

LEP Action Plan to Deanery Visit Report

All final reports including the Trust action plan will be sent to the Director of Medical Education and copied to the Chief Executive Officer, Medical Director, RQIA, HSC Board, DHSSPS. Final reports and action plans with names redacted will be published on the NIMDTA website. These reports will be used to inform GMC of both good practice and areas of concern through the Dean's Report.

Local Education Provider (LEP) Visited	Royal Victoria Hospital, Belfast Trust	Factual Accuracy Report (15 working days to respond)	Date Issued: 09 August 2019 Date Trust Response Received: 02 September 2019												
Specialty Visited	Cardiothoracic Surgery	Interim Report and Action Plan Timeline	Date Issued: 02 September 2019 For Response by: 23 September 2019 Date Trust Response Received: 19 September 2019 Date Reviewed at QM: 27 September 2019 Date QM Updated Action Plan Issued: 29 October 2019 Action Plan Update Deadlines: <u>06 December 2019</u> Date Trust Response Received: Date Reviewed at QM:												
Type of Visit	Cyclical														
Trust Officers with Postgraduate Medical Education & Training Responsibility	Dr Cathy Jack, Medical Director Dr Claire Riddell, DME Dr Stephen Austin, Deputy Medical Director														
Date of Visit	20 June 2019														
QMG RAG Decision & Date	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="background-color: red; color: white;">Red</td> <td style="background-color: orange;">Amber</td> <td style="background-color: green;">Green</td> <td style="background-color: white;">White¹</td> </tr> <tr> <td style="background-color: red; color: white;">0</td> <td style="background-color: orange;">4</td> <td style="background-color: green;">0</td> <td style="background-color: white;">0</td> </tr> <tr> <td colspan="4">27 September 2019</td> </tr> </table>	Red	Amber	Green	White ¹	0	4	0	0	27 September 2019				Final Report & Action Plan	Date Final Action Plan Issued: Date Final Report Uploaded to Website: Final Report Sent to: Dr Jack, Dr Riddell, Dr Austin Date Final Report Sent: 29 October 2019
Red	Amber	Green	White ¹												
0	4	0	0												
27 September 2019															

Visit Team Findings against GMC Standards for Training									
	Educational and/or Clinical Governance	Area for Improvement / Area of Concern / Area of Significant Concern (at the time of the visit)	Areas Identified by Visit Team:	Trust Action Plan: Please consider the following questions when providing a Trust action plan response: 1. What has been done to date? 2. What are you planning to do? 3. When will these plans be in place?	Lead Individual:	Date to be completed by:	QMG Comment	Risk Rating	Status
1	Educational & Clinical Governance	Area of Significant Concern	Practical Experience: There are issues with practical experience in cardiac	1. Discussions have taken place with SNPs to highlight the need to continue to train CST/FY2 doctors.	P. Sidhu	1. completed 2. December	The Deanery QM group have requested an update on this	Medium Impact/ Medium	Stage 2

¹ Risks identified during the visit which were closed through action planning by the time of the final report.

			<p>theatres for CT trainees, who report that they do not often get to perform procedures which are curriculum requirements as these are being carried out by SNPs.</p>	<p>2. A simulation model for Endoscopic vein harvesting is to be developed and the lead SNP is keen to develop this further so that the trainees can participate in cases where EVH is ongoing</p> <p>3. The CST/FY2 trainees have been set targets of 10 sternotomies/Thoracotomies and 10 vein harvests which is higher than previous targets</p>		<p>2019</p> <p>3. Completed</p>	<p>item by 6 December 2019.</p>	Likelihood	
2	Educational & Clinical Governance	Area of Significant Concern	<p>Practical Experience: There is a lack of consultant presence at the early stages of the surgery to which the core trainees should be gaining exposure.</p>	<p>Consultants will delegate parts of a procedure which is suitable for trainees; if a sternotomy is safely possible, then the CST/FY2 trainee can be taken through it by a higher Surgical Trainee</p> <p>The Trust will address the issue of inappropriate delegation of tasks from consultants in Cardiac ICU to CTs in cardiothoracic surgery, e.g. completion of x-ray request forms.</p>	P. Sidhu	<p>Discussed at Surgical training meeting June 2019 and again in September 2019</p>	<p>The Deanery QM group have requested an update on this item and clarification from the Trust as to how consultant presence at surgery will be addressed. This update is required by 6 December 2019</p>	Medium Impact/ Medium Likelihood	Stage 2
3	Educational & Clinical Governance	Area of Significant Concern	<p>Undermining: [REDACTED]</p>	<p>[REDACTED]</p>	All Consultants in Cardiac Surgery		<p>The Deanery QM group acknowledge and accept the action provided. QMG will request that the TPD continue to monitor this issue at ARCP. An update will be requested from the TPD by the end of January 2020.</p>	Medium Impact/ Medium Likelihood	Stage 2
4	Educational & Clinical Governance	Area of Concern	<p>Practical Experience: F2 trainees raised issues in relation to access to procedures which are currently being performed by SNPs.</p>	<p>The SNPs have been asked to ensure that whenever possible, the CST and FY2 trainees are allowed to and trained in vein harvesting. The CST trainees now have a required number of procedures to be completed. The HS trainees have also been asked to get involved in training re sternotomy.</p>	P. Sidhu		<p>The Deanery QM group have requested an update on this item by 6 December 2019.</p>	Medium Impact/ Medium Likelihood	Stage 2

