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.
Regional Inspection of
Saolta University Health Care Group
under Part 10 of the Medical Practitioners Act 2007
4th & 5th May 2017

Report on the Inspection of
Intern and Specialist Clinical Training Sites

Clinical training sites inspected:
Galway University Hospital
Letterkenny University Hospital
Portiuncula University Hospital
Sligo University Hospital
# Table of Contents


2. Executive Summary

3. Overall Compliance Rating for the Saolta University Health Care Group

4. Preface

5. Summary and General Assessment
Statement with regard to the Freedom of Information Acts, 1997 and 2003

The Medical Council currently makes information routinely available to the public in relation to its functions and activities.

The Freedom of Information Act is designed to allow public access to information held by public bodies, which is not routinely available through other sources and access to this document may be sought in accordance with that Act. The Medical Council complies fully with the terms of the Freedom of Information Act. It should be noted that access to information under the Freedom of Information Act is subject to certain exemptions and one or more of those exemptions may apply in relation to some or all of this report.
Executive Summary

The Medical Council is obliged under section 88 of the Medical Practitioners Act 2007 to inspect all sites where intern and specialist training is provided. In 2016, the Medical Council decided to adopt a regional approach to clinical training site inspections, based on the regions associated with each HSE Hospital Group. Not all sites can be inspected during a regional visit and the Medical Council uses all information available to it at the time of inspection, including scores from its annual Your Training Counts survey of Trainee experiences, in order to decide which sites to prioritise.

There are six clinical training sites in the Saolta University Health Care Group. The Council decided to visit four of these sites on this occasion, namely:

- Galway University Hospital (GUH);
- Letterkenny University Hospital (LUH);
- Portiuncula University Hospital (PUH); and
- Sligo University Hospital (SUH).

The above sites were visited over a two-day period on 4th and 5th May 2017. The Assessor Teams comprised Council members, Council Executive and External Assessors with a relevant background in medicine and/or intern/specialist training; and included medically-qualified and non-medically-qualified persons, representing public/patient interests.

The Assessor Team at each training site assessed the site’s compliance with the Medical Council’s ‘Standards for Training and experience required for the granting of a certificate of experience to an intern’ (approved 9th September 2010, revised 14th April, 2011) and Medical Council ‘Criteria for the evaluation of training sites which support the delivery of specialist training’ (approved 17th July 2014).

An Assessor Team met with Mr. Maurice Power, CEO of Saolta University Health Care Group, Professor Anthony O’Regan, Group Chief Academic Officer, and other key Hospital Group personnel. The Team also met with senior Management and Trainers at each clinical training site and interviewed Interns and NCHDs participating in specialist training programmes at each site.

The Teams found that all four clinical training sites visited in the Saolta University Health Care Group were partially or fully complying with the Medical Council’s intern training Standards and the majority of the Medical Council’s Standards for specialist training sites. On that basis, the Team recommended that all four sites continue to be approved for intern and specialist medical education and training.

A number of recommendations were made to ensure that each site complies, improves compliance and/or continues to comply with all training Standards. The Hospital Group were requested to develop an Action and Implementation Plan to address these recommendations and report back to the Medical Council with a proposed plan within 3 months of the issue date of the Inspection Report.
Summary of the overall compliance rating for the Saolta University Health Care Group

Table 1. The overall compliance rating for Saolta University Health Care Group

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Figure 1. Saolta University Health Care Group’s compliance with Intern Training Standards
Figure 2. Saolta University Health Care Group’s compliance with Specialist Training Standards
Preface

1. Context of the Inspection Visit

The Medical Council Assessor Teams met with the Saolta University Health Care Group (‘Saolta’) on 4th and 5th May 2017. The Team’s remit was to assess the levels of compliance at clinical sites where intern and specialist training is provided in line with the following documents:

- Medical Council ‘Standards for Training and experience required for the granting of a certificate of experience to an intern’ (approved 9th September 2010, revised 14th April, 2011),
- Medical Council ‘Guidelines on Medical Education for Interns’ (approved 19th October 2010, revised 14th April, 2011); and
- Medical Council ‘Criteria for the evaluation of training sites which support the delivery of specialist training’ (approved 17th July 2014).

