Report on the inspection of clinical training sites in the Children's Hospital Group

2018

Comhairle na nDochtúirí Leighis
Medical Council

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The Medical Council is the regulatory body for doctors. It has a statutory role in protecting the public by promoting the highest professional standards amongst doctors practising in the Republic of Ireland.

The Council has a majority of non-medical members. The 25-member Council consists of 13 non-medical members and 12 medical members. The Council receives no State funding and is funded primarily by doctors' registration fees.

The Medical Council maintains the Register of Medical Practitioners - the Register of all doctors who are legally permitted to carry out medical work in Ireland. The Council also sets the standards for medical education and training in Ireland. It oversees lifelong learning and skills development throughout doctors' professional careers through its professional competence requirements. It is charged with promoting good medical practice. The Medical Council is also where the public may make a complaint against a doctor.

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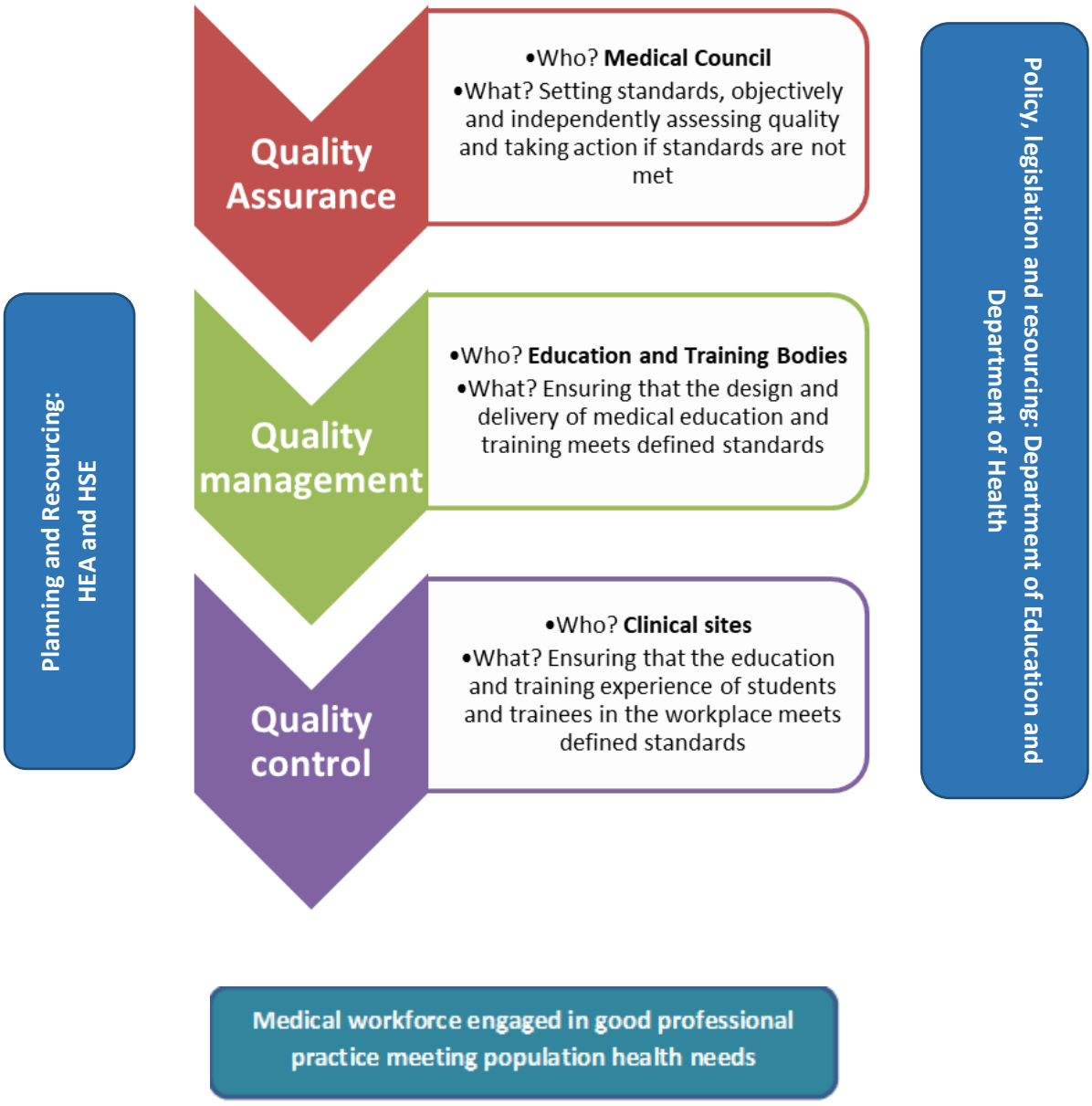
Executive Summary

Ensuring the quality of medical education and training in Ireland is a collaborative effort between the various bodies responsible for quality assurance, quality management and quality control:



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

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

training bodies which deliver those programmes. Included in the Medical Council's responsibilities for quality assuring medical education and training, is the inspection of places with approved posts for intern and specialist training. The aim of these inspections is to monitor compliance with Council's standards and guidelines for training and experience.