Good Practice Items / Areas Working Well from Visit Report [if applicable]

Good Practice (includes areas of strength, good ideas and innovation in medical education and training):

1. Low fidelity simulation training.

Areas Working Well

1. Very good educational teaching within the unit covering both cardiac and thoracic aspects. Very good preparation for the exit exam. New simulation training being established.
2. Encouragement regarding audits and QI projects.

Impact, Likelihood & Risk

The above points have been graded by the Quality Management Group in accordance with the GMC's risk and status ratings below.

'Impact'

Impact takes into account:

- Patient or trainee safety.
- The risk of trainees not progressing in their training.
- Education Experience. For example, the educational culture, the quality of formal / informal teaching etc.

An issue can be rated high, medium, or low impact according to the following situations:

High Impact: patients or trainees within the training environment are being put at risk of coming to harm. Or trainees are unable to achieve required outcomes due to poor quality of the training posts / programme.

Medium Impact: trainees are able to achieve required outcomes, but the quality of education and training is recognised as requiring improvement. Or patients within the training environment are receiving safe care, but the quality of their care is recognised as requiring improvement.

Low Impact: issues have a minimal impact on a trainee's education and training, or the quality of provision for the patient.

'Likelihood'

Likelihood measures the frequency at which issues arise. For example, if a rota has a gap because of one-off last minute sickness absence, the likelihood of issues occurring as a result would be low.

High Likelihood: the issue occurs with enough frequency that patients or trainees could be put at risk on a regular basis. What is considered to be 'enough frequency' may vary depending on the issue. For example, if rotas have consistent gaps so that there is a lack of safe cover arrangements, the likelihood of issues arising as a result would be 'high'.

Medium Likelihood: the issue occurs with enough frequency that if left unaddressed could result in patient safety issues or affect the quality of education and training. For example, if the rota is normally full but there are no reliable arrangements to cover for sickness absence, the likelihood of issues arising as a result would be 'medium'.

Low Likelihood: the issue is unlikely to occur again. For example, if a rota has a gap because of several unexpected sickness absences occurring at once, the likelihood of issues arising as a result would be 'low'.

'Risk'

Risk is then determined by both the impact and likelihood and will result in a RAG rating according to the below matrix:

Risk Rating

LIKELIHOOD ↓	IMPACT →		
	LOW	MEDIUM	HIGH
LOW	GREEN	GREEN	AMBER
MEDIUM	GREEN	AMBER	RED
HIGH	AMBER	RED	RED

Status Ratings

Stage 1: NEW CONCERN IDENTIFIED - a concern has been identified and an action plan is not yet in place.
Stage 2: PLAN IN PLACE - an action plan for improvement is in place but has not been fully implemented and evaluated.
Stage 3: PROGRESS BEING MONITORED - there is continuing monitoring and evaluation of actions but no evidence of change has been demonstrated.
Stage 4: CHANGE SUSTAINED - actions have been implemented and there is evidence of improvement through monitoring.
Stage 5: CLOSE CONCERN - solutions are verified or there is evidence of sustained improvement over an appropriate time period. If this is an open item on the GMC Dean's Report, a request will be made to the GMC to close the concern.

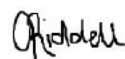
New GMC Standards for Medical Education and Training [Promoting Excellence - Jan 2016]

Theme 1: Learning Environment & Culture	Theme 2: Educational Governance & Leadership	Theme 3: Supporting Learners	Theme 4: Supporting Educators	Theme 5: Developing and Implementing Curricula and Assessments
<p>S1.1: The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.</p> <p>S1.2: The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in <i>Good Medical Practice</i> and to achieve the learning outcomes required by their curriculum.</p>	<p>S2.1: The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against our standards, demonstrating accountability, and responding when standards are not being met.</p> <p>S2.2: The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety.</p> <p>S2.3: The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.</p>	<p>S3.1: Learners receive educational and pastoral support to be able to demonstrate what is expected in <i>Good Medical Practice</i> and to achieve the learning outcomes required by the curriculum.</p>	<p>S4.1: Educators are selected, inducted, trained, and appraised to reflect their education and training responsibilities.</p> <p>S4.2: Educators receive the support, resources and time to meet their education and training responsibilities.</p>	<p>S5.2: Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in <i>Good Medical Practice</i> and to achieve the learning outcomes required by their curriculum.</p>

Additional Comments from the Trust:

On Behalf of the Trust: Director of Medical Education

Signature:



Date: 19th September 2019

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