

# T-Piece

Association of Paediatric  
Anaesthetists of Great Britain  
& Ireland



## Trainees report

# The Association of Paediatric Anaesthetists of Great Britain & Ireland

## 40<sup>th</sup> Annual Scientific Meeting

### Cambridge

### 20<sup>th</sup> & 21<sup>st</sup> June 2013

- Joint meeting with ESPA
- APA 40th Anniversary history symposium on June 19th
- Specialist neuroscience
- Parallel specialist & general streams
- Workshops
- Core topics
- Dinner at Queen's College
- Website open soon



**APA&ESPA**  
*Cambridge 2013*



European Society for Paediatric Anaesthesiology



# PRESIDENTS REPORT

Dr Kathy Wilkinson President APA

A new term, cold and darker mornings, and a busier than ever meetings season.

As they have now done for several years, APA officers met in early September to consider forthcoming plans and priorities. We hope to do the following within the next year:

- Pledge more resources to research (*via* the NIAA) and to education (by further developing some further website materials)
- Re-organise our guideline development process
- Consider how we can improve information for parents and children.

In the wider paediatric arena we will continue to pursue our concerns about delivery of surgical care to children in the DGH (*via* RCS England and with the support of the RCoA). We are also suggesting that NICE should take on the development of a multidisciplinary evidence based guideline for IV

fluids in children and are lobbying others to do the same.

Other news items will be explored in more detail in this edition of T piece, but a few sound bites....

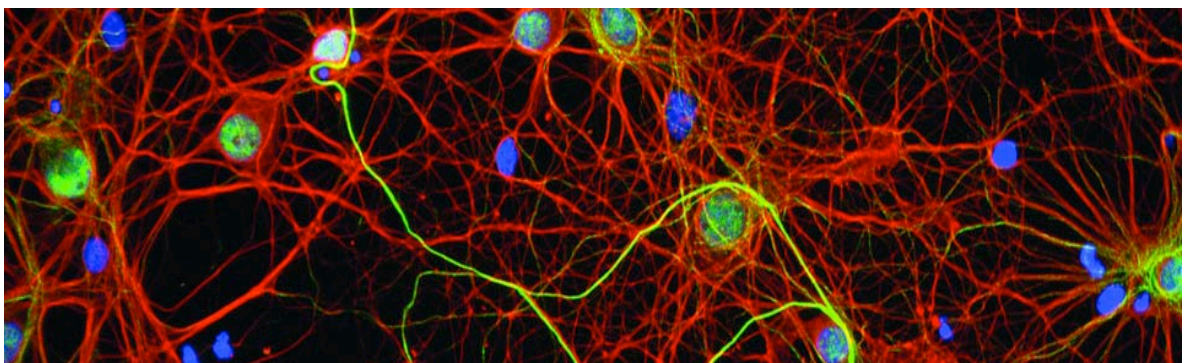
The new organisational arrangements for the NHS in England are progressing, and in July we had the results of the deliberations of the Children and Young people's Outcomes Forum. We believe that these will be formally announced by the Secretary of State in November. There will also very soon be several new service specifications for specialist surgery, anaesthesia and pain relief in children. We have contributed fully to both of these pieces of work .

In early September we were delighted to appoint our third lay member to Council - Ms. Sara Payne. We hope very soon to arrange an election for a new national representative for Scotland (from summer 2013) and will appoint a first non-specialist centre advisor to Council (closing date for

both these roles 31/10/2012).

New standards documents  
- The RCoA has recently revised the 2010 Guidance on Provision of Anaesthetic Services (GPAS) including the chapter covering paediatrics to which we have again contributed. The Children's Surgical Forum (CSF) of RCS England is revising the 2007 standards document to better reflect the need of networks and again we are part of the editorial group. Both should be published by the end of the year.

Finally if you are visiting London after November 8<sup>th</sup>, you might consider visiting the Science museum to see a new exhibition ("Pain less"). This show has a particular emphasis on expanding knowledge of, and interest in, pain and has had major financial support from the Wellcome Trust with additional contributions from the RCoA, AAGBI and, to a much lesser extent, APAGBI along with other specialist societies.



# Financial Statement

Dr Charles Stack. APA Honorary Treasurer

## APA Financial Strategy

During the last year the Council has been looking at the finances of the Association in detail. It has been a difficult financial time in general and although the Association has a good bank balance, it is necessary to maintain a reasonable level in the bank to support the ASM and guard against losses.

