

National Intern Training Programme (NITP): Education and Training in the Intern Year

A. Introduction

1. Purpose of Programme

The intern year is a supervised year of transition from medical student to doctor. The Programme for Intern Training is designed to ensure that on completion of the intern year every intern will be able to practice medicine in a competent and safe manner and that patients whom they treat will receive the best possible care.

The Curriculum (Section B) is based upon the Medical Council of Ireland's Eight Domains of Good Professional Practice, National Committee of Medical Education and Training Suggested Core Competencies for Intern Year and the Guide to Professional Conduct and Ethics for Registered Medical Practitioners (Medical Council Ethical Guide) ¹⁻³.

2. Definition of Internship

Internship, the first year of postgraduate training, is the period of transition from medical student to registered medical practitioner. An intern is a medical doctor who has completed their medical degree and is registered to practice medicine in supervised training posts; the intern year is the first level of postgraduate medical training and is an essential step in every doctor's career. The intern year should provide a balance between education, training and clinical responsibility, enabling interns to develop the professional and personal competencies that result in good patient care and provide a foundation for lifelong learning⁴.

3. Intern Training Networks

The Medical Practitioners Act 2007⁵ states that the Medical Council of Ireland is responsible for defining the role and responsibilities for internship. Internship is normally of 12 months duration during which the intern trains in clinical practice and spends time in different clinical placements across a range of specialties that can also include elective areas in hospitals and other clinical sites recognised by the Medical Council.

Recent reforms to the intern year have led to the establishment of **Intern Training Networks** that are based around the existing medical schools in Ireland (Figure 1). Within each of these networks, the regional Medical School and the Postgraduate Training Bodies are charged with the responsibility for delivering the National Intern Training Programme. Each Intern Network is centred around an existing Medical School and is led by an Intern Coordinator who is responsible for organising and overseeing intern training within their network and ensuring the provision of the appropriate, agreed educational programmes for interns.

4. Certificate of Experience

After satisfactory completion of the intern year, interns are awarded a ***Certificate of Experience*** by the Medical Council^{4, 5} (Appendix 1). This certificate entitles the intern doctor to apply to the Trainee Specialist Division or General Division of the Register of Medical Practitioners maintained by the Medical Council and, therefore, to proceed with a medical career in the Irish health service. The Certificate of Experience is also required by most other competent authorities in order to register in other countries⁴.

5. Aims of Internship

Internship should provide a period of clinical practice that enables the transition from medical student to medical doctor. Clinical practice is based around the traditional working week during which the intern works in a supervised environment. While clinical duties and responsibilities, graded according to their level of experience, are at the core of internship it must be balanced with an education and training programme that enables the intern to learn the knowledge, skills and attitudes that are necessary to provide safe medical practice.

6. Principle objective of the Internship

Clinical service takes place within the contract of employment between the intern and employing authority (i.e. Health Service Executive (HSE), HSE-funded hospitals such as voluntary hospitals, General Practices and possibly accredited specialist and private hospitals. Most commonly, interns work as part of a multidisciplinary team where the intern is the most junior doctor of a hospital based medical or surgical team. The intern works in a supervised structure with their senior house officer (SHO), registrar, specialist/senior registrar and consultant guiding and overseeing their work. Interns also work with other allied health professionals as part of the multidisciplinary team. During this time the intern will learn to make clinical decisions in a supervised environment and have direct responsibility for patient care, the extent of this responsibility being monitored and graded according to their level of experience.

Clinical Training: clinical training incorporates both formal teaching of clinical skills and the more informal training that occurs as part of clinical service. It is through this combination that the intern gains the necessary skills such as basic life support (BLS), appropriate clinical note keeping, phlebotomy, cannulation, obtaining informed consent.

Clinical Education: medicine is an extensive subject and it is important that the Intern continues to learn and expand their knowledge base. Through a structured clinical education programme the intern will learn important practical knowledge such as the management of acute medical problems but also learn equally important matters such as the importance of infection control, communication and gain an appreciation of evidence based medicine.

The '**Standards for Training and Experience required for the granting of a Certificate of Experience to an Intern**' and the '**Guidelines on Medical Education and Training for Interns**' have been approved by the Medical Council and are outlined in Appendices 1 and 2.

B. Intern Curriculum

1. Development of Curriculum

Following reform of the intern year and the establishment of Intern Training Networks, it was agreed that the Intern Training Networks would work together to provide a nationally agreed intern educational programme. This curriculum is the result of collaboration between the Intern Coordinators from each Network in conjunction with those involved in intern training within their network, the Postgraduate Training Bodies and the other stakeholders represented on the Medical Council's Intern Training Sub-Committee.

The programme is fully consistent with the aims and objectives of internship as outlined above; in addition, the Medical Council's Eight Domains of Good Professional Practice (Figure 2) have been incorporated into 3 overlapping and interdependent modules each of which emphasises specific aspects of Intern Core Competencies and the Guide to Professional Conduct and Ethics for Registered Medical Practitioner adopted by the Medical Council (Figure 3). From these three modules each Intern Network will take responsibility for devising content for specified modules which will then be available to all networks, forming the basis of the NITP. This will be centred around 12 months of clinical service and training supported by a structured education and training programme that will allow interns to become competent independent doctors providing high quality and safe medical care to patients.

2. Clinical Judgement Module

Good clinical judgement is central to safe patient care and describes the process through which clinical decisions are made; patient care comprises of a series of clinical decisions, each clinical decision being based on a combination of clinical information and clinical knowledge. Clinical information is gained through detailed history taking, physical examination and investigations while clinical knowledge merges theoretical knowledge, understanding of disease processes and clinical experience.

During the intern year, the intern embarks on a process of lifelong learning in a supervised environment where interns will work to develop, improve and enhance their clinical judgement. This will combine learning of clinical skills, continuing the process of scholarship begun as an undergraduate, undertaking responsibility for patient care so that interns will become competent independent practitioners with knowledge and understanding to inform and maintain best practice.

The principal components to clinical judgement are:

(i) Clinical History and Examination: the basis of all clinical practice is the ability to communicate with patients so as to record clear, thorough and complete clinical histories along with being able to perform physical examination in a structured purposeful manner respecting a patient's autonomy. From the information gained through history and

examination, doctors establish a principal or working diagnosis from which a plan of management that includes investigations and treatments is generated.

By the end of the intern year the intern must understand the importance of clinical history, physical examination and appropriate investigations to determine clinical diagnosis and management. The intern must be able to:

- Record a clear, thorough and detailed clinical history
- Perform a systematic physical examination and identify abnormal findings
- Order appropriate investigations based on history and examination
- Interpret basic (positive and negative) findings of investigations
- Generate a working or differential diagnosis based upon clinical information
- Generate a basic management plan including therapeutic interventions and/or further investigations
- Understand how their clinical information and knowledge informs clinical decisions and analyse how clinical judgements impacts on decision-making
- Identify clinical judgements made in clinical practice and understand the impact of these on patient outcome
- Understand the importance of re-assessing clinical decisions once made

The possibility of pregnancy should be considered in all women of reproductive age undergoing surgery, anaesthesia and procedures involving ionising radiation; similarly the possibility of pregnancy should be considered when prescribing medication.

