



Regional Inspection of Saolta University Health Care Group

Galway University Hospital

Report on the Inspection of Intern
and Specialist Clinical Training Site

August 2018



**Comhairle na nDochtúirí Leighis
Medical Council**

About the Medical Council

The Medical Council is the regulatory body for doctors. It has a statutory role in protecting the public by promoting the highest professional standards amongst doctors practising in the Republic of Ireland.

The Council has a majority of non-medical members. The 25 member Council consists of 13 nonmedical members and 12 medical members. The Council receives no State funding and is funded primarily by doctors' registration fees.

The Medical Council maintains the Register of Medical Practitioners - the Register of all doctors who are legally permitted to carry out medical work in Ireland. The Council also sets the standards for medical education and training in Ireland. It oversees lifelong learning and skills development throughout doctors' professional careers through its professional competence requirements. It is charged with promoting good medical practice. The Medical Council is also where the public may make a complaint against a doctor.



Evaluation of Saolta University Health Care Group Compliance with Medical Council Standards

Compliance level rating

Level of compliance with each Standard:

Non- compliance (NC)



Partial compliance (PC)



Full compliance (FC)



**Clinical training site:
Galway University Hospital**

Compliance with Intern Training Standards

1. Rotations	Level of compliance: FC	
<i>Description of evidence of compliance with this Standard during the inspection visit</i>		
- The Assessor Team (The Team) welcomed the opportunity to meet with a large number of Interns at Galway University Hospital (GUH). - The Team was satisfied that all Interns present had completed a minimum rotation of three months in Medicine and three months in Surgery.		
<u>Compliance</u>		
The clinical training site indicated in the self-evaluation that they were fully complying with this Standard and the Team found that this site, in practice, was complying.		
<u>Observation (s) and Recommendation (s)</u>		
No observations or recommendations made.		
<u>Commendation (s)</u>		
No commendations made.		

2. Accreditation	Level of compliance: FC	
<i>Description of evidence of compliance with this Standard during the inspection visit</i>		
The Team was satisfied that the West North /West Intern Training Network is affiliated with the National University of Ireland, Galway (NUIG) School of Medicine.		

- The Team met with a number of Interns who had completed their undergraduate and / or graduate entry medical education in NUIG, University Limerick (UL), University College Dublin (UCD), Trinity College Dublin (TCD) and the Royal College of Surgeons of Ireland (RCSI).
- The Team met with Dr Dara Byrne who is the Intern Coordinator for GUH. Dr Byrne oversees the content and assessment of the programme on all nine sites within the Saolta Group.

Compliance

- The clinical training site indicated in the self-evaluation that they were fully complying with this Standard and the Team found that the site, in practice, was complying.

Observation (s) and Recommendation (s)

- No observations or recommendations made.

Commendation (s)

- No commendations made.

3. Content of training

Level of compliance: PC



Description of evidence of compliance with this Standard during the inspection visit

- i. All Interns reported to feel part of a Multi-Disciplinary Team.
- ii. After meeting with the Interns the Team had concerns with reports of Interns taking consent and the frequency in which Interns were asked to seek consent on behalf of their supervisor.
- iii. The Team was satisfied that Interns at the site have the opportunity to exercise their responsibility and clinical decision making appropriate to their competency level.
- iv. The Team was satisfied that Interns felt part of a Multi-Disciplinary Team and that this was working well, in particular during the handover in Paediatrics.
- v. The Team noted that although there is regular and scheduled formal education and training sessions provided for Interns, these are often prevented or interrupted due to non-bleep-free time.
 - The Team also noted that teaching sessions can be rostered outside of normal working hours (formal surgical and medical training is outside working hours).
 - There were reports of Interns not receiving feedback on their performance and therefore not learning, with the exception of the three month or end of rotation assessment.
 - There does not appear to be an opportunity for learning at handover.
 - The Team noted that Interns were aware of the Q-pulse system but also that it is not used consistently or effectively.
- vi. The Team was satisfied that training is consistent with the Eight Domains of Good Professional Practice.

