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TRAINING REVIEW IN PAEDIATRIC ANAESTHESIA(TRIP): AN EXPOSURE & WORKLOAD DISTRIBUTION SURVEY

S. M. Chan, University College London Hospitals NHS Trust, UK

Introduction and aims:

In the 2021 RCOA curriculum, paediatric anaesthesia is no longer a general learning domain but a special interest area in the higher stage with key skills outlined relating to children of all ages including premature babies.¹ We believe it is crucial to know the spread of paediatric anaesthesia workload nationally in order to plan and provide training opportunities.

TRIP was a 2-part study looking at all regions in the United Kingdom and Northern Ireland. First, it surveyed college tutors to obtain data on estimated cases per annum, the effect of the COVID-19 pandemic and spread of non-consultant anaesthetists (NCAs) in the department. Secondly, it surveyed NCAs to look at types of paediatric patients encountered in a 2-week period and related levels of supervision.

Method:

Survey data were collected and managed using REDCap electronic data capture tools hosted at Great Ormond St Hospital.^{2,3} Part 1 opened on 22nd June 2022 and Part 2 collected a log of paediatric patients encountered by NCAs from 7th to 20th July 2022.

Results:

168 trusts were identified to be eligible and of these, 112 (66.7%) participated in part 1 and 101 (60.1%) participated in part 2. Out of the 112 sites in part 1, 18 were tertiary/quarternery sites. A total of 58 (51.8%) sites had not resumed pre COVID-19 levels of paediatric anaesthesia provision. Regions most affected were Scotland, Northern Ireland, East Midlands, Wales and Peninsula. Overall, there were 2922 NCAs with 1282 (43.9%) expected to achieve paediatric competencies and 159 (5.4%) had declared a career interest. There were regional and site differences with London and Scotland having the highest ratio of NCAs with a career interest.

The 101 departments recruited for Part 2 had a total of 8035 paediatric cases in those 2 weeks and of these, TRIP received a log of 3113 patients within 1692 lists. Consultants supervised 87.8% of these lists and only 16.0% were solo or distantly supervised. 309 (9.9%) patients were aged up to 1 year and of these, 128 (41.4%) were logged by NCAs in London and Scotland. ASA 1 or 2 patients made up 83.9% of the cases.

Discussion and conclusion:

2 years after the last COVID-19 lockdown, half of all participating sites were still not back to pre-pandemic provision levels. Although levels of participation varied, only 38.7% of cases were logged by NCAs indicating a surplus of paediatric cases where NCA training could have taken place. A large proportion of NCAs including those in junior grades are still expected to achieve paediatric competencies without the framework of the old 2010 curriculum and career interest in paediatric anaesthesia amongst NCAs is generally low with the exception of some London and Scottish tertiary sites.

References

1. 2021 Curriculum for a CCT in Anaesthetics. Aug 2021. Available at [<https://rcoa.ac.uk/training-careers/training-hub/2021-anaesthetics-curriculum>]
2. PA Harris, R Taylor, R Thielke, J Payne, N Gonzalez, JG. Conde, Research electronic data capture (REDCap) – A metadata-driven methodology and workflow process for providing translational research informatics support, *J Biomed Inform.* 2009 Apr;42(2):377-81.
3. PA Harris, R Taylor, BL Minor, V Elliott, M Fernandez, L O’Neal, L McLeod, G Delacqua, F Delacqua, J Kirby, SN Duda, REDCap Consortium, The REDCap consortium: Building an international community of software partners, *J Biomed Inform.* 2019 May 9 [doi: 10.1016/j.jbi.2019.103208]