



Regional Inspection of South/South West Hospital Group

South Tipperary General

Report on the Inspection of Intern
and Specialist Clinical Training Site

August 2018



Comhairle na nDochtúirí Leighis
Medical Council

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.



Medical Council Standards

Level of compliance with each Standard:

Non- compliance (NC)



Partial compliance (PC)



Full compliance (FC)



**Clinical training site:
South Tipperary General Hospital (STGH)**

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
<i>Description of evidence of compliance with this Standard found during the inspection visit</i> <i>No documentary evidence was provided under this Standard</i> The Team was pleased to meet with four Interns - two currently on a surgical rotation and two on a medical rotation. The team understood that the remaining five Interns were unavailable due to annual leave and/or night duty.	
<u>Compliance</u> The Team agreed with the clinical training site in their self-evaluation form that they were fully complying with this Standard.	
<u>Observation (s) & Recommendation(s)</u> No observations or recommendations made.	
<u>Commendation (s)</u> No commendations made.	

2. Accreditation	Level of compliance: FC
<i>Description of evidence of compliance with this Standard found during the inspection visit</i> <i>No documentary evidence was provided under this standard</i> The Team noted that the clinical training site is affiliated with the South / South West Intern Network, with an Intern Tutor appointed.	
<u>Compliance</u> The Team agreed with the clinical training site in their self-evaluation form that they were fully complying with this Standard.	
<u>Observation(s) & Recommendation(s)</u> No observations or recommendations made.	
<u>Commendation(s)</u> No commendations made.	

3. Content of training	Level of compliance: PC
<i>Documentary evidence of compliance with this Standard</i> STGH provided the Team with the following documentary evidence of compliance with this standard: Weekly schedules of the Department of Medicine educational programme.	
<i>Description of evidence of compliance with this Standard found during the inspection visit</i> i – v. The Team noted that there are training opportunities for Interns via handover sessions, journal clubs, Radiology Department meetings, Grand Rounds, Morbidity and Mortality (M&M) meetings and case presentations. However, it was reported during interview session(s) that only a limited number of the tutorials took place. The Interns informed the Team that a significant number of the Intern tutorials had been cancelled. There is a video link to the University College Cork (UCC) / Cork University Hospital (CUH) Masterclass but clinical commitments limit the Interns' ability to participate. The Interns were able to view the Masterclass but were not able to participate in any discussion. There was no protected bleep-free time for Interns attending educational sessions. Interns were concerned that they could not avail of education and training opportunities due to their heavy workload. The Interns were happy with the quality of the induction, however, it was felt that the timing and structure of the induction programme could be improved. Inductions were carried out on the third morning after commencing the Intern post, leaving them very	

disoriented for the first 2 days, causing them unnecessary anxiety and difficulty. There did not appear to be any structured Intern shadowing programme available, either before or on commencing Intern training posts. Intern shadowing, in advance of taking up the post, was left to individual initiative. Interns reported that they were fully versed and prepared to use ISBAR. However this was not supported at the clinical training site, as ISBAR was not embedded within STGH as a consistent and routinely used clinical communication and handover tool. The Team noted that the absence of a Medicine Specialist Registrar (SpR) was having a negative impact on the quality of training, or, at the very least, opportunities for better quality training were being lost. vi. The Interns stated that the Eight Domains of Good Professional Practice were not formally integrated into the Intern training curriculum and the understanding of such was based on direct clinical observation.
<u>Compliance</u> The Team agreed with the clinical training site in their self-evaluation form that they were partially complying with this Standard.
<u>Observation(s) & Recommendation(s)</u> The Team made the following observation(s): - Interns would welcome and appreciate a talk or presentation from a former Intern on “a day in the life of an Intern”. The Team recommended: - The training site must take a robust approach to Intern tutorials and ensure that tutorials take place. - Interns must be facilitated to attend educational tutorials bleep-free (bleeps should be handed in before attending tutorials). - The timing of induction should be revised to ensure that the Interns are orientated into key aspects of their role and responsibilities from the outset. - A structured system of shadowing prior to taking up an Intern training post at the clinical training site is recommended. - ISBAR communication and handover between Medical and Nursing staff should be adopted. - STGH must recruit a Medicine SpR to help improve the quality of training at the clinical training site.
<u>Commendation(s)</u> No commendations made.

