Regional Inspection of South/South West Hospital Group

Waterford 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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Medical Council

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 Waterford (UHW)

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 9 of 20 Interns at University Hospital Waterford.
- The Team was satisfied that the rotations planned and in progress comply with the requirement for both 3 months in Medicine and 3 months in Surgery.

Compliance

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

Observation (s) & Recommendation (s)

- No observations or recommendations made.

Commendation (s)

- No commendations made.

2. Accreditation	Level of compliance: FC

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

No documentary evidence was provided under this Standard

- The Team noted that UHW is affiliated with the Dublin North East Intern Network and the Royal College of Surgeons in Ireland.

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

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 made the following observations:

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

Commendation (s)

- No commendations made.

3. Content of training	Level of compliance: PC

Documentary evidence of compliance with this Standard

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

- Intern induction July 2017
- Intern induction micro 2017
- Intern induction programme presentation
- Intern rotations July 2017-2018
- Intern welcome presentation

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

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

ii. The vast majority of Interns were acting at the appropriate grade, however, after meeting with the Interns the Team had concerns with Interns taking consent in Cardiology.

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

iv. Although the Interns confirmed that they work as part of a Multi-Disciplinary Team, there were problems in relation to the implementation of the Transfer of Tasks at the clinical training site, for example, for phlebotomy and cannulation. These tasks should be performed by relevant members of the Multi-Disciplinary Team.

v. The Team noted although there are regular and scheduled formal education and training sessions provided for Interns, these are often prevented or interrupted due to no bleep-free time.

- The Team was concerned that there was no formal handover involving Interns.
- UHW provided the Team with an induction programme as documentary evidence as compliance with this Standard, however the Team noted that, for example, the Interns were unaware of Q-Pulse system or that they did not require a password for accessing the system. As a result, Interns were not aware of the UHW procedures in relation to incident reporting.
- The Team noted that Management were of the opinion that the Radiology PACS and the Q-Pulse systems were available to Interns.
- The balance of service to education is adversely affected by the shortage of Interns.

vi. The Team strongly believe that good professional practice should be an inherent part of the induction programme. There was no evidence presented to the Team that this was the case.

Compliance

- Although the clinical training site indicated in their self-evaluation that they were fully complying with this Standard, the Team found that the site was only partially complying based on the evidence considered under criteria **(ii), (iv), (v) and (vi)**. The Team were concerned with the issues identified under this Standard and recommended that these be addressed as soon as possible. UHW 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 noted that a total of 20 Interns is inadequate for a hospital of this size.

- The content of the current induction programme does not appear to be meeting the Interns needs. The Team recommended that 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 Groups Action and Implementation Plan, due 3 months following receipt of the Inspection Report.

The Team also recommended:

- 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.

- UHW should be more explicit about how medical Professionalism and the Eight Domains of Good Professional Practice are embedded at both induction and during subsequent training.

Commendation (s)

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

- The Team noted a positive working relationship within the clinical teams.

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

- Interns reported to be well supervised by an identified clinician at a senior level on the medical teams but less so on the surgical teams. The Team was informed that in Orthopaedics, the Interns were performing ward work without direct supervision.

- Reported suboptimal levels of rostered cover during out of hours, leaves Interns without adequate supervision, particularly when the second SHO has to leave the hospital site to facilitate patient transfer.

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 a review of rosters and improved staffing levels to ensure adequate supervision.

Commendation (s)

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

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.
- It was noted that the level of engagement with their supervisor / Trainer varied and could be improved and that it was not always the case that the supervisor / Trainer was personally engaged in the clinical assessment process.
- The Team noted the level of feedback reportedly received by the Interns was inconsistent.

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 in fact, partially complying.

Observation (s) & Recommendation (s)

The Team recommended:

- A meeting during the first week with supervisors / Trainers to outline to Intern training objectives.
- Feedback should be consistently given to all Interns following an assessment.

Commendation (s)

- No commendations made.

