration of nurses has expanded on registration in the different field of expertise, like paediatrics and intensive care. The pro's en cons of the used method for this extra registration will also be discussed.

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WORK PROFILE OF BELGIAN HOSPITAL PAEDIATRICIANS AS ASSESSED BY THE HEAD OF THE DEPARTMENT OF PAEDIATRICS

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Introduction: As in other European countries, Belgian hospitals encounter difficulties in recruiting paediatricians. In order to better understand the underlying problem and the needs, it is mandatory to have an insight in the work profile.

Methods: In 2007, a questionnaire was sent to the head of the department of paediatrics in all Belgian hospitals. Characteristics about the intra- and extra-hospital medical activities were collected. Data were encoded by two separate persons and compared through a software program.

Results: The response rate was 80 %. The mean total medical activity is 9.4 half days a week. The mean number of week- and weekend days being on call is almost twice as high in a regional hospital compared to an university hospital. There is no gender difference in the time spent in the different types of medical activity in the hospital. Male paediatricians do spent more time in clinical activity outside the hospital compared to their female colleagues (2.8 vs 1.95 half days). The mean clinical hospital activity of male paediatricians decreases at

the age of 60-64, compared to 55 for their female colleagues.

Conclusion: The number of days on-call per paediatrician is much higher in regional vs university hospitals. The mean medical activity of male and female paediatricians is only different for the clinical activity outside the hospital. The hospital activity of female paediatricians decreases at an earlier age than that of their male colleagues. These findings could be important in the view of the increasing feminization in paediatrics.

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SICKNESS ABSENCE AMONG PAEDIATRIC DOCTORS

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Background: Personal health, behavioural risks, stress and working conditions are some of the key factors responsible for sickness absence among personnel of an organisation. Staff sickness absence has a significant impact on the National Health Service, costing money, taking up time and ultimately affecting the quality of patient care. It is estimated that doctors have lower rate of long term absence compared to other medical personnel and manual workers.

Aim: To assess the sick leave rates within the department of paediatrics and to investigate its specific prototypes.

Methods: Retrospective analysis was undertaken of all sick leave taken by the doctors working in the department of paediatrics over a period of 4½ years.

Results: 46% of all the doctors called in off sick on 132 occasions (mean = 29/year). 2/3 of these requests were for one day only. 1/4 of all sick leave was taken when the doctor was supposed to be doing his/her on call duties. The majority of the sick leave were taken between December and April. Almost 1/8 of all sick leave requests were made immediately prior to or after annual leave or bank holidays.

Conclusion: This is a comprehensive overview of sickness absence among doctors working in the paediatric department in a district general hospital setting. Further research is needed to evaluate