27th Meeting
Paediatric Nursing Associations of Europe

Porto, Portugal
Notes 25th May 2016

Attendees
Maria do Céu Barbieri, ESEP [MCB]
Sandra Cruz ESEP [SC]
Filipa Barbosa, Ordem dos Enfermeiros [FB]
Candida Pinto, ESP [CP]
Margarida Reis Santos, ESP [MRS]
Lina Pereira, Ordem dos Enfermeiros [LP]
Anne-Marie Bangels, Paediatric Nurses Association, Belgium [AMB]
Katrin De Winter, Paediatric Nurses Association, Belgium [KdW]
Madeleine Collombier, Association Nationale des Puéricultrices Diplômées et des Etudiants [MC]
Immacolata Dall’Oglio on behalf of Italian Nurses Association [ID]
Orsola Gawronski, on behalf of Italian Nurses Association [OG]
Jorunn Tunby, Norwegian Paediatric Nurses Association [JT]
Vasiliki Matziou, Pediatric Nurses Sector of Hellenic Nurses association [VM]
Pantelis Perdikaris, Pediatric Nurses Sector of Hellenic Nurses Association [PP]
Kostantinos Petsios, Pediatric Nurses Sector of Hellenic Nurses Association [KP]
Ingrid Hankes Drielsma, Dutch Association of Paediatric Nurses, Netherlands [IHD]
Caroline Roberts-Quast, Dutch Association of Paediatric Nurses, Netherlands [CRQ]
Barbara Hahn, Paediatric Nurses Association, Austria [BH]
Jitka Voříšková, Head of the Pediatric section of the Czech Nurses Association [JV]
Ivona Mikulenkova, vice President, Pediatric section of the Czech Nurses Association [IM]
Karin Bundgaard, Paediatric Nursing Association, Denmark [KB]
Fiona Smith, Royal College of Nursing, United Kingdom [FS]
Kristina Kuznik, Croatia Nurses Association of Paediatric Nursing Society [KK] (afternoon)
Vlasta Kresic, Croatia Nurses Association of Paediatric Nursing Society, Croatia [VK] (afternoon)
Jadranka Pavlic, Croatia Nurses Association of Paediatric Nursing Society, Croatia [JP] (afternoon)

Apologies
Britt Marie Ygge, Swedish Pediatric Nurses Association, Sweden [BMY]
Evalotte Morelius, Swedish Pediatric Nurses Association, Sweden [EM]
Martha Böhm, Paediatric Nurses Association, Austria [MB]
Ulli Barborik, Paediatric Nurses Association, Austria [UB]
Corry van den Hoed-Heerschop, Dutch Association of Paediatric Nurses, Netherlands [CvH]
Ayse Ferda Ocakci, Turkey [AFO]
Helena Wigert, Swedish Pediatric Nurses Association, Sweden [HW]
Catherine Sheridan, Irish Nurses and Midwives Organisation – INMO, Ireland [CS]
Jane Coad, Royal College of Nursing, United Kingdom [JC]
Anna Barbara Schlüer, Switzerland
Claus Sixtus Jensen, Paediatric Nursing Association, Denmark [CSJ]
Dragica Bestak, Croatia Nurses Association of Paediatric Nursing Society [DB]
Frauke Leupold, President Berufsverband Kinderkrankenpflege, Germany [FL]
1. **Welcome/introductions**

Sandra Cruz welcomed attendees to the meeting and to Porto. Attendees introduced themselves to each other.

2. **Update of Paediatric Nursing in Portugal**

Sandra Cruz provided a brief update and data about paediatric nursing in Portugal (see attached slides).

There are 68,000 nurses in Portugal. There are around 2,200 Registered Paediatric Nurses. Most work in hospital settings. There has been an increase in specialisation since 2000-2015.

Nurses pay for their course fees. The Masters programme costs 1,000 Euros per annum (2,000 Euros in total). Nurses work and do the course in their free time. If undertaking the specialized course = 2,100 Euros.

Some learning is undertaken by e-learning units/modules.