4. Supervision	Level of compliance: PC
<i>Description of evidence of compliance with this Standard found during the inspection visit</i> <i>No documentary evidence was provided under this Standard</i> • The Interns told the Team that they all had a named Consultant supervisor and felt that an appropriate level of Consultant supervision is provided. However, the Team heard that the telephone in the Emergency Department often goes to voicemail, resulting in Interns being unable to contact an SHO/Registrar for advice while on duty. This is unsatisfactory and unsafe. • Interns stated that they did not have goals set for them when taking up their training post and they did not know what was expected of them. Interns reported receiving inconsistent levels of feedback, ranging from none to “some”. Likewise, Interns said they received different levels of support from SHOs and Registrars ranging from “not always” to “excellent”. In essence, the level of support was described as not consistent. • Interns told the Team that they regularly worked well in excess of the European Working Time Directive (EWTD). • The Team found that Interns were aware of the booklet provided by the clinical training site on incident reporting and knew how to report incidents. • Interns did not feel they received adequate support and information regarding their career development. For example, Interns reported that they were not aware of the importance of presenting cases at the Royal Academy of Medicine of Ireland (RAMI) event nor were they encouraged to do so.	
<u>Compliance</u> • Although the clinical training site indicated in their self-evaluation that they were fully complying with this Standard, the Team found that the site, in practice, was only partially complying.	
<u>Observation (s) & Recommendation (s)</u> The Team recommended: • The Intern Tutor, in association with Regional Intern Coordinator should ensure that all Interns receive adequate and appropriate support both within and outside normal working hours. • The clinical training site must ensure that Interns agree with their supervisor, at the beginning of their rotation, a list of core skills/competencies/experiences that they should have attained by the end of their rotation. • Medical Manpower should ensure that Interns’ workloads are appropriate in order to continue to comply with the EWTD, for example by reviewing Interns’ overtime hours. • Interns should be provided with more guidance in terms of their career development.	

Commendation (s)

- No commendations made.

5. Assessment

Level of compliance: PC

*Description of evidence of compliance with this Standard found during the inspection visit**No documentary evidence was provided under this Standard*

- The Team heard that end-of-rotation forms were being completed and signed-off as required. However, Interns saw this as purely an administrative task rather than an opportunity for them, to discuss their performance and receive constructive feedback. The Team are of the opinion that the quality of the assessment process would be significantly enhanced if at the outset of the rotation, clear explicit goals and expectations were set between the supervising Consultant and the Intern. This would be an ideal opportunity to provide advice on career planning and progression. The assessment process would then focus on the extent to which these goals and expectations were achieved at the end of the rotation.

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, in practice, was only partially complying.

Observation(s) & Recommendation(s)

The Team recommended:

- A system must be put in place for structured competency assessment and performance appraisal of Interns.
- Feedback should be given formally to Interns and should be extended to include career advice opportunities.

Commendation (s)

- No commendations made.

6. Professionalism

Level of compliance: PC

*Description of evidence of compliance with this Standard found during the inspection visit**No documentary evidence was provided under this Standard*

- i-ii. Verbal and documentary evidence showed that the clinical training site's efforts to comply with this Standard were very limited. The Team was informed by STGH that Interns were

provided with a copy of the Medical Council's current [Guide to Professional Conduct and Ethics for Registered Medical Practitioners](#) as part of the induction pack, but there was no evidence of formal education on Professionalism being provided.

The Interns reported that bullying had been observed by Interns and it had gone unchallenged within the Multi-Disciplinary Team.

Interns were unaware of how to make a complaint or raise a concern under either a Grievance or Protected Disclosure System. However, Interns did report that they would feel confident in talking to their Registrar or colleagues, if a clinical concern arose.

Interns reported being regularly required to take consent from patients. In many cases the procedures involved were minor (e.g. endoscopy) or the Intern was familiar with the procedure and the potential risks involved and could provide the patient with the relevant information. However, the Team found that, in some cases, consent was reported to be being obtained by Interns often of a nature that is contrary to paragraph 13.2 of the Medical Council's current Guide to Professional Conduct and Ethics for Registered Medical Practitioners.

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, in practice, was in the lower end of partial compliance, for the reasons given above.

Observation (s) & Recommendation (s)

The Team recommended:

- 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](#)).
- STGH 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.
- Hospital Managers and Consultants should make clear to all employees the standard of conduct and communication expected at the site. All staff should be made aware that bullying is unacceptable.
- The clinical training site should actively promote awareness of its Dignity at Work, Occupational Health and counselling services and its Open Disclosure and Protected Disclosure Policies amongst Interns and the Multi-Disciplinary Teams.
- Interns should be made aware of how to raise issues about colleagues' conduct and should be encouraged to do so.

