ACORNS – annual national reports 2014

Reports

Austria (Maria Vittinghoff) ................................................................................................................... 1
Czech Republic (Vladimir Mixa) ........................................................................................................... 2
Denmark (Torsten Lauritsen) ................................................................................................................ 3
Estonia (Reet Kikas) .............................................................................................................................. 4
Finland (Kati Martikainen) .................................................................................................................... 4
Germany (Christoph Eich) ..................................................................................................................... 5
Great Britain (Bob Bingham, Mark Thomas) .......................................................................................... 6
Hungary (Tamás Kovesi) ....................................................................................................................... 7
Latvia (Zane Straume) ........................................................................................................................... 8
Italy (Andrea Messeri) ........................................................................................................................... 8
The Netherlands (Bouwe Molenbuur) ................................................................................................... 9
Norway (Wenche Bakken Børke) ......................................................................................................... 9
Poland (Alicja Bartkowska-Sniatkowska) .......................................................................................... 10
Portugal (Fernanda Barros) .................................................................................................................. 12
Serbia (Dusica Simic) ............................................................................................................................ 13
Slovakia (Barbora Nedomova) .............................................................................................................. 13
Slovenia (Jelena Berger) ....................................................................................................................... 14
Sweden (Angela Hanson) ...................................................................................................................... 14
Switzerland (Mirko Dolci) .................................................................................................................... 16
Turkey (Dilek Özcengiz) ......................................................................................................................... 16

Austria (Maria Vittinghoff)

The Austrian working group of Pediatric Anesthesia was found in the mid-nineties and in 2009 became a section of the Austrian Society of Anaesthesiology and Intensive Care Medicine (Österreichische Gesellschaft für Anaesthesiologie, Reanimation und Intensivmedizin – ÖGARI)

The working group consists at the moment of 40 members. A core-group of 10 - 12 people meets at least twice each year to discuss actual problems, to formulate standards and recommendations. All members are invited to attend the general meeting which is held each year at the annual national congress (AIC 26. – 29. 11 2014 in Linz, Austria)
Activities of the working group:

Guidelines:
This year the “Recommendations for perioperative fluid management in children” have been published on the ÖGARI – homepage.
In cooperation with the Section of Pain Management of the ÖGARI the “Austrian Consensus on Pain Management in Children” was published.

Annual congress: (AIC 26. – 29. 11 2014 in Linz)
The pediatric topics at this year’s AIC-Congress are covering regional anesthesia, preoperative evaluation, management of the difficult airway, presentation of the “Austrian Consensus on Pain Management in Children” and case reports on the management of critical situations in the emergency room and in theatre.

Annual Symposium for Pediatric Anesthesia:
This year we organised the 1st Workshop for Emergencies in Pediatric Anesthesia which was followed by the 11th Symposium on Pediatric Anesthesia.
This symposium covers the basic topics of Pediatric Anesthesia including the preoperative management, induction and maintenance of anesthesia in general but also for specific cases and the management of emergency situations. Furthermore topics such as pain management, regional anesthesia, management of patients with congenital heart disease, management of the newborn baby with malformations are outlined. The aim of this symposium is to give the participants practical advice how to manage certain situations in pediatric anesthesia.
Next years symposium will be held in March (12 – 14. 3. 2015).

Homepage:
The working group is represented on the ÖGARI-homepage with an own section. In addition we are busy working to launch an additional homepage on pediatric anesthesia (www.kindernarkose.at) which will be linked with the ÖGARI-homepage and will give patients and parents useful informations. We hope that in future this homepage will also be linked with the ESPA-homepage.

Czech Republic (Vladimir Mixa)
The professional association of anaesthetists in the Czech Republic is CSARIM (Czech Society of Anaesthesia and Intensive Care Medicine). Currently it has approximately 1000 members. Part of the CSARIM is the “Section of paediatric anaesthesia” with voluntary membership. We assume that there are currently approximately 40 anaesthesiologists engaged in paediatric anaesthesia for full-time, who are concentrated around large university hospitals, such as in Prague, Brno, Olomouc, Ostrava. Dozens more anaesthesiologists are dedicated to paediatric anaesthesia partly within smaller hospitals.
In the Czech Republic, paediatric anaesthesia is not registered as a specific field of anaesthesiology. Length of training of children’s anaesthetist is not given. It is assumed that after passing the postgraduate examination (after five years of practice), each anaesthesiologist is able to provide an uncomplicated anaesthesia of a child. The narrow specialization is gained through years of experience in the aforementioned university hospitals.

