Regional Inspection of South/South West Hospital Group

Kerry University Hospital

Report on the Inspection of Intern and Specialist Clinical Training Site

August 2018

Comhairle na nDochtúirí Leighis
Medical Council

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About the Medical Council

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

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

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

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

Level of compliance with each Standard:

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

Clinical training site:
University Hospital Kerry (UHK)

Compliance with Intern Training Standards

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

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

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

No documentary evidence was provided under this Standard

- The Assessor Team (The Team) welcomed the opportunity to meet with 11 of 17 Interns at University Hospital Kerry.
- The Team was satisfied that the rotations both planned and in progress comply with the requirement for both 3 months in Medicine and 3 months in Surgery.

Compliance

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

Observation (s) & Recommendation (s)

- The Team noted that all rotations consisted of 6 months in UHK and 6 months Cork University Hospital (CUH), Mercy University Hospital (MUH) or South Infirmary Victoria Hospital (SIVH).

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

- The Team observed that some Interns were placed in posts for which they did not apply.

Commendation (s)

- No commendations made.

2. Accreditation	**Level of compliance: FC**

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

No documentary evidence was provided under this Standard

- The Team was satisfied that UHK is affiliated with the South Intern Network and with University College Cork Medical School.

- The Team met with a number of Interns who had completed their undergraduate and / or graduate entry medical education in University College Cork (UCC), University Limerick (UL), University College Dublin (UCD) and in the Royal College of Surgeons in Ireland (RCSI).

- The Team met with the Intern Tutor Dr Tom Higgins.

- As part of the additional documentation submitted by UCC, the Team received and reviewed an overview of the South Intern Network from the Intern Coordinator, Professor Paula O'Leary.

Compliance

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

Observation (s) & Recommendation (s)

- No observations or recommendations made.

Commendation (s)

- No commendations made.

3. Content of training	**Level of compliance: PC**

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

No documentary evidence was provided under this Standard

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

ii. The Team noted that the vast majority of Interns felt they were acting at the appropriate grade. However, the Team had concerns with Interns being asked to seek consent for procedures with which they have no familiarity and were concerned with the frequency in which Interns are asked to seek consent on behalf of their senior colleagues.

iii. The Team was satisfied that Interns at the site have the opportunity to exercise their responsibility and generally, clinical decision-making is appropriate to their competency level.

iv. The Team was satisfied that Interns felt part of a Multi-Disciplinary Team, however, it was noted that the Interns were occasionally omitted from key team based activity such as ward rounds.

- The Team noted that the Transfer of Tasks was happening in two areas, this being endoscopy and critical care areas, but this was not translated throughout the clinical site.
- UHK provided the Team with a comprehensive Bleep Policy as evidence of compliance with this Standard. However, this did not seem to be adhered to or implemented in all areas of the hospital.

v. The Team noted that although there is regular and scheduled formal education and training sessions provided for Interns, this was often prevented or interrupted due to a lack of bleep-free time and/or scheduled speakers failing to attend.

- Interns reported not receiving feedback on their performance and are therefore not learning, with the exception of three month or end of rotation assessment.
- There was no reported learning at handover.
- UHK provided the Team with the induction pack as documentary evidence of compliance with this Standard, however, the Team noted that there was no formal Intern specific induction or "Intern shadowing".

vi. The Team did not observe sufficient evidence that training was aligned to the Medical Council's Eight Domains of Good Professional Practice.

Compliance

- Although the clinical training site indicated in their self-evaluation that they were fully complying with this Standard, the Team found that the site was only partially complying as criteria **(ii), (iv), (v) and (vi)** are not being met. UHK should detail how they plan to address this Standard and submit their response to the Medical Council as part of the Hospital Groups Action and Implementation Plan, due 3 months following receipt of the Inspection Report.

Observation (s) & Recommendation (s)

The Team recommended:

- A review of 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 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 to take place prior to them commencing work, a large proportion of which should be Intern shadowing.
- In general, in the discussion with Interns, they spoke constructively about how their workload could be improved, such as improving working relationships with other disciplines, in particular Nursing.