Commendation (s)

- No commendations made.

7. Resources	Level of compliance: PC
<i>Description of evidence of compliance with this Standard found during the inspection visit</i> <i>No documentary evidence was provided under this Standard</i> i. The Team noted that the clinical training site has a broad range of patient case mix, suitable and adequate for Intern training. ii. Based on the documentary and verbal evidence provided, and inspection of facilities at STGH, the Team was satisfied with the ICT facilities provided at the clinical training site. The Team noted that the library opening hours at STGH are 9.00am to 5.00pm on weekdays. Access to relevant medical educational content includes the library in addition to online databases. The library is closed at weekends. Following a Medical Council inspection in 2011, a concern was raised with STGH at the time and the clinical training site responded confirming that within one month of the report of the visit, STGH would have introduced swipe access so that the library could be accessed out of the formal opening hours. The Team noted six years later that this still had not happened. The Team also noted that Interns felt they were too busy to go to the library during opening hours and felt it might be possible to do so if the library was accessible during off peak times. The Team acknowledged that Management at the site is seeking solutions to address a concern about the security of the library stock, in order to facilitate longer, unstaffed opening hours. iii. The Team heard that Interns and Trainers were over-worked and had heavy caseloads, often breaching the clinical training site's legal obligations under the EWTD. This presents a patient safety concern, in addition to concerns about the welfare of Interns and their Trainers. iv-v. Following interviews with Interns, Trainers and Senior Management, the Team was satisfied that patient safety is emphasised at the clinical training site. However, on being questioned further, Interns did not know about Occupational Health facilities or the employee assistance scheme at STGH or how to access counselling services.	
<u>Compliance</u> • The Team agreed with the clinical training site in their self-evaluation form that they were partially complying with this Standard.	
<u>Observation(s) & Recommendation(s)</u> The Team recommended: • STGH should implement its plans to address its security concerns, in order to facilitate an extension of the current library opening hours. • Interns must be facilitated to avail of library time during opening hours.	

- The number of Intern (or other service) posts available at STGH should be reviewed by the HSE, having regard for patient safety concerns due to current workloads.
- The clinical training site should actively promote awareness of the Occupational Health and employee assistance services amongst Interns.

Commendation(s)

- No commendations made.

Compliance with Specialist Training Standards – South Tipperary General 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: PC 
<i>Description of evidence of compliance with this Standard found during the inspection visit</i> <i>No documentary evidence was provided under this Standard</i> The Team's assessment of STGH's compliance with this Standard and subsequent recommendations are based on meetings with Trainees, who informed the Team that they were rotating to medical posts in STGH for 6-18 months as part of a two-year regional basic specialist training (BST) programme, accredited by RCPI and based in Waterford and Limerick University Hospitals. The Team heard that Trainees were assigned to an individual medical specialty in STGH for 3-month rotations by the postgraduate training body. The Team also learned that STGH provides a 6-month SHO post in Obstetrics and Gynaecology as part of a regional basic specialist training (BST) programme, accredited by the Institute of Obstetricians and Gynaecologists RCPI and is based in Cork University Hospital. The Team met with the current SHO Trainees. i. Although the Team did not receive documentary evidence indicating the governance arrangements for specialist training at STGH, on asking Trainees, the Team was satisfied that each Trainee had an identified Trainer, who was a Consultant. ii. The Assessor Team was informed by the clinical training site of a number of avenues whereby training issues can be raised by Trainees. There were no clear formal arrangements in place for clinical oversight. iii. The rotations of the hospital varied from 6 months to 18 months.	

<u>Compliance</u> Although the clinical training site indicated in their self-evaluation that they were fully complying with this Standard, the Team found that the site, in practice, was only partially compliant, for the reasons given above.
<u>Observation(s) & Recommendation(s)</u> The Team recommended: STGH should develop a document indicating the governance arrangements for specialist training and circulate to Trainees and Trainers at the clinical training site and to the Medical Council.
<u>Commendation(s)</u> No commendations made.