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

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

In 2016, the Medical Council decided to adopt a regional approach to clinical training site inspections, based on the regions associated with each HSE Hospital Group. The schedule was designed based on the 2014 and 2015 *Your Training Counts* scores from clinical training sites within each Hospital Group, combined with how soon a Hospital Group's academic partner required an accreditation of the undergraduate training programme. For the Children's Hospital Group, inspection visits were planned in accordance with logistical arrangements for inspection activity for another Hospital Group, with clinical training sites in the same geographical region.

There are three clinical training sites in the Children's Hospital Group:

- National Children's Hospital Tallaght
- Temple Street Children's University Hospital
- Our Lady's Children's Hospital Crumlin

The above sites were inspected between 22 November – 6 December 2018. The visiting Assessor Teams comprised of Council members, Council Executives 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 clinical training site inspection visit, including details of the visiting Assessor Teams, are attached as Appendix One.

Compliance with the Medical Council's *'Standards for Training and experience required for the granting of a certificate of experience to an intern'* ('intern training standards' - see Appendix Two and Three for intern training standards and accompanying guidelines) and Medical Council *'Criteria for the evaluation of training sites which support the delivery of specialist training'* ('specialist training standards' - see Appendix Four) was assessed at each site where intern and/or specialist training is provided.

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

Assessor Teams met with site management and trainers at each clinical training site and interviewed interns and Non-Consultant Hospital Doctors (NCHD's) participating in programmes of specialist training.

All clinical training sites visited in the Children's Hospital Group were found to be either partially or fully complying with the Medical Council's intern and/or specialist training standards. On that basis, the Teams recommended that all three sites continue to provide intern and/or 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 will be requested to develop an Action and Implementation Plan to address these recommendations and report back to the Medical Council with the proposed Plan within three months of the issue date of the final Inspection Report.

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Overview of compliance ratings for the Children's Hospital Group

Levels of compliance

Compliance ratings are determined based on each Assessor Teams appraisal of evidence provided for each standard. Documentary evidence considered included, self-evaluation submissions from each site prior to inspection, documentation provided on the day of inspection, and evidence obtained through meetings on the day of inspection, with management, interns, trainees and trainers.

The compliance ratings are:

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

Intern training

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

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

The table presented below compares compliance ratings across the two intern training sites against the seven intern training standards:

Table 1: Comparison of compliance ratings across intern training sites in the Children's Hospital Group

Intern Training Standard	National Children's Hospital Tallaght	Temple Street Children's University Hospital
1. Rotations	Full compliance	Full compliance
2. Accreditation	Full compliance	Full compliance
3. Content of training	Full compliance	Full compliance
4. Supervision	Full compliance	Full compliance
5. Assessment	Full compliance	Full compliance
6. Professionalism	Full compliance	Partial compliance
7. Resources	Partial compliance	Full compliance

Two out of the three clinical training sites within the Children's Hospital Group have interns. Overall, compliance with intern training standards is 86% full compliance (for six out of seven standards at

each of the two sites) and 14% partial compliance (for one out of seven standards at each of the two sites). There was no evidence of non-compliance with intern training standards across the two sites.

Specialist training

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

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

The table presented below compares compliance ratings across the three training sites against the 18 specialist training standards:

Table 2: Comparison of compliance ratings across specialist training sites in the Children's Hospital Group

