Comhairle na nDochtúirí Leighis
Medical Council

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

Report on the Inspection of
Intern and Specialist Clinical Training Sites

**Clinical training sites inspected:**

University Hospital Kerry

South Tipperary General Hospital

Mercy University Hospital

University Hospital Waterford

Cork University Hospital

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## Statement with regard to the Freedom of Information Acts, 2014

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

The Freedom of Information Act is designed to allow public access to information held by public bodies, which is not routinely available through other sources and access to this document may be sought in accordance with that Act. The Medical Council complies fully with the terms of the Freedom of Information Act. It should be noted that access to information under the Freedom of Information Act is subject to certain exemptions and one or more of those exemptions may apply in relation to some or all of this report.

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# Executive Summary

The Medical Council is obliged under section 88 of the Medical Practitioners Act 2007 to inspect all sites where intern and specialist training is provided. In 2016, the Medical Council decided to adopt a regional approach to clinical training site inspections, based on the regions associated with each HSE Hospital Group. It is not practical for the Medical Council to inspect all sites within a Hospital Group during a regional visit and the Medical Council uses all information available to it, including scores from its annual *Your Training Counts* survey of Trainee experiences, in order to decide which sites to prioritise.

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

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

The above sites were visited between 16th and 23rd November 2017. The Assessor Teams comprised Council members, Council Executive and External Assessors with a relevant background/interest in medicine and/or medical education/training; and included medically-qualified and non-medically-qualified persons, representing public/patient interests. The Agendas for each hospital inspection visit, which include details of the site Assessor Teams, are attached as **Appendix 1**.

The Assessor Team at each training site assessed the site's compliance with the Medical Council's '*Standards for Training and experience required for the granting of a certificate of experience to an intern'* (approved 9th September 2010, revised 14th April, 2011) and *Medical Council criteria for the evaluation of training sites which support the delivery of specialist training*' (approved 17th July 2014).

The Team met with Professor Fergus Shanahan, Group Chief Clinical Director of the South/ South West Hospital Group, Professor Helen Whelton, Chief Academic Officer, Dr Gerard O' Callaghan, Chief Operating Officer, and other key Hospital Group personnel. The Team also met with senior management and Trainers at each clinical training site and interviewed Interns and NCHDs participating in specialist training programmes at each site.

The Team found that all five clinical training sites visited in the South / South West Hospital Group were found to be partially or fully complying with the Medical Council's intern training Standards and the majority of the Medical Council's Standards for specialist training sites. On that basis, the Team recommends that all five sites continue to be approved for intern and specialist medical education and training.

A number of recommendations have been made to ensure that each site complies, improves compliance and/or continues to comply with all training Standards. The Hospital Group should develop an Action and Implementation Plan to address these recommendations and report back to the Medical Council with a proposed plan within 3 months of the issue date of this report.

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

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

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

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

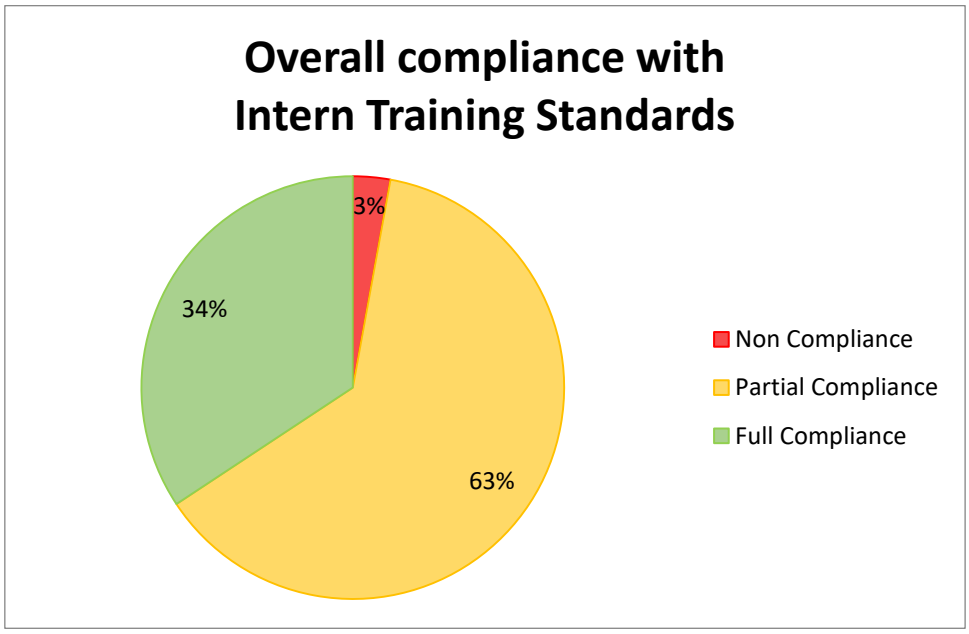


**Figure 1. South / South West overall compliance with Intern Training Standards**


**Figure 2. South / South West Hospital Group compliance with intern training Standards**

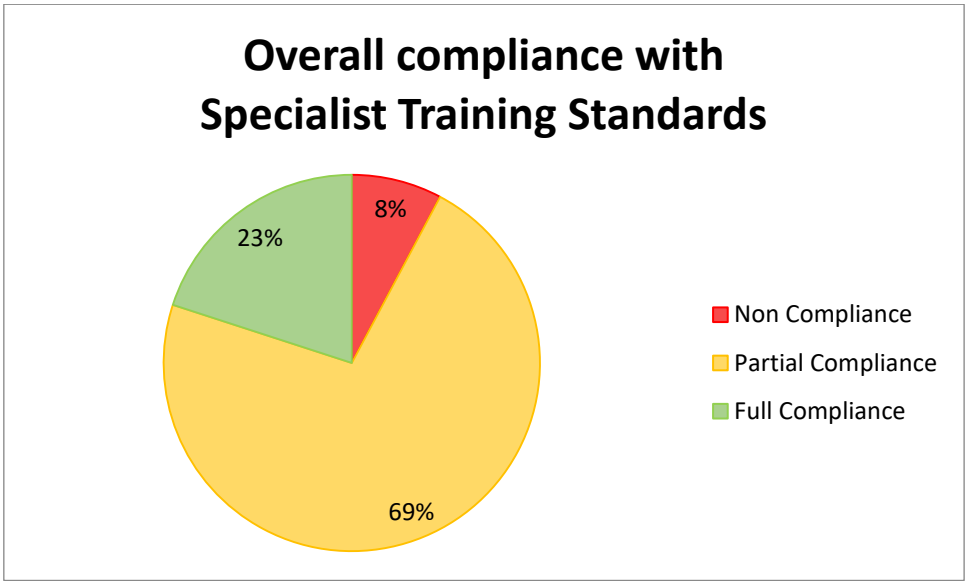


**Figure 3. South / South West overall compliance with Specialist Training Standards**

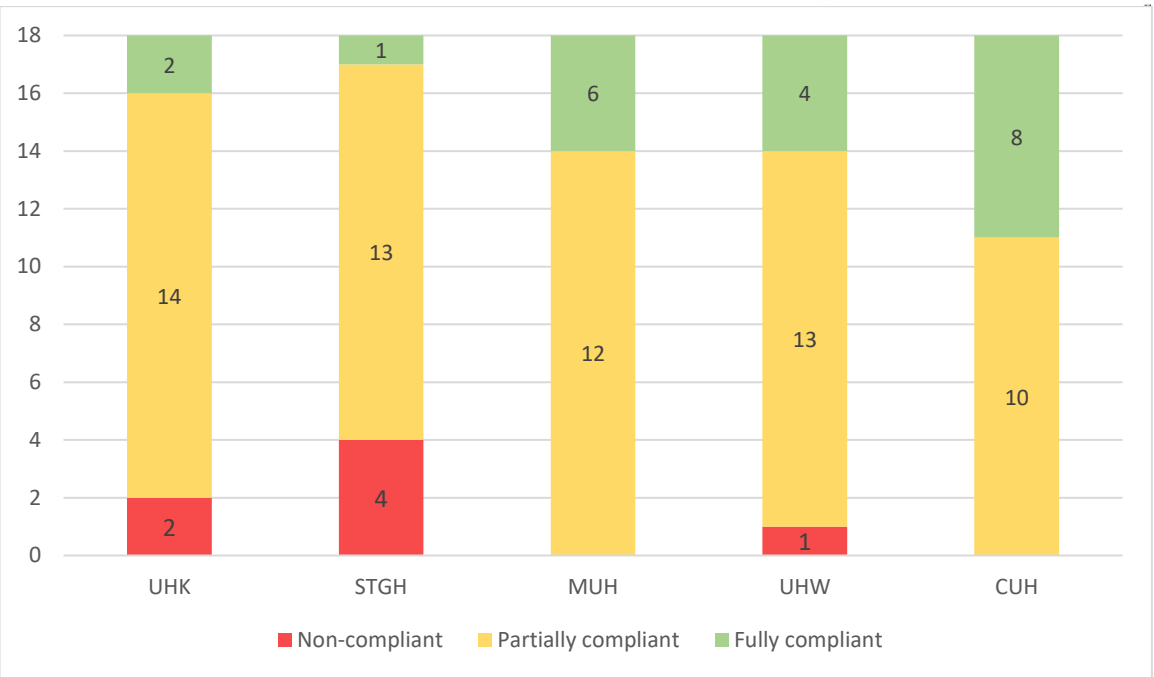


**Figure 4 . South / South West Hospital Group compliance with Specialist Training Standards**

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# Preface

## 1. Context of the Inspection Visit

The Medical Council Assessor Team met with the South / South West Hospital Group (SSWHG) between 16th and 23rd November 2017. The Team's remit was to assess the levels of compliance of clinical sites where intern and specialist training is provided in line with the following documents:

- Medical Council '*Standards for Training and experience required for the granting of a certificate of experience to an intern'* (approved 9th September 2010, revised 14th April, 2011),
- Medical Council '*Guidelines on Medical Education for Interns* (approved 19th October 2010, revised 14th April, 2011); and
- '*Medical Council criteria for the evaluation of training sites which support the delivery of specialist training*' (approved 17th July 2014).

The Assessor Teams were required to subsequently formulate recommendations on any improvements which may be required, or any other issues arising from such inspections, to the Medical Council's Education, Training and Professional Development Committee (ETPDC), based on their findings.

## 2. The Team

The Medical Council Assessor Team for each visit is listed in Appendix 1 of this Report. The Council is appreciative of the contribution of each Assessor Team which included Council members, Professor Alan Johnson, Mr Tom O'Higgins, Ms Mary Duff, Ms. Vicky Blomfield, Dr John Barragry and Ms Cornelia Stuart, and wishes to express particular gratitude to the national Assessors, Professor Jason Last, Mr. Daragh Moneley, Dr. Joe Duignan and Professor Anthony Cunningham, who generously gave of their time and expertise to help with the inspection process.

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

## 3. Documentation

As part of the process, SSWHG was asked to complete and document a self-evaluation process based on the '*Standards for Training and experience required for the granting of a certificate of experience to an intern'* (approved 9th September 2010, revised 14th April, 2011), '*Guidelines on Medical Education for Interns* (approved 19th October 2010, revised 14th April, 2011) and '*Medical Council criteria for the evaluation of training sites which support the delivery of specialist training*' (approved 17th July 2014). This documentation was reviewed by the Team. The Team was impressed by the quality of the detailed and substantial submission.

## 4. Schedule

The inspection visits included a private meeting of the Medical Council Assessor Team and in-depth discussions between the Team and SSWHG representatives, clinical training site Management, Trainers, Interns and NCHDs participating in specialist training programmes. The purpose of these meetings was to assist the Teams in assessing how the Hospital Group and each clinical training site inspected is complying with the Medical Council's education and training Standards. Informal meetings were also convened at each site with NCHDs who are not currently participating in specialist training programmes, to allow them an opportunity to meet with the Assessor Team, learn more about the Medical Council and ask questions.

## 5. Appendices

The agendas for each Inspection Visit are attached as Appendix 1.

The Standards which form the basis of the inspection process are attached as Appendices 2 and 3 (Intern Training) and 4 (Specialist Training).

## 6. The Report

The '*Standards for Training and experience required for the granting of a certificate of experience to an intern'* ('intern Standards') and the '*Medical Council criteria for the evaluation of training sites which support the delivery of specialist training*' ('Standards for specialist training sites') formed the basis of the evaluation of the clinical training site inspection for SSWHG. Observations, comments and recommendations, as well as an analysis of the site's compliance with each Standard, are detailed under each clinical training site.

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## South / South West Hospital Group

South / South West Hospital Group is one of seven HSE hospital groups and comprises nine hospitals across nine sites:

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

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

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

**Mission Statement:**

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

**Vision Statement:**

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

**Guiding Values:**

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

- Care
- Compassion
- Trust
- Learning

**Goals**

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

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# Summary and General Assessment

## 1. Conclusion

The following are the Team's recommendations regarding the approval of the clinical sites visited to provide medical education and training:

1. University Hospital Kerry should continue to be approved to provide medical education and training to Interns. This recommendation is made on the grounds that the Team found that the site is adhering to the majority of the rules, criteria, guidelines and Standards approved by Council as specified in Sections 88(3)(b), 88(3)(d), 88(3)(e) and 88(3)(f) of the Medical Practitioners Act 2007.

2. University Hospital Kerry should continue to be approved to provide specialist medical education and training to NCHDs. This recommendation is made on the grounds that the Team found that the site is adhering to the majority of the rules, criteria, guidelines and Standards approved by Council as specified in Sections 88(4)(b),88(4)(d), 88(4)(e) and 88(4)(f) of the Medical Practitioners Act 2007.

3. South Tipperary General Hospital should continue to provide medical education and training to Interns. This recommendation is made on the grounds that the Team found that the site is adhering to the to the majority of the rules, criteria, guidelines and Standards approved by Council as specified in Sections 88(3)(b), 88(3)(d), 88(3)(e) and 88(3)(f) of the Medical Practitioners Act 2007.

4. South Tipperary General Hospital should continue to be approved to provide specialist medical education and training to NCHDs. This recommendation is made on the grounds that the Team found that the site is adhering to the majority of the rules, criteria, guidelines and Standards approved by Council as specified in Sections 88(4)(b), 88(4)(d), 88(4)(e) and 88(4)(f) of the Medical Practitioners Act 2007.

5. Mercy University Hospital should continue to be approved to provide medical education and training to Interns. This recommendation is made on the grounds that the Team found that the site is adhering to the to the majority of the rules, criteria, guidelines and Standards approved by Council as specified in Sections 88(3)(b), 88(3)(d), 88(3)(e) and 88(3)(f) of the Medical Practitioners Act 2007.

6. Mercy University Hospital should continue to be approved to provide specialist medical education and training to NCHDs. This recommendation is made on the grounds that the Team found that the site is adhering to the majority of the rules, criteria, guidelines and Standards approved by Council as specified in Sections 88(4)(b), 88(4)(d), 88(4)(e) and 88(4)(f) of the Medical Practitioners Act 2007.

7. University Hospital Waterford should continue to be approved to provide medical education and training to Interns. This recommendation is made on the grounds that the Team found that the site is adhering to the to the majority of the *rules, criteria, guidelines and Standards approved by Council as specified in Sections 88(3)(b), 88(3)(d), 88(3)(e) and 88(3)(f) of the Medical Practitioners Act 2007.

8. University Hospital Waterford should continue to provide specialist medical education and training to NCHDs. This recommendation is made on the grounds that the Team found that the site is adhering to the majority of the rules, criteria, guidelines and Standards approved by Council as specified in Sections 88(4)(b), 88(4)(d), 88(4)(e) and 88(4)(f) of the Medical Practitioners Act 2007.

9. Cork University Hospital should continue to be approved to provide medical education and training to Interns. This recommendation is made on the grounds that the Team found that the site is adhering to the to the majority of the *rules, criteria, guidelines and Standards approved by Council as specified in Sections 88(3)(b), 88(3)(d), 88(3)(e) and 88(3)(f) of the Medical Practitioners Act 2007.

10. Cork University Hospital should continue to provide specialist medical education and training to NCHDs. This recommendation is made on the grounds that the Team found that the site is adhering to the majority of the rules, criteria, guidelines and Standards approved by Council as specified in Sections 88(4)(b), 88(4)(d), 88(4)(e) and 88(4)(f) of the Medical Practitioners Act 2007.

This approval should be for an initial period of five years from the date of approval by Council.

**In addition to the above recommendations, specific recommendations for the improvements required at each clinical training site are set out in the body of this report.**

## 2. Recommendations for the Health Service Executive (HSE)

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

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

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

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

## 3. Commendations:

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

1. The Team would like to especially congratulate South / South West Hospital Group for the commitment of the Chief Academic Officer, Senior Management and Trainers at all of the sites visited by the Medical Council;

2. Trainees described training that, for the vast majority, adhered to the 'guiding values' described by the hospital group. Where difficulties were described, it was apparent that care and compassion were paramount considerations.

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

## 4. University Hospital Kerry

**UHK Intern Training Site**

### Compliance Rating

The visiting assessor team have identified the following level of compliance with intern training Standards for this clinical training site:

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

### Recommendations

The Team recommends:

- that the clinical training site considers submitting an application to expand Internship into other specialities such as general practice.

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

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

- the implementation of the currently available comprehensive bleep policy across all clinical areas.

- the development of a local transfer of tasks policy making reference to the national policy and this should be also implemented across all clinical areas.

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

- formal teaching should be incorporated into handover.

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

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

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

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

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

- interns should be formally introduced to their clinical supervisor.

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

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

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

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

In general, in the discussion with Interns, they spoke constructively about how their workload could be improved, such as improving working relationships with other disciplines, in particular nursing.

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

**Commendations**

- The Team highly commends the Intern Tutor Tom Higgins.
- The Team noted that Interns have respect for and a professional relationship with the Intern Tutor.
- The Team commend the management for identifying the need to carry out an audit on NCHD dignity at work as a follow up to finding conveyed in Your Training Counts. The Team looks forward to reviewing the results.
- The Team observed good examples of the support that individuals received in relation to personal and/or health related issues and commend the hospital community for their ability to put in place flexible work practices to accommodate individual needs.

**UHK Specialist Training Site**

**Compliance Rating**

The visiting assessor team have identified the following level of compliance with specialist training Standards for this clinical training site:

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

**Recommendations**

The Team recommends:

- that a clear and detailed organisational chart containing roles and functions for those responsible for leading the various programmes of education should be put in place, and that this should be made available to the NCHD community as soon as possible.
- that a record is kept of the issues at the NCHD committee meetings, the date the issue was raised, the status of the resolution, the date the issue was resolved and that this record be regularly communicated to the NCHD community.
- the hospital should put in place measures to ensure that all new doctors have access to the induction programme.

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

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

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

- formal teaching should be incorporated into handover.

- the clinical site develop education and training roles for individuals who can be accountable for strands of educational activity and support the educational leadership role carried out by the Clinical Director. These persons should have links to both postgraduate training bodies and the Chief Academic Officer of the group.

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

- a programme similar to the Paediatric Clinical Induction Programme should be implemented for all new NCHDs.

- the clinical site in conjunction with the hospital group provide a process that facilitates easy transition between clinical sites.

- the Team noted the Medical Manpower Manager had made efforts to provide locum cover and increased the numbers of NCHDs in an attempt to mitigate difficulties in accessing locum cover.

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

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

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

- the clinical training site should collaborate with UCC and Postgraduate Training Bodies to enhance the availability of core training resources.

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

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

- the clinical training site collaborates with UCC and Postgraduate Training Bodies to enhance the availability of core training resources.

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

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

- improvements in the on-call duty participation which overlap with findings associated with other standards including ensuring that adequate supervision occurs during times of unexpected leave, the clear commitment of the supervising consultants to be available to help and support at times of peak activity and improvements to the accessibility and standard of all on-call rest facilities.

- opportunities should be created for collaboration between the professions, perhaps through the provision of a greater number of common educational activities. This may also help to create an environment of respect in which the roles of health care professions can be better understood and from which the opportunities for shared tasks may arise.

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

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

**Commendation (s)**

The Team commends:

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

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

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

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

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

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

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

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

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

- the availability of a mindfulness programme on site.

- Trainers availability for the purpose of completion of assessments.

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

## 5. South Tipperary General Hospital

**STGH Intern Training Site**

**Compliance Rating**

The visiting assessor team have identified the following level of compliance with intern training Standards for this clinical training site:

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

**Recommendations**

The Team recommends:

- the training site must take a robust approach to Intern tutorials and ensure that tutorials take place.

- Interns must be facilitated to attend educational tutorials bleep-free. (Bleeps should be handed in before attending tutorials.)

- the timing of induction should be revised to ensure that the Interns are orientated into key aspects of their role and responsibilities from the outset.

- a structured system of shadowing prior to taking up an Intern training post at the clinical training site is recommended.

- ISBAR communication and handover between medical and nursing staff should be adopted.

- STGH must recruit a Medicine SpR to help improve the quality of training at the clinical training site.

- the "Safe Pass for Interns" programme should be completed by all Interns, prior to commencement of their Intern training.

- the Intern Tutor, in association with Regional Intern Co-ordinator should ensure that all Interns received adequate and appropriate support both within and outside normal working hours.

- the clinical training site must ensure that Interns agree with their supervisor, at the beginning of their rotation, a list of core skills/competencies/experiences that they should have attained by the end of their rotation.

- Medical Manpower should ensure that Interns' workloads are appropriate in order to continue to comply with the EWTD, for example by reviewing Interns' overtime hours.

- Interns should be provided with more guidance in terms of their career development.

- a system must be put in place for structured competency assessment and performance appraisal of Interns.

- feedback should be given formally to Interns; and should be extended to include career advice opportunities.

- Interns must only be required to take consent in very limited circumstances and in compliance with Medical Council ethical guidance (see paragraph 13.2 of Ethical Guide).

- STGH should more explicitly identify to interns in the intern programme of tutorials when and where formal education and training in professionalism and ethics is included.

- hospital managers and consultants should make clear to all employees the standard of conduct and communication expected at the site. All staff should be made aware that bullying is unacceptable.

- the clinical training site should actively promote awareness of its Dignity at Work, Occupational Health and counselling services and its Open Disclosure and Protected Disclosure Policies amongst Interns and the multi-disciplinary teams.

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

- STGH should implement its plans to address its security concerns, in order to facilitate an extension of the current library opening hours.

- Interns must be facilitated to avail of library time during opening hours.

- The clinical training site should actively promote awareness of Occupational Health and employee assistance services amongst Interns.

**Commendations**

- No commendations made.

**STGH Specialist Training Site**

**Compliance Rating**

The visiting assessor team have identified the following level of compliance with specialist training Standards for this clinical training site:

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

**Recommendations**

The Team recommends:

- STGH should develop a document indicating the governance arrangements for specialist training and circulate to Trainees and Trainers at the clinical training site and to the Medical Council.

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

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

- STGH should consider developing a standard, formal organisation-wide induction process, for Trainees. This should be informed by the views and experience of previous Trainees. This should

cover both generic and specialty-specific inductions and should also include more face-to-face time. The amount of time dedicated to induction should be reviewed.

- STGH must pursue the recruitment of a Medical SpR.

- STGH must develop a structured feedback process and a schedule of face to face meetings with Trainers to prove a consistent, supportive approach to clinical training across the range of specialties at the clinical site. Structured competency assessment and performance appraisal should be introduced for all Trainees.

- it must be made clear to all senior staff that their timely response is required to all Trainees' requests for assistance or advice.

