

The Newsletter of the APA

T-Piece

No. 2 April 2012



APA

Association of Paediatric
Anaesthetists of Great Britain
& Ireland



APA council at February council meeting

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From the President

As an organisation we are increasingly consulted on health service matters and whilst we know that sometimes our influence is less than we believe it should be, there are also tangible positive “spin offs”. One of these must be the Paediatric Neuro-anaesthesia Network group (PNAN) which held a second very successful meeting hosted by the RCoA in late January. It emerged largely in the wake of the Safe and Sustainable neurosurgery review which is currently underway. We were glad that some of our comments from the first consultation on the standards suggested by the S and S have been noted, and we hope that you will look at the final version now on the website and send further feedback. Given that neurosurgical emergencies arise in all centres this project includes some very general issues.

The last few months have continued to be busy as we have engaged with many relatively new initiatives which have emerged from the Health and Social care bill. In England there is a new and fast moving project to provide specific outcome measures for Children and Young People. Thankfully we have been informed about this work, though quite late in the day and via a surgeon! We have submitted a couple of possible Outcome indicators around Pain management and Care of the critically ill child which we hope might have “legs” as they are generic. Our ability to respond quickly to this is thanks to you and to Alison Carr who asked your opinion on Quality Metrics some years ago. Should you have additional thoughts we are advised that you should submit them via childrensoutcomesforum@dh.gsi.gov.uk

Data from existing sources is required to support your ideas and this is quite difficult for the topics we have submitted.

There is new ongoing work by the National Commissioning Board on defining more clearly

what constitutes specialist paediatric surgical practice. A first meeting was held in Bristol in late March and I was invited as a “wild card” to attend by the chair. Our debate led us to believe that co morbidity, ASA status, surgical complexity and age were all important-nothing very new there! It remains to be seen if we can convince colleagues at DH England that all these factors need to be taken into account and that care should be commissioned in Networks.

More on Networks....these are to be supported within the new health care arrangements in England. The RCPCH has provided some good new guidance (“Bringing Networks to Life-a guide to implementing networks”, March 2012), and is worried that paediatric networks will be disadvantaged in the new arrangements. Certainly the informal children’s surgical networks which have been in the past sparsely funded by SHAs and commissioners may cease to exist, and this would be a retrograde step. We are working with the RCoA and others to try and gain recognition for the importance of these arrangements. What may be important for those involved to stress within any discussion is that good Outcomes (see above) can and should be delivered in Networks.

We have discussed the need to recruit more non specialist centre input to Council over the last year as there is a real recognition that our membership is very often from this constituency. This can be seen in the excellent programme for the forthcoming Birmingham meeting which provides both specialist and non specialist streams. We feel that we should in the first instance elect a non specialist colleague to advise us in Council. Whilst this does not require the approval of the membership we will discuss further at the AGM in Birmingham. I very much hope to see you there!

Non-Specialist Advisor

The recent survey carried out by the APA was very helpful in shaping the future of the Association. In the survey, non-specialist anaesthetists described that they felt they were not adequately represented by council.

Council had already taken steps to address this situation by changing the format of the Annual Scientific Meeting, to produce two separate streams ostensibly for specialist or non-specialist anaesthetists.

We also propose increasing the representation of non-specialist anaesthetists on council.

Election process

UK based non specialist full (consultant) members may stand for election to this role. Whilst all nominations will be considered, those deemed to be carrying out “specialist” paediatric anaesthesia (as defined by SSNDS 3rd edition¹

<http://www.specialisedservices.nhs.uk/doc/specialised-services-children>) or for specialist surgery (again as defined by the above) will be excluded. As a rule of thumb this will exclude single speciality centres and those which provide specialist neonatal surgery. If doubt exists about the nature of a nominee's practice, the Honorary Secretary will advise and may request a job plan.

Individuals may self nominate or be proposed by a full APA member

A short statement/mini CV will be requested of those who are accepted for election

Voting will be performed electronically and will include all UK and Ireland members. The Non Specialist Advisor (NSA) is a new position within the APA, which is likely to develop over time. The following notes, which are not exhaustive, are for guidance.

The term of office of the non specialist advisor shall be 2 years with the option of a further 2 year extension at the Council's discretion.

If an individual from a non specialist centre is

subsequently elected as a Director or Special office holder then the position of Non specialist advisor will cease and Council will give notice of the termination to the Non specialist advisor so affected.

Guidance notes

The Non Specialist Advisor has a key role in promoting close links between APA Members and the APA, especially its Council. This includes:

Establishing and developing strong relationships, on behalf of APA Council, with the non specialist members. In support of this, the Non Specialist Advisor would be expected to work closely also with the APA Linkman Coordinator

Appraising Council on relevant local concerns or developments. This might include alerting Council to the need for specific APA support to members within the non specialist centres. The Non specialist advisor will be expected to provide a brief written report to each of the three Council meeting each year and for the Annual report/AGM.

