Regional Inspection of South/South West Hospital Group

Summary Report

Report on the Inspection of Intern and Specialist Clinical Training Sites

August 2018

Comhairle na nDochtúirí Leighis
Medical Council

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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.

Comhairle na nDochtúirí Leighis
Medical Council

Regional Inspection of
South / South West Hospital Group
under Part 10 of the Medical Practitioners Act 2007
16th – 23rd November 2017

Report on the Inspection of
Intern and Specialist Clinical Training Sites

Clinical training sites inspected:

University Hospital Kerry

South Tipperary General Hospital

Mercy University Hospital

University Hospital Waterford

Cork University Hospital

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Statement with regard to the Freedom of Information Acts, 2014

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.

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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. At present, it is not practical for the Medical Council to inspect all sites within a Hospital Group during a regional visit and the Medical Council uses all information available to it, including scores from its annual *Your Training Counts* survey of Trainee experiences, in order to decide which sites to prioritise.

There are 9 clinical training sites in the South / South West Hospital Group. The Council decided to visit five of these sites on this occasion, namely:

- University Hospital Kerry;
- South Tipperary General Hospital;
- Mercy University Hospital;
- University Hospital Waterford; and
- Cork University Hospital.

The above sites were visited between 16th and 23rd November 2017. The Assessor Teams comprised Council members, Council Executive and External Assessors with a relevant background/interest in medicine and/or medical education/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 Professor Fergus Shanahan, Group Chief Clinical Director of the South/ South West Hospital Group, Professor Helen Whelton, Group Chief Academic Officer, Dr Gerard O' Callaghan, Group Chief Operating Officer, and other key Hospital Group personnel. Teams 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 five clinical training sites visited in the South / South West Hospital Group were found to be largely 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 five 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 the proposed Plan within 3 months of the issue date of the Inspection Report.

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Summary of the overall compliance rating for the South / South West Hospital Group

Table 1. The overall compliance rating for the South / South West Hospital Group	Number of findings	
	Interns*	Specialist^
Non Compliance (NC)	3% [1]	8% [7]
Partial Compliance (PC)	63% [22]	69% [62]
Full Compliance (FC)	34% [12]	23% [21]

*There are 7 intern training standards, 5 clinical training sites were inspected, giving a total of 35 standards.

^There are 18 specialist training standards, 5 clinical training sites were inspected, giving a total of 90 standards.

Figure 1. South / South West Hospital Group compliance with intern training Standards

