

**18<sup>th</sup> Meeting**  
**Paediatric Nursing Associations of Europe**

**Notes 3<sup>rd</sup> and 4<sup>th</sup> November, Belgrade, Serbia**

Attendees

Dijana Otasevic, President, Pediatric Section of Serbian Nursing Association [OD]  
Jagoda Simic, Vice President, Pediatric Section of Serbian Nursing Association [JS]  
Magdalena Radepolic, Secretary of Pediatric Section of Serbian Nursing Association [MR]  
Sofija Alijevic, Nurses Society of Intensive Care, Anaesthesia and Reanimation of Serbia [SA]  
Dragana Nikolic, NGO Partnership in Health – child and family centred care initiative in Serbian Children's Hospitals  
Mr Dragan Sasic, Director of the Chamber of Nurses and Health Technicians of Serbia [DS].  
Siw Fossan, Norwegian Paediatric Nurses Association [SF]  
Anne-Marie Bangels, President Paediatric Nurses Association, Belgium [AMB]  
Andrea Schlogel, President, Paediatric Nurses Association, Austria [AS]  
Ulrike Vujasin, Vice President, Paediatric Nurses Association, Austria [UV]  
Dragica Bestak, President Croatia Nurses Association of Paediatric Nursing Society [DB]  
Kristina Kuzuik, Vice President Croatia Nurses Association of Paediatric Nursing Society [KK]  
Mateia Ojmic,, Croatia Nurses Association of Paediatric Nursing Society [MO]  
Caroline Roberts, Dutch Association of Paediatric Nurses, Netherlands [CR]  
Ingrid Hankes Drielsma, Dutch Association of Paediatric Nurses, Netherlands [IHD]  
Konstantinos Petsios, President Pediatric Nurses Sector of Hellenic Nurses Association [KP]  
Fiona Smith, Royal College of Nursing, United Kingdom [FS]

Apologies

Martha Böhm, Paediatric Nurses Association, Austria [MB]  
Immacolata Dall'Oglio on behalf of Italian Nurses Association [ID]  
Frauke Leupold, Berufsverband Kinderkrankenpflege, Germany [FL]  
Franz Wagner, Germany  
Majda Oštir, Pediatric Nurses Association of Slovenia, Slovenia [MO]  
Britt Marie Ygge, Swedish Pediatric Nurses Association, Sweden [BMY]  
Claus Sixtus Jensen, Paediatric Nursing Association, Denmark [CSJ]  
Corry van den Hoed-Heerschop, Dutch Association of Paediatric Nurses, Netherlands [CvH]  
Simona Calza'll on behalf of Italian Nurses Association [SC]  
Orsola Gawronski, on behalf of Italian Nurses Association [OG] ([orsola.gawronski@opbg.net](mailto:orsola.gawronski@opbg.net))  
Agnes Van den Hoogen, President Nursing section of ESPNIC [AvH]

**1. Welcome/introductions**

DO welcomed attendees to Serbia. Attendees introduced themselves to each other. FS advised that several colleagues had planned to attend but due to illness, family bereavement or other congress commitments were unable to do so.

**2. Update of Children's Nursing in Serbia**

DO provided presentation (see attached). Serbia has a population of 7.4 Million people. The birth rate is 1.78 per woman. This is decreasing, with the resultant negative population growth. The average life expectancy is 74 for males and 76 years for women. Children and young people make up 22.13% of the population. The perinatal, neonatal and infant mortality rate has reduced since 1997.

Serbia has focused on achieving the Millennium goals, influencing policy and service priorities. One of the main goals is to decrease deaths of under 5's by 50%. Expected by 2012 mortality rate will be less than 5.1/1,000 live births. Under 1's deaths related to congenital conditions or birth related injuries. For older children

injuries and poisoning are the main causes of death. Morbidity of pre-school children morbidity is also related to respiratory conditions and gastrointestinal conditions. For 15-19 year olds deaths that are preventable relate to road traffic accidents, injuries and poisoning.