Clinical assessment of a patient often involves a physical examination as well as relevant history-taking. Interns should explain what this examination will entail and seek permission from the patient before making a physical examination.

Where an intimate examination is necessary, interns should explain to the patient why it is needed and what it will entail. Interns should also let the patient know that they can have a chaperone present if they wish.

(ii) Clinical Skills: during the intern year, interns will learn how to perform a variety of clinical procedures; initially these will be performed with supervision until the intern has achieved the appropriate level of competence for each procedure.

While interns will be exposed to a range of clinical procedures depending on their specialty attachments, there are certain skills that are common to all intern posts and “on-call” duties so that by the end of the intern year, all interns are able, in a safe, confident and competent manner, to:

- Perform and interpret an electrocardiogram (ECG)
- Perform venepuncture for phlebotomy
- Perform upper limb peripheral intravenous cannulation
- Perform subcutaneous, intradermal and intramuscular injections
- Perform blood cultures from peripheral using sterile technique
- Perform blood cultures from central lines using sterile technique

- Perform arterial puncture for arterial blood gas sampling in an adult
- Perform male urethral catheterisation
- Perform nasogastric tube insertion
- Perform Basic Life Support including basic airway management
- Carry out basic interpretation of chest X-Ray
- Carry out basic interpretation of abdominal X-Ray

(iii) Infection Control: infection control is an essential aspect of clinical practice as it addresses factors related to the spread of infections within health-care settings. It encompasses preventative strategies, surveillance and outbreak investigation and management of outbreaks of nosocomial or healthcare-associated infection. It is important that all practising healthcare staff have an understanding and awareness of Infection Control.

By the end of the intern year, the intern should be able to:

- Understand the importance of infection control in reducing the spread of hospital acquired infection
- Ensure personal immunisations are up to date
- Consider the risk of infection before undertaking procedures
- Perform universal precautions in all aspects of clinical practice
- Perform frequent and correct hand washing and cleaning including after every clinical examination
- Use appropriate protective equipment such as gloves, aprons etc. for procedures
- Perform aseptic technique when undertaking all clinical procedures including phlebotomy, catheterisation

(iv) Managing the Acutely Ill: Managing acutely unwell patients is an integral part of all clinical practice: it requires doctors to determine clinical information in an efficient manner; perform basic procedures; make clinical decisions; implement management plans; analyse and respond to such clinical decisions and be aware of one's own limitations.

Over the course of the intern year, and in particular when rostered "on-call", interns will have to respond to patients who are acutely unwell. The intern is expected to perform an immediate assessment, initiate resuscitation, formulate a differential diagnosis, select the relevant urgent investigations and call for help if necessary; the intern should also be able to accurately interpret the results of urgent investigations, initiate a management plan and reassess the patient as required.

The following are common medical emergencies that the intern is expected to be able to manage in a safe and competent manner by the end of intern year:

- Electrolyte disturbances (e.g.: hyperkalaemia, hypokalaemia)
- Abnormal blood glucose (hyperglycaemia, hypoglycaemia)
- Acute shortness of breath
- Acute chest pain

- Pyrexia with rigors
- Acute behavioural disturbance including delirium and suicidal behaviour
- Reduced level of consciousness
- Anaphylactic shock
- Post-operative complications (incl: pain control / analgesia, hypotension, low urine output & post thyroidectomy care)

(v) Prescribing: It is a medical responsibility to prescribe drugs, intravenous fluids, blood components or blood products. Prescribing is a critical component of clinical practice and must be done in a thorough and safe manner to ensure patient safety.

To prescribe **drugs** safely an intern must:

- Understand and apply the principles of therapeutics in all cases
- Ensure as far as possible that any treatment, medication or therapy prescribed for a patient is safe, evidence-based and in the patient's best interests.
- Take an accurate drug history including all known drug allergies and adverse drug reactions
- Record all prescriptions in a legible manner; using approved abbreviations only (*e.g. tds, s.c., etc.*)
- Date, sign and add the Medical Council Registration Number on all prescriptions
- Prescribe all drugs according to recommended dosing, drug regulations and prescribing guidelines
- Demonstrate and be aware of potential for drug side effects and adverse reactions
- Demonstrate and be aware of potential for drug interaction
- Demonstrate and be aware of potential dangers of drug dependency when prescribing benzodiazepines, opiates and other drugs with addictive potential
- Be aware of the potential for prescribing error and work with senior colleagues and pharmacy to minimise this risk

To prescribe **blood and blood products** safely an intern must:

- Understand the guidelines for use of blood and blood products
- Complete the form and blood sample tube of a crossmatch sample in a legible and correct manner
- Write blood product prescriptions in a legible manner
- Provide the reason for blood product transfusion
- State the type of blood component or product to be given
- State the rate of infusion
- Date, sign and include the Medical Council Registration Number
- Document accurately all transfusion reactions

(vi) Continuous Learning: as a science, medicine continues to evolve and thus medicine requires not only a broad base of knowledge but a lifetime commitment to continued learning and education. While much of the intern year is about practical knowledge, interns must continue to maintain and further their knowledge of medicine. This should be

achieved through self-directed learning as well as utilising medical education opportunities throughout their intern year, common examples of both of these would include:

- Use of medical reading material including journals, textbooks & clinical practice guidelines
- Attending hospital grand rounds
- Attending and presenting at journal clubs
- Participating in teaching ward rounds
- Attending structured teaching

3. Communication Module *Interns should read the Medical Council's current Ethical Guide Section C (Medical Records and Confidentiality)*³

The ability to communicate is essential to clinical practice; medical practitioners must have effective verbal and written communication skills to enable the exchange of information between patients and their families as well as with clinical and non-clinical colleagues.

To ensure good communication interns must at all times:

- Treat patients and their relatives in a courteous, timely, safe and competent manner
- Adhere to professional dress code while on duty
- Behave in a professional manner while on duty and on campus
- Maintain high levels of verbal communication with all colleagues
- Respond to all calls/bleeps in a prompt and courteous manner
- Respond to emergency calls without delay

Certain features of communication that are critical in providing safe patient care and that are more specific to medical practice include:

(i) Patient confidentiality: Confidentiality is a fundamental principle of medical ethics and is central to the trust between patients and doctors³. Information disclosed to a doctor during the course of a doctor-patient relationship is confidential and patients are entitled to expect that such information will be held in confidence. Patient information remains confidential even after the death of the patient. Where it is necessary to obtain patient information from third parties this information is governed by the same rules of confidentiality. It is important that patient's privacy is maintained at all times and that accidental disclosure of confidential information does not occur. Consequently, it is important that patient information is maintained securely and in compliance with data protection legislation⁶.