Commendation (s)

- No commendations made.

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

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

No documentary evidence was provided under this Standard

- The Team was satisfied that Interns are supervised by an identified clinician at a senior level.
- The Interns highly commended the Intern Tutor, however, the Team noted the Intern Tutor's availability was limited due to clinical commitments. This was also acknowledged by the Intern Tutor.
- The Team noted that there was not always adequate supervision when Interns were on-call. Interns on occasion felt vulnerable and isolated with little support from their senior NCHD's and Consultants.

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. UHK should detail how they plan to address this Standard and submit their response to the Medical Council as part of the Hospital Groups Action and Implementation Plan, due 3 months following receipt of the Inspection Report.

Observation (s) & Recommendation (s)

The Team recommended:

- 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.
- Development of more focused educational links with the South Intern Network and Intern Network Coordinator
- UHK provided the Team with the induction pack as documentary evidence of compliance with this Standard. However, as part of this induction process, Interns should be formally introduced to their clinical supervisor.

Commendation (s)

- The Team highly commended the Intern Tutor Tom O'Higgins.

5. Assessment	**Level of compliance: PC**

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

No documentary evidence was provided under this Standard

- The Team was satisfied that Interns receive formal assessment at the end of their three-month rotation.
- The Team noted that many Interns do not receive sufficient feedback and of the feedback that is received, some Interns indicated that it was negative and not constructive.

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. The Team was concerned with the lack of feedback Interns reported to be receiving, and recommended that this issue be addressed and formalised.

Observation (s) & Recommendation (s)

- UHK provided the Team with a memo issued to each Consultant from Medical Manpower Management as documentary evidence of compliance with this Standard, outlining the requirements for NCHD work performance review and the enclosure of guidelines regarding the same.
- The Team recommended that 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.

Commendation (s)

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

6. Professionalism	**Level of compliance: NC**

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

No documentary evidence was provided under this Standard

i. The Team were concerned that there was no evidence that the training environment emphasises Professionalism and the development and maintenance of the relevant knowledge, skills, integrity, compassion, honesty, adherence to professional codes, respect for patients and their families, colleagues and self-care.

ii. Despite the fact that UHK provided documentary evidence of compliance with this Standard, the Team noted that Interns are aware of the Medical Council's Guide to Professional Conduct and Ethics for Registered Medical Practitioners, with training incorporating the Three Pillars of Professionalism from their undergraduate training, however, this was not being endorsed as part of their Intern training and was not a lived value.

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 not complying. UHK should detail how they plan to address this Standard and 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.

Observation (s) & Recommendation (s)

- The Team observed that the Intern community were frustrated, felt they had no forum to express their views or concerns and this led to an emotive discussion at times. The Team recommended the clinical site appoint a number of Intern representatives across all disciplines to partake in the NCHD committee and any other appropriate fora.

- 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 given from NCHDs throughout the visit, 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.

- The Guide to Professional Conduct and Ethics provides a framework for these issues and should be used for same.

Commendation (s)

- No commendations made.

7. Resources	**Level of compliance: PC**

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

No documentary evidence was provided under this Standard

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

ii. The Team did observe library and computer facilities. However, the Team noted these were shared with a large number of NCHD's and undergraduate medical students from UCC. UHK provided the Team with annual return data as documentary evidence of compliance with this Standard and indicated within the annual returns that there is a dedicated space for Interns. The Team noted this was not the case. The Interns identified poor access to Wi-Fi throughout the clinical site. The Team noted there was no access to catering facilities for food preparation and no personal storage facilities specifically for the Interns. The recreational rooms were not fit-for-purpose.

iii. The Team were concerned that there were no extra staff to cover holidays, sick leave or unexpected leave. Interns are regularly put under pressure to fill vacant slots themselves as additional work.

iv. The Team noted that Interns seem to be insufficiently aware of the critical incident reporting processes and their own responsibility in this regard. Interns were not clear as to who their mentor or who the appropriate "go to" persons were in order to raise ethical issues.

v. The Team was satisfied the clinical site has an Anti-Bullying Policy and access to Occupational Health.

