NIMDTA
Deanery Visit to Vascular Surgery Training in the Royal Victoria Hospital in the Belfast HSC Trust

Final Report

Specialty Reviewed	Vascular Surgery
Training Programme Director	Mr X
Trust Officers with Postgraduate Medical Education & Training Responsibility	Dr X Medical Director Dr X, Director of Medical Education Dr X, Deputy Director of Medical Education
Type of Visit	Cyclical
Date of Review	8th April 2022
Visiting Team	Mr X, Associate Dean for Deanery Visits (Chair) Mr X, Deputy Head of School of Surgery Mr X, Lay Representative Miss X, NIMDTA Representative

Purpose of Deanery visits	The General Medical Council (GMC) requires UK Deaneries/LETBs to demonstrate compliance with the standards and requirements that it sets (GMC-Promoting Excellence 2016). This activity is called Quality Management and Deaneries need to ensure that Local Education and Training Providers (Hospital Trusts and General Practices) meet GMC standards through robust reporting and monitoring. One of the ways the NI Deanery (NIMDTA) carries out its duties is through visiting Local Education and Training Providers (LEPS). NIMDTA is responsible for the educational governance of all GMC-approved foundation and specialty (including General Practice) training programmes in NI.
Purpose of this visit	This is a specialty review to assess the training environment and the postgraduate education and training of trainees in the Vascular Surgery training programme in NI.
Circumstances of this visit	The Deanery Visiting Team met with educational leads, trainees and trainers in the Vascular Surgery training in BHSCT.
Relevant previous visits	10th November 2016
Pre-visit meeting	8th April 2022
Purpose of pre-visit meeting	To review and triangulate information about postgraduate medical education and training in the unit to be visited.
Pre-Visit Documentation Review	Previous Visit Report and subsequent Trust Action Plan – November 2016 Trust Background Information Template Pre-visit Smart Survey GMC National Training Survey 2021
Types of Visit	Cyclical Planned visitation of all Units within 5 years Re-Visit Assess progress of LEP against a previous action plan Decision at Quality Management Group after grading of cyclical visit Reconfiguration of Service Problem-Solving Visit Request of GMC Request of RQIA Quality Management Group after review of submitted evidence sufficient to justify investigation and not suitable for investigation at Trust or Specialty School level.

This report reflects the findings from the trainees and trainers who were available to meet with the visiting team on the day of the visit and information arising from the pre-visit survey. Please note the following recommendations from the Francis Report on Mid-Staffordshire NHS Foundation Trust Public Inquiry on Training and Training Establishments as a Source of Safety Information:

- Recommendation 160: Proactive steps need to be taken to encourage openness on the part of trainees and to protect them from any adverse consequences in relation to raising concerns.
- Recommendation 161: Training visits should make an important contribution to the protection of patients. Obtaining information directly from trainees should remain a valuable source of information.

Trainees Interviewed	
	BHSCT
Posts	5 (RVH)
Interviewed	4, (1 ST3, 1 ST4, 1 ST5, 1 ST8) 1 trainee was on A/L
Trainers Interviewed	
	BHSCT
Interviewed	6 (1 of whom was the TPD)
Feedback provided to Lead Educator Team	
Mr X, Training Programme Director, Vascular Surgery	
Contacts to whom the visit report is to be sent to for factual accuracy check	
Mr X, Training Programme Director, Vascular Surgery & Educational Supervisor (RVH site) Dr X, Director of Medical Education Dr X, Deputy Director of Medical Education	

Background

Trainees in Programme: The Vascular Surgery training units are located in the BHSCT with 5 training posts available within the Vascular Surgery Training Programme. There are currently 5 trainees with subspecialty practical training opportunities in endovascular (Radiology) within the programme.

Staff: RVH: There are 5 WTE consultants in the Vascular Surgery unit and 1 in General Surgery; 2 Associate Specialist; 5 Specialty ST3+ doctors; 2 CT/ST 1-2; 2 Foundation Trainees and 3 Nurse specialists in various specialist units.

NTS 2021 Programme Group by Site Results: Indicated predominately white (adequate) for all outliers except for the **Regional Teaching** and **Facilities** (Red)
NTS results By programme Group Results: Indicated predominately white all outliers except for the **Educational Governance** and **Educational Supervision** (Pink) and **Regional Teaching** (Red)

Previous concerns: The 2016 November visit report highlighted it was a well-run programme that provides good training, apart from access to renovascular and endovascular procedures. Trainees previously reported that junior doctors' personal telephone numbers (especially those of foundation doctors) were on public display in the ward. These have been to have been addressed and closed since the last visit took place.

Findings against GMC's Standards for Medical Education and Training (Promoting Excellence, 2016)

Theme 1: Learning Environment and Culture
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.
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 *Good Medical Practice* and to achieve the learning outcomes required by their curriculum.

