Background
In recent years, the APA membership has grown enormously and its activities have become complex and broad. It fast became evident that the Association needed the services of a professional administrator to oversee and coordinate the increasing number of tasks required to run it effectively and provide a good service to members. Regrettably, these needs outgrew what the Royal College of Anaesthetists (our previous secretariat) was easily able to provide to us amongst all its other activities.

After much deliberation within Council and several discussions with Kevin Storey (the College’s Chief Executive), the APA entered into formal negotiations with Iain Wilson (AAGBI Honorary Treasurer), Nicola Heard (AAGBI Events Manager) and Busola Adesanya-Yusuf (AAGBI Specialist Societies Unit Co-ordinator) with the intention of transferring the APA Secretariat to the AAGBI. A service contract was agreed and signed by Iain Wilson and Neil Morton (as APA President) in July with the move effective from the 14th September.

The APA at the Specialist Societies Unit
The AAGBI Specialist Societies Unit was started up in 2003, to provide a solid administrative base for specialist societies in Anaesthesia. The unit has grown quite substantially over the years and now administers the affairs of 15 Specialist Societies.

Contacts
Busola is the APA’s nominated link, although there are robust arrangements with the Specialist Societies Unit to cover leave. You can contact the APA By email:

APAGBladadministration@aagbi.org

And finally… …
I would like to formally note thanks, on behalf of the APA, to several individuals at the College for the conscientious and exemplary support over recent years, notably Alison Clark for managing the membership database and direct debits, Edwina Jones and Mandie Kelly for the Website and Craig Miller and Karen Slater for day-to-day administration.

By post:
APAGBI
21 Portland Place
London
W1B 1PY

Or by phone: 020 7631 8887
(Answer-phone out of hours)

Future Relationship with the College
The move to the AAGBI was a pragmatic decision made to better support the APA’s expanding remit and activities. The Association enjoys a very warm professional relationship with the College (facilitated in no small part by Dr Maria Rollin, who represents the College on APA Council), which will continue to develop in the future.

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Annual Scientific Meeting
Planning for the ASM in Glasgow in May 2010 is well advanced and your scientific committee, in liaison with Canadian colleagues, has created an excellent programme with an outstanding international faculty. I very much look forward to welcoming you to my home city of Glasgow next year. Work is now about to start on the programme for the Peninsula ASM 2011, which will be held at the seaside in Torbay.

Care Quality Commission
We recently had another meeting with the Care Quality Commission (CQC), the independent regulator of health and social care in England, to discuss safeguarding training, quality metrics for paediatric anaesthesia services, NHS passports and revalidation. The CQC informed us about new legislation in England, to be enacted in April 2010, on registration of clinical services and hospitals (see http://www.cqc.org.uk/newsandevents/newsstories.cfm?cit_id=35377&FAArea1=customWidgets.content_view_1&usecache=false). We expressed concern that anaesthetic services and paediatrics did not seem to appear at all in the consultation documents!

Safeguarding of children
The Department of Health has now produced e-Learning modules appropriate for generic level 1 and 2 safeguarding training. The APA is working with the RCPCH and others to develop some specialty-specific safeguarding competencies and training materials building on the joint report from 2007.

New Committee Structure
Two important new committees have been formed, namely Education & Training (Chair: Alison Carr) and Professional Standards (Chair: Peter Crean). There has been an excellent response to the advertisement for members to serve on the Education & Training Committee.

Training Capacity Survey
An electronic survey concerning training capacity will be sent to Linkmen and College Tutors in November 2009.

Paediatric cardiac services review
A national review of standards and services for paediatric cardiac surgery is well underway with the aim of making the services in England safe and sustainable (see http://www.specialisedcommissioning.nhs.uk/index.php/key_programmes/#cardiac_surgery_services_programme). The APA, Association of Cardiothoracic Anaesthetists and the Royal College of Anaesthetists are trying to secure adequate representation on the steering group and regional working groups. The draft standards are out for consultation and the APA will submit comments, particularly in view of the dearth of detail about paediatric cardiac anaesthesia in the documents. The recently formed Congenital Cardiac Anaesthesia Network is also going to submit feedback co-ordinated by Dr Ian James. A national stakeholders’ meeting was held on 22nd October 2009.

