Comhairle na nDochtúirí Leighis
Medical Council

Children's Health Ireland Visit

2025

Contents

Introduction

About the Medical Council

The Medical Council is the statutory regulatory body for doctors in the Republic of Ireland, responsible for protecting the public by promoting the highest standards in medical education, training, professional competence, and conduct.

It maintains the Register of Medical Practitioners, listing all doctors legally permitted to practice medicine in Ireland. The Medical Council sets and monitors standards for medical education and training and supports lifelong learning through its professional competence requirements. It also promotes good medical practice and provides a formal process for the public to make complaints about doctors.

The Council comprises of 25 members, with a majority of non-medical representatives - 13 non-medical and 12 medical members- ensuring a balanced and transparent approach to regulation.

Medical Councils Regulatory Remit

The Medical Council is the statutory body responsible for regulating doctors in the Republic of Ireland and maintains the Register of Medical Practitioners. Its core mandate is to protect the public by promoting and ensuring high standards of professional conduct, education, training, and competence among doctors. The Medical Council also handles complaints made against a doctor.

Medical Education & Training

The Medical Councils regulatory functions are defined under the Medical Practitioners Act 2007 (as amended). In relation to medical education and training, this primarily involves setting and monitoring standards across undergraduate, intern, and postgraduate stages of professional development[1]. This includes the approval of medical education programmes leading to the award of a basic medical degree, specialist training programmes, and the medical schools and postgraduate training bodies which deliver those programmes.

The Medical Council also conducts inspections of clinical training sites that host approved intern and specialist training posts. These inspections are intended to assess compliance with the Medical Council's standards and guidelines for clinical training and experience. The standards define the level of quality required to ensure that training environments effectively support the delivery of education and training at both intern and specialist levels.

Where necessary, the Medical Council is required to issue recommendations to site management to address areas needing improvement, to maintain or enhance compliance with its education and training standards. The Medical Council may, following prior consultation with the Minister for Health, the Health Service Executive (HSE), and the management of a clinical training site - having regard to the views expressed during that consultation, remove approval from the site for the purposes of intern and/or specialist training, where it determines that the Council's guidelines or standards are no longer being adhered to[2].

Collaborative Effort

Ensuring the quality of medical education and training in Ireland is a collaborative effort between the various bodies responsible for quality assurance, quality management, and quality control. An overview of which is outlined below.

- **Quality Assurance:** The Medical Council is responsible for setting standards, objectively and independently assessing quality, and taking action if standards are not met.

- **Quality Management:** The Education and Training Bodies are responsible for ensuring that the design and delivery of medical education and training meet the defined standards.

- **Quality Control:** Clinical sites are responsible for ensuring that the education and training experience of the students and trainees in the workplace meets defined standards.

[1] Part 10 of the Medical Practitioners Act 2007 as amended (MPA 2007)
[2] Sections 88(3)(g) and 88(4)(g) of the MPA 2007

Executive Summary

On 24–25 September, the Medical Council conducted an inspection of Children's Health Ireland (CHI) sites to assess compliance with both the Intern and Specialist standards. Several standards were found to be fully compliant. Areas of partial or non-compliance are detailed in the accompanying report; CHI will be issued recommendations to address these findings.

The two-day inspection highlighted the commitment of doctors at all levels to deliver high-quality patient care, often in the face of challenges related to inadequate Human Resources (HR) and Information Communication Technology (ICT) resources. Consultant trainers were reported to be consistently available to Non-Consultant Hospital Doctors (NCHDs), with trainees reporting confidence in seeking support during on-call hours. Consultants frequently attended the hospitals out-of-hours to uphold patient safety and maintain high standards of care.

Training opportunity access was positively found to be mostly equitable across both training scheme and non-training scheme doctors, with positive feedback on collaboration and access to learning. The provision of study days- balancing service delivery with access to educational opportunities- proved challenging, particularly in paediatrics, where seasonal surges during winter months can place additional strain on resources and opportunities for training. Despite some site-specific issues raised, the overall culture across CHI was described as supportive and collegial by most.

Patient safety concerns were raised primarily as a result of operational inefficiencies such as HR and ICT. Significant HR-related issues were consistently identified across all three sites, including failure to issue or a delay in issuing contracts, lack of ID badges, significantly delayed salary payment and payroll discrepancies, issues with provision of appropriate leave cover, and incorrect rota staffing lists. These problems affected doctors at all levels and were compounded by an ineffective HR portal system introduced in recent years.

ICT systems were also found to hinder clinical service delivery with potential patient safety implications. Doctors reported on numerous occasions requiring multiple logins to complete routine tasks such as checking the results of investigations and completing discharge letters. The Evolve ICT system lacked adequate administrative support for scanning and organising patient records chronologically, making file retrieval difficult and unnecessarily time consuming. Doctors frequently reported records being filed under 'Legacy,' with no efficient way to access the most recent documentation. While management recognised the need for a single sign-on solution, implementation is contingent on the transition to the new hospital site.

This report outlines the key findings from the inspection, addresses concerns raised during the visit, and highlights areas of good practice. Recommendations have been assigned timelines to support prioritisation and follow-up.

Purpose of the Visit

The Medical Council Assessor Team inspected three clinical training sites within the Children's Health Ireland Group (CHI) on 24-25 September 2025. The visit was initiated due to significant concerns having recently been brought to the Medical Councils attention from multiple sources in relation to the findings of an internal examination by CHI in 2021/2022. A senior representative of the Medical Council met with CHI's senior leadership, during which an invitation for this visit was discussed.

The concerns escalated included bullying and culture, governance and leadership, and waiting list management. The report indicated these issues were negatively impacting the trainee experience. The Medical Council wanted to seek assurance that the quality of medical education and training, the trainee experience and trainee wellbeing, across the three CHI sites are not adversely affected by the concerns raised and subsequently potentially impacting patient safety.

Based on the findings from the inspection, the Assessor Team is required to submit a report outlining the recommendations for improvement to the Medical Council's Education and Training Committee (ETC). This report will be shared with the Council and other relevant stakeholders, where deemed appropriate.

Assessor Team & Approach

Assessor Team

Mr Graham Knowles (Assessor, ETC Member, and Chair of Assessor Team)
Prof. Hisham Khalil (Assessor for the Medical Council)
Dr Julia Hynes (Assessor for the Medical Council)
Dr Andrew Gilliland (Assessor for the Medical Council)
Mr Paul Byrne (Executive Director – Regulatory Operations & Support Services)
Ms Denise Carroll (Head of Professional Development)
Ms Zoë Trevaskis (Head of Postgraduate and Professional Competence Programmes)
Ms Debbie Chappat (Head of Undergraduate, Intern Programme & Clinical Learning Environments)
Ms Aoise O'Reilly (Professional Development Manager, Undergraduate)
Mr Cormac Glynn (Professional Development Executive, Intern Programme and Clinical Learning Environments)

Approach

Stage 1: Desk Review of Documentation and Self Evaluation Form

CHI representatives were asked to complete a self-evaluation form based on the Medical Council's intern and specialist training standards. Surveys were sent to trainers, trainees and interns on all three sites. The standards for intern and trainee education and training are listed below.

- 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 team reviewed the self-evaluation form along with all supporting documentation. Trainer and Trainee & Intern surveys were also analysed. Following review of the above, a targeted line of questioning was developed to guide the on-site inspection process.

Stage 2: On-Site Visits

On-site inspections were conducted on 24 – 25 September 2025 at three CHI locations: Tallaght, Temple Street, and Crumlin. CHI at Connolly was not included, as no permanent trainees were placed there at the time of the inspection. However, trainees rotating to CHI at Connolly were invited to participate in trainee meetings held at the other sites.

The site visits included focused discussions between the Assessor Team and trainers, interns, NCHDs enrolled in specialist training programmes, non-training scheme NCHDs, and CHI management & HR. These meetings were conducted to triangulate the quality of medical education, training and trainee experience across the three CHI sites.

