

2nd National Linkman Meeting

PROGRAMME

Friday 30th November 2007

09:00 – 09:55 *Registration and coffee*

09:55 – 10:00 Welcome and introduction

Session 1 **Improving Services for Children – Alison Carr, Plymouth**

10:00 – 10:25	Implementing the National Services Framework - a clinician's view	Dr Mike Tremlett, Middlesbrough
10:25 – 10:50	Children in hospital – the findings of the Health Care Commission	Representative from the Health Care Commission
10:50 – 11:10	Questions and Discussion	

Session 2 **Raising the Standard – Jane Peutrell, Glasgow**

11:10– 11:35	Developing standards for paediatric anaesthesia - the West Midlands experience	Dr Alistair Cranston, Birmingham
11:35 – 12:00	Training for the challenges of paediatric anaesthesia in district hospitals	Dr Alison Carr, Plymouth
12:00 – 12:20	Questions and Discussion	

12:20 – 13.30 *Lunch*

Session 3 **Child Protection and the Anaesthetist – Alison Carr, Plymouth**

13:30 – 13:50	What to look for	Dr Ros Proops, Norwich
13:50 – 14:10	What to do	Dr Kathy Wilkinson, Norwich
14:10 – 14:20	Questions and discussion	

Session 4 **Caring for Sick Children – Jane Peutrell, Glasgow**

14:20 – 14:40	Developing systems to recognise and support the sick child - the Children's Early Warning Score (CEWS)	Ms Fiona Clements, Glasgow
14:40 – 15:00	Pandemic 'flu in children – planning in the district hospital	Dr Paula Lister, London
15:00 – 15:20	Beyond APLS - the anaesthetist as the expert in the team	Dr Ian Jenkins, Bristol
15:20 – 15:50	Questions and discussion	

15:50 – 16:00 *Closing Remarks*





APPLICATION FORM

2nd National Linkman Meeting – 30 November 2007

Event Code: C29

DELEGATE DETAILS:

College Ref. No: _____

Full Name: _____

Full Mailing Address: _____

Post Code: _____

Date of Birth: ____ / ____ / ____

Telephone: _____ Fax: _____





Email: _____

Present Hospital: _____

PAYMENT DETAILS:

By cheque. A cheque for £ _____ is enclosed. (Sterling cheques should be made payable to 'The Royal College of Anaesthetists')

By credit card. Please debit my card by £ _____

Tick the appropriate box:    

Card number: | | | | | | | | | | | | | | | | | | | | | |

Card security number: (number at back of card) | | |

Start date: | | | | | Expiry date: | | | | | Issue No (Maestro only): | | |

Cardholder's Name: _____ Cardholder's Signature: _____

CANCELLATIONS: Notice of cancellation must be given by email to the Events Department (events@rcoa.ac.uk) **at least four weeks prior to the event** to qualify for a refund. All refunds are made at the discretion of the APA and are subject to the deduction of a £35 administration fee. The APA will, however, accept named substitutes if you would like a colleague to attend in your place.

PLEASE COMPLETE AND RETURN THIS APPLICATION FORM TO:

Finance Department, The Royal College of Anaesthetists, Churchill House, 35 Red Lion Square, London, WC1R 4SG
 T: 020 7092 1585 F: 020 7092 1733