



**Annual Report
of the
Association of Paediatric Anaesthetists
of Great Britain and Ireland**

2018

Contents:

Page 3	President's report
Page 9	Honorary Secretary's report
Page 13	Honorary Treasurer's report
Page 17	Professional Standards Committee report
Page 18	Guidelines and Information for parents and children report
Page 19	Education and Training Committee report
Page 21	Science Committee report
Page 23	Quality Improvement report
Page 24	Meetings Committee report
Page 25	Trainee representatives report
Page 27	Website and social media report
Page 28	Patients' Interests report
Page 30	ACSA and APA Peer Review report
Page 31	Linkman report
Page 32	Reports from coopted organisations: PICS, RCoA, AAGBI
Page 36	National reports
Page 39	Equipment report
Appendix 1	List of consultations 2017/18

President's report

Council

The current Council 2017/18 comprises:

Officers and Elected representatives:

Dr. Charles Stack (President and Chair)
Professor Andrew Wolf (Immediate past President, Chair Professional Standards)
Dr. Chris Gildersleve (Honorary Secretary and President Elect)
Dr. Alistair Cranston (Honorary Treasurer)
Dr. Mark Thomas (Honorary Treasurer Elect)
Dr. Simon Courtman (Honorary Secretary Elect)
Dr. Stephanie Bew (Lead Peer Review)
Dr. Philip Arnold (Guidelines Lead)
Dr. Karen Bartholomew (Meetings Committee Chair, PICS representative)
Dr. Natasha Woodman (Trainee representative)
Professor Walid Habre (Elected Overseas Representative)

Co-opted Members:

Dr. Nirmala Soundarajan (Linkman lead)
Dr. Fidelma Kirby (Ireland representative)
Dr. Keith Baillie (Northern Ireland representative)
Dr. John Rutherford (Scotland representative)
Ms. Sara Payne (Lay Representative)
Prof. Thomas Engelhardt (Chair, Science Committee)
Dr. Summit Das (Webmaster)
Dr. Mary Lane (Chair, Education and Training Committee)
Dr. Russell Perkins (RCoA Representative, RCoA Council)
Dr. Upma Misra (AAGBI Representative, AAGBI Council)
Dr. John Pappachan (PICS Representative, PICS Council)

Appointed Advisory non-Council Positions (not on Council):

Dr. Danielle Franklin (QI Lead)
Dr. Jill Mcfadzean (Ethics Advisor)
Dr. Harvey Livingstone (Equipment Lead)

President's Report for AGM 2018

Welcome to the Annual report of the APAGBI and to the 45th AGM in Liverpool 2018.

Gordon Bush

Since the last AGM, I am sad to report the death of Gordon Bush last summer. He was a founding member of the APAGBI, previous president and founding editor of Pediatric Anesthesia. There should I hope be a full obituary in Pediatric Anesthesia shortly. He will be sadly missed.

NHSE review of PIC and Specialised Paediatric Surgery

This has been a thorny issue this year. I am grateful to Andy Wolf for a recent update. The NHS commissioned review into Paediatric Intensive Care and Specialised Paediatric Surgery began at the end of 2016 with the first combined meeting held in January 2017. The review was commissioned due to shortfalls in the provision of both these services due to:

1. Continued centralisation of these the two specialised services resulting in difficulties in undertaking the current workload
2. A secondary deskilling of these services in the non-specialist centres of paediatric services that in the past had been managed successfully. This is due to loss of experience through centralisation plus the workforce demographics changing such that the ability to care for paediatric patients had diminished
3. A change in the patient demographics with a higher proportion of patients with longer-term illnesses (such as neurological or respiratory diseases) occupying a large number of bed days. Current figures from PICANET data indicate that 10% of patients take up 60% of bed occupancy, largely from this cohort. In addition, acute respiratory illness accounts for increasing number of PICU bed days due to the prevalence of vulnerable small children (ex-prematures) and the reduction in some regions of abilities to care for them outside the specialist centres

The resulting bed pressures within the specialised centres has resulted in difficulties in placing needy patients in PICU particularly in the winter, and also the inability to have intensive care availability for complex surgical procedures particularly cardiac surgery.

While the review has looked at both PICU and specialised surgery, it became clear early on that the service problems and solutions were different despite their interrelation at the level of PICU and to a lesser extent transportation. The work has expanded to also consider a third work stream: the decentralisation of ECMO services for non-cardiac conditions.

The NHSE review has put forward plans for new models of care that will be managed through “Operational Delivery Networks” (ODN’s). This will include a move to earlier repatriation of long-term ventilated children to large DGHs nearer home. They have also considered that children ventilated for very short periods of time may remain in DGHs through enhanced provision of facilities and personnel. There was a recent consultation through regional “engagement reviews” around the country during the early part of 2018. Paediatric Anaesthesia was represented at these meetings

Currently the NHSE are considering the concerns raised and are working on detailed models of care. There have not been any meetings recently but there is one planned for early May just prior to the AGM.

The APAGBI have been represented on this NHS review by Andy Wolf and Liam Brennan. Kathy Wilkinson and Simon Courtman have also been involved in different roles. They have all expressed their concerns about the proposals as have others representing the APA at the engagement meetings.

I would like to thank them all for their efforts thus far.

For those of you interested in this topic and it’s impact on the delivery of Specialised Paediatric Surgery and Critical Care Services the morning session at the ASM immediately before the AGM concentrates on these strategic issues.

Meeting with RCoA, PICS and FICM

Chris Gildersleve and I met with representatives of the RCoA, FICM and PICS to discuss the NHSE ideas for undertaking level 1 and 2 PIC in larger DGHs. During this discussion it was clear that the majority of the working party do not agree with this at present but think a more measured approach is needed. We were encouraged by the reception we had from all parties and there was broad agreement on the problems. However, I remain concerned about the way forward and how much will actually happen.

Having said that, we stressed that we feel there is:

- Insufficient training in paediatric anaesthesia in most schools of anaesthesia
- There is little or no PIC exposure in many which would help in potentially recruiting anaesthetists to PICU
- That we are concerned about the skills of current consultants in adult ICU, anaesthesia and paediatrics to look after these patients particularly from a patient safety point of view. There are also issues for nurses and PAMs
- That training for anaesthesia/PIC consultants should be ideally within their CCST training rather than as post CCST
- Could there be PIC subspecialty recognition for anaesthetists as for adult ICU or as for paediatricians in PIC?

Hopefully the following actions will take place:

- There is a curriculum review due within the college and within FICM during the next few months. The APA has been told that we will be consulted on this when it is in draft form.
- There was a general consensus that in many ways the important thing for anaesthetists was exposure to paediatrics either in anaesthesia, PIC or retrieval. Clearly there is a need for core paediatric anaesthesia training but further training could be in any or all of these. In fact in many ways retrieval would be best for trainees considering a career in DGHs who are concerned about looking after the sick child.
- The College also agreed to try and promote paediatric anaesthesia and PICU within their careers fairs and also possibly via an article in the Bulletin.

Roddie McNicol Award for Regional Analgesia in children

As many of you will know, Roddie McNicol died suddenly in December 2016. He was a great character and worked hard for the profession of paediatric anaesthesia both for the APA and in Scotland. His wife, Professor Anne-Marie McNicol, approached the APA wanting the Association to consider a way to remember him using a bequest from the estate. After discussion among Council, we have agreed to support an award in his name and have drawn up a set of guidelines for this. The topic will be Regional Analgesia in children and will be open to trainees and consultants within 5 years of appointment. The winner will be asked to give a presentation at the ASM. We were unable to advertise this in time for this year's ASM but it will be in place for the ASM in Sheffield in 2019. We wish to thank Professor McNicol for supporting this award and hope she will be able to congratulate the inaugural winner in person next year. I would also like to thank Andy Wolf for liaising with her and leading on the discussions.

Pediatric Anesthesia Journal

We have been discussing with Wiley, the publishers, the possibility of gaining electronic access to *Pediatric Anesthesia* for members. This has now come to fruition and it is possible for all members to gain free on line access to the journal. It is costing the Association an annual fee, however we have decided to absorb this within the current annual subscription.

Pediatric Anesthesia is now formally recognised as the official journal of the Association and the journal is providing sponsorship for the winning oral presentation at the ASM. This will now be known as the Pediatric Anesthesia Journal Annual Prize.

Professional Conference Organisers

As you will be aware we changed from the AAGBI to Index as our conference organisers for the Bristol ASM in 2017. In general, we think that the conference went well although there were a few hiccoughs, which hopefully have been ironed out for the meeting in Liverpool. We would welcome your thoughts about the organisation and the more informal social programme, as we would wish to have most people attend these. They have given us a number of good ideas to take the ASM forward and have already been active in planning for future meetings in Sheffield and London.

Annual Scientific Meetings

We are going to use an app for the meeting in Liverpool with the eventual aim of having very little in the way of paperwork. Please feedback what you think of it and how it might be improved. It has proved very popular at other meetings.

During the last couple of meetings, we have undertaken to video most of the lectures at the ASM. This is primarily as an educational tool for members and departments. We are going to continue at this meeting to do so as this is a charitable action for the members. It is quite expensive, however, and it is not clear how often these are viewed. We believe that the Jackson-Rees lecture is viewed fairly often but maybe not a great deal else. We are chasing up numbers with the website host. The small amount of feedback I have had has been extremely positive. We would like to encourage you to use the lectures at departmental meetings as well.