(ii) During the intern year, interns will receive, record and discuss confidential information from their patients with their senior medical colleagues so as to provide appropriate medical care. As the management of confidential information is a central component of a doctor's career it is important that by the end of the intern year the intern should understand the importance of:

- The confidential relationship between patients and doctors
- Ensuring that any disclosure of patient information to medical colleagues is done in a manner that ensures the information remains confidential
- Not sharing confidential information without consent, including discussing such information with a patient's family members
- Protecting patients' confidential details while using web-based or other telecommunication methods.
- Avoiding accidental disclosure of patient information (e.g. not discussing a patient's care in public spaces)
- Keeping confidential information in a secure environment (e.g. not taking clinical notes away from the hospital premises)
- Disclosure of confidential information that is required by law³

(iii) Clinical Note Taking: All clinical notes are indispensable to patient care as they provide an accurate account of the patient's progress and management decisions. Interns are involved in recording written clinical notes including:

- Comprehensive patient history, examination, investigations and differential diagnosis
- Clinical progress notes that include a patient's diagnosis, results of investigations, adjustments in medications and other management pathways
- Clinical notes recording information given to patients, details of discussion and patients views on investigations and of therapeutic intervention(s)
- Consultation letters
- Discharge summaries/letters
- "On-call" notes on reviewing acutely unwell patients outlining patients clinical status, diagnosis, investigations and management

Clinical notes are critical in providing safe patient care, are often the only reliable means of charting a patient's progress and may also be used as a legal document. Considering this, on completion of the intern year, the Intern must understand both the clinical and medico-legal importance of good note keeping including that all clinical notes:

- Are recorded in a clear and legible manner
- Include the date on which the note is recorded
- Include the name of the patient and the patient's medical record number to whom the note refers at the top of all notes
- Include the name of the supervising doctor leading the ward round or patient review
- Are written in an accurate and logical fashion (e.g. **S**ubjective Findings, **O**bjective Findings, **A**ssessment and **P**lan [**SOAP**])
- Have management plans and instructions written in clear fashion
- Are written contemporaneously
- Are signed and dated by the medical doctor and include their Medical Council Registration Number
- Cannot be tampered or altered once written

(iv) Informed Consent: before any medical intervention is performed it is essential that the patient has given informed consent; informed consent is central to good clinical practice as it ensures that the patient's autonomy and that their right to control their own life is respected³. Informed consent is the exercise of a voluntary choice by a patient and it requires effective communication between doctors and patients³.

At the end of the intern year an Intern should understand the appropriate procedures to obtain informed consent including the following:

- The capacity of a patient to give consent
- The provision of sufficient information, in a way that the patient can understand, to enable the patient to exercise their right to make informed decisions
- The disclosure of all significant or substantial risks of any proposed intervention
- Informed consent must be sought when the patient is best able to understand and retain the information
- Informed consent is a continuing process of keeping patients up to date with any changes in their condition and the treatments or investigation proposed
- Refers consent request to relevant senior colleagues, when appropriate
- In emergency situations where consent cannot be obtained, lifesaving medical treatment may be provided to anyone who needs it
- Every adult with capacity is entitled to refuse medical treatment and the doctor must respect a patient's decision to refuse treatment

*Interns are advised to read the Medical Council's current Ethical Guide Section D (Consent to Medical Treatment) and Appendix A (Information for patients prior to giving consent)*³

4. Professional Development Module

All medical practitioners must demonstrate a commitment to fulfilling professional responsibilities and duties; the Medical Council of Ireland has outlined these duties in its Ethical Guide³.

Throughout the intern year, interns are expected to understand their professional and personal responsibilities as doctors both as they relate directly to their intern year but also to their professional career as a whole.

The major professional and personal duties expected of interns are:

(i) Understand the legal framework for medical practice in Ireland: the Medical Council of Ireland is the body that regulates doctors working in Ireland; a doctor's clinical practice is also influenced by pieces of legislation:

- Medical Practitioners Act 2007
- Freedom of Information Act 1997
- Data Protection Acts 1988 and 2003

- Principles of Child Protection procedures
- Coroner's Court and Coroner's Act
- Mental Health Act 2001
- Common Law

(ii) Registration with the Medical Council of Ireland: the Medical Council regulates doctors and its primary role is to *protect the public by promoting and ensuring high standards of professional conduct and professional education, training and competence among registered medical practitioners*. All doctors practicing medicine in Ireland must be registered with the Medical Council. It is the responsibility of each doctor to ensure that they are correctly registered with the Medical Council and must practice in the *name(s)* under which they are registered. All doctors registered with the Medical Council of Ireland are expected to adhere to the Medical Council's current Ethical Guide.

(iii) Professional Approach: The patient-doctor relationship is a privileged one that depends on the patient's trust in the doctor's professionalism. To ensure professionalism doctors are expected to attend work on time; they should dress appropriately and act in an appropriate manner with patients, their relatives, colleagues and other healthcare professionals. During times of absence, either planned or unplanned, it is part of doctor's professional duties to ensure that the safety and welfare of your patients is protected during their absence.

(iv) Maintaining competence: All doctors must maintain competence throughout their professional career. The intern year is a structured training year and each intern must attend and complete the necessary training as determined by their Training Network so as to be eligible for the Certification of Experience. Additionally, interns should be aware of the ongoing need to maintain competence, in line with the Medical Practitioners Act 2007, once they have passed beyond internship.

(v) Ensure appropriate professional indemnity: it is the responsibility of all doctors to ensure they have adequate professional indemnity cover for all healthcare services they provide.

(vi) Disciplinary Action: all doctors who fail to achieve and maintain the necessary standards of practice and care are liable to disciplinary action.

(vii) Adhere to high ethical standards: the patient-doctor relationship is a privileged one that depends on the patient's trust in the doctor's professionalism. Doctors must understand their ethical and professional duties to patients respecting their rights as individuals and in particular:

- Respect patient autonomy
- Respect and maintain patient confidentiality
- Understand the implications of Do Not Resuscitate (DNR) orders
- Understand the legal obligations of Advance Directives

(viii) Completion of Formal Documents: doctors are frequently required to issue certificates, (medical) reports, prescriptions and other formal documents. Interns must have an understanding of those formal documents they *are eligible to complete* (e.g. prescriptions, sick leave certificates) and those they *are not eligible to complete* (e.g.: MDA prescriptions, death certificates, cremation forms). All formal documents must be accurate, legible and include the name and Medical Council Registration Number of the completing doctor. Doctors must not complete forms on patients unknown to them and should only sign a certificate or other such document for a patient following review of that patient.

