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| **Aspire Post-CSCST Fellowships**  **July 2023**  **Application Form** |

**Applications are now open for Aspire Post CSCST Fellowship to commence July 2023.**

*The Health Service Executive, in partnership with the Postgraduate Training Bodies, have established a number of Aspire Post CSCST Fellowships to commence in July 2023 in key areas of need within the Health Service.*

**RCSI are now inviting applications for a number of funded *Aspire Post CSCST* Fellowship Awards to commence in July 2023**

**Queries on applications should be submitted to** [**Sinead**](mailto:jared.gormly@hse.ie) **Dixon –** [**sineaddixon@rcsi.com**](mailto:sineaddixon@rcsi.com)

**Applications should be submitted to sineaddixon@rcsi.com**

**Deadline** for submission of applications: **17th June 2022**

### Aspire Post-CSCST Fellowships

**Background**

Post-CSCST Fellowships within Ireland offer an alternative to trainees now that our own specialist clinical expertise and services have matured and developed. These Fellowships provide opportunities for those doctors who have completed specialist training in Ireland to access high-quality training in a specialised area of clinical care. They are designed for doctors who need to acquire additional training or experience which was not available on their Higher Specialist Training programme. The additional training provided exposes graduates of the Irish postgraduate training programmes to subspecialties and advanced clinical skills.

These 12 month posts offer:

* A structured educational experience designed to deliver the requirements of a particular subspecialty, not readily available within HST
* A supervisor with authority and accountability for the fellowship post
* Opportunities for audit and research
* An enhanced salary

**Aspire Post CSCST Fellowships**

The HSE has partnered with the Postgraduate Training Bodies to identify, develop, recruit and oversee these 12 month Post CSCST Fellowships. These opportunities will provide formal recognition of the Fellowships by the Postgraduate Training Bodies.

The process of identification of the Fellowships and subsequent recruitment will be managed through the Postgraduate Training Body with input from the HSE.

**Aims and objectives**

The Aspire Post CSCST Fellowship awards aim to:

* Stimulate the design and introduction of a number of high quality, relevant and valuable post CSCST fellowships that are not only attractive to doctors, but also harnesses the potential for high quality specialist training now available in Ireland
* Address the need to provide specific post CSCST training opportunities needed for a range of roles and skill sets at consultant level in the Acute Hospital system at present and into the future
* Encourage innovation and medical leadership
* Increase retention of post-CSCST fellows
* Demonstrate that the Irish health system is world class and competitive
* Produce fellowship-trained consultants with skills tailored to the Irish context with consideration given to available and upcoming consultant posts
* Provide a more supportive and more diverse training environment for NCHDs
* Enable higher quality clinical research
* Encourage hospitals, hospital groups, and research institutions to compete for and support fellows
* Facilitate NCHDs who do not wish to (or are unable to) travel abroad for fellowship
* Opportunity to create a fellowship brand, similar to the strength of the Dr Steevens’ Scholarships (during higher specialist training), for Post CSCST doctors to positively signal to the medical community at home and abroad the quality of opportunity in Ireland.

