Regional Inspection of South/South West Hospital Group

Cork 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

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

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

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

Evaluation of the South / South West Hospital Groups Compliance with Medical Council Standards

Level of compliance with each Standard:

Non- compliance (NC)	Partial compliance (PC)	Full compliance (FC)

Clinical training site:
Cork University Hospital (CUH)

Compliance with Intern Training Standards

The Team took into account all documentation submitted by the South/South West Hospital Group and the individual clinical training sites, the documentation provided for inspection on site during the Medical Council visit, the information and explanations provided by the Senior Management Teams and Trainers at each site and the information provided by the Interns interviewed on site, when assessing the clinical training sites' compliance with Medical Council Standards for Training and Experience Required for the Granting of a Certificate of Experience to an Intern.

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

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

No documentary evidence was provided under this Standard

- The Team welcomed the opportunity to meet with 17 of 47 Interns at Cork University Hospital (CUH).
- The Team was satisfied with the rotations planned and in progress comply with the requirement for both 3 months in Medicine and 3 months in Surgery.

Compliance

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

Observation (s) & 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

No documentary evidence was provided under this Standard

- The Team was satisfied that CUH is affiliated with the South Intern Network and with University College Cork Medical School.
- The Team met with a number of Interns who had completed their undergraduate and / or graduate entry medical education in University College Cork (UCC), University Limerick (UL), University College Dublin (UCD), Trinity College Dublin (TCD), the Royal College of Surgeons of Ireland (RCSI) and St George's Medical School, London.
- The Team met with the Intern Tutor Dr Iomhar O'Sullivan and the Intern Network Coordinator Professor Paula O'Leary.

Compliance

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

Observation (s) & Recommendation (s)

- The Interns commented on the quality of the support received from the outgoing Interns.

Commendation (s)

- No commendations made.

3. Content of training	Level of compliance: PC

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

No documentary evidence was provided under this Standard

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

ii. The Team noted the vast majority of Interns felt they were acting at the appropriate grade. However, after meeting with the Interns the Team had concerns with Interns taking consent and the frequency in which Interns are asked to seek consent on behalf of their senior colleagues across many specialties.

iii. The Team was satisfied that Interns at this clinical training site have the opportunity to exercise their responsibility and generally clinical decision making is appropriate to their competency level. The Team noted that Interns are well supervised. The Team observed that the Transfer of Tasks is a significant issue for Interns, such as cannulation, phlebotomy, ECG, and first dose antibiotics.

iv. The Team noted there is limited engagement with Multi-Disciplinary Teams for Interns because of time constraints and Interns do not get to attend grand rounds. There was a formal induction programme prior to taking up duty. However the focus of the induction was mainly on items such as waste disposal and did not include Professionalism. On their first day, Interns reported that they were required to order bloods, scans, etc., but could not do so as they had no login details for computers. There was no repeat induction programme and some Interns where rostered for night duty on commencement of their rotation. Many found this very overwhelming.

v. The Team noted that there is regular and scheduled formal education and training sessions for Interns on Thursdays. However, this is often interrupted due to non-bleep-free time despite CUH providing the Team with a comprehensive Bleep Policy as evidence of compliance with this Standard. The Team also noted there was no bleep-free time referred to in the Policy.

- Poor compliance with the Handover Policy reduces learning opportunities for Interns.
- Interns were unaware of the Q-pulse system.

vi. The Team was satisfied that the Eight Domains of Good Professional Practice are embedded in Interns daily activity by example of their senior colleagues.

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 Standard **(ii), (iii), (iv) and (v)** were not fully compliant. The Team was concerned with the issues raised under this Standard and recommended these be addressed as soon as possible. CUH 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) & Recommendation (s)

- The Team noted that Interns were happy with the content of training and culture within CUH.
- The Team noted that Interns generally do not act outside their scope of practice.
- While Interns handover task duties to one another, there was no formal clinical team handover hospital wide. This is a missed learning opportunity.

The Team recommended:

- Trainers should ensure compliance with the Medical Council's guidelines on consent. Interns must only be required to take consent in very limited circumstances and in compliance with Medical Council ethical guidance (see paragraph 13.2 of Ethical Guide).
- In line with contemporary best practice the Transfer of Tasks Policy should be implemented throughout the hospital as a matter of urgency.

- The current Bleep Policy which was provided to the Team by CUH as documentary evidence of compliance to this Standard should be reviewed to incorporate bleep-free time for Intern educational sessions.

- Interns should be facilitated to attend Grand Rounds.