- STGH should explore the potential for SHOs to observe endoscopic procedures and non-invasive cardiology testing, to address this training need, even if these observations take place in a different hospital.

- rotations should be structured to ensure that there are opportunities to spend equal time between Level 3 and 4 hospitals.

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

- the ratio of service delivery to training needs to be improved, to enhance learning opportunities. Trainee leads should review the balance of service delivery to training and education and develop a documented Action and Implementation Plan.

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

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

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

- STGH should formalise the programme for non-national NCHDs beginning their training in Ireland, so that becomes standard practice.

- as part of induction, there should be a presentation by Occupational Health, so that all Trainees are aware of the range of services that are available to them.

- Occupational Health services should also be regularly actively promoted amongst Trainees, to reinforce awareness.

- STGH must ensure that systems are in place to promote a positive working environment and that there is a clearly-defined management pathway in place in the event that issues of bullying arise

- the clinical training site must issue a clear, written directive, reiterated regularly, that English is the language of the workplace.

- the Clinical Director should monitor implementation of this directive, on an ongoing basis.

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

- as stated under Standard C, every effort must be made to fill the post of Consultant Respiratory Physician as a priority.

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

- STGH should replicate the programme provided by the Obstetrics and Gynaecology department for all Trainees in that structured goal-setting, competency assessment and performance appraisal of all Trainees should be standard practice at STGH.

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

- that the Lead NCHD be identified to Trainees and that their role be defined and communicated to Trainees.

- at the end of rotations, there should be a focused engagement with the Trainee/Trainee group, to ask about their experience and seek suggestions as to how the clinical training site could improve future Trainee experiences in the post(s). This meeting should generate a quality improvement plan.

- Trainers in STGH should meet at the end of each rotation to review the past rotation and to plan the next rotation.

**Commendations**

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

The Team commends:

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

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

- STGH for the excellent on call facilities provided for Trainees.

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

## 6. Mercy University Hospital

**MUH Intern Training Site**

**Compliance Rating**

The visiting assessor team have identified the following level of compliance with intern training Standards for this clinical training site:

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

**Recommendations**

The Team recommends:

- MUH should continue to review its induction programme, taking into account feedback from current and past Interns, and structure the programme to ensure Interns receive the right information at the right time.

- MUH should develop an Intern Job Description to be provided to all Interns when taking up an Intern training post, so that Interns are clear about their roles, duties and what is expected of them from the outset.

- MUH must ensure that its Bleep Policy is implemented. Bleeps should be handed in when attending education and training sessions.

- Interns must only be required to take consent in very limited circumstances and in compliance with Medical Council ethical guidance (see paragraph 13.2 of Ethical Guide).

- Interns must personally participate, at their appropriate level, in the services and responsibilities of daily patient-care activity.

- the clinical training site must ensure that Interns agree with their supervisor, at the beginning of their rotation, a list of core skills/competencies/experiences that they should have attained by the end of their rotation.

- competencies should be Intern specific and comprehensive including knowledge, skill and attitude. They should also be measurable and related to professional activities.

- the Intern tutor and clinical supervisors should continue to ensure that Interns' workloads are appropriate in order to comply with the EWTD.

- Interns should be provided with more support in terms of their career development.

- a system must be put in place for structured competency assessment and performance appraisal of Interns.

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

- formal education and training in professionalism and ethics should be included in the Intern programme of tutorials.

- hospital managers and consultants should make clear to all employees the standard of conduct and communication expected at the site. All staff should be made aware that bullying is unacceptable.

- the clinical training site should actively promote awareness of its Dignity at Work, Occupational Health and counselling services and its Open Disclosure and Protected Disclosure Policies amongst Interns and the multi-disciplinary teams.

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

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

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

**Commendations**

- The Team commends MUH on its excellent library facilities and sitting room facility provided in recent times.

**MUH Specialist Training Site**

**Compliance Rating**

The visiting assessor team have identified the following level of compliance with specialist training Standards for this clinical training site:

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

**Recommendations**

The Team recommends:

- MUH must update the copy of the Medical Council Guide to Professional Conduct and Ethics in the pack provided to Trainees.
- MUH needs to clarify the reporting link between NCHDs and management/board levels, to maintain institutional oversight of the learning environment.
- MUH/SSW Hospital Group should recruit and appoint a dedicated Chief Academic Lead at MUH, as planned.
- on taking up a training post, all Trainees should be made aware who their supervisor/tutor is at the outset.
- the clinical training site should develop a clear, documented description of SHO roles and duties for all training posts and provide this to all Trainees when they commence a training post.
- supervisors should specify the competencies (knowledge, skill and attitudes) to be obtained during the rotation.
- professional activities agreed between the supervisor and Trainee should be observable and measurable in the process and their outcome leading to, for example, “well done” or “could be done better”.
- there should be a structured competency assessment and performance appraisal for all Trainees.
- consultants should ensure that three hours a week are dedicated to training, as provided for within their consultants’ contracts.
- MUH should check and improve Wi-Fi access across the clinical training site.

- MUH should inform all training bodies of the limited capacity at the clinical training site to make adjustments to support Trainees with disabilities, for the reasons stated above.

- SSW Hospital Group should pursue the appointment of a local training body representative for other specialties in Cork, particularly in Paediatrics, Anaesthesia and Surgery. If this is not possible for all specialties, MUH should appoint an Associate Academic Officer to facilitate unrepresented specialties locally.

- MUH should provide documentary evidence of compliance with Standard L (iv).

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

- MUH should refurbish and upgrade the on call accommodation facilities.

**Commendations**

The Team commends:

- MUH for establishing a lead NCHD role, which is now in its fourth appointment. The Team was also impressed that there is an NCHD Committee in place which meets regularly with HR.

- both the Surgery and Anaesthesia Departments, where good examples of supervisory arrangements were reported.

- MUH for actively ensuring Trainees can avail of a number of opportunities to take part in procedures.

- the Consultants at MUH for ensuring that training opportunities are incorporated into the daily jobs of Trainees.

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

- MUH for the high quality of its library facilities.

- MUH for appointing a new HR manager with a particular interest in staff wellbeing and commends the HR manager for introducing wellbeing weeks, flu vaccines, etc., to support healthcare professionals at the clinical training site.

- MUH on the positive work of the NCHD Committee, which demonstrates that management acts on issues flagged by Trainees.

## 7. University Hospital Waterford

**UHW Intern Training Site**

**Compliance rating**

The visiting assessor team have identified the following level of compliance with intern training Standards for this clinical training site:

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

**Recommendations**

The Team would welcome greater clarity in relation to Intern support structures and links with the South Intern Network. The Team recommends the Medical Council should be provided with a revised induction programme detailing how UHW plan to address this matter. UHW should submit their response to the Medical Council as part of the Hospital Groups action and implementation plan, due 3 months following receipt of this report.

The Team also recommends:

- In line with contemporary best practice the Transfer of Tasks should be implemented throughout the hospital.
- the cardiology unit must adhere to the Medical Council's guidelines in relation to consent.
- measures should be put in place to ensure that Interns is deemed to be valued members of the hospital. They should be treated with respect in line with the core values of the hospital and South / South West Hospital Group.
- handover should be fully implemented and be an inherent part of both formal and informal teaching.
- Medical Professionalism and the Eight Domains of Good Professional Practice should be embedded at both induction and subsequent training.
- a review of rosters and improved staffing levels to ensure adequate supervision.

- a meeting during the first week with Supervisor / Trainer to outline to Interns the training objectives.
- feedback should be consistently given to all Interns following an assessment.
- Professionalism should be an inherent component of Interns induction programme and should be emphasised by the Intern Tutors, furthermore it should be part of the continuing education throughout the year.
- the residence should be urgently refurbished to an acceptable standard.
- application should be made for a substantial increase in the number of Interns.
- Interns should be educated and supported in reporting critical incidents.
- UHW should clearly identify to Interns the pathway for reporting ethical issues and mentoring support.

**Commendations**

- The Interns were happy with their clinical training and enjoyed working in the hospital.
- The Team noted there is a positive working relationship within the clinical Teams.
- The Team was informed that across all levels, the senior clinical staff were very approachable and willing to help on a 24 hour basis.
- The Team would like to commend the librarian and the excellent up to date library facilities, which was also noted by the Interns.

**UHW Specialist Training Site**

**Compliance Rating**

The visiting assessor team have identified the following level of compliance with specialist training Standards for this clinical training site:

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

**Recommendations**

The Team recommends:

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

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

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

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

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

- the Medical Council should be provided with a revised induction programme detailing how UHW plans to address this matter and submit their response to the Medical Council as part of the Hospital Groups action and implementation plan, due 3 months following receipt of this report.

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

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

- ongoing support and education should be provided in relation to implementation of health and safety, National and local policies

- in line with contemporary best practice the Transfer of Tasks should be implemented throughout the clinical training in order to free up Trainee time for educational opportunities. UHW should detail how they plan to address this Standard and submit their response to the Medical Council as part of the Hospital Groups action and implementation plan, due 3 months following receipt of this report.

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

- the ratio of service delivery to training needs should be improved, to enhance learning opportunities. Trainee leads should review the balance of service delivery to training and education and develop a documented Action and Implementation Plan.

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

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

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

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

- explicit promotion of Professionalism at induction and throughout training.

- appointment of additional staff to facilitate continued EWTD compliance.

- appointment of health and safety officer.

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

- the residence should be urgently refurbished to an acceptable standard.

- a temporary private area should be identified for doctors to use until residence is refurbished.

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

**Commendations**

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

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

The Team commends:

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

- clinical supervisors and management for supporting GP Trainees attendance at external training sessions.

- the library staff and hospital management on the excellent facilities provided to Trainees.

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

## 8. Cork University Hospital

**CUH Intern Training Site**

**Compliance rating**

The visiting assessor team have identified the following level of compliance with intern training Standards for this clinical training site:

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

**Recommendations**

The Team recommends:

- Trainers should ensure compliance with the Medical Council's guidelines on consent. Interns must only be required to take consent in very limited circumstances and in compliance with Medical Council ethical guidance (see paragraph 13.2 of Ethical Guide).

- in line with contemporary best practice the Transfer of Tasks should be implemented throughout the hospital as a matter of urgency.

- the current bleep policy which was provided to the Team by CUH as documentary evidence of compliance to this Standard should be reviewed to incorporate bleep-free time for Interns educational sessions.

- Interns should be facilitated to attend Grand Rounds.

- CUH should review its induction programme, taking into account feedback from current and past Interns. Interns should not be rostered to cover nights for at least the first week until they become more familiar with the site.

- Interns should be informed and regularly updated about the Q-pulse system.

- the introduction of a system of Intern shadowing prior to Interns taking up their post.

- a formal education and training in professionalism and ethics should be included in the Intern programme of tutorials throughout the year.

- the study spaces and common room should be upgraded urgently with the available funding.

- the clinical training site should actively promote awareness of Occupational Health and counselling services amongst Interns.

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

**Commendations**

The Team commends CUH for:

- the Intern Handbook.

- the annual Intern excellence award.

- the Intern Tutor and clinical supervisors for their commitment to training.

**CUH Specialist Training Site**

**Compliance Rating**

The visiting assessor team have identified the following level of compliance with specialist training Standards for this clinical training site:

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

**Recommendations**

The Team recommends:

- the patient handover process and identified facility be fully resourced and implemented as a matter of urgency.

- the reporting of critical incidents and subsequent feedback should be accorded a much higher priority than at present.

- management and Trainers ensure that Trainees are fully aware of the hospitals Q-Pulse system.

- CUH should continue review its induction programme, taking into account feedback from current Trainees, and structure the programme to ensure Trainees receive information in a timely manner.

- CUH must ensure that its Bleep Policy is implemented. Arrangements should be introduced to ensure that there is a bleep free environment when attending education and training sessions.

- that management continue to pursue the recruitment of vacant NCHD positions to support Trainee protected training time.

- the Medical Manpower Manager should be involved in the rostering process to ensure cover is available for doctors leave and particularly during unexpected absences.

- Trainers should have protected training time.

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

- greater engagement with Medical Manpower when unexpected leave occurs.

- Occupational Health services should be actively promoted amongst Trainees, to reinforce awareness.

- CUH must ensure that systems are in place to promote a positive working environment and that there is a clearly-defined management pathway in place in the event of bullying.

- there should be ongoing reinforcement of the Medical Council's Guide to Professional Conduct and Ethics for Registered Medical Practitioners.

- ongoing updates and promotion on the use of Q Pulse should form part of the training sessions.

- The Team notes that Management have increased the number of Doctors (NCHDs) in Training by 20% from 280 to 350 in the past two years. The Team recommends that CUH continues to review the medical workforce plan to ensure there is adequate resources available for annual and sick leave.

- CUH should review security in relation to staff access to the car park at night.

- periodic review of Trainee numbers in procedure related specialities, and ongoing engagement with the PGTBs in this respect.

- management must take responsibility for the refurbishment of these areas as soon as possible.

- that hospital management address the problem of Transfer of Tasks as a matter of urgency.

**Commendations**

The Team were impressed with the commitment of Management and Trainers to education and training.

The Team was impressed by the standard of teaching facilities available in the new Paediatric facility.

The Team commends:

- the CEO and the Chief Operating Officer for their active engagement in education and training.
- the production of the Charter of Rights for Doctors in Specialist Training booklet.
- the Trainers for their commitment in providing additional tuition for speciality examinations. This contributed to a high examination success rate and subsequent career progression.
- the occupational health department for their initiative in facilitating easy access to vaccination.
- the excellent teaching that the Trainees receive prior to examinations.
- the senior management and Trainers for this initiative.

## 9. Recommended Further Actions

The Team recommends that the Hospital Group, in collaboration with each clinical training site, develops an action and implementation plan to address all findings and recommendations in this report. The action and implementation plan should be submitted to the Medical Council within three months of receipt of this report. On receipt of the action and implementation plan, key personnel from the Hospital Group will be invited to present the plan to the Medical Council. This meeting will also provide the Hospital Group with an opportunity to give feedback on the inspection process. The Medical Council reserves the right to:

(a) share the action and implementation plan with the Health Service Executive, Forum of Postgraduate Training Bodies and/or Department of Health, as it sees fit; and

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

It is recommended that the Hospital Group publishes this Report and subsequent action and implementation plan on the South / South West Hospital Group website.

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

**Level of compliance with each standard:**

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

**Clinical training site:**
**University Hospital Kerry**

## Compliance with Intern Training Standards

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

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

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

*No documentary evidence was provided under this standard*

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

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are fully complying with this standard.

**Observation (s) & Recommendation (s)**

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

- The Team recommends that the clinical training site considers submitting an application to expand Internship into other specialities such as general practice.

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

**Commendation (s)**

- No commendations made.

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

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

*No documentary evidence was provided under this standard*

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

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

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

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

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are fully complying with this standard.

**Observation (s) & Recommendation (s)**

- No observations or recommendations made.

**Commendation (s)**

- No commendations made.

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

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

*No documentary evidence was provided under this standard*

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

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

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

**(iv)** The Team was satisfied that Interns felt part of a multidisciplinary Team, however, it was noted that the Interns were occasionally omitted from key Team based activity such as ward rounds.

- The Team observed Transfer of Tasks happening in two areas, this being endoscopy and critical care areas, but this is not translated throughout the clinical site.
- UHK provided the Team with a comprehensive bleep policy as evidence of compliance with this standard. However, this did not seem to be adhered to or implemented in all areas of the hospital.

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

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

**(vi)** The Team did not see sufficient evidence that training was aligned to the Medical Council's eight domains of good professional practice.

**Compliance**

- Although the clinical training site indicated in their self-evaluation that they were fully complying with this standard, the Team found that the site is only partially compliant as standards **(ii), (iv), (v) and (vi)** under content of training do not meet this standards. UHK should detail how they plan to address this Standard and submit their response to the Medical Council as part of the Hospital Groups action and implementation plan, due 3 months following receipt of this report.

**Observation (s) & Recommendation (s)**

The Team recommends:

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

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

- The implementation of the currently available comprehensive bleep policy across all clinical areas.
- The development of a local transfer of tasks policy making reference to the national policy and this should be also implemented across all clinical areas.
- Measures should be put in place to ensure Interns feel that they are valued members of the Team.
- Formal teaching should be incorporated into handover.
- The Eight Domains of Good Professional Practice should be embedded within both induction and subsequent training.
- A formal induction for Interns which takes place prior to them commencing work a large proportion of which should be Intern shadowing.
- In general, in the discussion with Interns, they spoke constructively about how their workload could be improved, such as improving working relationships with other disciplines, in particular nursing.

**Commendation (s)**

- No commendations made.

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

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

*No documentary evidence was provided under this standard*

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

**Compliance**

- Although the clinical training site indicated in their self-evaluation that they were fully complying with this standard, the Team found that the site, in practice, is only partially complying. UHK should detail how they plan to address this Standard and submit their response to the Medical Council as part of the Hospital Groups action and implementation plan, due 3 months following receipt of this report.

**Observation (s) & Recommendation (s)**

The Team recommends:

- Formal and sufficient sessional commitment should be attached to the role of the Intern Tutor.
- The introduction of the "Nanny Intern Programme" as piloted in the Saolta University Healthcare Group or an equivalent programme.
- Development of more focused educational links with the South Intern Network and Intern Network Coordinator
- UHK provided the Team with the induction pack as documentary evidence of compliance with this standard. However, as part of this induction process, Interns should be formally introduced to their clinical supervisor.

**Commendation (s)**

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

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

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

*No documentary evidence was provided under this standard*

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

**Compliance**

- Although the clinical training site indicated in their self-evaluation that they were fully complying with this standard, the Team found that the site, in practice, is only partially complying. The Team is concerned with lack of feedback Interns are receiving, and recommend this issue be addressed and formalised.

**Observation (s) & Recommendation (s)**

- UHK provided the Team with a memo to each consultant from Medical Manpower Management as documentary evidence of compliance with this standard, outlining requirements for NCHD work performance review and the enclosure of guidelines regarding the same.
- The Team recommends the clinical supervisor meets with individual Interns on a regular basis in order to provide constructive feedback (commencing at induction). This should include elements of positive feedback and identification of specific areas for improvement.

**Commendation (s)**

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

| 6. Professionalism | Level of compliance: NC |
|---|---|

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

*No documentary evidence was provided under this standard*

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

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

**Compliance**

- Although the clinical training site indicated in their self-evaluation that they were fully complying with this standard, the Team found that the site, in practice, is non-compliant. UHK should detail how they plan to address this Standard and submit their response to the Medical Council as part of the Hospital Group's action and implementation plan, due 3 months following receipt of this report.

**Observation (s) & Recommendation (s)**

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

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

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

**Commendation (s)**

- No commendations made.

| 7. Resources | Level of compliance: PC |
|---|---|

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

*No documentary evidence was provided under this standard*

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

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

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

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

**(v)** The Team is satisfied the clinical site has an anti-bullying policy and access to Occupational Health.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are partially complying with this standard.

**Observation (s) & Recommendation (s)**

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

**Commendation (s)**

- The Team commend the management for identifying the need to carry out an audit on NCHD dignity at work as a follow up to finding conveyed in Your Training Counts. The Team looks forward to reviewing the results.

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

## Compliance with Specialist Training Standards – University Hospital Kerry

The Team took into account all documentation submitted by the South/Southwest Hospital Group and the individual clinical training sites, the documentation provided for inspection on site during the Medical Council visit, the information and explanations provided by the senior management teams and Trainers at each site and the information provided by the Trainees interviewed on site, when assessing the clinical training sites' compliance with Medical Council criteria for the evaluation of training sites which support the delivery of specialist training.

| **A. Clarity of educational governance arrangements** | **Level of compliance: PC** |
|---|---|

*Documentary evidence of compliance with this standard*

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

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

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

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

**(ii)** The Team noted the presence of the NCHD committee with strong representation from the management Team, and representation from the NCHD Trainee community. Minutes of three different NCHD meetings were provided by UHK as documentary evidence. It is not clear from these minutes how many of the Trainee community were in attendance. In addition, although actions are attributed, perhaps because of the recent nature of the commencement of the committee, it was not clear what has changed or been done in response to key concerns raised.

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

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are partially complying with this standard.

**Observation (s) & Recommendation (s)**

- Considering the complexity of the delivery of education at the site, the visiting Team recommend that a clear and detailed organisational chart containing roles and functions for those responsible for leading the various programmes of education should be put in place, and that this should be made available to the NCHD community as soon as possible.

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

**Commendation (s)**

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

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

*Documentary evidence of compliance with this standard*

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

- Clinical Indemnity Scheme; ID Validation from for Garda Vetting; Letter to applicants; NBV Vetting invitation; Anaesthetic handover document, Medicine handover document; Obs & Gynae handover document; Paediatric handover; NCHD Induction; HSE SA Internet form; Information System Access request form; Millennium System Access request form; Network Access request form; NER portal notice to Interns; NER portal notice to NCHD's; FAQ Guide NER portal; Memo to NCHD's re roll out of NER; NER portal quick step user guide; Online payslip registration form; Pension related deduction employment declaration form; Verification of service form 2014; Contract list for new NCHD's; NCHD contract 2010; Professional appearance

policy; risk manager presentation; Signature bank form; Staff ID & Parking permit; Statutory declaration for new employees.

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

**(i)** UHK has a short induction programme and an induction pack that is sent out in advance to Trainees. A sign in sheet for the induction programme was supplied, and from this, and from the responses more broadly from NCHDs throughout the visit, there was poor attendance at induction days.

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

**(iii)** The Team is satisfied the local clinical practice reinforces with Trainees the importance of communicating critical information to ensure continuity of care.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are partially complying with this standard.

**Observation (s) & Recommendation (s)**

The Team recommends:

- The hospital should put in place measures to ensure that all new doctors have access to the induction programme.
- The induction programme should be used to further emphasise the ethos of the organisation, the roles and responsibilities of the NCHD within the community, dignity and respect in the work place and with ABSOLUTE clarity, the names and contact details of members of staff whose role it is to offer mentorship, supervision, health support or pastoral support. Particular emphasis should be place on accessing individuals who can offer confidential support. The Guide to Professional Conduct and Ethics provides a framework for these issues and should be used for same.
- NCHDs should be trained and encouraged to use the critical incident reporting system
- A programme similar to the Paediatric clinical induction programme should be implemented for all new NCHDs.
- Formal teaching should be incorporated into handover.

**Commendation (s)**

The Team commends:

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

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

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

*Documentary evidence of compliance with this standard*

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

- Continuing Medical Education document.

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

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

**(ii)** The Team is unclear as to whether there is a single individual for each postgraduate training body.

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

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

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are partially complying with this standard.

**Observation (s) & Recommendation (s)**

- The Team notes that plans to develop the role of Associate Academic Officer are yet to be implemented.

- The Team recommends the clinical site develop education and training roles for individuals who can be accountable for strands of educational activity and support the educational leadership role carried out by the Clinical Director. These persons should have links to both postgraduate training bodies and the Chief Academic Officer of the group.

**Commendation (s)**

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

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

*Documentary evidence of compliance with this standard*

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

- Dignity at Work policy; Employee Assistance Programme email sent to NCHD's; Good Information Practices training module email sent to NCHD's; Basic NCHD guide; Induction booklet; Memo from pathology Department re training; Medical safety leaflet; NCHD handbook; Obs & Gynae induction; Email in relation to salaries; Induction attendance record; theatre information; Induction to ED July 2017

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

**(i)** UHK provided the Team with an induction programme and pack as documentary evidence of compliance to this standards, however, the Team noted there is no overriding induction policy.