(ix) Develop an informed career plan: internship is the first year of postgraduate training and for most interns is a mandatory stepping stone to a postgraduate training scheme in a specialised area of medicine. Over the course of the intern year it is important that the Intern has an understanding of the career structures in medicine; in particular they should have:

- An understanding and knowledge of higher training schemes including: timing of application submission and interview
- Eligibility requirements for specific training schemes
- Duration of training
- Further postgraduate examinations or higher degrees
- A knowledge of how to:
 - Prepare a Curriculum Vitae
 - Perform at an interview

(x) Enhance Teamwork Skills: when working in multidisciplinary teams it is important that doctors maintain clear lines of communication and systems of accountability. Doctors must treat all healthcare workers with dignity and respect. Senior doctors must create an environment in which junior colleagues are encouraged to consult their senior colleagues where a patient's condition gives cause for concern. When disputes arise between colleagues, they must not impact on patient care and should be settled as quickly as possible with intervention by senior colleagues as necessary.

(xi) Recognise Limitations and Manage Stress: the intern year is both an exciting and demanding year. It is important that during this year interns learn to identify their limitations and seek assistance and support from (senior) colleagues. It is also important to maintain both physical and psychological health during the year and seek medical or other advice or treatment as required.

C. Assessment of Intern Training

The Medical Council of Ireland is statutorily responsible for granting Certificates of Experience to medical practitioners who have successfully completed a period of internship⁷. To ensure that all interns are adequately trained each Intern Network will provide and oversee an Intern Training and Education Programme. This programme will comprise of on-site clinical training, formal curricular elements and e-learning elements⁷.

Each intern will be expected to satisfy the Medical Council's criteria for the granting of a Certificate of Experience, in accordance with requirements set by the Medical Council. The relevant Intern Network Coordinator will formally sign-off for each intern in a dual capacity as Intern Network Coordinator and a registered specialist affiliated to their Postgraduate Medical Training Body.

The Intern Training Curriculum comprises of three fundamental elements; **Clinical Judgement**; **Communication** and **Professional Development** (Figure 3b) which are derived from the Eight Domains of Good Professional Practice (Figure 2). Each intern will need to demonstrate a competence in all three elements. While each Intern Network will vary in the exact method of assessment the major tools used to assess intern progress and capability will include:

- 1. Intern Assessment Form:** at the end of each clinical attachment during the intern year, an Intern Assessment Form must be completed by the supervising consultant (the Trainer) and co-signed by the Intern (see Appendix 4). This form will address key elements of clinical knowledge, professionalism and overall competence. The trainer assessments will be incorporated into the online intern training programme over time. The Trainer will also sign off as a representative of his/her training body. A copy of these assessment forms, on completion, will be forwarded to the Training Bodies.
- 2. eLearning Portfolio:** the Intern Networks will develop eLearning modules; these modules will include interactive compulsory stations that must be completed **correctly** by the intern. These stations may include demonstrating clinical understanding of prescribing as well as case vignettes. The ePortfolio will include an eLogbook element where interns will record clinical procedures completed and experience gained during the intern year.
- 3. Bedside Clinical Assessment:** includes assessment of both doctor/patient interaction and direct observation of clinical skills that are essential to providing quality patient care.
- 4. Certificate of Experience:** In compliance with the Medical Council's responsibilities under Part 10 of the Medical Practitioners Act (section 88 (3) (d) the standards for training and experience required for the granting of a Certificate of Experience to an Intern were adopted and published by the Medical Council in September 2010. The standards are described under seven headings namely rotations, accreditation,

content of training, supervision, assessment, professionalism and resources.
(Appendix 1)

D. Remediation

The Intern Year is an important formative year which may present some unique challenges to doctors. These challenges may include having to adapt quickly to a busy working environment in a relatively short period of time, working as part of a multi-disciplinary clinical team, often under pressure, and dealing in a professional and empathetic way with patients who may have complex clinical and personal issues. Some of these challenges can be addressed through a comprehensive induction programme at the start of rotations and at each new training site. Close supervisory arrangements and encouragement to raise concerns with their trainers at the earliest opportunity will also play a key role in ensuring a smooth transition throughout intern training.

In general, most interns cope well with these challenges and exit the intern year well prepared for the next stage in professional development. However, each year a small number of interns may experience behavioural, performance or educational difficulties; remediation is the process of addressing such difficulties after the difficulties have been assessed. To date, it has been custom and practice to address remediation locally using various tools and this has, in many instances, been effective. The establishment of the Intern Training Networks provides an opportunity to harmonise and promote the effectiveness of activities in this area.

Remediation of doctors in the Intern Year is provided with reference to the Medical Council's *Guidelines on Remediation of Doctors in the Intern Year* (Appendix 5). In addition to outlining the various stages of the remediation process, these guidelines provide details on the respective roles of the Medical Council, the Employer and the Intern Training Networks throughout the remediation process. The possibility of environmental factors affecting an intern's performance is highlighted, as is the need for interns to be fully supported throughout the process.