Basic procedures of anaesthesia of children are part of the general recommended procedures issued by CSARIM.

In September 2014, a successful Annual Congress of ESPA was held in Prague, attended by approximately 540 guests.

Section of lectures with children’s theme is a part of the annual CSARIM and CSIM (Czech Society of Intensive Care Medicine).

Cooperation with children anaesthesiologists from Slovakia is beneficial. Each year, the Congress of Czech and Slovak Anaesthesia and Intensive Medicine takes place.

**Denmark (Torsten Lauritsen)**

In Denmark paediatric anaesthesia is organized as a subcommittee at the Danish society for Anaesthesia and intensive care medicine. The society is regarded as the natural partner for political and medical matters regarding anaesthesia and intensive care medicine.

1. Politically centralization is still a hot topic in Denmark. Centralization has left us with 4 highly specialized centers and a number of regional hospitals

2. Scandinavian Society of Anaesthesia and Intensive Care Medicine (SSAI) continue to host a variety of expert training programs. The paediatric expert program is a huge success in Denmark with one or more candidates from each of the highly specialized centers. The program has become the gold standard for paediatric anaesthesia expert education.

3. This year the third Nordic training program for nurse has been started with similar set up as the training program for doctors but with focus on nurses.

4. April 17th -19th 2015 Copenhagen will host the third Nordic paediatric anaesthesia congress with residents and nurse anaesthetists as the primary target group. http://boerneanaestesi.dk/
Estonia (Reet Kikas)

The total training in general anesthesia is 44 months in Estonia. For pediatric anesthesia only the period is three months. The current state of pediatric anesthesia can be considered satisfactory taking into account the size and population of Estonia (less than 1.3 million people).

The training takes place in two centers: Tartu University Hospital and Tallinn Children Hospital. The training includes different types of pediatric surgical patients of mixed age groups.

After completing the training, the trainee has obtained competence in:

- Anatomical, physiological and pharmacological differences between newborn and children
- Preoperative evaluation and premedication
  - Techniques for induction and maintenance of general anesthesia
  - Airway management, difficult airway management
  - Monitoring
  - Circulatory support and fluid management
  - Regional anesthesia and analgesia
  - Postoperative pain management
  - Resuscitation, basic and advanced life support

Trainees attend regular seminars and give presentations. We have access to all of the Medline database, commissioned by specialist magazines (Pediatric Anesthesia, British Journal of Anesthesia, Anesthesiology, Regional Anesthesia and Pain Therapy, European Journal of Intensive Care)

The national website for anesthesiologists (www.anest.ee, in Estonian) contains information on training and guidelines for the work.

Currently, there are 22 pediatric anesthesiologists and new pediatric anesthesiologist is not needed every year. But we are constantly emphasizing on modern education of our staff and residents.

We hope that is possible to obtain new information, instructions, training by actively participating in ESPA.

Finland (Kati Martikainen)

The Pediatric Anesthesiologists’ section (SULAT) of Finnish Society of Anesthesiologists (SAY) organizes its own 1,5-day meeting once a year. This year it was hosted by colleagues from Tampere 2/2014. The meeting welcomes not only pediatric anesthesiologists, but also all those anesthesiologists who have any interest in pediatric anesthesia topics.
SULAT also regularly organizes lectures and/or session concerning pediatric anesthesia/intensive care at the annual congress of SAY and The Finnish Society of Surgeons.

Kati Martikainen

Germany (Christoph Eich)

Sept. 9, 2014

Christoph Bernhard Eich, Hannover (German ACORN representative of ESPA and Second Speaker of the German Scientific Working Group for Paediatric Anaesthesia, WAKKA)

Karin Becke, Nürnberg (Member of the Executive Board of ESPA and First Speaker of WAKKA)

1. Certificate for Special Paediatric Anaesthesia

   The German Certificate had been put on abrupt hold by the General Assembly of the German Society for Anaesthesiology and Intensive Care (DGAI) in May 2012. Main concern was the degree of compulsory subspecialisation in anaesthesiology as an all-embracing specialty. Now all efforts of the German Scientific Working Group for Paediatric Anaesthesia (WAKKA) have been redirected towards institutional instead of personal certification.

