

Organ Retrieval Training and Registration.

Guidelines for surgeons in training with NORS retrieval teams.

Underlined items are those requiring action by NORS Clinical Leads. Those in italics are for trainees.

In Scope

NORS commissioned services for abdominal and cardiothoracic retrieval.

Out of Scope

Services outside of standard NORS retrievals, such as abdominal wall and small bowel retrieval.

1. The NHSBT process will be named 'Training and Registration'.
2. Surgeons may enter training to gain competence in organ retrieval (Cardiothoracic or Abdominal Organ Retrieval) with any of the commissioned NORS teams in the UK.
3. A surgeon who wishes to become competent will first need to register with NHSBT (provisional registration). In this respect, the surgeon will need to have the support of the NORS Lead from their centre. *Provisional registration requires the surgeon to submit the registration form (Appendix 1) bearing the signature of the NORS Lead to NHSBT (Hannah.Westoby@nhsbt.nhs.uk).*
4. The trainee will need to participate in their centre's on-call rota for retrieval, and will need to demonstrate appropriate knowledge, skills and attitudes which are compatible with unsupervised retrieval practice. Participation in annual appraisal or equivalent is required.
5. The surgeon will need to maintain a log of experience, including the nature of the retrievals and the degree of supervision. The surgeon will also need to complete retrieval-related training (HTA, QUOD, Biopsy training; Appendix 2). This log of experience may later be assessed to demonstrate compliance with HTA legislation. *Prior to unsupervised practice, all retrieval-related training must be complete.*
6. In discussion with the trainee and with colleagues, the NORS lead will have the responsibility to decide when a trainee is ready to perform organ retrieval operations without direct supervision. This will take account of feedback from team members and hospital staff, as the Lead sees fit.

7. In keeping with the usual pattern of developing surgical skills in the UK, the NORS lead will decide which operations may be performed without supervision, in discussion with the trainee.
8. Provisionally registered surgeons may find themselves ready for unsupervised retrieval surgery, as agreed by the NORS Lead. However, they are awaiting the annual Masterclass, and cannot complete full registration until the Masterclass has been attended.

If the NORS Lead feels it is appropriate, the Lead may inform NHSBT

(Hannah.Westoby@nhsbt.nhs.uk)

that the surgeon has been passed as competent to retrieve. The surgeon may then perform unsupervised retrieval providing the requirements of section 5 are completed. However, the surgeon remains provisionally registered until completion of the Masterclass.

9. Full registration can only be achieved once the trainee is deemed competent to perform all retrieval operations for their discipline (as indicated in section 7, above), and *has attended the Organ Retrieval Master Class, completed the Masterclass e-learning, and is up to date with HTA training and other relevant training as required from time to time by NHSBT (e.g. Biopsy technique, QUOD; see Appendix 2).*
10. The requirements in section 9 may be fulfilled in any order, but must all be completed for full registration.
11. *It is the trainee's responsibility to present appropriate evidence to the NORS Lead to secure full registration.* Once fully registered, the trainee will receive a certificate of full registration from NHSBT.
12. The NORS lead should have an up-to-date register of all retrieval surgeons in their unit, and their training and registration status. In particular, the current status as regards HTA training and new developments, for example biopsy techniques, will be important for good governance.
13. HTA module training must be updated each year by all NORS surgeons. Whilst the NORS Lead is responsible for ensuring that surgeons are up to date, individual surgeons must update HTA training each year and are personally responsible for these updates. Such updates may be checked by the HTA as part of service audit.

14. The NORS lead will also decide if transplant consultant surgeons working in a NORS registered centre are competent to perform organ retrieval. Those who are available on call for retrieval, on a retrieval rota, would be considered competent. Those who have not participated in a retrieval rota for some time may be less so. The NORS lead should decide.
15. Any surgeon who is already trained and has come from outside the UK will be required to attend the Masterclass but may be registered provisionally until then. According to the NORS Lead, such surgeons may carry out unsupervised retrieval, providing the Lead is satisfied that the individual is trained to do so, and has an appropriate understanding of UK practice, regulation and governance, and has completed the items in Appendix 2.
16. A record will be kept by NHSBT of all retrieval surgeons who have completed registration so that they can be re-activated if necessary.
17. In order to ensure governance and maintain quality of retrieval services, the national and unit organ damage report will be closely monitored by the national organ retrieval leads in the form of monthly reports.