**Conditions of the Aspire Post CSCST Fellowship award**

* Approval is provided in respect of fellowships commencing in July 2023
* All approved post CSCST fellowships must provide a structured certifiable educational experience to doctors who have obtained CSCST from an Irish Postgraduate training body or entered the specialist division of the MCI register within three years.
* The post CSCST fellowship post must be evaluated and approved by the appropriate training body and have a supervisor assigned, with authority and accountability for the fellowship post
* Approved Post CSCST Fellowships must demonstrate:
* An overview of the core curriculum to be offered
* Details of how the fellowship will protect/prioritise the unique learning requirements of the fellow
* A quality fellowship experience, protected training time and less of a focus on service delivery commitment
* Evidence that there will be opportunities for audit and research
* Details of the value of the proposed fellowship to the health service, for example addressing a particular workforce requirement, niche area, particular skillset acquisition, obtaining of skills/knowledge that are not available in Ireland at the current time, etc.
* The duration of the Post CSCST Fellowship should be outlined within the application (funding provided is for 12-month period from July 2022 however it is noted that funding partnerships with host institutions may be developed to allow for 24 month Fellowships – this can only be progressed with the prior agreement of HSE NDTP)
* The Post CSCST fellowship should align to workforce opportunities.
* The Post CSCST fellowship must not impinge on the training of pre-CSCST trainees
* Where appropriate, the fellowships should fulfil training body requirements for Medical Council specialist registration (e.g. Intensive Care Medicine) and HSE employment requirements for consultant posts.
* Aspire fellows are entitled to apply through the relevant training body for the HSE Higher Specialist Training funding scheme and through their employer for the HSE Clinical Course / Exam Refund Scheme. Both of these programmes are funded by NDTP and accessed through the NER
* Employers should note that other costs, including on-call costs / other additional payments/ trainers’ grants/ overtime payments etc. are not provided within NDTP funding for this programme.
* All Aspire fellows sign the NCHD Contract 2010 with the relevant employing authority, and are subject to the terms and conditions of that employment contract.
* In the event that the Fellow is on any type of leave (including but not limited to statutory leave entitlements such as maternity leave and any non-statutory leave) other than normal holiday leave for any period greater than 4 consecutive weeks or an aggregate period of 6 weeks in any consecutive 52 week period (which leave is referred to in this clause as “the extended leave”) the clinical site or host institution shall notify HSE-NDTP in writing immediately. It is acknowledged that the HSE-NDTP shall suspend payments of the Fellowship until such time as the Fellow’s leave ceases and the Fellow returns to the Fellowship programme.
* Following a formal request, HSE-NDTP may consider extending the Fellowship period by the period for which the fellow was absent due to the extended leave (other than holiday leave and other than the first 4 weeks of other leave). For the avoidance of doubt, the extension in the Fellowship period referred to in this clause will not result in any increase in the amount of the Fellowship payable. The liability of HSE-NDTP shall remain limited to payment of the amount of the Fellowship as set out above. The extension provided for in this clause shall therefore involve no extra cost to HSE-NDTP.

**Application Process**

* The first step of the process involves designing a quality fellowship proposal.
* The next step involves engaging with an RCSI to agree the oversight, approval and certification of the fellowship.
* The third stage involves submitting the completed fellowship proposal to RCSI.
* For the applications that are awarded the Aspire Post CSCST Fellowships, the final stage involves recruiting a suitable candidate to commence in July 2023

Application deadline 17th June 2022.

**Selection Process**

The RCSI, working with the HSE, will review the submissions and identify the eligible Aspire Post CSCST Fellowships.

The principal considerations will be:

* + Quality of the fellowship proposed
  + Identified unmet patient need\*
  + Specialty and service priorities\*
  + The potential benefits to the Irish health service and patients.
  + Consideration should be given to recently approved consultant posts[[1]](#footnote-1).
* \*The Postgraduate Training Body should liaise with the National Clinical Advisory Group Leads (NCAGL’s) National Clinical Programmes (NCP’s) for the specialty (where available) to inform these principle considerations
* Geographic distribution as relevant to model of care or workforce planning and upcoming consultant posts should also be taken into consideration.

Following confirmation of the available Fellowships the Postgraduate Training Body will oversee a competitive recruitment process to identify incumbents for July 2023.

**What is the eligibility criterion for a doctor applying for an Aspire Post CSCST Fellowship?**

Doctors eligible to be appointed into one of the fellowships must be within three years of CSCST or entry onto the specialist division of the MCI register in July 2023 and have completed their HST training within an Irish Postgraduate Training Body.

In the case where a candidate has been appointed to the fellowship subject to completion of CSCST sign off from the relevant training body must be obtained.