The Non specialist Advisor is the nominated representative of APA Council for non specialist centres

As such he / she has a key role in promoting the APA within the profession. The role includes encouraging those anaesthetists providing services for children and trainees with an interest in paediatric anaesthesia to join the Association

From time to time, the Non -specialist Advisor will be asked to review / comment on documents / similar, by the APA President, Honorary Secretary or other nominated APA Officer

Many of these documents / discussions are very sensitive. The Non specialist Advisor should maintain the highest levels of confidentiality and not discuss / disseminate this material beyond APA Council until publication / official release or the President or his / her deputy grants permission to do so. This is the same level of probity expected of all elected and co-opted Council Members

In commenting, he / she should note any relevant factors pertinent to the non specialist centre

The Non specialist Advisor will be expected to attend Council Meetings (currently 3 per year) and provide a short written report for each Council Meeting. The Honorary Secretary is responsible for all invitations. Expenses will be reimbursed in line with APA policies

The Non specialist Advisor may be asked to participate in other APA committees e.g. Education and Meetings committees

Resuscitation update

A Written Declaration has been submitted to the European Parliament and we need your help to lobby MEPs for them to sign it within the next three months. This process is similar to an Early Day Motion in Westminster. Signatures are needed from at least half of all MEPs and there is a precedent of a previous Declaration being adopted as a result. If successful, the European Parliament will put pressure on its Member countries (including the UK) to teach all children CPR.

For those who are interested, the declaration can be viewed on our website at <http://www.resus.org.uk/share/Edec1203.pdf>

Please go to the link below to lobby your local MEPs - you will be prompted to enter your details in the same way as when you lobbied your UK MP for the ELS campaign. Less than 5 minutes and you will hopefully be influencing good practice all around Europe, as well as the UK!

<http://e-activist.com/ea-action/action?ea.client.id=57&ea.campaign.id=14035&ea.tracking.id=cdc2aee5>

Thank you for your continued support.

Best wishes

Andrew Lockey

Honorary Secretary, Resuscitation Council (UK)

Linkman scheme

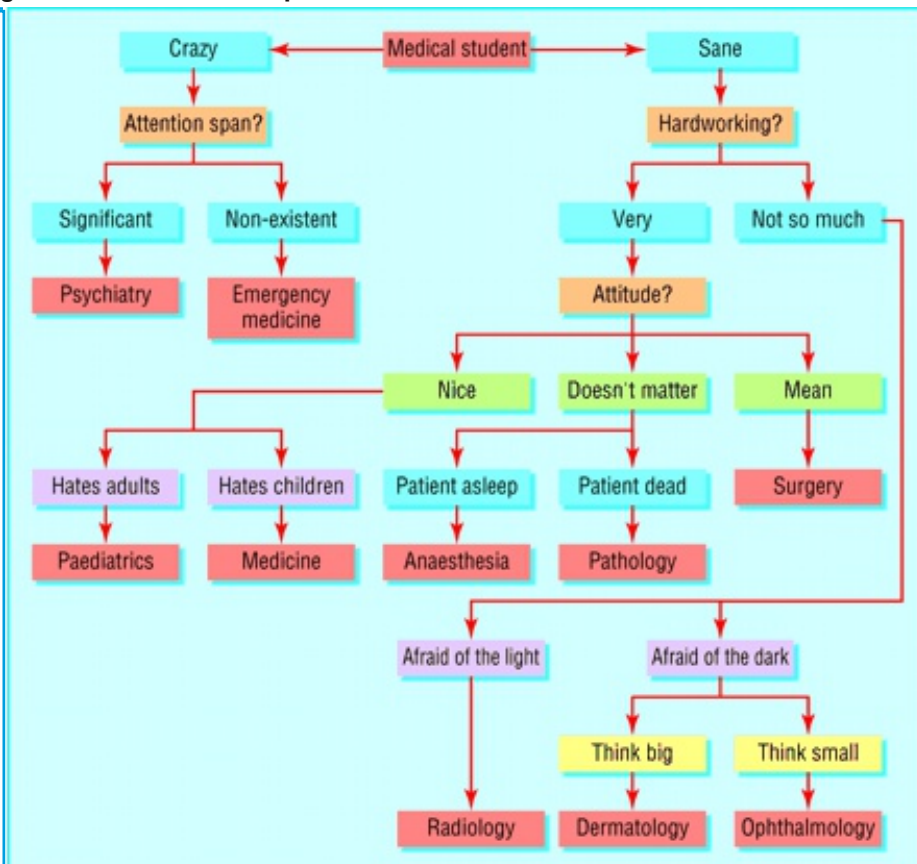
The APA Linkman scheme was introduced in 2005 as a means of providing communication between the Association and all practitioners of paediatric anaesthesia. This has been on the whole very successful, allowing the APA to inform and be informed by their membership.

