

The Newsletter of the APA

T-Piece

No. 11 July 2014



APA

Association of Paediatric
Anaesthetists of Great Britain
& Ireland



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PRESIDENTS REPORT

Dr Robert Bingham President, APA

Newsletter July 2014

The sun is shining and the summer holiday season is upon us. I hope you've all managed to sort out rota problems and can get away to the destinations of your choice. This seems to get more and more difficult as departments get larger – I've never quite understood that but fortunately our rota co-ordinators seem to and manage to juggle the large number of conflicting requests with considerable skill.

I hope those of you that managed to get to Leeds enjoyed yourself. The feedback forms are back now and it seems most people were very pleased with the way the meeting was run and the content of the lectures – a big thanks to Alison Bliss and the local organising team, the AAGBI events team and Alistair Cranston for that. Jon Smith takes over from Alistair as meetings committee Chair from this month and he's already got the Aberdeen meeting under control with a very exciting looking programme planned. This meeting is in conjunction with the Society of Pediatric Anesthesia (SPA) of the USA and there is also a plan to have a pre-meeting of the Congenital Cardiac Anaesthesia Network (CCAN) on the Wednesday afternoon.

Although the Aberdeen programme is almost complete, we will be working on the programme for Belfast 2016 in the near future and any suggestions for topics would be welcome.

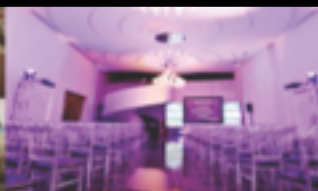
At the AGM, there was a discussion about giving Trainee and Associate members a vote in the proceedings of the Association. A show of hands of the members present at the meeting revealed divided views on this topic. Most people felt that all members should be enfranchised but there was concern that Trainee members would not be keen to attend the AGM and, as a quorum is calculated as a proportion of the voting members, this would make it much more difficult to achieve. We have asked Elin Jones, our trainee representative, to get

the views of the trainees and we will re-discuss when this information is available.



As mentioned above, Alistair Cranston is stepping down as meetings secretary but he's taking on the role of Treasurer, where he will get to spend the healthy surplus he helped generate from the Leeds ASM. This means Charles Stack will relinquish this role and many thanks to him for steering the finances of the Association through a very rough patch of water and coming through unscathed. I'd also like to welcome 2 new Council members – Liam Claffey, who will represent the Republic of Ireland and Keith Bailie, representing Northern Ireland.

Finally, hot off the press, is the production of updated advice for anaesthetists confronted with safeguarding dilemmas. Kathy Wilkinson lead the development of this paper, which is short, simple and provides useful practical guidance for the anaesthetist who discovers signs that raise concerns over the welfare of their patient. It should be available on the website by the time this newsletter is published.



CPAS/APA Joint Meeting SEPT 26-28th, 2014

SAVE THE DATE

Canadian Pediatric Anesthesiologists Society

Association of Paediatric Anaesthetists of Great Britain and Ireland

Le Loft Hotel, Montreal, Canada

info on www.pediatricanesthesia.ca



PLENARY SESSIONS | COMPLEX CASE DISCUSSIONS | SIMULATION SESSIONS | ABSTRACTS



Prague

ANNUAL CONGRESS
ESPA | 18TH-20TH SEPTEMBER
2014 | CZECH REPUBLIC

APAGBI Meeting, Leeds, 15th – 16th May 2014

Leeds hosted the 41st Annual Scientific Meeting of the APAGBI and delivered another well-attended and stimulating meeting following the success of last year's meeting in Cambridge. Over 370 delegates attended the meeting in the Royal Armouries Museum and adjacent New Dock Hall. The weather was fine and the City of Leeds an excellent backdrop for proceedings. We are hugely grateful to Dr Alison Bliss, Dr Velu Guruswamy and their colleagues from Leeds Children's Hospital, who hosted and organised the meeting in fine style. Thanks are also due to our trade sponsors, event venues and our event organisers from the AAGBI, headed by Catherine O'Mara and Oliver Kingham.

