Clinical training site inspection report –

The Rotunda Hospital

2019

Approved by the Education and Training Committee 21 April 2020

Comhairle na nDochtúirí Leighis
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 non-medical 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.

Contents

Statement with regard to the Freedom of Information Act, 2014, the General Data Protection Regulation ('GDPR') and the Data Protection Acts 1988 - 2018

The Medical Council makes information routinely available to the public in relation to its functions and activities and, in line with that practice, this report will be available on the Council's website, www.medicalcouncil.ie in due course.

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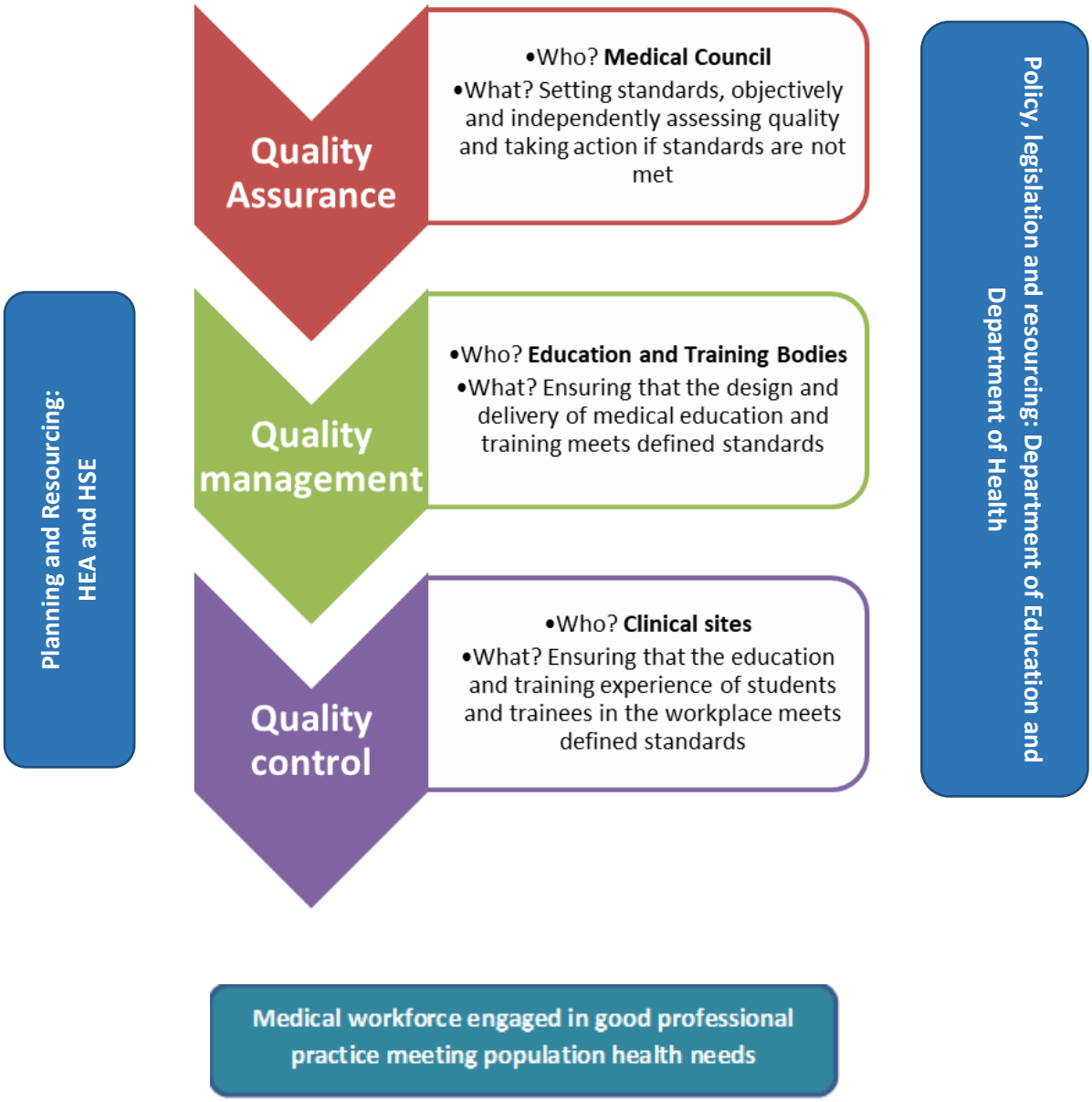
Back to Table of Contents

Executive Summary

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:



The Medical Council is responsible for quality assuring medical education and training in Ireland across the continuum which spans the undergraduate, intern and specialist training stages of professional development[1]. This includes the approval of programmes of medical education leading to the award of a basic medical degree, specialist training programmes and the medical schools and postgraduate training bodies which deliver those programmes. Included in the Medical Council's responsibilities for

[1] Part 10 of the Medical Practitioners Act 2007 as amended (MPA 2007)

quality assuring medical education and training, is the inspection of places with approved posts for intern and specialist training. The aim of these inspections is to monitor compliance with Council's standards and guidelines for training and experience.

Council's standards for intern and specialist training reflect the quality required of clinical training sites to support the delivery of education and training at intern and specialist levels. The Medical Council is required to issue recommendations to the management of clinical training sites where improvements may be required in order to maintain or improve compliance with the Council's education and training standards.

It is open to the Medical Council, following prior consultation with the Minister for Health, the Health Service Executive (HSE) and the management of a clinical training site, and having regard for the views expressed in that consultation, to remove approval from the clinical training site for the purposes of intern and/or specialist training, where the Council considers that the Medical Council guidelines or standards are no longer being adhered to[2].

In 2016, the Medical Council decided to adopt a regional approach to clinical training site inspections, based on the regions associated with each HSE Hospital Group. The schedule was designed based on the 2014 and 2015 *Your Training Counts* scores from clinical training sites within each Hospital Group, combined with how soon a Hospital Group's academic partner required an accreditation of the undergraduate training programme. The Rotunda Hospital is part of the RCSI Hospital Group. As a Section 38 Provider, the RCSI Hospital Group requested that a separate inspection report be provided to the Rotunda Hospital, on the basis that accountability for education and training standards are held locally by the site.

The following trainee and trainer numbers were provided to the Medical Council in advance of the inspection visit:

- 40 trainees and 39 trainers

The Rotunda Hospital does not currently facilitate intern training.