Compliance

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

Observation (s) & Recommendation (s)

- The Team recommended that 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.

Commendation (s)

- The Team commended the management for identifying the need to carry out an audit on NCHD dignity at work as a follow up to findings conveyed in the Medical Council's Your Training Counts survey. The Team looks 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.

Compliance with Specialist Training Standards – University Hospital Kerry

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**

Documentary evidence of compliance with this Standard

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

- Agenda for Rota Committee meeting
- Clinical Director Appointment and profile
- Letter to Dr Liston from The Irish Committee on Higher Medical Training dated 07/12/16
- Educational Governance arrangements
- Educational Governance Map
- EMB Agenda 10/09/17
- Governance Structure
- Lead NCHD Job Specification
- Minutes of NCHD Committee meeting – May 2017
- Minutes of meeting held on 19/09/17
- NCHD Committee meeting agenda – May 2017
- RCPI Trainer application
- RCPI Training lead conference call
- Role of the Trainer 2016
- Rota Committee minutes

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

i. An organisational chart outlining the structures and roles associated with the learning environment was not available to the visiting Team. It was noted that the Clinical Director did present a number of slides containing some clarifications.

ii. The Team noted the presence of the NCHD committee with strong representation from the management Team, and representation from the NCHD Trainee community. Minutes of

three different NCHD meetings were provided by UHK as documentary evidence. It was not clear from these minutes how many of the Trainee community were in attendance. In addition, although actions were attributed, perhaps because of the recent nature of the commencement of the Committee, it was not clear what had changed or been done in response to key concerns raised.

iii. There are arrangements in place with postgraduate training bodies, and the Team was furnished with documentation outlining the nature of the relationship, the responsibilities and expectations. The Team also observed the presence of a recognised clinical supervisor for BST and HST in Medicine.

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)

- Considering the complexity of the delivery of education at the site, the visiting Team recommended that 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.

- The Team recommended 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.

Commendation (s)

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

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

Documentary evidence of compliance with this Standard

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

- Clinical Indemnity Scheme
- ID Validation from for Garda Vetting
- Letter to applicants
- NBV Vetting invitation
- Anaesthetic handover document
- Medicine handover document
- Obstetrics & Gynaecology handover document
- Paediatric handover
- NCHD Induction

- HSE SA Internet form
- Information System Access request form
- Millennium System Access request form
- Network Access request form
- NER portal notice to Interns
- NER portal notice to NCHD's
- FAQ Guide NER portal
- Memo to NCHD's re roll out of NER
- NER portal quick step user guide
- Online payslip registration form
- Pension related deduction employment declaration form
- Verification of service form 2014
- Contract list for new NCHD's
- NCHD contract 2010
- Professional appearance policy
- Risk manager presentation
- Signature bank form
- Staff ID & Parking permit
- Statutory declaration for new employees.

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

i. 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 given from NCHD's throughout the visit, it was noted that there was poor attendance at induction days.

ii. The Team noted from Management that there was presence of an electronic system for recording critical incident reporting, however, the Team noted that Trainees seem to be insufficiently aware of this reporting system and their associated responsibility. Trainees were not clear as to who their mentor or who the appropriate "go to" persons are to raise ethical issues.

iii. The Team was satisfied that the local clinical practice reinforces with Trainees the importance of communicating critical information to ensure continuity of care.

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:

- 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 placed 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 the same.

- NCHD's 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 NCHD's.

- Formal teaching should be incorporated into handover.

Commendation (s)

- The Paediatric Clinical Induction Programme which ensured that NCHD's 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.

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

Documentary evidence of compliance with this Standard

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

- Continuing Medical Education document.

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

i. The Team was satisfied that there is a named individual responsible and accountable for ensuring that the Medical Council's requirements are met.

ii. The Team were unclear as to whether there is a single individual representative for each postgraduate training body.

iii. The Team noted that the Hospital Groups organisational structure is under development and therefore the link between UHK and the HSE educational training function is also under development.

iv. The Team observed that there has been no major organisational change despite the opportunity to do so associated with the acquisition of the title 'University Hospital Kerry'.