The sumptuous surroundings of Harvey Nichols Café in the Victoria Arcade hosted the welcome reception on Wednesday 14th May, and we were treated to an evening of cocktails and canapés, including a specially designed "APA Cocktail", as well as musical entertainment. The APA was delighted to present a donation to The Leeds Children's Hospital Appeal.

During the scientific sessions of the meeting a varied programme of talks, workshops and interactive discussions for both specialist and generalist children's anaesthetists with an emphasis on neonatal issues, complex cases, networks and core topics kept (most) delegates away from the other attractions of Leeds for two days and the standard was agreed to be excellent by all.

An additional innovation for this meeting was the inclusion of an industry sponsored session, kindly supported by Maquet Getinge Group. This session on ventilation strategies for children was very well attended.

Full details of the programme can be found on the APA website, www.apagbi.org

The APA was delighted to confer honorary membership of the association on Dr Marcin Rawicz, Dr John Currie and Dr Ian Barker.

Dr Peter Williams, President of the MDU delivered the keynote Jackson Rees Lecture entitled "The Good, the Bad and the Ugly". He discussed various aspects of the history and future of medico-legal matters, heavily interspersed with snail related stories, molluscs being his other passion!

We received a large number of abstract submissions for the meeting and were able to accept 9 free paper presentations and 100 poster presentations, including 10 selected for the trainee poster prize. Dr Sophie Liu and Dr Julia Taylor were awarded the poster prizes for their work on analgesia for strabismus surgery and near patient testing of electrolytes respectively. The free paper first prizewinner was Dr Joy Dawes who presented "Dexmedetomidine rapid bolus dose identification in children". The standard of submissions was very high and we are grateful to members of the APA Scientific Committee and local organising team for selecting and judging these. All of the accepted abstracts can be viewed in the online abstract booklet via the APA website; <http://www.apagbi.org.uk/professionals/meetings/annual-scientific-meeting> as can some photos of the meeting.

The Annual Dinner was held in the Leeds City Museum and was a sell-out event. Prof James Owen Drife, Emeritus Professor of Obstetrics in Leeds, proposed the toast to the APA. His speech was witty and clever, including a "McGonagall style" monologue based on the meeting programme.

As the meeting closed, Dr Graham Wilson, lead local organiser for the 2015 ASM gave us a

May I request that all delegates who have not already done so please return feedback forms for the meeting (available on the APA website), so that we can continue to plan meetings that are relevant and informative for all of our members.

Thinking of future meetings, preparations are well advanced for next year's meeting in Aberdeen. This will be held at The Aberdeen Exhibition and Conference Centre on 14th and 15th May. The meeting will be held jointly with the US Society for Pediatric Anesthesiology and we look forward to welcoming transatlantic delegates to the North East of Scotland. In addition the meeting will be preceded by a half-day session on Congenital Cardiac Anaesthesia with contributions from UK and US speakers.

My term of office as Meetings Secretary is now at an end and I would like to thank all those involved in the delivery of our ASMs over the past three years for their dedication to the event. I am sure that my successor, Dr Jon Smith will bring fresh eyes and enthusiasm to the role.

Dr Alistair Cranston,

Meetings Secretary,
Association of Paediatric Anaesthetists of GB and Ireland.

July 2014.



Supported by the Association of Paediatric
Anaesthetists and the Neuroanaesthesia Society of
Great Britain and Ireland

The 4th meeting of the

Paediatric Neuroanaesthesia Network

Friday October 3rd 2014

Friends Meeting House (opposite Euston Station)
173 Euston Road
London, NW1 2BJ

Programme and speakers available soon

Citation for Dr Ian Barker, Honorary Member of the APA 2014 given by Dr Charles Stack.

Ladies and Gentlemen, it gives me great pleasure to give the citation for my good friend and colleague Dr Ian Barker.

Ian was born in Lancashire but grew up in Sowerby Bridge West Yorkshire. Thus it is appropriate that we are honouring his career here in Leeds today. Ian graduated from Dundee in 1977 and after training in anaesthesia for 5 years in and around Dundee during which time he met Michelle, his wife, he moved to Sheffield for a couple of years in 1982. He's still here.

