NIMDTA
Deanery Visit to Belfast Trust

FINAL REPORT

Hospital Visited	**Royal Victoria Hospital, Belfast Trust**
Specialty Visited	**Cardiothoracic Surgery**
Type of Visit	**Cyclical Visit**
Trust Officers with Postgraduate Medical Education & Training Responsibility	**Dr Cathy Jack, Medical Director** **Dr Claire Riddell, Director of Medical Education** **Dr Stephen Austin, Deputy Medical Director**
Date of Visit	**20th June 2019**
Visiting Team	Mr Kourosh Khosraviani, Associate Dean for Visits & Curriculum Review, NIMDTA [Chair] Mr Brian Mockford, Training Programme Director for Trauma and Orthopaedics [School of Surgery Representative] Dr Stephanie Campbell, Trainee Representative Mr Tom Irvine, Lay Representative Mrs Emma Dale, Hospital Specialty Training Manager, NIMDTA

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 Northern Ireland 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 Northern Ireland.			
Rating Outcome	**Red**	**Amber**	**Green**	**White[1]**
	0	4	0	0
Purpose of this Visit	This is a cyclical visit to assess the training environment and the postgraduate education and training of trainees in Cardiothoracic Surgery at the Royal Victoria Hospital.			
Circumstances of this Visit	The Deanery Visiting Team met with educational leads, trainees and trainers in Cardiothoracic Surgery at the Royal Victoria Hospital.			
Relevant Previous Visits	Cyclical visit to Cardiothoracic Surgery, Royal Victoria Hospital, 6th December 2013			
Pre-visit Meeting	11th June 2019			
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 Trust Background Information Template Pre-visit SurveyMonkey® May 2019 GMC National Training Survey 2018 Email Correspondence from Director of Medical Education			
Types of Visit	<u>Cyclical</u> Planned visitation of all Units within 5 years <u>Re-Visit</u> Assess progress of LEP against a previous action plan Decision at Quality Management Group after grading of cyclical visit Reconfiguration of Service <u>Problem-Solving Visit</u> 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.

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

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.**

Educational Leads Interviewed

Mr Mark Jones, Cardiothoracic Surgery
Mr Pushpinder Sidhu, Core Training Educational Lead
Mr Alastair Graham, Clinical Director
Mr Paul Blair, Specialty Tutor for Surgical Training
Dr Dearbhail Lewis, F2 Foundation Programme Director

Trainees Interviewed

	F2	CT1/2	ST3+ (incl. LATs)
Posts	3	4	4
Interviewed	1	3	3

Trainers Interviewed

Trainers x 7

Feedback provided to Trust Team

Dr Claire Riddell, Director of Medical Education
Mr Ray Hannon, Chair of Division for Surgery
Mr Stephen Boyd, Co-Director for Surgery
Mr Alastair Graham, Clinical Director for Cardiothoracic Surgery
Mr Niall McGonigle, Cardiothoracic Surgery Trainer
Mr Mark Jones, Cardiothoracic Surgery Trainer
Dr Dearbhail Lewis, F2 Foundation Programme Director
Mr Pushpinder Sidhu, Core Training Educational Lead
Ms Kate Moore, Education Manager

Contacts to whom the visit report is to be sent to for factual accuracy check

Dr Cathy Jack, Medical Director
Dr Claire Riddell, Director of Medical Education
Dr Stephen Austin, Deputy Medical Director

Background

Organisation: Cardiothoracic surgery training is provided on the RVH site.

Staff: There are 11 consultants on a 1:8 on call rota. There is currently 4 ST3+ (including a LAT trainee), 4 CT1/2 and 3 F2 trainees in post. There are 5 Clinical Fellows and 6 specialist nurses.

NTS 2018: The higher trainee results identified a red indicator for workload, supportive environment and study leave and a pink indicator for clinical supervision, clinical supervision out of hours, reporting systems, teamwork and regional teaching. The results for all trainees identified a red indicator for supportive environment, regional teaching and study leave and a pink indicator for educational supervision. There was a 44% response to the trainer survey.

Pre-visit SurveyMonkey: There were a total of 7 responses to the pre visit survey. Three trainees raised concerns relating to

undermining by a wide range of professionals.

Previous Visits/Concerns: There were no areas of concern identified at the 2013 visit. The following areas for improvement were identified: Practical Experience, Handover, Induction, Workload and EWTR Compliance.

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) There appears to be comprehensive induction which is led by Mr Sidhu and covers both Cardiac and Thoracic Surgery. This includes a handbook which is e-mailed to the trainees in advance of starting the post. Trust induction also appears to be satisfactory. One trainee reported that they are still using generic passwords and logins for some systems.

Clinical Supervision (R1.7-1.10, 1.12a, 1.13, 1.15)

There is a very good level of clinical supervision and trainees feel well-supported. There were no issues raised regarding clinical or educational supervision. Almost all consultants have completed recognised training courses and are approved for the roles.

Handover (R1.14)

There is a verbal face-to- face handover at F2/CT1-2 level initially on the Cardiac ward. These trainees then join the ST3+ led ward round on either the Cardiac or Thoracic wards. Consultant presence at the ward round is on an ad-hoc basis; however there is a grand round on a Friday morning following teaching on the Thoracic ward. Out of Hours transfers are well communicated. There are no issues in relation to handover.

