Regional Inspection of Saolta University Health Care Group

Sligo 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:
Sligo University 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 Sligo University Hospital (SUH).
- 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, the Team found that the site, in practice, is complying.

Observation (s) and Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

- No additional 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 National University of Ireland, Galway School of Medicine (NUIG).
- 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 majority of Interns present had completed six months rotations in Galway and six months rotations in Sligo.
- The Team noted the Intern Tutor at SUH was newly appointed this year.

Compliance

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

Observation (s) and Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

- No additional commendations made.

3. Content of training	Level of compliance: FC

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

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

ii. The Team had concerns with reports of Interns taking consent and the frequency of which Interns were asked to seek consent on behalf of their supervisor. Another issue of concern was reports of a Medical Registrar refusing to write notes in patients charts and this being left to Interns to complete regardless if they had seen the patient or not.

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. Again, the Team was satisfied that Interns had opportunities to work within Multi-Disciplinary Teams.

v. The Team noted that although there are regular and scheduled formal education and training sessions provided for Interns, these are often prevented or interrupted due to non-bleep-free time. The Bleep Policy presented to the Team from SUH did not mention protected bleep-free time and it was indicated there was no signage for such on the wards.

- Formal teaching twice a week and grand rounds every Friday were welcomed by the Team and valued by Interns.
- Teaching sessions can be rostered outside of normal working hours.
- The Team noted the Interns at SUH enjoyed the fun and interactive journal club which is held regularly and has good attendance from the Interns.
- Regular feedback is provided.
- The Team noted there is no learning at handover.
- Interns were aware of the Q-Pulse system but found that it was not used consistently or effectively. Interns were not aware of feedback being provided to Management which does not appear to be communicated back to junior doctors and NCHD staff. In addition, the Interns at SUH thought to system to be adversarial.

vi. The Team was satisfied that training is consistent with the Eight Domains of Good Professional Practice.

Compliance

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

Observation (s) and Recommendation (s)

- The Team noted that medical development is being curtailed as Interns are heavily involved in basic administrative and medical procedures such as ECG, cannulation and phlebotomy.

- The Team noted there is no Nanny Intern Service in SUH and recommended it might be useful to extend this service to all training sites within the Saolta Hospital Group. However the Team did note the SHO's provide a similar level of service to Interns for the first two weeks with no on-call duty being required of Interns and Senior House Officer's (SHO's) provide extra support during the day, if required. This was found to be of great value to the Interns and much appreciated.

- The Team noted the sharing of duties between Interns and Nursing staff appears better in SUH than on other sites visited, however, the Team noted that there still appears to be tension between Interns and Nursing staff to the extent that the Interns felt that Nurses did not regard them as doctors but as staff employed to carry out certain tasks. The Team recommended that leadership in the Nursing Directorate could address this issue.

- The Team noted where possible that "taster sessions" were offered to Interns who were interested in exploring other specialities such as Anaesthesia, Emergency Medicine, Palliative Care, Psychiatry and Paediatrics.

- The Team noted that the Bleep Policy at SUH is a guideline for bleeping doctors where there are concerns about serious deterioration of a patient's condition. The Team recommended SUH review its Policy to include general guidelines for bleeping and mention bleep protected time and who is to be called during this time.

Commendation (s)

- The policy for all cases to be discussed with Consultants is valued by Interns in the Emergency Department.
- The Team were very impressed with the level of commitment from Trainers.

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 by SHO's and that supervision is being conducted by Consultants.
- The Team noted that Interns had daily contact with Consultants and reported that they did not feel isolated when difficult clinical situations arose. This was a common theme /practice highlighted amongst all specialties seen on the day and should be commended.
- Although Medical Registrars were reported to be easily contactable and accessible, the level of supervision provided was said to be variable and at times Interns noted a level of indecision and a reluctance to come and review patients. This appeared to apply to a number of Medical Registrars.

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)

- The Team recommended that the clinical training site should ensure that all Registrars are made aware that they must respond in a timely fashion to calls from junior staff. All Registrars must also be informed that their job requires them to review patients when asked to do so. The site should consider putting in place a mandatory training session for all Registrars to address these issues.

Commendation (s)

- No additional observations or recommendations made.

5. Assessment	Level of compliance: FC

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

- The Team was satisfied that regular feedback and assessment is being provided.
- The Team noted at induction Interns were trained in I.V. cannulation and further training was provided, if required.
- The Team noted Interns received workshops on open disclosure, this was welcomed by the Team, however, it was felt by the Interns the video example used was not appropriate to their needs.
- The Team was satisfied and commend the trainers at SUH who are committed to providing regular feedback, assessment and further personal development for all junior doctors.

Compliance

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

Observation (s) and Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

- The Team was satisfied and commend the Trainers at SUH who are committed to providing regular feedback, assessment and further personal development for all junior doctors.