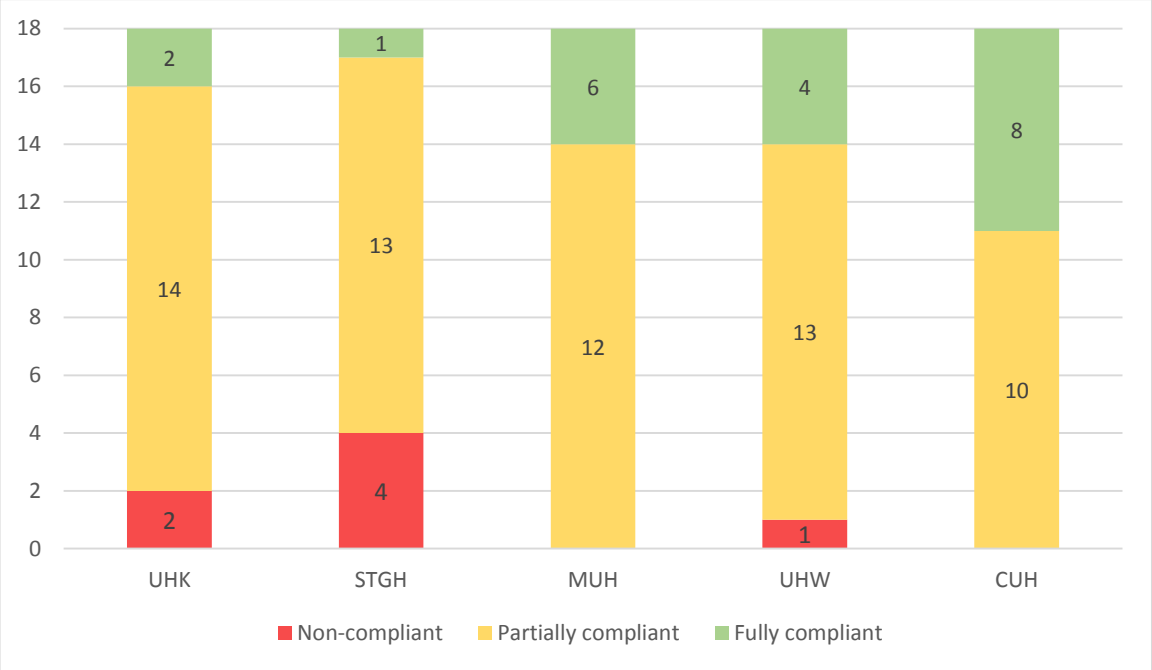

Figure 2. South / South West Hospital Group compliance with Specialist Training Standards

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Preface

1. Context of the Inspection Visit

The Medical Council Assessor Teams met with the South / South West Hospital Group (SSWHG) between 16th and 23rd November 2017. The Team's remit was to assess the levels of compliance of 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, Mr Tom O'Higgins, Ms Mary Duff, Ms. Vicky Blomfield, Dr John Barragry and Ms Cornelia Stuart, and wishes to express particular gratitude to the national Assessors, Professor Jason Last, Mr. Daragh Moneley, Dr. Joe Duignan and Professor Anthony Cunningham, who generously gave of their time and expertise to help with the inspection process.

The Medical Council also thanks the representatives from the South / South West Hospital Group for their co-operation and accommodation during the visit.

3. Documentation

As part of the process, the SSWHG were asked to complete and document a self-evaluation process 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 in advance of each visit. The Teams 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 SSWHG 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. Informal meetings were also convened at each site with NCHDs who are not currently participating in specialist training programmes, to allow them an opportunity to meet with the Assessor Teams, learn more about the Medical Council and ask questions.

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 the SSWHG. Observations, comments and recommendations, as well as an analysis of the site's compliance with each Standard, were detailed for each clinical training site.

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South / South West Hospital Group

South / South West Hospital Group is one of seven HSE hospital groups and comprises nine hospitals across nine sites. In August 2017, the following intern and trainee numbers for the Group were provided:

- Cork University Hospital (CUH) (Inc. Cork University Maternity Hospital)
  (currently 47 Interns and 205 specialist Trainees)
- University Hospital Waterford (UHW)
  (currently 20 Interns and 102 specialist Trainees)
- University Hospital Kerry (UHK)
  (currently 17 Interns and 23 specialist Trainees)
- Mercy University Hospital (MUH)
  (currently 24 Interns and 40 specialist Trainees)
- South Tipperary General Hospital (STGH)
  (currently 9 Interns and 12 specialist Trainees)
- South Infirmary Victoria University Hospital (SIVUH)
  (currently 17 Interns and 9 specialist Trainees)
- Bantry General Hospital (BGH)
  (currently 4 Interns and 5 specialist Trainees)
- Mallow General Hospital (MGH)
  (currently 4 Interns and 7 specialist Trainees)
- Lourdes Orthopaedic Hospital, Kilcreene (LOHK)
  (currently not a training site, no trainees on this site)

The Group's Academic Partner is University College Cork (UCC).

The Group has articulated its Mission, Vision, Values and Goals as follows:

Mission Statement:

- People in Ireland are supported by health and social care services to achieve their full potential.
- People in Ireland can access safe, compassionate and quality care when they need it.
- People in Ireland can be confident that we will deliver the best health outcomes and value through optimising our resources.

Vision Statement:

A healthier Ireland with a high quality health service valued by all.

Guiding Values:

We will try to live our values every day and will continue to develop them.