We are hoping to have a joint meeting with SPANZA in Brisbane in the autumn of 2019 and a joint meeting with ESPA in London in 2020.

I also want to say that we held a very successful Linkman meeting in York in November and to thank Dr. Nirmala Soundarajaran for organising it.

Website

We are in the process of upgrading and updating the website. I hope we will be able to re-launch the website prior to the ASM in Liverpool. The website will have improved functionality for users and we will have removed out of date information. Sumit Das has taken over as Webmaster and will provide a report to the AGM.

Trainee handbook

The second edition of the Trainee Handbook has been completed this year and is available on the website. It contains many useful chapters and is a good source of material for trainees looking for a career in paediatric anaesthesia. I wish to thank

Natasha Woodman and Deborshi Sinha in particular for their efforts in completing this edition. It is available at:
<http://www.apagbi.org.uk/professionals/education-and-training-trainee-section/trainee-handbook>

ACSA/Peer Review

We have been discussing the place of Peer Review within the College's ACSA scheme of Accreditation for departments. Simon Courtman and Stephanie Bew have undertaken a lot of work on this and the College has agreed that Peer Review can feed into this process. There is a report later in the Annual report.

Research

The APA has contributed again to this year's NIAA grants, which are in process of being awarded.

The Paediatric Emergency Laparotomy (PELA) study has been in slow progress but I am hopeful will be underway soon. It has been renamed the Children's Acute Surgical Abdomen Pilot Programme (CASAPP)

PATRN have also been busy with the PAPAYA project and have further QI projects in mind. Their report is later in these papers.

Professor Engelhardt reports later in this document about research.

Guidelines

The guideline into the Prevention of Peri-operative Venous Thromboembolism guidelines was published during 2017. This took a considerable amount of work and I am very grateful to all those involved. This guideline is available at:
<http://www.apagbi.org.uk/publications/apa-guidelines>

In general guidelines are becoming increasingly more difficult and time consuming to produce. We are therefore working towards more international collaboration and to produce more guidance for good practice instead.

Professor Tom Engelhardt is currently discussing airway guidelines with members of SPANZA, SPA and ESPA with the hope of developing a consensus statement. Council has also agreed to fund a UK Paediatric Airway Registry, which will collect data on difficult airway problems. This may become Europe-wide in the medium term.

Changes in Council

Dr. Gildersleve will in his Honorary Secretary's report mention these changes. However, I would like to particularly give my thanks to both him and to Alistair Cranston as Honorary Treasurer, both of whom will be completing their terms of office at the AGM, for their hard work in these busy and essential roles. They have left the Association in good shape for Simon Courtman and Mark Thomas respectively, to take on.

I would like to express my thanks on behalf of the APA to Stephanie Bew, who comes to the end of her term as an elected member of Council for her contribution to the work of Council and to the APA. However, she has agreed to continue as Peer Review lead for which we are very grateful.

I look forward to welcoming new colleagues Colin Dryden for his second term, Jonathan Smith and Judith Nolan. They will be joining council after the AGM in Liverpool.

A handwritten signature in black ink, appearing to read 'C. Stack'.

Charles Stack
President APAGBI
April 2018

Honorary Secretary's Report

Membership

Membership Grade	Total Members as at 30/08/2017	Total Members as at 09/04/2018	Difference in numbers
Full	619	599	-20
Trainee	240	210	-30
Overseas	57	75	18
Retired	86	85	-1
Honorary	49	48	-1
Lay	0	0	0
Affiliate	21	23	2
Total	1,072	1,040	32

Membership of the Association remains essentially static, as it has done for the past few years. As of 9 April 2018 there were 1,040 members compared to 1,072 members as reported in May 2017, a decrease 32. The difference in numbers is largely due to the timings in reports being created and due to a number of members being lapsed for non-payment of their 2017/18-membership fee.

There is an increase in member numbers in the Overseas member category with 75 members compared to 57 members in 2017, a rise of 18. There is a decrease in Trainee members, with 210 members in 2018 compared to 240 members in 2017, a difference of -30. The decrease in Trainee members is largely due to members moving category.

Renewal notifications were sent to 904 members (excluding Honorary and Retired members, which totalled 1,026) in March 2018. Currently 894 members have renewed for 2018/19 with 147 current members yet to pay. One reminder email has been issued to date with further notices scheduled over the next couple of months to encourage members to renew their membership. This represents an improvement on the situation last year when 191 members had yet to pay, reported one month later in the process.

A breakdown of membership categories and income can be found below:

	Paid Members		Outstanding Members		Total Member Numbers	
Full	£90	546	£49,140	54	-£4,860	599
Trainee	£60	169	£10,140	40	-£2,400	210
Overseas	£90	27	£2,430	48	-£4,320	75
Retired	£0	86	£0	0	£0	85
Honorary	£0	48	£0	0	£0	48
Lay	£0	0	£0	0	£0	0
Affiliate	£60	18	£1,080	5	-£300	23
		894	£62,791	147	-£11,880	1,040

There tends to be a small surge in membership applications peri-ASM, this will not feature in this report, though will in the final report on the membership year, after lapsed members have been taken into account, to the September meeting of Council.

Guidance on the Provision of Paediatric Anaesthesia Services (GPAS)

The revised 2018 guidance has now been published and is available on the RCoA website at:

<https://www.rcoa.ac.uk/system/files/GPAS-2018-10-PAEDIATRICALS.pdf>

The 2018 GPAS standards are now incorporated into the RCoA ACSA standards for departmental accreditation and form the basis of the revised APA Peer Review literature. (See below in the report form Dr. Simon Courtman and Stephanie Bew on ACSA/Peer Review).

Election to Council

The autumn 2017 election saw a field of 5 excellent candidates and a record voting turnout of 44% of eligible voting members. Three candidates were elected: Colin Dryden (Alder Hey, Liverpool) returning for second term, Judith Nolan (Bristol) and Jonathan Smith (GOSH). The strength of the field for this election is a testament to the groundwork put in by Council and APA members alike to encourage involvement in the running of our organisation. I hope that this trend continues in 2018 with an election for one position on Council planned for the autumn. Elections for medical associations such as ours typically have a poor turnout of voting members, so we are delighted that just over 44% of eligible members voted. This is the second election we have conducted via the ERS using an entirely electronic process. However, as we have looked at our database much more closely in recent years I am aware that there remain a small number of members who have not provided us with an email address. All our correspondence with members is sent electronically and to fully benefit from aspects of membership such as *Pediatric Anaesthesia* journal access a valid email address is required. I would encourage any members who have not registered an email address with us to do so either by email to myself on secretary@apagbi.org.uk and our secretariat on apagbiadministration@aagbi.org or via post to our postal address at 21 Portland Place, London, W1B 1PY. With respect to voting in electronic APAGBI elections I have agreed a process with the ERS to ensure that any voting members without an email address are not disenfranchised. The actual voting process will remain electronic.

Dr. Natasha Woodman will complete her term as Trainee Representative on Council in May 2018 and an election will take place this summer for her replacement. Election notices will go out in June. And congratulations are due to Natasha on her appointment to a consultant position.

Following the electoral process in Scotland Dr. John Rutherford was elected as National Advisor for Scotland and he joined us on Council from September 2017.

We are very aware of the ageing demographic of senior Council members and are encouraged by the younger, fresher legs of the 2018 Council intake. Council has looked at two initiatives to encourage the involvement of younger consultants in the work of Council. Firstly we have appointed Dr. James Farrant to take on responsibility for the Social Media element of our on-line presence, as Simon Courtman becomes Honorary Secretary. And secondly we are exploring the possibility of a co-opted position on Council for consultants within 5 years of appointment. This would also allow potential for progression from Trainee Representative and the trainees currently involved in PATRN activity to a fuller role on Council and would give the opportunity for those not able to serve as Trainee Representative to serve a period of time on Council. Council will discuss the detail of this appointment at the Council meeting in Liverpool immediately prior to the ASM.

Tenures of Council members

Dr. Stephanie Bew will complete her term on Council In May 2018. Stephanie has been a valuable member of Council and has injected much needed expertise, enthusiasm and realism to the work of Council through her role as Guidelines Lead and to a range of Airway projects in particular. She is currently Peer Review Lead and has been integral to the revision of all our Peer Review literature and the project linking Peer Review with the RCoA ACSA process. This has been a considerable undertaking and we are grateful for this important contribution to Council's work. Given the embryonic stage of APA Peer Review and ACSA linkage Stephanie has agreed to continue in this role, co-opted to Council for a further year to ensure continuity whilst overseeing the incoming Peer Review Lead.

Dr. Yamuna Thiru has completed her term as PICS representative and has been replaced as co-opted PICS representative on APA Council by Dr. John Pappachan. We thank Yamuna for her contribution during her time on Council.

Dr. Sumit Das has been co-opted as the new Webmaster at an important time, as we look to refresh our on-line presence with the launch of the new website in time for the ASM in Liverpool.

Dr. Mary Lane has taken over the position of Chair of the Education and Training Committee as Dr. Mark Thomas moves to the position of Honorary Treasurer after the May 2018 AGM. The final change amongst the Officers sees Dr. Simon Courtman take up the position of Honorary Secretary.

