Revalidation in paediatric anaesthesia for the generalist anaesthetist – the Oxford solution

Revalidation has started. It, in your current job-plan, may ever be called upon to anaesthetise a child - read on!

Guidance from the RCoA describes the supporting information that individuals will be required to present at their annual appraisal. It also highlights one of the problems that may be faced by generalist anaesthetists, “Inadequate caseload in key areas of anaesthetic practise, e.g. paediatrics, may have implications for the maintenance of competency and being up-to-date and fit to practise”. The CPD matrix suggests topics that might be appropriate CPD for a particular area of practise. Level 2 CPD topics should reflect the principles of practise including on call responsibilities. For anaesthetists who do not have a special interest in paediatrics but may still be required to anaesthetise children through clinical necessity or even by design, it may be difficult to achieve the necessary paediatric CPD.

In the Oxford region, we felt that a coherent approach was required to support generalist anaesthetists to revalidate in paediatric anaesthesia. This has led us to develop our existing paediatric anaesthesia network, and to develop a specific course focused on covering the Level 2 CPD topics; the Oxford Paediatric Anaesthesia Revalidation Day. This article shares our experiences in a basic syllabus, but this will be modified to fit the needs of the individual.

Oxford Paediatric Anaesthesia Revalidation Day

As use of the matrix grows, the RCoA hopes that it will have an impact on the future planning and development of CPD to meet, for example, any gaps in provision.4

The idea for a regional teaching day focussed on revalidation was first raised at our regional paediatric anaesthesia meeting. A DGH anaesthetist voiced concern that he felt he was not up to date and fit to practise. This was discussed with the specialist paediatric anaesthetists and we agreed that as Paediatric Anaesthesia Fellow I would take on the project for the region.

Target audience:

“Level 2 CPD in paediatric anaesthesia is – those who anaesthetise children at any time, including only on call.

Requirements that the teaching day needed to achieve:

- A ‘one-hit’ ‘get yourself up-to-date’ course to aid revalidation for the generalist anaesthetist
- Level 2 CPD covered with sufficient depth, but concise enough to be delivered in one day
- Affordable - wanted to minimise cost to protect anaesthetists from the ‘industry’ that is likely to spring up around revalidation
- Local - to allow discussion of regional issues and avoid the time and monetary expense of travelling further afield
- Small (20 delegates) to allow high level of interaction between delegates and faculty

The Course Sessions (Box 2):

We aspire to improve the quality of clinical care and training in paediatric anaesthesia, but feel that these elements also go hand-in-hand with supporting departments and individuals to maintain their knowledge pertinent to paediatric anaesthesia. While revalidation is an individual process, its principles of remaining up-to-date and fit to practise also apply at a departmental level.

Box 2: Course sessions (CPD code)

- Assessment and initial management of the critically ill child (D01) - 30min
- Team working between DGH and PICU retrieval teams (D07) - 30min
- The paediatric airway (D02; 1B01) - 45min
- The anxious child (D02) - 30min
- Paediatric emergencies - three sessions (1B01; 2D02; 2D04; 2D07) - total 2 hours
- Consent issues in paediatric anaesthesia (D02; 1F01) - 30min
- Vascular access in children (D03) - 30min

We were keen to bridge the gap between resource intensive, hands-on simulation training and large group based sessions. To do this, we incorporated a variety of innovative teaching structures, in particular in our paediatric emergencies workshops. These interactive sessions used pre-recorded video of high fidelity simulation of emergency scenarios. These allowed immersive involvement in the scenario with a heightened visceral level of connection created by watching, for example, a desaturating ‘patient’ and hearing the dropping tone of the saturation monitor.

The Course Manual

“The RCoA encourages doctors to record their reflection on CPD activity undertaken...”

“Reflection should occur as soon as possible following the event – to be contemporaneous and meaningful.”

Approval was gained from the RCoA for five CPD credits. The course appears on the RCoA Online CPD system which allows users to record their attendance, and also to add a reflective review of their learning. As well as including lecture notes, the manual also highlights key references and further learning opportunities for those who wish to learn more about the topics covered (both within the region: for example, simulation courses offered by the Oxford Simulation Centre; and also nationally). It also includes space for notes and for delegates to reflect on how they might alter their future practise. This helps delegates to record this information in the online CPD system.

Feedback

We ran our first course in December and the feedback was excellent. We are now adjusting our programme to make further improvements next year. In particular, we hope to introduce parallel streams to allow an even greater level of interaction to meet individual anaesthetists’ needs.

Advice for setting up a Revalidation Day in your region

Setting up a new meeting takes a lot of work, but it has been hugely rewarding. Below are a few things that may help if you are interested in setting up a similar teaching day for your region.

- Everything takes longer than you think – set deadlines, but realistic ones!
- Politics: ensure that you keep everyone on board and working together, you will need help from both tertiary and DGH anaesthetists. In particular, I was very keen to use the course to help strengthen working relationships within the regional network – i.e., for this to be an inclusive course for the region, by the region.
- Ensure that you have support – involve colleagues to help, but take personal responsibility for driving things forward.
- Identify lecturers early and be specific as to what you want covered and the target audience.
- Publicity – use other meetings to present your ideas. I spoke at our regional paediatric anaesthesia meeting to explain our plans - the videoed simulation scenarios were a powerful component of this talk.
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References

2. Guidelines for Continuing Professional Development April 2012 Version 1.2. The Royal College of Anaesthetists

The role of the Regional Network in supporting revalidation

We are developing the network to suit our local needs, by incorporating elements of existing successful regional networks such as the Thames and South West groups (Box 1).

Box 1: Key features of the Oxford Paediatric Anaesthesia Network:

- Meeting of Clinical Leads from hospitals in the region
- Annual half-day Paediatric Anaesthesia Meeting
- Procedure for seeking clinical advice from tertiary centre anaesthetists
- Clinical attachments in Oxford to refresh paediatric anaesthesia skills
- Oxford Paediatric Anaesthesia Revalidation Day

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