Stage 3: Report and Findings

The report is compiled based on insight and intelligence gathered through documentary evidence submitted and through in-person meetings with trainers, interns, NCHDs enrolled in specialist training programmes, non-training scheme NCHDs, and CHI Management & HR.

In assessing the quality of medical education and training at CHI sites, the Medical Council utilises the intern and specialist training standards to determine levels of compliance. Each standard is assigned a compliance rating to reflect the extent to which a particular standard is being met. Where a partial or non-compliance rating is applied a recommendation for improvement is made to support /guide sites to progress towards full compliance.

The Report documents areas of good practice, identifies any gaps and lists recommendations per sites and gives the overall recommendation on approval status for a site to deliver medical education and training.

Compliance Ratings

Compliance levels are as follows:

- → **Full compliance (FC)** – All requirements of a standard are adhered to.
- → **Partial compliance (PC)** – Not all requirements of a standard are adhered to.
- → **Non-compliance (NC)** – No requirements of a standard are adhered to.

Intern training

The Medical Council has seven intern training standards under the following headings:

1. Rotations
2. Accreditation
3. Content of training
4. Supervision
5. Assessment
6. Professionalism
7. Resources

Table 1 presented below presents compliance ratings in CHI at Temple Street against the seven intern training standards:

Intern Training Standard	Temple Street Children's University Hospital
1. Rotations	
2. Accreditation	
3. Content of training	
4. Supervision	

5. Assessment	
6. Professionalism	
7. Resources	

There are currently two interns in training at CHI at Temple Street. There is one intern at CHI at Tallaght. There are no interns placed at CHI at Crumlin. This is the normal allocation for interns to CHI at Temple Street, CHI at Tallaght and CHI at Crumlin. The assessor team were satisfied with the training provided to interns at CHI at Temple Street. All seven intern standards were deemed to be fully compliant; therefore, recommendations have not been issued for intern training in CHI at Temple Street. The recommendation is that CHI at Temple Street continue to be approved as a site for intern training.

Specialist training

The Medical Council has 18 standards for clinical sites supporting the delivery of specialist training under the following headings:

- **A.** Clarity of educational governance arrangements
- **B.** Clarity of clinical governance arrangements
- **C.** Accountability
- **D.** Induction arrangements for trainees
- **E.** Clear supervisory arrangements for trainees
- **F.** Opportunities for training through clinical practice
- **G.** Access to formal and informal education and training for trainees
- **H.** Opportunities for trainers to train through protected training time
- **I.** Access to resources to support directed and self-directed learning
- **J.** Access to pastoral and health supports for trainees
- **K.** Access to resources to maintain close contact with parent training bodies
- **L.** Promotion of Medical Council guidance on professionalism, including promotion of current ethical guidance
- **M.** Safe working environment
- **N.** Speciality-specific supports
- **O.** Participation in on-call duty rota
- **P.** Support for the assessment of trainees
- **Q.** Opportunities for multi-disciplinary teamwork
- **R.** Opportunities for trainees to provide feedback to the employing authority

Table 2: Compliance ratings across the specialist training sites in the Children's Hospital Group

Specialist Training Standard	National Children's Hospital Tallaght	Temple Street Children's University Hospital	Our Lady's Children's Hospital Crumlin	Overall, CHI Hospital Group Compliance Level
A. Clarity of educational governance arrangements				
B. Clarity of clinical governance arrangements				
C. Accountability				

D. Induction arrangements for trainees				
E. Clear supervisory arrangements for trainees				
F. Opportunities for training through clinical practice for trainees				
G. Access to formal and informal education and training for trainees				
H. Opportunities for trainers to train through protected training time				
I. Access to resources which support directed and self-directed learning				
J. Access to pastoral and health supports for trainees				
K. Access to resources to maintain close contact with parent training bodies				
L. Promotion of Medical Council guidance on professionalism, including promotion of current ethical guidance				
M. Safe working environment				
N. Specialty-specific supports				
O. Participation in on-call duty rota				
P. Support for assessment of trainees				
Q. Opportunities for multi-disciplinary teamwork				
R. Opportunities for trainees to provide feedback to employing authority				

During the visit, multiple standards were assessed as being fully compliant as indicated in the above table. Several areas (n-12) were deemed partially complaint with 2 deemed non-compliant. An overview of gaps identified consistent across all three sites, site specific and recommendations issued is captured below.

Overall Findings – Consistent Across All Three CHI Sites

Throughout the visit, trainers and trainees across all three sites provided feedback across various aspects of their work. Overall, Trainees were positive about their training experience, including their ability to get their required assessments completed by their trainer. Trainees were also clear about the supervisory arrangements in place during their rotations. Trainees were mostly positive about the opportunities for training through clinical practice.

Areas for improvement were identified through discussions with trainers, trainees and management. Key findings consistent across all three CHI sites the assessor team visited, are summarised below.

Human Resources

Human Resources (HR) management emerged as a significant and consistent source of frustration for staff across all the three CHI sites. This issue was universally acknowledged as having a negative impact on the working environment, trainee experience and potentially patient safety.

Numerous examples were cited of doctors not receiving ID badges in a timely manner, further complicating their ability to work effectively. Trainees and trainers consistently reported difficulty in obtaining responses from HR, with concerns confirmed from multiple sources.

Doctors reported needing to resolve HR issues during working hours, detracting from patient care and contributing to a sense of being undervalued due to poor communication and lack of support. Ineffective HR systems have also led to a significant backlog of unresolved issues, often requiring repeated follow-up and further compounding the significantly delayed or non-response issues from HR. These delays and inefficiencies were reported to have potential implications for patient safety.

The current system relies on a ticketing platform, which has proven ineffective due to a significant backlog, and staff need log ins to access the system. In many cases, tickets were automatically closed due to response time expiry, and direct emails to HR went unanswered, as all queries must now be re-submitted through the ticketing system.

Staff reported prolonged delays in receiving interview outcomes, employment contracts (weeks and months post commencement), and placement on correct pay scales. In some cases, doctors were not paid for up to three months following their commencement. Trainees and trainers consistently identified the lack of timely, if any, HR responses. This was a significant, unnecessary, and ongoing concern.

Instances were reported where NCHDs were assigned to incorrect departments; where the incorrect doctor was appointed to post; and some commenced employment without a contract in place.

These issues have led to considerable distress amongst doctors with some choosing to leave CHI for other opportunities. If International medical graduates experience these issues it could cause heightened anxiety and stress due to potential delays in contracts being issued, which may impact visa and work permit processes. The transition from site-based HR offices to a centralised HR function located at the International Financial Services Centre (IFSC) has appeared to exacerbate the problem. Previously, staff could access on-site HR personnel for support.

Trainers noted that the first point of engagement for doctors with CHI is through HR. The current experience risks creating a perception of poor professionalism and organisational inefficiency. Management acknowledged that the intense focus on CHI's capital development projects may have diverted attention from workforce and operational priorities, impacting staff morale and retention.

HR management across CHI sites needs immediate attention and a plan must be put in place and actioned to address widespread operational inefficiencies, poor communication, and potential patient safety issues. These persistent HR inadequacies are not only affecting staff wellbeing but are also disrupting clinical workflows and posing a potential risk to patient safety. It must be addressed as an immediate priority.

Information and Communication Technology (ICT)

Another significant issue repeatedly highlighted by doctors of all levels was poor access to ICT systems, including the HR portal. Staff have reported that they could not access systems to retrieve patient data (iLab, radiology, Evolve, clinic letters etc), with some doctors having to borrow colleagues login details for access - presenting potential data protection and patient safety concerns.

Doctors across all grades voiced significant frustration over the need to use up to six separate passwords for different systems. In one instance multiple logins and systems are required just to create and send one discharge letter. This inefficiency contributed to a substantial backlog in issuing of discharge letters. The inability to generate or transmit these letters due to ICT system issues poses a serious patient safety risk - particularly for cases requiring follow-up actions, such as communication with GPs. Additionally, some clinicians reported needing four different usernames and passwords to access clinical results, which introduces clinical risk and potentially complicates timely decision-making.

