

**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.

### 1122

#### 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.

### 1123

#### 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

similar data within primary and secondary care. It is also crucial to investigate some of the factors contributing to sickness absence in order to focus on programmes to lower these rates in a sustainable way.

1124

**ENHANCING THROUGH A TARGETED NATIONAL EDUCATION ONE-STOP ROAD SHOW THE QUALITY OF PAEDIATRIC ORTHOPAEDIC NURSING**

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This presentation will report on the implementation of a national campaign to bring paediatric orthopaedic education to nurses across the country.

There is a dearth of designated paediatric orthopaedic courses resulting in the acquisition of specific training and education for this specialism being problematic.

This raised the question of how nurses practicing in this domain of nursing acquire and maintain their knowledge and skills. The RCN Children and Young Peoples' Orthopaedic and Trauma Community (CYPOTC) sought to address this problem instigating a 'travelling' educational road show, entitled a 'Festival of Learning'. Senior paediatric orthopaedic nurses and educators deliver a programme designed to meet the needs of nurses caring for children with orthopaedic problems and to date the educational package covering knowledge and skills has been to Southampton, Edinburgh, Stanmore, Bristol and Manchester. The programme coversttopics from anatomy through to workshops on traction application.

This presentation will discuss the work of the CYPOTC in establishing the 'Festival of Learning', the evaluations of the students and the current focus to achieve accreditation for the study day package so that it becomes a recognised unit that nurses can commit to in gaining points towards their academic goal.

1125

**THE FIMP-MCRN (FAMILY PAEDIATRICIANS MEDICINES FOR CHILDREN RESEARCH NETWORK)**

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**Background and aims:** The FIMP-MCRN , member of ENCePP (European Network of Centres of Pharmacoepidemiology and Pharmacovigilance), was established in 2003 with the aim of developing competence, infrastructure, networking and education for paediatric clinical trials.

It involves more than 6000 Italian Family Paediatricians (FPI) and it can survey more than 6.000.000 Italian children from 0 to 14 years .

It's on the point of becoming member of ENPREMA (European Network Paediatric Research at the EMA)

**Methods:** The FIMP - MCRN have developed and improved its expertise in Phase 3 and 4 clinical trials. It has got a Quality Control, a Quality Assurance and a traceability, a transparency and a data safety. Ad hoc training programs have incremented knowledge about clinical trials in FPI to build up the necessary competencies.

**Results:** A significant role can be played by the FPI with the participation to active pharmacovigilance projects. The primary objective of FIMP- Antibiotics Tolerability Profile Study (FIMP-ATPS) was to assess in patients with pharyngotonsillitis (FT) and rhinosinusitis (RS) the antibiotic tolerability profile after the days of administration.

A different, more proactive, approach is needed to use of disease databases[ FIMP-Dumbo Otitis Study (more than 400 children included)] and FPI-Sentinel Influence A (H1N1) Survey [including possible ADRs after vaccination]. In epiweek 45 the incidence of H1N1 was 28,19 (0-4 yr) and 40.78 (5-14 yr) cases per 1.000.

**Conclusions:** Networking is mandatory to build up the necessary competencies, to facilitate co-operation, to share the skills and expertise and to avoid duplication of studies.