Paediatric neurosurgery services review in England
An analogous process is taking place to establish safe and sustainable paediatric neurosurgery (see http://www.specialisedcommissioning.nhs.uk/index.php/key_programmes/#neurosurgery_services_programme). Once again, representation from our specialty was not correctly sought and the APA and Royal College of Anaesthetists have now secured official representation on the steering group, along with the Paediatric Intensive Care Society. A national stakeholders’ meeting is to be held on 30th November 2009. I have also had very useful discussions with members of the Neuroanaesthesia Society of Great Britain and Ireland and we have agreed that it would be helpful to form a Paediatric Neuroanaesthesia Network using the Congenital Cardiac Anaesthesia Network as a model. A first meeting is planned for early 2010.

European Society of Paediatric Anaesthesiology
I was delighted to learn that the new European Society of Paediatric Anaesthesiology has been formed and, although this may result in a fall in the overseas membership of the APA, I think this new society is a very timely development. I would like to pass on best wishes from the APA to the new society and its first President, Dr Marcin Rawicz from Warsaw in Poland.
As announced at the Annual General Meeting in March, Council have established two new Committees and re-established the Scientific Sub-committee as a full Committee (see Figure 1).

The Professional Standards Committee, chaired by Dr Peter Crean, will oversee the Clinical Guidelines and Peer Review Sub-committees, the Linkman Scheme, the Child Information Project and co-ordinate some national audits. Dr Alison Carr has been elected by Council to chair the Education & Training Committee, which will lead on all related aspects including developing recommendations on appropriate CPD for Consultants and non-career grade doctors; providing advice to other organisations (when invited to) on, for example, the curriculum for specialist training and re-validation; and providing information to trainees about Fellowships in paediatric anaesthesia. Both committees plan to meet at least once a year, with the first meetings scheduled in October. The Scientific Committee, chaired by Professor Andy Wolf, will continue to organise the Annual Scientific Meeting (in collaboration with local teams); promote audit and research and liaise with other groups (for example, the Medicine for Children Research Network and the Paediatric Intensive Care Society) to advance the science of paediatric anaesthesia. Both the Scientific and Education & Training Committees include APA Members appointed after formal application.

We hope that the new arrangements will provide a more effective framework for the increasing number of projects, especially when these overlap, and allow the APA to better draw on the expertise within the wider Association.

Figure 1: New APA committee structure

The Association of Paediatric Anaesthetists of Great Britain & Ireland is a UK Registered Charity. UK Registered Charity Number—1128113
Background

The Association of Paediatric Anaesthetists of Great Britain and Ireland (APA) is keen to maintain links with all paediatric anaesthetists, particularly those working in non-specialist hospitals. This allows us to disseminate relevant information more effectively, consult more widely on aspects of clinical practice and service models for children’s surgery, and obtain feedback from those actually providing these services. Effective links are very important because the APA is often asked by other bodies, such as the Department of Health and the Royal Colleges, for professional advice. Almost all hospitals that provide surgical services for children have appointed Clinical Leads for Paediatric Anaesthesia. The Council of the APA concluded that the best way of improving our links would probably be through these individuals.

Linkman database

Since 2005 a database of members has been maintained, and is currently managed by the AAGBI Specialist Societies Coordinator (contact details below). We would encourage any Lead Paediatric Anaesthetists not currently registered as Linkmen to do so, by e-mailing the APA (APAGBladministration@aagbi.org). We would be grateful if those already registered as Linkmen or contacts for regional groups could help us to keep the database up-to-date by notifying changes in either their own details or those subsequently assuming the lead role from them.

Association of Paediatric Anaesthetists of Great Britain & Ireland
21 Portland Place
London
W1B 1PY
Tel: +44 207 631 8887
Fax: +44 207 631 4352

Opportunities

The Linkman Scheme offers the APA an excellent opportunity for communication with both those clinicians who actually provide anaesthetic services for children and the various regional groups that support them. Already, we have used the register to audit institutional practice for the re-use of disposable paediatric circuits (which will inform the APA’s revised guidance on breathing filters) and the current provision of acute pain services for children in the light of recommendations made with the National Services Framework by the Department of Health. The database has also been extensively used to disseminate information and surveys, on various issues including training, child protection and resuscitation skills.

We are also developing a secure section for Linkmen on the APA website http://www.apagbi.org.uk/index.asp?PageID=1. This is only available to APA members. I would be very pleased to receive content for the site, which can be forwarded to the APA email (as above).