Figure 1. Intern Training Networks, adapted from the Intern Training Guide 2010⁴

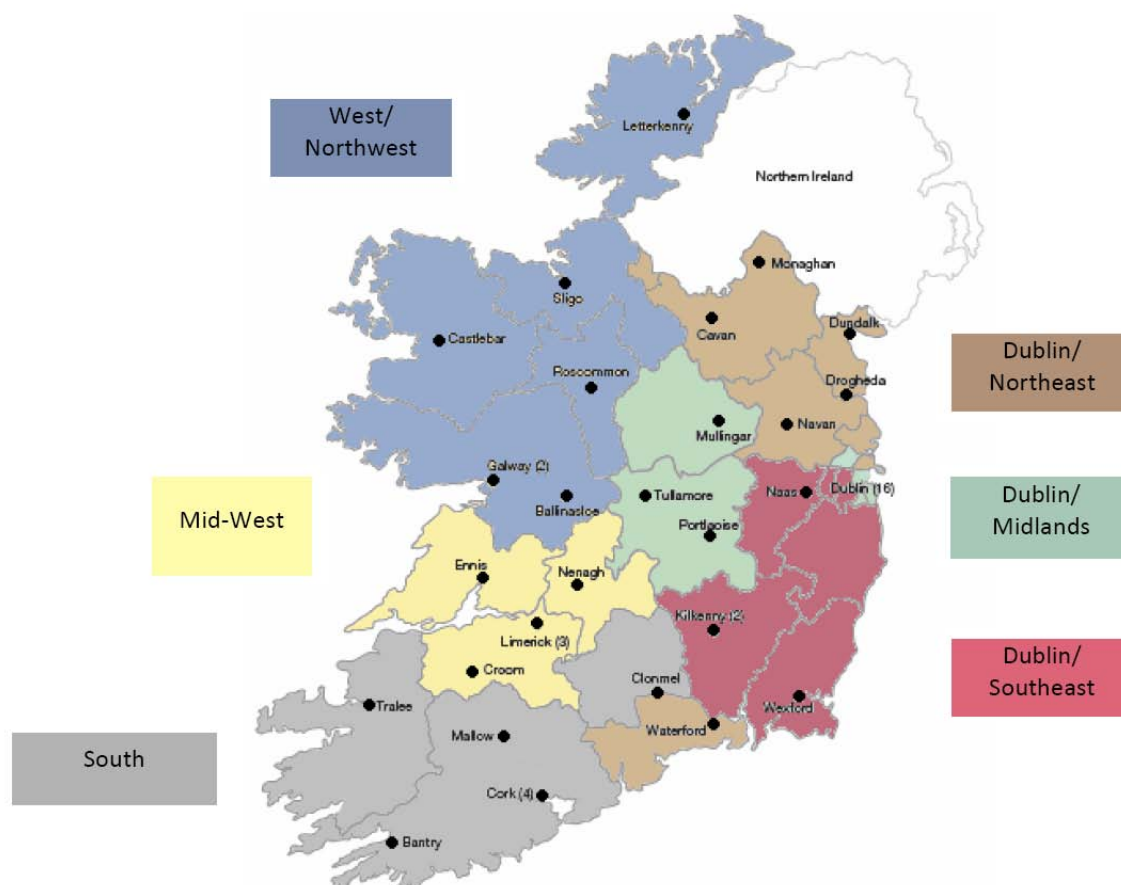


Figure 2. Eight Domains of Good Professional Practice as devised by Medical Council¹

Eight Domains of Good Professional Practice



Eight Domains of Good Professional Practice

Patient Safety and Quality of Patient Care

Patient safety and quality of patient care should be at the core of the health service delivery that a doctor provides. A doctor needs to be accountable to their professional body, to the organisation in which they work, to the Medical Council and to their patients thereby ensuring the patients whom they serve receive the best possible care.

Relating to Patients

Good medical practice is based on a relationship of trust between doctors and society and involves a partnership between patient and doctor that is based on mutual respect, confidentiality, honesty, responsibility and accountability.

Communication and Interpersonal Skills

Medical practitioners must demonstrate effective interpersonal communication skills. This enables the exchange of information, and allows for effective collaboration with patients, their families and also with clinical and non-clinical colleagues and the broader public.

Collaboration and Teamwork

Medical practitioners must co-operate with colleagues and work effectively with healthcare professionals from other disciplines and teams. He/she should ensure that there are clear lines of communication and systems of accountability in place among team members to protect patients.

Management (including Self Management)

A medical practitioner must understand how working in the health care system, delivering patient care and how other professional and personal activities affect other healthcare professionals, the healthcare system and wider society as a whole.

Scholarship

Medical practitioners must systematically acquire, understand and demonstrate the substantial body of knowledge that is at the forefront of the field of learning in their specialty, as part of a continuum of lifelong learning. They must also search for the best information and evidence to guide their professional practice.

Professionalism

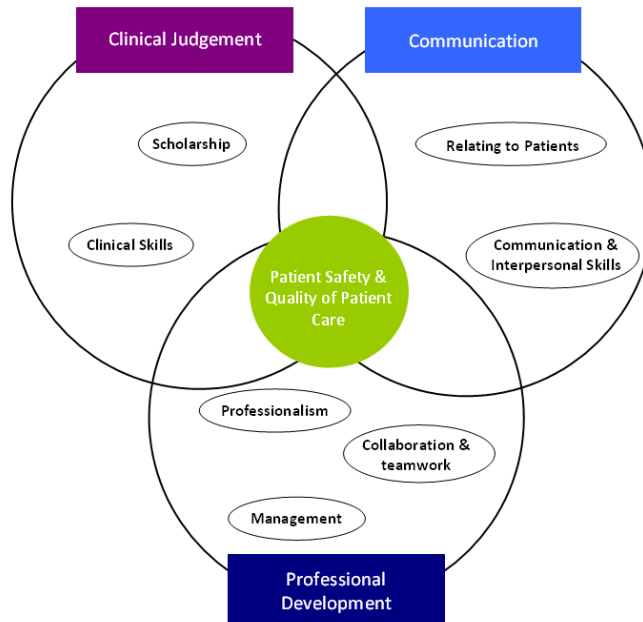
Medical practitioners must demonstrate a commitment to fulfilling professional responsibilities by adhering to the standards specified in the Medical Council's "Guide to Professional Conduct and Ethics for Registered Medical Practitioners".

Clinical Skills

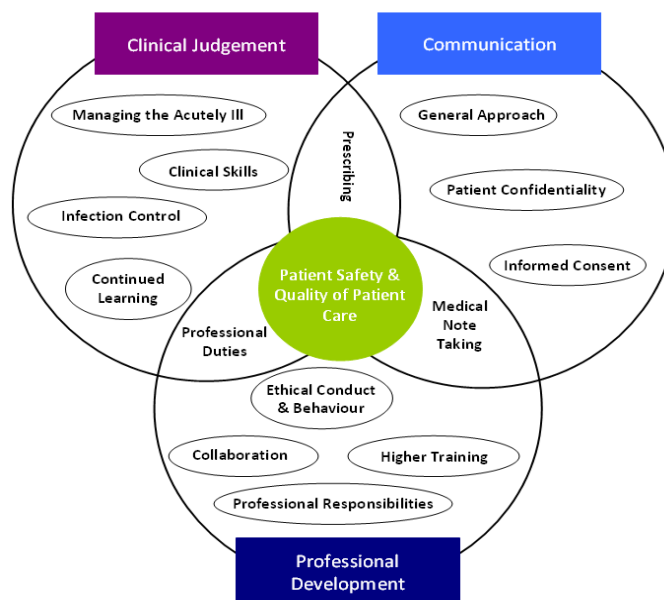
The maintenance of Professional Competence in the clinical skills domain is clearly specialty-specific and standards should be set by the relevant Post-Graduate Training Body according to international benchmarks.

Figure 3. A: Curriculum for Intern Year groups the Eight Domains of Good Medical Practice into three components, B: each component is further described.

A



B



Appendix 1

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 identified 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/trainer who has knowledge of the intern's development and performance and can verify their satisfactory progress. The supervisor/trainer must 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**

Appendix 2

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.

