Regional Inspection of Saolta University Health Care Group

Portiuncula University Hospital

Report on the Inspection of Intern and Specialist Clinical Training Site

August 2018

Comhairle na nDochtúirí Leighis
Medical Council

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About the Medical Council

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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:
Portiuncula Hospital

Compliance with Intern Training Standards

1. Rotations	**Level of compliance: FC**

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

- The Assessor Team (The Team) welcomed the opportunity to meet with a large number of Interns at Portiuncula University Hospital (PUH).
- The Team was satisfied that all Interns present had completed a minimum rotation of three months in Medicine and three months in Surgery.

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)

- No observations or recommendations made.

Commendation (s)

- No commendations made.

2. Accreditation	Level of compliance: FC

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

- The Team was satisfied that the West North/ West Intern Training Network is affiliated with that 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 and the University Limerick (UL).
- The Team met with recently appointed Intern Tutor Dr Kieran Govender for PUH.

Compliance

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

Observation (s) and Recommendation (s)

- No observations or recommendations made.

Commendation (s)

- No commendations made.

3. Content of training	Level of compliance: PC

Please describe the evidence provided under each required criterion for this Standard

i. The Team was satisfied that all Interns felt part of a Multi-Disciplinary Team.

ii. After meeting with the Interns the Team had concerns that Interns were 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 had the opportunity to exercise their responsibility and clinical decision making, appropriate to their competency level.

iv. Although the Interns confirmed they work as part of a Multi-Disciplinary Team, at times the Interns gave the team the impression that team-work was dysfunctional e.g. sharing of tasks, or being bleeped to perform task during the day that could have perhaps addressed by other trained disciplines, poor communication, and lack of respect.

v. The Team noted although there is regular and scheduled formal education and training sessions provided for Interns, this is often prevented or interrupted due to non-bleep-free time.

- Interns on the majority of teams reported to not be receiving feedback on their performance and therefore not learning, with the exception of the three month or end of rotation assessment.
- There was an awareness of the Q-pulse system but that it was not used consistently or effectively
- Reports of no learning at handover

vi. The Team was satisfied that training is consistent with the Eight Domains of Good Professional Practice, and that Interns felt reasonably well prepared entering the intern year.

Compliance

- 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 as criteria **(iv)** and **(v)** under Content of Training were not met. The Team was concerned with the issues raised under these Standards and recommended they be addressed as soon as possible. PUH 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 development is being curtailed as Interns are involved in basic administrative and medical procedures such as ECG and Phlebotomy.

- In general, in the discussion with Interns, they spoke constructively about how their workload could be improved, such as improving working relationships with other disciplines, in particular Nursing. It was clear to the Team from their discussion that on some wards there was a breakdown in working relationships and a lack of Multi-Disciplinary Team working, which junior doctors had reportedly attempted to address. An example cited was of an Intern being telephoned by a Nurse who did not identify themselves, did not address the doctor by name and simply stated "ECG needs to be done now". Multi-Disciplinary working requires a level of respect on both sides and this aspect needs to be stressed during training.

- The Intern Network Coordinator should verify that all Interns are receiving adequate training in each required specialty.

Commendation (s)

- The Nanny Intern Service and Boot Camp, where applicable, was of great value to Interns and much appreciated.

- Interns found the learning from handover in Paediatrics valuable in PUH.

4. Supervision	Level of compliance: FC

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 are also being supervised by their Consultants.

Compliance

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

Observation (s) and Recommendation (s)

- The Team noted that in one medical speciality (medicine) there was clearly good supervision in training.
- Although the Associate Clinical Director (ACD) in Surgery attended the Senior Management Team meeting with the Assessor Team, at the meeting with Trainers there was no representation for Surgery which would have allowed the Team to triangulate information. The Team acknowledged that the ACD Mr Garvin was delayed due to work commitments.
- The Team noted that the Intern Tutor was not directly supervising Interns and felt that the Intern Tutor could take a more objective and independent role.

Commendation (s)

- The Team noted the lunch-time sessions (twice weekly) in the above mentioned speciality of Medicine was hugely valued by the Interns.
- The Team noted the Intern Tutor was committed to Interns and highly motivated with a very "open door" policy and should be commended.