Articles of Association and Standing Orders review

Following the review of our Articles of Association and Standing Orders during 2016 and 2017, and approval at the 2017 AGM the updated versions are to be found at:

<http://www.apagbi.org.uk/about-us/council/governance>

The next planned review will be in 2019.

Consultations

The APA has contributed to numerous consultations during 2017/18. This is a core element of Council activity and requires a cohesive and sometimes quite time-limited response by Council on a range of important topics. Some of these are highlighted within the President's and others reports, a complete list of consultations may be found in Appendix 1.

Meetings with other organisations

I have represented the APAGBI at range of meetings with organisations with whom we share a common interest during the past year. Foremost amongst them is the Joint Liaison meeting between APAGBI, RCPCH, CSF and BAPS. This is one of our most productive meetings for matters of concern amongst the wider paediatric medical community. It is unfortunate that the March 2018 meeting was cancelled at short notice due to the snow as a joint approach to the consultation on proposed changes by NHSE for the delivery of Specialised Services and Critical Care is of paramount importance. It is hoped that by the time on the AGM in Liverpool that the rearranged meeting will have taken place, but at the time of writing this has not been confirmed. Other meetings of significance, including those with the RCoA are covered in the President's report.

Fatigue survey

Following the publication of the Trainee Fatigue survey in *Anaesthesia* last year our attention has moved to the issue of consultant fatigue and wellbeing. A questionnaire to explore this issue, initially amongst APA and PICS members has generated interest from the AAGBI Fatigue Group. This project has been led by Drs. Laura McLelland, James Fraser (PICS Secretary), Jon Smith and myself.

The AAGBI Fatigue group, led by Nancy Redfern is now very keen to turn this into an "omnibus" survey for all consultants. This however raises a number of very practical issues and a number of difficult challenges, not least that of data security and analysis. Currently the AAGBI are in the process of engaging a third party company to run the project. We hope for a final decision on this by the end of April. All being well we will be able to launch the questionnaire at the ASM in Liverpool.

General Data Protection Regulation (GDPR)

New regulations with respect the handling of data and personal information that we are obliged to protect under the Data Protection Act come into force on 25th May 2018. The APAGBI are registered with the Information Commissioner's Office (ICO). I attended a Governance Seminar at the AAGBI during April and the AAGBI have been proactive in ensuring that the APAGBI, along with all the Specialist Societies under their umbrella are aware of the imminent changes and to make sure that we are GDPR compliant.

Chris Gildersleve
APAGBI Honorary Secretary
April 2018

Honorary Treasurer's report

I am pleased to report that the financial state of the Association remains a healthy one. Over the 2017 financial year we have continued to contain our running costs both in terms of secretarial and Council expenditure and also, wherever possible, we have continued to streamline the way that Council and sub-committee meetings are organized with greater use of online and telephone meetings. I mentioned last year that income from subscriptions during 2016 was significantly less than recorded in the 2015 accounts. This was because our 2015 subscription income was over-recorded due to lapsed and unpaid subscriptions from 2014 being included again in the 2015 year. This situation is now resolved and 2017 subscription income reflects the true position. The 2017 ASM in Bristol was a financial success with a surplus of 21k. This means that the accounts for the Association at year-end 2017 remain in a satisfactory state and gives us the opportunity to pursue the activities that Council have set out as priorities for the Association.

The overall picture for 2017 is a deficit of £3200 of income over expenditure, largely due to expenditure on research grants and the website upgrade. Currently we have total assets of over £460,000 and we remain on-track for the overall five-year plan of maintaining sufficient funds to pay for a meeting that is cancelled for reasons beyond our control, yet still being able to support and expand our core activities of education, website, research, peer review and guidelines. The Association's general activities have been run well within our income from annual subscriptions, as has been the case in the previous 4 years.

The surplus from the Bristol ASM was £21,000. I have to thank the local Bristol team and our new conference organization partner, Index Conference Management Systems (ICMS), for all their efforts in making the meeting a great success, both educationally and financially. The Linkman meeting held in York in November made a modest surplus of £200, despite rather disappointing industry sponsorship. We deliberately kept delegate costs as low as possible to encourage attendance, which was well received. The 2018 Linkman meeting will be in Bath and again we will consider subsidising delegate fees for this important forum.

The income from subscriptions in 2017 increased by £12,000 when compared with 2016. This does not represent a major boost in membership but, as indicated above, is the result of the resolution of the situation of inaccurate membership lists in 2013-2015 leading to an adjustment in 2016. The Association's charity bonds and accounts have yielded a modest amount in interest. In 2016 we invested £50,000 in a managed portfolio fund via the Charities Aid Foundation as I set out in last year's report. This is a medium to long-term investment that has, in its first year, outperformed our other bonds significantly. Council will consider a proposal to increase our investment in this portfolio, relinquishing other less well performing bonds.

The costs for running the Association have continued to be contained well for the fifth year running. We have streamlined many of the sub-committee meetings and increased use of teleconferences and a reduction in the number of face-to-face meetings have helped. Overall, however, Trustee expenses were higher than in 2016 by £650. Secretarial and other AAGBI costs have been maintained at levels significantly lower than those in the years 2011 to 2013. As last year, we anticipate above inflation increases in the AAGBI cost for administration, secretarial support and room hire costs in 2018/19. This has meant that Council and other meetings have tended to be held in

venues other than AAGBI with considerable savings over the AAGBI rates. We will continue to monitor and maintain costs wherever possible. We have been able to continue to run the core business of The Association within the income from annual subscriptions. This continues to be our aim, allowing us to fund many other projects that we believe to be of value to the membership.

Having made grants totaling £46,500 towards NIAA approved research projects in 2015 we did not make any major grants during 2016. In 2017 we agreed a £40,000 research grant awarded via the NIAA process to Dr. Ramani Moonesinghe and colleagues for the “Children’s Acute Surgical Abdomen Programme Pilot” (CASAPP).

In addition to the NIAA grant we have agreed grants to support the PATRN research projects and also a secure database facility, organized by Prof Tom Engelhardt chair of our Scientific Committee, to support “big data” projects

As we did last year, we have helped to support a number of UK regional update meetings by meeting travel costs for out-of-region speakers and making funds available for trainee prizes. We have made some travel grants to allow APA members to participate in overseas meetings and we have continued to support the WFSA paediatric anaesthesia training scheme in East Africa.

Two other major expenditure items span the 2017 and 2018 financial years. The APA website is having a much-needed overhaul, Drs. Simon Courtman, Sumit Das and others working with our website support partners, Moore Wilson. The rebuild will cost around £16,000 and is expected to launch in May 2018.

Dr. Mark Thomas, who will succeed me as Treasurer following the 2018 ASM, has been working with Prof Andrew Davidson, Editor in Chief and the publishers of the “Pediatric Anesthesia” journal. We have recently agreed an arrangement whereby all APA members will receive free online access to the journal. The annual cost of £10,000 will be met by the Association.

I am proposing no increase in the annual membership subscription, at present £90 for full members and £60 for trainees, for 2018. Retired members pay no subscription, provided that they inform us that they have retired! We continue to have a lower subscription fee than that of many similar specialist societies.

Proposed financial plans for 2018

Education and Training.

Increased funding for new initiatives by the E/T Committee.

Continued support for Regional Update Meetings; APAGBI will consider requests for funding for specialist speakers and support for a trainee prize at regional meetings in GB and Ireland.

Video filming and editing of ASM lectures to allow these to be viewed via the APA website after the meeting. We have agreed to extend for 2018 our contract with a provider at an annual cost of £12,000. The video and podcast recordings made at the 2017 ASM are available, free of cost, to APA members via the website.

Website

As indicated above, our website has been improved considerably over the past few years but is now in need of a major upgrade to improve functionality and user experience. The website rebuild at a cost of £16,000 is now nearing completion with an expected launch date just before the 2018 ASM.

Research

Having made a grant commitment of £40,000 via the NIAA 2017 rounds, we will defer contributions of this magnitude during 2018.

We will continue to support members of the Paediatric Anaesthesia Trainee Research Network (PATRN) who are engaged in a national project looking at unplanned admissions after day case surgery. Additionally, we will support a secure database purchase to facilitate data collection on paediatric airway management and subsequent projects.

Audit/QI

Support for a National Paediatric Laparotomy Audit, has been assured via the NIAA grant for the CASAPP project. A number of smaller projects will also be considered.

Annual Scientific Meeting

For a number of years, we had used the services of the AAGBI Events Team to help us organize and run the ASM. For the 2017 ASM in Bristol and beyond, we have secured the services of an independent conference organizer. Following a competitive tendering exercise in 2016, we are now partnered with Index Conference Management Systems (ICMS). This change came about partly to refresh some aspects of the meeting and partly because of a huge increase in quoted costs from AAGBI for their services. The Bristol ASM was the first to be run by Peter Mainprice and his team at ICMS and they will also run the 2018 Liverpool meeting in association with the APA meetings secretary, Karen Bartholomew and Colin Dryden and colleagues from Alder Hey. Although the service costs are higher than in previous years they will be considerably lower than staying with AAGBI and, we hope, will result in some improvements. We have agreed a two-year contact in the first instance, which will be reviewed after the Liverpool ASM.

