



# THE SOCIETY FOR VASCULAR TECHNOLOGY OF GREAT BRITAIN AND IRELAND



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- Identify and define the research question
- SVT Fundamental Study Day 2022
- Notices

## Welcome to the Spring 2022 SVT Newsletter.

In this edition you will find interesting articles and updates, including:

- The second of the research series “Identify & Define the Research Question.
- An interview with Joanne Walker, Manager of the Vascular Studies Unit of University Hospitals of Leicester NHS Trust, who discusses their experience of the updated IQIPs V2 process and Accreditation success.
- Feedback from attendees of the SVT Fundamentals study day 2022
- Visit the newly updated and refreshed Education pages
- Exciting opportunities for members to become more involved with the promotion of the society

Remember the Newsletter is continually looking for original contributions, so please email me any case studies, reviews, your experiences or any comments you think would be of interest to members of the society. I would also welcome your views and feedback on the new and updated Newsletter format.

As always CPD points are available for published articles and there is a £25 prize offered for the individual chosen for sending in the article or letter of the season.

The next Newsletter will be the Summer 2022 issue and the closing date for receiving articles will be June 27th 2022.

**Daniela Bond-Collins**  
**Newsletter Editor**

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## IQIPS – Another Vascular Service achieves Accreditation

The Vascular Studies Unit of University Hospitals of Leicester NHS Trust have recently received the news that they've met the standard for IQIPS accreditation. This is a fantastic achievement, especially as they elected for assessment against the new 2020 standard with its additional requirements in terms of quality and “uncertainty of measurement” management.



Joanne Walker is the manager of the Unit and has very kindly agreed to answer some questions about their achievement.

Continued on Page 2.

### **How long did it take to prepare the department for IQIPS accreditation?**

It took over 3 years to get the approval and buy-in from the Trust with regards to financing the process, but as most of the IQIPS standards cover your current practice, the main bulk of work was over 18 months to ensure that the systems we put in place for ensuring and monitoring quality had been running for sufficient time to demonstrate effectiveness. Once you have the staff engagement you can delegate areas of the preparation and this way the whole team will be familiar with the systems and processes which helps towards a unified approach.

### **What was the hardest part?**

As the updated IQIPS V2 required a Quality Manual (QM) and a fair amount of new over-arching audit processes, it was a learning curve in the understanding and development of these. Understanding how to apply different monitoring or auditing techniques (such as utilising vertical and horizontal audit methods) to different areas of the QM took time, and then developing a whole over-arching audit policy and effective schedule was challenging.

As the V2 also covers “uncertainty of measurement” (UOM) this presented us with an opportunity to see how to apply this to ultrasound and physiological measurement, as currently this is more widely understood and defined in laboratory settings. We have now updated our ultrasound QA to try and measure and define our probe resolutions using certain applications, and acknowledge this in our protocols. There is still a lot more work which we can do with ongoing UOM, and we are now also thinking about how to introduce flow phantoms during QA to start to understand our UOM with regards to Doppler flow recordings. But that’s a whole big project for another day...

### **And anything that was surprisingly easy?**

Err.... Is it ever easy?!

Well actually, if you have already got protocols which are current, document controlled, and aligned with SVT guidelines, this helps. As well as ensuring standard management of a service is in place with regards to appraisals, mandatory and specific job training is up-to-date, and local procedures, policies and risks are documented. If you are already recording images and reports electronically and monitoring quality here, this will help too.

### **What is different in the new 2020 standard and why did you decide to go straight for this rather than transitioning through the original standard?**

The new areas in V2 are the need to have a QM, overarching audit, and “uncertainty of measurement” considerations for the whole service. I think also what is different is having to audit a larger scope, as all of the QM sections have to be assured by monitoring or auditing systems.

It wasn’t really an option not to go for V2, as the transition period would be very close, and I felt that it would be more difficult to have to change over than get aligned to V2 from the outset. I think now all new applications to UKAS will be straight into V2.