   The intended certification of centres will include infrastructural (working place facilities, equipment, hospital/departmental organisation) as well as personal requirements (training, staffing, responsibilities). These will also be geared to the current project of ESPA “Guidance on competent services for paediatric anaesthesiology and pain management”. All former applicants who complied with all criteria required for the certificate will receive a written confirmation instead.

   As a basic step the DGAI published in January 2013 their guidelines on “Minimal requirements of the anaesthesiological working place” which include a decided subsection for the provision of paediatric anaesthesia. Further steps will be taken in early 2015. Concurrently, the WAKKA actively supports the project of an ESPA Fellowship for Paediatric Anaesthesia.

2. Advancement of Treatment Recommendations of WAKKA

   (“Handlungsempfehlungen”) into formal Guidelines of the German Association of the Scientific Medical Societies (AWMF)

   In 2006 the WAKKA started to publish its popular clinical Treatment Recommendations (TR). So far 13 TR have been published, covering almost all key issues of paediatric anaesthesia. New TRs and distinct TRs scheduled for revision will be now developed and published as formal Guidelines under
the auspices of AWMF. According to the three defined categories of AWMF Guidelines a supervised evidence and consensus process is mandatory.

3. **Paediatric intensive care**

The input of (paediatric) anaesthetists in paediatric intensive care in Germany had been fading during the past 20 years. Since 2011 the WAKKA had started new efforts to reroute this unfavourable development – clinically, scientifically, educationally and organisationally.

By now paediatric anaesthetists are elected representatives in the boards of the two professional bodies for paediatric intensive care medicine of Germany, Austria and Switzerland (the DIVI Section for Paediatric Intensive Care and the GNPI). Furthermore the three speakers of the WAKKA are now formally invited to GNPI and DIVI section meetings and get formally involved in overlapping issues.

Clinically, an increasing number of young anaesthetists now enter paediatric intensive care, either as a permanent career or as an amplification of their qualification in paediatric anaesthesiology. Eventually, paediatric intensive care has now become again a visible part of paediatric anaesthesia conferences.

**Great Britain (Bob Bingham, Mark Thomas)**

The Association of Anaesthetists of Great Britain and Ireland (probably including Scotland!) has a relatively stable membership of around 1100. Of these there are just over 100 overseas members, who mainly work in Europe, Australasia and North America.

We also have an active trainee membership and this has been the fastest growing group now comprising 278.

Our principle aims are the promotion of research, development and education in paediatric anaesthesia and to this end we have 4 sub-committees: Research, Meetings, Education and Professional Standards. The last of these incorporates peer review, guidelines, child and parent information (just revised) and, most recently, quality improvement.

We have a national network of Linkmen, who act as an information conduit between the Council and the members, so that we are able to focus our resources on matters of direct relevance to members.

The Science committee now works with the National Institute for Academic Anaesthesia, enabling it to fund major projects such as the international airway project which aims to evaluate airway endoscopy in over 1000 children, previous intubated for over 24 hours.
The Education committee has been involved in a comprehensive upgrade of its section of our website and this now includes information on training opportunities, ‘Hot Topics’, reviews of the best of the web and apps for paediatric anaesthetists. Further information available on: www.apagbi.org.uk

APAGBI also ensures that paediatric anaesthetic issues are addressed by other national organisations – in the course of the last year we have ensured that the National Institute for Clinical Excellence (NICE) takes on a major review of fluid therapy in infants and children, that the Royal College of Surgeons continues to fund the Children’s Surgical Forum and that the National Audit Project (NAP5) on awareness includes a comprehensive paediatric data set.

Hungary (Tamás Kovesi)

In Hungary most of the young medical doctors are determined to leave the country either straight after graduation or after having completed the first few years. So we are facing a growing problem being short of trained young doctors and it is true for anaesthetists as well. In some hospitals (including our university hospital) the factor what limits the number of running operating rooms is the number of available anaesthesiologists.