- CUH should review its induction programme, taking into account feedback from current and past Interns. Interns should not be rostered to cover nights for at least the first week until they become more familiar with the site.

- Interns should be informed and regularly updated about the Q-pulse system.

- The introduction of a system of Intern shadowing prior to Interns taking up their post.

Commendation (s)

The Team commended CUH for:

- The Intern Handbook.
- The Annual Intern excellence award.

4. Supervision	**Level of compliance: FC**

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

No documentary evidence was provided under this Standard

- The Team found evidence of excellent supervision in many specialties across the spectrum.

Compliance

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

Observation (s) & Recommendation (s)

- No observations or recommendations made.

Commendation (s)

- The Team commended the Intern Tutor and clinical supervisors for their commitment to training.

5. Assessment	Level of compliance: FC

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

No documentary evidence was provided under this Standard

- The Team was satisfied that Interns receive formal assessment at the end of their three month rotation. Feedback is also available to Interns on request.

Compliance

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

Observation (s) & Recommendation (s)

- The Team noted the "tick box" format of the assessment reduced its educational value.

Commendation (s)

- No commendations made.

6. Professionalism	Level of compliance: PC

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

No documentary evidence was provided under this Standard

i. The Team were concerned that there was no documentary evidence that Professionalism was a component of Intern induction. Nor was there evidence that the constituent parts of Professionalism were an ongoing feature of the Intern Training Programme. However the Interns reported a culture of Professionalism throughout the hospital.

ii. The Interns were aware of the Medical Council's Guide to Professional Conduct and Ethics for Registered Medical Practitioners only from their undergraduate training.

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 partially complying.

Observation (s) & Recommendation (s)

- CUH should more explicitly identify to Interns in the intern programme of tutorials when and where formal education and training in Professionalism and Ethics is included.

Commendation (s)

- No commendations made.

7. Resources	Level of compliance: PC

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

No documentary evidence was provided under this Standard

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

ii. During the facility inspection the Team noted the poor quality of the study space. The library facility was adequate for access to databases and journals. The Team noted there was a computer access area in the library with only a few spaces. The standard of the two study rooms beneath the library were not fit-for-purpose. The residential area for Interns is sub-standard. It was noted that in the common room there was an unsanitary kitchen which was lacking facilities. There were no shower facilities, a small number of lockers and shabby furnishings.

iii. The Team was satisfied that there is an appropriate number of Interns for the resources of this clinical training site.

iv. The Team noted that Interns preferentially discussed concerns with members of their peer group. Many Interns also felt that they could discuss issues with their Consultants. Interns were unaware of the Occupational Health facilities at CUH, or if they had access to counselling services.

v. Interns were unaware of the HSE Dignity at Work or Protected Disclosure Policies.

Compliance

- The Team agreed with the clinical training site in their self-evaluation form that they were partially complying with this Standard.

Observation (s) & Recommendation (s)

The Team recommended that:

- The study spaces and common room should be upgraded urgently with the available funding.
- The clinical training site should actively promote awareness of Occupational Health and counselling services amongst Interns.
- CUH should actively promote the HSE Dignity at Work and Protected Disclosure Policies, ensuring that they are easily accessible to all Interns via the Q-Pulse system.

Commendation (s)

- No commendations made.

Compliance with Specialist Training Standards– Cork University Hospital

The Team took into account all documentation submitted by the South/South West Hospital Group and the individual clinical training sites, the documentation provided for inspection on site during the Medical Council visit, the information and explanations provided by the Senior Management Teams and Trainers at each site and the information provided by the Trainees interviewed on site, when assessing the clinical training sites' compliance with Medical Council criteria for the evaluation of training sites which support the delivery of specialist training.

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

Documentary evidence of compliance with this Standard

CUH provided the Team with the following documentary evidence of compliance with this Standard:

- Doctors in Training Agenda and Minutes dated 24/05/17
- Report Letter relating to Rheumatology Inspection dated 12/03/13
- Report Letter relating to the inspection of the Nephrology department dated 26/03/14
- Report Letter relating to the Infectious Diseases Department inspection dated 30/05/13
- Report Letter relating to Cork University Hospital Inspection in General Internal Medicine department dated 12/10/11
- Report Letter relating to Inspection in Endocrinology & Diabetes Mellitus department dated 09/12/11
- Report Letter relating to the inspection of the Clinical Microbiology department dated 14 July
- Report Letter relating to the inspection of the Histopathology department dated 22/03/14
- Report Letter relating to the inspection of the Cardiology department dated 30/07/14
- Report Letter relating to the inspection of the General Paediatrics Department dated 05/04/16
- Report Letter relating to the inspection of the Department of Geriatric Medicine dated 27/01/15
- Report letter relating to the inspection of the Gastroenterology Department dated 10/01/17
- Report letter relating to the inspection of the Medical Oncology Department dated 13/01/17
- Report letter relating to the inspection of the Respiratory Department dated 22/01/16

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

i. The Team noted that the clinical teams are well organised. The lines of accountability however were less visible and the Team requested clarification to be provided by CUH in their Action and Implementation Plan.

ii. The Team were impressed that the Chief Executive Office meets with Trainees every three months at the Doctors in Training Committee.

iii. There was good communications with the various training bodies responsible for training.