**(ii)** The Team noted implementation of induction is sometimes problematic.

**(iii)** The Team is satisfied that there is a Health and Safety induction available for all Trainees, however, the attendance records provided as documentary evidence indicated that it is not well attended or mandatory.

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

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

**(vi)** The Team found no evidence in either documentation provided or at inspection of the clinical training site of processes in place to ensure efficient transition of Trainees between clinical sites.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are partially complying with this standard.

**Observation (s) & Recommendation (s)**

The Team recommends:

- All Trainees must have access and must attend induction. A record of all Trainees in attendance must be maintained. Trainees should be made aware of their responsibility in familiarising themselves with local and national protocols and their responsibility in engaging with the communications and documents made available to them by UHK.
- A programme similar to the Paediatric Clinical Induction Programme should be implemented for all new NCHDs.
- The clinical site in conjunction with the hospital group provide a process that facilitates easy transition between clinical sites.

**Commendation (s)**

- The Team commends the Paediatric Clinical induction programme.

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

*Documentary evidence of compliance with this standard*

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

- Anaesthetic roster
- Detailed SHO roster
- Medical teams document 09/10/17
- Medical teams document 10/07/17
- Obs & Gynae team
- Paeds SHO duties
- Surgical teams 09/10/17-07/01/18

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

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

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are partially complying with this standard.

**Observation (s) & Recommendation (s)**

- The Team noted the Medical Manpower Manager had made efforts to provide locum cover and increased the numbers of NCHDs in an attempt to mitigate difficulties in accessing locum cover.

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

**Commendation (s)**

- No commendations.

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

*Documentary evidence of compliance with this standard*

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

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

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

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

**Compliance**

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

**Observation (s) & Recommendation (s)**

- No observations or recommendations.

**Commendation (s)**

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

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

*Documentary evidence of compliance with this standard*

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

- Anaesthetics department leave plan
- ED Competencies

- Education map for KGH
- Intern teaching schedule and attendance
- Medical department education meeting agenda
- Medical leave plan July 2017
- Medical teaching schedule
- NCHD leave entitlements
- Surgical leave plan July 2017
- Undergraduate teaching certificate
- Wi-fi poster
- Hospital infrastructure for teaching

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

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

**(iii)** The Team during their inspection observed episodes of informal training e.g. Medical Assessment Unit.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are partially complying with this standard.

**Observation (s) & Recommendation (s)**

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

**Commendation (s)**

The Team commends:

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

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

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

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

*No documentary evidence was provided under this standard*

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

**(iii).** There was no evidence supplied of train the Trainer activities at local level.

**Compliance**

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

**Observation (s) & Recommendation (s)**

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

**Commendation (s)**

- No commendations made.

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

*Documentary evidence of compliance with this standard*

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

- Clinical key user guide
- Dynamed plus booklet
- Library resources
- Document on library

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

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

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

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are partially complying with this standard.

**Observation (s) & Recommendation (s)**

The Team recommends:

- The clinical training site should collaborate with UCC and Postgraduate Training Bodies to enhance the availability of core training resources.

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

**Commendation (s)**

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

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

*Documentary evidence of compliance with this standard*

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

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

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

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

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

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are partially complying with this standard.

**Observation (s) & Recommendation (s)**

- The Team recommends there should be an increased awareness of the available resources offered by the Occupational Health department.

**Commendation (s)**

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

- The Team saw evidence of the availability of a mindfulness programme on site.

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

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

*No documentary evidence was provided under this standard*

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

**(ii)** The Team saw evidence that Trainees are aware of the primary point of contact for their training needs.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are partially complying with this standard.

**Observation (s) & Recommendation (s)**

- The Team recommends the clinical training site collaborates with UCC and Postgraduate Training Bodies to enhance the availability of core training resources.

**Commendation (s)**

- No commendations made.

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

*Documentary evidence of compliance with this standard*

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

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

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

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

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

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

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are partially complying with this standard.

**Observation (s) & Recommendation (s)**

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

**Commendation (s)**

- No commendations made.

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

*Documentary evidence of compliance with this standard*

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

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

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

**(i)** The Team saw evidence of unsafe physical environment in the off-site doctor's residence, in particular, access to the rest room and the individual on-call rooms.

**(ii)** The Team notes that the clinical training site provided EWTD compliant rosters.

**Compliance**

The Team agrees with the clinical training site in their self-evaluation form that they are partially complying with this standard.

**Observation (s) & Recommendation (s)**

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

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

**Commendation (s)**

- No commendations made.

| **N. Specialty-specific supports** | **Level of compliance: FC** |
|---|---|

*Documentary evidence of compliance with this standard*

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

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

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

**(i-ii).** The Team noted that UHK reviews the Postgraduate Training Bodies reports after inspections and acts upon recommendations with particular references to specialty specific requirements. The Team noted that UHK maintains dialogue with the PGTBs.

**Compliance**

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

**Observation (s) & Recommendation (s)**

- No observations or recommendations made.

**Commendation (s)**

- No commendations made.

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

*Documentary evidence of compliance with this standard*

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

- Anaesthetic roster
- Emergency medicine roster
- Hospital café document
- Hospital restaurant document
- Medical roster
- Obs & Gynae roster
- On-call rooms document
- Orthopaedic roster
- Paediatrics roster
- Paeds rota 2017
- Surgical roster

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

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

**(iii).** The Team is satisfied that Trainees are scheduled to post call leave.

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

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are partially complying with this standard.

**Observation (s) & Recommendation (s)**

- Although the schedule indicates that on-call duty rotas are planned, the team recommend improvements in the on-call duty participation which overlap with findings associated with other standards including ensuring that adequate supervision occurs during times of unexpected leave, the clear commitment of the supervising consultants to be available to help and support at times of peak activity and improvements to the accessibility and standard of all on-call rest facilities.

**Commendation (s)**

- No commendations made.

| P. Support for assessment of Trainees | Level of compliance: PC |
|---|---|

*Documentary evidence of compliance with this standard*

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

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

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

**(i)** The Team received evidence of participation in assessment in line with PGTB requirements e.g. E-Portfolio.

**(ii)** The Team noted that the lack of sufficient wireless Internet access on site presented a challenge in the completion of assessments in "real time", which was the intention of the PGTBs.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are partially complying with this standard.

**Observation (s) & Recommendation (s)**

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

**Commendation (s)**

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

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

*Documentary evidence of compliance with this standard*

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

- Pip-tax to Ceftriaxone in Community Acquired respiratory infection document
- PO Antimicrobials – Summary audit findings

- Document on Appropriateness and Usefulness of GP referral letters to the ED
- Audit on Appropriateness and Usefulness of GP referral letters to the ED
- Presentation on CT head in trauma patients
- Early warning score audit August 2017
- MDT meeting document
- Document on CT in head trauma patients
- Presentation on Plain Film Radiographs

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

**(i)** The Team note the presence of MDTs but note that was no evidence of the encouragement of multi-disciplinary Teamwork beyond MDTs.

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

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are partially complying with this standard.

**Observation (s) & Recommendation (s)**

- Opportunities should be created for collaboration between the professions, perhaps through the provision of a greater number of common educational activities. This may also help to create an environment of respect in which the roles of health care professions can be better understood and from which the opportunities for shared tasks may arise.

**Commendation (s)**

- No commendations made.

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

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

*No documentary evidence was provided under this standard*

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

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

**Compliance**

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

**Observation (s) & Recommendation (s)**

- Steps should be taken to ensure that individual Trainee feedback is sought on their training experience after each rotation.
- The NCHD committee should be encouraged to liaise with management on ensuring that a system of regular feedback is sought from Trainees and the results of this feedback is acted upon to improve the training experience.

**Commendation (s)**

- No commendations made.

**Clinical training site:**
**South Tipperary General Hospital (STGH)**

## Compliance with Intern Training Standards

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

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

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

*No documentary evidence was provided under this standard*

- The Team was pleased to meet with four Interns - two currently on a surgical rotation and two on a medical rotation. The team understands that the remaining five Interns were unavailable due to annual leave and/or night duty.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are fully complying with this standard.

**Observation (s) & Recommendation(s)**

- No observations or recommendations made.

**Commendation (s)**

- No commendations made.

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

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

*No documentary evidence was provided under this standard*

- The Team noted that the clinical training site is affiliated with the South / South West Intern network, with an Intern tutor appointed.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are fully complying with this standard.

**Observation(s) & Recommendation(s)**

- No observations or recommendations made.

**Commendation(s)**

- No commendations made.

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

*Documentary evidence of compliance with this standard*

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

- Weekly schedules of the Department of Medicine educational programme.

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

**(i) – (v)** The Team noted that there are training opportunities for Interns via handover sessions, journal clubs, Radiology Department meetings, Grand Rounds, Morbidity and Mortality (M&M) meetings and case presentations. However, it was reported during interview session(s) that only a limited number of the tutorials took place. The Interns informed

the Team that a significant number of the Intern tutorials had been cancelled. There was a video link to the University College Cork (UCC) / Cork University Hospital (CUH) Masterclass but clinical commitments limit the Interns' ability to participate. The Interns were able to view the Masterclass but were not able to participate in any discussion. There is no protected bleep-free time for Interns attending educational sessions. Interns were concerned that they could not avail of education and training opportunities due to their heavy workload.

The Interns were happy with the quality of the induction, however, it was felt that the timing and structure of the induction programme could be improved. Inductions were carried out on the third morning after commencing the Intern post, leaving them very disoriented for the first 2 days, causing them unnecessary anxiety and difficulty. There did not appear to be any structured Intern shadowing programme available, either before or on commencing Intern training posts. Intern shadowing, in advance of taking up the post, was left to individual initiative.

Interns reported that they were fully versed and prepared to use ISBAR. However this was not supported at the clinical training site, as ISBAR is not embedded within STGH as a consistent and routinely used clinical communication and handover tool.

The Team noted that the absence of a Medicine Specialist Registrar (SpR) was having a negative impact on the quality of training, or, at the very least, opportunities for better quality training were being lost.

**(vi)** The Interns stated that the Eight Domains of Good Professional Practice were not formally integrated into the Intern training curriculum and its understanding was based on direct clinical observation.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are partially complying with this standard.

**Observation(s) & Recommendation(s)**

The Team made the following observation(s):

- Interns would welcome and appreciate a talk or presentation from a former Intern on "a day in the life of an Intern".

The Team recommends:

- The training site must take a robust approach to Intern tutorials and ensure that tutorials take place.
- Interns must be facilitated to attend educational tutorials bleep-free. (Bleeps should be handed in before attending tutorials.)
- The timing of induction should be revised to ensure that the Interns are orientated into key aspects of their role and responsibilities from the outset.

- A structured system of shadowing prior to taking up an Intern training post at the clinical training site is recommended.
- ISBAR communication and handover between medical and nursing staff should be adopted.
- STGH must recruit a Medicine SpR to help improve the quality of training at the clinical training site.

**Commendation(s)**

- No commendations made.

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

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

*No documentary evidence was provided under this standard*

- The Interns told the team that they all had a named consultant supervisor and felt that an appropriate level of consultant supervision is provided. However, the Team heard that the telephone in the Emergency Department often goes to voicemail, resulting in Interns being unable to contact an SHO/Registrar for advice while on duty. This is unsatisfactory and unsafe.
- Interns stated that they did not have goals set for them when taking up their training post and they did not know what was expected of them. Interns reported receiving inconsistent levels of feedback, ranging from none to "some". Likewise, Interns said they received different levels of support from SHOs and Registrars ranging from "not always" to "excellent". In essence, the level of support was not consistent.
- Interns told the team that they regularly worked well in excess of the European Working Time Directive (EWTD).
- The Team found that Interns were aware of the booklet provided by the clinical training site on incident reporting and knew how to report incidents.
- Interns did not feel they received adequate support and information regarding their career development. For example, Interns reported that they were not aware of the importance of presenting cases at the Royal Academy of Medicine of Ireland (RAMI) event nor were they encouraged to do so.

**Compliance**

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

**Observation (s) & Recommendation (s)**

The Team recommends:

- The Intern Tutor, in association with Regional Intern Co-ordinator should ensure that all Interns received adequate and appropriate support both within and outside normal working hours.
- The clinical training site must ensure that Interns agree with their supervisor, at the beginning of their rotation, a list of core skills/competencies/experiences that they should have attained by the end of their rotation.
- Medical Manpower should ensure that Interns' workloads are appropriate in order to continue to comply with the EWTD, for example by reviewing Interns' overtime hours.
- Interns should be provided with more guidance in terms of their career development.

**Commendation (s)**

- No commendations made.

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

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

*No documentary evidence was provided under this standard*

- The Team heard that end-of-rotation forms were being completed and signed-off as required. However, Interns saw this as purely an administrative task rather than an opportunity for them, to discuss their performance and receive constructive feedback. The Team are of the opinion that the quality of the assessment process would be significantly enhanced if at the outset of the rotation, clear explicit goals and expectations were set between the supervising consultant and the Intern. This would be an ideal opportunity to provide advice on career planning and progression. The assessment process would then focus on the extent to which these goals and expectations were achieved at the end of the rotation.

**Compliance**

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

**Observation(s) & Recommendation(s)**

The Team recommends:

- A system must be put in place for structured competency assessment and performance appraisal of Interns.

- Feedback should be given formally to Interns; and should be extended to include career advice opportunities.

**Commendation (s)**

- No commendations made.

| 6. Professionalism | Level of compliance: PC |
|---|---|

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

*No documentary evidence was provided under this standard*

**(i)-(ii)** Verbal and documentary evidence showed that the clinical training site's efforts to comply with this standard were very limited. The Team was informed by STGH that Interns were provided with a copy of the Medical Council's current *Guide to Professional Conduct and Ethics for Registered Medical Practitioners* as part of the induction pack, but there was no evidence of formal education on professionalism being provided.

The Interns reported that bullying had been observed by Interns and it had gone unchallenged within the Multi-Disciplinary Team.

Interns were unaware of how to make a complaint or raise a concern under either a Grievance or Protected Disclosure System. However, Interns did feel that they would feel confident in talking to their Registrar or colleagues, if a clinical concern arose.

Interns reported being regularly required to take consent from patients. In many cases the procedures involved were minor (e.g. endoscopy), the Intern was familiar with the procedure and the potential risks involved and could provide the patient with the relevant information. However, the Team found that, in some cases, the consent being obtained by Interns was often of a nature that is contrary to paragraph 13.2 of the Medical Council's current *Guide to Professional Conduct and Ethics for Registered Medical Practitioners*.

**Compliance**

- Although the clinical training site indicated in their self-evaluation that they were fully complying with this standard, the Team found that the site, in practice, is in the lower end of partial compliance, for the reasons given above.

**Observation (s) & Recommendation (s)**

The Team recommends:

- Interns must only be required to take consent in very limited circumstances and in compliance with Medical Council ethical guidance (see paragraph 13.2 of Ethical Guide).

- STGH should more explicitly identify to interns in the intern programme of tutorials when and where formal education and training in professionalism and ethics is included.

- Hospital managers and consultants should make clear to all employees the standard of conduct and communication expected at the site. All staff should be made aware that bullying is unacceptable.

- The clinical training site should actively promote awareness of its Dignity at Work, Occupational Health and counselling services and its Open Disclosure and Protected Disclosure Policies amongst Interns and the multi-disciplinary teams.

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

**Commendation (s)**

- No commendations made.

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

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

*No documentary evidence was provided under this standard*

**(i)** The Team noted that the clinical training site has a broad range of patient case mix, suitable and adequate for Intern training.

**(ii)** Based on the documentary and verbal evidence provided and inspection of facilities at STGH, the Team was satisfied with the ICT facilities provided at the clinical training site. The Team noted that the Library opening hours at STGH are 9 am to 5 pm on week days. Access to relevant medical educational content includes the library in addition to online databases. The Library is closed at weekends. Following a Medical Council inspection in 2011, a concern was raised with STGH at the time and the clinical training site responded confirming that within one month of the report of the visit, STGH would have introduced swipe access so that the library could be accessed out of the formal opening hours. The Team noted six years later that this has still not happened. The Team also noted that Interns felt they were too busy to go to the library during opening hours and felt it might be possible to do so if the library was accessible during off peak times. The Team acknowledges that management at the site is seeking solutions to address a concern about the security of the library stock, in order to facilitate longer, unstaffed opening hours.

**(iii)** The Team heard that Interns and Trainers were over-worked and had heavy caseloads, often breaching the clinical training site's legal obligations under the EWTD. This presents a patient safety concern, in addition to concerns about the welfare of Interns and their Trainers.

**(iv)-(v)** Following interviews with Interns, Trainers and senior management, the Team was satisfied that patient safety is emphasised at the clinical training site. However, on being questioned, Interns did not know about Occupational Health facilities or the employee assistance scheme at STGH or how to access counselling services.

| |
|---|
| **Compliance**<br><br>• The Team agrees with the clinical training site in their self-evaluation form that they are partially complying with this standard. |
| **Observation(s) & Recommendation(s)**<br><br>The Team recommends:<br><br>• STGH should implement its plans to address its security concerns, in order to facilitate an extension of the current library opening hours.<br><br>• Interns must be facilitated to avail of library time during opening hours.<br><br>• The number of Intern (or other service) posts available at STGH should be reviewed by the HSE, having regard for patient safety concerns due to current workloads.<br><br>• The clinical training site should actively promote awareness of Occupational Health and employee assistance services amongst Interns. |
| **Commendation(s)**<br><br>• No commendations made. |

## Compliance with Specialist Training Standards – South Tipperary General Hospital

The Team took into account all documentation submitted by the South/Southwest Hospital Group and the individual clinical training sites, the documentation provided for inspection on site during the Medical Council visit, the information and explanations provided by the senior management teams and Trainers at each site and the information provided by the Trainees interviewed on site, when assessing the clinical training sites' compliance with Medical Council criteria for the evaluation of training sites which support the delivery of specialist training.

| **A. Clarity of educational governance arrangements** | **Level of compliance: PC** |
|---|---|
| *Description of evidence of compliance with this standard found during the inspection visit*<br><br>*No documentary evidence was provided under this standard*<br><br>The Team's assessment of STGH's compliance with this standard and subsequent recommendations are based on meetings with Trainees, who informed the Team that they were rotating to medical posts in STGH for 6-18 months as part of a two-year regional basic specialist training (BST) programme, accredited by RCPI and based in Waterford and Limerick University Hospitals. The Team heard that Trainees were assigned to an individual medical specialty in STGH for 3-month rotations by the postgraduate training body. The Team also learned that STGH provides a 6-month SHO post in Obstetrics and Gynaecology as part of a regional basic specialist training (BST) programme, accredited by the Institute of Obstetricians and Gynaecologists RCPI and based in Cork University Hospital. The Team met with the current SHO Trainees. | |

**(i)** Although the Team did not receive documentary evidence indicating the governance arrangements for specialist training at STGH, on asking Trainees, the Team was satisfied that each Trainee had an identified Trainer, who was a Consultant.

**(ii)** The Assessor Team was informed by the clinical training site of a number of avenues whereby training issues can be raised by Trainees. There were no clear formal arrangements in place for clinical oversight.

**(iii)** The rotations of the hospital varied from 6 months to 18 months.

**Compliance**

- Although the clinical training site indicated in their self-evaluation that they were fully complying with this standard, the Team found that the site, in practice, is only partially complying, for the reasons given above.

**Observation(s) & Recommendation(s)**

The Team recommends:

- STGH should develop a document indicating the governance arrangements for specialist training and circulate to Trainees and Trainers at the clinical training site and to the Medical Council.

**Commendation(s)**

- No commendations made.

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

*Documentary evidence of compliance with this standard*

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

- Handover Policy document

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

**(i)** The Team is satisfied that the lines of accountability at STGH were clear. However, Trainees reported uncertainty about their level of responsibility and authority. Medical BST Trainees, in particular, did not have a clear outline of their roles and day-to-day duties.

**(ii)** The Team found, on interviewing Trainees, that they knew how to report clinical incidents.

**(iii)** The Team noted the handover policy document and was satisfied from discussions with the Trainees interviewed that handover takes place at the clinical training site.

**Compliance**

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

**Observation(s) & Recommendation(s)**

The Team recommends:

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

**Commendation(s)**

- No commendations made.

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

*Documentary evidence of compliance with this standard*

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

- Lead NCHD Job Description 2017/18

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

**(i)-(ii)** The Team notes that the clinical training site has provided some documentary evidence of partial compliance with this standard. However, the Team notes that there are a number of locum consultant appointments which STGH are currently in the process of recruiting permanent consultants to, specifically Respiratory Medicine Consultant and a fourth Obstetrics & Gynaecology Consultant; and plans are afoot to appoint Quality Manager.

**(iii)** The Team notes that the clinical training site has provided satisfactory evidence of partial compliance with this standard in some areas but progress has not been made in appointing a fourth Consultant Obstetrician, the Respiratory Medicine Consultant and the Quality Manager.

**(iv)** The Team were concerned that the approximately 1,000 deliveries per annum might not provide the numbers and case-mix for adequate clinical experience.

**Compliance**

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

**Observation (s) & Recommendation (s)**

The Team recommends:

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

**Commendation(s)**

- No commendations made.

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

*Documentary evidence of compliance with this standard*

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

- Induction Booklet

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

**(i)** The Team noted the induction information and documentation provided by the clinical training site. However, the Team found there was a high reliance on an electronic induction pack provided to new Trainees at STGH. The Trainees felt there was very limited face-to-face induction.

**(ii)** The Team noted that the clinical training site had indicated that the induction booklet is reviewed every six months. However, this could not be validated through documentary or other evidence.

**(iii)** The Team heard that some specialties, such as Obstetrics and Gynaecology, had their own specialty-specific induction. However, some Trainees reported being expected to carry out procedures without proper training or specialty-specific training at the beginning of their rotations.

**(iv)** Although STGH provided local policies in the induction pack for Trainees, the Team did not find evidence that national policies were provided.

**(v)** Very little time was allocated to induction.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are partially complying with this standard.

**Observation (s) & Recommendation (s)**

The Team recommends:

- STGH should consider developing a standard, formal organisation-wide induction process, for Trainees. This should be informed by the views and experience of previous Trainees. This should cover both generic and specialty-specific inductions and should also include more face-to-face time. The amount of time dedicated to induction should be reviewed.

**Commendation (s)**

- No commendations made.

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

*Documentary evidence of compliance with this standard*

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

- STGH Consultant and NCHD Staffing complement
- NCHD On call Structure

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

**(i)** The Team was satisfied, on interviewing Trainees, that all Trainees had a supervisor.

**(ii)** The Team noted that all Trainees are informed of their supervisor by their training body.

**(iii)-(iv)** The Team heard when interviewing Trainees that goals were not set at the outset, when taking up a training post. Trainees did not have frequent meetings with Trainers or get regular (if any) feedback from Trainers and there was no Medicine SpR appointee employed by STGH at the time of the visit"

Trainees were of the opinion that the lack of an on-site SpR had a detrimental effect on the quality of their training. Trainees wanted to know, but were unaware, how their level of competency compares nationally. The Team also heard examples of times when Registrars did not make themselves available to assist or advise Trainees in a timely fashion. This is a patient safety concern, as well as a concern for the welfare of Trainees. The system in place was informal and based on the premise that when a Trainee had a problem they would refer to a more senior member of staff.