The Rotunda Hospital was inspected on the 4 April 2019. The visiting assessor team included a member of the Medical Council, Council Executive and external assessors with a relevant background/interest in medicine and/or medical education/training; and included medically-qualified and non-medically-qualified persons, representing public/patient interests. The agenda for the inspection visit, including details of the visiting assessor team, is attached as Appendix One.

Compliance with the Medical Council's *'Criteria for the evaluation of training sites which support the delivery of specialist training'* ('specialist training standards' - see Appendix Two) was assessed.

The assessor team met with site management, trainers, and Non-Consultant Hospital Doctors (NCHDs) participating in programmes of specialist training.

The Rotunda Hospital was found to have levels of partial and full compliance with the Medical Council's specialist training standards. On that basis, the team recommended that the site continues to provide specialist medical education and training.

[2] Sections 88(3)(g) and 88(4)(g) of the MPA 2007

Recommendations have been made where appropriate, to ensure that the site complies, improves compliance and/or continues to comply with all training standards. The clinical training site will be requested to develop an Action and Implementation Plan to address these recommendations and report back to the Medical Council with the proposed Plan within three months of the issue date of the final inspection report.

Back to Table of Contents

Overview of compliance ratings for the Rotunda Hospital

Levels of compliance

Compliance ratings were determined based on the assessor team's appraisal of evidence provided for each standard. This included a self-evaluation submission from the site, received prior to inspection along with supporting documentation, and evidence obtained through meetings on the day of the inspection, with management, trainees and trainers.

The compliance ratings are:

- **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

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 the 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

The table presented below provides an overview of the compliance ratings for each of the 18 specialist training standards:

Table 1: Overview of compliance ratings for the Rotunda Hospital as a clinical training site for specialist training

Specialist Training Standard	Rotunda Hospital
A. Clarity of educational governance …	Full compliance
B. Clarity of clinical governance …	Full compliance
C. Accountability	Full compliance
D. Induction arrangements for trainees	Partial compliance
E. Clear supervisory arrangements …	Full compliance
F. Opportunities for training through …	Full compliance
G. Access to formal and informal …	Full compliance
H. Opportunities for trainers to train …	Full compliance
I. Access to resources which support …	Full compliance
J. Access to pastoral and health …	Full compliance
K. Access to resources to maintain close …	Full compliance
L. Promotion of Medical Council …	Partial compliance
M. Safe working environment	Partial compliance
N. Specialty-specific supports	Full compliance
O. Participation in on-call duty rota	Full compliance
P. Support for assessment of trainees	Full compliance
Q. Opportunities for multi-disciplinary …	Full compliance
R. Opportunities for trainees to provide …	Full compliance

Overall, compliance with specialist training standards is at 83% full compliance and 17% partial compliance. There was no evidence of non-compliance with the Medical Council's specialist training standards.

Back to Table of Contents

Conclusion

The following are the team's recommendations regarding the provision of medical education and training at the Rotunda Hospital:

1. The Rotunda Hospital should continue to provide specialist medical education and training. This recommendation is made on the grounds that the visiting Medical Council team found that the site is adhering to the majority of the rules, criteria, guidelines and standards approved by Council as specified in Sections 88(4)(b) and 88(4)(d), of the Medical Practitioners Act 2007.

This approval should be for an initial period of five years from the date of approval by the Council's Education and Training Committee.

Specific recommendations for the improvements required are presented below. The following recommendations have been made under the terms of Section 88(4)(f) of the Medical Practitioners Act 2007, in relation to specialist medical education and training.

Specialist Training

Recommendations

1. Develop and document a policy to oversee the delivery of the induction programme.
2. The team acknowledge the reasons provided for not promoting the Ethical Guide. However, the remaining parts of the Guide can still be promoted pending incoming legislation. The team recommend that the Medical Council's Ethical Guide is signposted in the induction material and that current Medical Council ethical guidance be promoted.
3. Continue efforts in working to achieve full compliance with the European Working Time Directive (EWTD).
4. Continue efforts to address the challenges posed by the limited space on the site in order to future-proof the delivery of training at the site.
5. Continue to monitor the on-call ratio in line with the volume of on-call activity at the site.

Commendations

1. The ongoing training and support provided for the implementation of the electronic patient record.
2. The opportunities for feedback via the post-induction meetings.
3. The tailored approach to training at the site.
4. Trainers are to be commended for their commitment to training the next generation of doctors.
5. Trainees had high praise for the library staff.
6. The supports available to trainees following adverse events.
7. The approach to disseminating patient feedback and learning from such is to be commended as one aspect of training in professionalism.
8. The site has an open and pro-active approach to seeking feedback and acting on responses to continuously improve standards of the training experience at the site.

Next steps

The site is required to develop an Action and Implementation Plan (AIP) to address all recommendations made in the inspection report. The AIP should be submitted to the Medical Council within three months of receipt of the report. On receipt of the Action and Implementation Plan, key personnel from the site will be requested to present the Plan to Medical Council representatives. This meeting will also provide the site with an opportunity to give feedback on the inspection process. The Medical Council reserves the right to:

(a) share the Action and Implementation Plan with the Health Service Executive, Forum of Irish Postgraduate Medical Training Bodies and/or the Department of Health, as it sees fit; and

(b) recommend that additional or alternative measures be taken to address the recommendations made in the report.

It is recommended that the inspection report and subsequent Action and Implementation Plan are published on the clinical training site's website.

Back to Table of Contents

Evaluation of compliance with Medical Council Standards

Inspection report

The individual inspection report prepared by the assessor team post-visit is presented below. Appendix Three details the overview of documentary evidence provided by the site as supporting evidence of compliance with each standard.

Evaluation of Compliance with Medical Council Standards

Compliance level rating

Level of compliance with each Standard:

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

Clinical training site:
Rotunda Hospital (RH)

Compliance with Specialist Training Standards

A. Clarity of educational governance arrangements i. There will be clear organisational structures and lines of accountability for the learning environment at training sites ii. Management / board level reporting arrangements will be in place e.g. via an oversight committee including trainees, to maintain institutional oversight of the learning environment iii. There will be transparent arrangements with postgraduate training bodies to clarify the relevant responsibilities and expectations of each party involved in the delivery of specialist training
i. Organisational and institutional oversight charts demonstrating the lines of accountability and reporting structures for education and training at the site were provided to the assessor team (the team). Trainees described being made aware of their trainers during induction and were aware of the oversight reporting lines in place at the site. ii. There is a Non-Consultant Hospital Doctor (NCHD) Committee in operation at the site, meeting every six-eight weeks. This Committee is co-chaired by the Lead NCHD and the site's Clinical Director. Membership of the Committee is open to trainee representatives from each specialty and has representation from the site's Assistant Masters. The NCHD Committee has a reporting line to the hospital Board via the RH Executive Management Committee and Board committee structures. The team was provided with sample minutes from recent NCHD Committee meetings. iii. The team was advised that there is no formal documentation in place, detailing the responsibilities and expectations of each party involved in the delivery of specialist training, between the site and the postgraduate training bodies. However, the team was reassured that transparent arrangements were in place from the training roles and hierarchy documents supplied for each specialty. These documents outline the reporting lines for individual speciality training matters. Postgraduate training bodies are represented onsite by each of the Training Leads/Heads of Departments. Currently,

National Speciality Directors in two of the specialties are based at the site. The team was also provided with copies of recent inspection reports by the relevant training bodies.