Clearly we have to be solvent and provide services to the run the society. Over the last year we have reviewed our costs. We are discussing the contract with the AAGBI, which will hopefully lead to a reduction in their fees. This should not make any difference to the service that they provide but be more in line with what we actually use. We have also looked at other costs including some of the expenses of the ASM cutting out some waste and reusing other resources. The Council feels that in general, the running costs of the Society should be covered by the annual subscription and that the surplus from the ASM should be used for developments, audit and research.

For many years the Association has made a substantial surplus from the ASM, which has helped us build up reserves. However in recent years it is apparent that income and expenditure will vary considerably between years and thus we are looking to a balance the surpluses and losses over a five year cycle.

As a charity the APA has to be charitable. This requires that it support charitable activities for its members. Thus we wish to continue to provide and enhance the services to the members. In particular, Chris Gildersleve has made efforts to improve the website both in functionality and content. The Education and Training sub-committee has and is continuing to produce much useful educational material and information, including for revalidation purposes. We are supporting research through the NIAA with two projects in its first year both of which are progressing well and with the Pain at Home audit this year. We intend putting in again for the 2013 round of the NIAA.

In 2011, the APA made a moderate loss despite a reasonable surplus from the ASM. This year we have made a small loss from the ASM mainly due to the costs of the venue in Birmingham. Thus I expect that we will make a loss again this year.

I am in the process of changing banks from Barclays to HSBC. Next years direct debit will come from them. Although they assure me there will be no problems with this transfer I suspect there may well be. Can I remind anyone who changes banks or who decides to resign to let Busola know at the AAGBI as this saves her a lot of time and frustration and us money.

## Annual Scientific Meeting.

Applications to hold the ASM in the year 2020!

For further information contact Dr Alistair Cranston

[alistaircranston@apagbi.org](mailto:alistaircranston@apagbi.org)

submissions of interest and a supporting statement should be submitted to Dr Cranston by 31/12/2012.

# APA LAY REPRESENTATIVE



Ms Sara Payne Lay representative for the APA

## Introduction to new Lay Member

I am delighted to have been appointed as the new Lay Member on the APA Council. Having seen the work that Ann Seymour has done with you, it is going to be a hard act to follow, but I am looking forward to learning about your work and contributing to it.

I have some experience already as a member of the Patient Liaison Groups at both the Royal College of Anaesthetists and The Royal College of Surgeons. I have enjoyed working with clinicians and found it a refreshing change from my background as an intellectual property law solicitor. I have found my legal drafting skills useful too and I am currently involved in the committee putting together to set new standards in children's surgery, in which the APAGBI is a key voice.

I sit on the MHRA's Paediatric Medicines Expert Advisory Group and have some understanding of the challenges in children's medicine. I am looking forward to assisting you with the challenges in relation to children's anaesthesia services too, to ensure they are of the highest quality. I am a parent of three children and have experienced the great skill and care of anaesthetists both myself and with them. I look forward to learning and contributing more in my new role with you.

## Children's surgery: a national survey of consultant clinical practice

David G Mason, Hannah Shotton, Kathleen A Wilkinson, Michael J Gough, Robert Alleway, Heather Freeth, Marisa Mason.

The results of a survey on paediatric anaesthesia and surgical practice has just been published in the BMJ on line. APA members contributed to this survey and may be interested to review the results via. the NCEPOD website and clicking on "Are we there yet?" (The 2011 study on paediatric surgery and anaesthesia). [www.ncepod.org.uk](http://www.ncepod.org.uk) or <http://bmjopen.bmj.com/>

Kathy Wilkinson

**Objectives:** To survey clinical practice and opinions of consultant surgeons and anaesthetists caring for children to inform the needs for training, commissioning and management of children's surgery in the UK.

**Design:** The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) hosted an online survey to gather data on current clinical practice of UK consultant surgeons and anaesthetists caring for children.

**Setting:** The questionnaire was circulated to all hospitals and to Anaesthetic and Surgical Royal Colleges, and relevant specialist societies covering the UK and the Channel Islands and was mainly completed by consultants in District General Hospitals.

**Participants:** 555 surgeons and 1561 anaesthetists completed the questionnaire.

**Results:** 32.6% of surgeons and 43.5% of anaesthetists considered that there were deficiencies in their hospital's facilities that potentially compromised delivery of a safe children's surgical service. Almost 10% of all

consultants considered that their postgraduate training was insufficient for current paediatric practice and 20% felt that recent Continued Professional Development failed to maintain paediatric expertise. 45.4% of surgeons and 39.2% of anaesthetists considered that the current specialty curriculum should have a larger paediatric component. Consultants in non-specialist paediatric centres were prepared to care for younger children admitted for surgery as emergencies than those admitted electively. Many of the surgeons and anaesthetists had <4 h/week in paediatric practice. Only 55.3% of surgeons and 42.8% of anaesthetists participated in any form of regular multidisciplinary review of children undergoing surgery.