Appendix one

National Organ Retrieval Service

Application to register with NHSBT as a NORS Surgeon with Provisional/Full Registration.

This form should be submitted to Hannah.Westoby@nhsbt.nhs.uk by the surgeon who joins a NORS team. Provisional registration will be awarded. Once the surgeon has attained competence in organ retrieval surgery, as specified by the local NORS Team Lead Clinician, and has completed the Masterclass and e-learning and any other current requirements as indicated in the 'Guidelines for Training and Registration', the surgeon will be eligible for a Certificate of Full Registration from NHSBT.

Participation in professional updates as recommended by NHSBT from time to time is expected for all registered surgeons, as indicated in the 'Guidelines for Training and Registration'. Candidates must obtain written permission, indicated by signature of the NORS Lead, when seeking provisional or full registration as below. Appendix 2 contains links to currently required training updates. The Candidate will need to submit a copy of the Masterclass attendance Certificate to NHSBT (Hannah.Westoby@nhsbt.nhs.uk) when available. All registered surgeons must maintain a log of procedures and training for later inspection during HTA audit, as appropriate.

Name;

Provisional Registration. Unsupervised practice pending Masterclass Full Registration

(Have you submitted the Masterclass Certificate? If not, your application for Full Registration will be rejected; submit by email with this form to Hannah.Westoby@nhsbt.nhs.uk.)

Abdominal

Cardiothoracic

Centre;

NORS Lead;

Signature of NORS Lead to indicate approval for application;

Date;

The NORS Lead is signing to indicate the Candidate has fulfilled all relevant requirements and training as specified in this, the current 'Guidelines for Training and Registration' document.

Appendix two

The Human Tissue Act Basics e-learning module

Access :

Step 1: Log on to <https://nhsbt.traineasy.com/>

Step 2: Click on the Login tab and enter a username and password using the details below.
(If you get an error message saying 'User not available' this may be because the generic login is in use by another user, please try log in number 2 or 3).

- 1) Username: Persons.Designate01@nhsbt.nhs.uk / Password: PDTesting123
- 2) Username: Persons.Designate02@nhsbt.nhs.uk / Password: PDTesting123
- 3) Username: Persons.Designate03@nhsbt.nhs.uk / Password: PDTesting123

Step 3: Go to tab 'courses' and select; Training Catalogue / Mandatory Training / Role Specific / then open 'HTA – Persons Designated Training Module 1 – The Human Tissue Act basics'.

Step 4: Please complete this module and e-mail to confirm completion using the link in the module.

QUOD Kidney Punch Biopsy Technique

The video for the kidney punch biopsy is being updated and a link will be provided here when the video is completed.

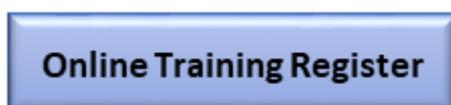
Be aware that kidney biopsies should be taken from the upper outer aspect of the kidney (superolateral aspect of kidney). The 2 mm QUOD biopsy, and the 4mm PITHIA biopsy, are taken using the same punch technique. NO SUTURE should be used for pre-emptive haemostasis; the biopsy should be recorded on the A form.

Additional video material for other aspects of QUOD is in preparation.

QUOD Heart Biopsy Technique

Find here a link to the video demonstrating the heart biopsy sample collection technique:
https://drive.google.com/file/d/1ckVVRcezhHV_4HsAAyx_GTlwk8OHmZNb/view?ts=5c00052a

Please sign the Online Training Register, once these items have been completed, by clicking here:



Link: <https://sandrinerendel.typeform.com/to/xtyDmb>