Compliance

Although the clinical training site indicated in the self-evaluation that they were fully complying with this Standard, the Team found that the site was only partially complying due to findings noted under v. The Team was concerned with the issues raised under this Standard and recommended these be addressed as soon as possible. GUH should detail how they plan to address this Standard and submit their response to the Medical Council as part of the Hospital Groups Action and Implementation Plan, due 3 months following receipt of the Inspection Report.

Observation(s) and Recommendation(s)

- The Team noted that medical and professional development is being curtailed as Interns are heavily involved in basic administrative and medical procedures such as ECG and Phlebotomy. This could potentially inhibit full curriculum coverage and, therefore, appropriate development of skills and competences at this stage of training. The Team recommended that this should be addressed by (a) implementing the Transfer of Tasks Policy; (b) ensuring the effective and consistent use of non-medical support staff (non- physician staff); and (c) improving the release of Interns to protected teaching time by communication with and improved understanding of Nursing and ancillary staff in all clinical areas.
- The Team recommended that bleep-free, protected training time should be provided for all Trainees and that this should be standard practice.
- The Team had significant concerns about the practice of clinical note taking, which was a consistent finding presented to the Team by Interns and that NCHD's were aware of this practice. The Team heard of ward transfer patients or admission track patients where clinical note-writing or transcription was expected and Interns were instructed to do so by NCHD's, in preparation for ward rounds. On occasion some Interns were asked to write clinical notes on a patient they themselves had not seen. This is not good or safe practice and is educationally unacceptable. The Team recommended that this form of practice ceased with immediate effect. Measures taken to stop this should include clear instructions to Interns, at their induction, on the risks this carries and how to say "no" if it is requested. The Hospital Group could undertake a simple audit of patient records and discharge notes to quantify the practice.

Commendation (s)

- The Nanny Intern Service; using previous year's Interns at the start of the programme for one month with no on-call duties, and the Boot Camp, where applicable, was a supportive initiative of great value to Interns and much appreciated.
- The Team were very impressed with the level of commitment from Trainers in GUH and noted the number of Trainers in attendance at the meeting with the Assessor Team was encouraging.

4. Supervision

Level of compliance: PC



Description of evidence of compliance with this Standard during the inspection visit

- The Team was satisfied that Interns were being supervised at Senior House Officer (SHO) level but were unclear if Interns were also being supervised by their Consultants.

- The Team requested sight of the data being collated and evaluated by GUH regarding the level of supervision as per the compliance submission for the site. This should be submitted to the Medical Council as part of the Hospital Groups Action and Implementation Plan, due 3 months following receipt of the Inspection Report.

Compliance

- The clinical training site indicated in their self-evaluation that they were fully complying with this Standard, the Team agreed that the site, in practice, was complying.

Observation (s) and Recommendation (s)

- The Team requested that the data being collated and evaluated by GUH regarding the level of supervision (as per their compliance submission) be provided to the Medical Council.

Commendation (s)

- The Team noted the Nanny Intern System using previous year Interns at the start of the programme for one month with no on -call duties was very useful a supportive initiative to the Interns.
- The Intern Co-ordinator is committed, highly motivated and very accessible to Interns.

5. Assessment

Level of compliance: PC



Description of evidence of compliance with this Standard during the inspection visit

- Based on the feedback received from Interns at GUH, the Team were concerned with reports that on many teams there is no regular feedback in GUH, only at the three month or end of rotation assessments.
- It was noted that Interns have to be proactive with their Consultant in order to receive feedback.

Compliance

- Although the clinical training site indicated in the self-evaluation that they were fully complying with this Standard, the Team found that the site was only partially complying. The Team was concerned with the lack of feedback Interns report to be receiving, and recommended that this issue be addressed and formalised.

Observation (s) and Recommendation (s)

- The Team recommended that the clinical site addresses the lack of feedback reported by Interns and ensures that a formal process for providing and receiving feedback is in place.

Commendation (s)

- No commendations made.