B. Clarity of clinical governance arrangements	Level of compliance: PC
<i>Documentary evidence of compliance with this Standard</i> STGH provided the Team with the following documentary evidence of compliance with this Standard: Handover Policy document	
<i>Description of evidence of compliance with this Standard found during the inspection visit</i> i. The Team was satisfied that the lines of accountability at STGH were clear. However, Trainees reported uncertainty about their level of responsibility and authority. Medical BST Trainees, in particular, did not have a clear outline of their roles and day-to-day duties. ii. The Team found, on interviewing Trainees, that they knew how to report clinical incidents. iii. The Team noted the Handover Policy document and was satisfied from discussions with the Trainees interviewed that handover takes place at the clinical training site.	
<u>Compliance</u> Although the clinical training site indicated in their self-evaluation that they were fully complying with this Standard, the Team found that the site, in practice, was only partially compliant.	
<u>Observation(s) & Recommendation(s)</u> The Team recommended: The clinical training site should develop a clear, documented description of clinical reporting arrangements and circulate this to all Trainees and Trainers.	

Commendation(s)

- No commendations made.

C. Accountability**Level of compliance: PC***Documentary evidence of compliance with this Standard*

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

- Lead NCHD Job Description 2017/18

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

- i-ii. The Team noted that the clinical training site provided some documentary evidence of partial compliance with this Standard. However, the Team noted that there are a number of locum Consultant appointments which STGH are currently in the process of recruiting permanent Consultants to, specifically a Respiratory Medicine Consultant and a fourth Obstetrics & Gynaecology Consultant, and plans are afoot to appoint a Quality Manager.
- iii. The Team noted that the clinical training site has provided satisfactory evidence of partial compliance with this Standard in some areas but progress has not been made in appointing a fourth Consultant Obstetrician, the Respiratory Medicine Consultant and the Quality Manager.
- iv. The Team were concerned that the approximate 1,000 deliveries per annum might not provide the numbers and case-mix for adequate clinical experience.

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, in practice, was only partially complying.

Observation (s) & Recommendation (s)

The Team recommended:

- STGH should make every effort to expedite the appointment of a fourth Consultant Obstetrician, a Respiratory Medicine Consultant and the Quality Manager. These appointments are crucial to ensure safe clinical practice, appropriate BST training and best practice clinical governance in STGH.

Commendation(s)

- No commendations made.

D. Induction arrangements for Trainees	Level of compliance: PC
<i>Documentary evidence of compliance with this Standard</i> STGH provided the Team with the following documentary evidence of compliance with this Standard: • Induction Booklet	
<i>Description of evidence of compliance with this Standard found during the inspection visit</i> i. The Team noted the induction information and documentation provided by the clinical training site. However, the Team found there was a high reliance on an electronic induction pack provided to new Trainees at STGH. The Trainees felt there was very limited face-to-face induction. ii. The Team noted that the clinical training site had indicated that the induction booklet is reviewed every six months. However, this could not be validated through documentary or other evidence. iii. The Team heard that some specialties, such as Obstetrics and Gynaecology, had their own specialty-specific induction. However, some Trainees reported being expected to carry out procedures without proper training or specialty-specific training at the beginning of their rotations. iv. Although STGH provided local policies in the induction pack for Trainees, the Team did not find evidence that national policies were provided. v. Very little time was reported to be allocated to induction.	
<u>Compliance</u> • The Team agreed with the clinical training site in their self-evaluation form that they were partially complying with this Standard.	
<u>Observation (s) & Recommendation (s)</u> The Team recommended: • STGH should consider developing a standard, formal organisation-wide induction process for Trainees. This should be informed by the views and experience of previous Trainees. This should cover both generic and specialty-specific inductions and should also include more face-to-face time. The amount of time dedicated to induction should be reviewed.	
<u>Commendation (s)</u> • No commendations made.	