**Visit to the school of nursing**
Attendees were shown around the facilities and were given a demonstration of an interactive learning table ‘Body interact’

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The company: [http://www.takethewind.com/](http://www.takethewind.com/)


3. **Matters arising from notes of meeting November 2015**

3.1 **Written updates for website**

[http://www2.rcn.org.uk/development/communities/specialisms/children_and_young_people/forums/other_forums_and_groups/paediatric_nursing_associations_of_europe](http://www2.rcn.org.uk/development/communities/specialisms/children_and_young_people/forums/other_forums_and_groups/paediatric_nursing_associations_of_europe)

FS advised that some information had been received. If other countries could look at the website and advise of relevant website links, or the named contact for the website and for communication. The name of each Associations name in own language to be placed on PNAE webpage if provided and also contact email addresses if advised

Please note: A new RCN website is being developed. Information about PNAE will transfer to the new webpages in due course. In the meantime please access via the amended link above.
Action:
• Each country to email FS the name and email address for the key contact as above and the weblink for their association – **All**
• Key contacts and weblinks to be placed on PNAE website when received – **FS**
• Key contact to cascade information, agenda’s and papers within their own country/Association as required - **All**

3.2 **Update on Paediatric Nursing**
• The position statement concerning staffing level and ratio’s was circulated for review. No revisions were identified.

3.3 **Congress 26th and 27th May 2016, Porto**
SC briefed Chairs of concurrent session briefed. Approximately 100-120 delegates attending

Congress had been publicised on website and cascaded to PNAE representatives to publicise in their countries. SC expressed disappointment in the level of international publicising. Possibility of loss financially.

Skype/teleconference calls worked well to develop the programme. Abstracts reviewed and English checked by Professor Jane Coad. Abstracts published online by RCNi following negotiation with Christine Walker, the Editor of Nursing Children and Young People

Professional secretariat definitely necessary to aid communication with participants and deal with organisational details.

Attendees noted the programme and congratulated the scientific committee and organising committees for their hard work and preparations. Particular thanks were made to Maria do Ceu Barbieri and Sandra Cruz.

3.4 **Congress 31st May and 1st June 2018 in Athens**
VM, KK and PP outlined proposals for the congress in Athens (see attached presentation). Venue will be University of Athens. Anticipate 150-200 participants. Can accommodate up to 350 nurses. Exploring social events, including visit to Acropolis and nearby Islands. Plan on having a stream for students, and including them in planning of the congress. Gala dinner to be held at Officer club of Athens. Postcard flyer to be placed in participants bags for the 3rd PNAE congress in Porto. PNAE representatives to begin publicising on return to their country. Representatives encouraged to use all forms of media in doing so including facebook and twitter.

Maria do Ceu Barbieri, Chair of 2016 PNAE scientific committee to participate in 2018 scientific committee.

Sandra Cruz to participate in overarching Organising committee for 2018 PNAE congress.
Action

- Email pdf of postcard flyer to FS for circulation to PNAE representatives – VM
- Notify FS when congress website live - VM, KK & PP
- Connect VM with Christine Walker at RCNi – FS
- Identify additional PNAE representatives for scientific committee and overarching organising committee - FS

3.5 *RN4CAST, recruitment and competence of nurses*

No update provided. HW not present. Issue to be kept on agenda and collaborative research to be explored with key paediatric nursing researchers across Europe in due course

**Action:**

- Consider exploring potential for a similar European study in paediatrics. To be discussed further at next meeting when HW present - All

3.6 *Transition of children and young people’ to adult services*

The position statement and covering letter had been circulated to PNAE members for translation and circulation/dissemination within their own countries.

3.7 *Promoting collaborative children’s nursing research*

Further information expected from France. To be recirculated once additional content added. Noted PNAE’s role is to facilitate and encourage research in key priority areas.

**Action:**

- Discuss cascade at next meeting - All

3.8 *ESNO clinical specialist nurses statement*

FS reported that a letter had been sent to ESNO reinforcing PNAE’s position statement in respect of paediatric nursing

4. *Do Not Resuscitate orders*

Draft palliative care survey previously circulated discussed.

**Action:**

- Amend survey and send to FS – IHD
- Disseminate survey for completion within set timeline – FS
- Collate responses and send to FL - FS
- Present findings at next meeting - FL

5. *Caring for sick children and young people at home and in the community – FL unable to attend. FS presented the PowerPoint slides highlighting initial findings (see attached)*

**Action:**

- Re-send to countries who have not yet responded – FS
- Send individuals collated response to each country to check - FS
6. **Home ventilation for children across Europe**
IM presented initial findings (see attached)

**Action**
- Re-send to countries who have not yet responded – FS
- Send individuals collated response to each country to check - FS
- Collate further responses and send to IM – FS
- Present final findings at next meeting - IM

7. **Indicators and health outcomes**
Discussed indicators and health outcomes. Noted the need to revised previous position statement in respect of clinical and service quality indicators

**Action**
- Amend position statement as discussed – FS
- Send revised positions statement with covering letter to PNAE representatives for translation and cascade in their country- FS

8. **Teenage pregnancy & paediatric nursing roles**

**Portugal**
Teenage pregnancy is the remit of midwives. Still have high rate but decreasing. Family planning service available for young people about sexual health, including provision of free contraceptives.