6. Professionalism	Level of compliance: PC

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 that the Three Pillars of Professionalism forms part of the Intern Logbook. Also the discussion with Interns indicated a good level of Professionalism in work practice and attitudes.

ii. The Team were concerned with Interns taking consent.

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) & Recommendation (s)

- The Team noted a good level of Professionalism in work practices and attitudes.

- The Team had some concerns about the practice of note taking. On occasion some Interns were reportedly asked to write clinical notes on a patient they themselves had not seen. In particular, one Directorate where the Registrar reportedly appeared unwilling to write clinical notes. The Team recommended that the practice of requiring Interns to take notes on patients they themselves had not seen ceased with immediate effect.

Commendation (s)

- No additional commendations made.

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, providing exposure to a broad range of clinical cases appropriate to the rotation.

ii. The Team was satisfied that Interns had 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. The Team highly commended the Librarian's interest and commitment to providing very good online access to a wide range of journals and providing weekly email updates of new developments. Adequate computer access is available in the library and the library is located in a quiet part of the hospital with the main teaching room adjacent to it.

iii. The Team was satisfied with staffing levels and noted that gaps in the out-of -hour's service are generally covered by locums, although the Team did identify there were some gaps in cover, on occasion, at the weekends.

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 the Medical Manpower Manager, and they also have access to Occupational Health Services, if required.

v. The Team was satisfied that health and supports are available and noted that Occupational Health staff are onsite once a week. It was noted, that at induction all junior doctors are provided with contacts for relevant supports. The Medical Manpower Manger has an open door policy and meets with every junior doctor at induction and identifies any health and or disabilities issues that requires adjustments to the learning environment.

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.

Observations (s) and Recommendation (s)

- ICT facilities were criticised by the Interns in general, this included reports of systems freezing frequently and limited access to computer terminals at ward level. This was compounded by doctors losing access to ward base offices.

- The Doctors Residence is situated directly adjacent to the hospital. The on-call room had recently been refurbished and has all en-suite facilities. Security could be enhanced by the implementation of a swipe card system at the main entrance.

- Lockers are provided in the residence, however, the female Interns felt that this was difficult to access during the working day, it appears that the ward based lockers which used to be available are no longer available to the doctors.

- The Team strongly recommended that administrative support be provided to the Associate Academic Officer, and more protected sessions to be allocated to enhance this role further.

Commendation (s)

- The Team highly commended the Librarian's interest and commitment to providing very good online access to a wide range of journals and weekly email updates of new developments.

- The Team commended Dr McHugh, the Associate Academic Officer, for demonstrating outstanding leadership qualities and a comprehensive grasp of education and training issues for junior medical staff. Dr McHugh's commitment to the education activity in SUH has been built up with very little resources.

Compliance with Specialist Training Standards – Sligo University Hospital

A. Clarity of educational governance arrangements	**Level of compliance: FC**

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

i. The Assessor Team was satisfied that this criterion was addressed in the paperwork provided (job descriptions for academic posts*)* and confirmed verbally in the meetings with Senior Management Team (SMT) and Trainers.

ii. The Team was satisfied that this criterion was addressed in the paperwork provided (sample Minutes of meetings) and confirmed verbally in the meetings with the SMT, Trainers and postgraduate Trainees. The clinical training site's NCHD representative confirmed that she attends SMT meetings.

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

Compliance

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

Observation (s) and Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

- No additional 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 (NCHD contract, induction programme, training lead role, emails, 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 from the documentation provided (screenshots from Q-pulse and attendance sheets) and meetings with the SMT, Trainers and postgraduate Trainees that Trainees are being made aware of the Q-Pulse system, however, it was also evident that the Trainees do not use the system. Trainees stated that the system is not user-friendly, the process is lengthy and, although 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.

iii. The Team was satisfied from the documentation provided (national HSE Handover Policy), meetings with the SMT, Trainers and postgraduate Trainees, and the inspection of the whiteboard system example provided, that there is some form of handover in every Department, but there are inconsistent systems and handover is inconsistently applied.

Compliance

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

Observation (s) & Recommendation (s)

- The Team recommends 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 and should be submitted to the Medical Council as part of the Hospital Groups Action and Implementation Plan.

Commendation (s)

- No additional observations or recommendations made.

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

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

i.-iii inclusive.

The Team is satisfied from the documentation provided (sample job descriptions, Trainer role and relevant personnel job descriptions, sample attendance certificates at college training sessions, sample letters and emails) that the clinical training site is compliant with these required criteria.

iv. The Team is satisfied from the documentation provided (HSE Policy on Change Management) and discussions with the postgraduate Trainees that the clinical training site is compliant with the required criteria. The NCHD representative also gave clear examples of suggested changes which were given considered by the SMT from an educational perspective.