- Care
- Compassion
- Trust
- Learning

Goals

- Promote health and wellbeing as part of everything we can do so that people will be healthier.
- Provide fair, equitable and timely access to quality, safe health services that people will need.
- Foster a culture that is honest, compassionate, transparent and accountable.
- Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them.
- Mange resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money.

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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. University Hospital Kerry 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. University Hospital Kerry 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. South Tipperary General 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 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. South Tipperary General 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. Mercy 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 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. Mercy 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. University Hospital Waterford 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 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. University Hospital Waterford 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.

9. Cork 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 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.

10. Cork 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. Recommendations for the Health Service Executive (HSE)

- The number of Intern (or other service) posts available at South Tipperary General Hospital should be reviewed by the HSE, having regard for patient safety concerns due to current workloads.

- The number of Intern (or other service) posts available at Mercy University Hospital should be reviewed by the HSE, having regard for patient safety concerns due to current workloads.

- The balance of service to education is adversely affected by the shortage of Interns in University Hospital Waterford (UHW). The number of Intern (or other service) posts available at UHW should be reviewed by the HSE, having regard for patient safety concerns due to current workloads.

- The number of Trainees (or other service) posts available at UHW should be reviewed by the HSE, having regard for patient safety concerns due to current workloads.

3. Commendations:

In addition to the commendations made below for each individual clinical training site, the Teams commended the South / South West Hospital Group for the following:

1. The Teams would like to especially congratulate South / South West Hospital Group for the commitment of the 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 care and compassion were paramount considerations.

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

4. University Hospital Kerry

UHK Intern Training Site

Compliance Rating

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

Level of compliance	Intern Training Standard							
	1	2	3	4	5	6	7	Total
NC						√		1
PC			√	√	√		√	4
FC	√	√						2

Recommendations

- That the clinical training site considers submitting an application to expand Internship into other specialities such as General Practice.

- A review of the tasks taken on by Interns in association with Obstetrics and Gynaecology to ensure that Interns are not given responsibilities above the appropriate level and that there is adequate supervision.

- The clinical training site must adhere to the Medical Council's guidelines in relation to consent.

- The implementation of the currently available comprehensive Bleep Policy across all clinical areas.

- The development of a local Transfer of Tasks Policy making reference to the national Policy and that this should be also implemented across all clinical areas.

- Measures should be put in place to ensure that Interns feel that they are valued members of the Team.

- Formal teaching should be incorporated into handover.

- The Eight Domains of Good Professional Practice should be embedded within both induction and subsequent training.

- A formal induction for Interns which takes place prior to them commencing work - a large proportion of which should be Intern shadowing.

- That a formal and sufficient sessional commitment should be attached to the role of the Intern Tutor.

- The introduction of the "Nanny Intern Programme" as piloted in the Saolta University Health Care Group or an equivalent programme.

- The development of more focused educational links with the South Intern Network and Intern Network Coordinator.

- Interns should be formally introduced to their Clinical Supervisor.

- The Clinical supervisor meets with individual Interns on a regular basis in order to provide constructive feedback (commencing at induction). This should include elements of positive feedback and identification of specific areas for improvement.

- UHK to appoint a number of Intern representatives across all disciplines to partake in the NCHD committee and any other appropriate fora.

- That a residential and rest facility planning group be put in place with representation from the wider NCHD community, with the express purpose of ensuring access to catering facilities, Wi-Fi, rest areas, wash areas and personal storage all located on site in the main hospital building.

- UHK has a short induction programme and an induction pack that is sent out in advance to Trainees. A sign-in sheet for the induction programme was supplied, and from this and from the responses more broadly from NCHDs throughout the visit, it was recommended that the hospital should put in place measures to ensure that all new doctors have access to the programme. The Team recommended that this forum should be used to further emphasise the ethos of the organisation, the roles and responsibilities of the NCHD within the community, dignity and respect in the work place and with absolute clarity, the names and contact details of members of staff whose role it is to offer mentorship, supervision, health support or pastoral support. Particular emphasis should be placed on accessing individuals who can offer confidential support. Furthermore the Medical Council Guide to Professional Conduct and Ethics provides a framework for these issues and should be used for same.