Meetings

The first Linkman Meeting at the Royal College of Anaesthetists was held on the morning of the 17th November 2006. This has become an established annual event, and following comments by Linkmen about involving regions, the 2009 meeting will be held in Cardiff City Hall on 24th November (http://www.apagbi.org.uk/index.asp?PageID=4#2010).

Conclusion

The Council of the APAGBI view the Linkman Scheme as a very positive development that we hope will strengthen our relationships with those anaesthetists providing paediatric services at the ‘coal face’. We would encourage any Lead Paediatric Anaesthetists not currently registered as Linkmen to do so, by e-mailing the APA (APAGBladministration@aagbi.org). We would be grateful if those already registered, either as Linkmen or contacts for regional groups, to help us to keep the database up-to-date by notifying changes in either their own details or those subsequently assuming the lead role from them.
Representatives of the 3 bodies met to discuss progress with indicators in acute paediatrics, which were included in the March 2009 Healthcare Commission report “Improving Services for Children in Hospital”.

2 areas of training formed the main topic of discussion:

1. **Resuscitation Training**

The Healthcare Commission (now the Care Quality Commission (CQC)) has recognised that certification in an advanced paediatric life support course may not be the most appropriate indicator for all consultant anaesthetists. The APA has produced a draft document which outlines the means by which consultants in anaesthesia may maintain their skills (see APA website). Whilst recognising the value of the approved courses, we believe locally verifiable training may be appropriate, preferably adopting a team approach. We have sent out a questionnaire to Linkmen, based on this model and asking for their views on delivery of training. We would welcome further feedback from all members, particularly on the use of scenario training. We would hope to include our suggestions, which were well received by the CQC, in re-certification documentation.

2. **Safeguarding Training**

Since our last meeting the CQC have published their “swift” review of Safeguarding Services that looked at both acute trusts and Primary Care Trusts in England. The number of anaesthetists who have undergone level 2 training was assessed. It was noted that we were one of several groups (including general practitioners and dentists) in whom training levels were relatively poor. However, many anaesthetists will now have undertaken, or be about to undertake, level 2 training, as this is a requirement for all those who look after children and young adults under 16 years. We would wish to inform members that the awaited level 1 and 2 Department of Health (DH) modules are now available through e-Learning for Anaesthesia (www.e-la.org.uk or via DH e-Learning for health portal) - see “mandatory” modules. This should be read alongside the profession specific module already on the website. It is also a recommendation of the 2006 intercollegiate document that all health care workers who work regularly with children should have level 3 training. At present many of the competencies described are inappropriate for non-paediatricians. We are seeking to meet urgently with the RCPCH to review these competencies and would then hope that more “profession-specific” training material will emerge. Meanwhile, we would also direct members to the updated references placed on our website in July 2009 (see http://www.apagbi.org.uk/docs/SafeUpdate2009.pdf) and in particular the NICE guidance published earlier this year.

Other topics explored were the idea of NHS Passports to better enable medical staff of all grades to undertake CPD in other Trusts without lengthy and costly checks on Safeguarding etc. We also heard about the CQC’s emerging role in the registration of Trusts in England, which is currently still being consulted upon as part of the framework for Quality accounts to be introduced in England from April 2010.

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FEAPA changes into a Society – free Founding Membership

A report from the Vice-President of ESPA
Dr George Meakin
george.meakin@manchester.ac.uk

Vice-President of the European Society of Paediatric Anaesthesiology (ESPA), Immediate Past President APA and Consultant in Paediatric Anaesthesia, Royal Manchester Children’s Hospital

Some time ago, I advised in these pages that the Federation of European Associations of Paediatric Anaesthetists (FEAPA) was planning to change from a Federation to a Society with individual membership. I am pleased to tell you that, after several years in development, the new statutes of the European Society for Paediatric Anaesthesiology (ESPA) were finally approved by the FEAPA European Advisory Panel meeting on Wednesday 9th September in Warsaw. Accordingly, at the opening ceremony of the FEAPA Congress 2009, I was able to announce the launch of ESPA and invite delegates to join as Founding Members.

Founding Membership in all categories (active, affiliate, trainee) is offered free of charge to all eligible applicants during the first financial year of ESPA (i.e. up to 30th June 2010). Thereafter, a small annual fee of 30 Euros will be payable. Membership benefits include:

- The right of active members to propose and elect the members of the Executive Board of ESPA
- Reduced subscription rate for the journal Pediatric Anesthesia
- A reduced registration fee for Annual ESPA Congresses.

