

HOT TOPIC 20

WHAT CLASSES A PAEDIATRIC ANAESTHETIST?

SUMMARY OF KEY POINTS:

- Annually, there are approximately half a million anaesthetics delivered to children and infants in the UK
- Consultants appointed to posts with a designated sub-specialty interest in paediatric anaesthesia, in non-specialist centres, should have the competencies listed for higher training in paediatric anaesthesia or equivalent.
- Some opinions have stated that paediatric anaesthetists are paediatric peri-operative physicians and indeed that true paediatric anaesthetists are neonatal anaesthetists, as general anaesthetists should be able to anaesthetise children down to the age of 1 month.

REVIEW OF EVIDENCE

For patients, especially parents, anaesthetics are scary; often the scariest part of an operation. Likewise, for anaesthetists, anaesthetising patients at the extremes of age and diseased states can be very scary as well. However, induction and emergence are only one part of an anaesthetists' job. We are responsible for our patients' overall peri-operative wellbeing. The unsung heroes who manage to save the day when things go awry and the true complete physicians that remain in a modern-day era of super-specialists...

Annually, there are approximately half a million anaesthetics delivered to children and infants in the UK. So, it is reassuring to know that the person tasked with rendering your child to the brink of physiological mayhem is one of the best trained professionals in the world. However, what determines the standards that govern this?

Formed in the summer of 1973, the Association of Paediatric Anaesthetists of Great Britain & Ireland is 46 years old. The aims of the Association are to promote high standards in paediatric anaesthesia through education and research. Members are drawn from every type of hospital in the UK and Ireland, Europe and from further overseas; including district general and specialist tertiary hospitals. Indeed, there is a vast breadth of skill mix within the APA's membership, with some generalist members stating a specific interest in paediatric anaesthesia and others being active in more specialist areas of paediatric anaesthesia; including acute and chronic pain, paediatric intensive care, paediatric neurosurgery and paediatric cardiac surgery.

So, what exactly does class a paediatric anaesthetist? A cool and calm manner, meticulous attention to detail and a love for all those drug calculations could name but a few of the qualities; but surely, these are the qualities we all possess as anaesthetists in general, along with a personality type that borders on the obsessive-compulsive spectrum...

One could consider consulting the RCoA's 'Guidelines for the Provision of Paediatric Anaesthesia Services', 2016¹. Broadly speaking, anyone who is awarded a CCT in anaesthesia in the UK will have received a minimum period of higher training in paediatric anaesthesia, allowing them a competence to anaesthetise children 3 years and older for common elective and emergency procedures. It is expected that competence and confidence to anaesthetise children needs to be maintained through direct care, continuing professional development and/or refresher courses, and should be routinely considered within annual appraisal and revalidation.

Full-time Consultant paediatric anaesthetists appointed to posts in specialist children's hospitals or paediatric units within larger university hospitals will have completed the higher and advanced-level competency-based training requirements in paediatric anaesthesia of the RCoA or equivalent. It is recognised that anaesthetists involved in highly specialised areas such as paediatric cardiac and neurosurgery will require additional training that is individually tailored to their needs.

Consultants appointed to posts with a designated sub-specialty interest in paediatric anaesthesia, in non-specialist centres, should have the competencies listed for higher training in paediatric anaesthesia or equivalent. Specialist and non-specialist paediatric anaesthetists should have advanced training in life support for children and level 2 for safeguarding/ child protection, with at least one consultant in the department taking the lead with level 3 competency.

Each centre must appoint a lead consultant for paediatric anaesthesia that does at least one paediatric list each week and is responsible for coordinating and overseeing anaesthetic services for children.

Anaesthetists must recognise and work within the limits of their professional competence. In paediatric anaesthesia, for those anaesthetists working in non-specialist centres that do not have regular children's lists but may have both daytime and out-of-hours responsibility to provide care for children requiring emergency surgery, it is recommended that regular supernumerary attachments to lists or secondments to specialist centres are undertaken.

As one can see, many of these guidelines are fluid and there is indeed much debate amongst paediatric anaesthetists as to what distinguishes a paediatric anaesthetist from a general anaesthetist. Some opinions have stated that paediatric anaesthetists are paediatric peri-operative physicians and indeed that true paediatric anaesthetists are neonatal anaesthetists, as general anaesthetists should be able to anaesthetise children down to the age of 1 month. The latter highlights a controversial area on the increase in the UK – the deskilling of general anaesthetists in paediatrics due to centralisation of services to tertiary centres.

REFERENCES:

1. RCoA Chapter 10: Guidance for the Provision of Paediatric Anaesthesia Services 2016

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