Compliance

The clinical training site's self-evaluation submission indicated partial compliance with this standard. The team concluded that the site is fully compliant with this standard.

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

B. Clarity of clinical governance arrangements

i. Trainees will be made aware of their responsibilities as doctors in training, their level of authority and lines of accountability
ii. Trainees will be made aware of local procedures for reporting clinical incidents
iii. Local clinical practice will reinforce with trainees the importance of communicating critical information to ensure continuity of care e.g. at patient handover

i. The team had the opportunity to meet with nine of the 40 trainees at the RH. Trainees are made aware of their role as doctors in training through their NCHD contract and induction to the site. Trainers described examples as part of specialty-specific induction where trainees are advised of their job requirements, service delivery expectations and of the learning opportunities available to them.

ii. Training on clinical incident reporting procedures forms part of the RH induction programme. Sample redacted clinical incident report forms and accompanying policies were provided to the team. Trainees discussed the procedure for clinical incident reporting and noted that they found the report forms easy to use. Trainees reported that efforts are underway to formalise the procedure for providing feedback following reported incidents but noted that selected reported incidents are currently used as training material.

iii. Trainees and trainers described the practice of handover at the site, including multi-disciplinary and speciality-specific examples. Copies of the Inpatient Clinical Handover Policy and specialty-specific guidelines were provided to the team.

Compliance

The clinical training site's self-evaluation submission indicated full compliance with this standard. The team concluded that the site is fully compliant with this standard.

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

C. Accountability

There will be a named individual (or individuals) on each site with identified responsibility and accountability for ensuring the following:

i. That the site meets the Medical Council's requirements for training sites
ii. That the site meets any requirements agreed locally with postgraduate training bodies
iii. That there is effective communication and collaboration with the HSE's education and training function
iv. That education and training on-site is supported through any organisational changes

i. The RH Clinical Director was identified as the accountable and responsible individual for ensuring compliance with Medical Council requirements for training sites.

ii. The Master of the RH was identified as the overall accountable and responsible individual for ensuring that postgraduate training body requirements are met.

iii. The team was advised that the RH HR Manager is responsible for engaging with the HSE's National Doctor Training and Planning Unit.

iv. Site management and trainers collectively identified as the individuals responsible for ensuring that education and training is supported through organisational change. Examples of such were provided to the team during meetings with management and trainers. The team heard how the site has introduced the electronic patient record system and training is provided to staff as required, in advance of commencing employment. Also, value clarification workshops have been facilitated at the site to support staff following the introduction of the Health (Regulation of the Termination of Pregnancy) Act 2018.

Compliance

The clinical training site's self-evaluation submission indicated partial compliance with this standard. The team concluded that the site is fully compliant with this standard.

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

D. Induction arrangements for Trainees

i. Each site will have a policy for induction
ii. There will be arrangements in place to monitor implementation of the policy
iii. There will be a site-specific health and safety induction for all trainees at the beginning of their first rotation at individual training sites. This induction will be common to all trainees regardless of programme specifics
iv. There will be an appropriate programme-specific / specialty-specific induction for all trainees to prepare them for the particulars of their forthcoming rotation
v. Trainees will be made aware of all relevant local and national policies which apply at their training site
vi. Training sites will make every effort to minimise the duplication of employment-related documentation as and when trainees transition between sites

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

i. Induction material was provided to the team. There was no evidence of a documented policy for induction at the site. Trainees described the induction programme as being delivered during protected time and praised the training on the electronic record system noting it as accessible and supportive.

ii. Sample induction attendance sheets were provided. Induction for GP Trainees who commence their rotations outside of January and July are accommodated at the site. Post-induction meeting minutes were provided to the team. These meetings are held with trainees and the Clinical Director and are an opportunity for trainees to provide and collate feedback on the delivery of the induction programme.

iii. There is a health and safety induction at the site. This was outlined in the induction material provided to the team and during discussion with trainees.

iv. In addition to the general site induction, each specialty delivers its own induction, over a number of days or weeks depending on the department. Example specialty-specific induction timetables were provided, and trainees spoke of their speciality-specific induction experience and noted that their attendance is protected.

v. As part of the induction programme, there is a HR presentation relating to the relevant policies applicable at the site. Policies are available to trainees on the Q-Pulse system.

vi. The National Employment Record (NER) system is used at the site. This system helps to minimise the duplication of employment-related documentation.

Compliance

The clinical training site's self-evaluation submission indicated full compliance with this standard. The team concluded that the site is partially compliant with this standard.

Recommendation(s)

1. Develop and document a policy to oversee the delivery of the induction programme.

Commendation(s)

1. The ongoing training and support provided for the implementation of the electronic patient record.

2. The opportunities for feedback via the post-induction meetings.

Level of compliance: PC

E. Clear supervisory arrangements for Trainees

i. Trainees will be supervised appropriately
ii. Trainees will be made aware of their clinical supervisors
iii. The level of supervision of individual trainees will take account of individual trainee capabilities and limitations
iv. The level of supervision of individual trainees will take account of each trainee's stage of training

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

i. Documentation relating to trainee and trainer reporting structures was provided. Trainers and trainees described the supervisory arrangements in place at the site. Trainees noted that there is a strong Consultant presence and that support is always available when needed.

ii. During induction, trainees are made aware of their trainers. Trainees described feeling as part of a team and being well-supported. Management, trainers and trainees described a flat-hierarchy structure at the site, promoting open working relationships and a collegial atmosphere.

iii. & iv. During meetings with both trainees and trainers, the team heard examples of tailored training in line with specialty-specific requirements and individual areas of interest. The team structures at the site work in a way where supervision is tailored according to grade, e.g. Assistant Masters supervising junior trainees.