He had a year in Perth, Australia and spent a further year at the Royal Melbourne Children's Hospital in intensive care with Frank Shann and Bob Ayres. During that year he tells me he was privileged to do one list with Kester Brown.

Ian was appointed as Consultant to Sheffield Children's Hospital in 1987. His post included intensive care and he was instrumental in setting up the retrieval service and subsequently in developing a specialized paediatric intensive care ambulance.

Ian was very keen on education and supporting trainees. He ran the registrar rota for North Trent for many years, becoming its first training programme director, was Regional Education Adviser from 2002-8 ending as chair of the regional advisers. He was a college examiner for 10 years.

Ian's contribution to paediatric anaesthesia included firing enthusiasm in the trainees to take up the speciality, leading to a number of consultant appointments around the country and educating all to high standards. For the APA, he edited the paediatric section of the college audit recipe book, took part in Judge Sury's debates, and has spoken about consultant application process to trainees. He wrote the first curriculum for the College for training in paediatric anaesthesia. He also wrote part of the original APLS manual including on thoracic injuries. He undertook research into practical issues, which interested him such as PONV for bat ear surgery.

Ian always has a slightly mischievous side to him. Often he will not let things be taken too seriously. He took to email like a duck to water frequently making quips when daft emails were sent out. On a more practical note, the cleaner on ICU is still looking for her trolley.

Ian retired about two years ago. He has done some work for the College and on trainees for the GMC and has joined the university of the third age. He repeatedly lets us know it is the best job he's ever done.

Citation for Dr Marcin Rawicz: Honorary member of APA 2014

given by Dr George Meakin.

Ladies and Gentlemen,

It is a privilege and an honour for me to give the citation for my friend of many years Dr Marcin Rawicz

Marcin was born in Warsaw, Poland in 1948 to parents who were both journalists. He graduated from Warsaw Medical University in 1971 and completed his residency in 1976. In 1977, he won a 12 month scholarship in Leiden, and thereafter he became a regular locum tenens anaesthesiologist in the Netherlands, which he came to regard as his second homeland.

In 1988 he presented a thesis on Muscle Relaxants to Warsaw University for which he was awarded the degree of PhD. In 1991 he was awarded the Chair of Paediatric Anaesthesia and Intensive Care at Warsaw University and succeeded his mentor and life-long friend Professor Carl Rondio as the lead figure in Polish paediatric anaesthesiology. In fact it was Professor Rondio who introduced Marcin to the APA when the two collaborated on a joint meeting of the APA with the Polish Society of Anaesthesiology and Intensive Care in Rabka, Poland in 1987.

During an exceptional career, Marcin has received numerous invitations to lecture on paediatric anaesthesia techniques, pharmacology, lung ventilation and intensive care. He has authored and co-authored several anaesthetic manuals and has over 70 peer reviewed publications. In addition, he was an associate editor of the Polish Journal of Anaesthesiology and Intensive Care, he acted as reviewer for various other journals and is a Member of the Editorial Advisory Board of the journal Pediatric Anesthesiology.

But for some of us here today, Marcin will be best known for his work for the *Federation* of European Associations of Paediatric Anaesthetists (FEAPA) and its offspring, the European *Society* for Paediatric Anaesthesiology (ESPA). While undertaking his scholarship in Leiden, Marcin met Anneke Muersing, then an anaesthesia resident, who went on to found FEAPA in Rotterdam in 1989. As a result of his friendship with Anneke, and his ongoing links with the Netherlands, Marcin got more and more involved in the affairs of FEAPA, first joining the international speakers group, then becoming the Polish national representative on the Advisory Board from 1991-1997, the secretary of FEAPA from 1997-2005, President Elect from 2005-2009 and finally becoming the first President of ESPA at the conclusion of its inaugural congress in Warsaw in 2009 (which he himself organised magnificently).