Specialist Training Standard	National Children's Hospital Tallaght	Temple Street Children's University Hospital	Our Lady's Children's Hospital Crumlin
A. Clarity of educational governance arrangements	Partial compliance	Partial compliance	Partial compliance
B. Clarity of clinical governance arrangements	Full compliance	Full compliance	Full compliance
C. Accountability	Full compliance	Full compliance	Partial compliance
D. Induction arrangements for trainees	Partial compliance	Partial compliance	Partial compliance
E. Clear supervisory arrangements for trainees	Full compliance	Full compliance	Full compliance
F. Opportunities for training through clinical practice for …	Full compliance	Full compliance	Partial compliance
G. Access to formal and informal education and training for …	Partial compliance	Partial compliance	Partial compliance
H. Opportunities for trainers to train through protected …	Partial compliance	Partial compliance	Partial compliance
I. Access to resources which support directed and …	Partial compliance	Partial compliance	Partial compliance
J. Access to pastoral and health supports for trainees	Partial compliance	Full compliance	Full compliance
K. Access to resources to maintain close contact with parent …	Full compliance	Full compliance	Full compliance
L. Promotion of Medical Council guidance on professionalism …	Full compliance	Partial compliance	Full compliance
M. Safe working environment	Partial compliance	Partial compliance	Partial compliance
N. Specialty-specific supports	Partial compliance	Full compliance	Partial compliance
O. Participation in on-call duty rota	Full compliance	Full compliance	Partial compliance
P. Support for assessment of trainees	Full compliance	Full compliance	Full compliance
Q. Opportunities for multi-disciplinary teamwork	Full compliance	Full compliance	Full compliance
R. Opportunities for trainees to provide feedback to the …	Full compliance	Full compliance	Partial compliance

All three clinical training sites within the Children's Hospital Group have trainees participating in programmes of specialist training. Overall, compliance with specialist training standards is 52% full compliance and 48% partial compliance. There was no evidence of non-compliance with specialist training standards across the three sites.

There is consistency with the majority of compliance ratings across the three clinical training sites facilitating specialist training. Full compliance with the following standards was found across the three sites:

- B. Clarity of clinical governance arrangements
- E. Clear supervisory arrangements for trainees
- K. Access to resources to maintain close contact with parent training bodies
- P. Support for assessment of trainees
- Q. Opportunities for multi-disciplinary teamwork

Partial compliance with the following standards was found across the three sites:

- A. Clarity of educational governance arrangements
- D. Induction arrangements for trainees
- G. Access to formal and informal education and training for trainees
- H. Opportunities for trainers to train through protected training time
- I. Access to resources which support directed and self-directed learning
- M. Safe working environment

Preface

Context of the Inspection Visit

The Medical Council Assessor Teams inspected clinical training sites within the Children's Hospital Group (CHG) between 22 November – 6 December 2018. The remit was to assess the levels of compliance with the following standards:

- 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 and Training Committee (ETC), based on their findings.

The Teams

The Council is appreciative of the contribution of each Assessor Team. Council members involved in the inspections included, Mr John Murray, Dr Tom Crotty and Ms Vicky Blomfield. The Council wishes to express particular gratitude to the Assessors who generously gave their time and expertise to facilitate the inspection process, namely; Dr Ailís Ní Riain, Professor Alan Johnson, Dr Barry Lewis, Ms Katharine Bulbulia, Ms Lesley Costello and Dr Shree Datta.

The Medical Council also thanks the representatives from the Children's Hospital Group for their engagement, co-operation and accommodation during the visit.

Documentation

As part of the process, Hospital Group representatives were asked to complete and document a self-evaluation process based on the Medical Council's intern and specialist training standards. This documentation was reviewed by the Teams in advance of each visit.

Children's Health Ireland – the Children's Hospital Group

The Children's Hospital Group is one of seven HSE Hospital Groups and comprises three hospitals. The following intern, trainee and trainer numbers for the Group were provided to the Medical Council in advance of the inspection visits:

- National Children's Hospital Tallaght (NCHT)

  (1 intern, 19 trainees and 11 trainers)
- Temple Street Children's University Hospital (TSCUH)

  (2 interns, 92 trainees and 102 trainers)
- Our Lady's Children's Hospital Crumlin (OLCHC)

(0 interns, 80 trainees and 55 trainers)

All medical schools in the State are described as the academic partners of the Hospital Group.

Inspection

The inspection visits included a private meeting of the Medical Council Assessor Team and in-depth discussions between the Team and clinical training site management, trainers, interns and NCHDs participating in programmes of specialist training. The purpose of these meetings was to assist the Teams in assessing how each clinical training site inspected is complying with the Medical Council's education and training standards.

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 inspections. Assessor Team findings based on documentation and meetings onsite led to the evidence described under each standard in the Report. Levels of compliance were then determined based on the evidence provided, along with recommendations and commendations where required.