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| **APPLICANT DETAILS** | | | |
| Fellowship Title: | Post CCST Fellowship in Vascular and Endovascular Surgery | | |
| Sub-Specialty area: | Diabetic Foot Management & Vascular Access for Dialysis | | |
| Duration of Fellowship: ( it is expected that most fellowships will be of a 12-month duration, however Fellowship proposals up to 24 months will be considered if funding has been identified) | 12 Months | | |
| Main training site: | Dept of Vascular and Endovascular Surgery, Beaumont Hospital, Dublin 9 | | |
| Associated sites : | St Josephs’ Hospital Raheny. | | |
| Category: | Clinical & Research Fellowship in Vascular Surgery | | |
| Clinical Component: | Assessment & management of patients with Diabetic Foot Disease (DFD) and patients needing Vascular Access for dialysis. | | |
| Non-Clinical Component: | Investigation of therapeutic use of Hyperbaric Oxygen Treatment (Hb02) in Diabetic Patients with Ulceration undergoing peripheral arterial bypass surgery. | | |
| Primary Clinical Lead | Mr | | |
| Surname: | Moneley | | |
| First: | Daragh | | |
| Mobile telephone number: | 087 2346842 | Other telephone number: | 01 8093131 |
| E-mail address: | daraghmoneley@beaumont.ie | | |
| **OTHER CONSULTANT TRAINERS WHO WILL TEACH OR SUPERVISE THE FELLOW**  **( e.g. Assigned Supervisor)** | | | |
| Title of Consultant Trainer 1: | Mr | | |
| Surname: | Kheirelseid | | |
| First name: | Elrasheid | | |
| E-mail address: | elrasheidkheirelseid@rcsi.ie | | |
| Title of Consultant Trainer 2 | Mr | | |
| Surname: | Mc Hugh | | |
| First name: | Seamus | | |
| E-mail address: | seamusmchugh@rcsi.ie | | |
| Title of Consultant Trainer 3 | Mr | | |
| Surname: | Naughton | | |
| First name: | Peter | | |
| E-mail address: | pnaughton@rcsi.ie | | |
| **OTHE RELEVANT CONTACT Details** | | | |
| **Mr Ian Robertson (Renaltransplant/vascular Surgeon) Beaumont Hospital, Dublin 9.**  **email: ianrobertson@beaumont.ie**  **Mr Sayed Ali (vascular/General Surgeon), Beaumont Hospital, Dublin 9.**  **Email: sayedali@beaumont.ie** | | | |

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| **BACKGROUND AND RATIONALE FOR THE FELLOWSHIP POST** **Please outline the rational to the fellowship post, See Sections 1.7, 1.9, 2.2.1, 2.2.3 on the Criteria and Standards document.** |
| * Limb loss in Diabetes is one of the most devastating complications that can occur, with a significant impact on both the health and social care system. * A Quality Vascular Access in a patient either needing dialysis in the near future or patients who are currently on dialysis can reduce a patients overall morbidity and number of hospital admissions. In particular in those patients not suitable for renal transplant it can prolong both quality and of life and lifespan. * This fellowship has been developed to provide high level exposure for the fellow in the areas of diabetic foot management and vascular access for dialysis. These services are consultant lead by a multi-disciplinary team (MDT) in Beaumont Hospital/RCSI Hospital Network. These areas of practice are covered in a superficial nature during formal training and the rationale of this fellowship is to integrate a senior trainee into the MDT and for them to have access to specialty clinics/operating theatre/Non – invasive vascular lab/per-cutaneous procedures used to maintain and create dialysis access and treat patients with diabetic foot disease. * The fellow will attend a specialty vascular access clinic and diabetic foot clinic each week with Operating Theatre/Non-Invasive Vascular Lab/research sessions each week. These clinics and sessions are currently not part of our formal Vascular HST programme. |