Now, having recalled Marcin's excellent managerial skills, I am tempted to recall a couple of occasions when these skills did in fact let him down. The first of these was at a FEAPA Executive Board Meeting in Cologne in 2005, when Marcin lost his return air ticket to Warsaw and had sit up all night on a train to get back home! The second one was during the ESPA inaugural congress in Warsaw when, following a splendid cabaret show he had organised for the delegates at the Teatr Sabat, he came to me in a most distressed state saying that there had been a "catastrophe!". When I asked him what this huge problem was he said he had forgotten to send Madame Malgorzata Potocka, the show's director and owner of the Teatr Sabat, a bouquet of flowers following the performance. Now, for me and probably most of you, that doesn't sound like much of a catastrophe, but for Marcin it clearly represented a serious slip. I think this suggests that Marcin has a desire to excel which may have spurred him to achieve so much in his exceptional career. Only *he* would know that of course, but *we* know that he has supported the APA, and similar organisations outstandingly over the past 25 years, and it is for that sustained contribution to the advancement of our speciality that we honour him today.

Ladies and gentlemen, it gives me great pleasure to present Dr Marcin Rawicz for Honorary Membership

CQC Specialist Advisors.

An opportunity to bring your expertise to new style CQC hospital inspections

The Care Quality Commission (CQC) have recently introduced a new approach to their hospital inspections, to assess whether services are safe, effective, caring, responsive to people's needs and well-led. You can read more about this www.cqc.org.uk/public/about-us/our-inspections/our-new-acute-hospital-inspection-model

In particular, the inspection process has been strengthened by including expert inspectors (i.e. clinicians) and experts by experience i.e people who have experience of using services, as well as parents and carers on inspection teams. This is to compliment the skills and knowledge of CQC staff. Getting the right experts on these teams is key to the success of the new process.

Services for children and young people will be considered as part of every acute trust inspection in addition to inspections of standalone children's trusts, so paediatric anaesthetists are a discipline that CQC is likely to need for a number of inspections.

CQC are keen to receive expressions of interest from members who would be interested in taking part, preferably from people who are still actively working as health professionals.

Inspections generally last 3-4 days (including a training day) and travel and accommodation is provided. A fee of £300 a day is paid either to the Trust releasing a clinician or to the individual if attending independently.

Whilst the APAGBI support its members taking part in CQC inspections, you would be doing so to bring your individual clinical expertise to the inspection. You would not be attending as a representative of the APAGBI.

If you are interested in taking part you should email AcuteRecruitment@cqc.org.uk and they will send you more details.



Trainee Report

APAGBI Newsletter July 2014

As this is my first report as the new APA Trainee Representative I thought I would start by introducing myself properly. My name is Elin Jones, and I am an ST6 trainee in the Stoke School of Anaesthesia. I am passionate about paediatric anaesthesia and will endeavour to represent the views of all budding paediatric anaesthetists like myself. I have recently taken over the position from the formidable Alyson Walker in May, and I think we will all agree she has left some rather large shoes to fill! I just wanted to use this opportunity to thank Alyson for all her support, which has included meeting me for pizza and answering late night emails with endless streams of questions.

There are lots of ways to get in touch and I would encourage you all to contact me with your ideas, concerns and questions. Please either email me directly at elin.jones@doctors.org.uk, or join in on facebook at www.facebook.com/apagbi. For an easy way to keep up to date, follow the @APAGBI Twitter news feed.

It was fantastic to see so many trainees at the ASM in Leeds in May. We are hoping to have a trainee table at the Aberdeen meeting next year. The theme of the table will be 'Career Development' and we are aiming to provide you with the opportunity to have your CVs looked at by an experienced eye, provide information on paediatric anaesthesia fellowships and provide interview tips/advice. It will also be an opportunity for trainees to congregate, meet each other and share experiences and ideas. If you would like to get involved, or have anything you would like to see there, please do get in touch and I'll do my best to accommodate.

It is not too late to have your say on voting rights for matters pertaining to the APAGBI. At present, only home and overseas members have voting rights. If haven't already voted, and you feel strongly that trainees should or should not have the right to vote, please use the link to complete a very quick survey. Simply click on the link to have your say! <https://www.surveymonkey.com/s/3GYRBT3>



National Cardiac Arrest Audit

Is YOUR hospital one of the remaining non-participants?