Paediatric surgery and anaesthesia is done in a few centers is the country, mostly in university hospitals. We are just now about to feel the effect of the abovementioned problem of operating room number reduction. The more important thing is that less and less money is available in the health services, so buying equipment like central venous catheters, regional anaesthesia sets, and machines (no ultrasound for central lines and regional blocks, shortage of infusion pumps, heating devices etc.) is difficult.

Now something from the positive side: the yearly national congress on paediatric anaesthesia and intensive care is very popular. It is organized every spring with good lectures and presentations, and the number of participants is usually approaching 300. Next year apart from this congress we were asked to participate in a joint national congress in September organized by the national societies of paediatrics and paediatric anaesthesia-intensive care.

A new textbook in hungarian language of neonatal and paediatric intensive care was published this May and has a great success. Because of it the publisher asked the editor to make up a handbook on paediatric anaesthesia as well. The publisher is planning to bring out the book shortly, in the first half of 2015. The manuscripts from the authors are now arriving, so being one of the editors lots of computer work besides the everyday clinical work...
Latvia (Zane Straume)

To receive a doctor anesthetist-reanimatologist certificate in Latvia, the residency has to be completed which lasts for five years. During these five years, the training of children anesthesia - reanimation takes place as follows:

- the first year: 3 weeks in intensive care for children;
- the second year: 8 weeks in children's anesthesia (outpatient surgery, ENT surgery, anesthesia outside the operating room);
- the third year: 8 weeks in children's anesthesia (orthopedics, ophthalmology, abdominal surgery, acute surgery);
- the fifth year: 6 weeks in children's anesthetics (neonatal surgery, neurosurgery, cardiac surgery);
- 6 weeks in children's intensive care;
- 6 weeks of intensive therapy for children.

All in all there are 12 seminars on children's issues in anesthesia during the whole training period.

2. Children anesthetists and anesthesiologists are members of Latvian reanimatologist association. We are planning to organize the Children sub-association within the association. However, it is a very sensitive issue politically. We are planning to build a section that is devoted to children's issues in anesthesia within the existing association website.

3. An important issue for doctors already working as anesthetists is the annual theoretical training and practical training of children in anaesthesiology and intensive therapy. There are some activities on this issue, but it is the doctor free choice to participate or not. We consider that it should be a mandatory requirement to renew their certificates. Once a year there is the three-day lecture course on children's anesthesia and intensive care issues focusing on the audience of doctors who daily practice and have small number of pediatric patients.

4. We have started and are continuing to work associated with patient safety issues, for the first year of practice we use the surgical check-list. More than 75% of all patients who are subject to undergo elective surgery, anesthetist inspection is carried out in an outpatient stage.

Italy (Andrea Messeri)

In summary our national society, società di anestesia e rianimazione neonatale e pediatrica italiana (SARNePI) besides the institutional activity, as reported in the previously report, during the last months has been dedicated:
- to be officially present with a pediatric/neonatal session in the most relevant scientific meeting in Italy in the field of pediatric and neonatal anesthesia, intensive care, pain, and palliative care.
- to be partner of the university of Brescia for a master in pediatric anesthesia
- to be partner with 6 Italian universities for a master in pediatric pain and pediatric palliative care
- to publish the guidelines of sedation and analgesia in picu (Minerva Anestesiologica 2014 Settembre;80(9):1018-29) download for free in our web site (http://www.sarnepi.it/)
- to develop an application for the measure of pediatric pain, called kids pain scale, which can be download for free by our website (http://www.sarnepi.it/) or by the web store of android or for iPhone devices.

The Netherlands (Bouwe Molenbuur)

Sectie KinderAnesthesie (SKA)

As each year we organized the Dutch summer congres; one day together with pediatric surgeons about neurotoxicity and pediatric surgery in children less than 1 year. The other day the topic was airway management in children with normal and difficult airways. The SKA is active involved in rewriting the national guideline Anesthesia for Children. In 2013 we started some projects which finished this year or started with the implementation. One of them is the presentation of final report from the task force neonatal surgery: recommendations perioperative care for neonatal surgery.