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) & Recommendation (s)

- No observations or recommendations made.

Commendation (s)

- The Team commended the CEO and the Chief Operating Officer for their active engagement in education and training.

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

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

No documentary evidence was provided under this Standard

i. The Team was satisfied that Trainees are aware of their responsibilities as doctors in training, their level of authority and of the lines of accountability. Each Trainee has an assigned supervisor.

ii. The Team noted Trainees were aware of local procedures for reporting clinical and critical incidents, however, feedback from subsequent investigation and actions was lacking.

iii. The Team was concerned that patient handover did not adhere to national guidelines. Formal patient handover was not uniformly enforced and fully implemented across the hospital. There was no facility provided in the clinical site for handover to take place. This is a concern from a patient safety perspective.

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)** and **(iii)** were not being met.

Observation (s) & Recommendation (s)

- The Team recommended that the patient handover process and identified facility be fully resourced and implemented as a matter of urgency.

- The reporting of critical incidents and subsequent feedback should be accorded a much higher priority than at present.

Commendation (s)

- No commendations made.

C. Accountability	Level of compliance: FC

Documentary evidence of compliance with this Standard

CUH provided the Team with the following documentary evidence of compliance with this Standard:

- NCHD Lead Job Specification

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

The Team was satisfied that:

i. CUH meets the Medical Council's requirements as a clinical training site. There is a good case mix within all specialities. Trainees work within their level of competence and have access to external and internal training opportunities.

ii. CUH meets the requirements agreed locally with the postgraduate training bodies. The Team noted that CUH has named clinical and educational supervisors with appropriate rotas, clinics and procedures in place.

iii. There is effective communication and collaboration with the HSE's education and training function. Coordinator and supervisors are in regular contact with training bodies and new programmes are developed in partnership with training bodies. A large number of Trainers at CUH have joint appointments with UCC.

iv. The Management has comprehensively supported the organisational changes required for education and training. Funding is available from UCC for ongoing educational facilities and improvements in residential areas. The appointment of the Chief Academic Lead facilitates postgraduate training in the hospital.

Compliance

- The Team agreed with the clinical training site in their self-evaluation form that they are fully complying with this Standard.

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

CUH provided the Team with the following documentary evidence of compliance with this Standard:

- Acute Medical Unit – Local Induction of New Medical Staff July 2017
- General Information for Paediatric Trainees
- Induction Schedule

i. The Team noted that there is a good induction process although information overload limits its effectiveness. Trainees informed the Team that induction was not bleep protected and took place over two mornings in July. Passwords for system access was not available to Trainees for two weeks after commencing their post which prohibited them from carrying out their duties effectively. Good Professional Practice was not included as part of the CUH induction pack.

ii. The Team was satisfied that arrangements are in place to monitor the implementation of the Induction Policy.

iii. The Team was satisfied that site-specific health and safety induction for all Trainees occurs at the beginning of their first rotation.

iv. The Team noted from discussions with Trainees that there was variability in departmental induction programmes.

v. The Team was concerned that Trainees were not well informed in relation to relevant local and national policies, for example health and safety and clinical procedures.

vi. The Team did not identify any problems with duplication of employment-related documentation.

Compliance

- The Team agreed with the clinical training site in their self-evaluation form that they were partially complying with this Standard.

Observation (s) & Recommendation (s)

The Team recommended that:

- Management and Trainers ensure that Trainees are fully aware of the hospitals Q-Pulse system.
- CUH should continue to review its induction programme, taking into account feedback from current Trainees, and structure the programme to ensure that Trainees receive information in a timely manner.
- CUH must ensure that its Bleep Policy is implemented. Arrangements should be introduced to ensure that there is a bleep-free environment when attending education and training sessions.

Commendation (s)

- The Team commended the production of the Charter of Rights for Doctors in Specialist Training booklet.