6. Professionalism

Level of compliance: PC



Description of evidence of compliance with this Standard during the inspection visit

- The Team noted the Intern induction addresses all aspects of Professionalism, and the Three Pillars of Professionalism forms part of the Intern Logbook.
- The Team were concerned with reports of Interns taking consent. The Team was advised that Interns are given instruction on the taking of consent at the time of induction and also have a 2.5-hour mandatory session on the medico-legal aspect of intern practice, from a dual qualified lawyer/physician on the importance of and requirements for informed consent. However, on interviewing Interns, one Intern expressed concern in taking consent from a patient and the intern presented the Medical Council's guidelines for consent to their supervisor but the guidelines were dismissed by the Registrar.

Compliance

- The clinical training site indicated in the self-evaluation that they were fully complying with this Standard and the Team found that the site, in practice, is partially complying.

Observation(s) and Recommendation(s)

- As mentioned previously, the Team had significant concerns about the practice of note-taking. It was reported that on occasion some Interns were asked to write clinical notes on a patient they themselves had not seen. This is not good or safe practice as well as being educationally unacceptable. The Team recommended that this form of practice ceased with immediate effect.
- During the Teams discussion with Interns, one Intern recalled an episode of inappropriate behaviour by a Nurse towards an Intern. On reporting the incident, the Intern stated that, while the Clinical Nurse Manager (CNM) offered to support the Intern, the CNM was unwilling to take direct action. The Intern was coming to the end of their rotation and decided not to proceed with the escalation process, but was well aware of the correct reporting procedure, if it was felt that it should be required.

Commendation (s)

- No commendations made.

7. Resources

Level of compliance: FC



Description of evidence of compliance with this Standard during the inspection visit

- The Team was satisfied that Interns have access to a sufficient number of patients and case mix and have exposure to a broad range of clinical cases appropriate to the rotation.

ii. The Team was satisfied that Interns had the space and opportunity for private study as well as access to a library with adequate and up to date books and journals, including online access to standard library databases for journal access and literature searches.

iii. The Team was concerned over reports of no extra staff to cover holiday, sick leave or unexpected leave and that Interns are regularly put under pressure to fill vacant slots themselves as additional work.

iv. The Team was satisfied that Interns were encouraged to raise ethical issues and have an appropriate 'go-to' person available to raise such with, such as the Intern Coordinator and they are also have access to Occupational Health Services, if required.

v. The Team was satisfied that Health Supports are available.

Compliance

- The clinical training site indicated in their self-evaluation that they were fully complying with this Standard and the Team found that the site, in practice, was complying.

Observation(s) and Recommendation(s)

- Locker space which was previously reported as a challenge has now since been addressed.
- The Doctors Residence is un-optimal, but the Team were informed that a new building is under construction.
- ICT facilities were criticised by the Intern group in general. Issues raised included systems freezing, poor access to systems, and difficulties in managing multiple pass codes. This may constitute a patient safety issue. The Team recommended that better ICT supports should be put in place for Interns to prevent the abovementioned issues from reoccurring.
- Interns noted that they have difficulty accessing blood results. Interns suggested that it would be more efficient if they had electronic blood forms. The Team supported this suggestion. Electronic order forms should be available to Interns to make their post-ward round and post - take activities more efficient.

Commendation (s)

- The clinical training site is to be commended for the quality of its Resilience Programme.
- The quality of the Simulation Centre which combines undergraduate and postgraduate medical and Multi-Disciplinary training. It involves training on simulated mannequins and teamwork. As well as the education role there is an ongoing research programme collaborating with other centres nationally and internationally.

Compliance with Specialist Training Standards – Galway University Hospital

A. Clarity of educational governance arrangements	Level of compliance: PC
<i>Description of evidence of compliance with this Standard during the inspection visit</i> i. The Assessor Team was satisfied that compliance with this criterion was confirmed in the meetings with the Senior Management Team (SMT) and Trainers. However, it was noted from discussions with the postgraduate Trainees that the clarity of educational governance arrangements varied in practice. ii. The Team was satisfied that compliance with this criterion was confirmed in the documentation provided by the site (sample minutes of meetings), but many of the Trainees were unaware of the reporting arrangements and noted that they need to be better informed. iii. The Team was satisfied from meetings with the Trainees that there were clear lines of communication with the training bodies. They were also satisfied that this was confirmed in the documentation provided by the sites (postgraduate training body inspection and interim progress reports and the list of onsite training body representatives).	
<u>Compliance</u> • The clinical training site indicated in their self-evaluation that they were partially complying with this Standard and the Team found that the site, in practice, was partially complying.	
<u>Observation (s) and Recommendation (s)</u> • No observations or recommendations made.	
<u>Commendation (s)</u> • No commendations made.	