(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*” ([click here](#)) 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**

Appendix 3

Professional Dress

Dress code is an important aspect to professional practice and forms part of a doctor's professional responsibilities as described by the Irish Medical Council. Appropriate professional dress should be maintained throughout all aspects of professional duties including regular working day, on-call, attending education and teaching and where possible should be adhered to when on the hospital campus. Although, most hospital and institutions will have their own specific Dress Code the following is a guide to appropriate professional dress:

General Grooming:

- Hair should be clean, maintained in a neat fashion and be secured back from the face if shoulder length or longer.
- Finger nails should be short and clean.
- Jewellery should be neat and not excessive, ear piercing should be limited to one earring per ear, other visible body piercing (e.g. tongue, nose) is not acceptable
- Use of cosmetics should be kept to a minimum.
- Hospital identification should be worn and clearly visible

General Attire:

- Scrubs are permitted for on-call duties only
- Men: dress in smart trousers, clean and pressed, with collared shirt
- Women: dress in smart-casual trousers, skirts or dresses, with a smart top (incl. blouse or shirt)
 - Dress/skirt length: be neither overly short (no shorter than just above the knee) or long (no longer than ankle).
 - Tops: be smart and should not have a low/plunging neckline or be too short (e.g.: crop tops and/or midriff exposure)
- The following clothing is not recommended:
 - Jeans/denim trousers or shirts
 - T-shirts and/or vest tops
 - Strapless/string strapped tops and/or plunging neckline
 - Track suits and hooded sweatshirts
 - Camouflage clothing and/or prominent slogans or images
 - Clothing with tears, holes or rips
 - Short skirts/dresses
 - Exposed underwear

Footwear

- Formal shoes, well kept and clean, worn with socks/hosiery as appropriate
- Footwear should be closed (no open toe) to maintain health and safety
- Socks/hosiery should be clean, not torn and not have excessive patterns.

Appendix 4

Intern Assessment Form

Intern Assessment Form are currently utilised by all Intern Networks, the form is completed by the Supervising Consultant at the end of each intern post/clinical attachment and is signed by both the Supervising Consultant and Intern. It addresses the key elements needed to deliver safe and effective patient care and is used to monitor progress and address and deficits in knowledge and skill. Using all currently available forms, the National Intern Training Programme has devised this standardised form to encompass all the necessary essentials.



National Intern Training Programme
Assessment Report
- To be completed for each rotation or every 3 months -



Intern Name : _____
 Medical Council Reg No : _____
 Rotation Period : _____
 Hospital : _____
 Supervising Consultant : _____
 Intern Network : _____

Specialty : _____
 Intern Tutor : _____

Assessment

Please rate the above Intern with respect to their competence in the following areas by ticking the appropriate box

	Requires Support	Competent
Clinical Judgment i.e. general approach to patients, families and others; competent in history taking, physical examination, formulating (differential) diagnosis; ordering appropriate investigations and interpreting results. Perform common practical procedures in a competent and safe procedure. Prescribe in a safe manner.	☐	☐
Communication Skills i.e. collaborates and works with team colleagues; seeks assistance when necessary; good oral and written communication with patients, relatives and staff; confidentiality; discusses sensitive issues appropriately; gains informed consent.	☐	☐
Professionalism i.e. attendance, punctuality, reliability and dependability; adherence to dress code; shows capacity towards self learning; time management; follows safe practices; knowledge regarding appropriate statutes and regulations.	☐	☐
Patient Safety & Quality of Patient Care i.e. overall approach to patient care, clinical competence, patient-doctor relationship based on mutual respect, confidentiality, honesty, responsibility and accountability.	☐	☐

Comments

Are there particular areas where the Intern should work to improve over the remainder of the Intern Year? If yes, please describe.

Conclusion

For the purposes of registration Interns must satisfactorily complete all rotations. Has the above named Intern performed satisfactorily during their attachment?

Yes ☐ No ☐

Consultants Signature : _____
 Intern Signature : _____
 Intern Tutors Signature : _____

Date : _____
 Date : _____
 Date : _____

References

1. Medical Council of Ireland, June 2010 Appendix A; [Eight Domains of Good Professional Practice](#) as devised by Medical Council.
2. National Committee on Medical Education and Training (NCMET) Report of the Intern Sub-Committee 2008 Appendix F; Suggested Core Competencies for Intern Year.
3. Medical Council of Ireland, 7th Edition, 2009: Guide to Professional Conduct and Ethics for Registered Medical Practitioners, <http://medicalcouncil.ie/Media-Centre/Publications/2008-2009/Guide-to-Professional-Conduct-and-Behaviour-for-Registered-Medical-Practitioners-pdf.pdf>
4. Health Service Executive (HSE) Medical Education and Training: Fit for Purpose, in the Irish Health Service, A Guide to Application and Appointment to Intern Training in Ireland 2010
5. Medical Practitioners Act 2007
www.irishstatutebook.ie/2007/en/act/pub/0025/index.html
6. Data Protection Acts 1988 and 2003; www.dataprotection.ie
7. HSE Medical Education & Training: Ireland's Interns 2010: A Guide to Application and Appointment to Intern Training in Ireland 2010 Part 1 & 2
8. HSE Employee Handbook, 2007 www.hse.ie/eng/staff/HR
9. Standards for Training and Experience required for the granting of a Certificate of Experience to an Intern (the Medical Council, September 2010)
10. Disciplinary Procedures for the Employees of the Health Service Executive, January 2007; www.hse.ie/eng/staff/HR

Appendix 5

Guidelines on Remediation of Doctors in the Intern Year

1. Context of Guidance

This guidance is produced under Section 88(3)(b) of the Medical Practitioners Act 2007 and is aimed primarily at Intern Network Co-ordinators but also at others involved in the teaching and training of interns.

While concerns arising in relation to interns are uncommon, those that do arise vary with regard to the risk to patient safety from minor to more serious. This guidance is intended to address concerns with an intern which, if not addressed at an early stage, could potentially develop into more serious concerns affecting current and/or future patient safety and/or undermine the effectiveness of an intern's training.

Management of concerns using these guidelines should **not** be used as an alternative to making a complaint to the Medical Council about a doctor.

2. Challenges in the Intern Year

The Intern Year is an important formative year which may present some unique challenges to doctors. These challenges may include having to adapt quickly to a busy working environment in a relatively short period of time, working as part of a multi-disciplinary clinical team, often under pressure, and dealing in a professional and empathetic way with patients who may have complex clinical and personal issues. Some of these challenges can be addressed through a comprehensive induction programme at the start of rotations and at each new training site. Close supervisory arrangements and encouragement to raise concerns with their trainers at the earliest opportunity will also play a key role in ensuring a smooth transition throughout intern training.

In general, most interns cope well with these challenges and exit the intern year well prepared for the next stage in professional development. However, each year a small number of interns may experience behavioural, performance or educational difficulties; remediation is the process of addressing such difficulties after the difficulties have been assessed. To date, it has been custom and practice to address remediation locally using various tools and this has, in many instances, been effective. The establishment of the Intern Training Networks provides an opportunity to harmonise and promote the effectiveness of activities in this area.

3. The role of the Medical Council

The Medical Council's statutory role is to protect the public by promoting and better ensuring high standards of professional conduct and professional education, training and competence among registered medical practitioners. Council has a number of specific responsibilities in relation to the education and training of interns. These include setting the standardsⁱ and guidelinesⁱⁱ which provide the framework within which intern training is delivered in the State.

As part of its remit, the Medical Council is the statutory body for receiving complaints against registered medical practitioners; these complaints can be made by members of the public, patients, other health professionals or employers.