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 noted that plans to develop the role of Associate Academic Officer are yet to be implemented.

- The Team recommended that the clinical site 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 and the Chief Academic Officer of the Group.

Commendation (s)

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

D. Induction arrangements for Trainees	**Level of compliance: PC**

Documentary evidence of compliance with this Standard

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

- Dignity at Work Policy
- Employee Assistance Programme email sent to NCHD's
- Good Information Practices training module email sent to NCHD's
- Basic NCHD guide
- Induction booklet
- Memo from Pathology Department re. training
- Medical safety leaflet
- NCHD handbook
- Obstetrics & Gynaecology induction
- Email in relation to salaries
- Induction attendance record
- Theatre information
- Induction to ED July 2017

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

i. UHK provided the Team with an induction programme and pack as documentary evidence of compliance to this Standard, however, the Team noted there was no overriding induction policy.

ii. The Team noted that the implementation of induction is sometimes problematic.

iii. The Team was satisfied that there is a health and safety induction available for all Trainees, however, the attendance records provided as documentary evidence indicated that it is not well attended or mandatory.

iv. There was evidence that programme specific / specialty-specific induction occurred in some specialities to prepare Trainees for the particulars of their forthcoming rotation, for example in Paediatrics.

v. The Team observed that the documentation provided at induction included both local and national policies however, when interviewing the NCHD's, they did not seem to be aware of the availability of the same.

vi. The Team found no evidence in either the documentation provided or during inspection, of the processes in place to ensure the efficient transition of Trainees between clinical sites.

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:

- 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.
- A programme similar to the Paediatric Clinical Induction Programme should be implemented for all new NCHD's.
- The clinical site in conjunction with the Hospital Group provide a process that facilitates the easy transition between clinical sites.

Commendation (s)

- The Team commended the Paediatric Clinical Induction Programme.

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

Documentary evidence of compliance with this Standard

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

- Anaesthetic roster
- Detailed SHO roster
- Medical teams document 09/10/17
- Medical teams document 10/07/17

- Obstetrics & Gynaecology team
- Paediatrics SHO duties
- Surgical teams 09/10/17-07/01/18

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

i –iv. The Team did observe a roster containing all suitable grades of NCHD's providing supervision of clinical practice. However, at times this cover was not always available due to the prioritisation of other clinical activity or incidences of unplanned leave.

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 noted that the Medical Manpower Manager had made efforts to provide locum cover and increased the numbers of NCHD's in an attempt to mitigate difficulties in accessing locum cover.

- There is a perception amongst Trainees that some senior clinical staff are not to be contacted unless in extreme emergencies. The Team recommended that senior clinical staff communicate their availability to Trainees, particularly at times of reduced staffing.

Commendation (s)

- No commendations made.

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

Documentary evidence of compliance with this Standard

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

- RCPI e-portfolio document
- DRG report 2017
- Role of the Trainer 2016

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

(i-ii) The Team saw evidence of a wide variety of clinical practice appropriate to the Trainees level and that Trainees received extensive opportunities for learning through participation in clinical practice.

Compliance

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

Observation (s) & Recommendation (s)

- No observations or recommendations.

Commendation (s)

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

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

Documentary evidence of compliance with this Standard

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

- Anaesthetics department leave plan
- ED Competencies
- Education map for site
- Intern teaching schedule and attendance
- Medical department education meeting agenda
- Medical leave plan July 2017
- Medical teaching schedule
- NCHD leave entitlements
- Surgical leave plan July 2017
- Undergraduate teaching certificate
- Wi-Fi poster
- Hospital infrastructure for teaching

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

i – ii. Trainees were generally afforded opportunities to attend formal educational and training. The Team note that where the sessions were not mandatory, in particular, in the Medical BST, that attendance was not always possible.

iii. The Team during their inspection observed episodes of informal training e.g. at the Medical Assessment Unit.

Compliance

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

Observation (s) & Recommendation (s)

- The Team recommended that notwithstanding the prioritisation of the clinical imperative, that the NCHD community and Trainers need more dedicated, bleep-free time for education and training.

Commendation (s)

- 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.