Practical Experience (R1.19)

F2-CT1/2 Thoracic

At F2/CT1-2 level there is good experience, with trainees reporting that they get opportunities to perform thoracotomies, put in chest drains and close the skin. Training in the unit is predominantly led by the ST3+ trainees, although there is always consultant supervision available. Trainees reported that they feel there is more interest in training within the Thoracic unit.

F2-CT1/2 - Cardiac

F2/CT1-2 trainees raised issues in relation to practical experience in cardiac theatres. The procedures that the F2/Core trainees are advised that they are expected to achieve (i.e. Vein Harvest, sternotomy) are being performed by Specialist Nurse Practitioners. Trainees reported that they often view the same procedure multiple times with no active role and have limited learning opportunities. There has been a move towards endoscopic vein harvesting in Cardiac theatres, with the trainees reporting that they are not allowed to perform these procedures. These issues have already been highlighted to the AES, and while there has been some acknowledgement of these concerns, the issue remains unresolved.

Trainees further reported that there is a lack of consultant presence at the early stages of the surgery to which the core trainees should be gaining exposure. Experience in sternotomy is very limited with only 1-2 performed per trainee over a 4 month period, despite the fact that there are approximately 15-20 sternotomies performed every week.

ST3+

Training and experience at ST3+ level appears to be very good with adequate exposure, supervision and access to theatre. They also get good access to outpatient clinics with a mixture of new and review patients. Trainees reported that outpatients do not have to be cancelled when a consultant is on leave and there is a named consultant on site that they can ask for guidance from should it be required.

Workload (R1.7, 1.12)

Trainees reported that the day time work intensity was busy but manageable and that they are still able to get appropriate breaks. Trainees described weekends and nights as manageable.

EWTR Compliance (R1.12e)
F2/CT1-2 trainees are on a band 2A rota. Trainees advised that it was unlikely that the rota was compliant, but they accepted this in order to gain necessary competences. Trainees stated that they did not feel coerced into staying late or covering gaps on the rota.

ST3+ trainees are currently on a band 3 rota. Trainees report that a band 2b compliant rota will commence on 1st July 2019. This new rota will be subject to monitoring.

Hospital and Regional Specialty Educational Meetings (R1.16)
F2/CT1-2 Trainees reported that they have access to good formal teaching sessions which cover both Cardiac and Thoracic. Trainees get protected time to attend these sessions. Low fidelity simulation teaching has also been taking place, at which there is always consultant presence.
ST3+ Teaching is organised by the training programme director and is split between Cardiac and Thoracic. Exam topics are covered during these teaching sessions. ST3+ trainees also reported that they get access to relevant courses throughout the year.

Educational Resources, Internet Access, Simulation Facilities (R1.19, R1.20)
Trainees have access to a trainee room, which is fitted with computers and has copies of journals and text books.
Low fidelity simulation teaching has been introduced fairly recently but trainees report that it is good.

Quality Improvement and Audit (R1.3, 1.5, 1.22)
All trainees reported that they get plenty of opportunities for audits and QI projects. One trainee stated that they get offered so many things that they have to be selective about what they take on.

Patient Care (R1.1, 1.3, 1.4)
All trainees reported that there is a good level of care within the unit. Trainees did raise concerns about delays in treatment due to a high level of cancer cases, this is particularly prevalent within the thoracic unit. It was also noted the trainees felt uncomfortable with the amount of time patients with cancer were having to wait before a theatre slot became available, however they did acknowledge that this was beyond the units control.

Patient Safety (R1.1-1.5)
No issues were raised.

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)
Trainers reported that they felt supported by the Trust and that there is also a good level of support amongst the trainers within the unit. The majority of consultants in the unit have been supported to complete the requirements for recognised trainers.
Trainers and trainees are happy with the educational supervision arrangements and all levels of staff report that it is easy to get WBAs and SLEs completed.

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)
No issues were raised at any of the training levels.

Trainee Safety and Support (R3.2)
No safety issues were raised - trainees feel well supported.

Undermining (R3.3)
[redacted]

[redacted]

Study Leave (R3.12)
No issues with access to study leave at any level.

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)
There were no areas of concern raised by trainers. The trainers expressed a desire to move to a firm structure and this was encouraged by the visiting team. It was explained that a firm structure may also help with the poor experience at F2/CT level.

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.

No concerns were 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)
There appears to be significant improvement in some areas identified during the previous visit (e.g. teaching).

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.

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

1. Low fidelity simulation training.

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
There were no areas for improvement identified.			

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. **Practical Experience:** F2 trainees raised issues in relation to access to procedures which are currently being performed by SNPs.	✔	✔	Amber

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:** There are issues with practical experience in cardiac 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.	✔	✔	Amber
2. **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.	✔	✔	Amber
3. **Undermining:** [redacted]	✔	✔	Amber

Summary Rating Outcomes			
Red	**Amber**	**Green**	**White**
0	**4**	**0**	**0**