The other project is the implementation of the consensus end terms fellowship pediatric anesthesia. We also finished the project registration anesthetist / pediatric intensivist. In 2014 the SKA supported to some national guidelines; pediatric delirium, adenotonsilectomy and pediatric home ventilation. Last but not least we SKA published three practice guidelines for the Dutch anesthesia practice; anesthesia in children with asthma, preoperative fluid management and unexpected difficult airway in children.

Norway (Wenche Bakken Børke)

Last year we started up IPAI-Interestgroup for Paediatric Anaesthesia and Intensive Care Medicin. We are an interestgroup under the wings of The Norwegian Society for Anaesthesiology. To ensure as many as possible will be able to to participate, we have desided to arrange meetings as part of the Annual Conference for the National Society. We would like to have a meeting point, and possibility to discuss many topics conserning the pediatric population and how we are organized.

The first meeting was held October 2013. Scientific topics as Perioperative fluid treatment, Burn injury, Regional Anaesthesia, Paediatric Intensive Care Medicin,-discussion of organizing in Norway. Some 50 participants were at the satelitemeeting, and the meeting was quite successful. We are, however, still
working on how to organize the interest group. IPAI has established a steering group with participants from all the big hospitals located in all parts of the country.
Next meeting will be held October this year: Difficult airway, local anesthetic intoxication and Sedation in PICU.

Paediatric surgery is centralized in Norway, as well as paediatric intensive care medicine. There are highly specialized University Hospitals, a number of regional hospitals and local hospitals. Norwegian nature and weather occasionally represents quite some challenges, and there is a need for stabilizing pediatric patients before transportation to larger hospitals. An increasing number of hospitals are joining and trained in the BEST-network.

SSAI—Scandinavian Society of Anaesthesia and Intensive Care Medicine hosts different experts programs. The Paediatric program is very popular and educates anaesthesiologists from the largest centers.

Early September this year we hosted 4th Nordic Conference on Paediatric Cardiac Anaesthesia and Intensive Care Medicine. There are all together 6 centres in the Nordic Countries with Paediatric Cardiac programs, and it is of mutual interest to improve collaboration and exchange experiences.

There is a Norwegian Paediatric Pain Society, working broadly to improve pain treatment in pediatrics, and competence amongst health providers.

Poland (Alicja Bartkowska-Sniatkowska)

As a President of Paediatric Section of Polish Society of Anaesthesiology and Intensive Therapy (PS PSAIT) for years 2013-2014, I have sent a short description of activities of our Section:

1. During the General Meeting, organized during the Conference „Controversies in Intensive Therapy in Neonates and Children” 9-11 May 2013, new Management of Paediatric Section was elected: Alicja Bartkowska-Sniatkowska – President Malgorzata Manowska – Secretary Bozena Gloska – Treasurer

2. Decision: Annual Meetings of PS PSAIT will be organized every year without the year when International Congress of Polish Society of Anaesthesiology and Intensive Therapy will be held

3. Polish Recommendations for anesthesia of children aged below 3 was completed and printed:


5. In June 2013, Paediatric Section sent to the National Consultant in Anaesthesiology and Intensive Therapy - prof. Krzysztof Kusza, the list of propositions regarding the renewal of Training Program in Anaesthesiology and Intensive Therapy in 2014.

The new duration of the training internship in paediatric anaesthesiology has been accepted and extended from 4 weeks up to 12 weeks (3 months), to be like European Guidelines for Training in Paediatric Anaesthesia and Recommendations for Paediatric Anaesthesia Services in Europe. The training in paediatric intensive care was reduced from 4 to 2 weeks: http://www.cmkp.edu.pl/wp-content/uploads/2014/06/Akredytacja2014-program-anestezjologia-i-intensywna-terapia.pdf

6. Under the auspices of Dr Marzena Zielinska, Member of Executive Board of ESPA, Poland has been participated in the international study: APRICOT - Anaesthesia PRactice In Children Observational Trial: European prospective multicenter observational study: Epidemiology of severe critical events.

Till September 2014 – five (5) Polish Departments of Paediatric Anaesthesiology have participated the study and two (2) additional Deps will be included in the next two months.