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

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

No documentary evidence was provided under this Standard

i – ii. The Team during inspection saw no evidence of protected training time in individual Trainer work schedules or of recognition of their significant role in specialist training.

iii. There was no evidence supplied of Train the Trainer activities at local level.

Compliance

- Although the clinical training site indicated in their self-evaluation that they were partially complying with this Standard, the Team found that the site, was in practice, not complying.

Observation (s) & Recommendation (s)

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

Commendation (s)

- No commendations made.

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

Documentary evidence of compliance with this Standard

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

- Clinical key user guide

- Dynamed plus booklet
- Library resources
- Document on library

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

i. The Team did observe library and computer facilities; however, these were shared with a large number of NCHD's and undergraduate medical students from UCC. The clinical site indicated in their annual returns that there is a dedicated space for Interns however, the Team noted this was not the case. The Trainees identified poor access to Wi-Fi throughout the clinical site and frequent IT failures. This makes accessing online training sites problematic.

ii. The Team noted that access to relevant and up to date literature was impeded by the absence of reliable online access.

Compliance

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

Observation (s) & Recommendation (s)

The Team recommended:

- 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.

Commendation (s)

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

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

Documentary evidence of compliance with this Standard

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

- Dignity at Work Policy
- Employee Assistance programme email sent to all NCHD's

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

i-ii. The Team saw evidence of a local Occupation Health facility, which was located in an area that ensured confidentiality. In addition, it was clear that NCHD's have received support from same.

iii. Although there was evidence of reasonable adjustment to support some training needs, the accessibility of rest areas for Trainees was a concern.

Compliance

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

Observation (s) & Recommendation (s)

- The Team recommended that there should be an increased awareness of the available resources offered by the Occupational Health Department.

Commendation (s)

- The Team commended the clinical training site for making available a local Occupational Health resource.
- The Team observed evidence of the availability of a mindfulness programme on site.

K. Access to resources to maintain close contact with parent training bodies	**Level of compliance: PC**

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

No documentary evidence was provided under this Standard

i. The Team noted that Trainees are facilitated in maintaining contact with their training body but this could be improved (see Standard I).

ii. The Team observed evidence that Trainees are aware of the primary point of contact for their training needs.

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 the clinical training site collaborates with UCC and postgraduate training bodies to enhance the availability of core training resources.

Commendation (s)

- No commendations made.

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

Documentary evidence of compliance with this Standard

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

- Code of Standards and behaviour
- Dignity at Work Policy
- Ethics programme outline 2016
- Guide to Professional Conduct and Ethics
- NCHD performance letter to consultant
- NCHD performance management counselling meeting

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

i-ii. The Medical Council's Guide to Professional Conduct and Ethics for Registered Medical Practitioners is referenced within the induction material provided by UHK as documentary evidence of compliance to this Standard. However, the Team noted that NCHD's do not seem to be aware of these guidelines other than through their primary degrees, and they do not appear to be aware of their integration into daily practice.

iii. The Team were made aware of unprofessional conduct at peer to peer level, Trainer to Trainee level, and in some inter-professional interactions.

iv. The Team were provided with evidence to suggest that there is an inadequate structure for dealing with poor professional conduct at a local level or for referral of concerns to the Medical Council.

Compliance

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

Observation (s) & Recommendation (s)

- The Team recommended that the clinical training site builds on the momentum of the dignity at work initiative and further recommended that this be expanded into an overarching clinical governance structure.

Commendation (s)

- No commendations made.

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

Documentary evidence of compliance with this Standard

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

- CompStat EWTD template
- Health and Safety Audit
- HIQA letter 2017
- HIQA letter 2016
- HSA document on legionella
- Safety Statement
- HIQA report 13/07/16
- HIQA report 15/06/17

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

i. The Team saw evidence of an unsafe physical environment in the off-site Doctor's Residence, in particular, the access to the rest room and the individual on-call rooms.

ii. The Team noted that the clinical training site provided rosters demonstrating EWTD compliance.