B. Clarity of clinical governance arrangements	Level of compliance: PC
<i>Description of evidence of compliance with this Standard during the inspection visit</i> i. The Team was satisfied from the documentation provided (NCHD contract, induction programme, training lead role, emails, and a governance document) and discussions at the meeting with Trainees that they were able to clearly describe their responsibilities, level of authority and lines of accountability, at both BST and HST levels. ii. The Team was satisfied that Trainees were aware of local procedures for reporting clinical incidents but noted that they did not use them. The Trainees feel that Q-Pulse system is not user-friendly and the process takes too long. iii. The Team was informed that introduction of the CRISBAR system was a major undertaking to enhance handover and is apparently unique in Ireland. The Team was satisfied from the	

documentation provided (information on CRISBAR system and the Bleep Policy) and meetings with the SMT, Trainers and Trainees that there is some form of handover in every department but there are inconsistent systems and that handover is inconsistently applied, ranging from very good to poor.
<u>Compliance</u> The clinical training site indicated in their self-evaluation that they were partially complying with this Standard and the Team found that the site, in practice, was partially complying.
<u>Observation (s) and Recommendation (s)</u> The Team recommended the development of general policies, protocols and procedures for clinical handover across the entire Hospital Group. This should be addressed as a priority, as it is a patient safety concern. GUH should detail how they plan to address this Standard and submit their response to the Medical Council as part of the Hospital Groups Action and Implementation Plan, due 3 months following receipt of the Inspection Report.
<u>Commendation (s)</u> No commendations made.

C. Accountability	Level of compliance: FC	
<i>Description of evidence of compliance with this Standard during the inspection visit</i>		
i.-iv. The Team was satisfied from the documentation provided (job specifications and descriptions for the role of Chief Academic Officer, Associate Academic Officers, Saolta Academic Administrator, NDTP Training Leads and the Medical Manpower Manager, minutes of meetings, correspondence, the training organisation structure, and the schedule of meetings with relevant clinical and academic leads) and discussions with t Trainees that the clinical training site was complying with this Standard.		
<u>Compliance</u> Although the clinical training site indicated in the self-evaluation that they were only partially complying with this Standard, the Team was satisfied that the site was fully complying.		
<u>Observation (s) and Recommendation (s)</u> No observations or recommendations made.		
<u>Commendation (s)</u> No commendations made.		

D. Induction arrangements for Trainees	Level of compliance: PC
<i>Description of evidence of compliance with this Standard during the inspection visit</i> i. The Team was satisfied from the documentation provided (HSE Induction Policy document, and local induction documents) that there is a national HSE induction Policy in place which meets the required criteria. Although no local policy has been developed, the Team was satisfied that most departments have specialty-specific inductions for new Trainees. ii. The Team noted from the site's compliance form that monitoring the implementation of the Policy is a challenge and that the online portal developed in GUH, together with the establishment of an induction workshop, will facilitate the required criteria in being met. iii. The Team noted from the site's compliance form and the documentation provided that a health and safety talk is scheduled for every hospital induction, which is given to all Trainees on the first day of changeover. This was later confirmed with the postgraduate Trainees. iv. The Team noted from the site's compliance form and the documentation provided (including departmental induction checklists) that there is a programme-specific induction for each specialty at the clinical training site. v. The Team was satisfied from discussions with the Trainees and the documentation provided (induction schedule, presentation slides and sample emails) that Trainees are made aware of policies which apply at their site. vi. The Team did not probe the requirement of the training site making every effort to minimise the duplication of employment-related documentation as when Trainees transition between sites as the NER system is in place and therefore the Team had no concerns in this regard.	
<u>Compliance</u> • The clinical training site indicated in their self-evaluation that they were partially complying with this Standard and the Team found that the site, in practice, was partially complying. The Team noted the challenges GUH faces in achieving full compliance with this Standard.	
<u>Observation(s) and Recommendation(s)</u> • At GUH the Team were advised that checklists were not consistently used for induction at local sites. Uniform induction checklists for each specialty and audit of use would help. The Team recommended using the specialty-specific 'checklists' for key elements of 'unit' induction (which are available) as a starting point in ensuring consistent specialty-specific induction.	
<u>Commendation (s)</u> • The Team commended GUH for the development of its online portal which has helped to develop and improve clinical induction.	