**France**
Midwives are involved rather than paediatric nurses. They inform community service and nurses that work in health prevention service. Specific support is provided at birth and after discharge.

**Norway**
There are few teenage pregnancies. They are supported by public health nurses and midwives. In large cities youth services are available.

**Austria**
Paediatric nurses are not involved. It is the remit of midwives. Similar service to Norway.

**Belgium**
Not much teenage pregnancies. Can have free contraception until 21 years of age. If pregnant gynaecologist involved. PEARL project caters for teenagers who are pregnant

**Czech Republic**
The number of teenage pregnancies is increasing. There is a lack of focus on prevention. Paediatric nurses are not involved. If pregnant then seen by
gynaecologist. If under 15 there is a police investigation. If below 18 referred to social services

**Netherlands**
Teenage pregnancies are increasing. Mostly non Dutch pregnancy. Whole team and family is involved. Check that the young person has not been abused. Paediatric nurses only involved if mother admitted to intensive care. Birth control free until 21.

**Croatia**
Do not have much teenage pregnancy. Social services and public health nurses are involved. If admitted to hospital they attend the paediatric clinic where paediatric nurses care for them.

**Denmark**

**Italy**
Increase in teenage pregnancies. Not much work on prevention. There are primary care facilities with midwives where teenagers can go. Paediatric nurses not involved. The problem is lack of prevention. Paediatric nurse in schools could take forward.

**Greece**
Paediatric nurses not involved. Physicians, midwives and supportive organisations involved.

**UK**
The level of teenage pregnancies has reduced. Significant focus on prevention and education of young people. Teenage pregnancy coordinators at local level. Free contraception available. Family nurse partnership programme in place for teenage mothers. Police and social services involved as appropriate.

9. **The role of telemedicine and technology in paediatrics**

**Belgium**
Telemonitoring:
- Used in chronic diseases such as diabetes: bloodsugar measurement can sent through device to the hospital;
- Pilot to use a continuous measuring device for measuring blood sugar so the
Tele-education:
- The organization ‘child and family’ has different E-modules on the website available for parents (about caring, breastfeeding, vaccinations, grow parameters, development from newborn to 3 year old
- More and more E-learning modules for nurses.
Tele-communication:
- App’s and platforms on internet for the child in the hospital to communicate with other children
- Closed facebook groups
Czech Republic
Telemedicine used in adult services. Physician can detect problems with pacemakers. Use international scoring system for dermatitis. Patient can score on a regular basis. They can send to their physician prior to review.

Netherlands
Variety of ehealth applications, including cyber polyclinics enabling young people to submit questions for discussion at clinic appointments. Students develop ehealth applications during their education programmes.

Croatia
Telemedicine links between large and smaller hospitals, and in connection with the islands. Assists with the resolution of specific cases across the whole country. There are 4 telemedicine centres across Croatia.

Denmark
Not aware of the number of projects. Some examples include the application for parents discharged with a newborn and how they should care for the child.

Italy
Interest growing. Behind other countries. Issues related to economic situation. Consultations via telemedicine not reimbursed. Some use of telemedicine linked to research projects. Information on website for patients.

Greece
An area which is improving. 4 different areas
1. Public ministry if health programme linking main hospital with islands.
2. Private hospitals link with other hospitals i.e. England, America to discuss therapy
3. Educational institutions and research projects
4. Private companies supporting projects and programme development
Also have MERMAID connecting small ships to gain support and assistance

Portugal
Not as large a territory but similar to Greece. It is a public decision of communicating via new communication mechanisms. A number of research projects with long term conditions. Most developed is electronic records. Centre recognised by ICN

UK
Various initiatives including electronic records, telemedicine consultations, networks between large specialist hospitals and remote areas, development of APPs, specific webpages for young people, use of text messaging and monitoring at home i.e. pain and symptom control. Also have elearning and education programmes, as well as use of social media networks

France
There are a lot of telemedicine developments including APPS. Some are funded privately and some by the ministry of health i.e. targeted for children with autism, emergency room APP aids monitoring and diagnosis
**Norway**
Similar to the UK. Developing lots of professional networks including with care of the family with a newborn, public health nurse, midwife and neonatal care unit.

**Austria**
Many providers, new topics for new APPS. Initiatives include teaching platform for nurses, research projects concerning assisted life devices and for patients for stem cell transplant and project for survivors

10. **Government steps to solve the shortage of nurses**

**Czech Republic**
There are enough nurses being trained but they leave the country or the profession. The Government is slowly increasing nurses salaries (5% this year and next year). Hospitals are providing incentives including additional leave, recruitment benefits and financial support to students. The Government is thinking of changing nurse education, reducing the length of education programmes enabling nursing assistants to undertake one additional year education to become a registered nurse.