Health issues amongst children and young people include those related to risk taking behaviour such as smoking, consumption of alcohol, drugs and exposure to sexually transmitted diseases, as well as inadequate nutrition. Obesity is also a cause for concern and there is an increase in mental health problems, some of which are linked to the use of legal and illegal psychoactive substances. There is also a high incidence of violence and bullying, as well as other forms of abuse and neglect. Adolescents tend to under utilize health services.

The most common causes of admission to hospital include chronic diseases of the tonsil, kidney infections, inguinal hernias, bronchiolitis and high fevers.

In addition to recognising the Millennium goals, a lot of work has been undertaken in relation to children's rights (see presentation). This includes the – introduction of many protocols, guidelines and legislation, as well as the promotion of child friendly perspectives in hospitals.

The Nurses Association of Serbia is a professional non profit, nongovernmental organisation. There are 11 regional branches. 15,000 nurses and midwives are registered and licensed. The association was first established in 1929 as the Nurses Association of Serbia and Yugoslavia. The main objectives of the association today include participating in ICN and EFN initiatives, developing nursing and midwifery in Serbia, implementing continuous education, developing research and working with the Ministry of Health, Ministry of Education, Chamber of Nurses , Serbian Syndicate of Nurses, and other professional associations of nurses and midwives in Serbia and abroad. In Serbia there are 52,000; 4,548 registered nurses, 9.8% paediatric nurses

Activities include working with the Ministry of Health and others to produce the curriculum for paediatric nurses, and defining the minimum nurse staffing levels in line with PNAE recommendation. These are not yet in line with European standards but improvements are gradually being made. Work is also in progress to include quality and clinical and service standards, promote children's rights and activities to improvement the safety of children.

Nurses in Serbia are still currently educated in secondary school. This includes paediatric nurses. In line with reconfiguration of nursing education of all nurses – there are now 3 levels. Nurses have possibility of being educated to the 3<sup>rd</sup> level. 1<sup>st</sup> level includes basic studies 240 credits (basic vocational studies). 2<sup>nd</sup> level Masters level (5 years). Specialist vocational studies are 60 credits (1 year). 3<sup>rd</sup> level doctorate studies (180 credits). There is however a lack of opportunities to allow nurses to progress.

Mr Dragan Sasic, Director of the Chamber of Nurses and Health Technicians of Serbia [DS] attended and addressed attendees. He expressed support for the work of DO, the paediatric nursing association and recognised the importance of paediatric nurses in improving the care of children in hospital

FS thanked Mr Sasic for attending the meeting, particularly in light of his busy schedule that day.

## 2. Matters arising from notes of meeting March 2011

### 2.1 *Written updates for website*

[[http://www.rcn.org.uk/development/communities/specialisms/children\\_and\\_young\\_people/forums/other\\_forums\\_and\\_groups/paediatric\\_nursing\\_associations\\_of\\_europe](http://www.rcn.org.uk/development/communities/specialisms/children_and_young_people/forums/other_forums_and_groups/paediatric_nursing_associations_of_europe)]

FS confirmed that links to documents including meeting notes, position statements, contacts and information about each country have been re-established on the webpages.

It was agreed that an email address for a key contact in each country and a link to each countries paediatric nursing association website would be placed on the PNAE webpages.

The key contact will be the person to whom information, including agenda's and papers will be circulated. It will then be the responsibility of that person to cascade internally within their own country/Association as required.