The Medical Council recognises that effective systems of clinical governance at a local concern set out roles, responsibilities and procedures for the handling of concerns. Any concern arising locally must be risk assessed in terms of the current or potential future risk to patient safety and a management plan devised, implemented and monitored in line with this risk assessment. Risk assessment must be ongoing, and progress in managing a concern at a local level should also be taken into account in determining risk.

Depending on the nature of the initial concern which brings a doctor into the remediation process, the issue may be referred to the Medical Council as a complaint under Section 57 of the MPA 2007. Likewise, the failure of a doctor to actively engage in the remediation process or to demonstrate the necessary improvement as a result of increasing levels of remediation may also lead to a complaint to the Medical Council.

Interns who are engaged in the remediation process continue to be subject to the provisions of the Medical Practitioners Act 2007 and to any rules, criteria or guidance issued by the Medical Council's arising from Council's obligations under the Act. This guidance includes the 'Guide to Professional Conduct and Ethics for Registered Medical Practitioners, 7th Edition 2009'.

4. The Role of the Employer

Employers have a responsibility to ensure that their clinical governance arrangements support the prevention, early identification, and management of the behavioural, performance or educational difficulties through the remediation process. Remediation at an early stage of an identified issue allows for the timely escalation and/or resolution of remedial activities, as necessary and within the prescribed intern training period. Council encourages the assessment of interns at three-monthly intervals.

Interns are subject to the disciplinary procedures in place in their employing authority. In the case of Health Services Executive (HSE) hospitals and services, details are provided in the "HSE Employee Handbook" and "Disciplinary Procedures for the Employees of the Health Service Executive", which is available online and from the employing hospital^{iii,iv}. These

documents should be explicitly introduced at training site inductions and interns should be asked to confirm receipt of such material by their signature.

Interns employed in voluntary hospitals/services and private hospitals will be subject to the disciplinary procedures in place in that hospital/service, a copy of which should be sought from the HR department in the hospital/service.

In the case of interns in General Practice, they will ordinarily be contracted through the “base” hospital for the period of the GP rotation and will be subject to procedures in place in that hospital^{1,3,4}.

Work schedules and rotas should reflect the time commitments on an intern arising from engagement in the remediation process. Doctors should be enabled to attend meetings with supervisors / tutors as necessary, to complete any recommended training etc.

The remediation process includes close liaison with, and referral to local occupational health services where appropriate in order that the intern is adequately and appropriately supported throughout the process.

5. Factors which may be adversely affecting an intern’s performance

The possibility of underlying personal health issues should always be considered when addressing concerns with an intern. Interns should be supported to address these health issues and this should include close liaison with and referral to local occupational health services.

In addition, there may be environmental factors affecting an intern’s performance and hindering satisfactory progression through training. The Medical Council has defined standards for clinical sites where interns receive training¹ and sites must meet these standards in order to receive Council approval.

In situations where environmental factors have been identified as being a contributory factor affecting an intern’s performance, the Medical Council should be notified. This may lead to the Medical Council re-visiting the site to assess its suitability for training. In addition, the Medical Council should be notified where concerns have arisen in relation to a number of interns at a particular site.

6. Framework for understanding concerns

Interns who are failing to meet the required standard in the development of their knowledge, skills, attitude and behaviour will be supported in the workplace by their Trainer.

Examples of issues where remediation may be necessary include, but are not limited to, the following^{vvi}:

- 1) Difficulties making progress
 - a. Poor organisation
 - b. Unable to prioritise
 - c. Poor record keeping
- 2) Problems in clinical judgement
 - a. Lack of knowledge
 - b. Lack of skills
 - c. Poor clinical judgement
- 3) Personal / interpersonal factors
 - a. Poor time keeping / persistent lateness
 - b. Communication problems
 - c. Poor self-management / inability to prioritise
 - d. Bullying
 - e. Harassment
 - f. Dishonesty
 - g. Teamwork / Collaborative shortfall
 - h. Working under the influence of medication, drugs or alcohol
 - i. Criminal behaviour
- 4) Signs of not coping
 - a. Negative attitude
 - b. Failure to respond to bleeps
 - c. Lack of insight
 - d. Defensive reaction to feedback
 - e. Frequent or persistent uncertified sick leave

7. The Remediation Process

The remediation process which is triggered following identification of a concern with an intern is an escalating, multi-level process, as necessary. The significance of the issues identified will determine which steps should be taken locally and whether or not other bodies such as the Medical Council or the Gardaí should be notified.

Risk assessment and vigilance for health issues should be a constant throughout the process. Timeliness, monitoring of progress and gathering an evidence-base are key elements of the remediation process.

All identified concerns with an intern should trigger an initial risk-assessment and the concern should be risk-rated in terms of the current and potential future impact and likelihood of patient safety being negatively impacted. Risk assessment is ongoing and should be kept under review and re-evaluated against the intern's progress throughout the remediation process.

At all times, all those involved in an intern's teaching and training should be vigilant for any health issues which may be impacting upon the intern's performance.

At all times, the person managing the concern should be mindful of timeliness. The concern must be resolved or escalated in a timely way to, wherever possible, allow the intern to exit training safely without delay. A concern should not be allowed to persist unresolved into the next stage of the intern's professional development. It is recognised that in exceptional cases, this may require extension of intern training; however, this extension should not arise because management of the concern has not been timely. Every effort should be made to resolve the concern within the Network in which the concern was first identified.

The Employer and/or the Intern Training Network may impose specific requirements in relation to remediation, particularly in relation to a maximum period of remediation. Such details may be specified in the Service Level Agreement between the HSE and the university/medical school and/or in the Training Agreement between the Intern Training Network and the Intern.

Progress should be monitored throughout and the management plan should be adjusted constantly on the basis of progress. Monitoring progress includes defining points of exit and escalation, and monitoring constantly to determine if these points have been reached.

Gathering of evidence base means that the person managing the concern should ensure that there is clear evidence to support the concern, support the management of concern, and support the effectiveness of management. This may include assessment and verification of remedial action. Gathering evidence should include ensuring that management of the concern has been effective.

The trainer and/or Intern Training Coordinator should bear in mind the importance of linking back with the University to ensure that the management of the concern can take into account any relevant information regarding the intern's previous progress at an undergraduate level.

The stages which are generally involved in a remediation process are as follows:

Stage 1 – local, trainer-led management

Stage 1 is characterised by a strengthening of the usual educational supervisory arrangements which should be in place for the intern. The trainer gathers further details on the issues identified, through feedback with colleagues and discussion with the intern. The trainer will meet the intern to discuss the feedback, agree objectives and actions. The trainer will then meet with the intern on an ongoing basis to monitor progress. Initially, meetings should be organised on a weekly basis. The trainer may also decide that a work-based assessment is appropriate to validate the concerns.

The trainer shall identify appropriate measures that can be taken to assist the intern and agree actions for achieving the required improvements in a specified timeframe. The intern shall be given the chance to highlight any problems that they may have.