There were examples where NCHDs were not issued IT passwords in a timely manner, forcing them to use the passwords of their colleagues to access patient data and order relevant investigations. There was an example where a doctor received their login in mid-September after commencing at CHI in July.

At CHI Tallaght, staff raised concerns regarding email access, noting that some doctors do not have CHI issued email addresses. This creates communication gaps, as important messages sent to all CHI doctors may not reach those without a CHI email. Furthermore, the absence of a CHI email prevents affected doctors from accessing the HR portal, which requires a CHI email for login, limiting their ability to engage with essential HR services.

Staff at CHI Tallaght highlighted that the Evolve system is not in use at their site, meaning they cannot access patient records stored within it. Additionally, doctors do not have access to the iLab system, which holds laboratory results. As a result, they must rely on phone calls to obtain blood test results, introducing the risk of miscommunication or mishearing critical information thus posing a potential patient safety concern.

Overall, staff highlighted operational inefficiencies with potential patient safety implications due to ICT access issues where multiple logins are required for various systems coupled with and restricted access to key clinical platforms (Evolve). These challenges affected doctors at all levels, from consultants to NCHDs, and contributed to delays in care and communication. While CHI Connolly has implemented a single sign-on system to streamline access,

management confirmed that extending this solution to other sites is not currently realistic due to budget limitations and will only be possible following the move to the new hospital.

Incident Reporting

There were mixed experiences reported regarding incident reporting. While Consultants, Trainees, and Non-Training Scheme NCHDs were generally familiar with the National Incident Management System (NIMS), not all doctors were aware of the policies surrounding Open Disclosure or knew where to access them.

Consultants appeared to be familiar with the process but expressed frustration at the lack of feedback or outcome notification following the submission of an incident report.

Trainees demonstrated awareness of the incident reporting process, including the reporting of near misses. However, both trainees and trainers across all three sites noted the absence of a closed-loop feedback mechanism and the opportunities for lessons learned. It was noted by senior staff, that in many cases Trainees have rotated out by the time the lesson learned opportunities present themselves but trainees in current rotations would benefit. Doctors reported that once an incident is submitted, there is often no follow-up or communication, with many describing the report as disappearing into the "ether". Some trainees also expressed concerns about the time required to complete the reporting forms, stating that the process is too lengthy and difficult to fit into their busy schedules.

NCHDs enrolled in training schemes are generally aware of the requirements for incident reporting. However, the experience of non-training scheme NCHDs is different. While they understand that incidents should be reported, some expressed reluctance to do so, due to concerns about potential negative impacts on their career progression. This fear is rooted in the belief that submitting a report could influence future job opportunities or relationships with senior colleagues. Some NCHDs reported being warned about consultants who may have influence over career decisions. Additionally, there is hesitation to report incidents involving others, as they worry it could harm the career of the individual being reported which makes them hesitant to report. The wellbeing of all staff involved in the incident reporting process must be considered and supported by management at all levels with support mechanisms put in place and timely feedback.

Overall, doctors were generally familiar with incident reporting systems like the National Incident Management System (NIMS), but many lacked awareness of Open Disclosure policies and where to access them. A consistent concern across all grades was the absence of feedback after submitting reports, leading to frustration and disengagement, and an absence of lessons learned for doctors. Fear of career repercussions, particularly among non-training scheme NCHDs, further discouraged reporting, highlighting the urgent need for clearer, safer, and more supportive, trusted reporting pathways.

Culture and Professional Behaviours

Despite the challenges faced, the dedication, enthusiasm, and professionalism of clinical staff were consistently evident. Overall, a supportive and collegial culture was observed across the clinical sites. Several doctors across several meetings noted that the atmosphere in paediatric hospitals tends to be more collegial compared to adult hospitals, given the nature of the work. Non-training scheme NCHDs mostly reported a positive working environment where their voices are heard.

NCHDs identified their trainer as the primary point of contact when facing issues. However, many were unaware of any formal process beyond their trainer for raising concerns. In situations where the trainer was perceived to be the source of inappropriate or unprofessional behaviour, NCHDs often chose to "wait it out" until the end of their rotation rather than pursue the matter. While the CHI Dignity at Work Policy outlines formal pathways for raising complaints, this was not commonly referenced or recognised by NCHDs as an available option.

Doctors, largely, appear to be aware of the Employee Assistance Programme (EAP) and the 'Near to Peer' support services. NCHDs also recognised the presence of positive sub-cultures within CHI. However, there was a shared understanding, like other sites, that organisational culture tends to be shaped from the top down. When consultants have strong working relationships and feel supported, this positive dynamic often extends to NCHDs. The overall atmosphere and level of trust reported varied across wards and teams, with some environments perceived as more supportive than others.

It was however evident, that some historic cases of unprofessional behaviour raised to senior management were not appropriately addressed, and the mishandling of these cases continues to cause distress amongst staff. While this appears to be the 'exception rather than the rule', one site in particular showed some evidence of ongoing bullying and harassment involving staff. There was a perception that when complaints related to bullying or harassment were made, little or no action was taken. Delays in providing feedback to staff who raised complaints have caused unnecessary distress and undermined confidence in the escalation process.

Some doctors also described a pattern of "waiting it out," choosing not to report concerns and instead enduring the situation until their rotation ended, hoping the issue would resolve itself through staffing changes. It was noted with the move to a single hospital site; doctors will no longer have the option to move hospital if there is a clash of personalities or difficulties among staff.

This reflects a lack of confidence in the existing mechanisms for raising and resolving complaints, and highlights the need for clearer, timelier, and trusted pathways for addressing professional conduct concerns. The wellbeing of all staff involved in a complaint process must be at the forefront of complaint management at all levels, and support check ins and mechanisms must be put in place with timely feedback given throughout the process.

At one site, within a specific department, doctors noted a marked improvement in relationships between consultants. Previously, the culture had tolerated toxic behaviours, including consultants shouting at one another in front of colleagues. However, as new staff joined, this behaviour gradually diminished and is no longer tolerated. Consultants noted it has taken a significant time to recover from the toxic culture.

Across the various conversations with staff, it was evident that there is no clearly defined process for raising concerns outside of engaging with their direct line manager who, in many cases, is the consultant trainer. There was uncertainty around how concerns involving senior management are addressed. When the issue relates to a trainer, it appears that responsibility for resolution falls to the Postgraduate Training Body (PGTB). Additionally, in cases of unprofessional behaviour, it was unclear whether there is a formal pathway for escalating concerns to the Medical Council, at the CHI site level or at the level of the individual doctor.

Overall, staff across the CHI sites demonstrated professionalism and a largely supportive learning culture. However, concerns remain around unclear and inconsistent pathways for

raising issues of unprofessional behaviour, especially when involving trainers or senior staff. Fear of career repercussions and lack of feedback have led some doctors to avoid reporting altogether. As CHI transitions to a single site, establishing transparent, trusted, fair, and timely complaint processes will be essential to maintain trust in the process, protect staff wellbeing and maintain a positive working environment.

Governance Arrangements

As part of the self-evaluation form submitted prior to the visit, CHI were asked about governance arrangements and risk management. Whilst there are multiple Postgraduate Training Bodies (PGTBs) on site across all three CHI sites, there was a lack of clear governance arrangements between the PGTBs and each site. As part of the self-evaluation submission, a Memorandum of Understanding (MoU) was provided as evidence between the Royal College of Physicians of Ireland (RCPI) and CHI. No other such MoU documents were provided for the other PGTBs.

As part of its self-evaluation, CHI noted the presence of a Quality, Safety & Risk Management department, which interns are introduced to during induction. A risk register was requested for Education and Training at CHI, prior to the visit It was not provided as there is no risk register for Education and Training at CHI. During the management meeting, CHI outlined its risk management structure, including a Director of Quality Risk Management and QPS partners within each Directorate. Weekly safety meetings are held to review incidents, with unresolved issues escalated to the risk register. CHI has transitioned from site-based to Directorate-level registers, with further escalation to the corporate register or Health Service Executive (HSE) if needed. Management acknowledged the need to improve risk register processes and are currently adopting the HSE risk template to support this work.