The Assessor Teams were required to subsequently formulate recommendations on any improvements which may be required, or any other issues arising from such inspections, to the Medical Council’s Education, Training and Professional Development Committee (ETPDC), based on their findings.

2. The Teams

The Council is appreciative of the contribution of each Assessor Team which included Council members, Professor Alan Johnson and Ms Katharine Bulbulia, and wishes to express particular gratitude to the national and international Assessors, Dr Barry Lewis, Dr Andrew Gilliland, Dr Anna Clarke, Ms Angela Carragher, Professor Suzanne Donnelly, and Professor Dermot Power, who generously gave of their time and expertise to help with the inspection process.

The Medical Council also thanks the representatives from the Saolta University Health Care Group for their co-operation and accommodation during the visit.

3. Documentation

As part of the inspection process, Saolta were asked to complete and document a self-evaluation based on the ‘Standards for Training and experience required for the granting of a certificate of experience to an intern’ (approved 9th September 2010, revised 14th April, 2011), ‘Guidelines on Medical Education for Interns’ (approved 19th October 2010, revised 14th April, 2011) and Medical Council ‘Criteria for the evaluation of training sites which support the delivery of specialist training’ (approved 17th July 2014). This documentation was reviewed by the Teams who were impressed by the quality of the detailed and substantial submission.
4. Schedule

The inspection visits included a private meeting of the Medical Council Assessor Team and in-depth discussions between the Team and Saolta University Health Care Group representatives, clinical training site Management, Trainers, Interns and NCHDs participating in specialist training programmes. The purpose of these meetings was to assist the Teams in assessing how the Hospital Group and each clinical training site inspected is complying with the Medical Council’s education and training Standards.

5. The Report

The ‘Standards for Training and experience required for the granting of a certificate of experience to an intern’ (‘Intern Standards’) and the Medical Council ‘Criteria for the evaluation of training sites which support the delivery of specialist training’ (‘Standards for specialist training sites’) formed the basis of the evaluation of the clinical training site inspection for Saolta. Observations, comments and recommendations, as well as an analysis of the site’s compliance with each Standard, were detailed for each clinical training site.
Saolta University Health Care Group

Saolta University Health Care Group (formerly West/North West Hospitals Group) is one of seven HSE hospital groups and comprises 6 hospitals across 7 sites. In March 2017, the following Intern and Trainee numbers for the Group were provided:

- Letterkenny University Hospital (LUH)
  (currently 16 Interns and 28 specialist Trainees)
- Mayo University Hospital (MUH)
  (currently 11 Interns and 40 specialist Trainees)
- Portiuncula University Hospital (PUH)
  (currently 11 Interns and 19 specialist Trainees)
- Roscommon University Hospital (RUH)
  (currently 4 Interns and 2 specialist Trainees)
- Sligo University Hospital (SUH)
  (currently 13 Interns and 73 specialist Trainees)
- Galway University Hospitals (GUH) incorporating Merlin Park University Hospital (MPUH)
  (currently 74 Interns and 171 specialist Trainees)

The Group’s Academic Partner is the National University of Ireland, Galway.

**Mission Statement:**

Patients are at the heart of everything we do. Our mission is to provide high quality and equitable services for all by delivering care based on excellence in clinical practice, teaching, and research, grounded in kindness, compassion and respect, whilst developing our staff and becoming a model employer.

**Vision Statement:**

Our Vision is to build on excellent foundations already laid, further developing and integrating our Group, fulfilling our role as an exemplar, and becoming the first Trust in Ireland.

**Guiding Values:**

- **Respect** - we aim to be an organisation where privacy, dignity, and individual needs are respected, where staff are valued, supported and involved in decision-making, and where diversity is celebrated, recognising that working in a respectful environment will enable us to achieve more.

- **Compassion** - we will treat all patients and family members with dignity, sensitivity and empathy.

- **Kindness** - whilst we develop our organisation as a business, we will remember it is a service, and treat our patients and each other with kindness and humanity.
Quality - we seek continuous quality improvement in all we do, through creativity, innovation, education and research.

Learning - we will nurture and encourage lifelong learning and continuous improvement, attracting, developing and retaining high quality staff, enabling them to fulfil their potential.