E. Clear supervisory arrangements for Trainees	Level of compliance: PC	
<i>Documentary evidence of compliance with this Standard</i>		
STGH provided the Team with the following documentary evidence of compliance with this Standard: • STGH Consultant and NCHD Staffing complement • NCHD On call Structure		
<i>Description of evidence of compliance with this Standard found during the inspection visit</i>		
i. The Team was satisfied, on interviewing Trainees, that all Trainees had a supervisor. ii. The Team noted that all Trainees are informed of their supervisor by their training body. iii-iv. The Team heard when interviewing Trainees that goals were not set at the outset, when taking up a training post. Trainees did not have frequent meetings with Trainers or get regular (if any) feedback from Trainers and there was no Medicine SpR appointee employed by STGH at the time of the visit. Trainees were of the opinion that the lack of an on-site SpR had a detrimental effect on the quality of their training. Trainees wanted to know, but were unaware, how their level of competency compares nationally. The Team also heard examples of times when Registrars did not make themselves available to assist or advise Trainees in a timely fashion. This is a patient safety concern, as well as a concern for the welfare of Trainees. The system in place was informal and based on the premise that when a Trainee had a problem they would refer to a more senior member of staff. The Team was satisfied with the information and documentation provided by the clinical training site that STGH was partially complying with this Standard by providing local policies in the induction pack for Trainees. However, the Team did not find evidence of national policies being provided.		
<u>Compliance</u>		
• Although the clinical training site indicated in their self – evaluation that they are fully complying with this Standard, the Team found that the site, in practice, was partially complying.		
<u>Observation(s) & Recommendation(s)</u>		
The Team recommended: • STGH must pursue the recruitment of a Medical SpR. • STGH must develop a structured feedback process and a schedule of face-to-face meetings with Trainers to prove a consistent, supportive approach to clinical training across the range of specialties at the clinical site. Structured competency assessment and performance appraisal should be introduced for all Trainees.		

It must be made clear to all senior staff that their timely response is required to all Trainees' requests for assistance or advice.
<u>Commendation(s)</u> No commendations made.

F. Opportunities for training through clinical practice for Trainees	Level of compliance: PC
<i>Documentary evidence of compliance with this Standard</i> STGH provided the Team with the following documentary evidence of compliance with this Standard: 2016/2017 BST GIM Annual Reviews – Assessment Guidelines RCPI	
<i>Description of evidence of compliance with this standard found during the inspection visit</i> i. The Team heard that Trainees were generally assigned to Out-Patient clinics and the Medical Assessment Unit. Trainees felt there were very few opportunities for practising procedures and there was more of an emphasis on theoretical training. ii. Trainees reported that they did not have opportunities to observe endoscopy procedures. Trainees expressed a desire to observe interventional cardiology, which was not available on site.	
<u>Compliance</u> The clinical training site indicated in their self – evaluation that they were fully complying with this Standard however the Team found that this site, in practice, was partially complying.	
<u>Observation(s) & Recommendation(s)</u> The Team made the following observation: - The Team was concerned that some Trainees interviewed were spending 18 months of a total of 24 months' rotations at a Model 3 hospital. There is a risk that Trainees may not have opportunities to gain experience in procedures such as endoscopy. It is not educationally optimal if the majority of training is in level 3 hospitals. The Team recommended: - STGH should explore the potential for SHOs to observe endoscopic procedures and non-invasive cardiology testing, to address this training need, even if these observations take place in a different hospital. - Rotations should be structured to ensure that there are opportunities to spend equal time between Level 3 and 4 hospitals.	

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*

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

- Department of Medicine Educational programme
- Consultant and NCHD Contracts

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

i–iii. The Team noted that there were weekly structured educational activities. However, the Team heard that, due to the level of service demand, the opportunity for Trainee participation at these was limited. The Team also heard that there was no protected, bleep-free training time.

Compliance

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

Observation(s) & Recommendation(s)

The Team made the following observation:

- The appointment of a Respiratory Medicine physician and SpR Trainee, as mentioned earlier, would enhance the Trainee experience.

The Team recommended:

- STGH should implement its policy on protected bleep-free time for training. Bleeps should be handed in when Trainees attend training.
- The ratio of service delivery to training needs to be improved, to enhance learning opportunities. Trainee leads should review the balance of service delivery to training and education and develop a documented Action and Implementation Plan.

Commendation(s)

- No commendations made.

H. Opportunities for Trainers to train through protected training time	Level of compliance: NC 
<i>Documentary evidence of compliance with this Standard</i> STGH provided the Team with the following documentary evidence of compliance with this Standard: Guidance Document for Consultants, Employers & Training Bodies April 2017	
<i>Description of evidence of compliance with this Standard found during the inspection visit</i> i-iii. The Team noted that, due to the clinical workload of Trainers, it is difficult to designate protected time for Trainers. Trainers reported that they found it difficult to avail of the contracted protected time provided at STGH. Due to service commitments Trainers were not freed up to attend training on suitable Train the Trainer type programmes.	
<u>Compliance</u> Although 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 not complying.	
<u>Observation (s) & Recommendation (s)</u> The Team recommended: - Consultants with training responsibilities should ensure that two hours a week are dedicated to training, as provided for within their Consultant contracts. - Trainers must be facilitated to undertake regular Train the Trainer education programmes.	
<u>Commendation(s)</u> The Team commended the Trainers at STGH for making time to provide training to Trainees, despite the challenges they face balancing service provision with training needs.	