By the close of the congress, we had received over 160 application forms and hope to get many more through our on-line form, which you can find at http://www.feapa.eu/members/membership/registration.html.

The APA would like to encourage as many of its members as possible to take advantage of the free offer of Founding Membership of ESPA to ensure that the UK and Ireland will be well represented in forthcoming elections to the ESPA Board. Self-nomination is encouraged and the result of the election will be determined by a simple majority of votes cast through the ESPA website. The Board is limited to 10 members with no more than two working or living in the same country.

For further details of the election and other ESPA news, including our congress in Berlin on the 2nd - 4th September 2010, please visit the ESPA website on www.feapa.eu.

SAFE ANAESTHESIA GROUP
~ An Update

The Safe Anaesthesia Liaison Group (SALG) was formed recently with joint representation from the Royal College of Anaesthetists (RCoA), the Association of Anaesthetists of Great Britain and Ireland and the National Patient Safety Agency (NPSA) to provide timely development and execution of responses to critical incidents reported to the NPSA. Advisory members have been nominated by specialist societies, including the APA, and act largely as ‘corresponding’ members. They may be required to attend or be asked for advice if there are specific cases within their area of expertise and also act to disseminate information to members of their professional bodies.

Since the group was formed in March 2009, I have responded on behalf of Council to several consultations including draft NPSA guidance on delayed or omitted medications and reporting serious untoward incidents. I have posted some documents on the APA website, but also suggest that members keep an eye on the ‘safety alerts’ area of the RCoA site, which contains recommendations from both the NPSA and the Medicines and Healthcare Products Regulatory Agency (MHHRA).
The move of support services for the APA from the Royal College of Anaesthetists to the Association of Anaesthetists of Great Britain and Ireland has now been completed and the **database of trainees** is currently being updated. This will hopefully enable the APA to request a yearly update of contact details from trainees and also manage the transition between consultant and trainee membership more smoothly (as in the past this has led to some members being issued with two membership numbers). However, if you are still not receiving either e-mail or postal communications from the APA then please contact Busola Adesanya-Yusuf at APAGBladministration@aagbi.org in order to update your details.

A **database of Fellowships in Paediatric Anaesthesia** in the UK is now available, published both in this newsletter and on the APA website. This is a ‘live document’ and we would welcome information from you about other fellowships in the UK and also overseas. We hope that the information will assist those who are planning careers in paediatric anaesthesia to access the specialist training that is available. To obtain information about other training opportunities, including those in non-specialist centres, Dr Philippa Evans (formerly the Trainee Representative on APA Council) is leading an APA project to try to determine the **unused training capacity for paediatric anaesthesia in the UK** through an electronic survey of all NHS hospitals in the UK. The aim is to establish a web-based information system to allow trainees to identify those hospitals where training is available but unused.

Future projects relevant to trainee members include a **database covering courses related to paediatric anaesthesia**. As study leave budgets become more restricted, it is important to ensure that courses are of a high standard and appropriate to the stage of training. The **website** is also due to be revamped with links to educational resources appropriate to APA members. As always, trainee members are invited to contribute to the website either through the trainees’ forum or by contacting Dr Tony Moriarty, TONY.MORIARTY@bch.nhs.uk directly, especially if you have any courses or meetings you want to advertise.

I would also like to remind you of next year’s **Annual Scientific Meeting, Glasgow 13th - 14th May 2010**, for which there will be a call for abstracts in the near future. There will be a trainees’ prize for both best oral and best poster presentation.

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**Safeguarding children – An update**

Earlier in the summer we placed a summary of what had been published and some key references on the APA website (see [www.apagbi.org.uk/docs/SafeUpdate2009.pdf](http://www.apagbi.org.uk/docs/SafeUpdate2009.pdf)). Further to this, generic level 1 and 2 training has now become available via e-Learning for Health accessible via the e-Learning for anaesthesia portal. There is also a short specific module covering what to do if one suspects safeguarding issues whilst a child is in theatre. This is intended to complement level 1 and 2 training, and based on the joint document from 2007.

We have concerns that the level 3 competencies, as described in the 2006 intercollegiate document may be inappropriate for practicing paediatric anaesthetists and have written to Professor Terence Stephenson, President RCPCH, to seek a meeting to discuss this further. We would like competencies to be defined for the whole of the UK, and will of course involve the Royal College of Anaesthetists in further discussions.

