

Issue K: Training and Retraining**Issue K1: The support and assistance made available to all members of staff, to help them keep abreast with developments in clinical practice, and the use made of such facilities**

56. As previously stated, my role in training issues was limited. The decisions were made by the Ward Manager or Associate General Manager, or for medical staff, by consultants. Detailed training requirements were assessed through individuals' appraisals and agreed with immediate supervisors/managers.

Issue K2: The process of appraisal and training required of a paediatric cardiac surgeon in 1984-1995, before embarking on an advanced operative procedure not previously performed by him

57. If a new procedure was to be introduced it was quite often the case that I did not know that this was occurring. Clinicians would ask their theatre managers for any new equipment and the first I would hear of it was when managers were concerned about costs or staff. This was something I would have to address, as it would affect the budget. Consultants would not however discuss clinical training issues with managers.

58. Sometimes the ward manager or the theatre sister would come to me and say that Dr X wanted a new procedure, particularly if it would require extra resources. If this was the case, the Clinical Director and I would meet with the clinician and find out what the implications of this new procedure were. For example, I recall clinicians wanting to use a new type of hip joint which was vastly more expensive. They believed it would last longer than previous types. If it was decided that new equipment was necessary, we would then review the budget to try to find money and resources for staff and/or equipment. I believe that in the case of the hip joints, this was found. If we could not see any obvious savings, we would have

approached the Trust Board and possibly the Health Authority. All of us were constantly trying to balance quality, cost and increasing throughput of patients.

59. I cannot recall any new procedures being assessed in cardiac surgery or paediatric cardiac surgery during the period I was General Manager of Surgery, though I seem to recall discussion about costs and effectiveness of different sorts of heart valves for adult cardiac surgical procedures.

K3: The extent to which those obligations were affected by the fact that:-

(a) the procedure was new, and now well-established elsewhere, or (conversely) that it was well-established elsewhere;

(b) there was an absence of "local" skill or advice, so that any assistance must necessarily have been obtained from outside the institution in question

60. I have no information to contribute on this issue.

K4: the professional or contractual obligations regarding such appraisal and training imposed upon a paediatric cardiac surgeon (both at the BRI, and generally within the UK)

61. There is a recognised Royal College programme for training of cardiac surgeons. I am not sure what a surgeon's contract states. I have never seen one. As previously stated, ensuring staff received training was not part of my day-to-day work, except as a very general overview.

K5: The professional obligations or duties (if any) placed upon the person or persons carrying out, or assisting with, the retraining of a professional colleague

62. I am not able to comment on this.

K6: The responsibility borne by:-

(a) a paediatric cardiac surgeon;