Integrity - through our governance arrangements and or value system, we will ensure all of our services are transparent, trustworthy and reliable and delivered to the highest ethical Standards, taking responsibility and accountability for our actions.

Team working - we will engage and empower our staff, sharing best practise and strengthening relationships with our partners and patients to achieve our Mission.

Communication - we aim to communicate with patients, the public, our staff and stakeholders, empowering them to actively participate in all aspects of the service, encouraging inclusiveness, openness and accountability.
Summary and General Assessment

1. Conclusion

The following are the Team’s recommendations regarding the approval of the clinical sites visited to provide medical education and training:

1. Galway University Hospital should continue to be approved to provide medical education and training to Interns. This recommendation is made on the grounds that the Team found that the site is adhering to the majority of the rules, criteria, guidelines and Standards approved by Council as specified in Sections 88(3)(b), 88(3)(d), 88(3)(e) and 88(3)(f) of the Medical Practitioners Act 2007.

2. Galway University Hospital should continue to be approved to provide specialist medical education and training to NCHDs. This recommendation is made on the grounds that the Team found that the site is adhering to the majority of the rules, criteria, guidelines and Standards approved by Council as specified in Sections 88(4)(b), 88(4)(d), 88(4)(e) and 88(4)(f) of the Medical Practitioners Act 2007.

3. Letterkenny University Hospital should continue to provide medical education and training to Interns. This recommendation is made on the grounds that the Team found that the site is adhering to the majority of the rules, criteria, guidelines and Standards approved by Council as specified in Sections 88(3)(b), 88(3)(d), 88(3)(e) and 88(3)(f) of the Medical Practitioners Act 2007.

4. Letterkenny University Hospital should continue to be approved to provide specialist medical education and training to NCHDs. This recommendation is made on the grounds that the Team found that the site is adhering to the majority of the rules, criteria, guidelines and Standards approved by Council as specified in Sections 88(4)(b), 88(4)(d), 88(4)(e) and 88(4)(f) of the Medical Practitioners Act 2007.

5. Portiuncula University Hospital should continue to be approved to provide medical education and training to Interns. This recommendation is made on the grounds that the Team found that the site is adhering to the majority of the rules, criteria, guidelines and Standards approved by Council as specified in Sections 88(3)(b), 88(3)(d), 88(3)(e) and 88(3)(f) of the Medical Practitioners Act 2007.

6. Portiuncula University Hospital should continue to be approved to provide specialist medical education and training to NCHDs. This recommendation is made on the grounds that the Team found that the site is adhering to the majority of the rules, criteria, guidelines and Standards approved by Council as specified in Sections 88(4)(b), 88(4)(d), 88(4)(e) and 88(4)(f) of the Medical Practitioners Act 2007.

7. Sligo University Hospital should continue to be approved to provide medical education and training to Interns. This recommendation is made on the grounds that the Team found that the site is adhering to the majority of the rules, criteria, guidelines and Standards approved by Council as specified in Sections 88(3)(b), 88(3)(d), 88(3)(e) and 88(3)(f) of the Medical Practitioners Act 2007.

8. Sligo University Hospital should continue to provide specialist medical education and training to NCHDs. This recommendation is made on the grounds that the Team found
that the site is adhering to the majority of the rules, criteria, guidelines and Standards approved by Council as specified in Sections 88(4)(b), 88(4)(d), 88(4)(e) and 88(4)(f) of the Medical Practitioners Act 2007.

This approval should be for an initial period of five years from the date of approval by Council.

In addition to the above recommendations, specific recommendations were made for the improvements required at each clinical training site.

2. Commendations:

In addition to the commendations made below for each individual clinical training site, the Team commended the Saolta University Health Care Group for the following:

1. the commitment of the Group Chief Academic Officer, senior Management and Trainers at all of the sites visited by the Medical Council;

2. Trainees described training that, for the vast majority, adhered to the ‘guiding values’ described by the hospital group. Where difficulties were described, it was apparent that compassion and fairness were paramount considerations.

3. The Team was very impressed by the motivation of the Interns and Trainees at the sites visited.

3. Galway University Hospital

GUH Intern Training Site

Compliance Rating

The visiting Assessor Team identified the following levels of compliance with Intern Training Standards for this clinical training site:

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<th>Level of compliance</th>
<th>Intern Training Standard</th>
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Recommendations

- 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, the 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 effective and consistent use of non-medical support staff (non-physician staff); and (c) by 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 should be standard practice.