I. Access to resources which support directed and self-directed learning	Level of compliance: PC 
<i>Documentary evidence of compliance with this Standard</i> STGH provided the Team with the following documentary evidence of compliance with this Standard: A leaflet on the HSE South East Library Service	
<i>Description of evidence of compliance with this Standard found during the inspection visit</i> i-ii. The Team inspected the facilities and found that the library was well-stocked. The Librarian indicated that there is less demand for books as many Trainees access their learning materials online.	

There is good Wi-Fi coverage to support access to on-line resources. The Team found that access to the library is from 9.00am to 5.00pm on week days and closed at weekends.

The Team noted that, following a Medical Council visit in 2011, STGH had indicated that they planned to provide extended library access through a swipe card system, but that this had still not been put in place six years later. The Team acknowledged that the clinical training site is attempting to address a security concern to protect books within the library which would facilitate 24-hour access. The Team also noted that Trainees can use two tutorial rooms as study rooms.

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:

- Swipe access to the library should be put in place as soon as possible.

Commendation(s)

- No commendations made.

J. Access to pastoral and health supports for Trainees

Level of compliance: PC

Documentary evidence of compliance with this Standard

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

- HSE Employee Assistance Programme

Description of evidence of compliance with this standard found during the inspection visit

- The Team was informed that Occupational Health Services are available on the grounds of STGH. The Team also learned of an informal programme being provided at STGH, initiated by the Clinical Director, for non-national NCHDs within their remit who were beginning their training in Ireland, highlighting the professional, cultural and behavioural standards expected of doctors in Ireland. The Team heard that HR also supports new Trainees in terms of practical daily life requirements, e.g. setting up bank accounts, applying for a PPS Number, information about local schools, etc.
- The Team found, on interviewing Trainees, that there was limited awareness amongst Trainees about the Occupational Health services and supports available to them. The Team found that Trainees did not feel protected against bullying at STGH and gave examples of inter-disciplinary bullying they had either experienced or witnessed. Trainees stated that there was no specific form available to them when they wished to report such an occurrence and consequently the clinical incident report form had been inappropriately used in the past for this purpose. There was no sense that reported incidents of this type had been acted on.

iii.	The Team found no evidence to validate the clinical training sites assurances that support would be provided to any NCHD's with a disability, should such a requirement occur.
<u>Compliance</u>	
The clinical training site indicated in their self – evaluation that they were fully complying with this Standard however the Team found that the site, in practice, was partially complying.	
<u>Observation(s) & Recommendation(s)</u>	
The Team recommended: - STGH should formalise the programme for non-national NCHD's beginning their training in Ireland, so that it becomes standard practice. - As part of induction, there should be a presentation by Occupational Health, so that all Trainees are aware of the range of services that are available to them. - Occupational Health Services should also be regularly actively promoted amongst Trainees, to reinforce awareness. - STGH 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 that issues of bullying arise.	
<u>Commendation(s)</u>	
- The Team commended the Clinical Director for the unique programme they have provided for some non-national NCHDS beginning their training in Ireland. - The Team was very impressed with the level of support HR give to Trainees in terms of practical daily life requirements.	

K. Access to resources to maintain close contact with parent training bodies	Level of compliance: FC 
<i>Documentary evidence of compliance with this Standard</i>	
STGH provided the Team with the following documentary evidence of compliance with this Standard: Library leaflet	
<i>Description of evidence of compliance with this Standard found during the inspection visit</i>	
i. The Team noted that there is a named training body representative available on site and Trainees were satisfied that there is adequate IT access.	

ii. From the evidence provided by STGH and from interviews with Trainees, the Team was satisfied that the clinical training site is compliant with this Standard.
<u>Compliance</u> The clinical training site indicated in their self – evaluation that they are partially complying with this Standard but the Team found that the site, in practice, was fully complying.
<u>Observation(s) & Recommendation(s)</u> No observations or recommendations made.
<u>Commendation(s)</u> No commendations made.