E. Clear supervisory arrangements for Trainees	Level of compliance: PC 
<i>Description of evidence of compliance with this Standard during the inspection visit</i> i. The Team was satisfied from the discussions with the Trainers and Trainees that the clinical training site is complying with the required criteria and noted that Consultants are accessible by telephone during on-call periods. The Team, however, was informed by Trainees of an alleged incident where Trainees were left unsupervised when a Consultant was absent for a week. ii. The Team was satisfied from the discussions with the Trainers and Trainees that the clinical training site was complying with the required criteria that Trainees are made aware of who their clinical supervisors. iii. The Team was satisfied from the discussions with the Trainers that the site is complying with the required criteria. Trainer's tailor their supervision based on Trainee experience and demonstrated skills. iv. The Team was satisfied from discussions with Trainers and Trainees that that the site is complying with the required criteria. The Trainees were satisfied that they were not being asked to act beyond their competence.	
<u>Compliance</u> • The clinical training site indicated in their self-evaluation that they were partially complying with this Standard and the Team found that the site, in practice, was partially complying. The evidence regarding compliance with i. led the Team to conclude that the clinical training site is not consistently, fully compliant with this Standard.	
<u>Observation (s) and Recommendation (s)</u> • The Team recommended that the clinical training site consistently provides appropriate supervision for all Trainees, regardless of annual leave arrangements for Consultants. Saolta should audit supervision - on paper and in action- to assess gaps in supervision during annual leave.	
<u>Commendation (s)</u> • No commendations made.	

F. Opportunities for training through clinical practice for Trainees	Level of compliance: PC 
<i>Description of evidence of compliance with this Standard during the inspection visit</i> i-ii. The Team noted in discussions with Trainers and Trainees that, although Trainees are not required to participate in clinical practice at a level above their competence, some	

opportunities for training are being lost due to the requirement to do educationally unproductive tasks e.g. ECG, Phlebotomy, Cannulation.
<u>Compliance</u> Although the clinical training site indicated in their self-evaluation that they were fully complying with this Standard, the Team found that the site was only partially complying, due to engagement of Trainees in unproductive tasks.
<u>Recommendation (s)</u> The Team recommended that the clinical training site fully implements their Transfer of Tasks policy, in order to free up Trainee time for educational opportunities. GUH should detail how they plan to address this Standard and submit their response to the Medical Council as part of the Hospital Groups Action and Implementation Plan, due 3 months following receipt of the Inspection Report.
<u>Commendation (s)</u> No commendations made.

G. Access to formal and informal education and training for Trainees	Level of compliance: PC 
<i>Description of evidence of compliance with this Standard during the inspection visit</i> i. Despite training body reports which confirm adequate coverage of their respective curricula, the Team found from the discussions with the postgraduate Trainees that there were clear examples where specific training programme requirements were not catered for in their work schedules and it was not clear whether their curriculum was being covered e.g. reports of Trainees in some specialties not receiving adequate feedback and it is sometimes left to them to pursue completion of their curriculum. ii. The Team found from discussion with the postgraduate Trainees that formal teaching time was not protected in all specialties. iii. From discussion with Trainees it was noted that informal teaching varied by specialty department, ranging from excellent to poor.	
<u>Compliance</u> The clinical training site indicated in their self-evaluation that they were partially complying with this Standard and the Team found that the site, in practice, was partially complying.	
<u>Observation (s) and Recommendation (s)</u> The postgraduate training body inspection reports were collated for review and in all cases the reports demonstrated consistent delivery of the curriculum for each Trainee. However, on interviewing Trainees, the Team found inconsistencies in the approach for the delivery of the	

curriculum. The training site must ensure consistent delivery of the curriculum for every Trainee through workplace supervised learning and feedback combined with protected formal curriculum matched teaching. GUH should detail how they plan to address this Standard and submit their response to the Medical Council as part of the Hospital Groups Action and Implementation Plan, due 3 months following receipt of the Inspection Report.