Induction (R1.10, 1.13, 1.19) Induction was overall good; unit/speciality induction is comprehensive with written information. Trust induction can be improved by timely provision of Name badges and IT access.

Clinical Supervision (R1.7-1.10, 1.12a, 1.13, 1.15) This is noted to be excellent both day and night.

Handover (R1.14) There is comprehensive handover with information being updated regularly.

Practical Experience (R1.19) Experience in open surgery is reported by the trainees to be excellent and significantly better than the experience of their peers in other deaneries. However, Experience in endovascular work is very poor. There is one list a week

which the trainees can access. However frequently they are competing with Interventional radiology trainees. In addition, the list which should be dedicated to endovascular work is at times utilised to perform other interventional work which again detracts from the vascular trainees experience and access.

Workload (R1.7, 1.12) This is reported by the trainees to be satisfactory.

EWTR Compliance (R1.12e) The rotas are non-compliant band 3. Trainees are again going through monitoring, but the situation is unlikely to change.

Hospital and Regional Specialty Educational Meetings (R1.16) There is regular weekly teaching, this is trainee led and delivered with consultant support and presence. In addition, there is opportunity for trainees to join vascular teaching from another region (ROI). This is done via video link/zoom and works very well. However, few of the trainees were not aware of this given that the information had not been fully disseminated.
There is however a clash with business ward round which must take place on Wednesday morning and one trainee on rotation will miss out.
There is also a weekly MDT which the trainees reported as being very educational. The curriculum in covered in a cyclical process over several years.

Educational Resources, Internet Access, Simulation Facilities (R1.19, R1.20) At present there are no simulation kits available however the training committee is attempting to obtain suitable kits.

Quality Improvement and Audit (R1.3, 1.5, 1.22) There is a good audit cycle and trainees present at the meetings. They are also encouraged to take on QI projects.

Patient Care (R1.1, 1.3, 1.4) This is reported as excellent.

Theme 2: Educational Governance and Leadership
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.
S2.2: The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety.
S2.3: The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.

Educational Supervision (R2.11, 2.14, 2.15) There were no concerns identified in relation to educational supervision and feedback.

Theme 3: Supporting Learners
S3.1: Learners receive educational and pastoral support to be able to demonstrate what is expected in *Good Medical Practice* and to achieve the learning outcomes required by the curriculum.

Feedback on Performance, Development and Progress (R3.13) Trainees receive regular and comprehensive feedback on performance.

Trainee Safety and Support (R3.2) During surgical procedures trainees are frequently exposed to X-ray radiation. They are required to wear lead protection gear. However, there is not adequate double layer protective lead gear available for all staff. In addition, trainees are not provided with radiation exposure badges.

Undermining (R3.3) There was no evidence of undermining. In the pre visit survey only one trainee had responded and reported undermining. This was explored during the visit and the team were satisfied that there is no evidence of undermining reported.

Study Leave (R3.12) This is well supported.

Theme 4: Supporting Educators
S4.1: Educators are selected, inducted, trained, and appraised to reflect their education and training responsibilities.
S4.2: Educators receive the support, resources and time to meet their education and training responsibilities.

Trainer Support (R4.1-4.6) All trainers feel well supported and valued in their roles.

Theme 5: Developing and Implementing Curricula and Assessments
S5.2: Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in *Good Medical Practice* and to achieve the learning outcomes required by their curriculum.

There were no areas identified.

Summary of Conclusions

The below conclusions have been categorised as follows:

i) Educational governance (training)

ii) Clinical governance or patient safety issues

Comment (if applicable)

Areas Working Well

1. Patient care is excellent.
2. Good clinical and educational supervision.

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

1. Excellent open surgical skills training in the unit.
2. Comprehensive MDT with excellent educational opportunities.

Areas for Improvement (issues identified has a limited impact on a trainee's education and training, or the quality provision for the patient):

	Educational Governance	Clinical Governance	RAG
1. **Formal Education** needs to be improved with notification and access to cross deanery teaching opportunities.	✓		

Areas of Concern (trainees are able to achieve required outcomes, but the quality of education and training is recognised as requiring improvement and/or patients within the training environment are receiving safe care but the quality of their care is recognised as requiring improvement):

	Educational Governance	Clinical Governance	RAG
1. **EWTR Compliance.** Band 3 rotas remain non-compliant.	✓	✓	

Areas of Significant Concern (patients/trainees within the training environment are at risk of coming to harm and/or trainees are unable to achieve required outcomes due to poor quality of the training posts/programme):

	Educational Governance	Clinical Governance	RAG
1. **Practical Experience.** Access to endovascular teaching and training is poor. This was previously agreed between radiology and vascular service. A dedicated list for vascular trainees needs to be identified at which there is no competition with radiology trainees. Note: As this is a concern, any expansion of the programme will be based on resolution of this.	✓		
2. **Trainee Safety.** Access to adequate radiation protection gear needs to be improved. Trainees need to be provided with radiation safety badges.	✓	✓	