The Team was satisfied with the information and documentation provided by the clinical training site that STGH is partially complying with this standard by providing local policies in the induction pack for Trainees. However, the Team did not find evidence of national policies being provided.

**Compliance**

- Although the clinical training site indicated in their self – evaluation that they are fully complying with this standard, the Team found that this site, in practice, is partially complying.

**Observation(s) & Recommendation(s)**

The Team recommends:

- STGH must pursue the recruitment of a Medical SpR.
- STGH must develop a structured feedback process and a schedule of face to face meetings with Trainers to prove a consistent, supportive approach to clinical training across the range of specialties at the clinical site. Structured competency assessment and performance appraisal should be introduced for all Trainees.
- It must be made clear to all senior staff that their timely response is required to all Trainees' requests for assistance or advice.

**Commendation(s)**

- No commendations made.

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

*Documentary evidence of compliance with this standard*

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

- 2016/2017 BST GIM Annual Reviews – Assessment Guidelines RCPI

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

**(i)** The Team heard that Trainees were generally assigned to Out Patient clinics and the Medical Assessment Unit. Trainees felt there were very few opportunities for practising procedures and there was more of an emphasis on theoretical training.

**(ii)** Trainees reported that they did not have opportunities to observe endoscopy procedures. Trainees expressed a desire to observe interventional cardiology, which is not available on site.

**Compliance**

- The clinical training site indicated in their self – evaluation that they are fully complying with this standard, the Team found that this site, in practice, is partially complying.

**Observation(s) & Recommendation(s)**

The Team made the following observation:

- The Team is concerned that some Trainees interviewed were spending 18 months of a total of 24 months' rotations at a Model 3 hospital. There is a risk that Trainees may not have opportunities to gain experience in procedures such as endoscopy. It is not educationally optimal if the majority of training is in level 3 hospitals.

The Team The Team recommends:

- STGH should explore the potential for SHOs to observe endoscopic procedures and non-invasive cardiology testing, to address this training need, even if these observations take place in a different hospital.

- Rotations should be structured to ensure that there are opportunities to spend equal time between Level 3 and 4 hospitals.

**Commendation(s)**

- No commendations made.

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

*Documentary evidence of compliance with this standard*
STGH provided the Team with the following documentary evidence of compliance with this standard:

- Department of Medicine Educational programme
- Consultant and NCHD Contracts

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

**(i)–(iii**) The Team noted that there were weekly structured educational activities. However, the Team heard that, due to the level of service demand, the opportunity for Trainee participation at these was limited. The Team also heard that there was no protected, bleep-free training time.

**Compliance**

- The clinical training site indicated in their self – evaluation that they are fully complying with this standard, the Team found that this site, in practice, is partially complying.

**Observation(s) & Recommendation(s)**

The Team made the following observation:

- The appointment of a Respiratory Medicine physician and SpR Trainee, as mentioned earlier, would enhance the Trainee experience.

The Team recommends:

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

- The ratio of service delivery to training needs to be improved, to enhance learning opportunities. Trainee leads should review the balance of service delivery to training and education and develop a documented Action and Implementation Plan.

**Commendation(s)**

- No commendations made.

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

*Documentary evidence of compliance with this standard*

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

- Guidance Document for Consultants, Employers & Training Bodies April 2017

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

**(i)-(iii)** The Team noted that, due to the clinical workload of Trainers, it is difficult to designate protected time for Trainers. Trainers reported that they found it difficult to avail of the contracted protected time provided at STGH. Due to service commitments Trainers were not freed up to attend training on suitable Train the Trainer type programmes.

**Compliance**

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

**Observation (s) & Recommendation (s)**

The Team recommends:

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

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

**Commendation(s)**

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

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

*Documentary evidence of compliance with this standard*

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

- A leaflet on HSE South East Library Service

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

**(i)-(ii)** The Team inspected the facilities and found that the Library was well-stocked. The Librarian that there is less demand for books as many Trainees access their learning materials online. There is good Wi-Fi coverage to support access to on-line resources. The Team found that access to the Library is from 9am to 5pm on week days and closed at weekends. The Team noted that, following a Medical Council visit in 2011, STGH had indicated that they planned to provide extended Library access through a swipe card system, but that this had still not been put in place six years later. The Team acknowledges that the clinical training site is attempting to address a security concern to protect books within the library but which would facilitate 24-hour access. The Team also noted that Trainees can use two tutorial rooms as study rooms.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are partially complying with this standard.

**Observation (s) & Recommendation (s)**

The Team recommends:

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

**Commendation(s)**

- No commendations made.

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

*Documentary evidence of compliance with this standard*

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

- HSE Employee Assistance Programme

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

**(i)** The Team was informed that Occupational Health services are available on the grounds of STGH. The Team also learned of an informal programme being provided at STGH, initiated by the Clinical Director, for non-national NCHDs within his remit who were beginning their training in Ireland, highlighting the professional, cultural and behavioural standards expected of doctors in Ireland. The Team heard that HR also supports new Trainees in terms of practical daily life requirements, e.g. setting up bank accounts, applying for a PPS Number, information about local schools, etc.

**(ii)** The Team found, on interviewing Trainees, that there was limited awareness amongst Trainees about the Occupational Health, services and supports available to them. The Team found that Trainees did not feel protected against bullying at STGH and gave examples of inter-disciplinary bullying they had either experienced or witnessed. Trainees stated that there was no specific form available to them when they wished to report such an occurrence and consequently the clinical incident report form had been inappropriately used in the past for this purpose. There was no sense that reported incidents of this type had been acted upon.

**(iii)** The Team found no evidence to validate the clinical training body's assurances that support would be provided to any NCHDs with a disability, should such a requirement occur.

**Compliance**

- The clinical training site indicated in their self – evaluation that they are fully complying with this standard, the Team found that this site, in practice, is partially complying.

**Observation(s) & Recommendation(s)**

The Team recommends:

- STGH should formalise the programme for non-national NCHDs beginning their training in Ireland, so that becomes standard practice.
- As part of induction, there should be a presentation by Occupational Health, so that all Trainees are aware of the range of services that are available to them.
- Occupational Health services should also be regularly actively promoted amongst Trainees, to reinforce awareness.
- STGH must ensure that systems are in place to promote a positive working environment and that there is a clearly-defined management pathway in place in the event that issues of bullying arise.

**Commendation(s)**

- The Team commends the Clinical Director for the unique programme they have provided for some non-national NCHDS beginning their training in Ireland.
- The Team was very impressed with the level of support HR give to Trainees in terms of practical daily life requirements.

| K. Access to resources to maintain close contact with parent training bodies | Level of compliance: FC |
|---|---|

*Documentary evidence of compliance with this standard*

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

- Library leaflet

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

**(i)** The Team noted that there is a named training body representative available on site and Trainees were satisfied that there is adequate IT access.

**(ii)** From the evidence provided by STGH and from interviews with Trainees, the Team was satisfied that the clinical training site is compliant with this standard.

**Compliance**

- The clinical training site indicated in their self – evaluation that they are partially complying with this standard, the Team found that this site, in practice, is fully complying.

**Observation(s) & Recommendation(s)**

- No observations or recommendations made.

**Commendation(s)**

- No commendations made.

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

*Documentary evidence of compliance with this standard*

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

- HSE Dignity at Work Policy

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

**(i)** The Team noted that the Medical Council's Ethical Guide is provided to Trainees in electronic format, as part of their induction package. However, there was no evidence that the Eight Domains of Good Professional Practice underpinned training and clinical practice at the site.

**(ii)** In addition to documentary evidence provided by the clinical training site, the Trainees also reported an emphasis on patient safety and quality of care.

**(iii)** The Team noted that STGH uses the HSE's Dignity at Work Policy for the Health Service.

**(iv)** The clinical training site provided assurances that concerns which cannot be resolved locally would follow Medical Council guidelines for referral to the Medical Council. The Team also noted that the Dignity at Work Policy includes policy on reporting to professional bodies.

**Compliance**

- Although the clinical training site indicated in their self – evaluation that they are fully complying with this standard, the Team found that this site, in practice, is partially complying.

**Observation(s) & Recommendation(s)**

The Team made the following observation:

- Trainees raised a concern regarding NCHDs not speaking in English as the language of the workplace, both clinically and at the clinical training site. The Trainees believed this constitutes a risk to patient care safety and affects collegial respect. Trainees reported being left out of the loop in clinical discussions and during informal training opportunities. This is a particular issue in STGH, where there is a high percentage of non-national medical graduates.

The Team recommends:

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

**Commendation(s)**

- No commendations made.

| **M. Safe working environment** | **Level of compliance: NC** |
|---|---|

*Documentary evidence of compliance with this standard*
STGH provided the Team with the following documentary evidence of compliance with this standard:

- Compliance Table
- STGH Site Specific Safety Statement

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

**(i)** The Team was not satisfied with the explanation provided by the clinical training site that training body inspections ensure continued provision of a safe working environment. This is

the responsibility of the clinical training site, which must be accountable for compliance with this standard.

**(ii)** The clinical training site informed the Team that rosters are 85% compliant with the legal obligation under the EWTD to ensure Trainees do not work longer than a 48-hour week; and that the site is 100% compliant with all other EWTD areas. However, on interviewing Trainees, the majority of Trainees reported that they regularly work in excess of the EWTD criteria.

**Compliance**

- Although the clinical training site indicated in their self – evaluation that they are partially complying with this standard, the Team found that this site, in practice, is not complying with this standard.

**Observation(s) & Recommendation(s)**

The Team recommends:

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

**Commendation(s)**

- No commendations made.

| **N. Specialty-specific supports** | **Level of compliance: PC** |
|---|---|

*Documentary evidence of compliance with this standard*

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

- Letter to Medical Manpower Manager from RCSI 19th June 2008 re recognition of posts for Basic Surgical Training
- Feedback from Medical Council following Intern site inspection 17th May 2011
- Letter to General Manager from RCPI 3rd October 2014 re Inspection of the General Internal Medicine department on 24th September 2014
- Letter to General Manager from RCPI 5th March 2015 re Inspection of the Obstetrics & Gynaecology Department on 25th February 2015

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

**(i)** The Team noted that the clinical training site did not explain how it is meeting this standard. From discussions with Trainers and Trainees, the Team found that there are some specialty-specific inductions provided at STGH, but there was little evidence of other specialty-specific requirements being resourced.

**(ii)** The Team noted the sample training body reports provided. In particular, the Team noted that a recommendation made in the RCPI's inspection report in 2014, relating to the appointment of a respiratory physician and management of complex respiratory cases, had not yet been

implemented and remained outstanding at the time of the Medical Council inspection visit. Respiratory Medicine consultant expertise in STGH is essential for basic safe patient care and training needs. Failure on the part of STGH to fill this post in the implementation phase of this inspection will trigger a review of the suitability of STGH as a clinical site for BST medical training.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are partially complying with this standard.

**Observation(s) & Recommendation(s)**

The Team recommends:

- As stated under Standard C, every effort must be made to fill the post of Consultant Respiratory Physician as a priority.

**Commendation(s)**

- No commendations made.

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

*Documentary evidence of compliance with this standard*

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

- STGH NHCD on call structure
- Bleep Policy January 2015 Version 1

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

**(i)-(iii)** Despite assurances from the clinical training site that the Consultant on call is available to Trainees at all times during on call periods, on interviewing Trainees, the Team heard mixed views in this regard. Trainees provided examples of both good and poor experiences of Consultant support when on call.

**(iv)** The Team inspected the on-site accommodation for Trainees on call. Each room was clean and had en-suite facilities. The Team was satisfied that on call facilities were secure and safe, with appropriate secure access at all times.

**Compliance**

- The clinical training site indicated in their self – evaluation that they are partially complying with this standard, the Team found that this site, in practice, is partially complying.

**Observation (s) & Recommendation(s)**

The Team recommends:

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

**Commendation(s)**

- The Team commends STGH for the excellent on call facilities provided for Trainees.

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

*Documentary evidence of compliance with this standard*

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

- RCPI BST Annual Review Forms

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

**(i)** On interviewing Trainees, the Team heard that the assessment process, which took place at the end of their training rotation, was generally a "tick-box exercise" which rates the Trainee as either competent or incompetent. There were limited examples of a formal, "sit-down" assessment opportunity and the team found that Trainees have to ask for feedback. Trainees should not have to ask for feedback. Trainees also stated that they found it difficult to keep up their e-portfolios. However, Trainees in the Obstetrics and Gynaecology department were highly complementary of the programme being provided, which they described as goal-oriented, providing regular, constructive feedback and a structured final assessment.

**(ii)** The Team heard from the Trainees that they were being facilitated by STGH to take study leave and attend exam preparation and tutorials.

**Compliance**

- The clinical training site indicated in their self – evaluation that they are fully complying with this standard, the Team found that this site, in practice, is partially complying.

**Observation(s) & Recommendation(s)**

The Team recommends:

- STGH should replicate the programme provided by the Obstetrics and Gynaecology department for all Trainees in that structured goal-setting, competency assessment and performance appraisal of all Trainees should be standard practice at STGH.

**Commendation(s)**

- The Team wishes to commend the Obstetrics and Gynaecology department for providing a good quality, goal-oriented training experience with regular feedback for Trainees.

| **Q. Opportunities for multi-disciplinary teamwork** | **Level of compliance: NC** |
|---|---|

*Documentary evidence of compliance with this standard*

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

- List of STGH Committees attended by NCHDs

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

**(i)** The Team was not satisfied that the clinical training site meets this standard. STGH stated in the documentation provided that this standard is met by each Department providing information on their role and function as part of Multi-Disciplinary Teamwork (MDT) to Trainees at induction. The Team is not satisfied that this constitutes "encouragement and promotion of MDT". There was no evidence of opportunities for MDT provided by the clinical training site, or during interview with Trainees. The documentation provided as evidence of compliance with this standard related to the MDT membership of Committees and no examples of MDT care planning were provided.

**(ii)** The Team heard little or no evidence from the Trainees interviewed to support the clinical training site's assurances that they are complying with this standard.

**Compliance**

- The clinical training site indicated in their self – evaluation that they are fully complying with this standard, the Team found that this site, in practice, is not complying.

**Observation(s) & Recommendation(s)**

The Team recommends:

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

**Commendation(s)**

- No commendations made.

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

*Documentary evidence of compliance with this standard*

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

- Lead NCHD Job Description 2017/2018

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

**(i)** On interviewing the Trainees, the Team is of the opinion that, if a Lead NCHD is in place, this person had not been identified to the Trainees interviewed. The Team found no evidence of a mechanism being in place to gather Trainee feedback.

**(ii)** Based on discussions with senior management and Trainers, it appears that the onus for providing feedback lies with the Trainee and is not proactively sought. There is an unrealistic expectation that Trainees will voluntarily give feedback to Consultants.

**Compliance**

- The clinical training site indicated in their self – evaluation that they are fully complying with this standard, the Team found that this site, in practice, is not complying.

**Observation(s) & Recommendation(s)**

The Team recommends:

- That the Lead NCHD be identified to Trainees and that their role be defined and communicated to Trainees.
- At the end of rotations, there should be a focused engagement with the Trainee/Trainee group, to ask about their experience and seek suggestions as to how the clinical training site could improve future Trainee experiences in the post(s). This meeting should generate a quality improvement plan.
- Trainers in STGH should meet at the end of each rotation to review the past rotation and to plan the next rotation.

**Commendation(s)**

- No commendations made.

**Clinical training site:**
**Mercy University Hospital (MUH)**

## Compliance with Intern Training Standards

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

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

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

*No documentary evidence was provided under this standard*

- The Team was pleased to meet initially with 18 Interns and subsequently with the Intern Tutor. A broad mix of specialty rotations were represented at the Intern meeting. The team understands that the remaining Interns were unavailable due to annual leave and/or night duty.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are fully complying with this standard.

**Observation(s) & Recommendation(s)**

- No observations or recommendations made.

**Commendation(s)**

- No commendations made.

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

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

*No documentary evidence was provided under this standard*

- The Team noted that the clinical training site is affiliated with the South / South West Intern Network, with an Intern Tutor appointed.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are fully complying with this standard.

**Observation(s) & Recommendation(s)**

- No observations or recommendations made.

**Commendation(s)**

- No commendations made.

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

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

*No documentary evidence was provided under this standard*

**(i)** On interviewing the Interns, the Team found that dedicated teaching time is in place for all Interns and there is a variety of Intern educational opportunities available to them. However, Interns reported, that they were bleeped throughout training opportunities and, despite MUH having a Bleep Policy in place, Interns reported that there is no protected bleep-free teaching time.

**(ii)** The Team heard examples where Interns had been asked to complete duties which were above their grade. The Interns knew about the early warning score system, but gave an example where an Intern was called to deal with an emergency situation, as part of escalation of care of that particular patient at a level far beyond their scope.

**(iii)** Interns reported being regularly required to take consent from patients. On further questioning, the Team heard that while in some cases the procedures were minor and the Intern was familiar with the procedure and the potential risks involved, there were examples where the consent being obtained by Interns was of a nature that is contrary to paragraph 13.2 of the Medical Council's current *Guide to Professional Conduct and Ethics for Registered Medical Practitioners*. Interns had been asked to take consent for procedures with which they were not familiar. On a positive note, the Team identified that the ISBAR communication system is used consistently throughout the hospital.

**(iv)** There was evidence of a formal induction process being in place, but the Interns interviewed had found their first day on the job confusing. They had to order bloods, scans, etc., but could not do so from Day 1 as these systems were computerised and they had no login details for computers until Day 3 on the job. Interns were not clear about the physical layout of the hospital and reported being disorientated at the hospital initially. There does not appear to be any structured Intern shadowing programme available before commencing an Intern training post. The Induction programme highlights the Mercy Hospital core values, but practical aspects of Intern work and the experience of Interns who just completed training would have been welcomed by the Interns as part of the induction programme.

**(v)** On interviewing Interns and Trainers, they did not appear to be aware that the Eight Domains of Good Professional Practice are incorporated into the pre-arranged scheduled education sessions and part of the Intern syllabus/curriculum.

**Compliance**

- The clinical training site indicated in their self–evaluation that they are fully complying with this standard, however, the Team found that this site, in practice, is partially complying.

**Observation(s) & Recommendation(s)**

The Team made the following observations:

- The content and structure of Induction appears to be an area of contention for Interns nationally and not confined to this clinical site and Intern networks.

- Ideally, a National Intern Induction Programme (similar to the Construction industry) for any training deemed as national mandatory for this grade e.g. manual handling, hand washing, should be explored for completion by all Interns, prior to commencement of their Intern training.

The Team recommends:

- MUH should continue to review its induction programme, taking into account feedback from current and past Interns, and structure the programme to ensure Interns receive the right information at the right time.

- MUH should develop an Intern Job Description to be provided to all Interns when taking up an Intern training post, so that Interns are clear about their roles, duties and what is expected of them from the outset.

- MUH must ensure that its Bleep Policy is implemented. Bleeps should be handed in when attending education and training sessions.

- Interns must only be required to take consent in very limited circumstances and in compliance with Medical Council ethical guidance (see paragraph 13.2 of Ethical Guide).

**Commendation (s)**

- No commendations made.

| 4. Supervision | Level of compliance: PC |
|---|---|

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

*No documentary evidence was provided under this standard*

- The Team was pleased to hear that all Interns reported that they were aware of their supervisor(s), however, some Interns did not know how to access an individual Consultant.
- The Team found that the lack of defined expectations and goal-setting at the start of their rotation would limit the quality of any feedback which might be provided as there was no framework against which performance could be measured.
- Despite assurances from the clinical training site to the contrary, Interns in some specialties reported that they regularly worked in excess of the EWTD 48-hour week.
- When asked, Interns did not feel they received adequate support and information regarding their career development. For example, Interns reported that they did not understand the importance of nor had they been encouraged to present cases at Royal Academy of Medicine of Ireland (RAMI) events.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are partially complying with this standard.

**Observation(s) & Recommendation(s)**

The Team recommends:

- Interns must personally participate, at their appropriate level, in the services and responsibilities of daily patient-care activity.
- The clinical training site must ensure that Interns agree with their supervisor, at the beginning of their rotation, a list of core skills/competencies/experiences that they should have attained by the end of their rotation.
- Competencies should be Intern specific and comprehensive including knowledge, skill and attitude. They should also be measurable and related to professional activities.
- The Intern tutor and clinical supervisors should continue to ensure that Interns' workloads are appropriate in order to comply with the EWTD.
- Interns should be provided with more support in terms of their career development.

**Commendation(s)**

- No commendations made.

| 5. Assessment | Level of compliance: PC |
|---|---|

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

*No documentary evidence was provided under this standard*

- The Medical Council seeks evidence of regular and constructive assessment by the supervisor/Trainer, with knowledge of the Intern's performance and professional development. Constructive feedback to the Intern is an integral part of this assessment requirement. The Team was concerned to hear from Interns that they received very little positive or constructive feedback. They said that they were given feedback in order to correct errors or performance issues, but they generally did not receive positive feedback. Interns were unsure if they were doing a good job, as they had no frame of reference for assessing this.

- The Team heard that end-of-rotation forms were being completed and signed-off as required. However, this was seen by Interns as an administrative task, rather than an opportunity for feedback.

**Compliance**

- The clinical training site indicated in their self–evaluation that they are fully complying with this standard, however, the Team found that this site, in practice, is partially complying.

**Observation (s) & Recommendation (s)**

The Team recommends:

- A system must be put in place for structured competency assessment and performance appraisal of Interns.

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

**Commendation (s)**

- No commendations made.

| 6. Professionalism | Level of compliance: PC |
|---|---|

*Description of evidence of compliance with this standard during the inspection visit*
*No documentary evidence was provided under this standard*

**(i)** Although, in general, Interns reported that MUH has a respectful and professional working environment, Interns reported a number of incidents when they were not treated with respect and described feeling belittled. For example, Interns reported incidents where some (but not all) members of the Radiology Department had treated them very unprofessionally, when attempting to order scans. The Team appreciates the pressure

under which Radiology staff operate and the nature of the work often requires concentration and uninterrupted time. However, unprofessional behaviour to Interns or other medical/nursing/allied healthcare professionals is never acceptable.

Interns also gave examples of disrespectful treatment by nursing staff. The Team was concerned about an example where an Intern was not able to eat while on a long shift, and had been criticised by nursing staff for attempting to do so. Male Interns reported that they received preferential treatment to that of their female colleagues from nursing staff while on call. Interns believed that reporting such incidents could have an adverse effect on them.

The Team noted that there was a lack of awareness about how to raise a concern, should one arise. They were not aware of the Dignity at Work, Occupational Health and counselling services and Open Disclosure and Protected Disclosure policies. However, all Interns reported feeling empowered to raise issues with their consultants and/or other colleagues.

**(ii)** The Team noted that the Mercy University Hospital ethos and values are clearly identified and displayed throughout the hospital. The Team learned that MUH is participating in the "Valued Voices in Action" programme. The Team noted that the Eight Domains of Good Professional Practice were referenced in the Induction Pack and elements of the Domains included in the Mercy Values programme. The Interns report little or no teaching time dedicated to the issue of professionalism throughout the Intern rotations, despite clear evidence of its inclusion.

**Compliance**

- The clinical training site indicated in their self–evaluation that they are fully complying with this standard, the Team found that this site, in practice, is in the lower end of partially complying with this standard, for the reasons given above.