Linkman Meeting

Delegate fees for the 2018 meeting in Bath will be kept to a minimum in line with the past 3 years and outstanding costs will be met by the APA with some industry support.

Global Health/Charity

Following excellent reports of the success of the initiative, APAGBI Council has agreed an extension to the grant to the WFSA East Africa project for a further year.

Investments

As indicated at the 2015 ASM I have pursued options to invest some of our funds in a managed portfolio fund, rather than holding more in low interest investments. Following approval at the January 2016 Council meeting, we have had £50,000 in a managed portfolio fund provided via the Charities Aid Foundation since September 2016. This is a defensive (low-risk) fund, but one that should, in the medium term, afford better returns than the exceptionally low rates we are getting from our other deposit bonds and accounts. In its first year it has significantly outperformed these and Council will consider increasing our portfolio investment and reducing funds held in low interest bonds.

Expenses for APAGBI related activities

Travel and subsistence costs for members engaged in APAGBI activities will remain at current levels, minor adjustments to these having been made in 2017.

The 2017 unaudited accounts are available on the website to be viewed prior to the Annual General Meeting on 17th May. I will present the salient points at the meeting and ask that the accounts are approved, but hard copies will not be available.

I would like to record my thanks to Rebecca Davenport and the Specialist Societies team at the AAGBI as well as Council members for their continued support and help. I have now completed my 4-year term as Treasurer and will be handing over to Mark Thomas following the 2018 ASM. I have no doubt that Mark will continue to look after the APA finances with diligence and care.

Finally, if you change bank accounts or wish to resign from the Association please notify the AAGBI Specialist Societies team promptly as this saves us a great deal of time and money and allows us to keep our records up to date!

*Alistair Cranston
APAGBI Honorary Treasurer
April 2018*

APAGBI Professional Standards Committee report

The major undertakings in this area since the last Annual Report have been:

1. Royal College of Anaesthetists ACSA standards and mapping of this to GPAS and the APAGBI peer review process.

This is covered elsewhere by Dr Simon Courtman who has been involved in liaison between the APA and the Royal College of Anaesthetists on this issue.

2. APA Peer review

This process remains popular and several reviews have been requested and are in the process of being organised. The linkage with RCoA peer review process and ACSA has necessitated updating the APA peer review process to be of reliable assistance to the ACSA process. A detailed account is provided elsewhere in the Annual Report.

3. Review of Paediatric Intensive Care and Specialised Surgery

I have provided a detailed report, which is contained in the Presidents Report

4. ACCEA 2018

A fresh round of National ACCEA awards was announced in the new year. As a specialist society, The APA is allowed to support candidates for these National Awards. We announced the current round in the usual fashion, and several of our members applied. Submissions were adjudicated and responded to according to the ACCEA guidance. We await the results in the future. Those members who are existing national award holders, need to be aware that renewal of these awards is subject to significant scrutiny. The renewals of National Awards are compared to new applications and judged on whether the renewal application would still gain the award in comparison to new submissions.

*Professor Andrew Wolf
Chair Professional Standards Committee
April 2018*

Guidelines and Information for parents and children

Guidelines

The APA has been reviewing its approach to guidelines and it is generally believed that the old style of detailed consensus guidelines is no longer suitable for the organisation. The production, and the updating, of such guidance is too cumbersome and fails to respond to changes in the evidence base and in practice. The organisation plans to, instead, produce shorter, 'punchier', and more focused reviews of evidence. The hope is that this approach can also involve a wider group of people, including trainees, in writing reviews. The practicalities of this will have to be resolved as we get to the stage of commissioning the first review and the hope will be to involve the membership in identifying suitable topics. The APA will continue to provide opinions and involve itself in guidance produced by other organisations.

Information for parents and children

The last time the APA looked in detail at the information it makes available to children, young people and their parents was 2010 and led to the production of the 'Rees Bears' and 'Davy the Detective' resources. Since that time the way in which young people access information has changed considerably. In response to this some excellent material has been produced by individuals and organisations. Unfortunately there is also some misinformation too readily available. Rather than produce updated 'branded' APA material our current thinking is to provide signposts to high quality material produced elsewhere and to support development of such material by providing expert information and, in some cases, limited funding (where projects are particularly innovative in approach or fills an unmet need).

*Phillip Arnold
Lead for Guidelines and Patient and Parent Information
April 2018*

APAGBI Education and Training committee report

Personnel changes

There are no personnel changes to report currently.

Meetings

Our annual committee meeting was held on the 30th of November 2017 and was well attended. I have attached the minutes from the meeting.

Electronic Resources

New Website:

E&T committee input into our pages on the new website has started. We will be eliminating some old information and pages that are no longer relevant, redesigning and rewording existing sections and adding new resources and pages where relevant.

Podcasts:

Podcasts (4) from Bristol are now available on the website. These add to those available from Belfast. We hope to repeat this for Liverpool in May.

ASM videos:

Videos from the ASM Bristol 2017 are available on the website to view. It would be interesting to get an idea of how many are being viewed to determine cost effectivity of continuing this. I have emailed the company to see if they can provide this information for us.

Other:

We will continue to post links to useful apps and other electronic resources that may be of value to our members on the new website.

Hot topics

These tend to be very popular with the members. The latest one has over 400 hits although it has been up for some time. Usually we get around 100 hits per topic. We should be posting a new one every two months. There has been some delay recently, but a new topic will be up in time for the ASM in Liverpool.

Moving forward with these, we are increasing trainee involvement with developing the expert opinion/current evidence to accompany each hot topic. It has been highlighted to trainees by our current trainee rep.

There may also be scope to have some of these available as podcasts and we will get member opinion on this.

Looking ahead, two hot topics per year will be taken forward and developed into Focused Reviews for publication in Paediatric Anaesthesia. From 2017 this will be the oral morphine as a TTO and pregnancy testing topics. We hope to proceed with these after the ASM in Liverpool.

Article Watch

We are now collaborating with SAPNZA to produce a combined quarterly International Journal Watch. Many thanks to Natasha Woodman for coordinating this. This will be alternating every 3 months between SPANZA and us. There will be 6 articles reviewed with a 250-word limit for each.

Trainees/Training

Handbook

The trainee handbook has been updated and the new 2018 version is available on the website to download. I would like to thank Natasha Woodman and her team for all their hard work in producing this excellent resource for our trainees.

Training

Considerable variation exists regarding requirements/what is accepted for sign off for higher and advanced paediatrics in terms of experience and case numbers. Nargis Ahmad has agreed to look into this in more detail to establish current caseloads of trainees when completing the units of training.

Changes to Standing Orders

The standing orders relevant to the E&T committee were reviewed at the last meeting. Changes were proposed to the wording in the background and some of the terms of reference. Changes to the membership were also proposed. A minimum number of committee members to make meetings quorate was proposed as being 5. This will need to be added in, as it was not covered previously.

Looking forward and New ideas

We are going to have a stand at the Liverpool meeting to highlight the work of the committee and get ideas from members about what they want. My plan is to have a couple of tablets with a survey monkey on it asking what they like in the website and what they want from the website in terms of education and training. We will also have an ideas box for hot topics for the future.

Dr. Mary Lane

Chair APA Education and Training committee

April 2018

APAGBI SCIENTIFIC COMMITTEE ANNUAL REPORT

1. Membership

The following constitute the APAGBI Scientific Committee:

Peter Brooks Chelsea & Westminster, London
Thomas Engelhardt, Royal Aberdeen Children's Hospital (Chair - January 2017)
Velu Guruswamy Leeds Teaching Hospital NHS Trust
David Mason John Radcliffe Hospital, Oxford
Vacancy – currently being advertised

2. Research Grants

The APAGBI provided £40,000 for research grant funding in 2017.
The 'Children's Acute Surgical Abdomen Programme Pilot: CASAPP' (PI Dr R Moonsinghe) was successful and has a projected start autumn 2018.

The Paediatric unplanned sAYcase Admissions (PAPAYA) - the largest trainee led, prospective national paediatric audit was funded by the APAGBI (£9000) and is supported by the Scientific Committee.

The Paediatric Airway Registry (PEAR) has been funded (£3500 setup and £1050 pa maintenance). This registry is being developed to ascertain the incidence of difficulty in paediatric airway management in the UK and is to mirror existing difficult paediatric airway registries.

A new call for grants will be made for 2019 at the discretion of the council.

3. NECTARINE

Twenty centres completed recruitment in the UK for the Nectarine (NEonate-Children audiT of Anaesthesia pRactice IN Europe: UK participation in a European prospective multicentre audit of practice) study. This study was previously supported by a grant from the APAGBI over £27,619.

Data cleaning is currently underway with initial results expected December 2018.

4. APRICOT

The initial results of the Apricot (Anaesthesia PRACTICE In Children Observational Trial) have now been published. A secondary analysis of the UK has been undertaken and results will be published and presented at national meetings during 2018.

5. Surveys, Audits and QI

Surveys: A limited number of high quality surveys were circulated to the membership with David Mason coordinating.

QI and audits: Velu Guruswamy is acting as the SciCom link with the QI Lead Danielle Franklin.

6. Website update

The content of the Scientific Committee activities has been reviewed and updated to coincide with the launch of the new APAGBI website.