E. Clear supervisory arrangements for Trainees	**Level of compliance: FC**

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

No documentary evidence was provided under this Standard

i –iv. The Team were impressed by the conscientious supervision of Trainees. Trainees felt mentorship was particular strong at the clinical site. This was facilitated by the supportive nature of the Consultants on-site.

Compliance

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

Observation (s) & Recommendation (s)

- No observations or recommendations made.

Commendation (s)

- The Team were impressed with the commitment of Management and Trainers to education and training.

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

No documentary evidence was provided under this Standard

i – ii. The Team was satisfied that the overall clinical opportunities, case mix and range of specialities are exceptionally good.

Compliance

- The Team agreed with the clinical training site in their self-evaluation form that they are fully complying with this Standard.

Observation (s) & Recommendation (s)

- The Team noted that CUH is the only level one trauma centre in the country.

Commendation (s)

- No commendations made.

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

Documentary evidence of compliance with this Standard

CUH provided the Team with the following documentary evidence of compliance with this Standard:

- Teaching and Training Anaesthetics schedule

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

i – iii. The Team noted that Trainees were exposed to a wide range of clinical material. However, due to sub-optimal staffing levels and clinical commitments, Trainees were not always able to avail of these opportunities. The Trainees appreciated the commitment of the Trainers to formal and informal teaching.

Compliance

- The Team agreed with the clinical training site in their self-evaluation form that they were partially complying with this Standard.

Observation (s) & Recommendation (s)

The Team made the following observation:

- The Team noted that GP Trainees receive their off-site training leave. Similar standards should apply to other specialities.

The Team recommended:

- That management should continue to pursue the recruitment of vacant NCHD positions to support Trainee protected training time.

- The Medical Manpower Manager should be involved in the rostering process to ensure cover is available for doctors leave and particularly during unexpected absences.

Commendation (s)

- The Team commended the Trainers for their commitment in providing additional tuition for speciality examinations. This was contributed to a high examination success rate and subsequent career progression.

H. Opportunities for Trainers to train through protected training time	Level of compliance: PC

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

No documentary evidence was provided under this Standard

i – iii. The Team noted that Trainers have a strong commitment to training. However, generally Trainers do not have protected training time as provided for in their contracts.

Compliance

- The Team agreed with the clinical training site in their self-evaluation form that they were partially complying with this Standard.

Observation (s) & Recommendation (s)

- The Team recommended that Trainers should have protected training time.

Commendation (s)

- No commendations made.

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

No documentary evidence was provided under this Standard

i. During the facility inspection the Team noted the poor quality and quantity of the study spaces. The library facility was adequate with access to databases and journals. The Team noted there was computer access area in the library but there was a shortage of computers. The two study rooms beneath the library were not fit-for-purpose.

ii. The Team was satisfied that there is access to relevant and up-to-date medical literature to include online access.

Compliance

- The Team agreed with the clinical training site in their self-evaluation form that they were partially complying with this Standard.

Observation (s) & Recommendation (s)

- The Team recommended that the study spaces and IT facilities should be upgraded urgently.
- Trainees should be provided with a tour of these facilities at induction.

Commendation (s)

- The Team was impressed by the standard of teaching facilities available in the new Paediatric facility.

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

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

No documentary evidence was provided under this Standard

i– ii. The Team was satisfied that Trainees are aware of, and have access to local occupational and mental health supports if and when required. The Team noted the particular needs of Trainees were inadequate in the case of illness. From discussions with Trainees, the Team found that Trainees were made aware of local occupational and mental health supports at induction. Trainees were unaware of the Protected Disclosure Policy and some Trainees were also unaware of the HSE Dignity at Work Policy despite it being included in the induction programme, and the Charter of Rights for doctors in Specialist Training. Trainees noted that they would be unsure what to do in the event of witnessing or experiencing inter-disciplinary bullying. There is no mentorship programme in CUH. There was no sense that reported incidents had been acted upon as there was an absence of any feedback.

iii. The Team formed no opinion in regard to the support of particular needs of Trainees with disabilities.

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) & Recommendation (s)

The Team recommended:

- Greater engagement with Medical Manpower when unexpected leave occurs.
- Occupational Health Services should be actively promoted amongst Trainees, to reinforce awareness.
- CUH must ensure that systems are in place to promote a positive working environment and that there is a clearly-defined management pathway in place in the event of bullying.

Commendation (s)

- The Team commended the Occupational Health Department for their initiative in facilitating easy access to vaccinations.

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

No documentary evidence was provided under this Standard

i– ii. The Team was satisfied that Trainees are facilitated to maintain close contact with their training bodies and have representatives in the hospital. These representatives would be their primary point of contact in relation to training inquiries.