- The Team had significant concerns about the practice of note taking, which was a consistent finding presented to the Team by Interns, and NCHDs were aware of the 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 NCHDs, in preparation for ward rounds. 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 and is educationally unacceptable. The Team recommended that this form of practice cease 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 such practice.

- The Team requested data on the levels of supervision in place for Interns. This information should be submitted via the Action and Implementation Plan.

- Ensure that there is a formal process for providing and receiving feedback throughout Intern rotations, as opposed to only providing feedback at the end of each rotation.

- Information Communication and Technology (ICT) facilities were criticised by the Intern group in general. Issues raised included systems freezing, issues affecting access to systems, and being issued multiple pass codes. These may constitute a patient safety issue. Better ICT supports must be put in place for Interns, to prevent the above-mentioned issues from reoccurring.

- Interns noted that they have difficulty accessing blood results (see above also). Interns suggested it would be more efficient if they had electronic blood forms. Electronic order forms should be available to Interns to make their post-ward round and post ‘take’ activities more efficient.

Commendations

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

• The Intern Co-ordinator was committed, highly motivated and very accessible to Interns.

• GUH is to be commended for the quality of its Resilience Programme.

• The Team commended GUH for the quality of its simulation centre, which combines undergraduate and postgraduate medical and Multi-Disciplinary Training. It involves training on simulated mannequins and in team work. As well as the education role there is an ongoing research programme collaborating with other centres nationally and internationally.

**GUH Specialist Training Site**

**Compliance Rating**

The visiting Assessor Team identified the following levels of compliance with Specialist Training Standards for this clinical training site:

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**Recommendations**

• General policies, protocols and procedures for clinical handover should be developed and implemented across the entire Hospital Group. This should be addressed as a priority, as it is a patient safety concern.

• Specialty-specific ‘checklists’ for key elements of ‘unit’ induction are available – these could be used as a starting point in ensuring consistent specialty induction.

• Consistently provide 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.

• Fully implement the Transfer of Tasks Policy as a priority, in order to free up Trainee time for educational opportunities.
• Ensure the consistent delivery of the curriculum for every Trainee through workplace supervised learning and feedback combined with protected formal curriculum matched teaching.

• Post call arrangements often lead to poor compliance with the European Working Time Directive (EWTD). The Team recommended that GUH conduct a formal review of rotas, including post-call work schedules.

• Put appropriate measures in place to ensure that the EWTD and other applicable employment legislation is applied.

• Expand the development of local postgraduate training body administrative offices across the specialities.

• The development of Multi-Disciplinary Teamwork needs to be prioritised to enhance patient care and improve specialty curriculum coverage.

• The good opportunities for Trainee interaction and collaboration with clinical colleagues needs to be consistent across all specialties and monitored via an interdisciplinary checklist.

• Formalise 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.

Commendations

• The quality of the on-site simulation and skills laboratory.

• The initiative to devolve administration supports from postgraduate training bodies to clinical sites.

• The development of the site’s online portal which has helped to develop and improve clinical induction.

• Trainers for their commitment to provide training outside of contracted hours.
4. Letterkenny University Hospital

**LUH Intern Training Site**

**Compliance Rating**

The visiting Assessor Team identified the following levels of compliance with Intern Training Standards for this clinical training site:

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**Recommendations**

- Supports for Interns participating in end-of-life care must be put in place.
- That all Professionalism training explicitly refers to and familiarises the Intern with the Medical Council’s current edition of the Guide to Professional Conduct and Ethics for Registered Medical Practitioners.
- The Team expects that Wi-Fi access will be in place by the time the Action and Implementation Plan is submitted to the Medical Council.
- The Team requested to see minutes of the NCHD leads committee meetings and Terms of Reference.
- That the practice of Interns being asked to obtain consent (working above grade) is to cease with immediate effect.

**Commendations**

- The level of exposure and opportunities to prepare patients compared to other rotations.
**LUH Specialist Training Site**

**Compliance Rating**

The visiting Assessor Team identified the following levels of compliance with Specialist Training Standards for this clinical training site:

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**Recommendations**

- The Team requested sight of the Terms of Reference for the Medical Education Committee.