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| **AIMS, CURRICULUM AND LEARNING OUTCOMES** **Please outline the aims, curriculum and learning outcomes of the fellowship, See Sections 1.2, 1.3, 1.4, 1.11, 1.12, 1.13, 2.2.5, and 2.4 on the Criteria and Standards document.** |
| **Aims**  -to provide training at a sub specialty level to a Fellow looking for access to patients with advanced diabetic foot disease and renal disease in a centre which currently provides for patients needing renal transplantation  -to provide access for a fellow looking for sub specialty training in Diabetic Foot Disease and Renal Access to an MDT clinic/treatment structure in both specialties.  -to provide a research opportunity for a fellow interested in developing an academic profile in the management of diabetic foot disease.  **Curriculum**   * Advanced specialty knowledge of Diabetes and Renal Disease needed to treat patients with vascular complications of these diseases in a Quaternary Referral Centre * Technical skills required to treat these groups of patients in a sub specialty elective and unselected emergency setting * Management of these groups of patients in an in-patient setting in a centre that provides access to patients needing renal transplant * Develop the communication/organisational/administrative skills needed to set up and run an MDT service in both specialty areas. In particular the organisation of the team structure needed to treat these patients to a high standard.   **Learning Outcomes**   * *Knowledge &Understanding* – Management of Diabetic and Renal Disease to a level needed by a Vascular Surgeon treating these patients. Up to date knowledge on the vascular management of patients with Diabetic Foot Disease and up to date knowledge on the creation and maintenance of vascular access in patients needing dialysis access. * *Practical skills* **–**Develop clinical and non-invasive vascular lab skills to allow the optimum management of patients needing treatment for vascular complications of diabetic foot disease and creation of suitable vascular access for dialysis.   Become competent in choosing the appropiate re-vascularisation options for patients with diabetic foot disease and performing these procedures as the primary operator ie. Fem – distal/pedal bypass, tibial & pedal angioplasty and hybrid procedures.  Become competent in choosing the appropiate vascular access for a patient as part of an MDT and performing this access as a primary operator ie. Standard Arterio-Venous Fistula (AVF) formation, AVF grafts upper & lower limb, percutaneous AVF access procedures, percutaneous procedures to maintain AVF access and laparoscopic placement of peritoneal dialysis catheters.   * *Personal & Professional Skills-* Develop a reflective learning practice to help maintain the knowledge needed as part of the trainees Continuous Professional development (CPD). Hold a senior trainee role within the department and provide teaching and learning opportunities in their sub specialty area of interest to more junior trainees and para medical staff. Provide a mentorship role to our ST 2 trainee. | |
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| **UNIQUE LEARNING OPPORTUNTIES**  **Please provide details of how the fellowship will protect/prioritise the unique learning requirements of the fellow (marks):** |
| The above described sub-specialty clinics are run by Consultants in the department and are not attended by our current BST or HST trainees due to their current workload providing cover for our current vascular elective and emergency in-patient/out-patient and off site venous services.  These subspecialty clinics are currently attended by Consultants and Fellows (Nephrology/Diabetes) which gives a unique opportunity for the Vascular Fellow to learn from senior trainees and consultants in these specialities.  As Beaumont Hospital is the National Renal Transplant Centre it attracts patients with significant peripheral vascular disease due to Diabetes and patients with significant vascular access issues.  The fellow would not be expected to attend any of the “General Vascular” Clinics or Theatre lists or round on the Vascular In Patient population unless reviewing a patient within their sub specialty interest or a patient where they were involved in their care.  They would form part of a 1:6 vascular registrar on call roster. There is an opportunity for them to take part in the Consultant On Call roster (Covered by an existing Consultant) if they are on the specialty division for vascular surgery IMC and meet the criteria laid down by the RCSI Hospitals group for consultants on call. |