Stage 2 – documented action plan and Intern Network Coordinator involvement

Stage 2 is characterised by a documented action plan and involvement of the Intern Network Coordinator. If, in the trainer's opinion, the intern has not demonstrated an appropriate improvement in performance, the trainer will meet with the Intern to develop and document an action plan to address the identified issues. The Intern Network Co-ordinator will also be requested to attend this meeting.

The intern should be invited, in advance of the meeting, to provide evidence which may support their case.

A written record of the meeting should be agreed by both the intern and the trainer, and a copy kept by both parties.

At this stage of the process, there should be a formal, objective assessment of the intern. Possible assessment methods may include as appropriate:

- 1) Work-based assessments – i.e Mini-CEX (Clinical Evaluation Exercise), Record Review, Case based discussion, DOPS (Direct Observation of Procedural Skills), Multi Source Feedback
 - a. These provide an objective and reliable assessment of performance and supportive feedback
 - b. There is opportunity following assessment for the Intern to discuss their strengths and weaknesses with experienced consultant assessors
- 2) Reflective Log
 - a. Intern completes a reflective log of activity describing everyday clinical practice and intern's reflection on what happened, what they did, the outcome and what they would do differently in the future

Based on the findings of the assessment, an action plan for the intern will be drafted which will focus on the identified deficiencies and which will include all necessary supports for the intern. An action plan may include individualised training or any other specified training opportunities. It may be appropriate to adjust work schedules or supervisory arrangements to take account of concerns highlighted.

An action plan may impact upon an intern's ability to complete their training within the specified minimum 12-month period. This should be borne in mind when an Intern Network Co-ordinator submits their sign-off recommendations to the Medical Council at the end of a training year.

The intern should be given sufficient time to rectify the issue(s) concerned and to benefit from the action plan; if the intern fails to do this, the matter should be referred to the Intern Network Co-ordinator as part of Stage 3 of the remediation process.

It is important to recognise that development of the action plan should be followed with implementation and progress monitoring, which may include documented verification that agreed actions were implemented and were effective.

Stage 3 – escalation for management by the Intern Network Coordinator

In cases where there is a persistent performance issue which is not resolved satisfactorily at an earlier stage, the case will be escalated to the Intern Network Co-ordinators. Throughout Stage 3, the action plan and remedial activities identified for the intern at earlier stages of the process should continue; this action plan is likely to be amended and place an increasing emphasis on progress monitoring including formal, objective assessment of the intern.

A formal meeting will be convened between the Co-ordinator within whose Network the issues have arisen and one or more Co-ordinators from the other Networks.

The intern and trainer will be invited to attend a meeting with the Network Co-ordinators.

As before, a written record of the meeting must be agreed and retained by both parties.

The Intern Network Co-ordinator will make a recommendation to the Medical Council regarding the issue or otherwise of a Certificate of Experience to the intern based on the outcome of the process. The Employer will also be notified of the outcome. Consideration will then be given to a further period of training or termination of intern training. Termination of the intern's training must be based on substantiated documented evidence. In the event of the intern's training being terminated, the Medical Council should be advised and provided with full details of the circumstances leading to this decision.

8. Stage 3 Appeals Process

If, on conclusion of Stage 3, there is a recommendation (a) to extend the period of internship or (b) that the intern has not / will not satisfactorily complete(d) their training, and subsequently should not be issued with a Certificate of Experience, the intern has a right to appeal the recommendation. There are no other valid grounds for appeal.

To make an appeal, the intern must submit a written application to their Intern Network Coordinator no later than **21 working days** after the date that he/she has been informed of the recommendation which is the subject of the appeal.

An Advisory Group should then be convened consisting of a minimum of two representatives from other Intern Networks and a representative from the Employer's HR Department. A nominee from the university or medical school which awarded the intern's Basic Medical Qualification may also be appropriate.

The intern may invite a union representative or another individual to attend during this meeting.

The Advisory Group will consider all the evidence available, and may ask for additional information to be presented. The outcome of the appeal will be reported in writing to the Intern Network Co-ordinator.

9. When should the Medical Council be alerted?

Concerns with an intern may ultimately lead to a complaint being made to the Medical Council.

Consideration of complaints against registered medical practitioners is provided for under Part 7 of the Medical Practitioners Act 2007 (the Act). Pursuant to Section 57 of the Act, the Preliminary Proceedings Committee considers complaints against registered medical practitioners on one or more of the following grounds:-

- (a) professional misconduct;
- (b) poor professional performance;
- (c) relevant medical disability;
- (d) failure to comply with a relevant condition;
- (e) failure to comply with an undertaking or to take any action specified in a consent given in response to a request under section 67(1);
- (f) a contravention of a provision of this Act (including a provision of any regulations or rules made under this Act);
- (g) a conviction in the State for an offence triable or indictment or a conviction outside the state for an offence consisting of acts or omissions that, if done or made in the State, would constitute an offence triable on indictment

Definitions of (a), (b) and (c) above can be found at the end of this section.

11. Conclusion

Early identification of issues affecting an intern's performance provides the greatest opportunity for remedial action to be effective and for an intern to be supported in addressing any difficulties. In addition, early identification can help to prevent a concern from developing into a more serious concern.

At every stage of the remediation process, patient safety must remain a primary concern for all parties concerned, including the intern who is the subject of remedial activity and those involved in formulating the action plan.

Definitions

- *The Guide to Professional Conduct and Ethics for Registered Medical Practitioners, 7th Edition 2009* defines **Professional Misconduct** as:
 - a) Conduct which doctors of experience, competence and good repute consider Disgraceful or dishonourable; and / or
 - b) Conduct connected with his or her profession in which the doctor concerned has seriously fallen short by omission or commission of the standards of conduct expected among doctors.
- Section 2 of the Medical Practitioners Act 2007 defines **Poor Professional Performance** as “a failure by the practitioner to meet the standards of competence (whether in knowledge and skills or the application of knowledge and skills or both) that can be reasonably be expected of medical practitioners practicing medicine of the kind practiced by the practitioner.”
- Section 2 of the Medical Practitioners Act 2007 defines **Relevant Medical Disability** as "a physical or mental disability of the practitioner (including addiction to drugs or alcohol) which may impair the practitioner's ability to practice medicine or a particular aspect thereof."

Reference Material

ⁱ [*Standards for Training and Experience required for the granting of a Certificate of Experience to an Intern*](#)

ⁱⁱ [*Guidelines on Medical Education and Training for Interns*](#)

ⁱⁱⁱ [*HSE Employee Handbook*](#)

^{iv} [*Disciplinary Procedures for the Employees of the Health Service Executive, January 2007;*](#)

^v [*NHS Education for Scotland \(NES\) "Postgraduate Medical Education in Scotland: Management of Trainee Doctors in Difficulty"*](#)

^{vi} *School of Postgraduate Education - Wales Deanery "Performance Unit for Trainees"*

Approved by the Medical Council
30th May 2012