**Conclusions:** There are significant obstacles to consultant surgeons and anaesthetists providing a competent surgical service for children.

Postgraduate curricula must meet the needs of trainees who will be expected to include children in their caseload as consultants. Trusts must ensure appropriate support for consultants to maintain

### Honorary Membership

of the Association of Paediatric Anaesthetists  
is open to all members.

If you know of someone in your department that you consider has contributed to the specialty then please nominate them for honorary membership.

Nominations please to [tonymoriarty@me.com](mailto:tonymoriarty@me.com)

# Education Committee

## Education Utilities on the APA Website

### Best Bets

<http://www.apagbi.org.uk/professionals/education-and-training/apa-best-bets>

The aim is to create an interactive on line repository of evidence based topics for all aspects of paediatric anaesthesia. This will be easy to search and therefore immediately aid peri-operative encounters. The topics will be published on-line on the APA website and potentially published in Pediatric Anesthesia. In addition the topics will be interlinked with the APA virtual patients on line education resource. There will also be syndicated publication on the Best Bets website ([www.bestbets.org](http://www.bestbets.org)) facilitating inter-professional readership.

### Virtual Patients

<http://www.apagbi.org.uk/professionals/education-and-training/virtual-patients>

Virtual patients are interactive cases that have been developed by members of the education and training committee to support our members in gaining or refreshing the knowledge base required for revalidation against the Level 2 CPD matrix (continuing professional development matrix).

While these cases are intended to support knowledge acquisition, when revalidating in paediatric anaesthesia it is also vital to refresh the skills and professional behaviours needed for these elements of the CPD matrix.

The virtual patients are not yet comprehensive- i.e. they do not cover all the knowledge needed for Level 2 CPD. The cases have however been selected to direct the learner to a range of important areas for CPD.

Virtual patients are based on:

- previously well children who have acute illness,
- children in circumstances presenting special challenges for anaesthetists
- children with long-term medical conditions.

The virtual patients are displayed in different formats depending on the type of presentation and are designed to match the functionality of the website.

All cases have key elements:

- Learning points
- An explanation of how the areas covered map to the [CPD matrix](#)
- The virtual patient is either provided as a synopsis or in a series of unfolds separated by questions and answers
- A summary of the key questions asked
- The key learning points summarised for the case

We hope you find these resources useful. Please provide us with feedback and if you have any suggestions on how the cases may be improved or any useful resources please let us know.

Alison Carr Chair, Education & Training Committee



# TRAINEE REPORT

Alyson Calder

Hopefully some of you will have had the chance to check out the Trainee Section of the new APA website ([www.apagbi.org.uk/professionals/trainee-section](http://www.apagbi.org.uk/professionals/trainee-section)). We are particularly keen to develop the 'Educational Materials' section. So, if you have any requests for topics you would like to see there, please email me on [alysoncalder@doctors.org.uk](mailto:alysoncalder@doctors.org.uk). Equally, if any of you would like to *write* for this section, please let me know (great CV fodder, surely?).

The recent European Congress of Paediatric Anaesthesiology (ESPA) in Stresa, Italy was fantastic. A large range of topics were covered, and several APA council members contributed to the programme. Next year's APA Annual Scientific Meeting in Cambridge will be joint with ESPA. The programme (soon to be announced on the APA website) is full of very practical presentations and workshops which is perfect for trainees interested in Paediatric Anaesthesia. Book your study leave now for the 20<sup>th</sup> and 21<sup>st</sup> June 2013! There is plenty of time to work on your research/audit for submission between now and then.

It made my day week when I found copies of the inaugural APA Trainee Crossword in two operating theatres in our hospital. Not only had someone taken the time to print it out, but had also filled it in! So, by popular demand (i.e. two anaesthetists that I know of), another APA Trainee Crossword appears in this edition of the newsletter. Who says we're not good to you?

APA Trainee Representative  
October 2012

## Meetings Coming up soon

### Society for Intravenous Anaesthesia

[Annual Scientific Meeting, 29th and 30th November 2012](#)

Registration is possible for one or two days. [The programme on Thursday 29th November](#) will be of particular interest to paediatric anaesthetists:

- [Paediatric TIVA workshop](#). For paediatric anaesthetists who wish to develop an interest in TIVA, delivered by Drs Oliver Bagshaw, Jon Macormack and Neil Morton. Only 20 places are available so early booking is advised.
- The afternoon session is entitled "All creatures great and small" and includes a lecture by Dr. Alistair Baxter on the practical paediatric applications of TCI.