6. Professionalism	Level of compliance: PC

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

No documentary evidence was provided under this Standard

i. The Team were concerned that there was no documentary evidence that Professionalism was a component of Intern induction, nor was there evidence that the constituent parts of Professionalism were an ongoing feature of the Intern Training Programme.

ii. The Team noted that Interns did not seem to be aware of the Medical Council's Guide to Professional Conduct and Ethics for Registered Medical Practitioners, or of training incorporating the Three Pillars of Professionalism.

Compliance

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

Observation (s) & Recommendation (s)

Although there was no documentary evidence provided to support the component of Professionalism at Intern induction, the Team did accept that the Interns were training in an environment where Professionalism was exemplified by their clinical teachers.

The Team recommended:

- UHW to more explicitly identify to Interns during the Intern programme of tutorials and continuing education programme throughout the year, when and where formal education and training in Professionalism and Ethics is included.

Commendation (s)

- No commendations made.

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

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

No documentary evidence was provided under this Standard

i. The Team 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 rotation.

ii. The Team were impressed by the library facilities and by the welcome received from the Librarian.

- The Team inspected the Intern residence and observed that in general, the quarters were in poor decorative state. The Team noted UHW's commitment to have the quarters urgently refurbished.

- The Team noted that Legionella had been detected in the on-call shower facilities adjacent to the Intern residence five days prior to the inspection and that measures had been put in place prevent any further spreading or regrowth.

iii. The Team noted there was an inadequate number of Interns in place at this clinical training site for a University hospital. This resulted in a significant amount of un-rostered overtime hours. The Team was surprised to be informed that intervention was required from the Irish Medical Organisation (IMO) to expedite payment for overtime.

iv. It was noted that Interns seem to be insufficiently aware of the critical incident reporting processes and their responsibility regarding same. The Team also noted that Interns were not clear as to who their mentor or who the appropriate "go to" persons are to raise ethical issues or matters of concern.

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

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 Interns felt very undervalued by the HR department e.g. poor communications and a refusal to clarify payroll issues.

The Team recommended:

- That the residence should be urgently refurbished to an acceptable standard.
- An 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 accessing mentoring support.

Commendation (s)

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

Compliance with Specialist Training Standards – University Hospital Waterford

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

UHW provided the Team with the following documentary evidence of compliance with this standard:

- 2015 Guidelines for Annual reviews; Annual review report form A; Assessment guidelines for college tutors; Copy of Trainers; Copy of Training Programme leads; EMB Minutes dated 13/06/17; General Manager Job Spec; HbDCST Job Spec; Intern rotations; Letter to College Tutors dated 19/10/09; NCHD Committee meeting dated 26/09/17; Opth COG attendance; RCPI BST Region Programme Director Job Spec; Speciality Programme Director Job Spec; UHW Organogram version 3; UHW Organogram version 5.

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

i. Although UHW provided the Team with documentary evidence of the education organogram, the Team observed that there was no education lead in the hospital. It was unclear to the Team where the overarching responsibility lies for postgraduate medical education at the clinical training site.

ii. The Team noted there is currently no oversight committee present at UHW to support postgraduate training and education. There are no arrangements in place for speciality training programmes.

iii. The Team was satisfied that Trainees were happy with the content and quality of their training programmes.

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:

- Arrangements between the clinical training site and postgraduate training bodies are not transparent and are in need of clarification. This should be identified in the Action and Implementation Plan.

- 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.

Commendation (s)

- No commendations made.

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

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

Documentary evidence of compliance with this standard

UHW provided the Team with the following documentary evidence of compliance with this standard:

- Clinical Governance Minutes dated 03/03/17;
- Minutes of Clinical Governance meeting 24/06/14;

i. The Team was satisfied from the discussions at the meeting with Trainees that they clearly described their responsibilities, level of authority and lines of accountability, at both BST and HST levels.

ii. Trainees were poorly informed in relation to Q-Pulse, health and safety and critical incident reporting even though this had been mentioned at induction.

iii. Although UHW provided documentary evidence of the National Clinical Effectiveness Committees Communication (Clinical Handover) in acute and children hospital services from November 2015 and a local Medical Handover Policy, there was no evidence that formal patient handover is currently part of universal clinical practice at the hospital. This major deficiency impacts on medical education and training and on the health and safety of patients.