Protected Time

Multiple examples were raised of NCHDs being supported well by their supervising consultants and given opportunities for development across sites. This was corroborated by trainers across sites who endeavoured to support all NCHDs, including those not affiliated to a formal training scheme. Trainers are supportive of NCHDs attending teaching and study days. Trainers encourage NCHDs to attend however they noted clinical work still needs to be completed. Trainees may miss teaching and study days as the requirement for service provision is more pressing than attendance at teaching. It was also noted that some sessions were missed because trainees opted to attend complex or indicative cases that may be relevant to their training curriculum.

It was noted that teaching such as Grand Rounds and Journal Club take place during lunch time to facilitate NCHDs being able to attend the weekly sessions. If sessions were to happen outside of lunch hours, NCHDs may have difficulty in attending due to clinical commitments.

Trainers raised concerns about the lack of formally protected time in their job plans for teaching and supervising NCHDs, with job plans focused primarily on clinical duties. This issue is compounded by the fact that locum consultants, who make up a significant portion of staff in some areas, cannot sign off on trainee assessments, further impacting training quality.

Feedback

CHI informed the Medical Council that it had ceased issuing its own formal feedback surveys to NCHDs and were dependent on the National Doctors Training and Planning (NDTP) survey. CHI

in its self-evaluation stated it is planning to reintroduce specific feedback surveys for the NCHD workforce imminently.

The criteria for specialist training requires trainees to be given the opportunity to provide feedback on their training experience to the management of their training site. This feedback should be actively sought and encouraged with a view to maintaining and improving general standards for trainees of all specialties.

Induction

It was apparent there is a structured induction process for all NCHDs across all three sites. However, specialty specific induction appeared to be ad-hoc. It is a requirement of the Specialty Training criteria that a programme-specific/ specialty-specific induction be given to all trainees when commencing on a rotation. At present, specialty-specific induction is not provided for all specialties. Furthermore, it is not clear if there is an induction policy in existence for trainees, nor a process to monitor implementation of any policy. It would be beneficial for CHI to consider providing International Medical Graduates (IMGs) with a bespoke induction including training sessions in Medical Ethics, Irish Medical Law, Professional Standards and Guidelines as outlined by the Irish Medical Council.

CHI policies appear to be site specific rather than CHI related. This increases duplication of documentation provided to NCHDs. There is a feeling among both trainers and trainees that some documentation is provided by email outside of the induction process as a 'tick box' exercise to ensure management can say the policies were provided. When documents are provided via email, they need to be read in their own time, however doctors are unable to access emails, and therefore the policies, outside of work. Management acknowledged the work to be done on streamlining CHI policies. This is underway and there are currently 951 policies – this is a reduction from the previous 6000+.

Furthermore, there was a lack of consistency in Open Disclosure Policy review/ training at induction. Some NCHDs received training in the HSE open disclosure policy but it was noted by some that no policy was provided to them at induction. Specific attention needs to be given to how the Open Disclosure and Children's First legislation is relayed to NCHDs commencing in any of the CHI sites.

It was heard how IMGs were supported through the 'Gentle Landing' programme at CHI at Crumlin. A specific induction was provided to these doctors to help prepare them for life in Ireland and working in an Irish hospital. The Gentle Landing programme was very positively spoken about and regarded by those that attended. Consideration to be given for the Gentle Landing to be made available to IMGs across all sites. Furthermore, ensure IMGs have exposure to/ training on Medical Council's Ethical guide, and other legislation relevant to the Irish context, in order to place IMGs on an equal footing with doctors who attended and graduated from a medical school in Ireland.

Wellbeing and Pastoral Supports

There are wellbeing and pastoral supports available to doctors across the three CHI sites such as Employee Assistance Programme (EAP) and 'Near to Peer' Support. Access to the EAP across sites appears to be varied. There were incidences heard of doctors being unable to access EAP due to a waiting list. The Near to Peer programme is a peer support system which involves volunteers providing assistance to their colleagues. Difficulties in lining up calendars for Near to Peer support to work can be difficult, however doctors (both trainers and trainees) appear to feel this system works well.

Doctors have access to Occupational Health across the CHI sites. There is an understanding among staff, that if a trainee self-refers to Occupational Health, this is reported back to their trainer. It is possible for a doctor to be referred to Occupational Health through EAP supports. In addition to the above there are pastoral supports available to Training Scheme doctors through their PGTB. However, this additional pastoral support and care is not available to non-training scheme doctors.

Whilst on-site, the Assessor Team distributed leaflets on CAREHub doctors to access additional support should they need it.

Reasonable Accommodations

Trainers across all sites expressed support for reasonable accommodations for NCHDs - although most were only aware of accommodations in the case of pregnancy. Some consultants mentioned they have requested and received accommodations. Despite this, NCHDs reported feeling uncomfortable disclosing personal grounds for accommodations to their trainers. Outside of pregnancy, accommodations could include, among others, accommodations required for those who are neurodiverse. Consideration for awareness around the process for requesting reasonable accommodations should be emphasised to NCHDs to support comfort levels for those who may need accommodations.

Recommendations

The following are the Assessor Team's recommendations regarding the provision of medical education and training at clinical training sites within the Children's Health Ireland. In addition to the below, sites across CHI will have their own bespoke recommendations that also need to be addressed.

CHI Site Wide Recommendations

1. The current HR service model is causing widespread dissatisfaction among staff and poses potential risks to patient safety. To prevent negative impacts on trainee education, wellbeing, and patient care, immediate action is needed to address the issues identified
    - Timely issuing of ID badges for all new staff on day 1 of induction and or employment;
    - Timely issuing of IT passwords in line with induction start date;
    - Prompt offers of employment to doctors who are successful in interviews;
    - Timely issuing of contracts before employment commencement dates with the correct information on role, location and correct pay scale;
    - Appropriate timely responsiveness to concerns relating to incorrect pay scales and delayed payment of salaries (including delayed remuneration for overtime). All errors should be corrected before the next pay schedule, with any back pay reimbursed.
    - Appropriate cover for staff on leave (maternity, sick, annual etc)
    - Address HR resources and structure to effectively and efficiently meet the operational needs of CHI and its staff.
    - Ensure the effective management and oversight of the HR function at Executive and Board level.

    This recommendation should be completed within 6 months of approval of this report, with an interim progress report provided within 3 months.

2. To support patient safety and enhance learning for trainees and doctors at all levels, CHI must implement a clear and timely process for incident reporting, including near misses. This should include a structured feedback mechanism and a system for analysing and sharing lessons learned. This protocol should be established, widely communicated and operational within six months.

3. To protect the integrity and quality of the trainee experience at CHI, CHI should develop clear processes and procedures to inform the Medical Council of changes relating to any training scheme, including but not limited to:
    - removal of trainees from posts
    - pausing of placements
    - significant alteration of a training scheme

    This should be completed within 2 months of approval of this report.

4. Some instances of unprofessional behaviour were raised during the visit. To safeguard staff wellbeing, CHI must establish a clear and accessible process for raising and escalating concerns, regardless of the seniority of those involved. This process should include defined pathways for reporting issues involving trainers or senior management, ensure timely and supportive feedback to those who raise concerns, and prioritise the wellbeing of all parties throughout the complaint process.

5. To safeguard public confidence in CHI doctors, ensure patient safety and a professional working environment, CHI must ensure the Medical Council's Guide to Professional Conduct and Ethics for Registered Medical Practitioners is actively promoted to all doctors working within CHI. This should be actioned with immediate effect.

6. To safeguard the trainee experience, CHI must ensure there is a formal governance arrangements document in place, such as MoU (or other such formal governance arrangement documents), with each of the PGTBs with trainees on site in CHI. An MoU with each PGTB should be provided to the Medical Council within 12 months of the approval of this report.

7. To ensure trainees receive the best standard of training from trainers, all trainers at consultant level should have protected time in their jobs plans to supervise NCHDs and provide training. This should be implemented within 6 months of approval of this report.