7. Updated Membership Declaration Form for paediatric anaesthesiologists in Poland. On the 1st of September 2014 the number of active members of Paediatric Section in Poland was 55 (10%) while the general number of paediatric anaesthesiologists working in Poland in 32 paediatric departments of anaesthesiology and intensive therapy - is just about 320 (100%).

8. During the 18th International Congress of the Polish Society of Anaesthesiology and Intensive Therapy in Wisła, 10-13 September 2013 the new propositions of national and international trials will be presented, as well as the new ideas of postgraduate training in paediatric anaesthesiology and paediatric intensive care including Refresher Courses and/or workshops for anaesthesiologists working in general adult departments.
Portugal (Fernanda Barros)

In Portugal there are two big Central Hospitals (with over 1000 beds) with Pediatric Surgery Services including Neonatology Intensive Care and three Central Pediatric Hospitals, where Pediatric Anesthesiology is taught.

The Portuguese Association of Pediatric Anesthesiologists (APAP) was founded in July 1994. The aim of this Association was to promote protocols and educational aspects in Pediatric Anesthesiology and Intensive Care. These protocols had the purpose of teaching the residents or the anesthesiologists that weren’t used to do pediatric anesthesiology on a daily basis. The scientific meetings held in Coimbra (Weekend of Pediatric Anesthesia) since 1982, continued to happen every two years and the European Federation of Paediatric Anesthesiology (FEAPA) was contacted in order to exchange knowledge and experiences.

In light of these events, well known European anesthesiologists were invited as speaking guests, amongst them Jackson-Rees, Paolo Busoni, Isabelle Murat, Lloyd-Thomas, Nishan Goudsouzian, Anneke Meursing and David Hatch.

Throughout the years the number of children that needed anesthesia outside those specific Hospitals increased; now we are faced with the great concern of “how and where” pediatric anesthesia should be taught and “how many procedures are enough” for an anesthesiologist to be considered experienced in pediatrics.

In order to give an answer to this problem the Portuguese Society of Anesthesiology (SPA) created a Section of Pediatric Anesthesia in July 2005, which absorbed the former APAP. Now having 49 members of the 700 registered in the SPA.

We have an annual “Scientific Meeting” and now this section is working with the Portuguese College of Anesthesiology on the guidelines for Portuguese Pediatric Anesthesia.

This year we held the "VI Meeting of Paediatric Anaesthesia", on the 28th of March, in Oporto. This meeting was held on the first day of the annual Congress of The Portuguese Society of Anesthesiologists, for the entire duration of the day. About 200 anesthesiologists, interested in paediatric anaesthesia were present, making this a successful event.

Fernanda Barros
President of the Section of Pediatric Anesthesia
Serbia (Dusica Simic)

In Serbia we have four specialized pediatric centers – two in Belgrade, one in Novi Sad and one in Nis. About 50 anesthesiologists (including residents) who practicing only pediatric anesthesia are organized in a Sub-Section for Pediatric Anesthesia of Serbian Medical Society, but we are thinking about organizing Society of Serbian Pediatric Anesthesiologists.

Our Sub-section tries to expand education programs and to organize frequent quality continuous medical education programs in the field of pediatric anesthesiology and resuscitation. We meet at least three times each year at various scientific meetings in the field of pediatric anesthesia and intensive care to discuss actual problems, working on getting better equipment for pediatric use at regional hospitals as well as in specialized centers, and trying to implement the European guidelines and standards in our clinical practice. Limited resources are still our main problem.

One of the traditional seminars is the International Summer School of Pediatric Anesthesia, which takes place in University Children’s Hospital, Belgrade, Serbia. This year we had our 6th International Summer School of Pediatric Anesthesia. Every year we have a line of foreign experts as guests. This year the program accepted participants from the whole region. The main pediatric topic this year were coexisting diseases and pediatric anesthesia, simulation-programs, Ultrasound in pediatric anesthesia etc.

We also organized number of one day courses, in Belgrade Institute for the Mother and Child, in Novi Sad, in Niš etc. In Niš, in scope of now traditional three-day april seminar in the field of anesthesia and intensive medicine, pediatric session is always significant.