Commendation (s)

- No commendations made.

H. Opportunities for trainers to train through protected training time

Level of compliance: PC



Description of evidence of compliance with this Standard during the inspection visit

- i. The Team found from discussions with Trainers that their role is not reflected in their work schedules or through protected time.
- ii & iii. The Team was satisfied from discussions with Trainers they were encouraged to develop in their role as Trainers and supported by the hospital to attend 'Train the trainer' courses and Faculty meetings.

Compliance

- Although the clinical training site indicated in their self-evaluation that they were not complying with this Standard, the Team found that the site was partially complying, although not complying with i.

Observation (s) and Recommendation (s)

- The Team noted that Trainers provide training outside of contracted hours.
- While the Team acknowledged that the clinical training site does not have the resources to fully comply with this Standard, the Team recommended that the Medical Council notifies the HSE, Forum of Irish Postgraduate Medical Training Bodies and the Department of Health, with a view to enabling the site to comply.

Commendation (s)

- The Team commended Trainers for their commitment to provide training outside of contracted hours.

I. Access to resources which support directed and self-directed learning	Level of compliance: FC
<i>Description of evidence of compliance with this Standard during the inspection visit</i> i. & ii. The Team noted from the documentation that the site had developed a hot-desk office space for Trainees with a dedicated computer room with Wi-Fi. The Team noted from the documentation that there are good library facilities with 24-hour access and access to national and international guidelines.	
<u>Compliance</u> The clinical training site indicated in their self-evaluation that they were fully complying with this Standard, the Team found that this site, in practice, was complying.	
<u>Observation (s) and Recommendation (s)</u> No observations or recommendations made.	
<u>Commendation (s)</u> The Team commended GUH on the quality of the on-site Simulation and Skills Laboratory.	

J. Access to pastoral and health supports for Trainees	Level of compliance: FC
<i>Description of evidence of compliance with this Standard during the inspection visit</i> i. & ii. The Team found in discussions with the Senior Management Team (SMT) that the Occupational Health Department is on site at GUH. It was not clear whether the Trainees were made aware of it. iii. The Team found in discussion with the Management Team that Trainees with disabilities are met by Occupational Health the week before induction and a plan of action is put in place to support the Trainees.	
<u>Compliance</u> The clinical training site indicated in their self-evaluation that they were fully complying with this Standard and the Team found that the site, in practice, was complying.	
<u>Observation (s) and Recommendation (s)</u> No observations or recommendations made.	

Commendation (s)

- No commendations made.

K. Access to resources to maintain close contact with parent training bodies

Level of compliance: FC



Description of evidence of compliance with this Standard during the inspection visit

- The Team found in discussion with Trainees and from the documentation provided that Trainees are facilitated to maintain close contact with their parent training body and a Royal College of Physician of Ireland (RCPI) administration office is being set up.
- The Team found that Trainees are made aware of their primary point of contact with their Training Body and Trainees are provided with administrative support onsite to facilitate contact with training bodies.

Compliance

- Although the clinical training site indicated in their self-evaluation that they were partially complying with this Standard, the Team found that the site was fully complying.

Observation (s) and Recommendation (s)

- Some specialties had local training committees, but not all. This should be implemented across the board. The clinical training site is encouraged to expand the development of local postgraduate training body administration offices across all specialties.

Commendation (s)

- The Team commended and encouraged the initiative to devolve administration supports from postgraduate training bodies to clinical sites.