8. To ensure the trainee and overall staff experience at CHI continues to improve, CHI should reintroduce formal feedback surveys for all doctors and include a timely closed loop feedback system. This should be completed within 6 months of approval of this report.

9. For the benefit of trainee wellbeing and patient safety, CHI must develop a cross-site induction policy to equip new doctors with the essential knowledge and orientation required to begin their roles effectively. The policy should also include a process to monitor the implementation of the policy. Consideration should be given to how doctors access induction documentation via email due to the lack of access to emails outside of work. This should be completed by June 2026, prior to changeover of doctors in July.

10. To support doctors transitioning between sites during their training, CHI should develop programme-specific/ specialty-specific induction programme for all specialties. This should be implemented within 12 months of the approval of this report.

11. To protect trainee wellbeing, CHI must ensure additional measures are put in place to ensure that Trainee rotas are designed to facilitate education and training requirements and opportunities whilst remaining in compliance with the European Working Time Directive (EWTD). This should be implemented within 12 months of the approval of this report.

12. To protect trainee wellbeing CHI should develop and action a policy on reasonable accommodations and safe disclosure of staff with disabilities and a protocol for reasonable adjusts being implemented in the workplace. This should include a process for easy access and sign posting of the formal process. This should be completed within 6 months of this report being approved.

13. To enhance the learning experience, ensure trainees have appropriate access to medical literature and journals, including online access to maximise opportunities for self-directed learning. This should be provided within 12 months from the date of approval of this report. Study space and ICT facilities issues should be resolved with the move to the new hospital site.

Commendations

1. **Trainers' Support and Delivery:** trainers were commended by many across the three sites for delivering strong, inclusive support to all NCHDs (those on a training scheme and those not on a scheme) ensuring access to a meaningful clinical experience and development opportunities.

2. **Consultant Support:** trainees and trainers highlighted across sites the strong, visible presence of consultants onsite during on-call and weekend hours, complemented by their reliable availability by phone, ensuring continuous clinical support and supervision.

CHI at Tallaght

As mentioned above in the overall findings section - the following findings are applicable to CHI at Tallaght, and as such the recommendations that apply are applicable for CHI at Tallaght.

(1) Human Resources
(2) ICT
(3) Incident Reporting
(4) Culture & Professional Behaviours
(5) Governance Arrangements
(6) Protected Time
(7) Feedback
(8) Induction
(9) Wellbeing and Pastoral Supports
(10) Reasonable Accommodations.

Overall trainees were positive about their experience at CHI at Tallaght. NCHDs not on a training programme were equally positive. Although there are some challenges the majority felt the experience at CHI at Tallaght is good. They are happy with the consultants, with their jobs, and their teams.

There is a collegial atmosphere at CHI at Tallaght. There appears to be a recognition of previous behaviours exhibited in some teams which are not acceptable. Under the criteria for the evaluation of training sites which support the delivery of specialist training, standard L (i) states: There will be an explicit commitment to promoting professional attitudes and behaviour among trainers and trainees, including the promotion of the current *Guide to Professional Conduct and Ethics for Registered Medical Practitioners* ('Ethical Guide') published by the Medical Council.

CHI at Tallaght staff are reminded of their responsibilities as doctors under this standard and under the Ethics Guide as they move forward into the new hospital.

Unprofessional Behaviour / Management of Complaints

It was evident stemming from conversations with various staff that historic handling of unprofessional behaviours by senior management was not managed appropriately. A failure to properly acknowledge and feedback appropriate next steps was lacking. This leads to the health and wellbeing of staff not being adequately supported. A proper escalation framework for concerns to be raised at all levels needs to be prioritised and actively managed at all levels, centring on staff psychological safety and wellbeing.

Study Days and Management of Rotas

Overall, trainees estimate they are able to attend 80% of mandatory educational activities. There is a disparity in the number of study days for non-training scheme doctors and their training scheme colleagues. For this reason, non-training scheme doctors are believed to have limited access to study days; however, no data currently exists to confirm access/ attendance.

Rotas for on-call and clinic are managed by a NCHD. As part of the rota management, NCHDs 'self-allocate' to study days. This means NCHDs notify their requirement to attend a study day to the NCHD managing the rota. If there are multiple requests for the same day by NCHDs, approval to attend the study day is managed by the NCHD creating the rota. Management of these allocations is done outside of work hours.

In Tallaght, service provision is perceived to take precedence over education. Management should acknowledge that mandatory training contributes to service gaps and ensure these are appropriately planned for. If training is determined to be mandatory, then the organisation has a clear responsibility to facilitate attendance, it should also have systems and processes in place for monitoring same.

Doctors raised concerns regarding maternity leave cover. While there is strong support for colleagues taking leave, teams facing upcoming vacancies require greater support. Maternity leave is not backfilled by the training body, and CHI's efforts to secure locum cover are not always successful.

Teams aim to assign on-call duties to NCHDs early in pregnancy. Where accommodations are required, formal documentation from an obstetrician or occupational health must be submitted for approval. Furthermore, there is no clerical support in reassigning scheduled clinics which can no longer take place due to maternity leave. This means it is left to other doctors in the same department to reschedule or cover the clinics originally due to be provided by the doctor going on maternity leave. This can be an onerous task which adds to the workload of doctors.

Handover

Trainers spoke highly of the Nursing 'Heads Up' handover with an acknowledgement that medical attendance at this handover could be better. However, it was noted there is a lack of physical space to accommodate full interdisciplinary attendance at handover. A 9am handover 'huddle' in place in Tallaght is reported to work well, particularly given the hospital's smaller size.

Patient Transfers

Patient transfers can present significant challenges, with NCHDs often feeling as though they are left "begging" for support. Some reported spending up to seven hours attempting to arrange a transfer to another CHI hospital. They felt this situation was exacerbated as Tallaght lacks radiology and oncology services. This process leaves NCHDs feeling frustrated and unheard, especially when their transfer requests are delayed or resisted. One NCHD described spending an entire day trying to secure a transfer, while another highlighted the added difficulty of managing the expectations and frustrations of parents during these situations.

On-Call Duties

Pre-visit submissions indicated that both trainers and trainees felt NCHDs were most likely to be asked to work beyond their competence during night shifts or on-call periods. During the visit, it was noted that daytime service is consultant-led, and the transition to independent responsibility during on-call hours can be challenging for NCHDs. However, both trainees and trainers reported that NCHDs do not work beyond their competence and feel well supported including at night and on call with assistance readily available when needed.

ICT

Doctors across all grades within CHI at Tallaght voiced significant frustration at the need to use up to six separate passwords for different systems. Multiple logins and systems are required just to create and send one discharge letter. This inefficiency contributed to a substantial backlog. It was cited that the inefficiency led to a backlog of approximately 1,000 discharge letters awaiting being sent. Some consultants reported having 3 separate email addresses in use which contributes to ineffective communication. Management confirmed all consultants have been issued a CHI email address and have been advised to use the CHI address and not use older/ personal accounts.

CHI Site Wide Recommendations

1. The current HR service model is causing widespread dissatisfaction among staff and poses potential risks to patient safety. To prevent negative impacts on trainee education, wellbeing, and patient care, immediate action is needed to address the issues identified
    - Timely issuing of ID badges for all new staff on day 1 of induction and or employment;
    - Timely issuing of IT passwords in line with induction start date;
    - Prompt offers of employment to doctors who are successful in interviews;
    - Timely issuing of contracts before employment commencement dates with the correct information on role, location and correct pay scale;
    - Appropriate timely responsiveness to concerns relating to incorrect pay scales and delayed payment of salaries (including delayed remuneration for overtime). All errors should be corrected before the next pay schedule, with any back pay reimbursed.
    - Appropriate cover for staff on leave (maternity, sick, annual etc)
    - Address HR resources and structure to effectively and efficiently meet the operational needs of CHI and its staff.
    - Ensure the effective management and oversight of the HR function at Executive and Board level.

    This recommendation should be completed within 6 months of approval of this report, with an interim progress report provided within 3 months.