Compliance

The clinical training site's self-evaluation submission indicated full compliance with this standard. The team concluded that the site is fully compliant with this standard.

Recommendation (s)

No recommendations made.

Commendation (s)

1. The tailored approach to training at the site.

2. Trainers are to be commended for their commitment to training the next generation of doctors.

Level of compliance: FC

F. Opportunities for training through clinical practice for Trainees

i. Participation in clinical practice will be at a level appropriate to the trainee's level of competence

ii. Day-to-day activities will maximise opportunities for learning through participation in clinical practice

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

i. Sample training rosters and training schedules were provided. Trainers and trainees described opportunities for participation in clinical practice as being appropriate to trainee competence levels. The Transfer of Tasks was described by trainees as good in comparison to other training sites and that task sharing is not impeding specialist training opportunities.

ii. Trainees described their day-to-day opportunities for training through service provision. The high volume and variety of the case-mix at the site provide a range of training opportunities, including opportunities to gain exposure to the management of patients with heart disease.

Compliance

The clinical training site's self-evaluation submission indicated full compliance with this standard. The team concluded that the site is fully compliant with this standard.

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

G. Access to formal and informal education and training for Trainees

i. The work schedules of trainees will take account of specific training programme requirements
ii. Trainees will be facilitated and encouraged at a local level to attend formal scheduled education and training opportunities
iii. Trainees will be facilitated and encouraged at a local level to avail of informal education and training opportunities

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

i. Trainees noted that their work schedules are designed in accordance with individual training programme requirements. Example teaching schedules and course completion logs were provided to the team.

ii. & iii. Trainees described the range of formal and informal education and training opportunities available to them and that teaching is primarily Consultant-led. Lecture time was noted to be protected and the team bleep structure in place at the site facilitates attendance at scheduled educational sessions. Additional informal opportunities arise day-to-day, through the complex case-mix trainees have access to at the site. Trainers spoke of trainee feedback being useful in designing teaching schedules and gave examples of how tutorials have been revised based on such feedback. Trainees also have access to interview skills training and can attend clinical risk meetings.

Compliance

The clinical training site's self-evaluation submission indicated partial compliance with this standard. The team concluded that the site is fully compliant with this standard.

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

H. Opportunities for trainers to train through protected training time

i. The role of trainers will be reflected in individual trainer work schedules and through protected training time

ii. Trainers will be supported and encouraged at a local level in recognition of their significant role in specialist training

iii. Trainers will be facilitated at a local level to participate in activities intended to support and develop them in their role as trainers

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

i. The team had the opportunity to meet with nine of the 39 trainers at the site. An example trainer work schedule was provided which outlined set times for training activity.

ii. & iii. Discussion with trainers highlighted how cross-cover roles across different sites helps to facilitate trainer duties and attendance at trainer development activities. However, some trainers reported challenges in managing trainer and clinical duties due to sufficient protected time not being provided for in the current Consultant contract, acknowledging that this issue is outside of the site's control.

Compliance

The clinical training site's self-evaluation submission indicated partial compliance with this standard. The team concluded that the site is fully compliant with this standard.

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

I. Access to resources which support directed and self-directed learning

i. There will be sufficient study space and I.T. facilities in order for trainees to maximise opportunities for self-directed learning

ii. There will be access to relevant and up-to-date medical literature, to include online access

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

i. Despite the spatial constraints of the site, study space is available throughout. The team reviewed the library and I.T. facilities onsite which include access to a 24-hour reading room.

ii. There is a wide selection of online journals and access to databases available through the staff intranet. Training is available for research and audit via the library staff.

Compliance

The clinical training site's self-evaluation submission indicated full compliance with this standard. The team concluded that the site is fully compliant with this standard.

Recommendation (s)

No recommendations made.

Commendation (s)

1. Trainees had high praise for the library staff.

Level of compliance: FC

J. Access to pastoral and health supports for Trainees

i. Trainees will be made aware of, and have access to, local occupational health supports
ii. Trainees will be made aware of, and have access to, appropriate mental health supports
iii. Reasonable adjustment will be made to support the particular training needs of trainees with disability

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

i. Occupational health staff are onsite three days a week and online services are also available through an Employee Assistance Programme. Details on how to access and the availability of these services are referenced during site induction.

ii. Mental health supports are available through the online and occupational health resources at the site. In addition to this, further supports are in place based on the nature of the services trainees are working in. Following adverse events, there are one-to-one and team debriefing opportunities as well as regular informal check-ins from trainers and fellow team members.

iii. Management advised that adjustments would be made where possible to facilitate the needs of a trainee with a disability. Management noted that such adjustments have not been required to date.

Compliance

The clinical training site's self-evaluation submission indicated full compliance with this standard. The team concluded that the site is fully compliant with this standard.

Recommendation (s)

No recommendations made.

Commendation (s)

1. The supports available to trainees following adverse events.

Level of compliance: FC

K. Access to resources to maintain close contact with parent training bodies

i. Trainees will be facilitated to maintain close contact with their parent training body, to include I.T. access

ii. Trainees will be made aware of their primary point of contact with their training body for training queries

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

i. Trainers and Training Leads/ Heads of Departments are the onsite training body representatives and trainees reported being facilitated to attend study days organised by their training bodies. I.T. facilities are also available onsite.

ii. Trainees noted that they aware of their primary contact based within their respective training bodies should they have queries specific to their training programme.

Compliance

The clinical training site's self-evaluation submission indicated full compliance with this standard. The team concluded that the site is fully compliant with this standard.