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 PUH, apart from one Medical team, the Team was concerned that there is no regular feedback in PUH, with feedback only being provided at the three-month or end of rotation assessments.

Compliance

- 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 partially complying.

Observation (s) and Recommendation (s)

- The Team was concerned with the lack of feedback that Interns are receiving, and recommended that this issue be addressed and formalised. PUH 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.

6. Professionalism	**Level of compliance: FC**

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

i. The Team noted that the Intern Induction addresses all aspects of Professionalism, and the Three Pillars of Professionalism forms part of the Intern Logbook.

ii. The Team was concerned with reports of Interns taking consent. They noted that Interns would take consent for most procedures. Interns noted that this practice was team dependant but felt that it was difficult to say no to requests of taking consent

Compliance

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

Observation (s) & Recommendation (s)

- The Team had 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. The Team recommended that this practice ceased with immediate effect.

- After discussions with hospital staff, the Interns and a walk through of the educational facilities, the Team found it difficult to understand where concerns about personal safety expressed in the Council's annual Your Training Counts (YTC) survey was an issue.

- It was felt by hospital staff that there was very little investment in postgraduate education and that where Saolta policies existed that they should be extended to all regional sites.

Commendation (s)

- The Team noted that the level of discussion with Interns indicated a good level of Professionalism in work practices and attitudes.

7. Resources	Level of compliance: FC

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

i. The Team was satisfied that Interns have access to a sufficient number of patients and case-mix, and are exposed to a broad range of clinical cases appropriate to their rotation.

ii. The Team was satisfied that Interns had space and opportunity for the 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 informed by PUH that the Intern numbers were increased significantly to provide better cover and better working hours. Where there is long-term sick leave i.e. greater than a week, there is liaison with the relevant Consultant and cover is provided (usually an Agency SHO).
It was reported that it is not possible to provide cover for short-term sick leave but it was noted that sick leave is infrequent amongst the Interns. The process for taking and planning of leave is covered at induction.

However, on interviewing Interns, the Team was concerned at reports of no extra staff to cover holiday, sick leave or unexpected leave. Interns stated that they are regularly put under pressure to fill vacant slots themselves as additional work.

iv. The Team was satisfied that Interns are encouraged to raise ethical issues and have an appropriate 'go-to' person available to raise such with, such as the Intern Tutor and they are also have access to Occupational Health, if required. It was noted that Occupational Health Services are located in the same building as Doctor's Residence.

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 agreed that the site, in practice, was complying.

Observation (s) and Recommendation (s)

- The Team noted the Doctor's Residence had been recently refurbished in PUH. Catering staff ensure there is daily provisions of food for doctors on-call.

- ICT systems – the Team noted a shortage of computer terminals – e.g. Interns cited difficulties in trying to complete discharge letters as they are constantly being interrupted to check blood results.

- The Team noted that the TV and Prayer rooms were valued by Interns.

- Computer facilities on the floor are valued by Interns.

Commendation (s)

- No commendations made.

Compliance with Specialist Training Standards – Portiuncula University Hospital

A. Clarity of educational governance arrangements	Level of compliance: PC

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

i. The Team was satisfied that this criterion was addressed in the paperwork provided (Organogram Saolta Training Organisation Chart, job descriptions, Training Lead list, Lead NCHD appointment process and List of GP Trainees*)* and confirmed such verbally in the meetings with Senior Management Team (SMT) and Trainers. It was noted that generally the Clinical Directors come from Galway.

ii. The Team found some evidence in the paperwork provided (MDT Academic Committee Terms of Reference, sample Minutes of relevant committee meetings, Academic Committee Plan, job descriptions).

iii. The Team was satisfied that this criterion was addressed in the paperwork provided (sample PGTB reports*)*.

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 l commendations made.