**Observation (s) & Recommendation (s)**

The Team recommends:

- MUH should more explicit by identify to interns in the intern programme of tutorials when and where formal education and training in professionalism and ethics is included.
- Hospital managers and consultants should make clear to all employees the standard of conduct and communication expected at the site. All staff should be made aware that bullying is unacceptable.
- The clinical training site should actively promote awareness of its Dignity at Work, Occupational Health and counselling services and its Open Disclosure and Protected Disclosure Policies amongst Interns and the multi-disciplinary teams.
- The Radiology Department should seek a solution which addresses their need for uninterrupted time when examining scans, etc., while catering to the needs of other Departments to order tests throughout the working day.

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

**Commendation(s)**

- No commendations made.

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

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

*No documentary evidence was provided under this standard*

**(i-iv)**

- The Team noted that the clinical training site has a broad range of case mix, suitable and adequate for Intern training. However, the Team found that both Interns and their Trainers reported that they were over-worked and had too heavy a caseload. This presents a patient safety concern, in addition to concerns about the welfare of Interns and their Trainers.

- On examining the facilities, the Team found that the library was excellent and opening hours were sufficient. Good Wi-Fi access was also readily available. The Team noted the Intern sitting room area was recently refurbished and extra lockers had recently been added. However, the Team felt that the bedrooms for Interns on call were inadequate, with limited bathroom facilities. The Team noted that this issue had been raised by the Medical Council in their 2011 Report following inspection, yet the matter had not been addressed yet, some 6 years later.

- The Team heard from Interns, Trainees and Trainers that there is an inadequate number of computers available on the wards, resulting in Interns and others regularly queuing to gain computer access. The Team noted that this issue had been raised by the Medical Council in their 2011 Report following inspection, yet the matter has not been adequately addressed. The QPS manager attended the meeting with the senior management team and, when this matter was raised, the QPS manager stated that he had not been aware of the situation.

**Compliance**

- The clinical training site indicated in their self–evaluation that they are fully complying with this standard, however, the Team found that this site, in practice, is partially complying.

**Observation(s) & Recommendation(s)**

The Team recommends:

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

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

**Commendation(s)**

- The Team commends MUH on its excellent library facilities and sitting room facility provided in recent times.

## Compliance with Specialist Training Standards – Mercy University Hospital

The Team took into account all documentation submitted by the South/Southwest Hospital Group and the individual clinical training sites, the documentation provided for inspection on site during the Medical Council visit, the information and explanations provided by the senior management teams and Trainers at each site and the information provided by the Trainees interviewed on site, when assessing the clinical training sites' compliance with Medical Council criteria for the evaluation of training sites which support the delivery of specialist training.

| **A. Clarity of educational governance arrangements** | **Level of compliance: PC** |
|---|---|

*Documentary evidence of compliance with this standard*

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

- Organisation Chart, Committee Structure, Intern Tutor Duties, BST Training Lead, College of Anaesthetists College Tutor appointment at MUN, Draft Clinical Academic Lead for MUH, Clinical Director Job Description, NCHD Lead Job Description, NSD Training and handover document, Role of RCPI Trainer, Minutes from South Hub Training Lead, Message from RCPI BST Trainer, Cork Research Facility – MUH Research Strategic Plan 2017 – 2020, Terms of Reference MUH research committee, Draft Job Description Director of Research MUH, Guide to professional conduct and ethics IMC 7th Edition 2009

- MUH Committee Structure Chart, EWTD Compliance Groups and current status, Lead NCHD Job Description, NCHD Committee Terms of Reference and sample minutes, Implementation group minutes 2014

- Copy RCPI report for Geriatric Medicine and follow up, Copy RCPI report for Paediatrics and follow up, Copy CAI inspection report and follow up, RCPI in Basic Specialist Training – key things to remember, RCPI St Luke's Symposium, BST in GIM South Hub booklet, RCPI List of Training Courses/Exams/Events, Radiology – Educational Co-ordinator meetings attendance, Educational Activities provided by Paediatric Trainers according to relevant BST/HST curricula in Paediatrics developed by the Faculty of Paediatrics, Attendance records at educational activities, SpR training co-ordinated centrally by Faculty of Radiologists – Lecture Schedules 2017

- The Team notes that the Medical Council Guide to Professional Conduct and Ethics being provided to Trainees at the clinical training site is an out of date version.

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

**(i)** The Team notes that MUH has a clearly defined education structure, but, on interviewing Trainees, they did not all seem to be aware of the structures and lines of accountability. The Team notes that MUH does not currently have a dedicated Educational Lead in place.

**(ii)** The Team concluded from the documentary evidence and information provided that MUH has put systems in place in an attempt to comply with this standard and noted that the NCHD representative met with senior managers on a regular basis. The link between NCHDs and management/board level was still not evident to the Trainees interviewed.

**(iii)** The Team was satisfied from the documentary and verbal evidence provided that MUH is complying with this standard.

**(iv)** The MUH/SSW Hospital Group does not have a dedicated Chief Academic Lead at the clinical training site.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are partially complying with this standard.

**Observation(s) & Recommendation(s)**

The Team recommends:

- MUH must update the copy of the Medical Council Guide to Professional Conduct and Ethics in the pack provided to Trainees.
- MUH needs to clarify the reporting link between NCHDs and management/board levels, to maintain institutional oversight of the learning environment.
- MUH/SSW Hospital Group should recruit and appoint a dedicated Chief Academic Lead at MUH, as planned.
- On taking up a training post, all Trainees should be made aware who their supervisor/tutor is at the outset.

**Commendation(s)**

- The Team wishes to commend MUH for establishing a lead NCHD role, which is now in its fourth appointment. The Team was also impressed that there is an NCHD Committee in place which meets regularly with HR.

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

*Documentary evidence of compliance with this standard*

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

- MUH General Policy Statement, Code of Conduct for NCHDs, MUH Clinical Ethics Staff Information Booklet, MUH Intern Induction Schedules, MUH Induction Schedules for all other NCHDs, Endoscopy Induction Pack (Surgical and Gastroenterology), Neurology Induction document 2017, Geriatric Medicine Welcome document/roles and responsibilities, Twenty (One) Tips for junior doctors working with older people, Medical Oncology Induction Handbook, MUH/CUH Department of Radiology Handbook, ICHMT Higher Specialist Training Guide, HR Induction presentation, Mercy Values Induction, Lead NCHD Handbook, A- for MUH NCHDs, Sample NCHD Contract, Sample NCHD Bleep list, Sample rotas issued to Trainees 1 month in advance of start date, Sample rotations issued by Schemes, Sample Weekly Schedules issued by teams

- MUH Integrated Risk Management and Incident Management Policy, MUH Open Disclosure Policy, Audit report of National Open Disclosure Policy MUH, Sample Minutes Clinical Governance Committee, Copy Risk Management Occurrence Form, Hello My Name is — MUH brochure, MUH HR NCHD Induction presentation /presentation on how to find policies /forms on intranet

- MUH Handover Protocol and handover sheet, Handover protocols for subspecialty medical teams, Anaesthesia Handover Sheet, Sample Geriatric Medicine Weekly Handover document

- Anaesthesia / Surgery TPOT guidelines' / HSE Safe Surgery Policy, RAD Alert System policy

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

**(i)** The Team is satisfied that the lines of clinical accountability at MUH were clear but the level of responsibility and authority was not made clear to Trainees. The Trainees did not have a clear outline of their roles and day-to-day duties. Competency-based training is well established in postgraduate medical education programmes. The identification of "entrustable" professional activities (EPAs) can help Trainers and supervisors in their determination of the competence of their Trainees.

**(ii)** Trainees expressed a desire to know what their responsibilities/ duties are. They reported not having goals set out for them at the beginning of their rotation. Supervisors of Trainees should decide when a Trainee may be trusted to bear responsibility to perform a specific professional activity.

**(iii)** The Team found, on interviewing Trainees, that they knew how to report clinical incidents. The Team noted that ISBAR is used across the clinical training site.

**(iv)** The Team noted the written handover policy provided by MUH

**Compliance**

- The clinical training site indicated in their self–evaluation that they are fully complying with this standard, however, the Team found that this site, in practice, is partially complying.

**Observation(s) & Recommendation(s)**

The Team recommends:

- The clinical training site should develop a clear, documented description of SHO roles and duties for all training posts and provide this to all Trainees when they commence a training post.
- Supervisors should specify the competencies (knowledge, skill and attitudes) to be obtained during the rotation.
- Professional activities agreed between the supervisor and Trainee should be observable and measurable in the process and their outcome leading to, for example, "well done" or "could be done better".
- There should be a structured competency assessment and performance appraisal for all Trainees.

**Commendation(s)**

- No commendations made.

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

*Documentary evidence of compliance with this standard*

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

- Letter to Kieran O'Connor from ICHME, updated information that David Curran has taken over the role of BST Trainer, Intern Tutor Principal Duties, Clinical Director Job Description, NSD function overview, Role and responsibilities for the Trainer, NCHD Lead job description, Draft Clinical Academic Lead for MUH
- Details of BST assessments for 2016, log book review, e-portfolio analysis, Copies of reports from inspections, CUH/MUH Department overview and protocols for SPRs
- Sample SNIC Minutes and agendas, Medical Council Amendment of Part 10 Education and Training Rules, Example of communication with HSE NDTP re NER Database/sample e-mails re NER/confirmation that MLTH IvIMM was part of NER database project team, Copy e-mail to MUH NCHD' s from NDTP HSE re CPD — SS Registration, Copy minutes from HSE Healthy Doctors Strategy 2017 — project group, sample minutes National Medical Manpower Managers Meetings and agenda, agenda SSWHG Medical Manpower Managers Meeting
- MUH Bleep Policy, A Z for MUH NCHDs, Lead NCHD Handbook 2017/2018, Documentary Evidence that MUH was National Pilot Site for Lead NCHD's, Details of MUH Lunch and Learn, a Formal Opportunities at MUH for BST Trainees, MUH Essential Training Rounds, MUH Medical Grand Rounds documentation, Intern Teaching schedule 2017/2018, Wifi access code

for NCHDs, Information on Adult HRB Clinical Research Facility located within MUTT, Information on Chaplaincy, Evidence of Transfer of tasks

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

**(i)-(iv)** The Team notes that MUH is keen to recruit a Chief Academic Lead and, in the meantime, a number of roles exist within the clinical training site with various responsibilities for medical education and training.

**Compliance**

- The clinical training site indicated in their self–evaluation that they are fully complying with this standard, however, the Team found that this site, in practice, is partially complying.

**Observation(s) & Recommendation(s)**

The Team recommends:

- As mentioned under Standard A, MUH should recruit a Chief Academic Lead, as planned.

**Commendation(s)**

- No commendations made.

| **D. Induction arrangements for Trainees** | **Level of compliance: FC** |
|---|---|

*Documentary evidence of compliance with this standard:*

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

- NCHD Induction Schedule 6th July 2017, Mini Induction Schedule 9th January 2017, Mini Induction Schedule 10th July 2017, NCHD Induction Schedule 5th July 2016, A-Z for Mercy NCHD's, Library Services leaflet, Evidence of induction presentation sent to NCHD's, Lead NCHD Handbook, Geriatric Medicine Welcome Document, Endoscopy Induction Pack, Neurology Orientation document, Twenty (one) Tips for Junior Doctors Working with Paediatric Service Induction document, Medical Oncology Induction document, CUH/MUH)MUH Policy for Populating and Managing the Corporate Risk Register, Open Disclosure policy, Radiology Protocols for Specialist Registrars, Staff Handbook, Contract documentation pack letter, Professional Indemnity Form, Emergency Contact Details Form, Medical Declaration Form, Verification of Service Form, Pension Forms, Mercy Values Induction Presentation, Quality and Risk Management Induction Presentation July 17, Quality and Risk Management Presentation October 2017, Clinical Indemnity Scheme Presentation November 17, Salaries Induction Presentation, Medical Manpower Presentation, Blood Transfusion Presentation, Mercy Foundation Presentation, NCHD Induction Microbiology & Infection Prevention Control, COPD Outreach Induction Presentation

- Occupational. Health Department Induction Presentation, MUH Sepsis Pathway 2017 Induction Presentation, NCHD rotations, EAP documentation, Internet & E-mail usage policy, Grievance Policy & Procedure, Dignity at Work policy and procedure, Sample e-mails to NCHD's re updated

policies, Copies attendees at NCHD inductions, Dept Anaesthesia Induction/teaching and educational structure

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

**(i)** The Team is satisfied from the documentary and verbal evidence provided that MUH is complying with this standard.

**(ii)** The Team is satisfied from the documentary and verbal evidence provided, including sample Attendance sheets, that MUH is complying with this standard.

**(iii)** The Team is satisfied from the documentary and verbal evidence provided, including sample Attendance Sheets from the Health and Safety Induction, that MUH is complying with this standard.

**(iv)** The Team noted some documentary evidence of compliance with this standard was provided.

**(v)** The Team noted documentary evidence in the induction package provided that MUH is complying with this standard.

**Compliance**

- The clinical training site indicated in their self–evaluation that they are partially complying with this standard, however, the Team found that this site, in practice, is fully complying.

**Observation (s) & Recommendation (s)**

- No observations or recommendations made.

**Commendation(s)**

- No commendations made.

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

*Documentary evidence of compliance with this standard:*

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

- Bleep Lists, Copies of Rotations, Database post numbers assigned to NER system, Report from DIME stating statistics, An example of how issues are discussed informally and an improvement plan is put in place, Evidence of one to one work with Radiology SpRs, A Timetable of duties for Trainees in Paediatrics Training posts in MUH, Trainee Mentor Assignments Anaesthesia 2017

- Copies of NCHD rotas, Copy of Standard Contract with rotations outlined

- Documentation regarding support plans put in place for NCHDs, Letter from College Tutor to Non Trainees Anaesthesia, EAP details, Details of BST Assessments, Sample Training plan

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

**(i)** The Team was satisfied with the documentary and verbal evidence of compliance with this standard provided by MUH, in that Trainees were supervised appropriately. However, on interviewing Trainees, not all of them were certain who their supervisor/tutor was.

**(ii)** The Team was satisfied with the documentary and verbal evidence of compliance with this standard provided by MUH, however, on interviewing Trainees, they did not know who coordinated their programme, or who to talk to if they had a particular problem with the programme.

**(iii)** The Team was satisfied with the documentary and verbal evidence of compliance with this standard provided by MUH. Trainers described how they worked with under-performing Trainees.

**(iv)** On interviewing Trainees, the Team found no evidence of Trainees working beyond their scope and was satisfied that MUH is complying with this standard.

**(v)** The Team was satisfied with the information provided by the clinical training site that MUH is making every effort to minimise duplication of employment-related documentation when Trainees transition between sites.

**Compliance**

- The clinical training site indicated in their self–evaluation that they are fully complying with this standard, however, the Team found that this site, in practice, is only partially complying.

**Observation(s) & Recommendation(s)**

- No observations or recommendations made.

**Commendation(s)**

- The Team commends both the Surgery and Anaesthesia Departments, where good examples of supervisory arrangements were reported.

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

*Documentary evidence of compliance with this standard:*

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

- About the MUI-I document, Rotas indicating Trainers, NER Post Matching List for July 17 to June 18, Intern Teaching Schedule August to October 17, SNIC Intern Feedback / Sign off documents, Annual BST Assessment documents for 2016 2017 / e-mail to Trainees, Document on 2017/ 2018 BST Assessment dates, Report on Respiratory Department inspection, Report on Gastroenterology inspection, Report on General Paediatrics Inspection, Report on Haematology Inspection, CAI Anaesthesia Inspection, SAC Visit Dept of Surgery Inspection report, Report on Geriatric Medicine Inspection, Report on SAC Urology, Formal Teaching Opportunities Available to BST Trainees, Radiology Training Opportunities, Paediatric Training Opportunities Firm Structure, Activity charts, Essential Training for all NCHDs, Formal Teaching Opportunities available to BST Trainees, Cork Training Programme for GP Trainees, Quality Lunch and Learn, MOH Medical Grand Rounds documentation, Weekly Medical Grand Rounds Schedule, MUH Medical Grand rounds meeting / timetable, MOH BST Medicine Tutorials, Radiology Teaching Schedule 2017 2018, Surgical Clinical Case Discussion, Surgical Morbidity and mortality meeting, information/Surgical Grand Rounds, Surgical Journal Club documentation, Urology Educational Sessions/teaching, Paediatrics Timetable / Educational activities, Paediatrics Journal club, Haematology Sp Registrar Training, Oncology Educational Schedule, Dept Respiratory Medicine Educational Activities, SRS Radiology information, Geriatric Medicine sample educational activity, Gastroenterology Educational Timetable, Higher Specialist Training Guide for Trainees 2017,BST Specialist Training in General Internal Medicine South Hub

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

**(i)** On interviewing the Trainees, the Team found that Trainees were generally satisfied that the mix of cases available to them, which they felt was appropriate for their training programme requirements. However, concern was expressed by the Trainers, when interviewed, regarding the adequacy of the case mix. A general surgical Trainer raised the concern that minor and elective cases are no longer available to the Trainees, as these are not performed frequently in public hospitals. Similarly the Paediatric Department has a restricted case mix and Trainers felt that training opportunities are limited.

**(ii)** On interviewing the Trainees, the Team heard examples of good training opportunities and Trainees felt there was plenty of opportunity to do endoscopies and laparoscopies.

**Compliance**

- The clinical training site indicated in their self–evaluation that they are partially complying with this standard, however, the Team found that this site, in practice, is only partially complying.

**Observation(s) & Recommendation(s)**

The Team made the following observation:

- The Team notes the concerns of Trainers in the General Surgery and General Paediatric Departments regarding the adequacy of case mix in these specialties, which should be raised with their respective training bodies.

**Commendation (s)**

- The Team commends MUH for actively ensuring Trainees can avail of a number of opportunities to take part in procedures.

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

*Documentary evidence of compliance with this standard:*

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

- Bleep Policy, Firm Structure, Activity charts, Essential Training for all NCHD's, Formal Teaching Opportunities available to BST Trainees, Cork Training Programme for GP Trainees, Quality Lunch and Learn, MUH Medical Grand Rounds documentation and feedback to presenters, Weekly Medical Grand Rounds Schedule, MUH Medical Grand rounds meeting / timetable, Infection Control — Hand Hygiene for NCITID's, Medication Safety/High Risk Medicines / Time sensitive info — Pharmacy, Sepsis — CNM2, MUH BST Medicine Tutorials, Surgical Grand Rounds, MTD, Case Presentation, Urology Teaching/ Educational Sessions, Radiology Teaching Schedule 2017 2018, Draft terms of Morbidity and mortality meeting, Paediatrics Timetable / Educational activities, Oncology Educational Schedule, Dept Respiratory Medicine Educational Activities, Geriatric Medicine sample educational activity, Gastroenterology Educational Timetable, Intern Teaching schedule – current, BST Specialist Training in General Internal Medicine South Hub, EWTD Compliance — Do's and Don'ts, Sample MUH EWTD Compliance, Sample EWTD compliant rotas in operation at MUH, Sample e-mail to NCHD's on Webinar event, Sample e-mail from CUR re UCC Grand Rounds @ Cork University Hospital, Library information, Discharge Planning Questionnaire/ Process for NCHDs, Antimicrobial Stewardship committee, Infection Prevention and Control Minutes

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

- The Team noted the substantial amount of documentary evidence which had been provided by MUH with regard to this standard in particular.

**(i)** The Team was satisfied with the evidence provided that MUH takes account of specific training programme requirements.

**(ii)** The Team noted that Trainees regularly attended courses in Dublin, were able to take exam and study leave and reported getting exactly what was required, so long as it was planned in advance.

**(iii)** The Team heard from Trainees that the quality of teaching from their Consultants was very good. Trainees had a sense that they were being trained daily on the job, as well as through formal training schedules. Trainees gave good examples of opportunities for reflection on experience gained through clinical practice.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are fully complying with this standard.

**Observation(s) & Recommendation(s)**

The Team makes the following observation:

- Trainees report that they would have liked courses to come to Cork on occasion.

**Commendation(s)**

- The Team wishes to commend the Consultants at MUH for ensuring that training opportunities are incorporated into the daily jobs of Trainees.

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

*Documentary evidence of compliance with this standard:*

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

- Bleep Policy, Evidence of Consultant Educational Leave, Sample Consultant Schedule of Commitment, Letter to Dr Kieran O'Connor BST Training Lead, NST Terms of Reference, Copy letter K O'Connor, NSD, Roles and responsibilities of Trainers, Evidence of Ray Barry, Consultant Paediatrician Deanship of Faculty of Paediatrics, RCPI, CME Supports for Consultant Reimbursement Form.

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

**(i)** The Team heard that, due to workload, protected time is not actually available for Trainers, despite provisions being made in their Consultant contracts.

**(ii)** Trainers felt that MUH recognised their role in specialist training, but service provision, by necessity, tended to take precedence over protected teaching time.

**(iii)** The Team is satisfied from the documentary and verbal evidence provided that MUH is complying with this standard.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are partially complying with this standard.

**Observation(s) & Recommendation(s)**

The Team recommends:

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

**Commendation(s)**

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

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

*Documentary evidence of compliance with this standard:*

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

- Library & Information Service leaflet for NCHDs, Wi-Fi Access instructions for NCHDs, General Library and Information Service, MUH e-mail and Internet usage policy.

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

**(i)-(ii)** The Team inspected the facilities and found that the Library was well-stocked and Trainees have ample access to medical literature. It was noted by the Librarian that there is less demand for books nowadays, as many Trainees access their learning materials online. However, in contrast to the Interns interviewed, the Wi-Fi access received some criticism from Trainees and Trainers, as it could be patchy in some areas of the hospital. The Team noted that access to the Library is from 9am to 9pm.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are partially complying with this standard.

**Observation(s) & Recommendation(s)**

The Team recommends:

- MUH should check and improve Wi-Fi access across the clinical training site.

**Commendation(s)**

- The Team wishes to commend MUH for the high quality of its library facilities.

| J. Access to pastoral and health supports for Trainees | Level of compliance: FC |
|---|---|

*Documentary evidence of compliance with this standard:*

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

- Valuing Voices Programme for NCHDs as part of project for National Pilot site for NCHD wellbeing, Tea and Talk / Compassion Day 10th October 2017, Sample leaflets from representatives on day Pieta House, Samaritans, Health Action Zone, Aware, Wellness Days for Clinical Staff / breath work, gentle yoga, guided relaxation, Self Compassion — Can I really be kind to myself, MUH Staff Wellbeing Week, Calendar of events, EAP Supports, Lead NCHD Handbook, Pastoral Care information.

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

**(i)-(ii)** The Team was pleased to hear that all Trainees interviewed were aware of the existence and location of Occupational Health services, including mental health supports, at the clinical training site and would all feel comfortable using the service. The Team noted that MUH had recently held a wellbeing week in October.

**(iii)** The Team noted that, while MUH does what it can to comply with this standard, it is somewhat restricted in its ability to make adjustments to support the particular training needs of Trainees with disabilities due to the historical status of the clinical training site as a listed building and the challenges in making alterations to it.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are fully complying with this standard.

**Observation(s) & Recommendation(s)**

The Team recommends:

- MUH should inform all training bodies of the limited capacity at the clinical training site to make adjustments to support Trainees with disabilities, for the reasons stated above.

**Commendation (s)**

- The Team commends MUH for appointing a new HR manager with a particular interest in staff wellbeing and commends the HR manager for introducing wellbeing weeks, flu vaccines, etc., to support healthcare professionals at the clinical training site.