Commendations

- The Team highly commended the Intern Tutor Tom Higgins.

- The Team noted that Interns have respect for and a professional relationship with the Intern Tutor.

- Management for identifying the need to carry out an audit on NCHD dignity at work as a follow up to finding conveyed in the Medical Council's *Your Training Counts* survey. The Team look forward to reviewing the results.

- The Team observed good examples of the support that individuals received in relation to personal and/or health related issues and commended the hospital community for their ability to put in place flexible work practices to accommodate individual needs.

UHK Specialist Training Site

Compliance Rating

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

Level of compliance	Specialist Training Standard																	
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	Total
NC								√										√	2
PC	√	√	√	√	√		√		√	√	√	√	√		√	√	√		14
FC						√								√					2

Recommendations

- A clear and detailed organisational chart containing roles and functions for those responsible for leading the various programmes of education should be put in place, and that this should be made available to the NCHD community as soon as possible.

- That a record is kept of the issues raised at the NCHD committee meetings, the date the issue was raised, the status of the resolution, the date the issue was resolved and that this record be regularly communicated to the NCHD community.

- The hospital should put in place measures to ensure that all new doctors have access to the induction programme.

- The induction programme should be used to further emphasise the ethos of the organisation, the roles and responsibilities of the NCHD within the community, dignity and respect in the work place and with absolute clarity, the names and contact details of members of staff whose role it is to offer mentorship, supervision, health support or pastoral support. Particular emphasis should be place on accessing individuals who can offer confidential support. The Guide to Professional Conduct and Ethics provides a framework for these issues and should be used for same.

- NCHDs should be trained and encouraged to use the critical incident reporting system.

- A programme similar to the Paediatric clinical induction programme should be implemented for all new NCHDs.

- Formal teaching should be incorporated into handover.

- The clinical site should develop education and training roles for individuals who can be accountable for strands of educational activity and support the educational leadership role

carried out by the Clinical Director. These persons should have links to both postgraduate training bodies (PGTBS) and the Chief Academic Officer of the Group.

- All Trainees must have access to and must attend induction. A record of all Trainees in attendance must be maintained. Trainees should be made aware of their responsibility in familiarising themselves with local and national protocols and their responsibility in engaging with the communications and documents made available to them by UHK.

- That the clinical site in conjunction with the Hospital Group provide a process that facilitates easy transition between clinical sites.

- Senior clinical staff should communicate their availability to Trainees, particularly at times of reduced staffing.

- That notwithstanding the prioritisation of the clinical imperative, the NCHD community and Trainers have more dedicated, bleep-free time for education and training.

- The development of protected time for Trainers to facilitate training and their own personal development.

- The clinical training site should collaborate with UCC and postgraduate training bodies to enhance the availability of core training resources.

- An urgent review of the IT infrastructure to ensure 24/7 access to reliable wireless Internet throughout the clinical training site.

- There should be an increased awareness of the available resources offered by the Occupational Health department.

- The clinical training site builds on the momentum of the Dignity at Work initiative and further recommends that this be expanded to an overarching clinical governance structure.

- That the Medical Manpower Manager meets with representatives of the NCHD community in order to engage with the issues around the current call rosters and perception that genuine overtime hours cannot be claimed.

- Improvements in the on-call duty participation which overlap with findings associated with other standards including ;

  - ensuring that adequate supervision occurs during times of unexpected leave,

  - the clear commitment of the supervising consultants to be available to help and support at times of peak activity and- improvements to the accessibility and standard of all on-call rest facilities.

- Opportunities should be created for collaboration between the professions, perhaps through the provision of a greater number of common educational activities. This may

also help to create an environment of respect in which the roles of health care professions can be better understood and from which the opportunities for shared tasks may arise.