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

L. Promotion of Medical Council guidance on professionalism, including promotion of current ethical guidance

i. There will be an explicit commitment to promoting professional attitudes and behaviour among trainers and trainees, including promotion of the current Guide to Professional Conduct and Ethics for Registered Medical Practitioners ('Ethical Guide') published by the Medical Council
ii. The site will promote good professional practice by all staff which is centred on patient safety and quality of care
iii. There will be an explicit commitment, and accompanying policies and procedures, to address any instances of unprofessionalism at a local level
iv. Where local resolution is not possible, there will be clear pathways for the referral of concerns to the Medical Council

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

i. Professionalism is promoted formally and informally at the site. Trainers and trainees described examples of how professionalism is promoted such as through direct observation of senior colleagues interacting with patients, professionalism tutorials, teaching on breaking bad news, communication workshops, and human factors training. Training is speciality dependent and trainees described an awareness of the Medical Council's Ethical Guide and how this underpins training at the site. Current guidance is not specifically promoted at induction pending updates to the guide following the introduction of the Health (Regulation of the Termination of Pregnancy) Act 2018. The team was provided with a copy of the sites own policy on medical professionalism.

ii. There is a strong emphasis on self-care at the site and how this relates to patient safety. The team heard examples of how the site supports staff following adverse events. Feedback from patients is actively sought and relayed back to the relevant staff member, including trainees, to ensure that care remains patient focussed, and that the quality of care is continuously improving.

iii. The pathway for addressing instances of unprofessionalism at the site is set out in the RH Medical Professionalism Policy. Trainees described the process for reporting instances of unprofessionalism at the site. Additional policy documents provided included Dignity at Work, Grievance and Disciplinary procedures, Open Disclosure and the Complaints Policy.

iv. The site's Trust in Care Policy outlines when referrals should be made to the Medical Council.

Compliance

The clinical training site's self-evaluation submission indicated partial compliance with this standard. The team concluded that the site is partially compliant with this standard.

Recommendation (s)

1. The team acknowledged the reasons provided for not promoting the Ethical Guide. However, the remaining parts of the Guide can still be promoted pending incoming legislation. The team recommend that the Medical Council's Ethical Guide is signposted in the induction material and that current Medical Council ethical guidance be promoted.

Commendation (s)

1. The approach to disseminating patient feedback and learning from such is to be commended as one aspect of training in professionalism.

Level of compliance: PC

M. Safe working environment

i. There will be ongoing monitoring to ensure that training sites remain a safe physical environment for trainees

ii. Working hours will be rostered with reference to the provisions of the European Working Time Directive, and other applicable employment legislation

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

i. The team was provided with a copy of the current Health and Safety Statement and Staff Handbook on Safety. The site's Safety Committee monitor the physical environment to ensure the site remains safe.

ii. Documentary monitoring evidence was provided which indicated a high degree of compliance with the European Working Time Directive (EWTD). Trainees described intermittent roster challenges due to staff shortages at the site. An electronic working time management system is used at the site to monitor working hours.

Compliance

The clinical training site's self-evaluation submission indicated full compliance with this standard. The team concluded that the site is partially compliant with this standard.

Recommendation (s)

1. Continue efforts in working to achieve full compliance with the EWTD.

Commendation (s)

No commendations made.

Level of compliance: PC

N. Specialty-specific supports

i. There will be sufficient resources to meet the specialty-specific requirements of all training programmes which are supported at the training site

ii. There will be ongoing dialogue with postgraduate training bodies to ensure that specialty-specific resources remain fit-for-purpose

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

i. Trainees reported that specialty-specific requirements are in place for their training programmes. Copies of the most recent training body inspection reports for Anaesthesiology, Histopathology, Obstetrics and Gynaecology, and Paediatrics were provided to the team. It was acknowledged that the site faces challenges due to the physical infrastructure of the building but that currently, such issues are not impeding on training opportunities.

ii. Follow-up correspondence between the site and the postgraduate training bodies was provided, demonstrating ongoing dialogue to ensure training resources remain fit-for-purpose. The Master of the site is the accountable individual for ensuring speciality-specific resources are in place.

Compliance

The clinical training site's self-evaluation submission indicated partial compliance with this standard. The team concluded that the site is fully compliant with this standard.

Recommendation (s)

1. Continue efforts to address the challenges posed by the limited space on the site in order to future-proof the delivery of training at the site.

Commendation (s)

No commendations made.

Level of compliance: FC

O. Participation in on-call duty rota

i. There will be an appropriate on-call ratio which takes account of the capabilities of trainees and which reflects the volume of on-call activity
ii. There will be appropriate supervision of all trainees during the on-call period
iii. There will be appropriate post-call leave arrangements for trainees
iv. There will be safe and secure on-call accommodation

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

i. Example on-call rotas for Anaesthesiology and Obstetrics and Gynaecology were provided. Trainees described call cover as intense and difficult at times depending on staff availability e.g. leave, sickness, or working offsite.

ii. Trainees expressed satisfaction in the level of supervision available to them on-call. Consultants are accessible during on-call and trainees have a list of key scenarios indicating when Consultants are to be contacted. The site's On-Call Policy and the Consultant On-call Responsibilities in Obstetrics and Gynaecology document were provided to the team.

iii. The example on-call rotas highlighted post-call leave arrangements and trainees reported to be satisfied that they were getting their post-call leave as required.

iv. The team reviewed the access-controlled on-call accommodation that is available to trainees onsite.

Compliance

The clinical training site's self-evaluation submission indicated full compliance with this standard. The team concluded that the site is fully compliant with this standard.

Recommendation (s)

1. Continue to monitor the on-call ratio in line with the volume of on-call activity at the site.

Commendation (s)

No commendations made.

Level of compliance: FC

P. Support for assessment of Trainees

i. There will be local support for the assessment of trainees, in line with explicit learning outcomes, and as per the assessment methodology of the relevant training body

ii. Trainees will be facilitated at a local level to participate in all assessments required by their parent training body

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

i. Trainees described using their logbooks onsite and that they meet regularly with their trainers to assess progress with identified learning outcomes.

ii. Trainees reported being able to attend all training body assessments as required and noted that they are facilitated to attend speciality training days.

Compliance

The clinical training site's self-evaluation submission indicated partial compliance with this standard. The team concluded that the site is fully compliant with this standard.

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

Q. Opportunities for multi-disciplinary teamwork i. There will be local encouragement and promotion of multi-disciplinary teamwork ii. There will be opportunities for trainees to benefit from interaction and collaboration with clinical colleagues across the healthcare delivery spectrum
Description of evidence of compliance with this Standard during the inspection visit i. &. ii. A schedule of the formal multi-disciplinary learning opportunities was shared with the team, along with a copy of the Rotunda Hospital Obstetric Emergencies Training Manual. Trainees described working with colleagues across different disciplines in the areas of Dietetics, Midwifery, Palliative Care and Pharmacy. Multi-disciplinary emergency scenario training also features during site induction. The implementation of the Transfer of Tasks at the site was described as well-embedded and continuously improving.
Compliance The clinical training site's self-evaluation submission indicated full compliance with this standard. The team concluded that the site is fully compliant with this standard.
Recommendation (s) No recommendations made.
Commendation (s) No commendations made.
Level of compliance: FC

R. Opportunities for Trainees to provide feedback to employing authority

i. There will be opportunities for trainees to provide feedback on their training experience to the management of their training site

ii. Trainee feedback will be actively sought and encouraged with a view to maintaining and improving general standards for trainees of all disciplines

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

i. Feedback opportunities at the site are available via the NCHD Committee and an anonymous feedback form is issued to trainees at the end of rotations, seeking feedback on the training environment at the site. Sample NCHD Committee meeting minutes were provided as well as an example of an annual overview of responses from NCHD's regarding feedback to the site.

ii. The team heard examples of numerous requests for improvements made by the NCHD Committee which were delivered on by management. For example, renovations to the on-call accommodation facilities.