### **Paediatric Anaesthetists Group of Wales (PAGW). Annual meeting, 15th-16th November 2012**

<http://pagw.org.uk/futuremeetings.html>

### **Royal College of Anaesthetists**

[CPD Study Day: Paediatric Anaesthesia, 13th February 2013](#)

### **Association of Anaesthetists of Great Britain and Ireland**

[Paediatric Seminar, 28th November 2012](#)

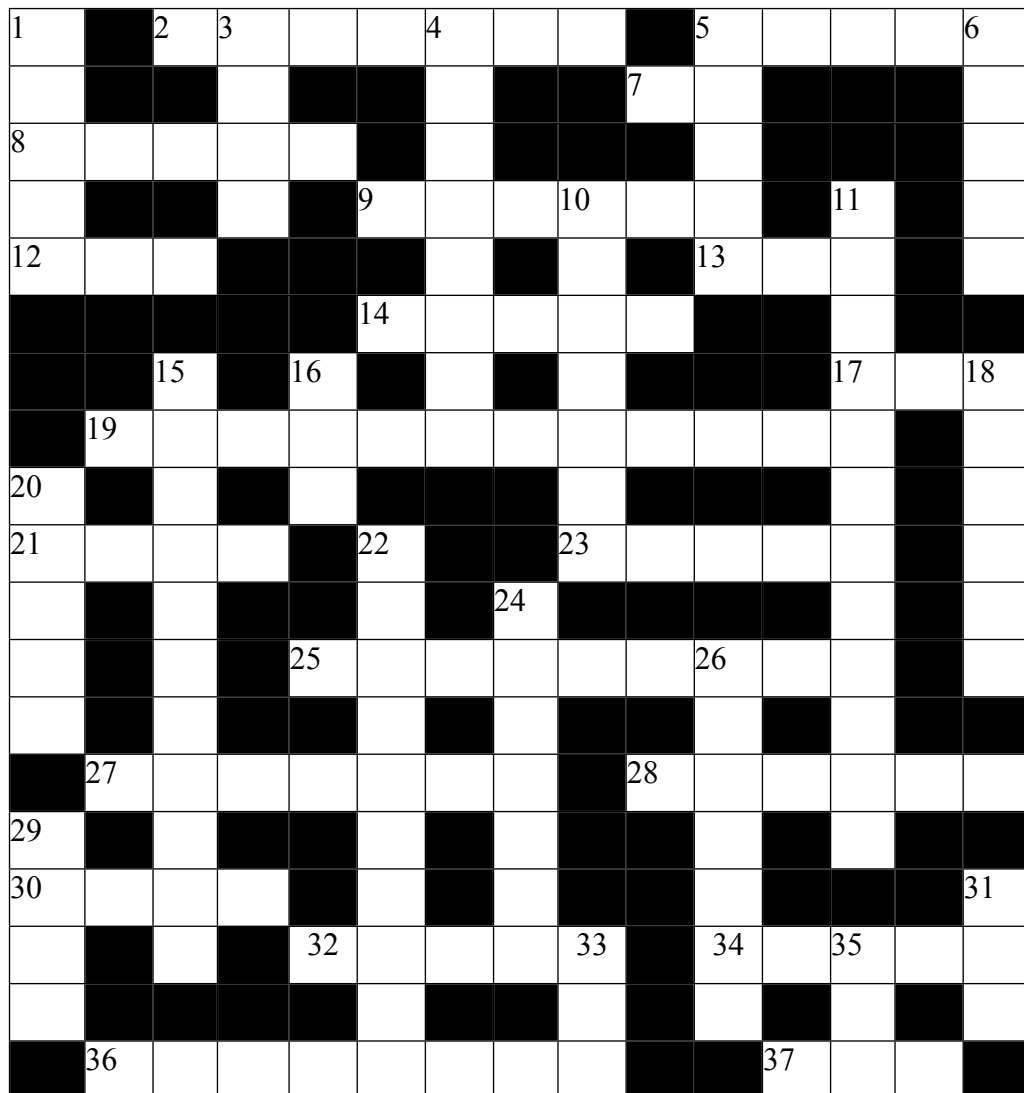
### **Barts and The London Children's Hospital**

12th postgraduate education day in paediatric anaesthesia, 13th November 2012. ["Truth and Myths in paediatric anaesthesia"](#)