- Steps should be taken to ensure that individual Trainee feedback is sought on their training experience after each rotation.

- The NCHD committee should be encouraged to liaise with management on ensuring that a system of regular feedback is sought from Trainees and the results of this feedback is acted upon to improve the training experience.

Commendation (s)

- Management for putting in place an NCHD committee with strong representation from the Management Team, and representation from the NCHD Trainee community.

- The Paediatric Clinical Induction Programme which ensured NCHDs were not placed on-call during their first week of work and were allowed sufficient time to become familiar with their environment and paediatric clinical skills.

- The hospital for putting in place a system of handover across all disciplines.

- The Clinical Director for maintaining focus on education despite also taking on additional leadership responsibilities within the hospital.

- UHK for providing an ideal clinical environment for exposure to a wide variety of cases and associated learning opportunities.

- Local Trainers involved in the GP training scheme for ensuring Trainees can attend their weekly mandatory off-site training sessions.

- The NCHD community for prioritising patient care over and above their own formal and informal learning opportunities, noting however that this is not a sustainable practice.

- The hospital for recently installing teleconferencing facilities to link in with teaching activity at other sites.

- The clinical training site for making available a local Occupational Health resource.

- The availability of a mindfulness programme on site.

- Trainers availability for the completion of assessments.

- UHK for supporting and facilitating Trainees in study days in advance of key assessments.

5. South Tipperary General Hospital

STGH Intern Training Site

Compliance Rating

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

Level of compliance	Intern Training Standard							
	1	2	3	4	5	6	7	Total
NC								0
PC			√	√	√	√	√	5
FC	√	√						2

Recommendations

- 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 Medical SpR to help improve the quality of training at the clinical training site.
- The “Safe Pass for Interns” programme should be completed by all Interns, prior to commencement of their Intern training.
- The Intern Tutor, in association with Regional Intern Co-ordinator should ensure that all Interns received adequate and appropriate support both within and outside normal working hours.
- 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.

- 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.

- 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.

- 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.

Commendations

- No commendations were made.

STGH Specialist Training Site

Compliance Rating

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

Level of compliance	Specialist Training Standard																		
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	Total
NC								√					√				√	√	4
PC	√	√	√	√	√	√	√		√	√		√		√	√	√			13
FC											√								1

Recommendations

- 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

- The clinical training site should develop a clear, documented description of clinical reporting arrangements and circulate this to all Trainees and Trainers.

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

- 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.

- Pursue the recruitment of a Medical SpR.

- 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.

- 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.

- 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.

- Consultants with training responsibilities should ensure that two hours a week are dedicated to training, as provided for within their consultants' contracts.

- Trainers must be facilitated to undertake regular Train-the-Trainer education programmes.

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

- Formalise the programme for non-national NCHDs beginning their training in Ireland, so that this 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.

- 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

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

- Medical Manpower Planning should continue to make every effort to ensure that Trainees are compliant with the EWTD.

- Every effort must be made to fill the post of Consultant Respiratory Physician as a priority.

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

- 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.

- Create opportunities for Trainees to regularly participate in and experience Multi-Disciplinary Teamwork at the clinical training site.

- 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 Trainee/Trainer 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.

Commendations

- The Team was very impressed with the level of support HR give to Trainees in terms of practical daily life requirements.

- Trainers for making time to provide training to Trainees, despite the challenges they face balancing service provision with training needs.

- The Clinical Director for the unique programme they have provided for some non-national NCHDS beginning their training in Ireland.

- The excellent on-call facilities provided for Trainees.