#### **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**

### 2.2 *Examples of protocols and guidelines*

Information was circulated as requested following the March meeting. Further information about additional areas was requested:

- Protocols for paediatric nursing care – see <http://www.gosh.nhs.uk/health-professionals/clinical-guidelines/>
- Protocols for neonatology – see paediatric and neonatal intensive care - <http://www.gosh.nhs.uk/health-professionals/clinical-guidelines/>
- Protocols for pain therapy - see <http://www.gosh.nhs.uk/health-professionals/clinical-guidelines/good-practice-in-postoperative-and-procedural-pain-management/> ;  
[http://www.rcn.org.uk/data/assets/pdf\\_file/0005/109823/001597.pdf](http://www.rcn.org.uk/data/assets/pdf_file/0005/109823/001597.pdf);  
[http://www.rcn.org.uk/data/assets/pdf\\_file/0007/109825/001309.pdf](http://www.rcn.org.uk/data/assets/pdf_file/0007/109825/001309.pdf);
- [http://www.rcn.org.uk/data/assets/pdf\\_file/0004/269185/003542.pdf](http://www.rcn.org.uk/data/assets/pdf_file/0004/269185/003542.pdf);
- Protocols for haematological patients - see haematology - <http://www.childrenfirst.nhs.uk/health-professionals/clinical-guidelines/>
- Protocols for paediatrics and primary health care - see <http://guidance.nice.org.uk/CG47>; <http://guidance.nice.org.uk/CG54>;  
<http://guidance.nice.org.uk/CG99>; <http://guidance.nice.org.uk/CG116>;  
<http://guidance.nice.org.uk/CG84>; <http://guidance.nice.org.uk/CG57>;  
<http://guidance.nice.org.uk/CG111>; <http://guidance.nice.org.uk/CG28>;  
<http://guidance.nice.org.uk/CG112>; <http://guidance.nice.org.uk/TA131>;  
<http://guidance.nice.org.uk/TA10>; <http://guidance.nice.org.uk/CG128> and others  
via search at <http://guidance.nice.org.uk/> and  
<http://www.sign.ac.uk/guidelines/published/index.html>

- Standards for children's services – see
  - [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4090552.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4090552.pdf)
  - [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4090560.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4090560.pdf)
  - [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4090566.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4090566.pdf)
  - [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4104032.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4104032.pdf)
  - [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4067251.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4067251.pdf)
  - [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4090556.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4090556.pdf)
  - [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4090563.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4090563.pdf)
  - [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4104033.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4104033.pdf)
  
- Nursing standards and competences include see –
  - [http://www.rcn.org.uk/\\_data/assets/pdf\\_file/0010/378091/003823.pdf](http://www.rcn.org.uk/_data/assets/pdf_file/0010/378091/003823.pdf)
  - [http://www.rcn.org.uk/\\_data/assets/pdf\\_file/0006/327903/003822.pdf](http://www.rcn.org.uk/_data/assets/pdf_file/0006/327903/003822.pdf)
  - [http://www.rcn.org.uk/\\_data/assets/pdf\\_file/0015/401118/004118.pdf](http://www.rcn.org.uk/_data/assets/pdf_file/0015/401118/004118.pdf)
  - [http://www.rcn.org.uk/\\_data/assets/pdf\\_file/0005/276449/003053.pdf](http://www.rcn.org.uk/_data/assets/pdf_file/0005/276449/003053.pdf)
  - [http://www.rcn.org.uk/\\_data/assets/pdf\\_file/0007/338686/003845.pdf](http://www.rcn.org.uk/_data/assets/pdf_file/0007/338686/003845.pdf)
  - [http://www.rcn.org.uk/\\_data/assets/pdf\\_file/0010/78679/003003.pdf](http://www.rcn.org.uk/_data/assets/pdf_file/0010/78679/003003.pdf)
  - [http://www.rcn.org.uk/\\_data/assets/pdf\\_file/0004/259033/003317.pdf](http://www.rcn.org.uk/_data/assets/pdf_file/0004/259033/003317.pdf)
  - [http://www.rcn.org.uk/\\_data/assets/pdf\\_file/0011/78680/003004.pdf](http://www.rcn.org.uk/_data/assets/pdf_file/0011/78680/003004.pdf)
  - [http://www.rcn.org.uk/\\_data/assets/pdf\\_file/0003/78681/003005.pdf](http://www.rcn.org.uk/_data/assets/pdf_file/0003/78681/003005.pdf)
  - [http://www.rcn.org.uk/\\_data/assets/pdf\\_file/0006/393513/004121.pdf](http://www.rcn.org.uk/_data/assets/pdf_file/0006/393513/004121.pdf)
  - [http://www.rcn.org.uk/\\_data/assets/pdf\\_file/0004/78673/002792.pdf](http://www.rcn.org.uk/_data/assets/pdf_file/0004/78673/002792.pdf)