Compliance

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

Observation (s) & Recommendation (s)

The Team made the following observation:

- The Team noted that GP Trainees were facilitated to attend training sessions.

Commendation (s)

- No 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

No documentary evidence was provided under this Standard

i – ii. The Trainees reported a culture of Professionalism throughout the hospital. It was also included in the Charter of Rights for Doctors in Specialist Training. The Trainees were aware of the Medical Council's Guide to Professional Conduct and Ethics for Registered Medical Practitioners.

iii. The Team were provided with an example of a satisfactory resolution of an interpersonal conflict in keeping with the attitude of Professionalism.

iv. The Team noted from discussions with the Trainees that to date, conflict was resolved locally.

Compliance

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

Observation (s) & Recommendation (s)

The Team recommended:

- There should be ongoing reinforcement of the Medical Council's Guide to Professional Conduct and Ethics for Registered Medical Practitioners.
- Ongoing updates and promotion on the use of Q-Pulse should form part of the training sessions.

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

No documentary evidence was provided under this Standard

i. The Team noted some personal security concerns accessing the car park at night, in particular when Trainers are leaving the clinical site late at night.

ii. The Team was satisfied that working hours are rostered with reference to the provisions of the European Working Time Directive (EWTD).

On interviewing Trainees, many Trainees reported that they regularly work in excess of the EWTD criteria.

Compliance

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

Observation (s) & Recommendation (s)

- The Team noted that the EWTD negatively impacts on education and training.
- The Team noted that Management had increased the number of doctors (NCHD's) in training by 20% from 280 to 350 over the past two years. The Team recommended that CUH continue to review the medical workforce plan to ensure that there is adequate resources available for annual and sick leave.
- The Team recommended that CUH should review security in relation to staff access to the car park at night.

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

No documentary evidence was provided under this Standard

i. The Team noted from discussions with Trainees that specialty-specific requirements were compromised by a number of factors including the EWTD, service demands and vacancies on the roster. This was particularly the case in specialties that are procedure based.

ii. The Team were impressed with the number of Trainers that have defined leadership roles in national and regional postgraduate training bodies. This expedites the provision of specialty-specific resources.

Compliance

- The Team agreed with the clinical training site in their self-evaluation form that they were partially complying with this Standard.

Observation (s) & Recommendation (s)

- The Team recommended periodic review of Trainee numbers in procedure related specialities, and ongoing engagement with the training bodies in this respect.

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

No documentary evidence was provided under this Standard

i – iii. The Team was satisfied that there is appropriate on-call ratios which gives Trainees adequate experience in relation to their capabilities. The Team also noted that there is good supervision at all levels.

iv. The Team noted the on-call bedrooms are satisfactory. Office accommodation for Trainees is however inadequate and sub-standard. The kitchen facility in the on-call area was not fit-for-purpose. The common room for Trainees has an inadequate number of lockers, is unsanitary and needs refurbishment.

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.

Observation (s) & Recommendation (s)

- The Team recommended that Management must take responsibility for the refurbishment of the above noted areas as soon as possible.

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

No documentary evidence was provided under this Standard

i – ii. The Team noted that there is excellent local support for the assessment of Trainees in line with the training body recommendations. Trainees are facilitated at a local level to participate in these assessments.

Compliance

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

Observation (s) & Recommendation (s)

- No observation or recommendations made.

Commendation (s)

- The Team commended the excellent teaching that Trainees receive prior to examinations.

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

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

No documentary evidence was provided under this Standard

i– ii. The Team noted that there was wide spread Multi-Disciplinary Teamwork throughout the hospital. It was noted that the implementation of the Transfer of Tasks, such as cannulation, phlebotomy, ECG, and first dose antibiotics was not happening in line with contemporary best practice. This is impacting on the Trainees ability to maximise opportunities for learning. The lack of implementation of the Transfer of Tasks is a significant issue for Trainees.

Compliance

- The Team agreed with the clinical training site in their self-evaluation form that they were partially complying with this Standard.

Observation (s) & Recommendation (s)

- The Team recommended that hospital management address the problem of implementing the Transfer of Tasks as a matter of urgency.

Commendation (s)

- No commendations made.

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

No documentary evidence was provided under this Standard

i – ii. The Team noted that the Doctors in Training programme is working successfully and allows Trainees to provide feedback to the Trainers and Management in relation to relevant issues.

Compliance

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

Observation (s) & Recommendation (s)

- No observations or recommendations made.

Commendation (s)

- The Team commended the Senior Management and Trainers for the Doctors in Training initiative.

Comhairle na nDochtúirí Leighis
Medical Council

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