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| **DETAILS OF THE CLINICAL COMPONENT** **Please provide full details of the clinical components of this post. See Section 1.4 on the Criteria and Standards document.** |
| **OPD**   * Diabetic Foot Clinic Weekly * Vascular Access Clinic Weekly   **Wards**   * Consult on patients within sub –specialty interest/take part in MDT ward rounds   **Non Invasive Vascular Lab**   * ½ day session per week / assessing patients for intervention for DFD and Vascular Access   **Research**   * one full day per week (Some on site work at “OXYCARE LTD”, Unit 01, The Airport Hub, Furry Park, Santry, D09 W5YV, Dublin 9, Ireland).   **Theatre**   * one full day per week   **Percutaneous Intervention**   * ½ day per week   Attend Weekly Vascular MDT and Ward teaching / Assist in Vascular Intern Teaching. |
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| **INDICATIVE CASE NUMBERS TO BE COMPLETED DURING THE FELLOWSHIP** | | |
| **PROCEDURE NAME** | **No. As Primary Operator** | **No. As Secondary Operator** |
| Brachio/Radial Cephalic Arterio- Venous Fistula | 10 | (assisting junior) 10 |
| Brachio Basilic Arterio-Venous Fistula 2 stage | 15 | 5 |
| Fem Below Knee popliteal Bypass | 8 | 3 |
| Fem Tibial Bypass | 8 | 3 |
| Fem Pedal Bypass | 5 | 5 |
| Tibial Angioplasty | 10 | 10 |
| Percutaneous Procedures for AV Access | 10 | 10 |
| Hybrid Arterial Lower Limb Procedures (Endo/Open) | 5 | 5 |
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| **ASSESSMENT** **Please include details of the assessment framework and methods that will be used to assess the fellow’s satisfactory performance in training, including how this will be recorded and fed back to the fellow.** |
| This will be provided based on the current platform provided by the Intercollegiate Surgical Curriculum Programme (ISCP), (CEX, WBAs, MSF etc ) for Higher surgical trainees with particular emphasis on the fellows sub specialty interests. The assessment and feedback will be both Verbal Formative and Written summative assessments, timeline laid out below. We would ask that the fellow submits 10 CEX and 10 WBAs and 1 Multisource feedback per 6 months.  **Meeting with Two Trainers**   * Initial meeting discussing aims and goals of trainee & department (1st week of rotation) * 2nd meeting @ 3 months to discuss current progress and any issues meeting learning objectives/research project. * 3rd meeting @ 6 months to discuss submitted summative assessments based on key training objectives listed above. Purpose of this meeting is to address level of competence in key knowledge objectives laid out above and progress towards competence on procedures detailed above and altering of exposure to each area as needed. (Bi weekly research project meetings will occur in parallel with Mr E Kheirelseid. If Fellow appointed in early 2021 our plan would be to start organising research project Ethics etc at that stage.) * Final meeting at 11 months, summary of fellowship prepared and any areas where trainee has not achieved competence addressed.   If during any of these meetings the Fellow feels they are not progressing in a particular area or if we identify an area where we feel we as trainers needs improvement, we will set up a remediation plan which will trigger more regular meetings. |

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| **AUDIT & QUALITY IMPROVEMENT OPPORTUNTIES** **Please outline any quality improvement opportunities that will be available to the fellow when undertaking the fellowship. (marks)** |
| -the fellow will have an opportunity to take part in a quality improvement project looking at the current pathway for patients with Diabetic Foot Disease in the RCSI Hospital Group.  -there is currently an extensive prospective database being collated on patients who undergo vascular access procedures in Beaumont Hospital, we would envisage that the Fellow would from part of the working group that provides feedback on the data report which is produced on a three monthly basis and be part of any publications that arise out of the post hoc analysis of this data. |

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| **TEACHING COMMITMENTS** **See Section 2.1.3 on the Criteria and Standards document.** |
| As discussed above we would expect the Fellow to take up a senior trainee role within the department and take part in formal teaching of more junior trainees and para-medical staff.  We have found it particularly useful when a senior trainee acts as a mentor to our ST 2 trainee in vascular surgery. We would see the Fellow as having a mentorship role to this trainee. |