In August, we were asked by the Department of Health (DoH) in England to complete a questionnaire on what training was currently been delivered to our membership. We assume that this may be part of a scoping exercise and as a possible preliminary to the DoH developing level 3 training, possibly as an e-Learning module.
The aims of the APA are principally to promote high standards of anaesthetic and surgical care for children through education and research. With these in mind, we contacted colleagues in specialist hospitals to obtain information about Fellowships in Paediatric Anaesthesia that are available (see Table 1). The rationale was to provide advice to those trainees planning a career in paediatric anaesthesia about some of the options. In this post-MMC world of ‘run-through’ training (although decoupled between core and specialty trainees), the timetable for completing compulsory modules is becoming ever tighter. Those trainees wishing to pursue careers in the sub-specialties, such as paediatrics, need to plan their higher or advanced training early. This is essential if they plan obtaining Out Of Programme Experience for Training (OOPT) or Research (OOPR), formerly known as Out of Programme Experience (OOPE), as ‘the OOPT post must have been prospectively approved by PMETB with support from the Dean and the College; several months should be allowed for this’ (emphasis from the Royal College of Anaesthetists). Although the process of advertising and appointing medical jobs can appear haphazard, (as described in BMJ Careers, for example), some positions arise regularly. Knowing this in advance means that you can start preparing your CV well before an advert hits the press, with the fine tuning according to the final job description.

As you can see from Table 1, Fellowships are aimed at those wishing to spend 12 months in a children’s hospital in pursuit of specialist paediatric experience, and as such the person specification corresponds with this. Applicants should hold the FRCA (or equivalent) and, for the majority of posts, be in training years ST 5 - 7 (or SpR 3 - 5). However, some posts insist that applicants have significant previous paediatric experience or hold the Certificate of Completion of Training (for ‘post-CCT Fellowships’).

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Number of posts</th>
<th>Type of post</th>
<th>Applicant requirements</th>
<th>Contact details</th>
<th>Interview/ start dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alder Hey Children’s Hospital, Liverpool</td>
<td>4</td>
<td>9 months anaesthesia, 3 months PICU</td>
<td>Post fellowship or post-CCT</td>
<td>Dr Frank Potter <a href="mailto:frank.potter@alderhey.nhs.uk">frank.potter@alderhey.nhs.uk</a></td>
<td>No set times</td>
</tr>
<tr>
<td>Birmingham Children’s Hospital NHS Trust</td>
<td>1</td>
<td>10 months anaesthesia, 2 months PICU</td>
<td>Post fellowship or post-CCT</td>
<td>Dr E Carver <a href="mailto:ed.carver@bch.nhs.uk">ed.carver@bch.nhs.uk</a></td>
<td>Interview October / November Start May 1st</td>
</tr>
<tr>
<td>Hospital</td>
<td>Number of posts</td>
<td>Type of post</td>
<td>Applicant requirements</td>
<td>Contact details</td>
<td>Interview/ start dates</td>
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</tr>
<tr>
<td>Freeman Hospital Newcastle upon Tyne</td>
<td>2</td>
<td>12 months cardiac anaesthesia</td>
<td>Post CCT if UK trainee; overseas applicants must have equivalent experience</td>
<td>Dr Simon Haynes <a href="mailto:simon.haynes@nuth.nhs.uk">simon.haynes@nuth.nhs.uk</a></td>
<td>? April / May start</td>
</tr>
<tr>
<td>Great Ormond Street Hospital for Children (a)</td>
<td>6</td>
<td>9 months anaesthesia, 3 months PICU</td>
<td>Within 2 years of CCT or one year post-CCT</td>
<td>Dr Glyn Williams <a href="mailto:willig3@gosh.nhs.uk">willig3@gosh.nhs.uk</a></td>
<td>Start dates February, May, August and November</td>
</tr>
<tr>
<td>Great Ormond Street Hospital for children (b)</td>
<td>1</td>
<td>12 months cardiac anaesthesia</td>
<td>Within 2 years of CCT or one year post-CCT, and one year of previous experience in paediatric anaesthesia</td>
<td>Dr Glyn Williams <a href="mailto:willig3@gosh.nhs.uk">willig3@gosh.nhs.uk</a></td>
<td>Filled until February 2011</td>
</tr>
<tr>
<td>Great Ormond Street Hospital for Children (c)</td>
<td>2</td>
<td>12 months anaesthesia</td>
<td>Within 2 years of CCT or one year post-CCT, and one year of previous experience in paediatric anaesthesia</td>
<td>Dr Glyn Williams <a href="mailto:willig3@gosh.nhs.uk">willig3@gosh.nhs.uk</a></td>
<td>November</td>
</tr>
<tr>
<td>Royal Hospital for Sick Children, Glasgow (a)</td>
<td>1</td>
<td>12 months anaesthesia</td>
<td>Post-CCT</td>
<td>Dr Ross Fairgrieve <a href="mailto:Ross.Fairgrieve@ggc.scot.nhs.uk">Ross.Fairgrieve@ggc.scot.nhs.uk</a></td>
<td>Interview March / April, start August</td>
</tr>
<tr>
<td>Royal Hospital for Sick Children, Glasgow (b)</td>
<td>2</td>
<td>6 months anaesthesia, 6 months PICU</td>
<td>Post-CCT</td>
<td>Dr Ross Fairgrieve <a href="mailto:Ross.Fairgrieve@ggc.scot.nhs.uk">Ross.Fairgrieve@ggc.scot.nhs.uk</a></td>
<td>Interview March / April, start August</td>
</tr>
<tr>
<td>Royal Hospital for Sick Children, Glasgow (c)</td>
<td>1</td>
<td>9 months anaesthesia, 3 months PICU</td>
<td>ST 5-7 or SPR 3-5</td>
<td>Dr Phil Bolton <a href="mailto:Philip.Bolton@ggc.scot.nhs.uk">Philip.Bolton@ggc.scot.nhs.uk</a></td>
<td>Interview March, start August</td>
</tr>
<tr>
<td>Bart's and The London NHS Trust</td>
<td>1</td>
<td>6 months anaesthesia, 6 months PCCU</td>
<td>Within 2 years of CCT or one year post-CCT, and one year of previous experience in paediatric anaesthesia</td>
<td>Dr Anil Visram <a href="mailto:anil.visram@bartsandthelondon.nhs.uk">anil.visram@bartsandthelondon.nhs.uk</a></td>
<td>Interview October, start February</td>
</tr>
</tbody>
</table>