The intention was for there to be a Linkman in each department, acting as a point of contact for the Association, with eligibility to attend a yearly meeting to discuss topics related to paediatric anaesthesia not ordinarily covered by the Annual Scientific meeting. This proved to be popular and informative. The scheme developed over time, and the Linkman meeting became an excellent opportunity for Linkmen to discuss topical issues with Council members and managers in a more intimate forum.

In recent years regional networks have expanded such that the majority of the country is now covered by one. In many ways these regional support structures have superseded the Linkman scheme. Council is cognisant of this and has supported the development of networks. In light of the fact that Dr Graham Wilson's term as Linkman coordinator has come to an end it was decided to review the scheme. One consequence of this is that Council resolved that there will be no meeting this year. The post of Linkman coordinator is probably best filled by a paediatric anaesthetist from a non-specialist background and the terms of the appointment are under review. In the interim, Council has co-opted Dr Simon Courtman, current chair of the Peer Review sub-committee. His job will be to review the Linkman process and seek advice from both Linkmen and regional networks as to what they would like the APA to provide for this process in the future.

As ever we value the thoughts of our membership.

NHS Career
Pathways?



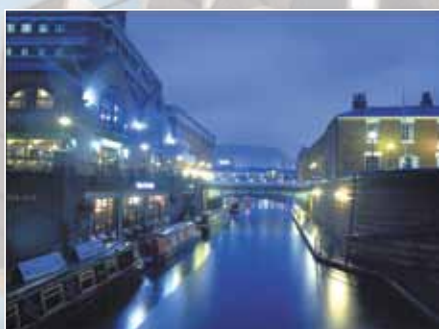


The Association of Paediatric Anaesthetists of Great Britain & Ireland

**39th Annual Scientific Meeting
10th and 11th May 2012**

**The International Convention Centre
Birmingham UK**

- **Parallel Streams, Specialist and Generalist Paediatric Content**
- **Paediatric Trauma Session**
- **International Speakers**
- **Workshops – Airway, TIVA, Ultrasound Vascular Access and Human Factors**
- **Debate Session “Competency Based Training”**
- **Social Programme**
- **CPD Accreditation**
- **Meeting website now open**



For information and registration
visit **www.apagbi2012.co.uk**

Play Specialists



Play Specialist's as a profession have evolved over the past 30 years to become a valued and essential part of the MDT which is recognized by government and professional bodies as an integral part of paediatric care. The National Service Framework for children and young people (2003) clearly states in standard 3.7 that all children in hospital should have daily access to play and then following this the Kennedy report (2010) stated that play specialists provide a crucial role in shaping a child or young persons healthcare experience that can stay with them into adult hood.

Play Specialists' support children and young people during invasive procedures by providing alternative focus activities and distraction, often avoiding the need to use sedation or GA for the child or young person. Play and recreation are also known to help children and young people feel more relaxed when they are anxious and can be used educationally or therapeutically to help young patients to better understand about their health, illness and treatment.

To encourage good practise The National Association of Hospital Play Staff- NAHPS are currently constructing a letter to go out to relevant paediatric managers reminding them of the need to employ qualified and registered play specialists. In line with Health Professions Council guidance, this demonstrates a commitment to recruiting a current and up to date workforce which links to public safety when the workforce maintains continuous and relevant professional development. This directly impacts on the re registration process which is now every two years. Unfortunately until we become part of the HPC this re registration remains voluntary through HPSET. We urge all our MDT colleagues to support play specialists as a profession to become part of the HPC and ensure that only qualified and register practitioners deliver high quality play services throughout the country.

NAHPS

For more information please contact
Irene O'Donnell

Trainee Report

TRAINEE ACTIVITIES

Alyson Calder, APAGBI Trainee Representative

It has been a busy few months!

The 1st Edition of your APAGBI Trainee Handbook (Guidance for Those Interested in Paediatric Anaesthesia) is taking shape. We aim for this to be available next year and to provide practical information to help you get the most from your paediatric anaesthesia training. Also, I have been busy putting together new content for the website re-launch.

When I was organising my Out of Programme Training year, the information on paediatric anaesthesia fellowships was variably useful, and often out of date. So we are developing a database of national and international paediatric anaesthesia programmes to make it easier for you to organise your fellowships.

The other resources which will be useful for trainees are the 'Virtual Patients' which the Education and Training committee have been busy writing (see photo). These will help you in your clinical work, but also for exam preparation. Look out for these on the new website (due for re-launch in May this year).

To prove that the APA is truly a 21st century organisation, we have joined Facebook and Twitter. Please "like" us at www.facebook.com/apagbi. To feed my Facebook addiction, I'll be updating this regularly with dates of upcoming meetings & courses, exam questions and general news of interest to budding paediatric anaesthetists. I hope that our Facebook page will make us more accessible to the trainee membership. Alternatively, email me on alysoncalder@doctors.org.uk with any requests you have for what the APA can do to help you.

See you at the ASM in Birmingham (I hear that there may be curry and beer).

Alyson Calder



A frazzled but happy Education & Training committee after a busy afternoon writing content for the new website.