2. To support patient safety and enhance learning for trainees and doctors at all levels, CHI must implement a clear and timely process for incident reporting, including near misses. This should include a structured feedback mechanism and a system for analysing and sharing lessons learned. This protocol should be established, widely communicated and operational within six months.

3. To protect the integrity and quality of the trainee experience at CHI, CHI should develop clear processes and procedures to inform the Medical Council of changes relating to any training scheme, including but not limited to:
    - removal of trainees from posts
    - pausing of placements
    - significant alteration of a training scheme

    This should be completed within 2 months of approval of this report.

4. Some instances of unprofessional behaviour were raised during the visit. To safeguard staff wellbeing, CHI must establish a clear and accessible process for raising and escalating concerns, regardless of the seniority of those involved. This process should include defined pathways for reporting issues involving trainers or senior management, ensure timely and supportive feedback to those who raise concerns, and prioritise the wellbeing of all parties throughout the complaint process.

5. To safeguard public confidence in CHI doctors, ensure patient safety and a professional working environment, CHI must ensure the Medical Council's Guide to Professional Conduct and Ethics for Registered Medical Practitioners is actively promoted to all doctors working within CHI. This should be actioned with immediate effect.

6. To safeguard the trainee experience, CHI must ensure there is a formal governance arrangements document in place, such as MoU (or other such formal governance arrangement documents), with each of the PGTBs with trainees on site in CHI. An MoU with each PGTB should be provided to the Medical Council within 12 months of the approval of this report.

7. To ensure trainees receive the best standard of training from trainers, all trainers at consultant level should have protected time in their jobs plans to supervise NCHDs and provide training. This should be implemented within 6 months of approval of this report.

8. To ensure the trainee and overall staff experience at CHI continues to improve, CHI should reintroduce formal feedback surveys for all doctors and include a timely closed loop feedback system. This should be completed within 6 months of approval of this report.

9. For the benefit of trainee wellbeing and patient safety, CHI must develop a cross-site induction policy to equip new doctors with the essential knowledge and orientation required to begin their roles effectively. The policy should also include a process to monitor the implementation of the policy. Consideration should be given to how doctors access induction documentation via email due to the lack of access to emails outside of work. This should be completed by June 2026, prior to changeover of doctors in July.

10. To support doctors transitioning between sites during their training, CHI should develop programme-specific/ specialty-specific induction programme for all specialties. This should be implemented within 12 months of the approval of this report.

11. To protect trainee wellbeing, CHI must ensure additional measures are put in place to ensure that Trainee rotas are designed to facilitate education and training requirements and opportunities whilst remaining in compliance with the European Working Time Directive (EWTD). This should be implemented within 12 months of the approval of this report.

12. To protect trainee wellbeing CHI should develop and action a policy on reasonable accommodations and safe disclosure of staff with disabilities and a protocol for reasonable adjusts being implemented in the workplace. This should include a process for easy access and sign posting of the formal process. This should be completed within 6 months of this report being approved.

13. To enhance the learning experience, ensure trainees have appropriate access to medical literature and journals, including online access to maximise opportunities for self-directed learning. This should be provided within 12 months from the date of approval of this report. Study space and ICT facilities issues should be resolved with the move to the new hospital site.

CHI at Tallaght Bespoke Recommendations:

1. To ensure staff are consistently informed and up to date, CHI at Tallaght should implement a streamlined process for managing email access. This should include a reliable method to guarantee that doctors receive CHI communications promptly. The process should be implemented within six months.

2. To ensure staff psychological safety and wellbeing, CHI at Tallaght should develop and utilise an escalation framework for unprofessional behaviours. This should be actively managed at all levels, centring on staff psychological safety and wellbeing. This should be in place within 3 months of approval of the report. A copy of the escalation policy should be submitted to the Medical Council once developed. Once developed this framework should be shared with the other CHI sites.

3. To promote equitable access to study days, a system for tracking attendance should be introduced for both training scheme NCHDs and non-training scheme doctors for both mandatory and non-mandatory training days. Implementation should occur within nine months of this report's approval.

Conclusion – CHI at Tallaght

It is recommended that CHI at Tallaght should be approved to continue to provide specialist medical education and training, as the visiting Medical Council Team found the site to be in compliance with the majority of the rules, criteria, guidelines, and standards approved by Council under Sections 88(3)(b), 88(3)(d), 88(4)(b), and 88(4)(d) of the Medical Practitioners Act 2007.

This approval should remain in place until CHI at Tallaght, Temple Street, and Crumlin consolidate into a single hospital site, and should not exceed a five-year period from the date of Council approval.

CHI at Temple Street

As mentioned above in the overall findings section - the following findings are applicable to CHI at Temple Street, and as such the recommendations that apply are applicable for CHI at Temple Street.

(1) Human Resources
(2) ICT
(3) Incident Reporting
(4) Culture & Professional Behaviours
(5) Governance Arrangements
(6) Protected Time
(7) Feedback
(8) Induction
(9) Wellbeing and Pastoral Supports
(10) Reasonable Accommodations.

Temple Street fosters a deeply collegial and collaborative environment among doctors, from consultants to NCHDs, where mutual support is clearly evident. Despite the challenges outlined above, teams consistently pull together with a shared commitment to prioritising patient care.

Study Days

It was heard how there is no real differentiation between training scheme and non-training scheme doctors in terms of access to leave for study days. The only distinction is in provision of study days. There are more study days for training scheme doctors which are mandated by the PGTBs. Non-training scheme doctors therefore do not get the opportunity to attend the same degree of study days as they are not affiliated with a training scheme.

Both training scheme and non-training scheme doctors reported a supportive environment in accessing study days, although the attendance requirements vary for training scheme and non-training scheme doctors. It was felt consultants are very accommodating and approve study leave when requested.

It was noted that some specialty NCHDs find it easier to access structured internal teaching sessions, such as grand rounds, and journal clubs. However, service delivery often takes precedence over attendance at teaching activities. Clinics and theatre lists do not stop. Consultants have limited flexibility to reduce clinical commitments, which can restrict opportunities for teaching.

In addition to mandatory study days, Paediatric doctors are required to be certified in Advanced Paediatric Life Support (APLS). Trainees expressed difficulty in accessing the APLS course to become certified. Issues include: the cost to the doctor, the availability of certification courses, and the requirement to do it outside of working hours. Trainees expressed the wish for the APLS training to be absorbed into their working / training hours.

Handover

Handover practices varied across sites, with notable differences in experience. At CHI at Temple Street, doctors participate in a nightly ‘walking handover’ at 10pm, which was consistently praised by staff. (An attempt was made to replicate this approach at CHI at Crumlin; however, it did not achieve the same level of success due to CHI Crumlin being a much larger hospital site than Temple Street, therefore not as feasible.)

Multidisciplinary Team Working

When asked about opportunities to work as part of a multi-disciplinary team, all doctors present during visit meetings indicated that they had opportunities (in orthopaedics, in paediatric surgery, general oncology, radiology, haematology). Doctors indicated that they have weekly teachings, join monthly Morbidity and Mortality (M & M) meetings, and are able to join nursing 'Huddles'. NCHDs reported a very collaborative approach where the patient is at the centre of the service provided.

On-Call

Trainers reported that NCHDs are well supported during on-call shifts, citing examples such as attending calls on-site themselves and observing multiple consultant colleagues present simultaneously. NCHDs also expressed confidence in their ability to access support when needed, during on-call or night shifts.

However, concerns were raised regarding on-call arrangements at CHI at Temple Street. It was highlighted that one team is operating a 1-in-2 on-call rota due to a shortfall in staffing. While the team requires four Senior House Officers (SHOs), only two positions were filled. A request was submitted to the Advisory Board to secure locums for the vacant posts, but the request was denied. Trainers noted that the issue was escalated to the highest level of HR, yet the positions remain unfilled. This situation poses potential risks to both patient safety and the wellbeing of the doctors required to maintain such an intensive rota, responsibility and workload.

Locum Support

Generally, there as an acknowledgment locums are very hard to get in Temple Street. It was felt that in general the consultants do their best to advocate for locums. However, many positions are left unfilled.