B. Clarity of clinical governance arrangements	Level of compliance: PC

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

i. The Team was satisfied from the documentation provided (BST training documents, Clinical Directorate list, NCHD job descriptions, rotas, intern training contract, and study leave application forms) and discussions at the meeting with Trainees that there was a clear description of responsibilities, levels of authority and lines of accountability, at both BST and HST levels.

ii. The Team was satisfied from the documentation provided (screenshots from Q-pulse, Q&S induction presentation, SIMT agenda, and calendar for Q-pulse training) and meetings with the SMT, Trainers and Trainees, that Trainees are made aware of the Q-Pulse system, however, it was also evident that the Trainees do not use the system. Although the SMT were of the view that feedback was given to those involved in clinical incidents, the Trainees stated that they generally did not receive feedback regarding such.

iii. Although The Team was satisfied from the documentation provided (Handover Policy and the audit of the Handover Policy) and from meetings with the SMT, Trainers and Trainees that there is some form of handover in most Departments, there are inconsistent systems and handover is inconsistently applied.

Compliance

- 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.

Observation (s) and Recommendation (s)

- 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.

Commendation (s)

- No commendations made.

C. Accountability	**Level of compliance: FC**

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

i.-iv inclusive.

- The Team was satisfied from the documentation provided (attendance sheets, sample postgraduate training body inspection reports, letters and emails notifying of educational sessions, event programmes, sample Minutes of meetings with Lead NCHD, and a bleep list) that the clinical training site is compliant with required criteria for this Standard.

Compliance

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

Observation (s) & Recommendation (s)

- No observations or recommendations made.

Commendation (s)

- No commendations made.

D. Induction arrangements for Trainees	Level of compliance: PC

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

i. The Team was satisfied from the documentation provided (induction programme, attendance sheets, and the NCHD employment pack) that the clinical training site was compliant with this criterion.

ii. The Team was satisfied from the documentation provided (see **i** above) and from discussions with the Trainees that the site is compliant with the required criterion.

iii. This criterion was found to be being met via evidence of the comprehensive, structured induction programme at the clinical training site.

iv. The Team noted that programme-specific / specialty-specific induction varies in quality from one programme/specialty to another.

v. The Team did not find sufficient evidence from the documentation provided or from discussions with the Trainees that the clinical training site was complying with this criterion. Trainees did not appear to be aware of various policies.

vi. The Team did not find sufficient evidence from the documentation provided (Medical Manpower Manager job description) that the clinical training site was compliant with this criterion.

Compliance

- The clinical training site indicated in their self-evaluation that are partially complying with this Standard, the Team found that this site, in practice, is partially complying.

Observation (s) & Recommendation (s)

- The Team was concerned of the inconsistencies regarding the quality of specialty-specific induction and recommended that the clinical training site takes measures to ensure a more consistent approach across all specialties.

Commendation (s)

- No commendations made.

E. Clear supervisory arrangements for Trainees	Level of compliance: PC

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

i.-iv inclusive.

The Team found, from the discussions with the Trainers and postgraduate Trainees that the clinical training site was partially complying with the required criteria. The new appointments referred to in discussions with the Trainers will serve to strengthen supervision. Trainees were clear that they

knew who their clinical supervisor was, but Trainees were generally dissatisfied with the level of supervision, with the exception of Obstetrics and Gynaecology, where supervision appeared to be exemplary.

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, due to inconsistencies across the various specialty departments.

Observation (s) & Recommendation (s)

- The Team recommended that the clinical training site should disseminate exemplars of best practice and good compliance as a source of advice to other, non-compliant specialty departments, to facilitate full compliance with Standard E – clear supervisory arrangements for Trainees.

Commendation (s)

- No commendations made.

F. Opportunities for training through clinical practice for Trainees	**Level of compliance: PC**

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

i.-ii. Inclusive.

The Team was satisfied from the discussions with the Trainers and Trainees that, generally, Trainee participation in clinical practice was appropriate for their competence. However, clear examples were given by the Trainees where they were not working at their level of competence, with much of their time being spent on menial tasks, not utilising the skills they have acquired, or upskilling.

Compliance

- 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, as there were some examples of Trainees not working at their level of competence.

Observation (s) and Recommendation (s)

- The Team recommended that the implementation of the Transfer of Tasks Policy be prioritised so that Trainees' time could be better utilised.

Commendation (s)

- No commendations made.