Table 1: Fellowships in paediatric anaesthesia in the UK
CCT - Certificate of Completion of Training; PICU - Paediatric Intensive Care Unit, PCCU - Paediatric Critical Care Unit; ST - Specialty Trainee; SPR - Specialist Registrar

Table 1 is not an exhaustive list but a resource to help you plan your career. There are other training opportunities in paediatric anaesthesia, both within currently existing programmes and overseas. However, for those who aspire(s) to a career in full-time paediatric anaesthesia, either in a specialist paediatric hospital or a tertiary referral centre, or a trainee wishing to assume the role of lead consultant for paediatric anaesthesia in a district general hospital4, then the experience that these kind of fellowships provide will prove invaluable. If you are interested in any of these positions then we suggest that you contact the relevant departments directly, as appointments will be dealt with locally and exact timings may be subject to change.

References
2. Royal College of Anaesthetists. The CCT in anaesthetics IV: Competency Based Higher and Advanced Level (Specialty Training (ST) Years 5, 6 & 7) Training and Assessment A manual for trainees and trainers (Interim Edition). January 2007; Amendment 2 April 2009
In 2001, Wayne Jowett died after vincristine was inadvertently injected into his spine (instead of intravenously). In 2004, Myra Cabrera died when bupivacaine (instead of colloid) was rapidly infused intravenously to manage a post-partum bleed. In 2007, Joe Gibbs died from a similar error when confusion between lines lead to hypotension (caused by an epidural bolus) being treated with a large bolus of intravenous bupivacaine.

Each of these deaths occurred because of a ‘wrong route’ error. Following Wayne Jowett’s death, Professor Brian Toft included a number of recommendations in his report on the case, and in the UK (but not elsewhere), there have been no recurrences. However, the possibilities of intrathecal injection of a drug intended for intravenous use or of intravenous administration of local anaesthetic intended for regional anaesthesia remain clear and present dangers.

Although Professor Toft recommended, in the strongest terms, engineering a solution to the problem, almost a decade on it has not been. In July 2009, the House of Commons Health Select Committee Report into Patient Safety voiced its dissatisfaction at such a delay. The National Patient Safety Agency (NPSA) has determined to resolve this as soon as is practicably possible.