### **Your service is provided at 2 different hospitals and in multiple locations – did this present any challenges to achieving IQIPS accreditation?**

No, it wasn’t really a problem, as most of the preparation of documents will be the same for the service wherever it is delivered. The way the service is delivered should meet the same quality and standard in each location, follow the same processes and either share or use duplicated documents. There will be a few small differences on a local level, as well as having to demonstrate audit or monitoring of more locations with regards to facilities and local risks and suchlike, and ensuring correct staff skill mix cover at each location. Ideally you want conformity across all areas. If there are satellite services which are encompassed into other management groups, then this is sometimes more complex. An example is our TIA clinic scan room based on another site is under the management of stroke services with regards to footprint of facilities and clinic processes, but our activity and staffing within the room is our own VSU standards and procedures. You just have to ensure that both services are engaged with IQIPS and can provide evidence where required to assure the assessment team about the combined services.

### **What was it like on the day of assessment for yourself as manager and also for staff scanning in clinics?**

If anyone can remember setting their AVS practical exam, we all felt a bit like this, despite both myself and the assessors reassuring the staff that this is not what it is about and to relax into normal daily practice! The assessment team consists usually of a Specialist Technical Assessor for Vascular, a Lay assessor, and an Assessment Manager who leads the whole assessment. Our Lay assessor chatted to the clinical and admin team as well as a few patients, and also looked at the patient environment. The Technical Assessor selected a range of examinations to observe across different rooms and sites, and had the opportunity to talk to the clinical staff after the scan to assure that conformity to the protocols was achieved and query any unexpected findings to processes, as well as looking at the clinical facilities and equipment. The Assessment Manager spent most of the time going through our service documents with me, where I had the opportunity to explain or clarify processes or help find information or evidence that was not easy to find or understand what our process was.

### **Any advice for other departments preparing for their own accreditation?**

Ensure the whole team is engaged with the preparation and also embed processes into normal daily practice so that there is nothing different

when it comes to assessment. Remember that the assessment ensures you attain a level of quality but it also notes that services are under continuous development and improvement. There will always be mandatory and recommended findings at the end of the assessment, and these will help highlight areas for improvement or action needed to reach compliance with IQIPS standards. The whole team should not take these findings as a negative outcome, but use this to go from good to great!

**You are trained as an IQIPS technical assessor, did this help in your department's accreditation journey?**

Training as an IPQIS assessor (many years ago it seems now) was definitely invaluable for helping me prepare for our own IQIPS assessment and I would

still recommend this, but as a trained technical assessor I was not fully prepared for the other areas of assessment with regards to the overarching management of the service. So actually having a thorough read of the UKAS guidance is also very helpful:

<https://www.ukas.com/wp-content/uploads/2021/12/IQI-4000-IQIPS-V2-Standard-Statements-Guidance.pdf>

**Thank you Jo for your very comprehensive and helpful comments.**

The list of currently accredited Vascular Services is available on the United Kingdom Accreditation Service (UKAS) website [Improving Quality in Physiological Services \(IQIPS\) \(ukas.com\)](https://www.ukas.com/Improving-Quality-in-Physiological-Services-IQIPS).



## Are you interested in becoming a UKAS Independent Technical/Peer Assessor for the IQIPS scheme?

Accreditation for Physiology services is rapidly expanding and UKAS urgently need practising physiologists or consultants within your physiology discipline to become assessors for the scheme. Participation will contribute towards your CPD portfolio.

The IQIPS standard has been developed by the Accreditation Clinical Advisory Group (ACAG) originally in partnership with The Royal College of Physicians as a patient focussed, nationally recognised measurement of quality for physiology services. It gives confidence to patients, purchasers, staff and managers about safety, effectiveness and sustainability of your physiology service. Physiological Science accreditation is recognised by the Care Quality Commission (CQC) as a valuable source of information to support its regulatory function.

We, the United Kingdom Accreditation Service (UKAS) have been appointed by government under a memorandum of understanding to manage and deliver the scheme and is looking to increase our assessment capacity in line with growing demand.

### Qualifications and experience

Ideally you should have at least four years practical experience, preferably at a senior level, in your specific physiology discipline.



### Training

You will receive in depth training to prepare you for completing assessments. It also provides valuable insight into the accreditation process should your service be preparing for accreditation or is accredited. Training is funded and provided by UKAS.

### Assessments

Each assessment consists of a 1-2 day(s) assessment either on site or remotely accompanied by 0.5- 1 day reviewing evidence and formulating a report annually.