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Conclusion

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

1. National Children's Hospital Tallaght should continue to provide medical education and training to interns. This recommendation is made on the grounds that the visiting Medical Council Team found that the site is adhering to the majority of the rules, criteria, guidelines and standards approved by Council as specified in Sections 88(3)(b) and 88(3)(d), of the Medical Practitioners Act 2007.

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

3. Temple Street Children's University Hospital should continue to provide medical education and training to interns. This recommendation is made on the grounds that the visiting Medical Council Team found that the site is adhering to the majority of the rules, criteria, guidelines and standards approved by Council as specified in Sections 88(3)(b) and 88(3)(d), of the Medical Practitioners Act 2007.

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

5. Our Lady's Children's Hospital Crumlin should continue to provide specialist medical education and training. This recommendation is made on the grounds that the visiting Medical Council Team found that the site is adhering to the majority of the rules, criteria, guidelines and standards approved by Council as specified in Sections 88(4)(b) and 88(4)(d), of the Medical Practitioners Act 2007.

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

In addition to the above recommendations, specific recommendations for the improvements required at each clinical training site are presented below. The following recommendations have been made under the terms of Section 88(3)(f) in relation to medical education and training for interns and Section 88(4)(f) of the Medical Practitioners Act 2007, in relation to specialist medical education and training.

National Children's Hospital Tallaght (NCHT)

Intern Training

The visiting Assessor Team identified the following levels 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								1
FC								6

The following recommendations and commendations have been made for NCHT as an intern training site.

Recommendations

1. A review of the on-call staffing levels should be completed to ensure that interns are not diverted from new learning opportunities due to their engagement in basic clinical tasks.
2. Interns should be encouraged to attend/observe handover where possible.
3. Interns would benefit from clear communication of the competencies they are expected to achieve and how they will be assessed on such throughout the intern programme.
4. Continue to monitor staffing levels to ensure that they are appropriate to workload and the provision of a training environment and escalate requirements through the appropriate channels. Particular attention should be paid to the work pressures on interns which may prevent attendance at teaching sessions.
5. Review Wi-Fi and computer access to ensure that there are no impediments to day-to-day activities and learning opportunities at the site.

Commendations

1. Interns had high praise for the supports provided by the intern support staff at the site.

Specialist Training

The visiting Assessor Team identified the following levels 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																			8
FC																			10

The following recommendations and commendations have been made for NCHT as a specialist training site.

Recommendations

1. There should be transparent arrangements between the clinical site and the postgraduate training bodies, clarifying the responsibilities and expectations of each party, in facilitating the delivery of specialist training.
2. The weekend handover process should be reviewed to ensure that all staff that are required to be present attend.
3. Monitor the implementation of induction for trainees commencing outside of the traditional rotation months and act to ensure that all trainees are suitably inducted to the site.
4. Clinical commitments should be managed accordingly to ensure trainee attendance at specialty-specific induction.
5. As a clinical training site, NCHT should ensure that trainees can avail of education and training opportunities as required.
6. Protected teaching time for trainers should be provided for at the clinical training site in line with Consultant contract requirements and to ensure compliance with this standard (standard H).
7. Review computer access for both directed and self-directed learning opportunities to ensure the level of access is appropriate to the number of trainees at the site.
8. Ensure that trainees are made aware of the occupational health supports available to them at the site.
9. Ensure that trainees are made aware of the mental health supports available to them at the site.
10. The clinical site should continue to make every effort to ensure compliance with the European Working Time Directive (EWTD).

11. Review the service to training ratio at the site to ensure that trainees can avail of postgraduate training body requirements.

Commendations

1. The site is commended for the supports available to address the specific learning needs of trainees.
2. Trainers should be commended for their commitment to provide education and training.
3. The Team was impressed by the culture of collegial multi-disciplinary teamwork.
4. The Team commend the Hospital Group for the involvement of trainees in the planning for the new children's hospital.

Temple Street Children's University Hospital (TSCUH)

Intern Training

The visiting Assessor Team identified the following levels 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								1
FC								6

The following recommendations and commendations have been made for TSCUH as an intern training site.

Recommendations

1. Attendance at the pre-arranged education and training sessions should be monitored formally to confirm attendance in line with intern training requirements.
2. As a site facilitating intern training, there should be active promotion of the Medical Council's Guide to Professional Conduct for Ethics and Registered Medical Practitioners.

Commendations

1. The Team commends TSCUH for their commitment to promoting multi-disciplinary learning.
2. The Team was impressed by the culture of collegiality and support available to interns at the site.
3. The Team commends the site for the self-care supports available to interns.
4. The range of counselling, advice and pastoral supports available to interns.