# APA TRAINEE CROSSWORD

October 2012



## ACROSS

- 2 Sign of meningococcal meningitis (7)  
 5 Syndrome otherwise known as Trisomy 13 (5)  
 7 \_\_\_ Fort, classification for facial fractures (2)  
 8 Nephroblastoma (5)  
 9 \_\_\_\_\_ cell disease: autosomal dominant haemoglobinopathy (6)  
 12 Sooty's panda friend (3)  
 13 Described in 14 Down (1,1,1)  
 14 \_\_\_\_\_'s dystrophy, complex regional pain syndrome (5)  
 17 The \_\_\_ study: ongoing multicentre RCT investigating neurodevelopmental outcomes in infants under going hernia repair under spinal or general anaesthesia (3)  
 19 Syndrome associated with microphthalmos, microcephaly, developmental delay and cardiac lesions (5, 7)  
 21 A small \_\_\_ may signify a paediatric difficult airway (4)  
 23 The \_\_\_\_\_ Report, published in 1959 made suggestions to increase parental involvement in their child's hospital care (5)  
 25 Sign of meningococcal meningitis (9)  
 27 High levels suggest hypoperfusion (7)  
 28 Polydactyly means too many of these (6)  
 30 Useful cardiac investigation (abbr.) (4)  
 32 A symptom complex associated with congenital heart disease (1,1,1,1,1)  
 34 \_\_\_\_\_-Day syndrome, familial dysautonomia (5)  
 36 Gives Ben 10 the power to transform into different aliens (8)  
 37 When enteral feeding is unavailable (1,1,1)

## DOWN

- 1 Syndrome associated with atlanto-axial instability, subglottic stenosis, macroglossia (5)  
 3 Used to provide cardiorespiratory support in PICU (1,1,1,1)  
 4 Another name for the dicrotic notch on arterial trace (8)  
 5 \_\_\_\_\_ Parker; Spiderman's real name (5)  
 6 Nerve supplying the hypothenar eminence (5)  
 10 Layman term for patella (7)  
 11 Usually caused by *H. influenza* type b (12)  
 15 Premature infants are susceptible to this, particularly when exposed to high oxygen levels (11)  
 16 Regional trunk block (1,1,1)  
 18 Harry \_\_\_\_\_, one of the One Direction heartthrobs (6)  
 20 These veins are sometimes cannulated in neonates (5)  
 22 Produced by type II pneumocytes (10)  
 24 \_\_\_\_\_ drug reaction, for example rash (7)  
 26 May present with varying neurological features and normal plain X ray (1,1,1,1,1,1,1)  
 29 Captain Barnacle from the Octonauts is one (4)  
 31 Surgical treatment for pyloric stenosis (abbr.) (3)  
 33 Character from Toy Story with low self confidence (3)  
 35 Cleft \_\_\_ may be uni or bilateral (3)

FOR THE ANSWERS, GO TO 'PROCRASTINATION CORNER' ON THE TRAINEE SECTION AT [www.apagbi.org.uk](http://www.apagbi.org.uk)

# Management of Anxious Children

## One day training course

The POEMS For Children Course has delivered comprehensive training in the management of anxious children since August 2007.

It offers practical techniques to allow the effective detection, management, reduction and prevention of anxiety in children receiving medical care.

As a direct consequence of a collaborative initiative between The Scottish Paediatric Anaesthetic Network - SPAN - and The POEMS For Children Faculty, this course will be coming to Scotland for the first time.

Date: Tuesday 6th November 2012

Venue: IET, Teacher's Building  
St Enoch's Square  
Glasgow

CPD: Awarded 5 CPD points  
by The Royal College of Anaesthetists

Fee: Includes Refreshments and lunch  
Consultants/SAS: £100.00  
Trainees: £75.00  
Nurses/ODP/Play Specialists: £40.00

To Book: Delegates paying the full course fee of £100.00 can either book online or complete and send a manual booking form.

All other delegates will need to download and use a manual booking form.

**To book The SPAN Glasgow Course date online or download a manual booking form click the "Book" button on The POEMS website at:**

**[www.poemsforchildren.co.uk](http://www.poemsforchildren.co.uk)**

Further information about the course schedule and The POEMS initiative, plus a link to contact us for further assistance, can also be found on this website.

Course feedback from previous candidates:

*"The quality of the information I learned on this course far outstrips previous information on communication techniques, and the delivery is accessible and democratic - teachers practiced what they preached."*

*"Every now and again you go on a study day that really changes your practice and yours certainly has for me ... it really works and is the way ahead!"*