UKAS contracts independent technical assessors on a day rate basis, either as self-employed contractors or through their current employer. The level of work is dependent on the needs of our customers and therefore UKAS cannot guarantee specific levels of work. Some travel in the UK and overnight stays may be required. And reasonable expenses are reimbursed.

### **Need for Vascular Technical Assessors**

There is a need for more Vascular IQIPS technical assessors. Please see further details in the attached advertisement. If you would like to discuss with one of the current Vascular assessors, please don't hesitate to contact us via the professional standards email [psc\\_chair@svtgbi.org.uk](mailto:psc_chair@svtgbi.org.uk)

### Further information:

If you would like to discuss the role further, please contact Laura Booth, UKAS Senior Assessment Manager on 01784 429000



# Identify and define the research question

This is the second part of the SVT Research Series continuing from 'A Roadmap to Research' in the Winter Newsletter. In this article, we describe the first step in any research project: identifying and defining the research question.

As a profession, we should **identify** the need for a specific question to be answered. A commonly encountered approach is to collect data, or collate available data and seek to 'turn them into a research project'. A better approach is to start with a question of interest, or from a gap in our understanding. Research may seek to address questions related to:

- opportunities to improve patient care or treatment
- opportunities to improve the service we provide
- a gap in our speciality knowledge
- a problem associated with a specific vascular disease
- the development or validation of a new imaging method or technique.

Conducting a study to answer the research question may guide our clinical practice and ensure, wherever possible, that our practice is evidence-based. Bridging the gap between research and clinical practice in this way will enable us to continually improve patient care and outcomes.

The **National Institute of Healthcare Research (NIHR)** simplifies the research process within the NHS to encourage and support participation in research in the healthcare setting with the goal of improving patient outcomes. By working with professionals, patients and the public from a spectrum of service providers, the NIHR generates a list of priority topics for health, public health and social care research and their website (<https://www.nihr.ac.uk/partners-and-industry/charities/identify-research-needs.htm>) is a good source of guidance and a starting point for identifying a research need.

Once a clinical problem has been identified it can be translated it into a research question. At this stage it is important to define the research question. If the proposed study to answer the research question is generalisable OR transferable the study should be classed as research. Generalisable means that the study findings can be applied to a broader population or setting (e.g. a criteria for quantifying disease severity), while transferable means that the study findings can apply to a similar context or setting as the study (e.g. the findings could be applied in other Vascular Studies Units). In addition, note that most research projects will require NHS Research Ethics Committee Review (NHS REC review).

The **Health Research Authority (HRA)** website provides extensive information on how to classify a project (<https://www.hra.nhs.uk/approvals-amendments/what-approvals-do-i-need/>) and the HRA Decision Tool (<http://www.hra-decisiontools.org.uk/research/>) can be used to ensure that the study is defined correctly. The Decision Tool is quick and easy to use and consists of a series of questions about your proposed study. There is also a link from here to determine whether ethical approval will be required: <http://www.hra-decisiontools.org.uk/ethics/>. It is worth using the Decision Tool in the early stages of identifying a research project and then revisiting it once the study design has been finalised.

If the study question relates to a quality improvement process ("Does it meet the standards set?") or a measure of current care ("how good is our current practice"), it is not a research question and rather will be a clinical audit and service evaluation, respectively. Clinical audits review current practice against a standard and implement changes to practice in order to improve patient care or outcomes. Service evaluations are a measure of current care and often use interviews or questionnaires to do so. For both clinical audit and service evaluation there should be no randomisation and neither require NHS REC review.

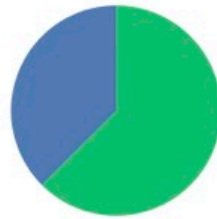
Identifying a research question is important; it is the basis of the entire project. Thinking carefully about the question is therefore vital. Performing a literature review and understanding relevant material to the question shall be covered in our next newsletter article.

# SVT Fundamental Study Day 2022

## SurveyMonkey Feedback and Comments

### Q2 Are you planning to sit the SVT theory exams?

Answered: 16 Skipped: 0



Yes No Additional ...