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:

- Continuous updating of staff to be provided on the abovementioned areas. The Team recommended that Trainees should be informed that all hospital policies and procedures are centrally located in the Q-Pulse system, access to such should be provided and Trainees should be continuously encouraged to use it. The Team also recommended 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.

Commendation (s)

- No commendations made.

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

Documentary evidence of compliance with this Standard

UHW provided the Team with the following documentary evidence of compliance with this standard:

- 2015 Guidelines for Annual review; BST review how to for Trainer; Accountability; Copy of RCSI Trainers; EAP Service; Evidence of lunch and learn; Faculty of Radiologists SpR Rules; Form A 2015-2016; Form B 2015-2016; General Manager Job Spec; Grand Rounds Rota Sept-Dec 2017; jt RCSI UHW Committee Agenda 20/02/17; jt RCSI Committee minutes 18/11/2016; Minutes of joint NCHD and Hospital Management meeting 30/11/15; National Medical Manpower meeting 14/09/17; QI conference programme 20/05/17; RCSI BST Regional Programme Director Job Spec; RCSI supports on UHW site; Recommendations for organisation of SpR leave in Radiology; UHW Library facilities; Understanding variation.

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

i – iv. These criterion would be the responsibility of an educational lead. At present the lines of communications and accountability between Trainers, Management and the postgraduate training bodies are unclear.

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 urgent appointment of an educational lead at the clinical training site would do much to enhance the accountability and organisation of training.

Commendation (s)

- No commendations made.

D. Induction arrangements for Trainees	Level of compliance: PC

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

Documentary evidence of compliance with this Standard

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

Intern Induction July 2017 –University Hospital Waterford; Intern Microbiology 2017; Intern Induction Programme presentation; Intern Rotations July 2017 – 2018; Intern Welcome

i – ii. UHW provided the Team with an induction programme and pack as documentary evidence of compliance with these criteria, however, the Team noted that the implementation of the programme content is insufficient.

iii. From the discussions with Trainees the Team noted that there was some deficiencies in relation to fire, health and safety, risk and critical incident reporting.

iv. In relation to the individual teams, the Team noted that some specialties reported satisfactory levels of experience with specialty-specific induction. This practice should become universal in the clinical training site.

v. The level of knowledge of national policies was suboptimal.

vi. The Team did not probe this criterion and did not have any concerns in this regard as the NER system is in place.

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 content of the current induction programme does not appear to be meeting Trainee needs. The Team recommended that 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.

The Team also recommended:

- The 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 the implementation of health and safety, national and local policies

Commendation (s)

- No commendations made.

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

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

No documentary evidence was provided under this Standard

i-iv. The Team was impressed with the level of supervision overall and noted that the supervision was appropriate to the Trainees level of development and individual requirements.

Compliance

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

Observation (s) & Recommendation (s)

- No observations or recommendations made.

Commendation (s)

- The Team commended supervisors for their commitment to the Trainees despite their heavy service commitments.

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

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

No documentary evidence was provided under this Standard

i-ii. The Team observed that a wide range of illness allows for excellent clinical experience and that the Trainees were very happy with their level of exposure. Service pressure can and does impact on access to formal education opportunities.

The Team noted in discussions with Trainers and Trainees that, although Trainees are not required to participate in clinical practice at a level above their competence, some opportunities for training are being lost due to the requirement to do educationally unproductive tasks e.g. ECG, Phlebotomy, Cannulation and First Dose Antibiotics.

Compliance

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

Observation (s) & Recommendation (s)

- The Team noted that the absence of Task Transfer could impact on maximising opportunities for training.

- The Team recommended, in line with contemporary best practice, that the Transfer of Tasks should be implemented throughout the clinical training in order to free up Trainee time for educational opportunities. UHW 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.

Commendation (s)

- No commendations made.

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

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

No documentary evidence was provided under this Standard

i – iii. Trainees are generally afforded opportunities to attend formal educational and training. The Trainees are very happy with the level of informal training they are receiving. However, the Team noted due to the level of service demand, Trainee participation was limited. The Team was also told that there was no protected, bleep-free training time. The Trainees advised that there was no formal handover policy across this clinical training site and this is a missed learning opportunity.