Compliance

The clinical training site's self-evaluation submission indicated full compliance with this standard. The team concluded that the site is fully compliant with this standard.

Recommendation (s)

No recommendations made.

Commendation (s)

1. The site has an open and pro-active approach to seeking feedback and acting on responses to continuously improve standards of the training experience at the site.

Level of compliance: FC

Appendices

Appendix One – Agenda for the inspection visit to the Rotunda Hospital

Comhairle na nDochtúirí Leighis
Medical Council

Medical Council Clinical Training Site Inspection Visit

Rotunda Hospital

Thursday 4th April 2019

Assessor Team

Dr Thomas Crotty, Assessor, Medical Council member & Chair of visiting team

Ms Lesley Costello, Assessor for the Medical Council

Dr Aoife Hunt, Assessor for the Medical Council

Ms Katharine Bulbulia, Assessor for the Medical Council

Ms Chloe Ryder, Acting Inspection Manager, Medical Council

Ms Marian Brosnan, Accreditation Executive, Medical Council

Time	Activity
8.15am	**Arrive at clinical training site** Assessor Team to be met by nominated site liaison
8.30am – 9.00am	**Private session of the Assessor Team**
9.00am – 10.00am	**Meeting with Management** Introductions and brief overview of education and training at the site
10.00am – 11.30am	**Meeting with Trainees**
11.30am – 12.00pm	**Private session of the Assessor Team**
12.00pm – 1.00pm	**Meeting with Trainers**

1.00pm – 1.45pm	**Private session of the Assessor Team**
1.45pm - 2.45pm	**Facilities walk around** Facilities the Team will request to see the following as a minimum on the walk around: • library facilities • on call residence • study rooms • training rooms • occupational health facilities • a walkthrough of the ED (if applicable)
2.45pm – 3.30pm	**Review of documentary evidence** Members of the Assessor Team to review copies of the documentary evidence to be provided on site
3.30pm – 4.00pm	**Private session of the Assessor Team**
4.00pm – 4.30pm	**Meeting with clinical training site management** Close out meeting following the inspection visit
4.30pm	**Depart from clinical training site**

Medical Council criteria for the evaluation of training sites which support the delivery of specialist training

A	**Clarity of educational governance arrangements**
(i)	✓ There will be clear organisational structures and lines of accountability for the learning environment at training sites
(ii)	✓ Management / board level reporting arrangements will be in place e.g. *via* an oversight committee including trainees, to maintain institutional oversight of the learning environment
(iii)	✓ There will be transparent arrangements with postgraduate training bodies to clarify the relevant responsibilities and expectations of each party involved in the delivery of specialist training
B	**Clarity of clinical governance arrangements**
(i)	✓ Trainees will be made aware of their responsibilities as doctors in training, their level of authority and lines of accountability
(ii)	✓ Trainees will be made aware of local procedures for reporting clinical incidents
(iii)	✓ Local clinical practice will reinforce with trainees the importance of communicating critical information to ensure continuity of care e.g. at patient handover
C	**Accountability**
	There will be a named individual (or individuals) on each site with identified responsibility and accountability for ensuring the following:
(i)	• that the site meets the Medical Council's requirements for training sites

(ii)	• that the site meets any requirements agreed locally with postgraduate training bodies
(iii)	• that there is effective communication and collaboration with the HSE's education and training function
(iv)	• that education and training on-site is supported through any organisational changes
D	**Induction arrangements for trainees**
(i)	✓ Each site will have a policy for induction
(ii)	✓ There will be arrangements in place to monitor implementation of the policy
(iii)	✓ There will be a site-specific health and safety induction for all trainees at the beginning of their first rotation at individual training sites. This induction will be common to all trainees regardless of programme specifics
(iv)	✓ There will be an appropriate programme-specific / specialty-specific induction for all trainees to prepare them for the particulars of their forthcoming rotation
(v)	✓ Trainees will be made aware of all relevant local and national policies which apply at their training site
(vi)	✓ Training sites will make every effort to *minimise* the duplication of employment-related documentation as and when trainees transition between sites
E	**Clear supervisory arrangements for trainees**
(i)	✓ Trainees will be supervised appropriately
(ii)	✓ Trainees will be made aware of their clinical supervisors
(iii)	✓ The level of supervision of individual trainees will take account of individual trainee capabilities and limitations
(iv)	✓ The level of supervision of individual trainees will take account of each trainee's stage of training

F	**Opportunities for training through clinical practice for trainees**
(i)	✓ Participation in clinical practice will be at a level appropriate to the trainee's level of competence
(ii)	✓ Day-to-day activities will maximise opportunities for learning through participation in clinical practice
G	**Access to formal and informal education and training for trainees**
(i)	✓ The work schedules of trainees will take account of specific training programme requirements
(ii)	✓ Trainees will be facilitated and encouraged at a local level to attend formal scheduled education and training opportunities
(iii)	✓ Trainees will be facilitated and encouraged at a local level to avail of informal education and training opportunities
H	**Opportunities for trainers to train through protected training time**
(i)	✓ The role of trainers will be reflected in individual trainer work schedules and through protected training time
(ii)	✓ Trainers will be supported and encouraged at a local level in recognition of their significant role in specialist training
(iii)	✓ Trainers will be facilitated at a local level to participate in activities intended to support and develop them in their role as trainers
I	**Access to resources which support directed and self-directed learning**
(i)	✓ There will be sufficient study space and I.T. facilities in order for trainees to maximise opportunities for self-directed learning
(ii)	✓ There will be access to relevant and up-to-date medical literature, to include online access
J	**Access to pastoral and health supports for trainees**