L. Promotion of Medical Council guidance on professionalism, including promotion of current ethical guidance	Level of compliance: PC 
<i>Documentary evidence of compliance with this standard</i> STGH provided the Team with the following documentary evidence of compliance with this Standard: HSE Dignity at Work Policy	
<i>Description of evidence of compliance with this Standard found during the inspection visit</i> i. The Team noted that the Medical Council’s Ethical Guide is provided to Trainees in electronic format, as part of their induction package. However, there was no evidence that the Eight Domains of Good Professional Practice underpinned training and clinical practice at the site. ii. In addition to documentary evidence provided by the clinical training site, the Trainees also reported an emphasis on patient safety and quality of care. iii. The Team noted that STGH uses the HSE’s Dignity at Work Policy. iv. The clinical training site provided assurances that concerns which cannot be resolved locally would follow Medical Council guidelines for referral to the Medical Council. The Team also noted that the Dignity at Work Policy includes policy on reporting to professional bodies.	
<u>Compliance</u> Although the clinical training site indicated in their self – evaluation that they were fully complying with this Standard, the Team found that the site, in practice, was partially complying.	
<u>Observation(s) & Recommendation(s)</u> The Team made the following observation:	

- Trainees raised a concern regarding NCHD's not speaking in English as the language of the workplace, both clinically and at the clinical training site. The Trainees believed this constitutes a risk to patient care safety and affects collegial respect. Trainees reported being left out of the loop in clinical discussions and during informal training opportunities. This is a particular issue in STGH, where there is a high percentage of non-national medical graduates.

The Team recommended:

- The clinical training site must issue a clear, written directive, reiterated regularly, that English is the language of the workplace.
- The Clinical Director should monitor the implementation of this directive, on an ongoing basis.

Commendation(s)

- No commendations made.

M. Safe working environment

Level of compliance: NC

Documentary evidence of compliance with this Standard

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

- Compliance Table
- STGH Site Specific Safety Statement

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

- The Team was not satisfied with the explanation provided by the clinical training site that training body inspections ensure continued provision of a safe working environment. This is the responsibility of the clinical training site, which must be accountable for compliance with this Standard.
- The clinical training site informed the Team that rosters are 85% compliant with the legal obligation under the EWTD to ensure Trainees do not work longer than a 48-hour week, and that the site is 100% compliant with all other EWTD areas. However, on interviewing Trainees, the majority of Trainees reported that they regularly work in excess of the EWTD criteria.

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, in practice, was not complying with this Standard.

Observation(s) & Recommendation(s)

The Team recommended:

Medical Manpower Planning should continue to make every effort to ensure that Trainees are compliant with the EWTD.
<u>Commendation(s)</u> No commendations made.

N. Specialty-specific supports	Level of compliance: PC
<i>Documentary evidence of compliance with this Standard</i> STGH provided the Team with the following documentary evidence of compliance with this Standard: - Letter to Medical Manpower Manager from RCSI 19th June 2008 re recognition of posts for Basic Surgical Training - Feedback from Medical Council following Intern site inspection 17th May 2011 - Letter to General Manager from RCPI 3rd October 2014 re Inspection of the General Internal Medicine department on 24th September 2014 - Letter to General Manager from RCPI 5th March 2015 re Inspection of the Obstetrics & Gynaecology Department on 25th February 2015	
<i>Description of evidence of compliance with this Standard found during the inspection visit</i> i. The Team noted that the clinical training site did not explain how it is meeting this Standard. From discussions with Trainers and Trainees, the Team found that there are some specialty-specific inductions provided at STGH, but there was little evidence of other specialty-specific requirements being resourced. ii. The Team noted the sample training body reports provided. In particular, the Team noted that a recommendation made in the RCPI's inspection report in 2014, relating to the appointment of a Respiratory Physician and management of complex respiratory cases, had not yet been implemented and remained outstanding at the time of the Medical Council inspection visit. Respiratory Medicine Consultant expertise in STGH is essential for basic safe patient care and training needs. Failure on the part of STGH to fill this post in the implementation phase of this inspection will trigger a review of the suitability of STGH as a clinical site for BST medical training.	
<u>Compliance</u> The Team agreed with the clinical training site in their self-evaluation form that they were partially complying with this Standard.	
<u>Observation(s) & Recommendation(s)</u> The Team recommended: As stated under Standard C, every effort must be made to fill the post of Consultant Respiratory Physician as a priority.	

Commendation(s)

- No commendations made.