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

*Documentary evidence of compliance with this standard:*

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

- Wifi information for NCHDs, RCPI Hospital rep information, BST assessments information, Minutes from RCN South Hub Training Lead, Library facilities for NCHD's at MUH, Colles Portal information for Surgical Trainees, Med Hub users guide and information Faculty of Radiologists, BST South Hub hand booklet

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

**(i)** The Team was satisfied from the meeting with Trainees that they all have access to e-portfolios/e-logbooks. The Team noted the presence of an RCPI representative in Cork, who maintains close contact with the Trainees.

**(ii)** The Team noted the various arrangements in place to ensure Trainees have a primary point of contact with their training body and was satisfied that Trainees were aware who this was.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are partially complying with this standard.

**Observation (s) & Recommendation (s)**

The Team recommends:

- SSW Hospital Group should pursue the appointment of a local training body representative for other specialties in Cork, particularly in Paediatrics, Anaesthesia and Surgery. If this is not possible for all specialties, MUH should appoint an Associate Academic Officer to facilitate unrepresented specialties locally.

**Commendation(s)**

- No commendations made.

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

*Documentary evidence of compliance with this standard:*

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

- Code of Conduct for NCHD's MUH, IMC Core Competencies course for HST Trainees Mercy Values, IMC Guide to Professional Conduct and Ethics, Mercy Mission, Values and Ethos, Patient Liaison Officer, Clinical Governance Group sample minutes, Quality and Risk Department oversees the implement of Safer Better Healthcare Standards, Safety Pause Information, Open disclosure policy and on-going training, Morbidity and mortality meetings, Grievance and Disciplinary Policy — referred to at Induction, Dignity at Work Policy — referred to at Induction, NCHD Declaration

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

**(i)** The Team noted that the Medical Council's Ethical Guide is provided to Trainees in electronic format, as part of their induction package. On questioning Trainers in this regard, the Team was advised that an estimated 5-10% of training content underpinned the Eight Domains of Good Professional Practice. Trainees appeared to be confused between medical ethics and clinical standards.

**(ii)** The Team noted the MUH mission, values and ethos underpin professionalism and that MUH has in place a Code of Conduct and core competencies for NCHDs. The Team is satisfied that MUH is complying with this standard at postgraduate level.

**(iii)** The Team noted the documentary evidence provided under this standard.

**(iv)** Although the clinical training site provided assurances that concerns that cannot be resolved locally would follow Medical Council guidelines for referral to the Medical Council, the Team was unable to validate this, nor was any documentary evidence provided.

**Compliance**

- The clinical training site indicated in their self – evaluation that they are fully complying with this standard, the Team found that this site, in practice, is partially complying.

**Observation(s) & Recommendation(s)**

- MUH should provide documentary evidence of compliance with (iv) under this standard.

**Commendation(s)**

- No commendations made.

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

*Documentary evidence of compliance with this standard:*

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

- MUH Parent Safety Statement, Sample Departmental Safety Statements, MUH Induction Security talk, EWTD MUH Implementation phase plan, EWTD Compliance Do's and Don'ts,

Sample minutes team compliance meeting, EWTD Compliance records — March, June, Aug 2017, NCHD EWTD Compliant rosters.

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

**(i)** The Team noted the documentary evidence provided by MUH under this standard, including the parent safety statement and departmental safety statements, and is satisfied that MUH is complying with this standard.

**(ii)** The clinical training site informed the Team that rosters are compliant with the legal obligation under the EWTD to ensure Trainees do not work longer than a 48-hour week; and that the site is compliant with all other EWTD areas. However, on interviewing Trainees, many Trainees reported that they regularly work in excess of the EWTD criteria.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are partially complying with this standard.

**Observation(s) & Recommendation(s)**

The Team recommends:

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

**Commendation(s)**

- No commendations made.

| **N. Specialty-specific supports** | **Level of compliance: FC** |
|---|---|

*Documentary evidence of compliance with this standard:*

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

- Sample postgraduate training college inspection reports and follow up reports, ICHMT RCPI National Specialty Director letter to one of our Consultants re NSD role, NSD Position Specification, Evidence that one of our Consultants was Dean up to October 2017 of College of Paediatrics, RCPI, Generic Facilities Form MUH, Hospital Activities Form, Sample Departmental Facilities Forms submitted to PGTB

*Description of evidence of compliance with this standard found during the inspection visit:*

**(i)-(ii)** The Team noted in MUH's response to this standard, the reliance on training body inspections to ensure specialty-specific requirements are resourced. The Team heard that MUH has an

Equipment Replacement Programme and advocates for the clinical training site's needs. The Team is satisfied with the evidence provided.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are fully complying with this standard.

**Observation(s) & Recommendation(s)**

- No observations or recommendations made.

**Commendation(s)**

- No commendations made.

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

*Documentary evidence of compliance with this standard:*

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

- Copies NCHD rotas, Copies Consultant on-call rotas, Copies Daily on-call lists issued to Heads of Departments

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

**(i)** The Team noted from interviewing Trainees that they all took part in on-call rotas.

**(ii)** The Trainees reported receiving adequate support from their Consultants while on call.

**(iii)** The Team noted documentary evidence provided including sample rosters.

**(iv)** The Team inspected the on call accommodation and found that the bedrooms and number of showers was inadequate, did not meet requirements and needs updating. However, the area was secure and had swipe card access installed.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are fully complying with this standard.

**Observation(s) & Recommendation(s)**

The Team recommends:

- MUH should refurbish and upgrade the on call accommodation facilities.

**Commendation(s)**

- No commendations made.

| P. Support for assessment of Trainees | Level of compliance: FC |
|---|---|

*Documentary evidence of compliance with this standard:*

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

- Evidence of BST Annual Reviews MUH, Evidence of Intern Assessments, Sample record of Educational leave granted to MUH NCHD's, Sample College of Anaesthetists Assessments.

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

**(i)** The Team noted the documentary and oral evidence provided by MUH under this standard. On interviewing Trainees, they confirmed they had completed their e-portfolios and were signed off by their Consultants. They also confirmed receiving advice on career planning. However, learning opportunities could be maximised if Trainees could set learning outcomes at the outset and receive feedback throughout their rotations on their progression.

**(ii)** The Team noted the documentary and oral evidence provided and is satisfied that MUH is complying with this standard.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are fully complying with this standard.

**Observation(s) & Recommendation(s)**

- No observations or recommendations made.

**Commendation(s)**

- No commendations made.

| Q. Opportunities for multi-disciplinary teamwork | Level of compliance: FC |
|---|---|

*Documentary evidence of compliance with this standard:*

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

- Valuing Voices Listening Sessions and Actions, Lunch and Learn, Clinical Governance committee Sample minutes, Grand Rounds, GP Training Programme sample timetable, MDT details,

Medication Reconciliation Training Manual, Draft Morbidity and Mortality terms of reference, Calendar of Events Faculty Radiologists 2017 / 2018, College of Radiologists Annual Report.

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

**(i)-(ii)** The Team heard some good examples provided by Trainees and Trainers which indicate that Multi-Disciplinary Teamwork and Training is taking place at the clinical training site. In particular, the Team noted that formal handover processes include the multi-disciplinary team.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are fully complying with this standard.

**Observation(s) & Recommendation(s)**

- No observations or recommendations made.

**Commendation(s)**

- No commendations made.

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

*Documentary evidence of compliance with this standard:*

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

- Valuing Voices Listening Sessions and Actions, Sample feedback forms for induction, BST annual assessments, NCHD Lead / in-house committee terms of reference, Weekly Lead NCHD/CD/MMM Sample minutes, South Intern Network Agenda — Intern reps on committee, Feedback on Employee Wellbeing, Thank you /prize giving and farewell for NCHDs.

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

**(i)** The Team noted that Trainees have brought forward a number of suggestions, such as weekend roster changes, to management via the NCHD Committee, all of which have been accepted and MUH is in the process of implementing them.

**(ii)** The Team noted that MUH is now conducting exit interviews with all exiting staff, including Trainees on rotations. There are also a number of departmental arrangements for actively seeking feedback. However, MUH did not trend information gathered from exit interviews and this is a lost opportunity.

**(iii)** The team found that MUH does not have any mechanism in place to gather the views of Trainees when they have completed their training.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are partially complying with this standard.

**Observation (s) & Recommendation (s)**

- No observations or recommendations made.

**Commendation(s)**

- The Team commends MUH on the positive work of the NCHD Committee, which demonstrates that management acts on issues flagged by Trainees.

**Clinical training site:**
**University Hospital Waterford**

## Compliance with Intern Training Standards

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

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

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

*No documentary evidence was provided under this standard*

- The Assessor Team (The Team) welcomed the opportunity to meet with 9 of 20 Interns at University Hospital Waterford (UHW).
- The Team is satisfied with the rotations planned and in progress comply with the requirement for both 3 months in Medicine and 3 months in Surgery.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are fully complying with this standard.

**Observation (s) & Recommendation (s)**

- No observations or recommendation made.

**Commendation (s)**

- No commendations made.

| 2. Accreditation | Level of compliance: FC |
|---|---|

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

*No documentary evidence was provided under this standard*

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

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are fully complying with this standard.

**Observation (s) & Recommendation (s)**

The Team makes the following observations:

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

**Commendation (s)**

- No commendations made.

| 3. Content of training | Level of compliance: PC |
|---|---|

*Documentary evidence of compliance with this standard*

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

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

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

**(i)** The Team is satisfied that all Interns felt part of a multi-disciplinary Team with a good case mix.

**(ii)** The Team noted the vast majority of Interns were acting at the appropriate grade. However, after meeting with the Interns the Team have concerns with Interns taking consent in Cardiology.

**(iii)** The Team is satisfied that Interns at this site have the opportunity to exercise their responsibility and generally clinical decision making is appropriate to their competency level.

**(iv)** Although the Interns confirmed they work as part of a multi-disciplinary Team, there were problems in Transfer of Tasks in the clinical training site, for example, phlebotomy and cannulation. These tasks should be performed by relevant members of the multi – disciplinary Team.

**(v)** The Team noted although there is regular and scheduled formal education and training sessions provided for Interns, this is often prevented or interrupted due to non-bleep free time.

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

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

**Compliance**

- Although the clinical training site indicated in their self-evaluation that they were fully complying with this Standard, the Team found that the site is only partially complying as Standard **(ii), (iv), (v) and (vi)**. The Team is concerned with the issues identified under this Standard and recommend these be addressed as soon as possible. UHW should detail how they plan to address this Standard and submit their response to the Medical Council as part of the Hospital Group's action and implementation plan, due 3 months following receipt of this report.

**Observation (s) & Recommendation (s)**

- The Team noted that a total of 20 Interns is inadequate for a hospital of this size.

- The content of the current induction programme does not appear to be meeting the Interns needs. The Team recommends the Medical Council should be provided with a revised induction programme detailing how UHW plan to address this matter. UHW should submit their response to the Medical Council as part of the Hospital Groups action and implementation plan, due 3 months following receipt of this report.

The Team also recommends:

- in line with contemporary best practice the Transfer of Tasks should be implemented throughout the hospital.
- the cardiology unit must adhere to the Medical Council's guidelines in relation to consent.
- measures should be put in place to ensure that Interns is deemed to be valued members of the hospital. They should be treated with respect in line with the core values of the hospital and South / South West Hospital Group.
- handover should be fully implemented and be an inherent part of both formal and informal teaching.
- UHW should be more explicit about how medical Professionalism and the Eight Domains of Good Professional Practice are embedded at both induction and subsequent training.

**Commendation (s)**

- The Interns were happy with their clinical training and enjoyed working in the hospital.
- The Team noted there is a positive working relationship within the clinical Teams.

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

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

*No documentary evidence was provided under this standard*

- The Team noted that Interns were well supervised by an identified clinician at a senior level on the medical Teams but less so on the surgical Teams. The Team was informed that in Orthopaedics the Interns were performing ward work without direct supervision.
- Suboptimal level of rostered cover during out of hours leaves the Interns without adequate supervision, particularly when the second SHO has to leave the hospital site to facilitate patient transfer.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are partially complying with this standard.

**Observation (s) & Recommendation (s)**

- The Team recommends a review of rosters and improved staffing levels to ensure adequate supervision.

**Commendation (s)**

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

| 5. Assessment | Level of compliance: PC |
|---|---|

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

*No documentary evidence was provided under this standard*

- The Team is satisfied that Interns receive formal assessment at the end of their three month rotation.
- The Team noted the level of engagement with their Supervisor / Trainer varied and could be improved. It was not always the case that the Supervisor / Trainer was personally engaged in the clinical assessment process.
- The Team noted the level of feedback received by the Interns was inconsistent.

**Compliance**

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

**Observation (s) & Recommendation (s)**

The Team recommends:

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

**Commendation (s)**

- No commendations made.

| 6. Professionalism | Level of compliance: PC |
|---|---|

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

*No documentary evidence was provided under this standard*

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

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

**Compliance**

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

**Observation (s) & Recommendation (s)**

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

The Team recommends:

- UHW should more explicitly identify to interns in the intern programme of tutorials and continuing education programme throughout the year, when and where formal education and training in professionalism and ethics is included.

**Commendation (s)**

- No commendations made.

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

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

*No documentary evidence was provided under this standard*

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

**(ii)** The Team were impressed by the library facilities and by the welcome received from the librarian.

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

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

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

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

**(v)** The Team is satisfied the clinical site has an anti-bullying policy and access to Occupational Health.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are partially complying with this standard.

**Observation (s) & Recommendation (s)**

- The Team noted Interns feel very undervalued by the HR department e.g. poor communications and a refusal to clarify payroll issues.

The Team recommends:

- The residence should be urgently refurbished to an acceptable standard.
- Application should be made for a substantial increase in the number of Interns.
- Interns should be educated and supported in reporting critical incidents.
- UHW should clearly identify to Interns the pathway for reporting ethical issues and mentoring support.

**Commendation (s)**

- The Team would like to commend the librarian and the excellent up to date library facilities, which was also noted by the Interns.

## Compliance with Specialist Training Standards – University Hospital Waterford

The Team took into account all documentation submitted by the South/Southwest Hospital Group and the individual clinical training sites, the documentation provided for inspection on site during the Medical Council visit, the information and explanations provided by the senior management teams and Trainers at each site and the information provided by the Trainees interviewed on site, when assessing the clinical training sites' compliance with Medical Council criteria for the evaluation of training sites which support the delivery of specialist training.

| **A. Clarity of educational governance arrangements** | **Level of compliance: PC** |
|---|---|

*Documentary evidence of compliance with this standard*

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

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

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

**(i)** Although UHW provided the Team with documentary evidence of the education organigram the Team observed there is no education lead in the hospital. It was unclear to the Team where the overarching responsibility lies for Postgraduate Medical Education at the clinical training site.

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

**(iii)** The Team is satisfied that Trainees were happy with the content and quality of their training programmes.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are partially complying with this standard.

**Observation (s) & Recommendation (s)**

The Team recommends:

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

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

**Commendation (s)**

- No commendations made.

| B. Clarity of clinical governance arrangements | Level of compliance: PC |
|---|---|

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

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

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

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

**(ii)** Trainees were poorly informed in relation to Q-Pulse, Health and Safety and critical incident reporting even though this had been mentioned at induction.

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

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are partially complying with this standard.

**Observation (s) & Recommendation (s)**

The Team recommends:

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

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

**Commendation (s)**

- No commendations made.

| C. Accountability | Level of compliance: NC |
|---|---|

*Documentary evidence of compliance with this standard*

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

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

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

**(i – iv)** These criterion would be the responsibility of an educational lead. At present the lines of communications and accountability between Trainers, Management and Postgraduate Training Bodies are unclear.

**Compliance**

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

**Observation (s) & Recommendation (s)**

The Team recommends:

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

**Commendation (s)**

- No commendations made.

| D. Induction arrangements for Trainees | Level of compliance: PC |
|---|---|

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

*Documentary evidence of compliance with this standard*

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

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

**(i – ii)** UHW provided the Team with an induction programme and pack as documentary evidence of compliance to this standards, however, the Team noted the implementation of the programme content is insufficient.

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

**(iv)** In relation to the individual Teams, the Team noted some specialties reported satisfactory levels of experience with specialty specific induction. This practice which should become universal in the clinical training site.

**(v)** The level of knowledge of National policies was sub-optimal.

**(vi)** The Team did not probe this issue and does not have any concerns in this regard as the NERS system is in place.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are partially complying with this standard.

**Observation (s) & Recommendation (s)**

- The content of the current induction programme does not appear to be meeting the Trainees needs. The Team recommends the Medical Council should be provided with a revised induction programme detailing how UHW plans to address this matter and submit their response to the Medical Council as part of the Hospital Groups action and implementation plan, due 3 months following receipt of this report.

The Team also recommends:

- Induction day should be bleep protected with a repeat induction day for those unable to attend.
- Specialty specific induction should become standard clinical practice throughout all clinical disciplines.
- Ongoing support and education should be provided in relation to implementation of health and safety, national and local policies

**Commendation (s)**

- No commendations made.

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

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

*No documentary evidence was provided under this standard*

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

**Compliance**

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

**Observation (s) & Recommendation (s)**

- No observations or recommendations made.

**Commendation (s)**

- The Team would like to commend supervisors for their commitment to the Trainees despite their heavy service commitments.

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

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

*No documentary evidence was provided under this standard*

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

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

**Compliance**

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

**Observation (s) & Recommendation (s)**

- The Team note, absence of Task Transfer could impact on maximising opportunity for training.

- The Team recommends, in line with contemporary best practice the Transfer of Tasks should be implemented throughout the clinical training in order to free up Trainee time for educational opportunities. UHW should detail how they plan to address this Standard and submit their

response to the Medical Council as part of the Hospital Groups action and implementation plan, due 3 months following receipt of this report.

**Commendation (s)**

- No commendations made.

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

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

*No documentary evidence was provided under this standard*

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

**Compliance**

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

**Observation (s) & Recommendation (s)**

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

The Team recommends:

- UHW should implement its policy on protected bleep-free time. Bleeps should be handed in when Trainees attend training.
- The ratio of service delivery to training needs should be improved, to enhance learning opportunities. Trainee leads should review the balance of service delivery to training and education and develop a documented Action and Implementation Plan.
- A formal handover policy be developed and implemented across this clinical training site.

**Commendation (s)**

- The Team commends clinical supervisors and management for supporting GP Trainees attendance at external training sessions.

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

*Documentary evidence of compliance with this standard*

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

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

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

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

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are partially complying with this standard.

**Observation (s) & Recommendation (s)**

The Team recommends:

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

**Commendation (s)**

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

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

*Documentary evidence of compliance with this standard*

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

- Copy of UHW PC Assignments
- Access to resources which support directed and undirected learning
- Library leaflet 2017
- Poster presentation QI Conference May 2017
- Room booking request form
- Screenshot of rooms available for Education and Training
- Screenshot of RCPI webpage Professional Competence tips
- Screenshot of RSI webpage Portfolio completion tips

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

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

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are fully complying with this standard.

**Observation (s) & Recommendation (s)**

- No observations or recommendations made.

**Commendation (s)**

- The Team would like to commend the library staff and hospital management on the excellent facilities provided to Trainees.

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

*Documentary evidence of compliance with this standard*

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

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

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

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

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are partially complying with this standard.

**Observation (s) & Recommendation (s)**

- The Team acknowledges the Employee Assistance Programme and the Occupational Health Information Booklet provided by UHW as documentary evidence for compliance with this standard.

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

**Commendation (s)**

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

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

*Documentary evidence of compliance with this standard*

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

- IT assignments for NCHD's

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

**(i)** The Team is satisfied that Trainees maintain close contact with their parent training body eg. attend their external training sessions.

**(ii)** The Team noted the arrangements, communications and lines of accountability between the Postgraduate Training Bodies and the clinical training site need to be more manifest and clear cut.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are partially complying with this standard.

**Observation (s) & Recommendation (s)**

The Team recommends:

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

**Commendation (s)**

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

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

*Documentary evidence of compliance with this standard*

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

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

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

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

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

**(iv).** UHW provided documentary evidence of the preliminary proceeding committee procedures available should they be required.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are partially complying with this standard.

**Observation (s) & Recommendation (s)**

The Team recommends:

- Explicit promotion of Professionalism at induction and throughout training.

**Commendation (s)**

- No commendations made.

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

*Documentary evidence of compliance with this standard*

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

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

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

**(i)** The Team saw no evidence of unsafe physical environment apart from issues in relation to the doctor's residence.

**(ii)** The Team notes until the staff requirements are revisited the EWTD will continue to be an issue.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are partially complying with this standard.

**Observation (s) & Recommendation (s)**

- The Team notes the absence of an onsite health and safety officer.
- The Team notes the safety of the physical environment for Trainees at night is compromised by low staffing level.

The Team recommends:

- appointment of additional staff to facilitate continued EWTD compliance.
- appointment of health and safety officer.

**Commendation (s)**

- No commendations made.

| **N. Specialty-specific supports** | **Level of compliance: PC** |
|---|---|

*Documentary evidence of compliance with this standard*

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

- Self-evaluation form

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

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

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are partially complying with this standard.

**Observation (s) & Recommendation (s)**

- The Team recommends that adequate resources be put in place to deal with the requirements of the Postgraduate Training Bodies.

**Commendation (s)**

- No commendations made.

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

*Documentary evidence of compliance with this standard*

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

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

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

**(i)** With the documentation available to the Team the on-call rotas seemed reasonable and the Trainees were happy with the on-call situation.

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

**(iii)** The Trainees had no concerns about post-call leave. However the team were informed of issues experienced regarding payment of overtime and the need for Trainees to sort out gaps in rosters themselves. The Trainees gave an example of Medical Manpower requirements with a tight deadline for overtime submission which was impossible to meet. The Trainees felt this was unreasonable. The Team were also informed that not all trainees have HSE email addresses and cannot send/receive emails to Medical Manpower at weekends.

**(iv)** On inspecting the residence on call rooms, the Team found that they were generally in a poor decorative state. The Team notes UHW commitment to have the on call residence urgently refurbished.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are partially complying with this standard.

**Observation (s) & Recommendation (s)**

The Team recommends:

- the number of Trainees (or other service) posts available at UHW should be reviewed by the HSE, having regard for patient safety concerns due to current workloads.
- the residence should be urgently refurbished to an acceptable standard.
- a temporary private area should be identified for doctors to use until residence is refurbished.
- Review method of email communications with HR for doctors when on duty at weekends.

**Commendation (s)**

- No commendations made.

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

*Documentary evidence of compliance with this standard*

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

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

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

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

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are fully complying with this standard.

**Observation (s) & Recommendation (s)**

- No observations or recommendations made.

**Commendation (s)**

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

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

*Documentary evidence of compliance with this standard*

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

- MDT Schedule
- Self-evaluation form

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

**(i)** The Team noted that UHW provides opportunities for Multidisciplinary Teamwork. There was evidence that specialty Teams are striving to achieve participation in MDTs. The Team also noted there were problems in Transfer of Tasks in the clinical training site, for example, phlebotomy and cannulation. These tasks should be performed by relevant members of the multi – disciplinary Team.

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

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are fully complying with this standard.

**Observation (s) & Recommendation (s)**

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

**Commendation (s)**

- No commendations made.

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

*Documentary evidence of compliance with this standard*

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

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

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

**(i)** The Team noted Trainees expressed difficulties with approaching hospital management. Subsequently, issues were discussed with their Consultant.

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

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are partially complying with this standard.

**Observation (s) & Recommendation (s)**

- The Team notes that the Trainees would welcome the opportunity to provide feedback to management in a structured way and the Team recommends hospital management accept this suggestion.