We are very happy that all pediatric centers in Serbia have taken part in big ESPA APRICOT study about side effects of pediatric anesthesia.

Slovakia (Barbora Nedomova)

Dr. Barbora Nedomova
Slovak Society of Anesthesiology and Intensive Medicine (SSAIM)
Section of Pediatric Anesthesia (SPA)

Dept. of Pediatric Anaesthesiology and Intensive Medicine, Children's University Hospital
Limbova 1, 833 40 Bratislava 3, Slovakia
Tel. +421 2 59371 292 (424,499)
Fax +421 2 54771 982
E-mail: nedomova@yahoo.fr
http://www.dkaim.sk or http://www.dfnsf.sk

The pediatric anesthesia in Slovakia is organised as a subcommittee of the Slovak Society of Anesthesia and Intensive Care Medicine. The members of the Society of Pediatric Anesthesia are mainly pediatric anesthesiologists, but also other anesthesiologists who dedicate their practice to pediatric anesthesia; the
society consists of 74 members. Slovak Society of Pediatric Anesthesia was founded in 2006. The purpose of this society is to continuously advance the safety and quality of anesthetic care, perioperative management and pain relief in children; creation of educational materials, practical guidelines and recommendations.

The pediatric anesthesia and surgery (elective surgery and specific medical treatment of children) is done mostly in a few centers in our country, Bratislava, Banska Bystrica, Martin, Kosice.

We have good cooperation with Czech Society of Anesthesiology and Intensive Medicine. We started together to create some common guidelines for pediatric anesthesia in both countries.

**Activities of the working group** (Slovak Society of Anesthesiology and Intensive Medicine):
- Annual Congress/February – Winterforum of SSAIM, High Tatras, Slovakia
- Annual Congress/May – Congress of Slovak Anesthesiologists (SSAIM), Piešťany, Slovakia
- Annual Symposium/October - Clinical Update Postgraduate, Bratislava, Slovakia

**Activities** (Society of pediatric anesthesiologists):
- Internal meeting of pediatric anesthesia and intensive care – every spring
- Slovak and Czech Congress of paediatric intensive care and anesthesiaology – every other year in October
- Annual Workshop of SPA – every year in November
- Paediatric Anesthesiology Days in Banská Bystrica – every year in June

**Slovenia (Jelena Berger)**
We continue good work and improve our anaesthetic services for children every day. Now, we have a lot of work with APRICOT trial, we are organizing a preanesthetic clinic and we are starting now with the new cardiovascular programme and liver transplantation. We also organized the Ultrasound guided vascular acess and paediatric airway menagement workshop for Slovenian anesthesiologists. We won the DNV accreditation, ISO 9001 and EFQM award in our department, so we are doing quite good.

**Sweden (Angela Hanson)**
The Swedish Society for Paediatric Anaesthesia and Intensive Care, SFBABI, is an associated group of The Swedish Society for Anaesthesia and Intensive Care.

SFBABI celebrates 20:th anniversary in October this year with a Nordic meeting in Gothenburg. SFBABI has around 100 members and organizes a symposium every autumn, discussing medical, educational and other important issues.
Sweden is a member of Scandinavian Society of Anaesthesia and Intensive Care Medicine, SSAI, and is participating in the expert training programs. The ongoing program has ten delegates from Sweden.

Annual courses in paediatric anesthesia and intensive care are arranged for trainees in general anesthesia. The courses are arranged by one of the three specialized centers.