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

6. Mercy University Hospital

MUH Intern Training Site

Compliance Rating

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

Level of compliance	Intern Training Standard							
	1	2	3	4	5	6	7	Total
NC								0
PC			√	√	√	√	√	5
FC	√	√						2

Recommendations

- MUH should continue to review its induction programme, taking into account feedback from current and past Interns, and structure the programme to ensure Interns receive the right information at the right time.
- Develop an Intern Job Description, to be provided to all Interns when taking up an Intern training post, so that Interns are clear about their roles, duties and what is expected of them from the outset.
- Ensure that its Bleep Policy is implemented. Bleeps should be handed in when attending education and training sessions.
- 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).
- Interns must personally participate, at their appropriate level, in the services and responsibilities of daily patient-care activity.
- 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.
- Competencies should be Intern specific and comprehensive including knowledge, skill and attitude. They should also be measurable and related to professional activities.
- The Intern Tutor and Clinical Supervisors should continue to ensure that Interns' workloads are appropriate in order to comply with the EWTD.
- Interns should be provided with more support in terms of their career development.
- A system must be put in place for structured competency assessment and performance appraisal of Interns.

- In addition to the formal feedback processes Interns should also receive structured informal feedback and career advice opportunities within the workplace during their rotation

- Formal education and training in Professionalism and Ethics should be included in the Intern programme of tutorials.

- 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.

- The Radiology Department should seek a solution which addresses their need for uninterrupted time when examining scans, etc., while catering to the needs of other Departments to order tests throughout the working day.

- Interns should be made aware of how to raise issues about colleagues' conduct and should be encouraged to do so.

- Find a solution to the insufficient computer access on the wards, to avoid bottlenecks in the healthcare system at MUH.

Commendations

- The Team commends MUH on its excellent library facilities and sitting room facility

MUH Specialist Training Site

Compliance Rating

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

Level of compliance	Specialist Training Standard																		
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	Total
NC																			0
PC	√	√	√		√	√		√	√		√	√	√		√			√	12
FC				√			√			√				√		√	√		6

Recommendations

- Update the copy of the Medical Council Guide to Professional Conduct and Ethics in the pack provided to Trainees.
- Clarify the reporting link between NCHDs and management/board levels, to maintain institutional oversight of the learning environment.
- Recruit and appoint a dedicated Chief Academic Lead at MUH, as planned.
- On taking up a training post, all Trainees should be made aware who their Supervisor/Tutor is at the outset.
- Develop a clear, documented description of SHO roles and duties for all training posts and provide this to all Trainees when they commence a training post.
- Supervisors should specify the competencies (knowledge, skill and attitudes) to be obtained during rotation.
- Professional activities agreed between the Supervisor and Trainee should be observable and measurable in the process and their outcome leading to, for example, “well done” or “could be done better”.
- There should be a structured competency assessment and performance appraisal for all Trainees.
- Consultants should ensure that three hours a week are dedicated to training, as provided for within the Consultants’ contracts.
- Check and improve Wi-Fi access across the clinical training site.
- MUH should inform all training bodies of the limited capacity at the clinical training site to make adjustments to support Trainees with disabilities.
- Pursue the appointment of a local training body representative for other specialties in Cork, particularly in Paediatrics, Anaesthesia and Surgery. If this is not possible for all specialties, MUH should appoint an Associate Academic Officer to facilitate unrepresented specialties locally.
- Although the clinical training site provided assurances that if concerns that cannot be resolved locally would be addressed by following the guidelines for referral to the Medical Council, the Team were unable to validate this on the day, nor was any documentary evidence provided. MUH should provide documentary evidence of compliance with Standard L (iv).
- Medical Manpower Planning should continue to make every effort to ensure that Trainees are compliant with the EWTD.
- MUH should refurbish and upgrade the on-call accommodation facilities.

Commendations

- MUH for establishing a lead NCHD role, which is now in its fourth appointment. The Team was also impressed that there is an NCHD Committee in place which meets regularly with HR.
- The Surgery and Anaesthesia Departments, where good examples of supervisory arrangements were reported.
- MUH for actively ensuring Trainees can avail of a number of opportunities to take part in procedures.
- Consultants for ensuring that training opportunities are incorporated into the daily jobs of Trainees.
- Trainers for making time to provide training to Trainees, despite the challenges they face balancing service provision with training needs.
- The high quality library facilities.
- MUH for appointing a new HR manager with a particular interest in staff wellbeing and commends the HR manager for introducing wellbeing weeks, flu vaccines, etc., to support healthcare professionals at the clinical training site.
- The positive work of the NCHD Committee, which demonstrates that Management act on issues flagged by Trainees.