**Commendation (s)**

- No commendations made.

**Clinical training site:**
**Cork University Hospital (CUH)**

## Compliance with Intern Training Standards

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

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

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

*No documentary evidence was provided under this standard*

- The Team welcomed the opportunity to meet with 17 of 47 Interns at Cork University Hospital (CUH).
- The Team is satisfied with the rotations planned and in progress comply with the requirement for both 3 months in Medicine and 3 months in Surgery.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are fully complying with this standard.

**Observation (s) & Recommendation (s)**

- No observations or recommendations made.

**Commendation (s)**

- No commendations made.

| 2. Accreditation | Level of compliance: FC |
|---|---|

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

*No documentary evidence was provided under this standard*

- The Team is satisfied that CUH is affiliated with the South Intern Network and with University College Cork Medical School.
- The Team met with a number of Interns who had completed their undergraduate and / or graduate entry medical education in University College Cork (UCC), University Limerick (UL), University College Dublin (UCD), Trinity College Dublin (TCD), Royal College of Surgeons of Ireland (RCSI) and St George's Medical School, London.
- The Team met with the Intern Tutor Dr Iomhar O'Sullivan and the Intern Network Coordinator Dr Paula O'Leary.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are fully complying with this standard.

**Observation (s) & Recommendation (s)**

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

**Commendation (s)**

- No commendations made.

| 3. Content of training | Level of compliance: PC |
|---|---|

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

*No documentary evidence was provided under this standard*

**(i)** The Team was satisfied that all Interns felt part of a multi-disciplinary team with a good case mix.

**(ii)** The Team noted the vast majority of Interns felt they were acting at the appropriate grade. However, after meeting with the Interns the Team have concerns with Interns taking consent and the frequency in which Interns are asked to seek consent on behalf of their senior colleagues across many specialties.

**(iii)** The Team is satisfied that Interns at this clinical training site have the opportunity to exercise their responsibility and generally clinical decision making is appropriate to their competency level. The Team notes that Interns are well supervised. The Team observed Transfer of Tasks is a significant issue for Interns, such as cannulation, phlebotomy, ECG, and first dose antibiotics.

**(iv)** The Team noted there is limited engagement with multi-disciplinary team for Interns because of time constraints and Interns do not get to attend grand rounds. There was a formal induction, programme prior to taking up duty. However the focus of the induction was mainly on items such as waste disposal and did not include Professionalism. On their first day, Interns were required to order bloods, scans, etc., but could not do so as they had no login details for computers. There was no repeat induction programme and some Interns where rostered for night duty on commencement of their rotation. Many found this very overwhelming.

**(v)** The Team noted that there is regular and scheduled formal education and training sessions for Interns on Thursdays. However, this is often interrupted due to non-bleep free time despite CUH providing the Team with a comprehensive bleep policy as evidence of compliance with this standard. The Team also noted there is no bleep-free time referred to in the policy.

- Poor compliance with handover policy reduces learning opportunities for Interns.
- Interns were unaware of the Q-pulse system.

**(vi)** The Team is satisfied that the Eight Domains of Good Professional Practice are imbedded in Interns daily activity by example of their senior colleagues.

**Compliance**

- Although the clinical training site indicated in their self-evaluation that they were fully complying with this Standard, the Team found that the site is only partially complying as Standard **(ii), (iii), (iv) and (v)** are not fully compliant. The Team is concerned with the issues raised under this Standard and recommend these be addressed as soon as possible. CUH should detail how they plan to address this Standard and submit their response to the Medical Council as part of the Hospital Groups action and implementation plan, due 3 months following receipt of this report.

**Observation (s) & Recommendation (s)**

- The Team noted that Interns are happy with the content of training and culture within CUH.
- The Team notes Interns generally do not act outside their scope of practice.

- While Interns handover task duties to one another, there is no formal clinical team handover hospital wide. This is a missed learning opportunity.

The Team recommends:

- Trainers should ensure compliance with the Medical Council's guidelines on consent. Interns must only be required to take consent in very limited circumstances and in compliance with Medical Council ethical guidance (see paragraph 13.2 of Ethical Guide).
- in line with contemporary best practice the Transfer of Tasks should be implemented throughout the hospital as a matter of urgency.
- the current bleep policy which was provided to the Team by CUH as documentary evidence of compliance to this Standard should be reviewed to incorporate bleep-free time for Intern educational sessions.
- Interns should be facilitated to attend Grand Rounds.
- CUH should review its induction programme, taking into account feedback from current and past Interns. Interns should not be rostered to cover nights for at least the first week until they become more familiar with the site.
- Interns should be informed and regularly updated about the Q-pulse system.
- the introduction of a system of Intern shadowing prior to Interns taking up their post.

**Commendation (s)**

The Team commends CUH for:

- the Intern Handbook.
- the annual Intern excellence award.

| **4. Supervision** | **Level of compliance: FC** |
|---|---|

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

*No documentary evidence was provided under this standard*

- The Team found excellent supervision in many specialties across the spectrum.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are fully complying with this standard.

**Observation (s) & Recommendation (s)**

- No observations or recommendations made.

**Commendation (s)**

- The Team commend the Intern Tutor and clinical supervisors for their commitment to training.

| 5. Assessment | Level of compliance: FC |
|---|---|

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

*No documentary evidence was provided under this standard*

- The Team is satisfied that Interns receive formal assessment at the end of their three month rotation. Feedback was also available on request.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are fully complying with this standard.

**Observation (s) & Recommendation (s)**

- The Team noted the "tick box" format of the assessment reduced its educational value.

**Commendation (s)**

- No commendations made.

| 6. Professionalism | Level of compliance: PC |
|---|---|

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

*No documentary evidence was provided under this standard*

**(i)** The Team were concerned there was no documentary evidence that Professionalism was a component of Intern induction. Nor was there evidence that the constituent parts of Professionalism were an ongoing feature of the Intern Training Programme. However the Interns reported a culture of Professionalism throughout the hospital.

**(ii)** The Interns were aware of the Medical Council's Guide to Professional Conduct and Ethics for Registered medical practitioners only from their undergraduate training.

**Compliance**

- The clinical training site indicated in their self-evaluation that they are fully complying with this Standard, the Team found that this site, in practice, is partial complying.

**Observation (s) & Recommendation (s)**

- CUH should more explicit identify to interns in the intern programme of tutorials when and where formal education and training in professionalism and ethics is included.

**Commendation (s)**

- No commendations made.

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

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

*No documentary evidence was provided under this standard*

**(i)** The Team is satisfied that Interns have access to a sufficient number of patients and case mix and have exposure to a broad range of clinical cases appropriate to the rotation.

**(ii)** During the facility inspection the Team noted the poor quality of the study space. The Library facility was adequate for access to databases and journals. The Team noted there was a computer access area in the library with only a few spaces. The standard of the two study rooms beneath the library were not fit for purpose. The residential area for Interns is substandard. It was noted that in the common room there was an unsanitary kitchen which was lacking facilities. There were no shower facilities, a small number of lockers and shabby furnishings.

**(iii)** The Team is satisfied there is an appropriate number of Interns for the resources of this clinical training site.

**(iv)** The Team noted that Interns preferentially discussed concerns with members of their peer group. Many Interns also felt that they could discuss issues with their consultants. Interns were unaware of the Occupational Health facilities at CUH, or if they had access to counselling services.

**(v)** Interns were unaware of the HSE Dignity at Work or Protected Disclosure policies.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are partially complying with this standard.

**Observation (s) & Recommendation (s)**

The Team recommends that:

- the study spaces and common room should be upgraded urgently with the available funding.
- the clinical training site should actively promote awareness of Occupational Health and counselling services amongst Interns.
- CUH actively promote the HSE Dignity at Work and Protected Disclosure policies, ensuring they are easily accessible to all Interns via Q-Pulse system.

| **Commendation (s)** |
|---|
| • No commendations made. |

## Compliance with Specialist Training Standards– Cork University Hospital

The Team took into account all documentation submitted by the South/Southwest Hospital Group and the individual clinical training sites, the documentation provided for inspection on site during the Medical Council visit, the information and explanations provided by the senior management teams and Trainers at each site and the information provided by the Trainees interviewed on site, when assessing the clinical training sites' compliance with Medical Council criteria for the evaluation of training sites which support the delivery of specialist training.

| **A. Clarity of educational governance arrangements** | **Level of compliance: FC** |
|---|---|

*Documentary evidence of compliance with this standard*

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

- Doctors in Training Agenda and Minutes dated 24/05/17
- Report Letter relating to Rheumatology Inspection dated 12/03/13
- Report Letter relating to the inspection of the Nephrology department dated 26/03/14
- Report Letter relating to the Infectious Diseases Department inspection dated 30/05/13
- Report Letter relating to Cork University Hospital Inspection in General Internal Medicine department dated 12/10/11
- Report Letter relating to Inspection in Endocrinology & Diabetes Mellitus department dated 09.12.11
- Report Letter relating to the inspection of the Clinical Microbiology department dated 14 July
- Report Letter relating to the inspection of the Histopathology department dated 22/03/14
- Report Letter relating to the inspection of the Cardiology department dated 30/07/14
- Report Letter relating to the inspection of the General Paediatrics Department dated 05/04/16
- Report Letter relating to the inspection of the Department of Geriatric Medicine dated 27/01/15
- Report letter relating to the inspection of the Gastroenterology Department dated 10/01/17
- Report letter relating to the inspection of the Medical Oncology Department dated 13/01/17
- Report letter relating to the inspection of the Respiratory Department dated 22/01/16

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

**(i)** The Team noted the clinical Teams are well organised. The lines of accountability however were less visible and the Team requests clarification to be provided by CUH in their action and implementation plan.

**(ii)** The Team were impressed that the Chief Executive Office (CEO) meets with Trainees every three months at the Doctors in Training Committee.

**(iii)** There was good communications with the various Training Bodies responsible for training.

**Compliance**

- The clinical training site indicated in their self-evaluation that they are fully complying with this Standard, the Team found that this site, in practice, is complying.

**Observation (s) & Recommendation (s)**

- No observations or recommendations made.

**Commendation (s)**

- The Team commend the CEO and the Chief Operating Officer for their active engagement in education and training.

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

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

*No documentary evidence was provided under this standard*

**(i)** The Team is satisfied that Trainees are aware of their responsibilities as doctors in training, their level of authority and lines of accountability. Each Trainee has an assigned supervisor.

**(ii)** The Team noted Trainees were aware of local procedures for reporting clinical and critical incidents, however, feedback from subsequent investigation and actions were lacking.

**(iii)** The Team was concerned that patient handover did not adhere to national guidelines. Formal patient handover was not uniformly enforced and fully implemented across the hospital. There is no facility provided in the clinical site for handover to take place. This is a concern from a patient safety perspective.

**Compliance**

- Although the clinical training site indicated in their self-evaluation that they were fully complying with this Standard, the Team found that the site is only partially complying, based on the discussions with Trainees which indicated that criterion **(ii)** and **(iii)** is not being met.

**Observation (s) & Recommendation (s)**

- The Team recommends that the patient handover process and identified facility be fully resourced and implemented as a matter of urgency.

- The reporting of critical incidents and subsequent feedback should be accorded a much higher priority than at present.

**Commendation (s)**

- No commendations made.

| C. Accountability | Level of compliance: FC |
|---|---|

*Documentary evidence of compliance with this standard*
CUH provided the Team with the following documentary evidence of compliance with this standard:

- NCHD Lead Job Spec

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

The Team is satisfied that:

**(i)** CUH meets the Medical Council's requirements as a clinical training site. There is a good case mix within all specialities. Trainees work within their level of competence and have access to external and Internal training opportunities.

**(ii)** CUH meets the requirements agreed locally with the Postgraduate Training Bodies. The Team noted that CUH has named clinical and educational supervisors with appropriate rotas, clinics and procedures in place.

**(iii)** there is effective communication and collaboration with the HSE's education and training function. Coordinator and supervisors are in regular contact with training bodies, new programmes are developed in partnership with training bodies. Large number of Trainers at CUH have joint appointments with UCC.

**(iv)** the Management has comprehensively supported the organisational changes required for education and training . Funding available from UCC for ongoing educational facilities and improvements in residential areas. The appointment of the Chief Academic Lead facilitates postgraduate training in the hospital.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are fully complying with this standard.

**Observation (s) & Recommendation (s)**

- No observations or recommendations made.

**Commendation (s)**

- No commendations made.

| D. Induction arrangements for Trainees | Level of compliance: PC |
|---|---|

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

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

- Acute Medical Unit – Local Induction of New Medical Staff July 2017
- General Information for Paediatric Trainees
- Induction Schedule

**(i)** The Team noted that there is a good induction process. Information overload limits its effectiveness. Trainees informed the Team that induction was not bleep protected and took place over two mornings in July. Passwords for system access was not available to Trainees for two weeks after commencing their post which prohibited them from carrying out their duties effectively. Good Professional Practice was not included as part of CUH induction pack.

**(ii)** The Team is satisfied arrangements are in place to monitor the implementation of the induction policy.

**(iii)** The Team is satisfied site-specific health and safety induction for all Trainees occurs at the beginning of their first rotation.

**(iv)** The Team noted from discussions with Trainees that there was a variability in departmental induction programmes.

**(v)** The Team is concerned that Trainees were not well informed in relation to relevant local and national policies, for example Health and Safety and clinical procedures.

**(vi)** The Team did not identify any problems with duplication of employment-related documentation.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are partially complying with this standard.

**Observation (s) & Recommendation (s)**

The Team recommends that:

- management and Trainers ensure that Trainees are fully aware of the hospitals Q-Pulse system.
- CUH should continue to review its induction programme, taking into account feedback from current Trainees, and structure the programme to ensure Trainees receive information in a timely manner.
- CUH must ensure that its Bleep Policy is implemented. Arrangements should be introduced to ensure that there is a bleep free environment when attending education and training sessions.

**Commendation (s)**

- The Team commends the production of the Charter of Rights for Doctors in Specialist Training booklet.

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

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

*No documentary evidence was provided under this standard*

**(i –iv)** The Team were impressed by the conscientious supervision of Trainees. Trainees felt mentorship was particular strong in the clinical site. This was facilitated by the supportive nature of the consultants on-site.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are fully complying with this standard.

**Observation (s) & Recommendation (s)**

- No observations or recommendations made.

**Commendation (s)**

- The Team were impressed with the commitment of Management and Trainers to education and training.

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

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

*No documentary evidence was provided under this standard*

**(i – ii).** The Team is satisfied that the overall clinical opportunities, case mix and range of specialities are exceptionally good.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are fully complying with this standard.

**Observation (s) & Recommendation (s)**

- The Team notes CUH is the only level one trauma centre in the country.

**Commendation (s)**

- No commendations made.

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

*Documentary evidence of compliance with this standard*
CUH provided the Team with the following documentary evidence of compliance with this standard:

- Teaching and Training Anaesthetics schedule

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

**(i – iii)** The Team noted that Trainees were exposed to a wide range of clinical material. However, due to sub-optimal staffing levels and clinical commitments, Trainees were not always able to avail of these opportunities. The Trainees appreciated the commitment of the Trainers to formal and informal teaching.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are partially complying with this standard.

**Observation (s) & Recommendation (s)**

The Team made the following observation:

- The Team noted that GP Trainees receive their off-site training leave. Similar standards should apply to other specialities.

The Team recommends:

- that management should continue to pursue the recruitment of vacant NCHD positions to support Trainee protected training time.

- the Medical Manpower Manager should be involved in the rostering process to ensure cover is available for doctors leave and particularly during unexpected absences.

**Commendation (s)**

- The Team commends the Trainers for their commitment in providing additional tuition for speciality examinations. This contributed to a high examination success rate and subsequent career progression.

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

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

*No documentary evidence was provided under this standard*

**(i – iii)** The Team noted Trainers have a strong commitment to training. However, generally Trainers do not have protected training time as provided in their contracts.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are partially complying with this standard.

**Observation (s) & Recommendation (s)**

- The Team recommends that the Trainers should have protected training time.

**Commendation (s)**

- No commendation made.

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

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

*No documentary evidence was provided under this standard*

**(i)** During the facility inspection the Team noted the poor quality and quantity of the study spaces. The Library facility was adequate with access to databases and journals. The Team noted there was computer access area in the library but there was a shortage of computers. The two study rooms beneath the library were not fit for purpose.

**(ii)** The Team is satisfied there is access to relevant and up-to-date medical literature to include online access.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are partially complying with this standard.

**Observation (s) & Recommendation (s)**

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

**Commendation (s)**

- The Team was impressed by the standard of teaching facilities available in the new Paediatric facility.

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

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

*No documentary evidence was provided under this standard*

**(i– ii)**The Team is satisfied Trainees are aware of, and have access to local occupational and mental health supports if and when required. The Team noted the particular needs of Trainees were inadequate in the case of illness. From discussions with Trainees, the Team found that Trainees were made aware of local occupational and mental health supports at induction. Trainees were unaware of the protected disclosure policy and some Trainees were also unaware of the HSE Dignity at Work policy despite it being included in the induction programme and the Charter of Rights for doctors in Specialist Training. Trainees noted they would be unsure what to do in the event of witnessing or experiencing inter-disciplinary bullying. There is no mentorship programme in CUH. There was no sense either that reported incidents had been acted upon as there was an absence of any feedback.

**(iii)** The Team formed no opinion in regard to support of particular needs of Trainees with disabilities.

**Compliance**

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

**Observation (s) & Recommendation (s)**

The Team recommends:

- greater engagement with Medical Manpower when unexpected leave occurs.

- occupational Health services should be actively promoted amongst Trainees, to reinforce awareness.

- CUH must ensure that systems are in place to promote a positive working environment and that there is a clearly-defined management pathway in place in the event of bullying.

**Commendation (s)**

- The Team commend the occupational health department for their initiative in facilitating easy access to vaccination.

| K. Access to resources to maintain close contact with parent training bodies | Level of compliance: FC |
|---|---|

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

*No documentary evidence was provided under this standard*

**(i– ii).**The Team is satisfied Trainees are facilitated to maintain close contact with their training bodies and have representatives in the hospital. They would be their primary point of contact in relation to training inquiries.

**Compliance**

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

**Observation (s) & Recommendation (s)**

The Team made the following observation:

- The Team noted that GP Trainees were facilitated to attend training sessions.

**Commendation (s)**

- No commendations made.

| L. Promotion of Medical Council guidance on professionalism, including promotion of current ethical guidance | Level of compliance: FC |
|---|---|

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

*No documentary evidence was provided under this standard*

**(i – ii)** The Trainees reported a culture of Professionalism throughout the hospital. It was also included in the Charter of Rights for Doctors in Specialist Training. The Trainees were aware of the Medical Council's Guide to Professional Conduct and Ethics for Registered medical practitioners.

**(iii).** The Team were provided with an example of the satisfactory resolution of interpersonal conflict in keeping with the attitude of Professionalism.

**(iv).** The Team noted from discussions with the Trainees that to date conflict was resolved locally.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are fully complying with this standard.

**Observation (s) & Recommendation (s)**

The Team recommends:

- there should be ongoing reinforcement of the Medical Council's Guide to Professional Conduct and Ethics for Registered Medical Practitioners.
- Ongoing updates and promotion on the use of Q Pulse should form part of the training sessions.

**Commendation (s)**

- No commendations made.

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

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

*No documentary evidence was provided under this standard*

**(i)** The Team noted some personal security concerns accessing the car park at night, in particular when Trainers are leaving the clinical site late at night.

**(ii)** The Team is satisfied that working hours are rostered with reference to the provisions of the European Working Time Directive.

On interviewing Trainees, many Trainees reported that they regularly work in excess of the EWTD criteria.

**Compliance**

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

**Observation (s) & Recommendation (s)**

- The Team notes the EWTD negatively impacts on education and training.
- The Team notes that Management have increased the number of Doctors (NCHDs) in Training by 20% from 280 to 350 in the past two years. The Team recommends that CUH continues to review the medical workforce plan to ensure there is adequate resources available for annual and sick leave.
- The Team recommends CUH should review security in relation to staff access to the car park at night.

**Commendation (s)**

- No commendations made.

| N. Specialty-specific supports | Level of compliance: PC |
|---|---|

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

*No documentary evidence was provided under this standard*

**(i)** The Team noted from discussions with Trainees that specialty specific requirements were compromised by a number of factors including EWTD, service demands and vacancies on the roster. This was particularly the case in specialties that were procedure based.

**(ii)** The Team were impressed with the number of Trainers that have defined leadership roles in National and Regional Postgraduate Training Bodies. This expedites the provision of specialty specific resources.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are partially complying with this standard.

**Observation (s) & Recommendation (s)**

- The Team recommends periodic review of Trainee numbers in procedure related specialities, and ongoing engagement with the PGTBs in this respect.

**Commendation (s)**

- No commendations made.

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

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

*No documentary evidence was provided under this standard*

**(i – iii)** The Team is satisfied that there is appropriate on-call ratios which gives Trainees adequate experience in relation to their capabilities. The Team also notes there is good supervision at all levels.

**(iv).** The Team notes the on-call bedrooms are satisfactory. Office accommodation for Trainees is inadequate and sub-standard. The kitchen facility in the on-call area is not fit for purpose. The common room for Trainees has an inadequate number of lockers, is unsanitary and needs refurbishment.

**Compliance**

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

**Observation (s) & Recommendation (s)**

- The Team recommends management must take responsibility for the refurbishment of these areas as soon as possible.

**Commendation (s)**

- No commendations made.

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

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

*No documentary evidence was provided under this standard*

**(i – ii).** The Team noted there is excellent local support for the assessment of Trainees in line with the PGTB's recommendations. Trainees are facilitated at a local level to participate in these assessments.

**Compliance**

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

**Observation (s) & Recommendation (s)**

- No observation or recommendations made.

**Commendation (s)**

- The Team commends the excellent teaching that the Trainees receive prior to examinations.

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

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

*No documentary evidence was provided under this standard*

**(i– ii).** The Team noted there was wide spread multi-disciplinary team work throughout the hospital. It was noted that the Transfer of Tasks such as cannulation, phlebotomy, ECG, and first dose antibiotics is not happening in line with contemporary best practice. This is impacting on the Trainees ability to maximise opportunities for learning. The Transfer of Tasks is a significant issue for Trainees.

**Compliance**

- The Team agrees with the clinical training site in their self-evaluation form that they are partially complying with this standard.

**Observation (s) & Recommendation (s)**

- The Team recommends that hospital management address the problem of Transfer of Tasks as a matter of urgency.

**Commendation (s)**

- No commendations made.

| **R. Opportunities for Trainees to provide feedback to employing authority** | **Level of compliance: FC** |
|---|---|

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

*No documentary evidence was provided under this standard*

**(i – ii).**The Team noted that the doctors in training programme is working successfully. This allows Trainees to provide feedback to the Trainers and Management in relation to relevant issues.

**Compliance**

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

**Observation (s) & Recommendation (s)**

- No observations or recommendations made.

**Commendation (s)**

- The Team commends the senior management and Trainers for this initiative.