Finance is the problem in many countries, pushing education and training this way.

**Netherlands**
Profile 2020 – all nurses will have to have a degree. Nurses complete a basic education programme and then specialise after that.

**Croatia**
Similar situation to Czech Republic

**Denmark**
Don’t have paediatric nurses. have registered nurses and assistant nurses (they are on their way out of the hospital into the community). There is not a shortage of nurses.

**Italy**
There are supporters working alongside nurses. There are many unemployed nurses in Italy.

**Greece**
In the current economic situation no appointments are being made. There is no shortage of nurses. There are a lot of unemployed nurses. They leave to work in other countries.

**Portugal**
Similar situation to Greece. Issues concerning the value of nursing as a profession – low salaries and increased hours of work. Doctors negotiated salary and hours before cuts to health budget. New nurses unable to get substantive contracts. Nursing leadership not strong.
UK
There has been poor workforce planning across the UK resulting in significant shortages of nurses. Many hospitals have been recruiting from overseas. Health Education England (HEE) has increased education commissions recently. However students will soon no longer have access to bursaries and will have to pay for their undergraduate education programmes. CPD funding has also been significantly reduced. A review of nurse education and training of care assistants by Lord Willis may change the way nurses are educated, with the introduction of apprenticeships and associate nurses, as well as care assistants/health care support workers.

- Shape of Caring - https://www.hee.nhs.uk/sites/default/files/documents/2348-Shape-of-caring-review-FINAL_0.pdf
- HEE response to 'Shape of Caring' - https://hee.nhs.uk/our-work/developing-our-workforce/nursing/shape-caring-review

France
There is no shortage. Used to have a shortage. Reform of education may mean less registered nurses and more assistants on lower salaries. Don't know about paediatric nurse. Negotiating with Government currently.

Norway
Due to decline in oil industry there have been massive applications for nursing. 3 year education, 2 year practice and then apply for specialisation. There is a register for general nurses but no register for specialised nurses. Numbers low for paediatric nurses

Austria
There are shortages of nurses. The law changing. Will only have 'general' nurses

Belgium
There is an ageing population. There is a project to increase applications for nursing and to keep nurses working longer they get extra days off each month when they reach 45, 50, 55. From next year the new nurse education programme encompasses paediatrics. No funding for extra post-registration training. No real shortage.

11. **Registration and regulation of nurses**
FS highlighted previous work undertaken by PNAE, including production of position statement. To be discussed further at next meeting.

**Action**
- Place item on next meeting agenda – FS
- Send position statement with agenda - FS

12. **Vaccination of children**
AMB highlighted work undertaken in Belgium in respect of pain management during vaccine injections. Poster circulated to PNAE representatives.
13. **Any other business**
KK now president of Paediatric Society of Croatian Nurses Association.
AMB advised this would be her last meeting. All thanked AMB for her involvement and contributions to PNAE.

**Future agenda items**
- Pain management and assessment – to discuss – **All**
- Climate change - **OG**

**Notification and responding to emails within requested timeline**
FS asked for all PNAE representatives to keep to set timelines for responses and notifications. It was noted that information is required by hosts well in advance so as to aid planning and preparation

**Action**
- PNAE members to respond to requests, notifications and to return information within set timeline - **All**

14. **Future meeting dates/venues and locations**
- 8th and 9th December 2016 – **Paris, France**
- 30th and 31st March 2017 – **Istanbul, Turkey**
- Mid-end October 2017 – **Reykjavik, Iceland**
- 31st May & 1st June 2018 including 2 day Congress – **Athens, Greece**
- Autumn/Winter 2018 – **Czech Republic**
- Spring 2019 – **Naples, Italy**
- Autumn/Winter 2019 – **Croatia**
- TBC Spring 2020 including 2 day congress - **Estonia**

**Action:**
- Advise FS of attendance at the December 2016 meeting- **All**

**Please advise FS if you are interested in hosting a meeting - all**

PNAE meetings are held in different venues/countries to enable as many representatives from Paediatric Nursing Associations/National Nursing Associations to attend and participate in activities. We appreciate that financial implications of travel and accommodation may prevent several members from attending PNAE meetings. If your country has not yet attended a PNAE meeting but you would be interested in hosting a meeting in your Nursing Association/Country please contact Fiona Smith – **Fiona.smith@rcn.org.uk**

ASAP

16.40 **Meeting closed.**

**NOTE**
- If documents are circulated with request for comment/agreement and no response is received it will be assumed that there is agreement.

- **Please ensure receipt of emails is confirmed.**