7. University Hospital Waterford

UHW Intern Training Site

Compliance rating

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

Level of compliance	Intern Training Standard							
	1	2	3	4	5	6	7	Total
NC								0
PC			√	√	√	√	√	5
FC	√	√						2

Recommendations

- The Team would welcome greater clarity in relation to Intern support structures and links with the South Intern Network. The Team recommends the Medical Council should be provided with a revised induction programme detailing how UHW plan to address this matter. UHW should submit their response to the Medical Council as part of the Hospital Group's Action and Implementation Plan, due 3 months following receipt of the Inspection Report.
- In line with contemporary best practice the Transfer of Tasks should be implemented throughout the hospital.
- The Cardiology Unit must adhere to the Medical Council's guidelines in relation to consent.
- Measures should be put in place to ensure that Interns are deemed to be valued members of the hospital. They should be treated with respect in line with the core values of the hospital and South / South West Hospital Group.
- Handover should be fully implemented and be an inherent part of both formal and informal teaching.
- Medical Professionalism and the Eight Domains of Good Professional Practice should be embedded at both induction and subsequent training.
- A review of rosters and improved staffing levels to ensure adequate supervision.
- A meeting during the first week with Supervisor / Trainer to outline to Interns the training objectives.
- Feedback should be consistently given to all Interns following an assessment.
- Professionalism should be an inherent component of the Intern induction programme and should be emphasised by the Intern Tutors, furthermore it should be part of the continuing education throughout the year.
- The residence should be urgently refurbished to an acceptable standard.
- Application should be made for a substantial increase in the number of Interns.
- Interns should be educated and supported in reporting critical incidents.
- UHW should clearly identify to Interns the pathway for reporting ethical issues and for accessing mentoring support.

Commendations

- Interns were happy with their clinical training and enjoyed working in the hospital.

- The positive working relationship within the Clinical Teams.

- The Team were informed that across all levels, the senior clinical staff were very approachable and willing to help on a 24 -our basis.

- The Team commended the librarian and the excellent library facilities, which were also noted by the Interns.

UHW Specialist Training Site

Compliance Rating

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

Level of compliance	Specialist Training Standard																		
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	Total
NC			√																1
PC	√	√		√		√	√	√		√	√	√	√	√	√			√	13
FC					√				√							√	√		4

Recommendations

- Arrangements between the clinical training site and postgraduate training bodies are not transparent and are in need of clarification.

- The urgent appointment of an educational lead at the clinical training site. This appointment would do much to enhance the organisation of training. The reconstitution of the medical board would assist in promoting and coordinating education and training.

- Trainees should be informed that all hospital policies and procedures are centrally located in the Q-Pulse system, access should be provided and Trainees should be continuously encouraged to use it. The Team also recommends formal training or that standard operating procedures be developed for critical incident reporting. This should include follow through, feedback and learning for Trainees.

- Handover should be fully implemented and be an inherent part of both formal and informal clinical teaching.

- The content of the current induction programmes does not appear to be meeting the needs of Trainees. The Medical Council should be provided with a revised induction programme detailing how UHW plans to address this matter 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.

- Induction day should be bleep protected with a repeat induction day for those unable to attend.

- Specialty-specific induction should become standard clinical practice throughout all clinical disciplines.

- Ongoing support and education should be provided in relation to implementation of health and safety, national and local policies.

- In line with contemporary best practice the Transfer of Tasks should be implemented throughout the clinical training in order to free up Trainee time for educational opportunities.

- UHW should implement its policy on protected bleep-free time. Bleeps should be handed in when Trainees attend training.

- The ratio of service delivery to training needs should 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.

- A formal handover policy be developed and implemented across this clinical training site.