Compliance

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

Observation (s) & Recommendation (s)

- The Team noted that all Trainees are accommodated to attend external training days.

The Team recommended:

- 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.

Commendation (s)

- The Team commended clinical supervisors and Management for supporting GP Trainee attendance at external training sessions.

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

Documentary evidence of compliance with this Standard

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

- CME application and guidelines for 2017
- CME breakdown 2017
- Consultant training undertaken in 2017
- Leadership training for Trainers
- Opportunities for Trainers to train through protected time

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

i – iii. The Team noted that Trainers do not have protected training time. Service commitments impact on training time for both Trainers and Trainees.

Compliance

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

Observation (s) & Recommendation (s)

The Team recommended:

- Educational leads need to be appointed as soon as possible.

Commendation (s)

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

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

Documentary evidence of compliance with this Standard

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

- Copy of UHW PC Assignments
- Access to resources which support directed and undirected learning

- Library leaflet 2017
- Poster presentation QI Conference May 2017
- Room booking request form
- Screenshot of rooms available for Education and Training
- Screenshot of RCPI webpage Professional Competence tips
- Screenshot of RSI webpage Portfolio completion tips

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

i-ii. The Team noted excellent library and IT facilitates which were greatly appreciated by the Trainees. However, the Wi-Fi access received some criticism from Trainees and Trainers, as it can be patchy in some areas.

Compliance

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

Observation (s) & Recommendation (s)

- No observations or recommendations made.

Commendation (s)

- The Team commended the library staff and hospital Management on the excellent facilities provided to Trainees.

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

Documentary evidence of compliance with this Standard

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

- Employee Assistance programme
- Occupational health welcome letter
- Occupation health Information booklet
- Screenshot of Friday prayer booking

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

i – iii. The Team noted an adequate level of knowledge of local health supports.

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 acknowledged the Employee Assistance Programme and the Occupational Health Information Booklet provided by UHW as documentary evidence for compliance with this Standard.

- The Team recommended that these services should be promoted on a regular basis throughout the clinical training site.

Commendation (s)

- The Team were impressed with the level of support Trainees receive within their working environment. Trainees noted they would be comfortable escalating any potential issues with their Consultants.

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

Documentary evidence of compliance with this Standard

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

- IT assignments for NCHD's

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

i. The Team was satisfied that Trainees maintain close contact with their parent training body e.g. attending their external training sessions.

ii. The Team noted the arrangements, communications and lines of accountability between the postgraduate training bodies and the clinical training site need to be more manifest and clear cut.

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:

- UHW/Hospital Group should pursue the appointment of an Associate Academic Officer to coordinate postgraduate training.

Commendation (s)

- The Team commended the Management for the provision of video conferencing facilities and other educational aids to facilitate postgraduate education and training.

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

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

- Bookings for open disclosure training; Disciplinary procedures; Dress Policy; Ethics programme outlines 2016; FAQ's on Enduring Powers of Attorney; Final open disclosure evaluation; Guide to Professional Conduct and Ethics; IMC PPC procedures documents; Managing incidents assist me tool; Medical handover SOP 2017; National healthcare charter; Guidance for Medical On-call July 2017.

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

i. The Medical Council's Guide to Professional Conduct and Ethics for Registered Medical Practitioners are referenced within the material provided by UHW as documentary evidence of compliance with this Standard, however, the Team noted that NCHD' s do not seem aware of these guidelines or their integration into daily practice.

ii-iii. UHW provided the Team with documentary evidence of a number of policy and procedures in place in relation to good professional practice centred on patient safety and quality of care which includes risk, health and safety, maintenance of standards, critical incident reporting and handover. These policies need to be transferred into active practice with regular reminders and encouragement to staff.

iv. UHW provided documentary evidence of the Preliminary Proceeding Committee procedures available should they be required.

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:

- Explicit promotion of Professionalism at induction and throughout training.

Commendation (s)

- No commendations made.