The hospital is currently relying on NCHDs to fill gaps in the rota, which are often managed internally by the NCHDs themselves. This places considerable pressure on the individual responsible for organising the rota, who may end up covering shifts personally if no one else is available.

During the trainee meeting, a suggestion was made to establish a 'locum bank' across the CHI sites to address emergency rota gaps caused by short-term or unexpected leave. Doctors could opt in to be part of this locum pool, allowing for a more responsive and sustainable solution to urgent staffing needs.

The following are the Team's recommendations regarding the provision of medical education and training at clinical training sites within the Children's Hospital Group:

Recommendations

CHI Site Wide Recommendations

1. The current HR service model is causing widespread dissatisfaction among staff and poses potential risks to patient safety. To prevent negative impacts on trainee education, wellbeing, and patient care, immediate action is needed to address the issues identified
    - Timely issuing of ID badges for all new staff on day 1 of induction and or employment;
    - Timely issuing of IT passwords in line with induction start date;
    - Prompt offers of employment to doctors who are successful in interviews;

- Timely issuing of contracts before employment commencement dates with the correct information on role, location and correct pay scale;
- Appropriate timely responsiveness to concerns relating to incorrect pay scales and delayed payment of salaries (including delayed remuneration for overtime). All errors should be corrected before the next pay schedule, with any back pay reimbursed.
- Appropriate cover for staff on leave (maternity, sick, annual etc)
- Address HR resources and structure to effectively and efficiently meet the operational needs of CHI and its staff.
- Ensure the effective management and oversight of the HR function at Executive and Board level.

This recommendation should be completed within 6 months of approval of this report, with an interim progress report provided within 3 months.

2. To support patient safety and enhance learning for trainees and doctors at all levels, CHI must implement a clear and timely process for incident reporting, including near misses. This should include a structured feedback mechanism and a system for analysing and sharing lessons learned. This protocol should be established, widely communicated and operational within six months.

3. To protect the integrity and quality of the trainee experience at CHI, CHI should develop clear processes and procedures to inform the Medical Council of changes relating to any training scheme, including but not limited to:
    - removal of trainees from posts
    - pausing of placements
    - significant alteration of a training scheme

   This should be completed within 2 months of approval of this report.

4. Some instances of unprofessional behaviour were raised during the visit. To safeguard staff wellbeing, CHI must establish a clear and accessible process for raising and escalating concerns, regardless of the seniority of those involved. This process should include defined pathways for reporting issues involving trainers or senior management, ensure timely and supportive feedback to those who raise concerns, and prioritise the wellbeing of all parties throughout the complaint process.

5. To safeguard public confidence in CHI doctors, ensure patient safety and a professional working environment, CHI must ensure the Medical Council's Guide to Professional Conduct and Ethics for Registered Medical Practitioners is actively promoted to all doctors working within CHI. This should be actioned with immediate effect.

6. To safeguard the trainee experience, CHI must ensure there is a formal governance arrangements document in place, such as MoU (or other such formal governance arrangement documents), with each of the PGTBs with trainees on site in CHI. An MoU with each PGTB should be provided to the Medical Council within 12 months of the approval of this report.

7. To ensure trainees receive the best standard of training from trainers, all trainers at consultant level should have protected time in their jobs plans to supervise NCHDs and provide training. This should be implemented within 6 months of approval of this report.

8. To ensure the trainee and overall staff experience at CHI continues to improve, CHI should reintroduce formal feedback surveys for all doctors and include a timely closed loop feedback system. This should be completed within 6 months of approval of this report.

9. For the benefit of trainee wellbeing and patient safety, CHI must develop a cross-site induction policy to equip new doctors with the essential knowledge and orientation required to begin their roles effectively. The policy should also include a process to monitor the implementation of the policy. Consideration should be given to how doctors access induction documentation via email due to the lack of access to emails outside of work. This should be completed by June 2026, prior to changeover of doctors in July.

10. To support doctors transitioning between sites during their training, CHI should develop programme-specific/ specialty-specific induction programme for all specialties. This should be implemented within 12 months of the approval of this report.

11. To protect trainee wellbeing, CHI must ensure additional measures are put in place to ensure that Trainee rotas are designed to facilitate education and training requirements and opportunities whilst remaining in compliance with the European Working Time Directive (EWTD). This should be implemented within 12 months of the approval of this report.

12. To protect trainee wellbeing CHI should develop and action a policy on reasonable accommodations and safe disclosure of staff with disabilities and a protocol for reasonable adjusts being implemented in the workplace. This should include a process for easy access and sign posting of the formal process. This should be completed within 6 months of this report being approved.

13. To enhance the learning experience, ensure trainees have appropriate access to medical literature and journals, including online access to maximise opportunities for self-directed learning. This should be provided within 12 months from the date of approval of this report. Study space and ICT facilities issues should be resolved with the move to the new hospital site.

CHI at Temple Street Bespoke Recommendations

1. To ensure equity of training experience for all trainees, CHI at Temple Street should consider implementing measures to ensure attendance at internal teachings (e.g. Grand Rounds and Journal Club) across all specialties is equitable. This should be done within 12 months of this report being approved by ETC.

2. To maintain patient safety and protect trainee wellbeing CHI at Temple Street must ensure sufficient staff cover is in place for any staff absences. This must be actioned immediately.

3. To ensure NCHDs are not working beyond their level of competency, CHI at Temple Street should ensure that no NCHDs are ‘acting up’ in a grade higher than they are contracted. This should commence immediately.

4. To ensure patient safety is not impacted by issues related to accessing the Advanced Paediatric Life Support (APLS) certification, CHI should identify and implement solutions to address the current issues experienced by NCHDs in accessing APLS certification – including NCHDs having to access training out of hours and on their own time. This should be actioned immediately.

Commendations

1. **Nightly Ward Rounds:** CHI Temple Street is highly commended for its 'Nightly Ward Round' a practice widely praised across CHI sites for enhancing handover quality and continuity of care. This exemplary model was found to be problematic to roll out to larger sites but consideration should be given to adaption and adoption on the new site if feasible.

2. **Supportive Trainer & Trainer Relationships:** At CHI Temple Street, the strong and respectful partnership between trainers and trainees is clearly evident. The culture of collegiality and mutual support stands out as a key strength, especially in the face of recent challenges demonstrating a shared commitment to the quality of medical education and training and patient care.

Conclusion – CHI at Temple Street

It is recommended that CHI at Temple Street should be approved to continue to provide both intern and specialist medical education and training, as the visiting Medical Council Team found the site to be in compliance with the majority of the rules, criteria, guidelines, and standards approved by Council under Sections 88(3)(b), 88(3)(d), 88(4)(b), and 88(4)(d) of the Medical Practitioners Act 2007.

This approval should remain in place until CHI at Tallaght, Temple Street, and Crumlin consolidate into a single hospital site, and should not exceed a five-year period from the date of Council approval.

CHI at Crumlin

As mentioned above in the overall findings section - the following findings are applicable to CHI at Crumlin, and as such the recommendations that apply are applicable for CHI at Crumlin.

(1) Human Resources
(2) ICT
(3) Incident Reporting
(4) Culture & Professional Behaviours
(5) Governance Arrangements
(6) Protected Time
(7) Feedback
(8) Induction
(9) Wellbeing and Pastoral Supports
(10) Reasonable Accommodations.

There is a collegial atmosphere at CHI at Crumlin. There appears to be a recognition of previous behaviours exhibited in some teams which are not acceptable, and an urge not to allow a return to these issues. Under the criteria for the evaluation of training sites which support the delivery of specialist training, standard L (i) states: There will be an explicit commitment to promoting professional attitudes and behaviour among trainers and trainees, including the promotion of the current *Guide to Professional Conduct and Ethics for Registered Medical Practitioners* ('Ethical Guide') published by the Medical Council. CHI at Crumlin staff are reminded of their responsibilities as doctors under this standard and under the Ethics Guide as they move forward into the new hospital.