**Action:**

- Email FS – [fiona.smith@rcn.org.uk](mailto:fiona.smith@rcn.org.uk) if you would like further information and weblinks – **All**

**2.3 Links with ESPNIC & Competency Framework development- communication and feedback from new president**

AvH had sent apologies for the meeting. There was an ESPNIC conference scheduled for the same dates prohibiting attendance. IHD reported that the work had been passed to the scientific committee but work had not yet been undertaken.

**2.4 Feedback from president of EPA re potential future PNAE stream within EPA conferences (Excellence in Paediatrics in Turkey December 2011 and Euro paediatrics June 2013)**

KP and FS reported on discussions with Professor Andreas Konstantopoulos (AK) in Vienna, including negotiations concerning the 1<sup>st</sup> PNAE conference in Turkey and subsequent PNAE conferences as part of Europaediatrics. During the meeting AK highlighted the importance of formalising PNAE and establishing a constitution. KP presented key activities undertaken (see attached presentation) on behalf of the Chair of the Scientific Committee - Dr V Matziou concerning the PNAE-EPA collaboration. KP reminded attendees of the discussions at the previous meeting

reporting that Dr V. Matziou (VM) had met with AK) to discuss the possible collaboration between PNAE and EPA at the Faculty of Nursing in Athens (April 2011). During the meeting VM and AK also discussed the need for a formal constitution for PNAE and participation in future Europaediatrics. The possibility of joining Excellence in Paediatrics scheduled for 1-3 December 2011 in Istanbul (Turkey) with a nursing stream was also explored. This proposal was presented during the PNAE meeting in Ljubljana. PNAE partners agreed to organise the 1<sup>st</sup> PNAE congress. The Scientific Committee was subsequently formed with members from the Greek Paediatric Sector and in partnership with the Turkish Paediatric Association undertook to organise the 1<sup>st</sup> PNAE Congress (see attached presentation).

Attendees thanked KP, AK, Mrs Matziou and members of the Scientific committee, organising committee and local organising committee for their hard work and outstanding support. It was noted that it was important to establish a host country committee and contacts as soon as possible, and that there were problems initially with the website prohibiting submission of abstracts.

**Action:**

- Circulate final programme to PNAE members once available – **FS**

2.5 *New President of FePI*

Information provided by SC. Added to communications list

2.6 *Nurse Education survey findings*

Final summary of collated information received circulated. IHD reported that some changes were needed. Key overarching statistics presented at the March 2011 meeting to be incorporated into an introduction. Once the paper and letter are finalised, these will be circulated to representatives in each country for translation and circulation to key organisations and individuals as determined by each Paediatric Nursing Association

**Action:**

- FS to receive any amendments/additions to the Nurse education summary of findings by 18<sup>th</sup> November 2011 – **All**
- FS to receive any suggested amendments/additions to the covering letter by 18<sup>th</sup> November 2011 – **All**
- FS to finalise after 18<sup>th</sup> November 2011 and circulate to representatives for translation and dissemination – **FS**
- Representatives to translate and disseminate to key organisations and individuals – **All**

2.7 *Child Friendly Health Care – update*

FS reported that Ministers responsible for Health of the 47 member states of the Council of Europe signed a declaration and agreed the guidelines and explanatory memorandum at the end of September 2011 (see attached). It is envisaged that activity will be taken within each country to progress towards achievement of child friendly health care.

2.8 *Care of children with complex health needs, palliative care and end of life care*

Information and links to website previously circulated. Some attendees reported that they had not received.