O. Participation in on-call duty rota**Level of compliance: PC***Documentary evidence of compliance with this Standard*

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

- STGH NHCD on call structure
- Bleep Policy January 2015 Version 1

Description of evidence of compliance with this standard found during the inspection visit

i-iii. Despite assurances from the clinical training site that the Consultant on-call is available to Trainees at all times during on-call periods, on interviewing Trainees, the Team heard mixed views in this regard. Trainees provided examples of both good and poor experiences of Consultant support when on-call.

iv. The Team inspected the on-site accommodation for Trainees on-call. Each room was clean and had en-suite facilities. The Team was satisfied that on-call facilities were secure and safe, with appropriate secure access at all times.

Compliance

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

Observation (s) & Recommendation(s)

The Team recommended:

- Arrangements should be put in place to ensure that Trainees are adequately supported during on-call, such as an on-call protocol.

Commendation(s)

- The Team commended STGH for the excellent on-call facilities provided for Trainees.

P. Support for assessment of Trainees**Level of compliance: PC***Documentary evidence of compliance with this Standard*

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

- RCPI BST Annual Review Forms

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

- i. On interviewing Trainees, the Team heard that the assessment process, which took place at the end of their training rotation, was generally a “tick-box exercise” which rates the Trainee as either competent or incompetent. There were limited examples of a formal, “sit-down” assessment opportunity and the team found that Trainees have to ask for feedback. Trainees should not have to ask for feedback. Trainees also stated that they found it difficult to keep up their e-portfolios. However, Trainees in the Obstetrics and Gynaecology Department were highly complementary of the programme being provided, which they described as goal-oriented, providing regular, constructive feedback and a structured final assessment.
- ii. The Team heard from the Trainees that they were being facilitated by STGH to take study leave and attend exam preparation and tutorials.

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)

The Team recommended:

- STGH should replicate the programme provided by the Obstetrics and Gynaecology Department for all Trainees in that structured goal-setting, competency assessment and performance appraisal of all Trainees should be standard practice at STGH.

Commendation(s)

- The Team commended the Obstetrics and Gynaecology Department for providing a good quality, goal-oriented training experience with regular feedback for Trainees.

Q. Opportunities for multi-disciplinary teamwork

Level of compliance: NC

Documentary evidence of compliance with this Standard

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

- List of STGH Committees attended by NCHDs

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

- i. The Team was not satisfied that the clinical training site meets this Standard. STGH stated in the documentation provided that this Standard is met by each department providing information on their role and function as part of Multi-Disciplinary Teamwork (MDT) to Trainees at induction. The Team was not satisfied that this constitutes “encouragement and promotion of MDT”. There was no evidence of opportunities for MDT provided by the clinical

training site, or during interview with Trainees. The documentation provided as evidence of compliance with this Standard related to the MDT membership of Committees and no examples of MDT care planning were provided. ii. The Team heard little or no evidence from the Trainees interviewed to support the clinical training site's assurances that they were complying with this Standard.
<u>Compliance</u> 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 not complying.
<u>Observation(s) & Recommendation(s)</u> The Team recommended: STGH must create opportunities for Trainees to regularly participate in and experience Multi-Disciplinary Teamwork at the clinical training site.
<u>Commendation(s)</u> No commendations made.

R. Opportunities for Trainees to provide feedback to employing authority	Level of compliance: NC [REDACTED]
<i>Documentary evidence of compliance with this Standard</i> STGH provided the Team with the following documentary evidence of compliance with this Standard: Lead NCHD Job Description 2017/2018	
<i>Description of evidence of compliance with this standard found during the inspection visit</i> i. On interviewing the Trainees, the Team was of the opinion that, if a Lead NCHD is in place, this person had not been identified to the Trainees interviewed. The Team found no evidence of a mechanism being in place to gather Trainee feedback. ii. Based on discussions with Senior Management and Trainers, it appeared that the onus for providing feedback lies with the Trainee and was not proactively sought. There is an unrealistic expectation that Trainees will voluntarily give feedback to Consultants.	
<u>Compliance</u> The clinical training site indicated in their self – evaluation that they were fully complying with this Standard however the Team found that the site, in practice, was not complying.	

Observation(s) & Recommendation(s)

The Team recommended:

- That the Lead NCHD be identified to Trainees and that their role be defined and communicated to Trainees.
- At the end of rotations, there should be a focused engagement with the Trainer/Trainee group, to ask about their experience and seek suggestions as to how the clinical training site could improve future Trainee experiences in the post(s). This meeting should generate a quality improvement plan.
- Trainers in STGH should meet at the end of each rotation to review the past rotation and to plan the next rotation.

Commendation(s)

- No commendations made.



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