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| **PROPOSED RESEARCH PROJECT** **See Section 1.5 and 2.1.3, on the Criteria and Standards document.(marks)** |
| Below is a summary of the proposed research project. Funding has been secured for the individual Hyperbaric Oxygen Treatment Sessions and for a part time research nurse for data collection.  **Title of Research Project**: Does Hyperbaric Oxygen Treatment (HBO2) pre and post femoral distal bypass procedure in patients with diabetic foot ulceration alter wound healing and lower limb arterial graft patency.  **Aim:** To provide patients with diabetic foot ulceration undergoing femoral distal bypass surgery HBO2 treatment before and after surgery to assess differences in wound healing and graft patency compared with standard care.  **Proposal:** Patients with diabetic foot disease needing femoral distal bypass constitute a complex group of patients. Our proposal is it randomise patients to receive HBO2 treatment for 5 days before and 14 days after surgery and compare to standard of care. |

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| **AVAILABLE INFRASTRUCTURE AND SUPPORT SERVICES** **See Section 2.1.3, 2.1.7, 2.3.1 on the Criteria and Standards document.** |
| **Diabetic Foot Disease:**  We currently have a Diabetic Foot clinic which is attended by a Diabetic Physician and Fellow, Vascular Surgeon, Podiatry, Orthopaedics & Tissue Viability Nurse. The Fellow would become part of this team which is due to expand to weekly Diabetic Foot Rounds on the in-patient wards. We currently have 4 podiatrists who work on site in Beaumont and link in with 4 community podiatrists and 2 podiatrists in Cavan General/Monaghan Hospital and Our Lady of Lourdes Hospital Drogheda/LCH Dundalk.  **Vascular Access**  We currently have a weekly Vascular Access Clinic which takes place in a separate Dialysis unit on site on Beaumont Hospital Grounds. This is attended by a Vascular Access Nurse (ANP Candidate), Nephrologist, Nephrology Fellow and a Vascular Consultant. All patients requiring vascular access attend this clinic including complex patients who are not suitable for renal transplant and are being considered for long term vascular access. |

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| **OUTLINE HOW THIS POST CSCST Fellowship would provide a quality experience, protected training time & less focus on service delivery commitment (marks)** |
| Please see comments above. These sub specialty clinics have developed in Beaumont Hospital over time due to an increasing clinical need. These clinics / vascular lab sessions / are currently not attended by our Vascular HST/Registrars due to their clinical commitments on the in-patient wards and vascular out patients.  The fellow would have unique access to these patients and involvement in their ongoing treatment and follow up.  Please see weekly timetable attached. |

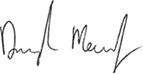
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| **EVALUATION AND FEEDBACK**  **How do you plan to provide relevant feedback and evaluation of the Fellowship Post to the College?** |
| We plan to submit a summary to RCSI following the 6 monthly and 11 monthly review with copies of the submitted CEX, WBAs, Multi Source feedback, Operative Assessment and logbook. Included with the 11 month review will be a “SWOT” analysis of the programme.  We will ask the fellow to submit a confidential feedback form based on the “Vascular HST Feedback Form”(attached) to confidentially relay any issues relating to the fellows experience as a trainee at 6 months and at the end of fellowship.  The Primary Clinical Lead will act as the main local support for the trainee however, we would ask the college to identify a person that would remain a confidential contact for the Fellow similar to the role the current training programme director and assistant programme director in Vascular Surgery carry out for current HST trainees. |

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| **ADDITIONAL INFORMATION**  **If you wish to include any additional information relating to the training post, please use the section below:** |
| Adapted Vascular Trainee Confidential Feedback, weekly timetable attached, |
| ''Click here'' |
| ''Click here'' |

**Additional paperwork can be submitted with the application form to highlight the opportunities and benefits of the proposed Post CSCST Fellowship.**

**Please note the application form will also be used by RCSI to assistant in the accreditation of the post and therefore we may request additional information if required for this purpose.**

**Signature of the Clinical Lead/Assigned Supervisor** (electronic signature is acceptable)

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1. https://www.hse.ie/eng/staff/leadership-education-development/met/consultantapplications/consultant-jobs-approved/consultant-posts-approved-all-2021.pdf [↑](#footnote-ref-1)