7. Annual Scientific Meeting

Liverpool 2018: abstract submission / revision processes

Abstracts reviewed and highest ranking selected for oral presentation and poster prize sessions. The process was further simplified following a change of software. The prize for the best abstract will be the '*Pediatric Anesthesia Journal Prize*'. It is anticipated that the best abstract will be published in *Pediatric Anesthesia*.

8. HSRC (RCoA) collaboration

The APAGBI is represented at the HSRC board (Thomas Engelhardt and Reema Nandi).

9. NIAA engagement

Suellen Walker continues to represent the APAGBI interests at the NIAA

10. Paediatric Anaesthesia Trainee Research Network

Trainee Representative: Natasha Woodman

The Scientific Committee wishes to acknowledge success of PATRN and work by its members. Peter Brooks is acting as the Scientific Committee Liaison with the Trainee Network.

Thomas Engelhardt

Chair APAGBI Science Committee

March 2018

APA Quality Improvement report

It has been a successful year with increasing the presence of quality improvement (QI) within the APA. Achievements include:

- *At the Linkman meeting in York November 2017 abstracts focused on QI projects showcasing this work. Dr James Garbarino was selected to present his work on 'Introduction of Paediatric Anaesthetic Pre-operative clinics'.*
- *New section for abstract submission for the APA ASM in Liverpool 2018. Here we added appropriate titles allowing authors to identify the improvement work completed and how we can learn from it. Only seven true QI projects were submitted but we hope that this new format will make it easier for teams to present their work.*
- *Updated website pages on QI resources – launching with the new website this May 2018*

We look forward to hearing about the high quality improvement work being completed within the sphere of paediatric anaesthesia in Liverpool 2018. In the coming year we hope to provide a workshop on QI methodology with a forum to bring projects. We aim to imbed QI methodologies with paediatric anaesthesia. Audit is only the start of your journey in QI.

*Dr D Franklin
QI Lead
April 2018*

APAGBI Meetings committee report

Liverpool 2018 – 16th-18th May. St George’s Hall

As of the 6th of April 223 delegates have registered for the main meeting, and 74 for the pre meeting, “refresher” half day. For the social programme, so far we have 42 registrations for the evening reception at the Bluecoat Contemporary Arts centre and 75 for the dinner at the Town Hall.

Our target to break even is 323 delegates. The trade stands at 12 registrations with an approximate income of £23,000. There are 30 faculty, and to date there are no late programme changes, or cancellations.

The abstract process has worked well again this year, thanks to the extremely efficient team. 98 abstracts were submitted and we adhered to strict timelines, as intended, in order to allow eight weeks notification between acceptance and the beginning of the meeting, for the processing of study leave applications.

Sheffield 2019 -- 22nd-24th May

The venue is not yet confirmed, but is between Cutlers’ Hall, and the Crucible. The Winter Gardens and the Cathedral are booked for the social functions.

London 2020 --20th-22nd May TBC

Venue 2 Savoy Place – TBC

Cardiff 2021 – 5th-7th May

Newcastle 2022 – needs discussion

Karen Bartholomew

Chair, Meetings Committee

April 2018

Trainee Representative's Report

PATRN

- PAPAYA – see separate report
- PEACHY (PErioperAtive Childhood obesitY) is the next national project to follow PAPAYA. The topic was selected by peer review of the PATRN committee and APA Scientific Committee. The PEACHY team is moving forward and a grant application is in progress.
- We had an overwhelming response to our advert for new Communication and IT Leads. Congratulations to Tom Bennett (Wessex deanery) in IT and Sarah Heikal (Severn deanery) and Hannah Lewis (London deanery) in Communication. The standard of applications was very high and it was a close run competition.
- We also had a great response to the Swift Survey advert. 8 proposals in total covering a wide breadth of topics from fasting and anxiety to videolaryngoscopy, herniotomies, regional anaesthesia and tramadol. Congratulations to Hannah Lewis. Hannah will be running her Swift Survey on perioperative management of diabetes with PATRN at the ASM 2018.

Article Watch

Article Watch published the last synopsis in the current format March 2018. We have teamed up with SPANZA in Australasia to publish new 'International Journal Watch'. We will alternate in producing a joint quarterly summary of the latest paediatric headlines. SPANZA will produce the first publication for April, May and June.

<http://www.apagbi.org.uk/professionals/education-and-training/article-watch>

APAGBI Trainee Handbook

The second edition has been published on the APA website.

<http://www.apagbi.org.uk/professionals/education-and-training-trainee-section/trainee-handbook>

Thank you to Deborshi Sinha for editing this with me.

PAPAYA Report

- Funding was approved for PAPAYA at the APAGBI council meeting May 2017.
- Data collection occurred over the 6-week period 10th October - 21st November 2017.
- 90 centres contributed data - 33 tertiary centres (14 paediatric only centres) and 57 district general hospitals.
- A total of 26010 intended day case procedures were performed over the data collection period, with over 600 unplanned admission cases submitted.
- Data cleaning has been completed by Zoe Green (Harclerode) and Natasha Woodman and the data is now with the statisticians for analysis.
- Data contribution certificates have been distributed to the PATRN representatives at each centre to acknowledge and thank them for their contribution.
- A feedback survey has been sent out to all of the centres in order to provide constructive feedback for future PATRN projects.
- We aim to present the preliminary data at the APAGBI ASM 2018, and submit the full data to a peer review journal.

*Dr. Natasha Woodman
Trainee representative
April 2018*

Website and Social Media report

We are pleased to launch the new website for the APA at the forthcoming ASM in Liverpool this year. Together with Simon Courtman and Chris Gildersleve, we have had several meetings with a media agency based in Covent Garden. We have worked hard to design and implement a new look website with improved functionality and increased interactivity for educational content. The redesign also includes improved usability on portable devices, with integration of social media streams. We have focussed on decluttering the new site, improving the navigation and adding news sections. All of the committee pages have been updated and new content added.

We recently conducted a survey of the APA membership exploring the key user requirements for the website and have tried to ensure these are met in the new design.

The APA now has a presence across all of the social media platforms. Ensure you are always up to date with our developments on twitter, Facebook and Instagram, just search for @apagbi and follow us. If you have any feedback, or need to get in touch about the website, please drop me a line at webmaster@apagbi.org.uk

*Sumit Das
Oxford
APAGBI Webmaster
April 2018*

APAGBI Patients' Interests

I have had another very informative year. My input is always greatly encouraged by all the Council at APAGBI. My role is to always include patients' interests at the APAGBI, looking out for the young people and children experiencing anaesthesia, and their families and carers.

A glance at some of the matters the Council has involved me in 2017-18 includes:

Working on new Guidance on anaesthesia and peri-operative care for Jehovah's Witnesses and patients who refuse blood

The AAGBI Guidance on this is close to being finished and has been very well-organised by Andrew Klein at Papworth, in that much relevant input came from experts, including legal and ethical precision in a very sensitive area as well as the views of Jehovah's Witnesses from Jehovah's Witness Hospital Liaison Committees. Regular meetings and group contact by email have led to a very efficient, practical (as there are lots of useful forms such as consent to use) and hopefully useful publication that will assist patients and parents making such decisions.

Identifying patient relevance in APAGBI publications

I am always asked for patient issues and the degree of how understandable APAGBI publications are. This year has for example included the RCoA/APAGBI 'General Anaesthetics – Brief Guide for Young People' as well as relevant advertisements for encouraging more patients and non-clinical people to be involved in peer reviews of anaesthetic services in hospitals. This helps patient views always being held relevant.

Participating in clinical forums and helping give guidance on assessment of anaesthetists

This has included participating in the Children's Surgical Forum held every 6 months and attended by key anaesthetists and discussing with surgeons the challenges the current services have, and possible future ones. I am a lay-attendee and the RCSEng has one too, again to encourage patient issues to be made important. I have also helped the clinical anaesthetist experts in assessing the likely candidates for ACCEA, whose experience features significant skills dealing with patients.

Launch of Safeguarding, Ethics and Consent pages on the RCoA website

These RCoA webpages were completed in September 2017 following a great working party of APAGBI, RCoA and other experts, plus patient relevance input. There are pages dedicated to paediatric anaesthesia safeguarding:

www.rcoa.ac.uk/safeguarding-ethics-and-consent/child-protection-and-safeguarding

It will be really interesting to get some feedback from clinicians and patients on the use of the publication.

Attending APAGBI Council Meetings and Linkman Meetings

Again, I always feel a fully-included participant – as only lay member - of these meetings and always try to take on board and comment on issues that seem relevant to patients, in services and research in anaesthesia.

I was very flattered to be given an RCoA Humphry David Award for my participation with you and RCoA, and I understand I will be getting it later this year and I continue to enjoy working with you and your very committed Council.

Sara Payne
APAGBI Public Advisor
April 2018

Report on APA Peer Review and RCoA Anaesthesia Clinical Services Accreditation (ACSA) for Children

The APAGBI peer reviews have been developed over many years and have considerable experience from reviewing numerous centres of a wide variety of size and specialisation. It remains a voluntary process and aims to support departments - specifically to identify and share good practice, identify areas to improve and suggest possible ways of achieving this. The peer review paperwork is currently being updated by Stephanie Bew, the APA Peer Review lead.