Specialist Training

The visiting Assessor Team identified the following levels 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																			7
FC																			11

The following recommendations and commendations have been made for TSCUH as a specialist training site.

Recommendations

1. The lines of accountability for the learning environment should be clearly set out in the TSCUH organisational structures.
2. Formally define the respective roles and responsibilities in delivering specialist training between the site and the postgraduate training bodies.
3. TSCUH should proactively seek reports from all inspections by the postgraduate training bodies.
4. The site should assign overall responsibility for implementing all postgraduate training body recommendations to a named individual. This information should be clearly set out and formally documented as part of the governance structures at the site.
5. Develop and implement an induction policy to govern the induction process (including managing attendance) at the site.
6. Review the staffing levels available at night and weekends to ensure the relevant supports are in place in relation to the transfer of tasks for all staff at the site.
7. Review team rotas to ensure they are appropriately staffed to ensure that trainees can avail of education and training opportunities.
8. Review the implementation of the site's bleep policy to ensure that education and training activities are protected.
9. Trainers should be facilitated to train and develop as trainers, through protected training time.
10. The consistency in the access to Wi-Fi across the site should be reviewed and improved where possible.
11. The Team recommends that the site actively promotes the Medical Council's Ethical Guide.

12. Develop a clear pathway for referral of concerns to the Medical Council.
13. Continue efforts to ensure compliance with the EWTD.
14. The Team recommends that the appointment of the additional Registrars be expedited.

Commendations

1. The NCHD Committee for its active engagement with management.
2. The formal handover processes in place at the site.
3. The trainers for their enthusiastic commitment to the supervision of their trainees.
4. The Team was impressed with the commitment to and the range of education and training opportunities available at the site.
5. The trainers for their strong commitment to provide education and training.
6. The Team was impressed by the active commitment of the site to provide a comprehensive range of pastoral and health supports.
7. The clinical training site for the learning opportunities being provided through multi-disciplinary teamwork.

Our Lady's Children's Hospital Crumlin (OLCHC)

Specialist Training

The visiting Assessor Team identified the following levels 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																			11
FC																			7

The following recommendations and commendations have been made for OLCHC as a specialist training site.

Recommendations

1. The lines of accountability for medical education and training at the site should be formalised, clearly documented and communicated to maintain institutional oversight of the learning environment.
2. Formalise and document the relationship between the site and the postgraduate training bodies, clearly outlining the expectations and responsibilities of each party in the delivery of specialist training.
3. Actively pursue the appointment of an Educational Lead for the site.
4. Finalise and implement the induction policy currently in development.
5. Review the implementation of the transfer of tasks on medical wards to ensure consistent application across the site.
6. Review the workload and rota system for medical trainees to improve their access to education and training opportunities.
7. Review trainer work schedules to ensure protected teaching time is provided for within contracted hours.
8. Review the consistency of access to Wi-Fi across the site and the availability of access to Wi-Fi in the residence.

9. The Team encourages the provision of a large teaching space e.g. for grand rounds, to accommodate the large number of trainees at the site. The Team recommends that the site engages with the relevant bodies to endeavour to source access to such space.
10. Continue efforts to ensure compliance with the EWTD where required.
11. Collate inspection reports from the postgraduate training bodies and the associated action plans in response to these.
12. Review the staffing levels in line with the volume of on-call activity at the site to ensure that appropriate staffing levels are in place during the on-call period.
13. Formalise the role and reporting lines of the NCHD Committee and NCHD Lead.
14. As a clinical training site, OLCHC should actively seek feedback from all trainees regarding the quality of the learning environment and proactively respond to trainee feedback.

Commendations

1. Consultants for their enthusiastic commitment to the supervision of their trainees.
2. The Team was impressed with the range of education and training opportunities at the site.
3. The trainers for their strong commitment to provide education and training.
4. Library staff for the support they provide to trainees.
5. The Team was impressed by the supports available to trainees in managing adverse events.
6. The range of learning opportunities being provided through multi-disciplinary teamwork and multi-professional interactions.

Next steps

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

(a) share the Action and Implementation Plan with the Health Service Executive, Intern Training Networks, the Forum of Irish Postgraduate Medical 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 the Report.

It is recommended that the Hospital Group publishes this Inspection Report and subsequent Action and Implementation Plan on the Hospital Group website.

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Evaluation of compliance with Medical Council Standards

Inspection reports

Individual inspection reports prepared by each Assessor Team post-visit are presented below.