- Ensure that Trainees are assigned to and meet with their Trainers prior to commencing their training.

- The Handover Policy should be reviewed and appropriately implemented to ensure that post-take rounds take place.

- The introduction of the new ‘ward-based’ rota system and the negative impact the introduction has reportedly had on educational opportunities should be monitored and acted upon by Management.

- Induction arrangements for Trainees must be improved. There should be a formal induction policy in place and the implementation of specialty-specific induction should be reviewed to ensure that this is taking place across all specialties. It was noted that the development of an Intranet would improve access to local and national policies. Progress in this area should be documented as part of the Hospital Group's Action and Implementation Plan, due 3 months following receipt of the Inspection Report.

- Management should either review the supervision arrangements for Trainees or take steps to ensure that the restriction of access to ordering urgent on-call tests and procedures to Registrar-grade doctors does not carry a patient safety risk.

- Monitor the learning opportunities in departments where there may be a reduction in learning opportunities in certain specialties due to service requirements at the site.

- Reports of reduced access to informal and formal education opportunities due to the ward-based rota system and preferential availability for ‘higher’ trainees being released to avail of such opportunities should be investigated and addressed.

- Wi-Fi access should be installed in the hospital as soon as possible.

- Cease the current practice of Trainees obtaining consent for procedures when they are not suitably trained and qualified. The clinical training site should note the provisions of
paragraph 13 of the Guide to Professional Conduct and Ethics for Registered Medical Practitioners in relation to obtaining consent

- A policy and strategy for appropriately managing adverse events within clinical teams, including open disclosure procedures should be developed and implemented and include the development of a training programme to adequately brief and prepare Trainees for adverse events.

- A clear pathway for referrals to the Medical Council Health Committee and Professional Standards Department regarding Professionalism must be developed.

- A strategy to address the issue of Professionalism and, in particular, bullying and undermining behaviour, and respect for colleagues should be developed and implemented.

- Allegations were made of signs on the Radiology department door saying ‘No NCHD’s’. The Team recommended that any such signs were to be removed immediately.

- A strategy to address the staffing issues outlined regarding the Radiology department should be developed and implemented.

- Provide clarity for hospital personnel on the definitive policy regarding the upper age ceiling for Paediatric admissions from the A&E Department.

- Reinstate post-call ward rounds which exploit opportunities for education and training.

- Standardised practices in the investigation and management of common presentations of acute illness should be consistently applied.

- To improve compliance with Standard M - Safe Working Environment - the profile of the Risk Manager should be raised and EWTD compliance must be reviewed and monitored.

- The lack of Consultant availability for specialty-specific supports should be addressed as a priority.

- Reports of the negative impact the introduction of the ward-based rota system is having on educational opportunities, the difficulties Trainees report to be having in organising the rota, the lack of supervision in during on-call, and the rest/accommodation facilities should be addressed as soon as possible.

- The Team is concerned with the issues raised under Standard P – support for assessment of Trainees - and recommend these be addressed as soon as possible.

- Issues raised under Standard Q – opportunities for multi-disciplinary teamwork - be addressed as soon as possible.

Commendations

- A strong network/support system was evident amongst Trainees.
5. Portiuncula University Hospital

**PUH Intern Training Site**

**Compliance Rating**

The visiting Assessor Team identified the following levels of compliance with Intern Training Standards for this clinical training site:

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**Recommendations**

- The Intern Network Coordinator should verify that all Interns are receiving adequate training in each required specialty.
- The Team was concerned that Interns are not receiving sufficient (if any) feedback and recommended that this issue be addressed and formalised.
- The practice of requiring Interns to take notes on patients they have not seen should cease with immediate effect.
- General policies, protocols and procedures for clinical handover should be developed and implemented across the entire Hospital Group. This should be addressed as a priority, as it is a patient safety concern.

**Commendations**

- 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.
- Lunch-time sessions (twice weekly) in Medicine were reported to be hugely valued by the Interns.
- The Intern Tutor was committed to Interns and highly motivated with a very “open door” policy and should be commended.
- The discussion with Interns indicated a good level of Professionalism in work practices and attitudes.
**PUH Specialist Training Site**

**Compliance Rating**

The visiting Assessor Team identified the following levels of compliance with Specialist Training Standards for this clinical training site:

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**Recommendations**

- Measures should be taken to ensure a more consistent approach to specialty-specific induction across all specialties, as a matter of priority.