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 fact fully complying.

Observation (s) and Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

No additional commendations made.

D. Induction arrangements for Trainees	Level of compliance: PC

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

i.-iii. inclusive.

The Team was satisfied from the documentation provided (induction programme and audit of attendance sheets) that the clinical training site is compliant with these required criteria, with the exception of a formal policy document for induction. There is a 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. For example, there was no evidence in the documentation provided that Trauma and Orthopaedic Surgery has such an induction; and only generic induction was noted to be provided for all medical and surgical specialties.

- The Team was satisfied from the documentation provided (policies) and discussions with the postgraduate Trainees that Trainees are made aware of the various policies.

- The Team was satisfied from the documentation provided (memorandum) that the clinical training site is compliant with this criterion.

Compliance

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

Observations(s) and Recommendation(s)

- The clinical training site is urged to formalise its Induction Policy in order to fully comply with Standard D – induction arrangements for Trainees.

Commendation (s)

No additional 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 was satisfied from the discussions with the Trainers and postgraduate Trainees that the clinical training site was complying with the required criteria. Trainees were clear that they knew who their clinical supervisor was, they were very satisfied that the level of supervision was appropriate (Registrars and/or Consultants always available to them) and according to their individual capabilities and limitations (*One Trainee described a delayed start at first on-call because the Trainee felt unprepared. The Trainee shadowed a senior SHO and commenced soon after*). Specialist Registrar's (SpR's) confirmed that they felt they were being prepared to become Consultants by broadening their training to include managerial skills and increasing their responsibilities.

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 fully complying.

Observation (s) and Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

- The level of supervision provided received high praise from the Trainees and was described by some Trainees as unparalleled.

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

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

i. The Team was satisfied from the discussions with the Trainers and postgraduate Trainees that Trainee participation in clinical practice was appropriate for their competence. An example was given by one Trainee, raising concerns about their readiness for a particular element of clinical practice and how adjustments were made to the roster to cater for their needs. Clear examples of graded supervision were provided.

ii. The Team was satisfied from the discussions with the Trainers and postgraduate Trainees that opportunities for learning were maximised during clinical practice, particularly during handover and ward rounds.

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 additional observations or recommendations made.

Commendation (s)

- No additional commendations made.

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

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

i. The Team was satisfied from the discussions with the postgraduate Trainees that there were clear examples provided where specific training programme requirements were catered for in their work schedules.

ii. It was found from the discussions with the Trainers and postgraduate Trainees that Trainees were being facilitated and encouraged to attend the various education and training opportunities provided.

iii. The Team was satisfied from the discussions with the Trainers and postgraduate Trainees that Trainees were being facilitated and encouraged to avail of informal education and formal training opportunities during post-take ward rounds where Trainees are encouraged to attend and receive exam preparation during bedside teaching.

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 additional observations or recommendations made.

Commendation (s)

- The Team congratulated the clinical training site on its high rate of delivery of timetabled teaching events.

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 the documentation provided and discussions with Trainers that the clinical training site is not compliant with this criterion. The clinical training site is heavily reliant on the goodwill of trainers to provide training.

ii. The Team found from discussions with the Trainers that they rely mainly on peer support and the support of the Associate Academic Officer, and that there is very little structured support provided to them.

iii. From discussions with Trainers it was found that they are not being facilitated to participate in activities that support them in their Trainer roles. It was reported by Trainers that they experience difficulty getting released from their clinical duties to attend such activities.

Compliance

- The clinical training site, as stated in their self-evaluation, is not compliant with this Standard.

Observation (s) and Recommendation (s)

- While the Team acknowledges 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 recommends that the Medical Council notifies the HSE, Forum of Postgraduate 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 for Trainers.

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

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

i. The Team found from their discussions with Trainees that, although computers are provided on the wards, they are insufficient in number and frequently crash, sometimes several times during a single procedure. This was reported as a source of frustration for the Trainees and needs to be addressed by the clinical training site.

ii. The Team inspected the library facilities and met library staff. The clinical training site provides new journals online, a good range of online and hard copy books and the Librarian is very supportive to the Trainees and sends tailored weekly emails to the Trainees, notifying them of additional resources which they may be interested in.

Compliance

- Although 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 partially complying.

Observation (s) and Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

- The Team commended the clinical training site for their library staff and 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. The Team was satisfied from their discussions with Trainees that they are made aware of Occupational Health Supports during induction, where the Hospital Group Occupational Health professional meets with them, provides a contact card and is available to them on a weekly basis.

ii. The Team was satisfied from their discussions with Trainees that they are given a presentation during induction and are made aware that there is a free, confidential counselling service and that face-to-face sessions are available to them.

iii. The Team was satisfied from their discussions with the Trainers that clear examples were given of adjustments being made for Trainees with disabilities.