Documentary evidence considered included, self-evaluation submissions from each site prior to inspection, documentation provided on the day of inspection, and evidence obtained through meetings on the day of inspection, with management, interns, trainees and trainers. Appendix five details an overview of documentary evidence provided by each site as supporting evidence of compliance with each standard.

Evaluation of Compliance with Medical Council Standards

Compliance level rating

Level of compliance with each Standard:

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

Clinical training site:
National Children's Hospital Tallaght (NCHT)

Compliance with Intern Training Standards (NCHT and Tallaght University Hospital)

1. Rotations
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.

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

The Assessor Team (The Team) welcomed the opportunity to meet with 12 of 42 interns training at TUH (incorporating the NCHT).

The Team were provided with a copy of the intern rotations list and were satisfied that the rotations both planned and in progress comply with the requirements of this Standard.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

2. 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.

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

TUH is affiliated with the Dublin South East (DSE) Intern Training Network and with Trinity College Dublin (TCD) School of Medicine. Documentation provided to the Team included staff lists and organisational charts from these respective bodies.

The Team met with representatives from the DSE Intern Network, including the Director of Internship and the Intern Tutor and Intern support staff who oversee the content and assessment of the intern training programme being delivered at the site.

The Team met with interns who had completed their undergraduate and / or graduate entry medical education in TCD and University College Dublin.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

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:

i. 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
ii. 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
iii. Regular opportunities for the intern to exercise responsibility and clinical decision-making appropriate to their growing competency, skills, knowledge and experience
iv. Regular opportunities for the intern to work as an integral part of a team composed of a variety of disciplinary backgrounds
v. Regular, pre-arranged/scheduled formal education and training sessions
vi. 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

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

i. The Team had sight of the two-week induction programme undertaken by interns prior to taking part in clinical practice at the site. Interns said that they would have appreciated a longer period of structured shadowing as part of their induction, to facilitate becoming familiar with site. Documentary evidence included the formal teaching schedule, clinical skills training schedules for during induction and employment, and details of the research mini skills boot camp.

ii. From discussion with the interns, the Team was satisfied that interns are participating in clinical practice at an appropriate level for internship. Interns noted that their involvement in basic clinical tasks increased during the on-call period due to inconsistent staffing levels in areas such as phlebotomy. However, the Team heard how some interns considered this to be a positive aspect to their training experience, describing training opportunities in basic clinical tasks such as inserting cannulas and taking bloods, as generally declining in medical school.

iii. The Team heard clear examples from the interns of opportunities to exercise their responsibility, and clinical decision-making, appropriate to their competency level. Interns at the site are often the first point of contact for patients at the site.

iv. Interns described informal opportunities for multi-disciplinary team working but noted that they do not always get to attend the formal meetings due to service pressure demands at the site. There was no evidence of intern engagement in the formal clinical handover process, but some interns described regular ward-based, peer to peer handover with other interns, although this was not a formal system.

v. The Team had sight of the intern teaching schedule, which indicated regular formal and protected (bleep-free) education and training sessions.

vi. The content of the training was found to be consistent with the Medical Council's eight domains of good professional practice as outlined in the site's self-evaluation submission, and also in the formal teaching schedule provided to the Team.

Compliance

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

Recommendation (s)

1. A review of the on-call staffing levels should be completed to ensure that interns are not diverted from new learning opportunities due to their engagement in basic clinical tasks.

2. Interns should be encouraged to attend/observe handover where possible.

Commendation (s)

No commendations made.

Level of compliance: FC

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.

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

The Team had sight of the list of intern posts in the DSE Intern Training Network which detailed the designated trainer for each post. Interns described feeling appropriately supervised and able to access senior colleagues for assistance where required.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

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.

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

Feedback outside of the formal end of rotation assessment was described by interns as limited and informal. Interns reported how they would like to receive more feedback on their performance and how this relates to the specific requirements of the intern year.

In the meeting with intern training representatives, the Team were advised of formal one-to-one assessment taking place between weeks six and fourteen of the intern training programme, and of continuous monitoring to ensure compliance with rotation requirements. Examples of intern assessment forms were provided to the Team.

Compliance

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

Recommendation (s)

1. Interns would benefit from clear communication of the competencies they are expected to achieve and how they will be assessed on such throughout the intern programme.

Commendation (s)

No commendations made.

Level of compliance: FC

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.