What is NCAA?

The National Cardiac Arrest Audit (NCAA) is the only national, clinical, comparative audit for in-hospital cardiac arrest in the UK and Ireland, and is a joint initiative between the Resuscitation Council (UK) and ICNARC (Intensive Care National Audit & Research Centre). It monitors and reports on the incidence of and outcome from in-hospital cardiac arrests and aims to identify and foster improvements, where necessary, in the prevention, care delivery and outcome from cardiac arrest.

Why participate?

NCAA is listed in the [Department of Health's Quality Accounts \(2014/15\)](#) and the [NCEPOD Report 'Time to Intervene' \(June 2012\)](#) encourages hospitals to participate.

A total of 177 acute adult and children's hospitals currently participate and coverage in England is nearing 80% (for adult, acute hospitals)! Hospitals in Wales, Scotland, and Northern Ireland are also participating. A list of participating and non-participating hospitals is available to download from the ICNARC website (<https://www.icnarc.org/Our-Audit/Audits/Ncaa/About/Participation>).

The quarterly NCAA Report provides risk-adjusted comparative analyses allowing participating hospitals to fairly compare their patient outcomes against other participating

If so, can 'NCAA' be added as an agenda item for your next resuscitation meeting? We would be interested to hear what the barriers are (if any) to your hospital participating in this important national clinical audit.

What data are collected?

The current NCAA data collection scope is: *'All individuals (excluding neonates) receiving chest compressions and/or defibrillation and attended by the hospital-based resuscitation team (or equivalent) in response to the 2222 call'*. Participating hospitals currently collect a standardised minimum dataset. Data are entered onto the NCAA secure online system and are validated at the point of entry and centrally to ensure accuracy of the data.

Forth NCAA Annual Meeting - 23 October 2014

The forth NCAA Annual Meeting is an opportunity to hear about the latest NCAA results and exciting NCAA advancements, contribute to the development of this important national clinical audit, network with fellow participants, as well as meet the NCAA team and NCAA Steering Group.

Each participating hospital is entitled to two places free of charge (one being for the Chair of the Resuscitation Committee or their nominee). Hospitals keen to participate in NCAA are also welcome to join the meeting (for a very small fee to cover costs only). For more information, please contact the NCAA team.

Supported by:

APAGBI Hot Topics

Is there a clinical conundrum you would like the membership to discuss?

The E & T Committee invites suggestions for discussion in their new 'Hot Topic' feature.

Please email alysoncalder@doctors.org.uk with your

Advance Notice

APA Linkman meeting

Wednesday 19th November 2014

Portland Place



Prague

ANNUAL CONGRESS
ESPA | 18TH-20TH SEPTEMBER
2014 | CZECH REPUBLIC



Annual Meeting 2014

www.picsmeeting.com

Building Bridges

**28th Annual Paediatric Intensive
Care Society Conference (PICS)**

1-3 October 2014, The Sage Gateshead, Newcastle, UK



NICE Evidence Update on antibiotics for early-onset neonatal infection

We are pleased to inform you that an Evidence Update on '[Antibiotics for early-onset neonatal infection](#)' has been published.

[NICE Evidence Updates](#) help to reduce the need for individuals, managers and commissioners to search for new evidence and keep health and social care professionals up-to-date with new research. While Evidence Updates do not replace current accredited guidance and do not provide formal recommendations, they do highlight new evidence that health and social care professionals may wish to consider alongside current guidance.

The new Evidence Update focuses on a summary of selected new evidence relevant to NICE clinical guideline 149 'Antibiotics for early-onset neonatal infection: antibiotics for the prevention and treatment of early-onset neonatal infection' (2012) .

An Evidence Update Advisory Group, comprised of topic experts, reviewed the prioritised evidence and provided a commentary.

Your help in disseminating the Evidence Update to your colleagues would be much appreciated.

We would also welcome your feedback on the Evidence Update, what you like about it and how you think it could be improved. You can send your comments through to contactus@evidence.nhs.uk.

Thank you in advance for your support.

Kind regards