The RCoA has been providing a departmental accreditation service for four years (Anaesthesia Clinical Services Accreditation) as a quality improvement project. Departments that are able to provide evidence of meeting the published standards will be recognised by the RCoA as having been accredited. This indicates the department's commitment to quality and patient care. Recently, the APAGBI have worked with the RCoA to incorporate standards regarding children's services into this accreditation process. This allows any department delivering anaesthesia for children, from a specialist children's hospital to a DGH, to be accredited by the RCoA.

After further discussions with the RCoA, the APAGBI have agreed that departments undergoing an APAGBI peer review can also be offered the opportunity to complete the paediatric element of the RCoA accreditation.

The APAGBI peer review team will review the standards relating to children in the RCoA ACSA process. Where there is evidence that all these standards are met, the APAGBI team will inform the RCoA that the department has achieved these standards, which they will recognise. For a department to be fully accredited by the RCoA, the department will still need to complete the other elements of the RCoA accreditation process within a reasonable time window.

This allows departments to still receive the benefits of an APAGBI peer review looking broadly across all the services accessed by children presenting for routine or emergency surgery, as well as completing the paediatric element of the RCoA ACSA at the same time.

If you would like further information about peer review, please contact Stephanie Bew at:

Stephanie.bew@nhs.net

*Simon Courtman and Stephanie Bew
April 2018*

APAGBI Linkman Report

I am pleased to report that the APA Linkman Scheme is moving from strength to strength. The Linkman conference is aimed at everyone with a passion for children's services including trainees and junior doctors, focusses on being inclusive and epitomises our ethos '**Link, learn, connect and collaborate**'. The 2017 APA Linkman Conference at York (#APAL17) took place at the National Railway museum at York on 14th November 2017 with strong support from the APA council members. We had 72 attendees including trainees, specialty doctors and Trust Grade doctors. For the first time, APAGBI admin was not involved in the administration. Registration was via eventbrite, conference evaluation was obtained through survey monkey and certificates of attendance were sent by email. The conference evaluation suggested that the administrative changes were well received. The delegates requested more time for questions from delegates, networking and clinical case discussions.

Collaboration with PATRN has been the highlight of 2017. We have helped with recruitment of centres for Phase 2 of the PAPAYA audit led by PATRN. PATRN's mission and work were showcased at the Linkman meeting in York by their co-chair, Andrew Selman. Trainee attendance at the 2017 Linkman conference was higher than in 2016. The Linkman prize competition was open to all trainees, speciality doctors, medical students and SAS doctors. We received 8 abstracts on the theme subject of 'Enhancing patient/parent experience'. The winner, Dr. James Garbarino, made an oral presentation on the day. Certificates of commendation were presented to the top three submissions.

The next Linkman Conference is scheduled for Friday, 12th October 2018 at the Bath Racecourse. Registration opens on 15th May 2018 and will be via Eventbrite. <https://www.eventbrite.co.uk/e/2018-apa-linkman-conference-tickets-39808690866>
There is a small increase to the delegate fees to match the expense of venue hire at Bath. However, we are offering subsidized rates for non-consultant delegates in addition to early bird discounts for all.

The theme for the 2018 Linkman Prize is 'Networking for patient-centred care'. The project can involve any teamwork project, pathway or activity that helps to ensure that the right care *for children* is delivered by the right people in the right place. Highlights of the 2018 meeting include sessions on the future of child centred care and case presentations by an expert panel. The first prize is 'One-day registration (day of choice) at the APAGBI ASM 2019 at Sheffield'.

Timeline for the Linkman Prize

- *Call for abstracts (opens at the Liverpool ASM)*
- *The deadline for submissions is 20th August 2018.*
- *Results will be intimated by 5th September 2018.*

The winner will be expected to make a five-minute oral presentation at the Linkman Meeting on 12th October 2018 at Bath.

For eventbrite and updates for linkmen, I use an updated email account apalinkman18@gmail.com and encourage everyone to get in touch.

*Nirmala Soundararajan
APA Linkman Coordinator
April 2018*

Reports from Coopted organisations

Annual report from PICS

- National PIC review on-going. PICS has expressed concerns regarding exact governance structure for the ODNs in this review.
- PICS remains a healthy society and membership numbers have increased slightly (654 as opposed 614 in Dec). New members mainly still nursing.
- We are engaging with RCoA and PICm-ISAC to find ways of increasing the numbers of anaesthetic trainees applying for PIC Grid numbers
- We have set up a PICS membership committee and plan to write to all directors (PICU/ transport services) to ask for nominations for link persons
- Trying to establish associate membership programme to allow anaesthetists, paediatricians, nurses and AHPs with an interest in paediatric HDU and the stabilisation of critically ill children in the DGH to access the resources provided by PICSD

*John Pappachan
Southampton*

*PICS Council Member and Coopted PICS Representative on APA Council
April 2018*

Annual report from RCoA

The Royal College has had a productive year with many internal changes to its organizational structure. It now has four boards to encompass its work streams. The Boards each have a chair and deputy from Council as well as senior management representation. They are directly accountable to Council. The new boards are: Clinical Quality and Research, Communications and External Affairs, Finance and Resources and Life-long Learning. The College's new IT system is approaching delivery and this will provide many advantages to all users. Most notably to Members and Fellows will be a completely new e-portfolio. The curriculum review has begun this year and will take a couple more years to complete. Of importance to children and their anaesthetists is that they will be strongly and robustly represented throughout this process!

The Royal College remains a world leader in setting standards of care in anaesthesia. Its highly regarded FRCA examination continues to stretch and test the breadth and depth of knowledge of candidates. Paediatric topics are well represented and there is an impressive array of paediatric anaesthetists who are examiners now as well.

The College has recently advertised and interviewed for Lay-Trustees with specialist knowledge and skills not readily available to anaesthetists, such as financial investment, property management and public relations. This is a new direction for Trustees of the College.

The College's ACSA scheme is also enjoying growing success with many more hospitals engaging in the process and others gaining full accreditation. There is still no tertiary children's hospital accredited but there are several in the pipeline. The CQC have

recognized the ACSA standard and are now expecting at least engagement in the process from inspected hospitals and are questioning those not engaged as to why. The APA and Royal College have come to an agreement of recognizing the APA's peer review process and its standards as being valid for ACSA accreditation.

The BJA, which is run independently of the College has changed its printing partner this year and hopes that this will improve the service received by subscribers going forward. Also of note the catering contract has been renegotiated and a new provider appointed. It is hoped that this will refresh the catering at College functions. Finally I am pleased to report that financially the College remains in a strong and healthy position.

Specific relations with the APA

The APA and College enjoy a special and close working relationship, more so in my experience than any of the other specialist anaesthetic societies. There is an increasingly large representation of Council members with an interest in paediatric anaesthesia after this year's elections. Although this will be offset as 2018 will see the end of the current President's term of office.

There have been a number of documents sent to both the APA and RCOA that have an impact on children's anaesthesia. I am pleased to report that joint responses have been returned to many but where the RCOA feels it needs to respond separately because of the adult implications there has been no difference of opinion or conflict of interest. These responses have included: Thromboprophylaxis, Cell Salvage, Male Circumcision, TIVA, Child Protection Training and Provision of Paediatric Anaesthetic Services in Non-Specialist Centers.

In September 2017 the RCoA launched Safeguarding Plus,

<https://www.rcoa.ac.uk/safeguardingplus>

a suite of web pages on Safeguarding, Consent and Ethics, enabled with collaboration with the APA.

College Council have also been informed of several pieces of work produced by the APA and have deferred fully to its specialist knowledge and endorsed or agreed the content of all papers. These have included: Effects of Anaesthesia on the Developing Brain, Fasting Times in Children and Thromboprophylaxis.

The HSRC is working in collaboration with APA on a QI project looking at emergency abdominal surgery in children. There are to be four pilot centers, which aim to start data collection in the autumn 2018.

The College, APA and PICS are working closely to look at career pathways in PICM training. Allied to this are NHS England's plans to devolve more level 2/3 care back to district hospitals and the staffing and training implications this will have for anaesthetic departments.

Looking forward to the next twelve months these latter two pieces of work will see joint working between the APA and RCoA improving healthcare and outcomes for children across the UK.

Dr Russell Perkins

Manchester Children's Hospital

Member of RCoA Council and Coopted RCoA representative on APAGBI Council

April 2018

Annual report from AAGBI

Elections:

Election for 3 Board members has been announced.

Nominations for Hon. Membership Secretary elect and Honorary Treasurer elect have been requested.

Working parties AAGBI

Recently published guidelines:

The **Quick Reference Handbook has been published online** and promotion is now starting, it will be launched in the March e-newsletter. A number of others are nearing their final stages.

Submitted for approval

- *Cell Salvage (review) – item 7.2.1* The final version is attached at item 7.2.1 for approval (appendix 3). A version showing the comments and responses from the consultation process is also provided for information.
- *Best practice guidelines for total intravenous anaesthesia 2018* – Board approval confirmed electronically between meetings **To be circulated for approval electronically**
- *AAGBI Guidelines: The anaesthesia team 2018.* Following further review of the use of should/must throughout, the guideline has been updated, shared with the working party and will be circulated to Board for approval electronically in due course.