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

It was noted in the site's self-evaluation that the Medical Council's Guide to Professional Conduct and Ethics for Registered Medical Practitioners, is provided to interns during induction and that there is ongoing professionalism training for interns taking place at six-eight weekly intervals. Professionalism was described by interns as being taught informally from the examples set by senior colleagues.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

7. Resources

The training site must have:

i. 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
ii. 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
iii. An appropriate number of interns 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
iv. 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
v. The intern must have access to appropriate advice and counselling should it be required

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

i. The nature of services delivered at the site provides interns with access to a sufficient number of patients and a broad case-mix. The site was described by management as exemplary for intern training in that interns rotate through atypical specialities at TUH.

ii. There is a library on-site but access to the library was described by interns as limited due to restricted opening hours. There is online access to medical journals and databases but generally Wi-Fi access was described as slow and computers on the wards were described as low in number and in need of upgrading.

iii. The Team heard how interns struggled to balance attending formal training with clinical commitments during standard working hours. This issue indicates a need for additional resources to support clinical demands at the sites, as well as to manage the service to training balance for interns.

iv. Interns confirmed that due to the positive environment and 'horizontal hierarchy' at the training site they would feel comfortable raising issues with senior colleagues if the need arose. Interns described the escalation process for such issues but noted that incident report forms are typically completed by Nurses rather than interns.

v. Interns have access to on-site occupational health services and noted the site's intern support personnel as the immediate 'go-to' persons should they have an issue or require advice.

Compliance

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

Recommendation (s)

1. Continue to monitor staffing levels to ensure that they are appropriate to workload and the provision of a training environment and escalate requirements through the appropriate channels. Particular attention should be paid to the work pressures on interns which may prevent attendance at teaching sessions.

2. Review Wi-Fi and computer access to ensure that there are no impediments to day-to-day activities and learning opportunities at the site.

Commendation (s)

1. Interns had high praise for the supports provided by the intern support staff at the site.

Level of compliance: PC

Compliance with Specialist Training Standards – NCHT

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

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

i. & ii. The Team had sight of the sites' organisational chart. Lines of accountability are via a directorate model and educational governance matters are reported via the Non-Consultant Hospital Doctor (NCHD) Leads at the monthly Executive Management meetings, who in turn report to the CEO and Board of Directors. The Team were advised of an NCHD Committee and were also provided with minutes from the Postgraduate Centre Steering Group which has oversight of postgraduate professional development at NCHT/TUH. Trainees also attend the monthly Paediatric Medical Advisory Committee (PMAC) meetings where ideas and concerns around education and training can be raised.

iii. There was a lack of clarity with regard to the formal arrangements between the postgraduate training bodies and the site. The Team were advised in the meeting with management that there is a Memorandum of Understanding between the site and the postgraduate training bodies however evidence of this was not provided to the Team.

Compliance

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

Recommendation (s)

1. There should be transparent arrangements between the clinical site and the postgraduate training bodies, clarifying the responsibilities and expectations of each party, in facilitating the delivery of specialist training.

Commendation (s)

No commendations made.

Level of compliance: PC

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

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

i. The Team had the opportunity to meet with seven of the 19 trainees (in specialist training programmes) at NCHT. Trainees are made aware of their responsibilities and reporting lines via their trainers, and the Paediatric Clinical Director also meets with trainees during induction.

ii. The Team were provided with the site's Incidents and Near Miss Management Policy and a template incident and near miss reporting form. Trainees described their awareness of the process for reporting critical incidents at the site and how they can speak with their trainer and go through the debrief process as part of the supports in place for managing clinical incidents.

iii. Trainers described how handover is standardised across the three children's hospitals in Ireland and the Team had sight of the handover documentation. Trainees described the process of handover at the site and noted that the weekend handover could be improved to ensure that all staff required for handover are present.

Compliance

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

Recommendation (s)

1. The weekend handover process should be reviewed to ensure that all staff that are required to be present attend.

Commendation (s)

No commendations made.

Level of compliance: FC

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

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

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

i. The Team met with the site's Educational Lead who is the accountable person for ensuring compliance with the Medical Council's requirements for training sites.

ii. During the meeting with management, the Team heard that the site's Deputy CEO attends inspection visits conducted by the postgraduate training bodies. Reports on these visits are fed back to the site's Executive Management Team for action.

iii. The Team met with the management representatives responsible for ensuring that the site communicates effectively with the HSE's education and training function as required.

iv. Trainers described how there is trainee involvement in the planning for the new children's hospital for the requirements of education and training at the new site.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

D. Induction arrangements for Trainees

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

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

i. The Team were provided with a copy of the site's Corporate Induction Policy and the 2018 NCHD July Induction programme.