**Action:**

- Re-circulate information and links to websites – **FS**

See below:

Policies

**Better care better lives**

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_083108.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_083108.pdf)

**Independent review of children's palliative care**

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_074698.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_074698.pdf)

Weblinks

<http://www.act.org.uk/>

<http://www.icpcn.org.uk/>

<http://www.childospice.org.uk/>

**3. Patient Safety Medication error**

KP provided feedback received from PNAE representatives and discussed the position statement content (see attached presentation).

**Action:**

- Presentation and draft position statement to be circulated - **FS**
- Representatives to advise KP of any amendments/additions required by 1<sup>st</sup> December 2011 – **All**

**4. Regulation and revalidation survey**

FS reported on progress (see attached). Some countries have not yet responded.

**Action:**

- Re-circulate survey to countries that have not yet responded - **FS**

**5. Code of ethics for paediatrics**

KP presented work to date (see attached). Draft statement discussed. Feedback received from some representatives Minor amendments suggested.

**Action:**

- Re-circulate draft position statement – **FS**
- KP to be advised of any further amendments/additions by 1<sup>st</sup> December 2011 – **All**
- Undertake English language check - **FS**

**6. Position statement to specify specific recruitment, selection and training for support roles within neonatal and paediatric areas**

Draft covering letter and survey discussed. Some amendments and additions to be made to the draft letter and survey before dissemination -It was recognised that this would be phase 1 and that further information or clarification may be required dependent on information received.

**Action:**

- Amend draft survey and covering letter and circulate – **FS**

- Present initial findings at the next meeting in March 2012 - **FS**

## **7. Current PNAE operating procedures and potential constitution development for PNAE**

FS introduced the discussion with an overview of the content of the PNAE operating procedures drafted in Copenhagen in 2005 and a short presentation. In discussion it was noted that

- The benefits included official recognition in own right by other organisations and bodies, engagement in activities initiated by others, other paediatric nursing associations not already part of PNAE may wish to join
- While there would be challenges to address it was agreed that PNAE should develop a formal constitution to be established as a formal organisation
- The abbreviation 'PNAE' was known. For the new Association PNAE should stand for Paediatric Nursing Association of Europe. The content of the constitution would need to clearly identify that the Association is made up of individual autonomous paediatric nursing associations in member countries.
- It was agreed that the objectives of the new association would be:
  - Enhance the care of children and adolescents across Europe
  - Use the UN Convention of the Rights of the Child to promote and advocate for the health and development of children
  - Encourage communication between paediatric nurses to help further the care of all children

and that these would be achieved by:

- Establish and communicate a clear vision for paediatric nursing across Europe
- Promote common standards in paediatric nursing practice, education, management, research
- Proactively inform and advise European organisations and others on paediatric nursing issues
- Communicate and collaborate with other organisations concerned with the health and welfare of children in Europe
- Membership at this point would not be open to individual paediatric nurses but this may be something that may be considered at some point in the future. Membership would be open to all Paediatric Nursing associations in Europe. In those countries where there is no national Paediatric Nursing Association a group of Paediatric Nurses linked to their National Nursing Association will be able to join
- There would be no membership subscription. This may be considered at some point in the future. It was felt this may prohibit participation. Income could be generated from events organised by the Association, grants, donations, legacies or sponsorship.
- There would need to be key roles such as a President/chairperson, secretary and treasurer. Each would also need an identified deputy. A minimum number would therefore form the 'board' of the Association. The duties of the President/chairperson would include:
  - supervision of the enforcement of the constitution and the regulations
  - and rules, and effecting the decisions of the association
  - presiding over the meetings of the Board of Officers and member associations

The duties of the secretary would include:

- management of the records of the Association
- keeping minutes of meetings

- conducting the correspondence of the Association
  - preparing an annual report on the course of events within the Association
- The duties of the treasurer would include:
- daily management of the funds and keeping the accounts of the Association
  - collecting claims and paying off the debts of the Association
  - preparing annual financial accounts
  - preparing the annual budget
- The constitution would need to identify how key roles would be appointed/elected, the length of terms of office and how key decisions would be made and agreed. This would include details about the minimum number of representatives necessary to agree key decisions.
  - The Board and the Association representatives would meet twice a year. The location will alternate between the member countries. Dates of meetings will be arranged between the Board members and the host country
  - Each member association will have the right to put forward items on the agenda of a meeting
  - Only member associations will have the right to vote (one vote per Association). There would be one official representative from the Association although additional members could attend association meetings to participate in discussions.
  - The 'Council' of Representatives shall take its decisions by a simple majority of votes
  - Key decisions will require a 2/3<sup>rd</sup> majority of total member representatives or a deputy acting on their behalf.

IHD identified from discussion that there may need to be the involvement of a specialised lawyer or law-office to assist in the development of the constitution. KP and FS reminded that attendees that VM and AK had already discussed and AK had offered PNAE the opportunity to use EPA lawyer expertise with no charge.

FS discussed interim steps and proposed the identification of a deputy co-ordinator. It was agreed that a formal deputy should be identified at this time. FS proposed Konstantinos Petsios (KP). FS enquired whether anyone else present would be interested in undertaking the role. No attendee wished to do so. The proposal from FS was seconded by Ingrid Hankes Drielsma. A vote was held. KP was elected unanimously to be the deputy co-ordinator of PNAE.

**Action:**

- 3-4 volunteers to prepare a draft constitution to be prepared in advance of the next meeting. Individuals interested in participating in the above work to advise FS by email by 18<sup>th</sup> November 2010 – **all**

**8. Any other business**

- FS reported that ESNO had rejuvenated and were holding a meeting at the same time as PNAE. Apologies were sent.
- FS advised representative that contact is received periodically by organisations and individuals seeking information or assistance from Paediatric Nursing Associations across Europe. Representatives are advised to make direct contact with the organisation or individual if clarification or further information is needed

- FS reported on the establishment and activities of a Pan Europe Infection Control Nurses network. FS will circulate further information

**Action:**

- Place on future PNAE meeting agenda - **FS**
- CR/IHD raised confusion related to ESPNIC congress. A significant number of paediatric focused papers had been submitted but rejected. It was noted that following the 1<sup>st</sup> PNAE congress in Turkey key information would be placed in Paediatric Nursing association newsletters and paediatric nursing journals about further conferences as part of Europaediatrics, highlighting the call for papers about the care of babies, children and young people
- IAPN conference scheduled 24-29<sup>th</sup> August in Melbourne, Australia as part of IPA. Australian Paediatric Nursing Association involved. Information previously circulated and placed on website. Further information can be found at <http://www2.kenes.com/IPA/Pages/home.aspx>

## 9. Future meeting dates/venues and locations

Attendees discussed the timing and locations of future PNAE meetings in light of PNAE congresses as part of Europaediatrics in June 2013 (Glasgow, UK) and June 2015 (Rome, Italy). It was agreed that a PNAE meeting would be scheduled as part of the PNAE conference where these were being held. PNAE meetings/venues re-scheduled as follows:

- **22<sup>nd</sup> and 23<sup>rd</sup> March 2012 – Hannover, Germany** **Please note the change in venue. Frauke Leopold has advised of the need to move the location to accommodate the meeting. Further details to follow**
- November 2012 – **Amsterdam – dates to be identified**
- June 2013 **Glasgow, UK** (linked to PNAE congress as part of Europaediatrics – dates to be confirmed)
- Winter 2013 - **host to be identified** ?Switzerland ?Greece
- April 2014 – **Norway** (dates and location to be confirmed)
- Autumn/Winter 2014 - **host to be identified**
- June 2015 **Rome, Italy** (linked to PNAE congress as part of Europaediatrics – dates to be confirmed)
- Winter 2015 - **host to be identified**

**Action:**

Hosts sought for the following meetings

- Winter 2013
- Autumn/Winter 2014
- Winter 2015

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](mailto:Fiona.smith@rcn.org.uk) ASAP

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

16.30 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.***