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Comhairle na nDochtúirí Leighis
Medical Council

# Appendices

## APPENDIX ONE (a)

**Medical Council Regional Inspection Visit**

**to University Hospital Kerry**

**South/South West Hospital Group**

Thursday 16th November 2017

**Assessor Team**

Professor Jason Last, Chair of Assessor Team

Mr Tom O'Higgins, Medical Council Member & Assessor

Mr Daragh Moneley, Assessor

Ms Aoife Fitzsimons, Senior Medical Council Executive

Ms Chloe Ryder, Medical Council Executive

Ms Hannah Fagan, Medical Council Executive

| Time | Activity | Details |
|---|---|---|
| 8.45am | **Arrive at clinical training site** | Assessor Team to be met by nominated site liaison:<br><br>Dr Claire O'Brien,<br>Clinical Director<br><br>087 2223231 |
| 9.00am – 9.30am | **Private session of the Assessor Team**<br>9.00am – 9.30am | Wi-Fi password to be provided<br>Tea and coffee to be provided |
| | ***Your Training Counts Intern meeting***<br>9.00am – 9.30am | Separate room to the private session of the Assessors (activities to run concurrently) – Interns will be asked to take part in this year's survey |
| 9.30am – 10.30am | **Meeting with Interns** | The Team aim to meet with a representative group. Venue should be large enough to hold all attendees |
| | **Private session of the Assessor Team** | Tea and coffee to be provided |

| | | |
|---|---|---|
| | 10.30am – 11.00am | |
| 10.30am – 11.00am | ***Your Training Counts Trainee meeting*** 10.30am – 11.00am | Separate room to the private session of the Assessors (activities to run concurrently) – Trainees will be asked to take part in this year's survey |
| 11.00am-12.30pm | **Meeting with Trainees** | The Team aim to meet with a representative group.<br>Venue should be large enough to hold all attendees |
| 12.30pm – 1.15pm | **Private session of the Assessor Team** | Light lunch to be provided including tea, coffee, water<br>*Coeliac option to be provided* |
| 1.15pm – 1.45pm | *Informal opportunity to meet with non-trainee NCHDs* | Not a formal requirement although it is helpful to gain an insight into all areas relating to the Clinical Learning Environment |
| 1.45pm – 2.45pm | **Facilities walk around/additional documentation review**<br>*(Split Team)* | Facilities the Team will request to see the following as a minimum on the walk around:<br>• library facilities<br>• on call residence<br>• study rooms<br>• training rooms<br>• occupational health facilities<br>• a walk-through of the Emergency Department |
| 2.45pm – 3.45pm | **Meeting with Trainers** | Trainers / Consultants should be invited to attend. Management should not attend.<br>Venue should be large enough to hold all attendees |
| 3.45pm – 4.00pm | **Private session of the Assessor Team** | Tea and coffee to be provided |
| 4.00pm – 5.00pm | **Meeting with clinical training site Management** | Management only – Trainers should not attend this meeting<br>Venue should be large enough to hold all attendees |
| 5.00pm – 5.15pm | **Private session of the Assessor Team (optional)** | |
| 5.15pm | **Depart from clinical training site** | |

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Comhairle na nDochtúirí Leighis
Medical Council

**APPENDIX ONE (b)**

**Medical Council Regional Inspection Visit**

**to South Tipperary General Hospital**

**South/South West Hospital Group**

Monday 20th November 2017

**Assessor Team**

Professor Anthony Cunningham, Assessor & Chair of Assessor Team

Ms Vicky Blomfield, Medical Council Member & Assessor

Ms Cornelia Stuart, Medical Council Member & Assessor

Ms Úna O'Rourke, Senior Medical Council Executive

Ms Elizabeth Molloy, Medical Council Executive

| Time | Activity | Details |
|---|---|---|
| 8.45am | **Arrive at clinical training site** | Assessor Team to be met by nominated site liaison<br><br>Mr Dan McCarthy,<br>Medical Manpower Manager.<br><br>087 9682105 |
| 9.00am – 9.30am | **Private session of the Assessor Team**<br>9.00am – 9.30am | Wi-Fi password to be provided<br>Tea and coffee to be provided |
| | ***Your Training Counts Intern meeting***<br>9.00am – 9.30am | Separate room to the private session of the Assessors (activities to run concurrently) – Interns will be asked to take part in this year's survey |
| 9.30am – 10.30am | **Meeting with Interns** | The Team aim to meet with a representative group. Venue should be large enough to hold all attendees |
| 10.30am – 11.00am | **Private session of the Assessor Team**<br>10.30am – 11.00am | Tea and coffee to be provided |

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|---|---|---|
| | ***Your Training Counts Trainee meeting***<br>10.30am – 11.00am | Separate room to the private session of the Assessors (activities to run concurrently) – Trainees will be asked to take part in this year's survey |
| 11.00am-12.30pm | **Meeting with Trainees** | The Team aim to meet with a representative group.<br>Venue should be large enough to hold all attendees |
| 12.30pm – 1.15pm | **Private session of the Assessor Team** | Light lunch to be provided including tea, coffee, water |
| 1.15pm – 1.45pm | *Informal opportunity to meet with non-trainee NCHDs* | Not a formal requirement although it is helpful to gain an insight into all areas relating to the Clinical Learning Environment |
| 1.45pm – 2.45pm | **Facilities walk around/additional documentation review**<br>*(Split Team)* | Facilities the Team will request to see the following as a minimum on the walk around:<br>• library facilities<br>• on call residence<br>• study rooms<br>• training rooms<br>• occupational health facilities<br>• a walk-through of the Emergency Department |
| 2.45pm – 3.45pm | **Meeting with Trainers** | Trainers / Consultants should be invited to attend. Management should not attend.<br>Venue should be large enough to hold all attendees |
| 3.45pm – 4.00pm | **Private session of the Assessor Team** | Tea and coffee to be provided |
| 4.00pm – 5.00pm | **Meeting with clinical training site Management** | Management only – Trainers should not attend this meeting<br>Venue should be large enough to hold all attendees |
| 5.00pm – 5.15pm | **Private session of the Assessor Team (optional)** | |
| 5.15pm | **Depart from clinical training site** | |

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Comhairle na nDochtúirí Leighis
Medical Council

**APPENDIX ONE (c)**

**Medical Council Regional Inspection Visit**

**to Mercy University Hospital**

**South/South West Hospital Group**

Tuesday 21st November 2017

**Assessor Team**

Professor Anthony Cunningham, Assessor & Chair of Assessor Team

Ms Vicky Blomfield, Medical Council Member & Assessor

Ms Cornelia Stuart, Medical Council Member & Assessor

Professor Anthony Cunningham, Assessor

Ms Úna O'Rourke, Senior Medical Council Executive

Ms Elizabeth Molloy, Medical Council Executive

| Time | Activity | Details |
|---|---|---|
| 8.45am | **Arrive at clinical training site** | Assessor Team to be met by nominated site liaison:<br>Ms Fiona Lynch<br>Medical Manpower Manager<br>087-7825675 |
| 9.00am – 9.30am | **Private session of the Assessor Team**<br>9.00am – 9.30am | Wi-Fi password to be provided<br>Tea and coffee to be provided |
| | ***Your Training Counts Intern meeting***<br>9.00am – 9.30am | Separate room to the private session of the Assessors (activities to run concurrently) – Interns will be asked to take part in this year's survey |
| 9.30am – 10.30am | **Meeting with Interns** | The Team aim to meet with a representative group. Venue should be large enough to hold all attendees |
| 10.30am – 11.00am | **Private session of the Assessor Team**<br>10.30-11.00am | Tea and coffee to be provided |
| | ***Your Training Counts Trainee meeting***<br>10.30am – 11.00am | Separate room to the private session of the Assessors (activities to run |

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| | | concurrently) – Trainees will be asked to take part in this year's survey |
| 11.00am-12.30pm | **Meeting with Trainees** | The Team aim to meet with a representative group.<br>Venue should be large enough to hold all attendees |
| 12.30pm – 1.15pm | **Private session of the Assessor Team** | Light lunch to be provided including tea, coffee, water |
| 1.15pm – 1.45pm | *Informal opportunity to meet with non-trainee NCHDs* | Not a formal requirement although it is helpful to gain an insight into all areas relating to the Clinical Learning Environment |
| 1.45pm – 2.45pm | **Facilities walk around/additional documentation review**<br>*(Split Team)* | Facilities the Team will request to see the following as a minimum on the walk around:<br>• library facilities<br>• on call residence<br>• study rooms<br>• training rooms<br>• occupational health facilities<br>• a walk-through of the Emergency Department |
| 2.45pm – 3.45pm | **Meeting with Trainers** | Trainers / Consultants should be invited to attend. Management should not attend.<br>Venue should be large enough to hold all attendees |
| 3.45pm – 4.00pm | **Private session of the Assessor Team** | Tea and coffee to be provided |
| 4.00pm – 5.00pm | **Meeting with clinical training site Management** | Management only – Trainers should not attend this meeting<br>Venue should be large enough to hold all attendees |
| 5.00pm – 5.15pm | **Private session of the Assessor Team (optional)** | |
| 5.15pm | **Depart from clinical training site** | |

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Comhairle na nDochtúirí Leighis
Medical Council

**APPENDIX ONE (d)**

**Medical Council Regional Inspection Visit**

**to University Hospital Waterford**

**South/South West Hospital Group**

Tuesday 21st November 2017

**Assessor Team**

Professor Alan Johnson, Medical Council Member & Chair of Assessor Team

Dr John Barragry, Medical Council Member & Assessor

Ms Mary Duff, Medical Council Member & Assessor

Dr Joe Duignan, Assessor

Ms Aoife Fitzsimons, Senior Medical Council Executive

Ms Hannah Fagan, Medical Council Executive

| Time | Activity | Details |
|---|---|---|
| 8.45am | **Arrive at clinical training site** | Assessor Team to be met by nominated site liaison:<br>Liz Moran<br>A/ Medical Manpower Manager<br><br>087 6616435 |
| 9.00am – 9.30am | **Private session of the Assessor Team**<br>9.00am – 9.30am | Wi-Fi password to be provided<br>Tea and coffee to be provided |
| | ***Your Training Counts Intern meeting***<br>9.00am – 9.30am | Separate room to the private session of the Assessors (activities to run concurrently) – Interns will be asked to take part in this year's survey |
| 9.30am – 10.30am | **Meeting with Interns** | The Team aim to meet with a representative group. Venue should be large enough to hold all attendees |
| 10.30am – 11.00am | **Private session of the Assessor Team**<br>10.30am – 11.00am | Tea and coffee to be provided |

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|---|---|---|
| | ***Your Training Counts Trainee meeting***<br>10.30am-11.00am | Separate room to the private session of the Assessors (activities to run concurrently) – Trainees will be asked to take part in this year's survey |
| 11.00am-12.30pm | **Meeting with Trainees** | The Team aim to meet with a representative group.<br>Venue should be large enough to hold all attendees |
| 12.30pm – 1.15pm | **Private session of the Assessor Team** | Light lunch to be provided including tea, coffee, water<br>*Coeliac option to be provided* |
| 1.15pm – 1.45pm | *Informal opportunity to meet with non-trainee NCHDs* | Not a formal requirement although it is helpful to gain an insight into all areas relating to the Clinical Learning Environment |
| 1.45pm – 2.45pm | **Facilities walk around/additional documentation review**<br>*(Split Team)* | Facilities the Team will request to see the following as a minimum on the walk around:<br>• library facilities<br>• on call residence<br>• study rooms<br>• training rooms<br>• occupational health facilities<br>• a walk-through of the Emergency Department |
| 2.45pm – 3.45pm | **Meeting with Trainers** | Trainers / Consultants should be invited to attend. Management should not attend.<br>Venue should be large enough to hold all attendees |
| 3.45pm – 4.00pm | **Private session of the Assessor Team** | Tea and coffee to be provided |
| 4.00pm – 5.00pm | **Meeting with clinical training site Management** | Management only – Trainers should not attend this meeting<br>Venue should be large enough to hold all attendees |
| 5.00pm – 5.15pm | **Private session of the Assessor Team (optional)** | |
| 5.15pm | **Depart from clinical training site** | |

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Comhairle na nDochtúirí Leighis
Medical Council

**APPENDIX ONE (e)**

**Medical Council Regional Inspection Visit**

**to Cork University Hospital**

**South/South West Hospital Group**

Thursday 23rd November 2017

**Assessor Team**

Professor Alan Johnson, Medical Council Member & Chair of Assessor Team

Ms Mary Duff, Medical Council Member & Assessor

Dr John Barragry, Medical Council Member & Assessor

Dr Joe Duignan, Assessor

Professor Anthony Cunningham, Assessor

Ms Aoife Fitzsimons, Senior Medical Council Executive

Ms Elizabeth Molloy, Medical Council Executive

Ms Hannah Fagan, Medical Council Executive

| Time | Activity | Details |
|---|---|---|
| 8.45am | **Arrive at clinical training site** | Assessor Team to be met by nominated site liaison:<br>Mr Michael Murphy<br>Medical Manpower Manager<br><br>087 7977121 |
| 9.00am – 9.30am | **Private session of the Assessor Team**<br>9.00am – 9.30am | Wi-Fi password to be provided<br>Tea and coffee to be provided |
| | ***Your Training Counts Intern meeting***<br>9.00am – 9.30am | Separate room to the private session of the Assessors (activities will run concurrently)– Interns will be asked to take part in this year's survey |
| 9.30am – 10.30am | **Meeting with Interns** | The Team aim to meet with a representative group. Venue should be large enough to hold all attendees |

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|---|---|---|
| 10.30am – 11.00am | **Private session of the Assessor Team**<br>10.30am – 11.00am | tea and coffee to be provided |
| | ***Your Training Counts Trainee meeting***<br>10.30am – 11.00am | Separate room to the private session of the Assessors (activities will run concurrently)– Trainees will be asked to take part in this year's survey |
| 11.00am-12.30pm | **Meeting with Trainees** | The Team aim to meet with a representative group.<br>Venue should be large enough to hold all attendees |
| 12.30pm – 1.15pm | **Private session of the Assessor Team** | Light lunch to be provided including tea, coffee, water<br>*Coeliac option to be provided* |
| 1.15pm – 1.45pm | *Informal opportunity to meet with non-trainee NCHDs* | Not a formal requirement although it is helpful to gain an insight into all areas relating to the Clinical Learning Environment |
| 1.45pm – 2.45pm | **Facilities walk around/additional documentation review**<br>*(Split Team)* | Facilities the Team will request to see the following as a minimum on the walk around:<br>• library facilities<br>• on call residence<br>• study rooms<br>• training rooms<br>• occupational health facilities<br>• a walk-through of the Emergency Department |
| 2.45pm – 3.45pm | **Meeting with Trainers** | Trainers / Consultants should be invited to attend. Management should not attend.<br>Venue should be large enough to hold all attendees |
| 3.45pm – 4.00pm | **Private session of the Assessor Team** | Tea and coffee to be provided |
| 4.00pm – 5.00pm | **Meeting with Hospital Group Management** | Management only – Trainers should not attend this meeting<br>Venue should be large enough to hold all attendees |
| 5.00pm – 5.15pm | **Private session of the Assessor Team (optional)** | |
| 5.15pm | **Depart from clinical training site** | |

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## APPENDIX TWO

Comhairle na nDochtúirí Leighis
Medical Council

**STANDARDS FOR TRAINING AND EXPERIENCE**
**REQUIRED FOR THE GRANTING OF A CERTIFICATE OF EXPERIENCE TO AN INTERN**

These Standards have been drawn up in fulfilment of the Medical Council's responsibilities under Part 10 of the Medical Practitioners Act 2007 to specify and publish in the prescribed manner the Standards for training and experience for Interns which is required for the granting of a certificate of experience (section 88 (3) (d)).

**Standard 1: Rotations**

Training and experience must comply with the Medical Council's policy on length of Internship and approved rotations; that is, a minimum of a total of twelve months, which should normally be consecutive, of which at least three months must be spent in Medicine in general and at least three months in Surgery in general. As part of this twelve-month period, an intern may also be employed for not less than two months and not more than four months in the following specialties:

- Emergency Medicine
- General Practice
- Obstetrics and Gynaecology
- Paediatrics
- Psychiatry
- Anaesthesia (to include perioperative medicine)
- Radiology

**Standard 2: Accreditation**

The training site must be affiliated with a medical school and/or a postgraduate training body/network and/ or health system which is accredited by the relevant regulator. The responsible body for organising, coordinating, managing and assessing the training setting and the training process on the site must be clearly identified.

**Standard 3: Content of training**

The intern year must comprise a combination of formal and informal training in an integrated manner, including theoretical learning, and practical training during service delivery. There must be:

- Practice-based training involving the intern's personal participation, at an appropriate level, in the services and responsibilities of patient-care activity, in the training institution
- Personal participation by the intern at a level appropriate to their growing competence in all medical activities relevant to their training, including on-call duties

- Regular opportunities for the intern to exercise responsibility and clinical decision-making appropriate to their growing competency, skills, knowledge and experience
- Regular opportunities for the intern to work as an integral part of a team composed of a variety of disciplinary backgrounds
- Regular, pre-arranged/scheduled formal education and training sessions
- Evidence that the content of training and syllabus / curriculum is consistent with the eight domains of good professional practice as adopted by the Medical Council.

**Standard 4: Supervision**

There must be effective overarching supervision of the intern's training and clinical practice by an indentified clinician(s) of appropriately senior level, normally a specialist doctor who is recognised as a specialist by the relevant regulatory authority of the host country. The intern's clinical practice should always be appropriately supervised by a medical practitioner of at least SHO level or equivalent.

**Standard 5: Assessment**

There must be evidence of regular and constructive feedback and assessment by the supervisor/Trainerwho has knowledge of the intern's development and performance and can verify their satisfactory progress. The supervisor/Trainermust meet any requirements set by the Medical Council regarding the policy and process of final assessment and sign-off.

The intern must achieve a satisfactory performance in any assessment required by or administered by Council. This includes any assessment of communication skills required by or administered by Council. If, in a jurisdiction outside Ireland, there is an exit examination or other summative assessment at the end of the intern year, the intern must pass it.

**Standard 6: Professionalism**

The training environment must emphasise professionalism and the development and maintenance of the relevant knowledge, skills, attitude and behaviour, including communication skills, integrity, compassion, honesty, adherence to professional codes, respect for patients and their families, colleagues and self-care. The intern must be aware of, and comply with, the Medical Council's *"Guide to Professional Conduct and Ethics for Registered Medical Practitioners"*, and the training should support these ethical Standards.

**Standard 7: Resources**

The training site must have:

- Access to a sufficient number of patients and case mix so as to provide exposure to a broad range of clinical cases appropriate to the rotation.
- Space and opportunity for private study and access to a library with adequate and up to date books and journals, including on-line access to Standard library databases for journal access and literature searches.

The number of Interns on a site should be appropriate to the resources of that site, including its staffing at all levels while at the same time having due regard for patient care and comfort.

The training site must emphasise the primacy of patient safety, and Interns must be encouraged to raise concerns about ethical issues, should they arise, with their mentor, clinical supervisor and/or the hospital authorities. The intern must have access to appropriate advice and counselling should it be required.

**Approved by the Medical Council**
**9th September 2010**

and

**Revised by the Medical Council**
**14th April 2011**

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## APPENDIX THREE

Comhairle na nDochtúirí Leighis
Medical Council

**GUIDELINES ON MEDICAL EDUCATION AND TRAINING FOR INTERNS**

## 1. Statutory Context

These guidelines have been drawn up in fulfilment of the Medical Council's responsibilities under Part 10 of the Medical Practitioners Act 2007 to prepare and publish in the prescribed manner guidelines on medical education and training for Interns (section 88(3) (b)).

These guidelines should be read in conjunction with the Medical Council's *"Standards for Training and Experience Required for granting of a Certificate of Experience"* (*click here*) and *"Part 10 rules in respect of the duties of Council in relation to Medical Education and Training (Section 88)"* (*click here*) (please note that Rule 3 is the relevant rule for intern training).

## 2. Type of rotation

Intern rotations must comply with the Medical Council's policy on duration of Internship and approved rotations. That is, Internship must comprise a minimum of twelve months, which should normally be consecutive, of which at least three months must be spent in Medicine in general and at least three months in Surgery in general. As part of this twelve-month period, Interns may also be employed for not less than two months and not more than four months in the following specialties:

- Emergency Medicine
- General Practice
- Obstetrics and Gynaecology
- Paediatrics
- Psychiatry
- Anaesthesia (to include perioperative medicine)
- Radiology.

## 3. Accreditation

The intern training site must be affiliated with a medical school and/or a postgraduate training body/network and/ or health system which is accredited by the relevant regulator; in Ireland, this is the Medical Council. The responsible body for organising, coordinating, managing and assessing the training setting and the training process on the site must be clearly identified.

## 4. Education and Training

### *(a) Ethos*

The intern year must comprise a combination of formal and informal training in an integrated manner, including theoretical learning, and practical training during service delivery. 2

### *(b) Training through clinical practice*

Interns must:

- Participate in practice-based training, at an appropriate level, in the services and responsibilities of patient-care activity in the training institution
- Be exposed to a broad range of clinical cases appropriate to the rotation
- Participate in all appropriate medical activities relevant to their training, including on-call duties at an appropriate level
- Exercise the degree of responsibility and clinical decision-making appropriate to their growing competency, skills, knowledge and experience
- Work as an integral part of a team composed of a variety of disciplinary backgrounds.

### *(c) Formal education and training*

Interns must have regular, pre-arranged/scheduled formal education and training sessions, with learning opportunities that may include lectures, small group teaching, tutorials, case presentations and case-based discussions, participation in clinical audit, and attendance at relevant external courses.

Formal training for Interns must include instruction in:

- The development of clinical judgement
- Elements of safe practice, including but not limited to, infection control, prescribing, awareness of pregnancy when prescribing and informed consent.

A programme for personal professional development must be part of the intern's training year.

### *(d) Self-directed learning*

Interns must have, and utilise, appropriate resources and opportunities for self-directed learning.

### *(e) Eight Domains of Good Professional Practice*

The content of intern training and an intern syllabus / curriculum must be consistent with the "*Eight Domains of Good Professional Practice*" approved by the Medical Council.

## 5. Supervision

There must be effective overarching supervision of the intern by an identified clinician(s) of an appropriately senior level, normally a specialist doctor who is registered as a specialist or otherwise recognised as a specialist by the relevant regulatory authority.

## 6. Assessment

Interns must:

- Have regular and constructive feedback and assessment by a Trainer/ supervisor who has knowledge of the intern's development and performance and can verify their satisfactory progress
- Pass all obligatory examinations, including any exit examination or other summative assessment at the end of the intern year.
- Achieve a satisfactory performance in any assessment required by or administered by Council. This includes any assessment of communication skills, required by or administered by Council.
- Pass any exit examination or other summative assessment at the end of the intern year, which is or may be set in a jurisdiction outside Ireland.

## 7. Professionalism

Interns must:

- Respect the primacy of patient safety
- Be aware of, and comply with, the Medical Council's "*Guide to Professional Conduct and Ethics for Registered Medical Practitioners"*, (*click here*) available on the Council's website.
- Raise with their supervisor or other appropriate person any ethical / personal issues that may impact on the intern's personal performance and / or patient interests and / or safety
- Adhere to the rules and regulations, policies and procedures governing the training site.

## 8. Resources

Intern training sites must have the resources to support the education and training requirements specified in these guidelines.

**Approved by the Medical Council**
**19th October 2010**

and

**Revised by the Medical Council**
**14th April 2011**

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**APPENDIX FOUR**

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

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| **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 |

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| **(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 |

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| **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 Trainerwork 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 |

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| **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 |

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| **(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** | |

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| | **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 |

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*Standards Approved by the Medical Council on 17th July 2014*