There are two elements to the drug delivery system that require attention:

**The Luer connector**, almost universal in medical practice since the 19th Century, needs to be removed from all regional anaesthesia equipment and replaced with a connector that has the same utility but no cross-compatibility

A ‘spike’ solution is required that prevents a giving set for the delivery of intravenous fluids being attached to a bag containing potent local anaesthetic (principally bupivacaine and similar drugs)

Without such ‘engineered solutions’ deaths by both mechanisms described above will remain possible and, though rare, probably inevitable.

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The inertia in producing a non-interchangeable connector has many causes. Manufacturers have been reluctant to invest time and resources developing devices which may not meet an agreed European or International Standard, so would prefer to wait for that to have been defined. The Standards process is inevitably long-winded and bureaucratic, requiring agreement between many national and international bodies with a drawn-out decision-making and review timetables. Professional organisations, such as those we represent, will not endorse any one product as the ‘preferred’ option.

The ideal solution would be the rapid development of a single international standard for each problem, without intellectual property rights, approved and supported by clinicians, which all manufacturers could adopt and bring into production and which would be fully clinically evaluated before distribution. The solution would have little increased cost. Unfortunately, ideal solutions rarely happen!

After some years of disputing the need for safer regional anaesthesia delivery systems, the International Standards Organisation has now commenced work on the ‘Luer solution’, but it will be several years until a standard is agreed.

**Action by the NPSA**

In the meantime, the NPSA has decided that time enough has passed and is about to force the issue by issuing a Patient Safety Alert requiring all hospitals (both NHS and independent sector) in England and Wales to introduce connectors and spikes for regional anaesthesia that will not connect to intravenous systems. The ‘whole system’ requirement will extend not only to spinal, epidural and peripheral block needles, but also to catheters and infusion bags; it must not be possible to connect a bag or syringe of local anaesthetic to, for example, an intravenous cannula.
There are clearly problems associated with any solution. There will be issues around procurement and cost, and the roll-out of any changes so at some stage some hospitals will continue to use the Luer connectors, whilst neighbours may have converted to the safer system; there has been much discussion about 'big bang' versus staged introduction. Many will question the need of such a change and rehearse the arguments against it. But be in no doubt, THIS IS GOING TO HAPPEN!

Frequently asked questions

Q. What is happening now?
A. The NPSA has set up an External Reference Group to oversee the introduction of a safer regional anaesthesia delivery system. Anaesthesia is represented by the Association of Anaesthetists of Great Britain and Ireland, the APA, the Obstetric Anaesthetists Association and the Royal College of Anaesthetists through the authors of this article. We are in close contact and hope to present a common voice: of the over thirty stakeholders we represent the majority of those who can actually perform any of the procedures being discussed!

Q. Do engineered solutions exist?
A. Yes they do, but they have not been adequately evaluated either in simulated or clinical conditions. Such evaluation is an urgent priority.

Q. What do you need to do now?
A. Not much, but be aware that change is coming, and rather soon.

Q. What do you need to do shortly?
A. Find out which design(s) are being proposed, and engage with the clinical trials and testing. Clinical engagement is vital if we are to avoid being forced to accept products that either do not work or are less easy to use than the current equipment.

Q. What will you need to do later?
A. Once the Patient Safety Alert is issued, engage with your local processes to make sure this is a priority for your organisation. Think about procurement, implementation and training. Don’t forget those with occasional use of regional anaesthesia equipment such as medicine, paediatrics, oncology and haematology for lumbar puncture and intrathecal drug administration. Make sure again that you present a common voice in your hospital.

We will continue to keep you informed of developments through our respective newsletters, journals and websites.

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APA MAILINGS
We are keen to circulate as much material as possible electronically. Please keep your contact details up-to-date.

You can notify us of any changes by completing the ‘Change of address form’ at:
The APA has supported the development of clinical guidelines over the past few years to spread the word about best practice. Guidelines on pain management\(^1\), perioperative intravenous fluid therapy\(^2\) and post operative nausea and vomiting\(^3\) have been published. These have been very well received and are proving very useful.

Currently, a further six guidelines are under development. The guideline into management of the difficult airway in children was presented in at the Annual Scientific Meeting (ASM) in Brighton. A further four guidelines will be discussed at the ASM in Glasgow next May. The pain guideline is also going to begin its first review in the beginning of 2010.

The Guidelines Sub-Committee has been looking at improving access to guidelines and allowing communication with the Chairs of the guideline groups. It will give more information about those guidelines under development and their progress. This, I hope, we can develop via the website. In particular, we wish to develop the idea of a ‘Sounding Board’ of paediatric anaesthetists who would be prepared to be involved in reviewing guide lines at the final draft stage of development.