### Training in Pediatric Anesthesia in Scandinavia

<table>
<thead>
<tr>
<th></th>
<th>DK</th>
<th>SE</th>
<th>FI</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Training period for specialist in general anesthesia (years)</strong></td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>Training period for pediatric anesthesia (months) during general anesthesia training</strong></td>
<td>3</td>
<td>0-6</td>
<td>4</td>
<td>List of compulsory cases to fulfil in- or outside a ped centre</td>
</tr>
<tr>
<td><strong>Core curriculum for pediatric anesthesia</strong></td>
<td>Under construction by the national society</td>
<td>Yes (no)</td>
<td>See above</td>
<td></td>
</tr>
<tr>
<td><strong>Examination for specialist in general anesthesia (yes/no)</strong></td>
<td>No, Eur Diploma common</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Comments</strong></td>
<td>Ped an recognised as an expert field</td>
<td>Ped an recognised as a speciality</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>N:o pediatric centres with neonatal surgery</strong></td>
<td>5</td>
<td>3</td>
<td>5</td>
<td>2 (+3 for less complicated cases)</td>
</tr>
<tr>
<td><strong>N:o pediatric centres with pediatric cardiac surgery</strong></td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>SSAI Ped Program outcome after eight one year programs</strong></td>
<td>Majority remain in university hospitals</td>
<td>Majority remain in university hospitals</td>
<td>Majority remain in university hospitals</td>
<td>50% work outside university hospitals</td>
</tr>
<tr>
<td><strong>Official guidelines where to do surgery in children &lt;1 year</strong></td>
<td>Under construction by the authorities</td>
<td>Guidelines from the national society</td>
<td>Not considered necessary</td>
<td>Not considered necessary</td>
</tr>
</tbody>
</table>
Switzerland (Mirko Dolci)

Switzerland has five university hospitals and several big provincial hospitals, each with a separated paediatric anaesthesia department. In the other hospitals, general anaesthesiologists take care of the children.

The Swiss Society for Paediatric Anaesthesia (called SGKA, according to its German name, Schweizerische Gesellschaft für Kinderanästhesie) was founded in 1993. It is a regular society, strongly linked to the Swiss Society for Anaesthesiology and Reanimation.

All members of the SGKA have a specific training and a regular practice in paediatric anaesthesiology, and are ordinary members of the Swiss Society for Anaesthesiology and Reanimation. At the end of 2013, SGKA had 59 ordinary members.

SGKA publishes national recommendations on practical aspects of paediatric anaesthesiology (medical training, equipment,…).

In term of postgraduate formation, SGKA regularly evaluates the teaching opportunities given to the trainees, and their adequacy with our national postgraduate training program. Actually each resident has to spend at least 3 months in paediatric anaesthesiology, that could become difficult to organize in the next few years in some areas of the country. SGKA is exploring different scenarios to address this problem.

Concerning continuous education, SGKA traditionally organised two annual meetings: the « spring meeting », and a « satellite meeting » during the Swiss annual congress of anaesthesiology in November. Each meeting consist in five to six scientific presentations, covering any topics of paediatric anaesthesiology, with the participation of local and/or internationally recognised experts.

A project we are actually working on is the creation, with the endorsement of the SGKA, of a Diploma of Advanced Studies in paediatric anaesthesiology, common to the five Swiss medical schools.

More information about the SGKA is available on the webpage:

www.sgar-ssar.ch/interessengruppen/sgka/

Lausanne, September 14th.

Turkey (Dilek Özcengiz)

Turkish society of anesthesiology and reanimation (TARD) was founded in 1956. The society has 1,980 members. National Board Certification exams are doing since 2005. The TARD journal is publishing six times in a year regularly. TARD had 5 different sections as a geographical position.
TARD is responsible for the national congress and main educational modules in 5 different sections. TARD center had also a subcommittee of pediatric anesthesia with the main responsibility to establish the standards for patient safety in pediatric anesthesia and to publish the guidelines for the clinical practice. Every year a national anesthesia meeting is organized by TARD. Scientific program of the meeting is always includes pediatric sessions. Pediatric regional analgesia courses with ultrasonography and cadaver workshops were organized in 2014. The weekend seminars from the experts specialized in pediatric anesthesia was organized for postgraduate training especially for the anesthesiologist who doesn’t work with the pediatric patients frequently in daily practice.

The total anesthesia-training period is about 48-54 months in Turkey. The anesthesia residency generally practices the pediatric anesthesia for 3-4 months of all education period in pediatric surgery rotation. They have also chance to experience with the pediatric patients in the ENT surgery, eye surgery, and cardiovascular surgery. Both pediatric anesthesia and pediatric intensive care are not subspecialty programs in Turkey for the anesthetists.

Asian pediatric anesthesia congress, 2014 was held in Istanbul with the invited speakers and guest from Asia and Europa.

Turkey was participated in APRICOT study with eleven different centers.