M. Safe working environment	Level of compliance: PC

Documentary evidence of compliance with this Standard

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

- EWTD non-compliance forms
- Manual handling training programme
- Hospital Safety Statement 2017

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

i. The Team observed no evidence of an unsafe physical environment apart from issues in relation to the doctor's residence.

ii. The Team noted that until the staff requirements are revisited, the EWTD will continue to be an issue.

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 the absence of an onsite Health and Safety Officer.
- The Team noted the safety of the physical environment for Trainees at night is compromised by low staffing levels.

The Team recommended:

- The appointment of additional staff to facilitate continued EWTD compliance.
- The appointment of a Health and Safety Officer.

Commendation (s)

- No commendations made.

N. Specialty-specific supports	Level of compliance: PC

Documentary evidence of compliance with this Standard

UHW provided the Team with the following documentary evidence of compliance with this standard:

- Self-evaluation form

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

i-ii. The Team were not made aware of any major resource issues for individual specialties.

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 adequate resources be put in place to deal with the requirements of the postgraduate training bodies.

Commendation (s)

- No commendations made.

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

Documentary evidence of compliance with this Standard

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

- ENT on-call rota October 2017
- Medical NCHD on-call rota
- Self-evaluation form
- Surgical on-call rota
- Guidance for Medical on-call July 2017

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

i. From the documentation available to the Team, the on-call rotas seemed reasonable and the Trainees were happy with the on-call situation.

ii. The Trainees were very satisfied with the level of supervision when on-call and it was noted that Trainees have access to and support from Consultants. However, the Team found that Trainees were over-worked in particular when on-call in the Emergency Department. If an SHO was required to accompanying patients being transferred to another site, this left only one SHO and Registrar to cover wards and the Emergency Department at night. This presents a patient safety concern, in addition to concerns about the welfare of Trainees.

iii. The Trainees had no concerns about post-call leave. However the Team were informed of issues experienced regarding payment of overtime and the need for Trainees to sort out gaps in rosters themselves. The Trainees gave an example of Medical Manpower requirements with a tight deadline for overtime submission which was impossible to meet. The Trainees felt this was unreasonable. The Team were also informed that not all Trainees

have HSE email addresses and cannot send/receive emails to Medical Manpower at weekends.

iv. On inspecting the residence on-call rooms, the Team found that they were generally in a poor decorative state. The Team noted UHW's commitment to have the on-call residence urgently refurbished.

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 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.
- 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.

Commendation (s)

- No commendations made.

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

Documentary evidence of compliance with this standard

UHW provided the Team with the following documentary evidence of compliance with this standard:

- Letter to BST SHO's regarding review
- Self-evaluation form
- Sample Intern assessment

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

(i-ii) The Team noted that Trainees are satisfied with the validity of the assessment process and with subsequent feedback provided through their training bodies.

Compliance

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

Observation (s) & Recommendation (s)

- No observations or recommendations made.

Commendation (s)

- The Team commended the Trainers for their engagement in the assessment process.

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

Documentary evidence of compliance with this Standard

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

- MDT Schedule
- Self-evaluation form

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

i. The Team noted that UHW provides opportunities for Multi-Disciplinary Teamwork (MDT). There was evidence that specialty teams are striving to achieve participation in MDT. The Team also noted that there were problems in implementing the Transfer of Tasks at the clinical training site, for example, for phlebotomy and cannulation. These tasks should be performed by relevant members of the Multi-Disciplinary Team.

ii. Trainees expressed satisfaction with the level and quality of communications, interactions, and mutual support across the specialties.

Compliance

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

Observation (s) & Recommendation (s)

- The Team recommended in line with contemporary best practice, that the Transfer of Tasks should be implemented throughout the hospital.

Commendation (s)

- No commendations made.

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

Documentary evidence of compliance with this Standard

UHW provided the Team with the following documentary evidence of compliance with this standard:

- HR resignation form
- Additional information for resignation
- Self-evaluation form

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

i. The Team noted that Trainees expressed difficulties in approaching hospital Management. Subsequently, issues were discussed with their Consultant.

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

- 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 Trainees would welcome the opportunity to provide feedback to Management in a structured way and the Team recommended that hospital Management accept this suggestion.

Commendation (s)

- No commendations made.

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