(i)	✓ Trainees will be made aware of, and have access to, local occupational health supports
(ii)	✓ Trainees will be made aware of, and have access to, appropriate mental health supports
(iii)	✓ Reasonable adjustment will be made to support the particular training needs of trainees with disability
K	**Access to resources to maintain close contact with parent training bodies**
(i)	✓ Trainees will be facilitated to maintain close contact with their parent training body, to include I.T. access
(ii)	✓ Trainees will be made aware of their primary point of contact with their training body for training queries
L	**Promotion of Medical Council guidance on professionalism, including promotion of current ethical guidance**
(i)	✓ There will be an explicit commitment to promoting professional attitudes and behaviour among trainers and trainees, including promotion of the current *Guide to Professional Conduct and Ethics for Registered Medical Practitioners* (‘*Ethical Guide’*) published by the Medical Council
(ii)	✓ The site will promote good professional practice by all staff which is centred on patient safety and quality of care
(iii)	✓ There will be an explicit commitment, and accompanying policies and procedures, to address any instances of unprofessionalism at a local level
(iv)	✓ Where local resolution is not possible, there will be clear pathways for the referral of concerns to the Medical Council
M	**Safe working environment**
(i)	✓ There will be ongoing monitoring to ensure that training sites remain a safe physical environment for trainees
(ii)	✓ Working hours will be rostered with reference to the provisions of the European Working Time Directive, and other applicable employment legislation
N	**Specialty-specific supports**

(i)	✓ There will be sufficient resources to meet the specialty-specific requirements of all training programmes which are supported at the training site
(ii)	✓ There will be ongoing dialogue with postgraduate training bodies to ensure that specialty-specific resources remain fit-for-purpose
O	**Participation in on-call duty rota**
(i)	✓ There will be an appropriate on-call ratio which takes account of the capabilities of trainees and which reflects the volume of on-call activity
(ii)	✓ There will be appropriate supervision of all trainees during the on-call period
(iii)	✓ There will be appropriate post-call leave arrangements for trainees
(iv)	✓ There will be safe and secure on-call accommodation
P	**Support for assessment of trainees**
(i)	✓ There will be local support for the assessment of trainees, in line with explicit learning outcomes, and as per the assessment methodology of the relevant training body
(ii)	✓ Trainees will be facilitated at a local level to participate in all assessments required by their parent training body
Q	**Opportunities for multi-disciplinary teamwork**
(i)	✓ There will be local encouragement and promotion of multi-disciplinary teamwork
(ii)	✓ There will be opportunities for trainees to benefit from interaction and collaboration with clinical colleagues across the healthcare delivery spectrum
R	**Opportunities for trainees to provide feedback to employing authority**

(i)	✓ There will be opportunities for trainees to provide feedback on their training experience to the management of their training site
(ii)	✓ Trainee feedback will be actively sought and encouraged with a view to maintaining and improving general standards for trainees of all disciplines

Approved by the Medical Council on 17th July 2014

Appendix Three – Overview of supporting documentation provided by the Rotunda Hospital

ROTUNDA HOSPITAL		
Standard	Compliance rating by site	Supporting documentation
A. Clarity of educational governance arrangements	**PC**	**1.** 1 Governance Structure - NCHD Committee 110715 **2.** 2 Hospital Organisational Structure **3.** 3 Institutional oversight of training environment **4.** 4 RCSI Academic Department Listing **5.** 5 Training roles and hierarchy - Anaesthetics July 2018 **6.** 6 Training roles and hierarchy - Obs & Gynae July 2018 **7.** 7 Training roles and hierarchy - Paediatrics July 2018 **8.** A. 8 Training roles and hierarchy - Pathology July 2018
B. Clarity of clinical governance arrangements	**FC**	**1.** B. 1 Inpatient Clinical Handover Policy **2.** B. 2 Maternity Clinical Handover 2014 **3.** B. 3 Patient Safety Risk Management for O&G **4.** B. 4 Risk Management Occurrence Form 3 **5.** B. 5 Risk Management Occurrence Form 2 **6.** B. 6 Risk Management Occurrence Form **7.** B. 7 Risk Management Policy **8.** B. 8 NCHD - Contract **9.** B. 9 Team System Policy Final Draft
C. Accountability	**PC**	**1.** C. 1 Consultant Contract **2.** C. 2 Jog Specification - LEAD Clinical Director Acute Care FINAL **3.** C. 3 Sample workplan Consultant Trainer O&G **4.** C. 4 Sample work plan Consultant Tutor Anaes **5.** C.5 Training roles and hierarchy - Anaesthetics July 2018 **6.** C. 6 Training roles and hierarchy - Obs & Gynae July 2018 **7.** C. 7 Training roles and hierarchy - Paediatrics July 2018
D. Induction arrangements for trainees	**FC**	**1.** D. 1 Attendance Sheets NCHD Induction for Jan 2018 **2.** D. 1 Attendance Sheets NCHD Induction for July 2018 **3.** D. 2 CDO presentation new NCHD's July 2018 **4.** D. 3 Clinical Risk Management presentation for NCHD Induction **5.** D. 4 FW MN - CMS Drop in Session today - possible evidence for 2018

		6. D. 5 Hemovigilance Lecture - Induction NCHD 2018 **7.** D. 6 HR Presentation for NCHD Induction **8.** D. 7 Infection Prevention & Control - NCHD Induction 2018 **9.** D. 8 Library Information - NCHD Induction Day July 2018 **10.** D. 9 MN CMS User Guide (2) **11.** D. 10 Multidisciplinary emergency training - Groups July 2018 **12.** D. 11 NCHD Induction Programme 9th - 13th July 2018 **13.** D. 12 NICU Prescribers Workbook - NCHD Induction **14.** D. 13 OBS Prescribers Workbook - NCHD Induction **15.** D. 14 Post Induction Meeting Minutes July 9th 2018 **16.** D. 15 Prescribers Workbook - ANES Induction **17.** D. 16 Quick Guide to Acknowledging Documents in Q-Pulse **18.** D. 17 Radiology - NCHD induction **19.** D. 18 Speciality Specific Induction Schedule - Obstetrics July 2018 **20.** D. 18 Specialty Specific Induction Schedule - Paediatrics July 2018
E. Clear supervisory arrangements for trainees	**FC**	**1.** E. 1 NCHD Contract **2.** E. 2 Notification to trainees to their trainers contract details **3.** E. 3. O&G Teams and Trainers List - July 2018 **4.** E. 4 Paeds Trainee Allocations July 18 **5.** E. 5 Rotunda Hospital NCHD Training Record
F. Opportunities for trainees to train through clinical practice	**FC**	**1.** F. 1 HSE Post Descriptions Rotunda July 2018 (2) **2.** F. 2 Master Reg rota **3.** F. 3 Medical professionalism policy
G. Access to formal and informal education and training for trainees	**PC**	**1.** G. 1 Anaesthetic Teaching Schedule 2018 **2.** G. 2 Events recorded on Q-pulse for 2018 **3.** G. 3 K2 CTG Training Document **4.** G. 4 NCHD O&G K2 Progress Jan - Dec 2018 **5.** G. 5 NCHD Weekly Teaching Schedule **6.** G. 6 Neonatal NCHD Tuesday Teaching Rota **7.** G. 7 Neonatology Journal Club Rota - Latest Oct 30th2018 **8.** G. 8 Neonatology Teaching Session recorded on Q-pulse 2018 **9.** G. 9 Neonatology Weekly Timetable **10.** G. 10 NRP Documentation