- 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.

- The implementation of the Transfer of Tasks Policy should be prioritised so that Trainees’ time could be better utilised.

- Work with Trainees on ideas for the implementation of changes to ensure EWTD compliance, in order to fully comply with Standard M – Safe Working Environment.

- Measures should be taken to address the inconsistencies in covering the required curriculum, across the various specialty departments.

- Each training body should verify with their own Trainees that they are getting adequate training and the clinical site should review and implement changes according to postgraduate training bodies’ advice.

- Put measures in place to ensure that there are opportunities for Trainees to work within Multi-Disciplinary Teams.

- Formalise the structures for Trainee feedback. Trainee representatives need guidance on gathering Trainee views and on feedback mechanisms.

**Commendations**

- Trainers who were reported 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.
The efforts to provide good study space including ICT facilities for Trainees.

The library facilities.

6. Sligo University Hospital

SUH Intern Training Site

Compliance rating

The visiting Assessor Team identified the following levels of compliance with Intern Training Standards for this clinical training site:

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<th>Level of compliance</th>
<th>Intern Training Standard</th>
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Recommendations

- There is no Nanny Intern Service in SUH and it is recommended that this service be extended to all training sites within the Saolta Group.

- Leadership in the Nursing Directorate should address the issue of tensions between Interns and Nursing staff.

- SUH should review its Bleep Policy to include general guidelines for bleeping.

- With regard to supervision, the Team recommended that the clinical training site ensures 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 clinical training site should consider putting in place a mandatory training session for all Registrars to address these issues.

- The practice of requiring Interns to take consent when they are not suitably trained or qualified to do so should cease with immediate effect.

- The practice of requiring Interns to take notes on patients they themselves have not seen should cease with immediate effect.

- Administrative support should be provided to the Associate Academic Officer and more protected sessions should be allocated to enhance this role (of AAO) further.
Commendations

- The policy for all cases to be discussed with Consultants is valued by Interns in the Emergency Department.

- The level of commitment from Trainers. Trainers were reported 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. The commitment from Trainers to providing regular feedback, assessment and further personal development for all junior doctors.

- Interns reported daily contact with Consultants and did not feel isolated when difficult clinical situations arose. This was a common theme/practice highlighted amongst all specialties seen during the inspection and should be commended.

- The Team highly commended the librarian’s interest and commitment (to the role?). Very good online access to a wide range of journals is provided as well as weekly email updates of new developments.

- 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.

SUH Specialist Training Site

Compliance Rating

The visiting Assessor Team identified the following levels of compliance with Specialist Training Standards for this clinical training site:

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Recommendations

- General policies, protocols and procedures for clinical handover should be developed and implemented across the entire Hospital Group. This should be addressed as a priority, as it is a patient safety concern.

- Formalise the Induction Policy in order to fully comply with Standard D – Induction Arrangements for Trainees.
• Computer facilities should be provided in the on-call residence.

• Opportunities for Multi-Disciplinary Teamwork must be made available and be consistent across the various specialty departments.

Commendations

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

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

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

• The Team commended both the library staff and facilities.

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

• The Emergency Department for the simulation sessions which include the whole Team.

Recommended Further Actions

The Team recommended that the Hospital Group, in collaboration with each clinical training site, develops an Action and Implementation Plan to address all findings and recommendations in this report. The Action and Implementation Plan should be submitted to the Medical Council within three months of receipt of the Inspection Report. On receipt of the Action and Implementation Plan, key personnel from the Hospital Group will be invited to present the plan to the Medical Council. This meeting will also provide the Hospital Group with an opportunity to give feedback on the inspection process. The Medical Council reserves the right to:

(a) share the Action and Implementation Plan with the Health Service Executive, Forum of Irish Postgraduate Medical Training Bodies and/or Department of Health, as it sees fit; and

(b) recommend that additional or alternative measures be taken to address the recommendations made in the Inspection Report.

It is recommended that the Hospital Group publishes the Inspection Report and the subsequent action and implementation plan on the Saolta University Health Care website.