- The available pastoral and health services should be promoted on a regular basis throughout the clinical training site.

- Pursue the appointment of an Associate Academic Officer to coordinate postgraduate training.

- Explicit promotion of Professionalism at induction and throughout training.

- Appointment of additional staff to facilitate continued EWTD compliance.

- Appointment of a Health and Safety Officer.

- Adequate resources be put in place to deal with the requirements of the Postgraduate Training Bodies.

- The residence should be urgently refurbished to an acceptable standard. A temporary private area should be identified for doctors to use until residence is refurbished.

- Review the method of email communications with HR for doctors when on duty at weekends.

Commendations

- Despite the limited resources available, the Team were very pleased to hear that the Trainers are delivering excellent postgraduate education.

- The Team were impressed with the level of support Trainees receive within their working environment and that Trainees felt comfortable escalating any potential issues with their Consultants.

- Supervisors for their commitment to the Trainees despite their heavy service commitments.

- Clinical Supervisors and Management for supporting GP Trainees attendance at external training sessions.

- Library staff and hospital Management on the excellent facilities provided to Trainees.

- Provision of video conferencing facilities and other educational aids to facilitate postgraduate education and training.

8. Cork University Hospital

CUH Intern Training Site

Compliance rating

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

Level of compliance	Intern Training Standard							
	1	2	3	4	5	6	7	Total
NC								0
PC			√			√	√	3
FC	√	√		√	√			4

Recommendations

- 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 should be implemented throughout the hospital as a matter of urgency.

- The current Bleep Policy should be reviewed to incorporate bleep-free time for Interns 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.

- A formal education and training in Professionalism and Ethics should be included in the Intern programme of tutorials throughout the year.

- 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 actively promote the HSE Dignity at Work and Protected Disclosure policies, ensuring they are easily accessible to all Interns via Q-Pulse system.

Commendations

- The Intern Handbook.

- The annual Intern excellence award.

- The Intern Tutor and Clinical Supervisors for their commitment to training.

CUH Specialist Training Site

Compliance Rating

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

Level of compliance	Specialist Training Standard																		
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	Total
NC																			0
PC		√		√			√	√	√	√			√	√	√		√		10
FC	√		√		√	√					√	√				√		√	8

Recommendations

- 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.

- Management and Trainers should 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 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.

- That Management 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.

- Trainers should have protected training time.

- The study spaces and IT facilities should be upgraded urgently. Trainees should also be provided with a tour of facilities at induction.

- 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.

- 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.

- The Team recommends that CUH continues to review the medical workforce plan to ensure there is adequate resources available for annual and sick leave.
- CUH should review security in relation to staff access to the car park at night.
- Periodic review of Trainee numbers in procedure related specialities, and ongoing engagement with the PGTBs in this respect.
- Management must take responsibility for the refurbishment of on-call accommodation areas as soon as possible.
- The Transfer of Tasks policy should be implemented as a matter of urgency.

Commendations

- The Team were impressed with the commitment of Management and Trainers to education and training.
- The Team were impressed by the standard of teaching facilities available in the new Paediatric facility.
- The CEO and the Chief Operating Officer for their active engagement in education and training.
- The production of the Charter of Rights for Doctors in the Specialist Training booklet.
- Trainers for their commitment in providing additional tuition for speciality examinations which was reported to have contributed to a high examination success rate and subsequent career progression.
- The occupational health department for their initiative in facilitating easy access to vaccination.
- The excellent teaching that the Trainees receive prior to examinations.
- The 'Doctors in Training' initiative, which provides a feedback mechanism between Trainers, Trainees and Management.

9. Recommended Further Actions

The Hospital Group, in collaboration with each clinical training site, are to develop an Action and Implementation Plan (AIP) to address all findings and recommendations made in the Inspection Report. The AIP should be submitted to the Medical Council within three months of receipt of the 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 Report.

It is recommended that the Hospital Group publishes this Inspection Report and subsequent Action and Implementation Plan on the South / South West Hospital Group website.

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