Online for member consultation

- *Safe provision of anaesthetic services in magnetic resonance units* **Preparing for online member consultation**

The following guidelines have completed consultation with the Board and are being prepared by the working party for online member consultation:

- *Peri-operative steroid replacements*
- *Controlled drugs in peri-operative care (review)*
- *Day case and short stay surgery (review)*
- *Jehovah's Witness (review)* **Early stage Board consultation**
- *Peri-operative management of patients with dementia – Out for Board consultation*
- *Independent practice (review)*
- *Checklist for draw-over anaesthetic equipment - 2018*

- *The 'NAP5 Handbook': concise practice guidance on the prevention and management of accidental awareness during general anaesthesia*
- *Infection Control in anaesthesia*

Working parties starting:

- *Catastrophes in Anaesthetic Practice- dealing with the aftermath*
- *Drug and Alcohol Abuse amongst Anaesthetists (review)*
- *Returning to work (new)*
- *Management of a patient with suspected anaphylaxis during anaesthesia (review)*

For information

- *SAS Handbook and GAT Handbook* – planning for the content of both handbooks is underway. Both are next due to be published in 2019. The updates will be coordinated by Rona Gloag, supported by a nominated lead from each committee.

Conferences

GAT 2018 is in Glasgow July 4-6th

Annual congress 2018 is Dublin September 26-28th

Rebranding

The Association is undergoing a major rebranding process; to be launched by end of August, watch the space!

Dr Upma Misra

AAGBI Council member and Coopted AAGBI representative on APAGBI Council

April 2018

National reports

Annual Report from Scotland

Dr. John Rutherford

Dumfries

National Advisor for Scotland

April 2018

SPAN

This year's SPAN conference is to be held in Edinburgh on Tuesday 24th April, and with video-conferencing capability for members unable to travel to the meeting. Topics being covered include changes to the pre-operative fasting guidelines, pre-operative assessment, paediatric anaesthetic attachment experience and consenting for MRI.

ESPA

Congratulations are due to the organisers of the well attended European Society of Paediatric Anaesthesiology meeting in September 2017, which was hosted in Glasgow. There was a wide variety of sessions including fluid management, regional anaesthesia, depth of anaesthesia, cardiac anaesthesia, monitoring, and quality improvement.

Paediatric Medical Staffing

Challenges across Scotland include the medical staffing of paediatric wards, with some hospitals struggling to keep paediatric surgical services going. This has led to loss of in-patient paediatric surgery in at least one hospital.

Play Specialists

The course to train play specialists in Glasgow has been discontinued, so future play specialists are likely to have to travel to England to gain their qualification.

General Surgery of Childhood

The Royal College of Physicians and Surgeons of Glasgow hosted a meeting on 7th February 2018 aimed at encouraging adult general surgeons with an interest in paediatric general surgery. Anaesthesia was mentioned as an example of good practice in that all anaesthetic trainees were exposed to paediatric anaesthesia during their training, and expected to be capable of anaesthetising at least down to a 3-year-old child as a consultant.

Annual Report from Wales

Dr. Chris Gildersleve

Cardiff

April 2018

Paediatric Anaesthetic Group of Wales (PAGW)

1. The 2017 Annual Scientific Meeting was held in conjunction with the autumn meeting of the Society of Anaesthetists of Wales (SAW) and the Junior Anaesthetists of Wales (JAW) at the Village hotel in Cardiff on the 12th and 13th October. The combination of three societies saw a very well attended meeting that catered for the disparate CPD requirements of a large group of general anaesthetists. On the paediatric side highlights included Dr. Richard Martin (POEMS) and the current RCoA President, Liam Brennan. The annual dinner was held in the Coal Exchange in Cardiff Bay. The sharing of CPD opportunities with joint meetings has worked particularly well in Wales, with several small societies able to combine to create financially viable meetings, sharing costs and attracting high numbers to good effect. The 2018 meeting will again be a joint affair as PAGW teams up with AWAG (All Wales Airway Group) with a programme that reflects both societies needs. The programme has yet to be finalised though already includes Drs Simon Courtman and Stephanie Bew from Council and Ollie Bagshaw talking on TIVA. The meeting will be held on Friday 9th November in Swansea. Preliminary details are available on the AWAG website:

<https://allwalesairwaygroup.co.uk/event/view/312/68>

Full details will be posted in the PAGW website just as soon as the new website is launched.

2. Due to hosting issues PAGW does not currently have a web presence. A new website has been commissioned and committee members are working hard to ensure that it is launched in the not too distant future.

3. The President and Secretary remain Drs Maggie Collingbourne and Felicity Howard respectively, with Felicity about to return to work following maternity leave. Dr. Gill Dunn has been a stalwart filling in as Secretary over the past year and we are thankful for her hard work in the role.

The Rutherford Cancer Centre, South Wales

Proton Partners International are in the process of developing 3 centres across the UK capable of delivering Proton Beam therapy to adults and children as well as conventional radiotherapy and chemotherapy.

The centre in South Wales is now open though Proton Beam treatment has yet to start. Whilst the centre has been approved by Health Inspectorate Wales (HIW), the independent healthcare inspector and regulator in Wales, the service has yet to be formally commissioned by the Welsh Health Specialised Services Committee (WHSSC). Interestingly the APAGBI provided a consultation response to the draft commissioning Service Specification for Proton Beam therapy in children for both WHSSC and NHSE during 2017. The service specification from each organisation was startlingly similar, likewise the APAGBI's response. The final Service Specification for Wales remains confidential though the expectation is that WHSSC will commission an all-Wales service for children from Wales whilst keeping the option to commission Proton Beam treatment from NHS centres in England. The Christie Hospital in Manchester is likely to come on line late in 2018 though the planned London centre at UCL is mired in construction difficulties. Service commissioning of proton beam therapy for children from England in the meantime will be from Germany rather than a non-NHS UK provider.

In the expectation of the service being commissioned at this privately funded centre in Newport, a draft SLA has been developed with the Cardiff and Vale University Health Board for the delivery of an anaesthetic service from the Children's Hospital for Wales to

replace the current service delivered to our separate Cancer Trust at Velindre Hospital. Whilst I have not seen this draft SLA the non-negotiable mantra throughout has been that this is delivered to GPAS 2018 standards. We await events and while there is some detail still to work though it would appear that there is a will within the Paediatric Oncology community in Wales to make this happen for Welsh children.

APA ASM 2021

It has been agreed that the 2021 ASM will be held in Cardiff. We look forward to hosting the APA in Cardiff 15 years after their first visit.

Report from the interim Meeting of the International Standards Committee TC121/SC2 Stockholm, Sweden December 5th-7th 2017

Dr Harvey Livingstone MB ChB MMedSc FRCA

In December 2017 I attended the interim meeting of the International Standards Organization (ISO) committee TC/121, SC2, which deals with "airways and related equipment" as part of the British delegation, acting as clinical expert and representative of the AAGBI and APAGBI. The meeting was hosted by the Swedish Standards Institute (SIS) in Stockholm, Sweden.



SC2 is responsible for the following standards:

ISO 5361:2012	Tracheal tubes and connectors
ISO 5362:2006	Anaesthetic reservoir bags
ISO 5364:2008	Oropharyngeal airways
ISO 5366-1:2000	Tracheostomy tubes -- Part 1: Tubes and connectors for use in adults
ISO 5366-3:2001	Tracheostomy tubes -- Part 3: Paediatric tracheostomy tubes
ISO 5366-3:2001/Cor 1:2003	(Technical Corrigendum)
ISO 5367:2014	Breathing sets and connectors
ISO 7376:2009	Laryngoscopes for tracheal intubation
ISO 8836:2014	Suction catheters for use in the respiratory tract
ISO 11712:2009	Supralaryngeal airways and connectors
ISO/TR 11991:1995	Guidance on airway management during laser surgery of upper airway
ISO 14408:2016	Tracheal tubes designed for laser surgery -- Requirements for marking and accompanying information
ISO 16628:2008	Tracheobronchial tubes -- Sizing and marking
ISO 27427:2013	Nebulizing systems and components
ISO/FDIS 5361	Tracheal tubes and connectors
ISO/FDIS 5364	Oropharyngeal airways
ISO/FDIS 5366	Tracheostomy tubes
ISO/FDIS 18190	General requirements for airways and related equipment
ISO/CD 19211	Automatic fire safety valves for use during oxygen therapy

The meeting opened as is usual with a roll-call of delegates, adoption of the draft agenda and appointment of the drafting committee.

Liaison reports

ISO/TC 210/JWG4 – Small bore connectors

Funding has been secured to produce reference connectors for the 80369-2 (Connectors for breathing systems and driving gases applications) has been secured and they are in production. Once they are produced testing can commence and it is hoped that the standard can be published within approximately one year. As a number of other standards incorporate this connector and are currently “stuck” this news was warmly received.

