Earnest endeavours... expanding horizons

Having undergone undergraduate medical education in India about ten years ago, it was a wonderful experience to attend the 48th National Conference of The Indian Academy of Pediatrics – PEDICON 2011 at Jaipur, India between 19-23 January 2011 (FIGURE 1). It gave me the opportunity to learn about current paediatric practices in India and also to share some work done in the UK (FIGURE 2). The conference was more relevant in the context that the RCPCH, London is developing very close ties with the IAP, not only to conduct exams in India but also towards developing joint training and protocols for child care practitioners. The conference was attended by more than 6000 delegates and was graced by international experts such as Prof Andrew Bush, Prof William Hausdorff, Dr Walter Orenstein, Dr Keith S Reisinger, just to name a few.

In keeping with the Indian tradition, PEDICON 2011 was made more enjoyable by the cultural evenings organised by IAP for delegates after a hard day’s attendance at the scientific sessions. The theme for 20 January 2011 was ‘Padhaaro Mahare Desh’ meaning welcome to my land and the theme for 21 January 2011 was “Mahaaro Rang Rangeela Rajasthan” meaning my beautiful and colourful Rajasthan (FIGURE 3).

It was challenging to decide on what to attend and what to miss as about seven or eight different lectures or symposiums were happening at the same time. I would like to highlight a few aspects from the PEDICON 2011, which may be relevant to readers of Infant.

IAP RCPCH Continuing Medical Education
This was a whole day event with speakers from the UK and India. The topics I found particularly interesting regarding my practice were ‘Primary immune deficiency in children’ by Dr Nitin Shah (IAP), ‘Problems in the end-of-life care’ by Dr Frances Howard (RCPCH), ‘Septic shock recent trends in management’ by Dr Anami Gour (RCPCH), and ‘Respiratory support in bronchiolitis’ by Dr Roy Philip (RCP, Ireland).

Minimising childhood morbidity and mortality through vaccinations
The focus on mass immunisation still remains, but it was interesting to hear newer vaccines like rotavirus vaccine being discussed and actively considered by the IAP to prevent deaths from diarrhoeal illness in a developing country. Also the session on ‘Need of hepatitis A vaccine – Indian perspective’ by Prof Sheela Bhave was noteworthy as she reported that the children from higher and middle socio-economic groups were particularly vulnerable in their late childhood to suffer from this. The session on ‘Vaccines in office practice: case scenarios’ by Dr Kukreja, focused on challenging scenarios on vaccine administration.

Other interesting sessions
The guest lecture on ‘Newer concepts in
early childhood wheezing’ by Professor Andrew Bush and ‘Clinical approach to a child with stridor’ by Dr Deepak Ugra, were both thought provoking, and the panel discussion on ‘Addressing the complexities in management of paediatric asthma’ by Dr Y.K. Amdekar was really an eye opener.

Although the focus still remains on acute paediatric illness, it was really refreshing to know that children with learning problems are being given due consideration as highlighted in the ‘Poor scholastic performance’ symposium. The expertise of developmental paediatricians from the UK will be of immense help towards training and developing this service in India.

**Trainee presentations**

The conference report would remain incomplete without highlighting that trainees from India and abroad were given the opportunity to present their work through oral and poster presentations. The Abstracts handbook published by PEDICON 2011 contains a wealth of knowledge.

I found the research work on ‘Vitamin D and calcium supplementation in children with nephrotic syndrome’ by Dr S Choudhury really interesting and relevant to practice.

It was heartening to see paediatrics making such tremendous progress, however inequality in availability of specialist care remains, although the IAP protocols and guidelines have somewhat managed to address this issue by ensuring uniformity in care delivery. The demand always exceeds the supply in a nation like India and paediatricians are delivering their best to ensure children are well cared for.

**References**


2. PEDICON 2011 Abstracts, pp 294

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**British Association of Perinatal Medicine (BAPM)**

**NEW MEMBERS WELCOME**

Founded in 1976, the British Association of Perinatal Medicine’s primary aim is to improve the standard of perinatal care in the UK. BAPM welcomes applications from all those with an active interest in the field of perinatal medicine in particular nurses, midwives, doctors in training and allied health professionals.

Benefits of becoming a member of BAPM include opportunities to contribute to the advancement of perinatal medicine in the following ways:

- By joining one of our working groups
- By applying to be a representative on our Executive Committee
- By representing us at meetings
- By signing up for our advisory panel and commenting on new policy documents and guidelines

Other reasons to join BAPM include:

- Regular email bulletins and electronic newsletters
- Registration at our Annual General & Scientific Meeting
- Registration at our annual Perinatal Trainees’ Meeting
- Free access to Infant journal

If you are interested in becoming a member or simply want to find out more, please visit the BAPM website www.bapm.org. Alternatively email or telephone the BAPM office bapm@rcpch.ac.uk, tel: 020 7092 6085/6086.

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