H. Opportunities for trainers to train through protected training time	**PC**	**1.** H. 1 CAI Examiners Training Day **2.** H. 2 Copy of Copy of Work Schedule Neonates **3.** H. 3 FCAI SBA question guide examiners
I. Access to resources which support directed and self-directed learning	**FC**	**1.** 1 Library services available to local trainees **2.** I. 2 LIS Search and Discover
J. Access to pastoral and health supports for trainees	**FC**	**1.** J. 1 16 02 10 Dignity at Work Policy **2.** J. 2 Occ Health Dept **3.** J. 3 Occ Health email re Flu vaccine
K. Access to resources to maintain close contact with parent training bodies	**FC**	**1.** K. 1 Email Internet Access Request Form **2.** K. 2 MN - CMS Access Form **3.** K. 3 Neonates Trainee Allocation Jan 18 **4.** K. 3 Neonates Trainee Allocation July 18 **5.** K. 3 Obs & Gynae Trainee Allocations Jan 18 **6.** K. 3 Obs & Gynae Trainee Allocations Jul 18 **7.** K. 4 Outlook Web Access **8.** K. 5 Email Re Computer Logins **9.** K. 5 Sample Email re Email Account
L. Promotion of Medical Council guidance on Professionalism, including promotion of current ethical guidance	**PC**	**1.** L. 1 CDO presentation new NCHD's July 2018 **2.** L. 1 Obstetric Induction Morning Monday July 2018 **3.** L. 2 Code of Good Research Practice **4.** L. 3 Complaint Form **5.** L. 3 Complaint Policy **6.** L. 4 Dignity at Work Policy **7.** L. 5 Disciplinary Procedure Policy **8.** L. 6 Grievance Procedure Policy **9.** L. 7 Medical Professional Policy **10.** L. 8 National Guidelines on Open Disclosure **11.** L. 8 Open Disclosure Checklist **12.** L. 9 Open Disclosure Policy **13.** L. 10 Sample email to NCHDs re Medical Professional Policy **14.** L. 11 Supporting staff following an adverse event **15.** L. 12 Trust in Care policy
M. Safe working environment	**FC**	**1.** M. 1 CompStat EWTD Template - Nov2018 **2.** M. 2 H&S Staff Handbook on Safety 24 07 2017 **3.** M. 3 Health and Safety Statement 2018 2019 **4.** M. 4 Information for Induction Day for NCHD **5.** M. 5 NCHD Avg 48 hour week report 29.10.18 - 02.12.18 **6.** M. 6 TMS Biometric Contact Consent Form **7.** M. 6 TMS Clock Enrolment Instruction **8.** M. 7 Signed Safety Statement 12.03.2018

N. Specialty-specific supports	**PC**	**1.** N. 1 Anaesthetic Inspection Report **2.** N. 2 Obst&Gynae Inspection Report **3.** N. 3 Rotunda Report Histopathology **4.** N. 4 Rotunda Report Paediatrics
O. Participation in on-call duty rota	**FC**	**1.** O. 1 Anaes Apr 2018 **2.** O. 1 Anaes Jan 2018 **3.** O. 1 Anaes Oct 2018 **4.** O. 2 Consultant on call responsibilities **5.** O. 3 Inpatient Clinical Handover Policy **6.** O. 4 List of Trainers **7.** O. 5 Maternity -Clinical Handover 2014 **8.** O. 6 NCHD Paging Communication Policy **9.** O. 7 O&G Rota April 2018 **10.** O. 7 O&G Rota Feb 2018 **11.** O. 7 O&G Rota Oct 2018 **12.** O. 8 On Call Policy **13.** O. 9 Consultant Anaesthetist Attendance and Communication Rotunda (draft)
P. Support for assessment of trainees	**PC**	**1.** P. 1 Anaesthetics Inspection Report **2.** P. 2 Correspondence re training O&G **3.** P. 3 Obs&Gynae Inspection Report **4.** P. 4 Rotunda Report Histopathology **5.** P. 5 Rotunda Report Paediatrics
Q. Opportunities for multi-disciplinary teamwork	**FC**	**1.** Q. 1 Email from Clinical Audit Department re Monthly Clinical Audit Report **2.** Q. 2 MDT Timetable July 2018 **3.** Q. 3 MonthlyAuditReportbyDepartmentOctober2018 **4.** Q. 3 MonthlyAuditReportbySpecialtyOctober2018 **5.** Q. 4 NCHDs Committee members listing 2018 **6.** Q. 5 RHOET - Rotunda Hospital Obstetric Emergency Training Manual **7.** Q. 6 The Rotunda Biannual Audit Research meeting **8.** Q. 7 Tuesday Meeting Schedule 2018
R. Opportunities for trainees to provide feedback to employing authority	**FC**	**1.** R. 1 07 June 2018 Agenda NCHD Committee **2.** R. 1 07 June 2018 Minutes NCHD Committee **3.** R. 1 20 Sept 2018 Agenda NCHD Committee **4.** R. 1 20 Sept 201Minutes NCHD Committee **5.** R. 1 21 Feb 2018 Agenda NCHD Committee **6.** R. 1 21 Feb 2018 Minutes NCHD Committee **7.** R. 2 Email to NCHDs re Feedback to the Rotunda regarding your rotation **8.** R. 3 NCHD Feedback July 2017 **9.** R. 3 NCHD Feedback July 2018 **10.** R. 4 Rotunda Feedback Form (anonymous) **11.** R. 5 TO NCHDS RE ROTUNDA TRAINING RECORD

Medical Council
Kingram House
Kingram Place
Dublin 2
D02 XY88

www.medicalcouncil.ie

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