L. Promotion of Medical Council guidance on professionalism, including promotion of current ethical guidance

Level of compliance: PC



Description of evidence of compliance with this Standard during the inspection visit

- The Team was satisfied from the documentation provided (induction programme, dissemination of the Guide to Professional Conduct & Ethics book to Trainees, and details of the on-site delivery of relevant course in Professionalism by the postgraduate training bodies) and through discussions with the SMT and postgraduate Trainees that Professionalism is being actively promoted.

ii. The Team was satisfied from the discussions with SMT, Trainers and Trainees that this criterion is being complied with. However, the Team felt there were missed opportunities in not linking up clinical incidents with learning. iii. The Team was satisfied from the documentation provided (example of a memorandum of an incident of unprofessional behaviour which was swiftly and appropriately addressed by the clinical training site) that this criterion is being complied with, although it was reported that the matter was not further discussed with the Trainees. iv. The Team was satisfied from the documentation provided that clear pathways exist for the referral of concerns to the Medical Council, although the matter was not further discussed with the SMT, Trainers or Trainees.
<u>Compliance</u> The clinical training site indicated in their self-evaluation that they were partially complying with this Standard and the Team found that this site, in practice, was partially complying.
<u>Observation(s) and Recommendation (s)</u> No observations or recommendations made.
<u>Commendation (s)</u> No commendations made.

M. Safe working environment	Level of compliance: PC
<i>Description of evidence of compliance with this Standard during the inspection visit</i> i. The Team noted that no issues were raised either in discussions or from the national Trainee survey data (Your Training Counts) and the matter was not probed during discussions with Trainees. ii. The Team found in discussion with the Trainees that, despite assurance from the SMT and the objective time sheets submitted by NCHD's which report 96% compliance, compliance with the European Working Time Directive (EWTD) varied from specialty to specialty, ranging from good to poor. Trainees described regular breaches and a lack of willingness at the clinical training site to improve compliance. It was reported that post-call arrangements often lead to poor EWTD compliance.	
<u>Compliance</u> Although the clinical training site indicated in their self-evaluation that they were fully complying with this Standard, the Team found that the site was only partially complying.	

Observation (s) and Recommendation (s)

- GUH informed the Team that they led the national development of compliance rosters. The Team recommends that the clinical training site puts appropriate measures in place to ensure that the EWTD and other applicable employment legislation is applied.

Commendation (s)

- No commendations made.

N. Specialty-specific supports

Level of compliance: PC



Description of evidence of compliance with this Standard during the inspection visit

- The Team was satisfied from their discussions with the Trainees that there was appropriate coverage of the required curriculum in the specialties represented at the meeting, but noted from their discussions with the Trainers and the SMT that not all specialties are sufficiently resourced.
- Although evidence of the clinical training site's compliance with this criterion (there will be ongoing dialogue with postgraduate training bodies to ensure that specialty-specific resources remain fit-for-purpose) was light, the Team was satisfied that there are no concerns with regard to compliance with this criterion.

Compliance

- The clinical training site indicated in their self-evaluation that they were partially complying with this Standard and the Team found that the site, in practice, was partially complying.

Observation (s) and Recommendation (s)

- No observations or recommendations made.

Commendation (s)

- No commendations made.

O. Participation in on-call duty rota

Level of compliance: PC



Description of evidence of compliance with this Standard during the inspection visit

- The Team was satisfied from their discussions with the SMT, Trainers and Trainees that this criterion (there will be an appropriate on-call ratio which takes account of the capabilities of trainees and which reflects the volume of on-call activity) is being mostly applied, with minimal exceptions.
- The Team was satisfied from their discussion with the SMT, Trainers and Trainees that there is appropriate supervision, with a Consultant always available by phone.

iii.	The Team noted from their discussion with the Trainees that post-call leave arrangements varied by specialty, ranging from good to poor.
iv.	The Team did not inspect the on-call accommodation. A later visit to the clinical training site is planned to include an inspection of these facilities.
<u>Compliance</u>	
Although the clinical training site indicated in their self-evaluation that they were fully complying with this Standard, the Team found that the site was only partially complying.	
<u>Observation (s) and Recommendation (s)</u>	
Post-call arrangements often lead to poor EWTD compliance. The Team recommended GUH to conduct a formal review of rotas, including post-call work schedules.	
<u>Commendation (s)</u>	
No commendations made.	