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)

- It was evident from interviewing NCHD's at all levels, that they frequently worked beyond their rostered hours but on most occasions did not claim for these hours and reported having difficulty being remunerated. UHK provides a protocol for how overtime can be ratified and claimed, however, that it was the frequent offered opinion of the NCHD community that they were actively discouraged from using this protocol.

- The Team recommended 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.

Commendation (s)

- No commendations made.

N. Specialty-specific supports	Level of compliance: FC

Documentary evidence of compliance with this Standard

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

- RCPI BST visit report dated 21/09/16
- RCPI visit report dated 22/01/16
- RCSI visit report dated 10/05/17

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

i-ii. The Team noted that UHK reviews the postgraduate training body reports after inspections and acts upon recommendations with particular references to specialty-specific requirements. The Team noted that UHK maintains dialogue with the training bodies.

Compliance

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

Observation (s) & Recommendation (s)

- No observations or recommendations made.

Commendation (s)

- No commendations made.

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

Documentary evidence of compliance with this Standard

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

- Anaesthetic roster
- Emergency medicine roster
- Hospital café document
- Hospital restaurant document
- Medical roster
- Obstetrics & Gynaecology roster
- On-call rooms document
- Orthopaedic roster
- Paediatrics roster
- Paediatrics rota 2017
- Surgical roster

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

i-ii. There was evidence provided of an appropriate on-call rota which is generally aligned to the level of the Trainees and generally appropriately supervised.

iii. The Team was satisfied that Trainees are scheduled to post-call leave.

iv. The Team noted that on-call accommodation is suboptimal (see Standard M **(i)**)

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)

- Although the schedule indicates that on-call duty rotas are planned, the Team recommended improvements in the on-call duty participation which overlaps with findings associated with other Standards. These findings include 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.

Commendation (s)

- No commendations made.

P. Support for assessment of Trainees	**Level of compliance: PC**

Documentary evidence of compliance with this Standard

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

- Anaesthetics department leave plan
- BST August 2017
- BST May 2017
- Consultant appraisal form for GP Trainee
- Medical leave plan July 2017
- Mentor Mentee spreadsheet July 2017
- Surgical leave plan July 2017

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

i. The Team received evidence of participation in assessment in line with training body requirements e.g. E-Portfolio.

ii. The Team noted that the lack of sufficient wireless Internet access on site presented a challenge in the completion of assessments in “real time”. This goes against the training body intentions of “real time” assessments.

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 were advised during the site visit that the clinical site had the capacity and case mix to host an MRCPI part 2 preparation course.

Commendation (s)

- Trainees commented that they had no difficulty in accessing Trainers for the purpose of the completion of assessments.
- The Team noted that UHK support and facilitate Trainees in study days in advance of key assessments.

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

Documentary evidence of compliance with this Standard

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

- Pip-tax to Ceftriaxone in Community Acquired respiratory infection document
- PO Antimicrobials – Summary audit findings
- Document on Appropriateness and Usefulness of GP referral letters to the ED
- Audit on Appropriateness and Usefulness of GP referral letters to the ED
- Presentation on CT head in trauma patients
- Early warning score audit August 2017
- MDT meeting document
- Document on CT in head trauma patients
- Presentation on Plain Film Radiographs

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

i. The Team noted the presence of Multi-Disciplinary Teams (MDT) but note that there was no evidence of the encouragement of Multi-Disciplinary Teamwork beyond MDT meetings.

ii. Although there were a number of Clinical Nurse Managers within UHK from whom Trainees receive expert tuition, it was not clear that there is active encouragement of collaboration between healthcare professionals.

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)

- 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.

Commendation (s)

- No commendations made.

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

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

No documentary evidence was provided under this Standard

i. The Team did not receive any evidence that Trainees are provided with an opportunity to provide feedback to Management on their training experience other than through the NCHD Committee.

ii. The Team did not receive any evidence that Trainee feedback was actively sought with a view to maintain and improve general standards for Trainees of all disciplines.

Compliance

- Although the clinical training site indicated in their self-evaluation that they were partially complying with this Standard, the Team found that the site was not complying.

Observation (s) & Recommendation (s)

- 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)

- No commendations made.

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