G. Access to formal and informal education and training for Trainees	Level of compliance: PC

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

i. From the discussions with Trainees, in general, there were clear examples provided where specific training programme requirements were catered for in their work schedules.

ii. The Team found that formal morning and lunchtime education and training opportunities were provided. However, the morning sessions are held out of working hours and, as such, not covered under the EWTD. These sessions are bleep protected, but lunchtime sessions are not bleep protected.

iii. The Team found that opportunities for informal education and training varies by department, with some departments, such as Obstetrics and Gynaecology and Paediatrics, complying with this requirement and others not complying.

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.

H. Opportunities for trainers to train through protected training time	Level of compliance: NC

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

i. The Team found from discussions with the Trainers that the clinical training site is not complying with this criterion. The clinical training site is heavily reliant on the goodwill of Trainers to provide training during time which is not protected.

ii. The Team found from discussions with the Trainers that there is very little structured support provided to them.

iii. The Team found from discussions with the Trainers that they are facilitated to participate in activities that support them in their Trainer roles, where possible. It is not always possible for Trainers to be released from their clinical duties to attend such activities.

Compliance

- As indicated in the clinical training site's self-evaluation, the Team found that the site was not complying with this Standard.

Observation (s) and Recommendation (s)

- While the Team acknowledged that the clinical training site does not have the resources to comply with Standard H – opportunities for Trainers to train through protected training time - the Team recommended that the Medical Council notifies the HSE, Forum of Irish Postgraduate Medical Training Bodies and Department of Health, with a view to enabling the site to comply.

Commendation (s)

- The Team commended the Trainers who were found to be providing training to Trainees outside their normal working hours (unpaid), as the training site is not currently providing protected training time to Trainers.

I. Access to resources which support directed and self-directed learning	**Level of compliance: FC**

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

i. The Team found from their discussions with the postgraduate Trainees and from the tour of the facilities that the training site was complying with this criterion.

ii. The Team inspected the library facilities and met library staff.

Compliance

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

Observation (s) and Recommendation (s)

- No observations or recommendations made.

Commendation (s)

- The clinical training site should be commended for the efforts to provide good study space including ICT facilities for Trainees and the Team encouraged the ongoing upgrades to the facilities.

- The Team commended the clinical training site for the library facilities.

J. Access to pastoral and health supports for Trainees	Level of compliance: FC

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

i.-iii. Inclusive.

The Team was satisfied from the documentation provided (information, induction presentation, and the Occupational Health job description), discussions with the SMT and from the inspection of the facilities, that Occupational Health Supports are available to Trainees. The Team noted that the Occupational Health office had been recently moved to increase accessibility and privacy. The Team did not have sufficient time to discuss this issue with the Trainees, but no concerns were raised during discussions and the Team was satisfied with the clinical training site's compliance with this requirement.

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)

- 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

i. The Team was satisfied from their discussions with the postgraduate Trainees that there is very close contact maintained with parent training bodies and the Trainees are satisfied with the IT facilities.

ii. The Team was satisfied from their discussions with Trainees that they all knew the primary point of contact within each training body.

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 is, fully complying.

Observation (s) and Recommendation (s)

- No observations or recommendations made.

Commendation (s)

- No commendations made.

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

i.-ii. The Team noted the documentation provided (induction programme, Trust in Care policy, and the Quality Improvement Plan), however, there was no evidence from the discussions with Trainees that Professionalism is being actively promoted, and centred on patient safety and quality of care. The Trainees do not use the critical incident system; and there is a lack of commitment to the auditing and quality Improvement of this.

iii.-iv. The Team was satisfied with the documentation provided (in relation to the Dignity at Work Policy, patient services manager, quality service manager, Trust in Care investigations) but did not find further evidence of compliance from the discussions with Trainees.

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. The interviews with Trainees clearly did not corroborate the paper-based evidence that was provided.

Observation (s) and Recommendation (s)

- No observations or recommendations made.

Commendation (s)

- No commendations made.