ANSWER CHOICES	RESPONSES	
Yes	62.50%	10
No	37.50%	6
Additional Comments	0.00%	0
TOTAL		16

### Q14 Overall satisfaction with the Educational content (Monday)

Answered: 15 Skipped: 1



Poor Fair Good Very Good Excellent

	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT	TOTAL	WEIGHTED AVERAGE
Monday content	0.00% 0	0.00% 0	20.00% 3	46.67% 7	33.33% 5	15	4.13

### Q15 Overall satisfaction with the Educational content (Tuesday)

Answered: 14 Skipped: 2



Poor Fair Good Very Good Excellent

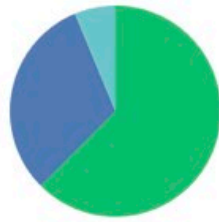
	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT	TOTAL	WEIGHTED AVERAGE
Tuesday Content	0.00% 0	0.00% 0	28.57% 4	35.71% 5	35.71% 5	14	4.07

# SVT Fundamental Study Day 2022

## SurveyMonkey Feedback and Comments

Q16 Did you prefer the fundamentals day presentations via Webinar?

Answered: 16 Skipped: 0



■ Yes I prefer... 
 ■ No I prefer... 
 ■ No prefer... 
 ■ Additional ...

ANSWER CHOICES	RESPONSES	
Yes I prefer presentations delivered via Webinar access	62.50%	10
No I prefer presentations delivered Face to Face	31.25%	5
No preference	0.00%	0
Additional Comments	6.25%	1
TOTAL		16

Q17 Any other comments relating to the days, which could help us improve it for next year?

Answered: 9 Skipped: 7

“  
*As a 1<sup>st</sup> year STP student, the two days provided a good foundation knowledge prior to the content which was helpful. Thank you.*  
 ”

“  
*Discuss more about waveforms reporting.*  
 ”

“  
*Little bit rushed in places so not giving time to comprehend or read the slides as well as listen at the same time.*  
 ”

“  
*Well-presented and informative.*  
 ”

“  
*Maybe more of vascular interpretation and cases.*  
 ”

## Position Available : SVT CASE Representative



Consortium for the  
Accreditation of  
Sonographic Education

CASE is an organisation that exists to accredit sonographic courses delivered within the UK. CASE's philosophy is to promote best ultrasound practise through the accreditation of those training programmes that develop safe and competent ultrasound practitioners. The majority of its activities relate to supporting those Institutions that offer, or wish to offer, courses leading to an award in Medical or Clinical Ultrasound.

In addition to offering accreditation of new, and re-accreditation of established ultrasound education

programmes, CASE undertakes annual monitoring of the courses it has accredited. The information obtained is fed back to the Institutions both on an individual basis and via the annual CASE report.

The Consortium is currently comprised of six Member Organisations who are responsible for the policy, strategy, governance and financial control of CASE.

Each Member Organisation nominates up to three of their own members to represent their interests on the CASE Committee. The Committee is responsible for implementing CASE policy and strategy as determined by the Consortium and the day to day operations including approving accreditations.

There is currently a position available as one of the SVT CASE representatives. If you are interested in this position please email [president@svtgb.org.uk](mailto:president@svtgb.org.uk)

## Speakers required for BMUS conference in Cardiff 6-8th December 2022.



There is an upper and lower limb DVT workshop on Wednesday 7th December. Speakers are required to deliver presentations on upper and lower limb venous duplex assessment. There will also be a practical session, and demonstrators are required to provide assistance and teaching.

The theme of this year's conference is "Leading Ultrasound into the Future".

Speakers are required for Thursday 8th December on the following topics:

- Carotid grading criteria and importance of accurate velocity measurements
- DVT pitfalls
- The post EVLT limb venous system
- 3D ultrasound

CPD points are available. Please get in contact with Tanyah [tanyah.ewen@nhs.net](mailto:tanyah.ewen@nhs.net)

**The Journal of Vascular Societies Great Britain and Ireland (JVSGBI) is an international peer-reviewed journal which publishes relevant, high quality original research, reviews, case reports and news to support the vascular community.**

The Journal of Vascular Societies Great Britain and Ireland (JVSGBI) is published online quarterly in Feb, May, August and November on the JVSGBI website. Articles, when finalised for publishing, will be published online, and then at the discretion of the Editor in Chief, included in the online issue and/or printed issue.

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