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, is complying.

Observation (s) and Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

- No additional 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 Trainees that there is very close contact maintained with parent training bodies.

ii. The Team was satisfied from that Trainees all knew their primary point of contact within their training body.

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 additional observations or recommendations made.

Commendation (s)

- No additional commendations made.

L. Promotion of Medical Council guidance on professionalism, including promotion of current ethical guidance	**Level of compliance: FC**

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

i. The Team was satisfied from the documentation provided (induction programme, lecture documentation, attendance sheets, and a course outline on Ethics and Professionalism) and the discussions with Trainees that Professionalism is actively promoted.

ii. From discussions with the SMT, Trainers and postgraduate Trainees there was evidence of compliance with this criterion. In particular, there is a strong emphasis on audit and research at the clinical training site.

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), of compliance with this criterion.

iv. The Team was satisfied from discussions with the SMT and Trainers that clear pathways exist for the referral of concerns to the Medical Council.

Compliance

- The Team were satisfied that the clinical training site is fully compliant with this Standard.

Observation (s) and Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

- No additional commendations made.

M. Safe working environment	**Level of compliance: FC**

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

i. The Team was satisfied from discussions with Trainers and Trainees that this criterion was being complied with. It was evident from Trainees that the NCHD representative could raise issues

noted at the NCHD forum with Senior Management and the Trainees were very clear that an open door policy exists for raising issues with the Assistant Academic Officer and HR staff.

ii. The Team was satisfied from the documentation provided (copy of EWTD compliance reports and rosters) and discussions with the postgraduate Trainees that this criterion was largely being met.

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 additional observations or recommendations made.

Commendation (s)

- The Associate Academic Officer and HR staff received high praise from the Trainees. The Team commends both Dr Catherine McHugh and Ms Martha Saba for their hard work and strong commitment.

N. Specialty-specific supports	**Level of compliance: PC**

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 was appropriate coverage of the required curriculum in all specialties represented at the meeting, but noted from their discussions with the Trainers and SMT that not all specialties are sufficiently resourced.

ii. Although evidence of the clinical training site's compliance with this criterion was light, The Team is 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 are partially complying with this Standard, the Team found that this site, in practice, is partially complying.

Observation (s) and Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

- No commendations made.

O. Participation in on-call duty rota	Level of compliance: FC

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

i. The Team was satisfied from discussions with the SMT, Trainers and postgraduate Trainees that this criterion is being addressed. Due to the highly collegial culture at the clinical training site, there was sufficient support available when gaps in rotas arose.

ii. The Team was satisfied from their discussions with the Trainees that there is strong supervision of Trainees during the on-call period. Supervision is done remotely from 2.00am-8.00a.m.

iii. The Team noted the documentation provided (sample rosters and compliance reports) and evidence of an audit of the on-call rota.

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

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)

- The Team recommended that computer facilities be provided in the on-call residence.

Commendation (s)

- No commendations made.

P. Support for assessment of Trainees	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 Trainers and Trainees that this criterion was being met. Trainers and Trainees both separately described initial, mid- and end-point meetings where learning outcomes were identified, plans were agreed and progress was discussed throughout their rotations.

ii. The Team was satisfied from their discussions with the Trainers and postgraduate Trainees that this criterion is being met. It was also noted that Trainers also provide exam preparation and bedside teaching.

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 fact, fully complying.

Observation (s) and Recommendation (s)

- No additional 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 postgraduate Trainees that Multi-Disciplinary, team-based handover occurs in the Emergency Department, Obstetrics and Gynaecology Department and the Intensive Care Unit. The Team did not hear evidence of similar Multi-Disciplinary Teamwork in other specialties.

ii. The Team heard in their discussions with the postgraduate Trainees that opportunities for Multi-Disciplinary teamwork exist in some specialties, but not in others.

Compliance

- Although the clinical training site indicated in their self-evaluation that they were fully complying with this Standard, the Team only found evidence that the site was partially complying, due to inconsistencies across the various specialty departments.

Observation (s) and Recommendation (s)

- The Team recommended that opportunities for Multi-Disciplinary Teamwork are made available and should be consistent across the various specialty departments.

Commendation (s)

- The Team commended the Emergency Department for their simulation sessions which include the whole team.

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

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

i. The Team heard in their discussions with Trainees that the NCHD representative provides the SMT with feedback and that there is an active Trainee Forum.

ii. The Team found in the documentation provided that a form exists for end-of- post feedback and that returned forms are audited.

Compliance • The clinical training site indicated in their self-evaluation that they were fully complying with this Standard and the Team agreed/confirmed that the site, in practice, was complying.
Observation (s) and Recommendation (s) • No additional observations or recommendations made.
Commendation (s) • No commendations made.

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