

AAGBI Guidance on Resuscitation Certification for Anaesthetists

AAGBI Guidance

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THE ASSOCIATION OF ANAESTHETISTS
of Great Britain & Ireland

Introduction

Members of the AAGBI have sought guidance on the requirement for anaesthetists attending medical emergencies to be current Advanced Life Support (ALS) or Advanced Paediatric Life Support (APLS) providers. As a result of the changing nature of emergency teams in hospitals, career grade anaesthetists now perform many of the duties that were formerly carried out by trainees. Surveys conducted on emergency team members have led the Resuscitation Departments at some hospitals to insist that all anaesthetists attending medical emergencies be current ALS or APLS providers. Such a move has significant cost and time implications, is not supported by robust evidence, and may subject anaesthetists to unnecessary training in areas of which they already have considerable expertise, such as airway management and vascular access.

In developing this guidance, the Board of Directors of the AAGBI has referred to two authoritative guidance documents: the Resuscitation Council UK's "Quality standards for cardiopulmonary resuscitation practice and training (Acute Care)" [1], and the Association of Paediatric Anaesthetists of Great Britain and Ireland's "Recommended paediatric resuscitation training for non-training grade anaesthetists" [2].

Guidance

- All anaesthetists should be trained and competent in resuscitation and should possess the teamwork skills necessary to work effectively as part of an emergency medical team.
- All anaesthetic trainees should successfully complete recognised and accredited training in adult and paediatric life support.
- Those anaesthetists with a regular involvement in resuscitation, and in particular those who frequently take the role of resuscitation team leader, should be encouraged, supported and funded to attend national courses such as the ALS course, the APLS course, the European Paediatric Life Support (EPLS) course, the Newborn Life Support (NLS) course, the European Trauma Course (ETC), and the Advanced Trauma Life Support (ATLS) course.
- Repeated attendance at formal courses and regularly renewed provider certification is neither practical nor necessary for many non-training grade anaesthetists who attend medical emergencies as part of a resuscitation team.
- Hospital Resuscitation Committees or Resuscitation Departments are best placed to determine the training needs of local healthcare providers and, working with Departments of Anaesthesia, should consider providing in-house updates on areas of resuscitation practice that do not form part of the routine work of anaesthetists in order to allow them to maintain appropriate resuscitation skills and knowledge. Regular team training events should be held and drills for common in theatre emergencies practiced.
- Anaesthetists should discuss their educational needs with their appraisers as part of their personal development plan, and should be supported by their employing hospitals in fulfilling the needs identified in order to guarantee that they have the appropriate resuscitation skills.

References

1. *Quality standards for cardiopulmonary resuscitation practice and training (Acute Care)*, Resuscitation Council (UK), http://www.resus.org.uk/pages/QSCPR_Acute.pdf
2. *Recommended paediatric resuscitation training for non-training grade anaesthetists*, Association of Paediatric Anaesthetists of Great Britain and Ireland, www.apagbi.org.uk/sites/default/files/images/june2010PEDIResusFINAL.pdf