FDA Report

The FDA representative again explained that all reports made to the FDA are in the public domain and can be accessed via the FDA website which is a very useful resource. Individual patient details are redacted but a great amount of detail is available. The database can be found at:

<https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfmaude/search.cfm>

The screenshot displays the FDA MAUDE search interface. At the top, there is the U.S. Department of Health & Human Services logo and the U.S. Food & Drug Administration logo. Below this is a navigation bar with tabs for Home, Food, Drugs, Medical Devices, Radiation-Emitting Products, Vaccines, Blood & Biologics, Animal & Veterinary, Cosmetics, and Tobacco Products. The main heading is "MAUDE - Manufacturer and User Facility Device Experience". Below the heading is a search form with the following fields: Product Problem (dropdown), Event Class (dropdown), Manufacturer (text), Model Number (text), Brand Name (text), and Date Report Received by FDA (range from 10/01/2017 to 10/31/2017). There are also buttons for "Go to Simple Search", "Records per Report Page" (set to 10), "Clear Form", and "Search". On the right side, there is a sidebar titled "Other Databases" with a list of links including SMDR, De Novo, CDRH Export Certificate Validation (CECV), CDRH FOIA Electronic Reading Room, CFR Title 21, CLIA, Device Classification, FDA Guidance Documents, Humanitarian Device Exemption, Medsun Reports, Premarket Approvals (PMAs), Post-Approval Studies, Postmarket Surveillance Studies, Radiation-Emitting Products, Radiation-Emitting Electronic Products Corrective Actions, Recalls, Registration & Listing Standards, Total Product Life Cycle, and X-Ray Assembler.

Update on consideration of expanding scope of SC2 to scope to include passive HMEs and filters.

It has been proposed to transfer the “ownership” of passive HME’s and filters from SC3 (lung ventilators and related equipment) to SC2 (airways and related equipment) where it is a more intuitive home for these standards. There was considerable resistance to this from SC3 so it will remain under consideration and may well happen in the future.

Standards

ISO/DIS 17256 – Respiratory therapy tubing and connectors

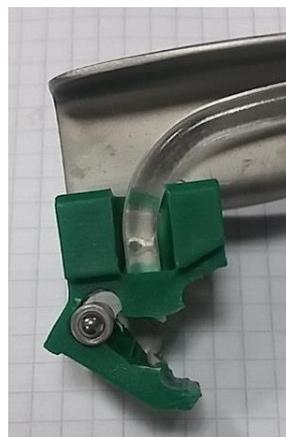
This standard remains in limbo until the 80369-2 connectors are available (see liaison report above) and my previous reports. Despite this, the committee (as working group 6) continues to prepare the draft standard so it can be put forward as soon as the connector standard is published. The Italian delegation made a controversial proposal to allow an EN13544-2 (nipple & cone) on the outlet end which went against the recommendation of the AGO1 group and as such it was not accepted. Over 14 pages of comments were submitted which were reviewed and reconciled, much of which concerned the various specified test and failure pressures for the tubing and connectors.

ISO/CD 7376 – Laryngoscopes for tracheal intubation.

The comments received on the committee draft (CD) of this extensive revision of the standard were reviewed as working group 1 (WG1). I have covered this standard extensively in my previous reports. There remains considerable debate concerning the environmental test conditions for transport (ie. From the manufacturer to user) and storage at the point of use depending if the laryngoscope comes complete with batteries or not. There was also a very interesting discussion around the force the laryngoscope must withstand when applied to the tip of the blade and not fail. The current specification is to withstand a force of 150N, and while it has been demonstrated that intubation force can exceed this under test conditions (I was able to generate a force of 192N in the committee room) there do not seem to be significant numbers of incident reports related to mechanical failure of laryngoscopes. The FDA database revealed 2 deaths where a broken laryngoscope blade was implicated in a 20 year period which would represent a very low incidence when considered against the denominator of the number of intubation in the US over 20 years. David Bottom reported that a great number of blades and handles he tested failed at a force of 250N. It was decided to leave the test force at 150N at this time and the committee will collate the key points of the discussion and add them to the standards rational.



Testing maximum intubation force with a strain gauge



Failed laryngoscope blade

ISO/DIS 19211 - Fire-activated oxygen shut-off devices for use during oxygen therapy (FAOSOD)

This new standard is for devices that stop the flow of oxygen in respiratory therapy tubing in the event of a fire. They are predominantly used in the home care setting. Fires in such settings can be devastating – see below for a video demonstrating such a fire. The standard is currently at the draft stage (DIS).

<https://www.youtube.com/watch?v=6bXlhtXrRVA>



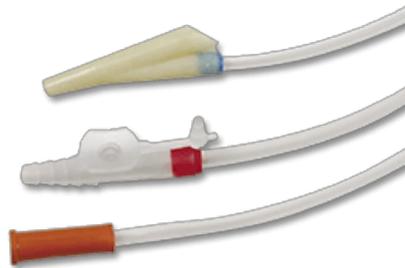
A FAOSOD fitted in-line in respiratory therapy tubing.

Many pages of comments were received and resolved (as working group 11), the main themes of which were:

- The scope of the standard and which types of respiratory therapy tubing they can be used with.
- What connectors to mandate on the device and the varying use either at the supply or patient end of the oxygen therapy tubing and various forces of attachment and detachment.
- Whether they are actually activated by heat or fire (heat is kinetic energy released by the chemical process of combustion). A slightly academic exercise!
- The form of words describing the range of gas flows that the device will activate (a certain minimum flow may be required for mechanical activation of the device) and the maximum “internal leakage” (the maximum flow of gas the device will allow to pass) when activated was revised to be more logical. I raised a concern that if a minimum flow is required we may inadvertently exclude neonates on very low O₂ flows and this is indeed the case. The manufacturer is required to disclose the minimum flow and this should be considered when the user chooses such a device. It is worth noting that the use of FAOSOD’s is not mandatory in this or any other standard.
- A number of changes to the test methodology regarding resistance to flow in normal use and leakage across the device (known as internal leakage) after activation.

ISO/CD8838 - Suction catheters for use in the respiratory tract.

This standard is being reviewed as the current standard (from 2014) removed those catheters that have a female elastomeric cone connector. As these devices are still ubiquitous (particularly on lower price point devices) it has been decided to revise the standard to include them again which is the main reason for revision. SC2 will also take the opportunity to re-format the standard to align it with the general requirements standard (ISO 18190) and generally tidy up the standard (as working group 5)



Male and female suction catheter connectors.

ISO/WD 21917, Voice prostheses - General requirements and test methods for the evaluation of physical characteristics

This is also a new ISO standard which is based on a German national standard (DIN). A small number of comments were received (unusually none of which were particularly contentious) and revised as working group 12. The amended draft will be circulated as a committee draft (CD) for ballot and hopefully it will progress smoothly to the DIS stage.

Updates on task forces and new projects.

TF02 – Airway Cuff pressure indication devices

An initial working draft has been written and it will be submitted to the ISO as a new work item, after which it will be circulated to the national member bodies for a vote on accepting it.

TF03 – Venturi Masks

This is an existing CEN standard which has been proposed for adoption as an ISO standard. It is currently with the Chairman's Advisory Group (CAG) and is awaiting a response.

TF04 – 22mm non-conical tracheostomy connectors

This task force is looking at a particular 22mm connector used to attach filters and similar devices to end-airway-stomas and are unrelated to 22mm conical connectors found on breathing sets and circuits. The TF is currently scoping the market as there are a great number of proprietary incompatible connectors in existence.

It has been proposed to develop new standards for therapy face masks and nasal cannulae (prongs). Terry Longman has begun preparing initial drafts which focus on the specification of the connectors and the flow characteristics through the device, in particular resistance. The proposed standards will not specify the shape or overall design of the devices.

The meeting closed with the committee adopting the resolutions as prepared by the drafting committee which document the outcomes of the meeting. The next meeting will be held in Lund, Sweden 21-25th May 2018 which I hope to attend.

Appendix 1

List of Consultations/Guidelines and documents in development involving APAGBI Council from June 2017 through to April 2018:

1. NHSE/NPOC-Cancer. Draft Service Specification for the Proton Beam Therapy Service.
2. WHSSC. Draft Service specification for the delivery of Proton Beam Therapy for children in Wales.
3. AAGBI/SIVA. Best practice guidelines for TIVA. Final draft approved for badging.
4. AAGBI glossy. Day case surgery guidelines. Under review.
5. Congenital Heart England. Consultation on CHD reconfiguration.
6. CSF. Draft Statement of intent.
7. NICE guideline: Perioperative Care, Scoping workshop and subsequent consultation.
8. The Surgical Forum of Great Britain and Ireland. The General Surgery of Childhood. Preface drafted in conjunction with AAGBI representatives to this group. Publication due April/May 2018.
9. BAPM Guidance. Perinatal difficult airways framework for practice. (Dr. S. Bew representing our interests). Development stage.
10. AAGBI glossy. Cells salvage for peri-operative blood conservation. Final draft approved for badging.
11. MBRRACE-UK CDH draft pathway. National Care principles on the management of CDH.
12. NICE. Trauma Quality standards. Published March 2018. May be found at: <https://www.nice.org.uk/guidance/conditions-and-diseases/injuries--accidents-and-wounds/trauma#pathways>
13. Safeguarding children and young people: roles and competencies for healthcare staff. 2018 revision in progress following consultation.
14. ESPA/APA. Fasting consensus guidance. (May 2018, in press)
15. NHSE. Supporting research in the NHS.
16. AAGBI glossy. Anaesthesia for peri-operative care for Jehovah's Witnesses. Under review following consultation.
17. BMA. Guidance on Non-therapeutic male circumcision. Joint response from APAGBI and RCoA submitted April 2018.
18. NCEPOD Long term ventilation study. Representative provided.