M. Safe working environment	Level of compliance: PC

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

i. The Team was satisfied from the documentation provided (Safety Statement, Health and Safety Report and other regulatory reports), their discussions with the Trainers and the postgraduate Trainees, and from the inspection of the facilities that this criterion was being complied with. The Your Training Counts (YTC) 2015 finding, that 27% of Trainees did not feel physically safe at this clinical training site, was not shared by the current Trainees at the site, who seemed surprised at this data.

ii. The Team noted the documentation provided (EWTD compliance report) as evidence of compliance. However, discussions with the postgraduate Trainees revealed that the clinical training site had run out of breach forms. There was evidence that a proposal from the Trainees to improve compliance had not been accepted by the SMT, who reportedly cited a lack of resources as the reason for the proposal not being accepted.

Compliance

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

Observation(s) and Recommendation (s)

- The Team recommended that the clinical site works with Trainees on ideas for implementation of changes, in order to meet Standard M – safe working environment.

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

i. The Team noted from their discussions with the postgraduate Trainees that coverage of the required curriculum varied from specialty to specialty, ranging from poor to excellent. In one specialty, a Trainee reported not being provided with training in a particular procedure because their Trainer did not have the required skills themselves, in order to train them. There were a number of specialties where Trainees perceived a lack of willingness to train them.

ii. Although evidence of the clinical training site's compliance with this criterion was light (PGTB reports and consultant appointments), the Team was satisfied that there are no concerns with regards 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 agreed/confirmed that the site, in practice, was partially complying.

Observation (s) and Recommendation (s)

- The Team recommended that the clinical training site takes measures to address the inconsistencies in covering the required curriculum, across the various specialty departments.

- The Team also recommended that each training body should verify with their own Trainees that adequate training is being received and the clinical site should review and implement changes according to postgraduate training bodies' advice.

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

i. The Team noted from their discussions with the postgraduate Trainees that this criterion was not being consistently met. There was evidence of very experienced Trainees spending much of their time clerking patients, not maintaining the skills they had acquired in their specialty and not learning any new skills.

ii. The Team was satisfied from their discussions with the postgraduate Trainees that there is adequate-to-strong supervision of Trainees during the on-call period.

iii. The Team noted from their discussions with Trainees that this criterion was not being consistently met. There was evidence of inconsistencies across the various specialty departments.

iv. The Team was satisfied from their inspection of the on-call accommodation and discussions with Trainees that this criterion was being met. The facilities were very good and the Trainees were satisfied with them.

Compliance

- 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. This is due to inconsistencies across the various specialty departments.

Observation (s) and Recommendation (s)

- No observations or recommendations made.

Commendation (s)

- No observations or recommendations made.

P. Support for assessment of Trainees	Level of compliance: PC

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

i. From discussions with Trainees it was noted that this criterion was not being met in all specialties. Formal assessment did not appear to be in place for most of the specialties represented at the meeting.

ii. The Team noted from their discussions with the Trainers that this criterion is being met, but there was no discussion about this criterion with the postgraduate Trainees.

Compliance

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

Observation (s) & Recommendation (s)

- No observations or recommendations made.

Commendation (s)

- No commendations made.

Q. Opportunities for multi-disciplinary teamwork	**Level of compliance: PC**

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

i. The Team heard in their discussions with the SMT and Trainers that Multi-Disciplinary, Team-work occurs. The Team did not have sufficient time during discussions with the postgraduate Trainees to confirm this.

ii. The Team heard in their discussions with the postgraduate Trainees that opportunities for interaction and collaboration with clinical colleagues across the spectrum do not exist.

Compliance

- 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, based on the discussions with Trainees which indicated that criterion **(ii)** was not being met.

Observation (s) and Recommendation (s)

- The Team recommended that the site puts measures in place to ensure that there are opportunities for Trainees to work within Multi-Disciplinary Teams in order to improve compliance with this Standard.

Commendation (s)

- No commendations made.

R. Opportunities for Trainees to provide feedback to employing authority	**Level of compliance: NC**

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

i.-ii. Inclusive

The Team noted that the SMT stated that a QI Programme is in development, that Trainees are provided with an evaluation form in their induction programme and that adjustments to induction training have been made, based on feedback received from Trainees. However, the Team heard an allegation in their discussions with the postgraduate Trainees that an attempt had been made to provide the SMT with feedback and their suggestions were rejected. Trainees stated that they are now feeling dejected and do not feel that they can or should provide feedback.

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 is, in practice, is not complying.

Observation (s) and Recommendation (s)

- 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.

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Medical Council

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