P. Support for assessment of Trainees	Level of compliance: FC 
<i>Description of evidence of compliance with this Standard during the inspection visit</i>	
i.-ii. The Team was satisfied from the discussion with Trainees and the documentation supplied (postgraduate training body guidelines, programme summaries, portfolios, NCHD contract, and sample emails) that there is support for the assessment of Trainees in line with explicit learning outcomes and that participation in postgraduate training body assessments is facilitated.	
<u>Compliance</u>	
The clinical training site indicated in their self-evaluation that they were fully complying with this Standard and the Team found that the site, in practice, was complying.	
<u>Observation(s) and Recommendation (s)</u>	
No observations or recommendations made.	
<u>Commendation (s)</u>	
No commendations made.	

Q. Opportunities for multi-disciplinary teamwork	Level of compliance: PC 
<i>Description of evidence of compliance with this Standard during the inspection visit</i>	
i. The Team noted that GUH provides opportunities for Multi-Disciplinary Teamwork. Variability may reflect the nature of the service but there are robust Multi-Disciplinary teams and meetings; there are opportunities to engage in team based learning, and participate in Multi-Disciplinary quality improvement projects. However, following discussion with the SMT and Trainees, the Team noted that Multi-Disciplinary Teamwork is variable according to specialty department but there is a clear intention to develop this. ii. Following discussion with Trainees and Trainers, the Team noted that compliance with this criterion (there will be opportunities for trainees to benefit from interaction and collaboration with clinical colleagues across the healthcare delivery spectrum) was variable by speciality.	
<u>Compliance</u>	
Although the clinical training site indicated in their self-evaluation that they were fully complying with this Standard, the Team found that the site was only partially complying.	
<u>Observation (s) and Recommendation (s)</u>	
- The variability in delivery of Multi-Disciplinary learning and opportunities to work in overtly Multi-Disciplinary Teams was very apparent. Development of Multi-Disciplinary Teamwork needs to be prioritised by the clinical training site to enhance patient care and improve specialty curriculum coverage. An interdisciplinary checklist for use across all specialties would assist this as would reviewing per specialty, which could uncover opportunities for improvement and highlight a quality improvement work ethos. - Good opportunities for Trainee interaction and collaboration with clinical colleagues needs to be replicated across all specialties and monitored via an interdisciplinary checklist.	
<u>Commendation (s)</u>	
No commendations made.	

R. Opportunities for Trainees to provide feedback to employing authority	Level of compliance: PC 
<i>Description of evidence of compliance with this Standard during the inspection visit</i>	
i. The Team through discussion with Trainees and Trainers noted that Trainees felt there was no opportunity for individual Trainees to provide feedback on their training experience to the Management of the clinical site, despite involvement of Trainee representatives at SMT meetings. There did not appear to be further communication with Trainees beyond directly with their representative. Trainees indicated that they are not communicating with their representative.	

ii. The Team noted that Trainee representatives reported bringing Trainee feedback to the SMT and there are established Trainee Groups providing input. However, through discussion with Trainees, the Team noted reports of Trainees feeling like their feedback is neither sought nor encouraged.

Compliance

- The clinical training site indicated in their self-evaluation that they were partially complying with this Standard and the Team found that the site, in practice, was partially complying.

Observations and Recommendation (s)

- It was noted that Trainees felt that the Emergency Department was not fit-for-purpose, but there was no opportunity to inform Management. There are no private consulting and examination facilities for ante-natal patients, which not only negatively impacts on the patient's experience at the hospital, but can also cause early or premature transfer to a Gynaecology or Ante-Natal Ward. Furthermore, whilst the Team observed that fora are in place to enhance communication between Trainees and Management, this reported situation demonstrates that the fora are not functioning adequately or effectively.
- The Team recommended formalising the structures for Trainee feedback. Trainee representatives need guidance on gathering Trainee views and on feedback mechanisms. "Meet the Management" meetings have been shown to be effective in improving Trainee-Management communication.

Commendation (s)

- No commendations made.



Comhairle na nDochtúirí Leighis
Medical Council

Medical Council
Kingham House
Kingham Place
Dublin 2
D02 XY88

www.medicalcouncil.ie