The Sub-Committee plans to consider developing one to two new guidelines each year. If you have any ideas that it could consider or if you wish to be involved as a member of the ‘Sounding Board’ please do not hesitate to contact me at charles.stack@sch.nhs.uk.


The APA recently established a new Education and Training Committee to support its membership. The Committee will lead on education and training issues and revalidation for the APA. Its remit is to provide information and advice on education, training and continuing experience in paediatric anaesthesia to our Members and APA Linkmen and develop appropriate resources to support their development.

The Education and Training Committee first met in October to consider the breadth of projects that the Committee might work on. We will look across undergraduate and postgraduate medical education and training and work on projects with relevant bodies to support the education and training of anaesthetists who work with children. The Committee will also help promote paediatric anaesthesia as a career choice at medical school and to our trainees and support those interested in pursuing a career in anaesthesia for babies and children.

The Committee includes APA Council Members with related responsibilities, such as the Linkmen Coordinator, the Chair of the Professional Standards Committee and our Lay and Trainee Representatives. In addition, APA Members with relevant expertise were invited to apply for join. We received many excellent applications and it was a very difficult task to select the final five.

They are:
- Teresa Dorman (Sheffield)
- Ralph MacKinnon (Manchester)
- Jonathan Purday (Exeter)
- Mark Thomas (London)
- Josie Brown (Leeds)

In addition several applicants, unsuccessful this time, have offered their expertise to help with projects of interest to them.

The APA is delighted with the enthusiasm that has been shown towards this Committee, which is looking forward to working on behalf of the APA on education and training matters.
The APA has for many years conferred Honorary Membership on paediatric anaesthetists and others who have made an outstanding contribution to paediatric anaesthesia. One of the first to be accorded this honour was Thomas Philip Ayre (1901 - 1979), whose name will forever be associated with the T-piece breathing system, first described by him in 1937. Ayre devised the T-piece in order to overcome the difficulties he had been encountering when providing anaesthesia for cleft lip and palate surgery in infants, which he famously described as ‘a protracted and sanguinary battle between surgeon and anaesthetist with the unfortunate patient as the battlefield’. Born in London, Ayre spent all his working life in the Newcastle upon Tyne region. He was an outstanding teacher and a regular contributor to the anaesthetic literature, writing on such diverse subjects as awareness, anaesthesia for neurosurgery and the anaesthetic record. He was both intrigued and amused by the numerous modifications and adaptations of his original T-piece, writing in 1967 that it ‘by now must surely have as many variations as the well-known manufacturer of canned soup and baked beans’. He never claimed to really know how it worked and expressed the hope, in the same year, that ‘perhaps someone would be kind enough to explain it to me sometime!’

Ayre’s final paper, an editorial in Anaesthesia published after his death in 1979, was on the subject of piped music or ‘Musak’ in the operating theatre. Writing in his usual witty manner, Ayre expressed the view that it may soon become necessary to appoint a suitably qualified Consultant Disc Jockey to the staff of every hospital with responsibility for the selection and supervision of an appropriate musical repertoire for all hospital departments! In addition to being honoured by the APA, Philip Ayre was elected to Honorary Membership of the Association of Anaesthetists of Great Britain and Ireland while the North of England Society of Anaesthetists created a medal in his name for presentation on rare occasions to an eminent anaesthetist.

Would you like to nominate someone for an honorary membership...........

Honorary members are elected by the Council in recognition of significant contributions to paediatric anaesthesia, pain management and intensive care and for work in support of the Association. We would be delighted to receive recommendations, which you can forward to the Honorary Secretary at janepeutrell@nhs.net. Nominations are usually considered six - nine months in advance.
If you are interested in submitting an abstract for the APA Annual Scientific Meeting on the 13th & 14th May 2010, please read the following:

Individuals who wish to present a paper or poster at the meeting should submit this via the conference website (www.apagbi-asmsglasgow2010.co.uk) using the document template provided on the site. Preference for poster or oral presentation should be made. All fields must be filled out and should include e-mail address, contact address and telephone number.

Closing date for abstracts is Friday 19 February 2010. Correspondence and queries should be addressed to: Busola Adesanya-Yusuf at the Association of Anaesthetists at APAGBadministration@aagbi.org. Late submissions and formats other than that on the document template will not be accepted.