Gentle Landing Induction

Like the other sites, there is an overall induction programme available at CHI at Crumlin. CHI at Crumlin also provide an enhanced induction to International Medical Graduates (IMGs). This takes place at the weekend. IMGs are paid by CHI at Crumlin to attend the enhanced induction at weekends. By providing the induction at the weekend, it does not conflict with clinics which ensures NCHDs are able to attend. IMGs from both CHI at Tallaght and CHI at Temple Street were invited to attend Gentle Landings induction at CHI at Crumlin as this induction is for all IMGs across all CHI sites.

The 'Gentle Landing' programme is designed to support International Medical Graduates (IMGs) as they transition into working in the Irish healthcare system for the first time. Trainers involved in the programme engage with IMGs to tailor the content based on their specific needs and interests. Consultants noted that it would be beneficial for IMGs to begin their placement a week or two before the official start date. This would allow time for an observership period, giving IMGs the opportunity to familiarise themselves with the hospital environment and systems before commencing direct patient care.

Multidisciplinary Team Working

CHI at Crumlin operate 'Nursing Risk Huddles'. Attendance by doctors at the nursing risk huddles varies by team. Trainers and trainees felt attendance at these huddles was beneficial when they could attend.

It was noted there is at least one Multidisciplinary Team (MDT) meeting a month for procedure-based specialties. Trainees felt these MDT meetings were very good. There is a positive culture at the meetings, whereby everyone attends and nobody attributes blame. Any risks or near miss incidents are discussed in a professional manner. Furthermore, if a serious incident occurs there is a meeting immediately afterwards with a subsequent meeting a week later to discuss the incident.

'Risky' Huddles were described by doctors at all levels. Doctors spoke very positively about these meetings and felt they were beneficial to all who participated.

On Call

NCHDs reported feeling comfortable contacting consultants for advice or support during on-call shifts and expressed confidence that consultants would respond positively when help was needed. However, some NCHDs noted that during regular working hours, they would occasionally hesitate to approach certain consultants with routine queries. While they felt confident escalating issues when supported by clear evidence, they were more likely to wait and consult a different colleague for general or non-urgent questions.

Recommendations

The following are the Team's recommendations regarding the provision of medical education and training at clinical training sites within the Children's Hospital Group:

CHI Site Wide Recommendations

1. The current HR service model is causing widespread dissatisfaction among staff and poses potential risks to patient safety. To prevent negative impacts on trainee education, wellbeing, and patient care, immediate action is needed to address the issues identified

- Timely issuing of ID badges for all new staff on day 1 of induction and or employment;
- Timely issuing of IT passwords in line with induction start date;
- Prompt offers of employment to doctors who are successful in interviews;
- Timely issuing of contracts before employment commencement dates with the correct information on role, location and correct pay scale;
- Appropriate timely responsiveness to concerns relating to incorrect pay scales and delayed payment of salaries (including delayed remuneration for overtime). All errors should be corrected before the next pay schedule, with any back pay reimbursed.
- Appropriate cover for staff on leave (maternity, sick, annual etc)
- Address HR resources and structure to effectively and efficiently meet the operational needs of CHI and its staff.
- Ensure the effective management and oversight of the HR function at Executive and Board level.

This recommendation should be completed within 6 months of approval of this report, with an interim progress report provided within 3 months.

2. To support patient safety and enhance learning for trainees and doctors at all levels, CHI must implement a clear and timely process for incident reporting, including near misses. This should include a structured feedback mechanism and a system for analysing and sharing lessons learned. This protocol should be established, widely communicated and operational within six months.

3. To protect the integrity and quality of the trainee experience at CHI, CHI should develop clear processes and procedures to inform the Medical Council of changes relating to any training scheme, including but not limited to:
    - removal of trainees from posts
    - pausing of placements
    - significant alteration of a training scheme

   This should be completed within 2 months of approval of this report.

4. Some instances of unprofessional behaviour were raised during the visit. To safeguard staff wellbeing, CHI must establish a clear and accessible process for raising and escalating concerns, regardless of the seniority of those involved. This process should include defined pathways for reporting issues involving trainers or senior management, ensure timely and supportive feedback to those who raise concerns, and prioritise the wellbeing of all parties throughout the complaint process.

5. To safeguard public confidence in CHI doctors, ensure patient safety and a professional working environment, CHI must ensure the Medical Council's Guide to Professional Conduct and Ethics for Registered Medical Practitioners is actively promoted to all doctors working within CHI. This should be actioned with immediate effect.

6. To safeguard the trainee experience, CHI must ensure there is a formal governance arrangements document in place, such as MoU (or other such formal governance arrangement documents), with each of the PGTBs with trainees on site in CHI. An MoU with each PGTB should be provided to the Medical Council within 12 months of the approval of this report.

7. To ensure trainees receive the best standard of training from trainers, all trainers at consultant level should have protected time in their jobs plans to supervise NCHDs and provide training. This should be implemented within 6 months of approval of this report.

8. To ensure the trainee and overall staff experience at CHI continues to improve, CHI should reintroduce formal feedback surveys for all doctors and include a timely closed loop feedback system. This should be completed within 6 months of approval of this report.

9. For the benefit of trainee wellbeing and patient safety, CHI must develop a cross-site induction policy to equip new doctors with the essential knowledge and orientation required to begin their roles effectively. The policy should also include a process to monitor the implementation of the policy. Consideration should be given to how doctors access induction documentation via email due to the lack of access to emails outside of work. This should be completed by June 2026, prior to changeover of doctors in July.

10. To support doctors transitioning between sites during their training, CHI should develop programme-specific/ specialty-specific induction programme for all specialties. This should be implemented within 12 months of the approval of this report.

11. To protect trainee wellbeing, CHI must ensure additional measures are put in place to ensure that Trainee rotas are designed to facilitate education and training requirements and opportunities whilst remaining in compliance with the European Working Time Directive (EWTD). This should be implemented within 12 months of the approval of this report.

12. To protect trainee wellbeing CHI should develop and action a policy on reasonable accommodations and safe disclosure of staff with disabilities and a protocol for reasonable adjusts being implemented in the workplace. This should include a process for easy access and sign posting of the formal process. This should be completed within 6 months of this report being approved.

13. To enhance the learning experience, ensure trainees have appropriate access to medical literature and journals, including online access to maximise opportunities for self-directed learning. This should be provided within 12 months from the date of approval of this report. Study space and ICT facilities issues should be resolved with the move to the new hospital site.

CHI at Crumlin Bespoke Recommendations

1. To provide the best patient care Multidisciplinary Team meetings should be extended to all specialties, not just those that are procedure-based. This should be done within 6 months.

Commendations

1. **Gentle Landing Programme:** CHI at Crumlin's Gentle Landing programme is widely recognised for its support to International Medical Graduates (IMGs transitioning to work in Ireland for the first time). Its value was strongly endorsed not only by NCHDs at Crumlin but also by doctors at CHI Temple Street and CHI Tallaght during onsite visits, highlighting its positive impact across the network and its role in fostering a smoother, more confident integration for new arrivals.

Conclusion – CHI at Crumlin

It is recommended that CHI at Crumlin should be approved to continue to provide specialist medical education and training, as the visiting Medical Council Team found the site to be in compliance with the majority of the rules, criteria, guidelines, and standards approved by Council under Sections 88(3)(b), 88(3)(d), 88(4)(b), and 88(4)(d) of the Medical Practitioners Act 2007.

This approval should remain in place until CHI at Tallaght, Temple Street, and Crumlin consolidate into a single hospital site, and should not exceed a five-year period from the date of Council approval.

Appendices

Appendix 1: Statutory Compliance with Freedom of Information and Data Protection Legislation

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.

As a Data Controller, the Medical Council is also subject to the requirements of the General Data Protection Regulation ('GDPR') and the Data Protection Acts 1988 – 2018. The Medical Council complies with its obligations as a Data Controller under the relevant legislation. Any person on whom the Medical Council holds personal information has certain rights, known as 'Subject Access Rights'. Further information on both Freedom of Information and Data Protection legislation is available on our website at: https://medicalcouncil.ie/foi-data-protection/