ii. Attendance records are kept monitoring participation in the site's induction programme, and examples of attendance records were provided to the Team. Challenges around providing induction outside of the traditional start times of January and July were noted in the site's self-evaluation submission and that efforts are currently underway to try and address this. GP trainees noted how they were yet to receive formal induction after being at the site for a number of weeks. It was noted in the site's self-evaluation submission that a supplementary set of lectures had been added for the induction for GP Trainees to facilitate joining the site outside of the traditional start times. Trainees said how induction prior to commencing work at the site would better facilitate transition to a new site.

iii. Site-specific health and safety sessions feature in both the corporate induction and NCHD induction provided at NCHT.

iv. The site's self-evaluation detailed speciality-specific induction for the Paediatric specialities and the Team had sight of the induction programme for Paediatric Emergency Medicine. Trainees working in the Emergency Department completed induction over two-three weekends prior to starting at the site. Some of the trainees commencing outside of the January and July changeover reported difficulties in obtaining appropriate passcodes, swipe cards, etc. despite completing the pre-employment pack in advance of starting at the site. The Team heard how some trainees were not able to attend specialty-specific induction sessions due to clinical commitments.

v. All relevant national and local policies are made known to trainees as part of their induction to the site and also in their relevant department and are available centrally on the Q-Pulse system.

vi. As indicated in the site's self-evaluation submission, the Team noted that NCHT utilise the National Employment Record system to eliminate any duplication of employment-related documentation.

Compliance

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

Recommendation(s)

1. Monitor the implementation of induction for trainees commencing outside of the traditional rotation months and act to ensure that all trainees are suitably inducted to the site.

2. Clinical commitments should be managed accordingly to ensure trainee attendance at specialty-specific induction.

Commendation (s)

No commendations made.

Level of compliance: PC

E. Clear supervisory arrangements for Trainees

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

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

i. The site's self-evaluation submission listed 19 trainees and 11 trainers (as approved by the postgraduate training bodies). Paediatrics was described to the Team as a Consultant-led service and trainees and trainers described appropriate levels of supervision.

ii. Trainees are aware of their clinical supervisor but noted that they are often reporting to multiple Consultants (trainees noted a higher number of Consultants to NCHDs) which reportedly leads to an increased workload for trainees.

iii. & iv. Trainers meet with trainees at the start of each rotation to set out individual training needs. Logbook sign offs take place every six to eight weeks and there is a mid-term performance review for trainees working in the Emergency Department. The Team heard an example of how training and supervision has been tailored at the site, in accordance with individual needs. Trainers described how a trainee was taken off call and provided with additional clinical skills training and shadowing opportunities, which were followed by an audit of ward round activity, to facilitate individual training needs.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

1. The site is commended for the supports available to address the specific learning needs of trainees.

Level of compliance: FC

F. Opportunities for training through clinical practice for Trainees

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

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

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

i. & ii. Trainees described their participation in clinical practice as being appropriate to their level of training and competence. The day-to-day service provision at the site provides hands-on training through clinical practice and the Team had sight of the postgraduate education programme for NCHT, which details where to access guidelines and procedures for clinical practice.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

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

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

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

i. – iii. Teaching opportunities are outlined in the postgraduate education programme and the Team heard that trainers are supportive of trainee attendance at education and training opportunities. Documentary evidence also included details of requests for additional staff cover to facilitate attendance at Specialist Registrar (SpR) study days. However, some trainees described difficulties attending formal training due to service pressure demands.

Compliance

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

Recommendation (s)

1. As a clinical training site, NCHT should ensure that trainees can avail of education and training opportunities as required.

Commendation (s)

No commendations made.

Level of compliance: PC

H. Opportunities for trainers to train through protected training time

i. The role of trainers will be reflected in individual trainer work schedules and through protected training time
ii. Trainers will be supported and encouraged at a local level in recognition of their significant role in specialist training
iii. Trainers will be facilitated at a local level to participate in activities intended to support and develop them in their role as trainers

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

i. & ii. The Team had the opportunity to meet with six of the 11 trainers at NCHT. Documentary evidence included a copy of the 2014 Consultant's Contract and an example work practice plan indicating trainers training commitments. Trainers described accessing protected training time as sometimes being difficult based on the staff ratio but that they do make the time for education as part of their Consultant role.

iii. The Team heard of trainer involvement in completing a leadership diploma, where attendance is facilitated by the site. Trainers noted that it is often difficult to avail of leave to attend the trainer development activities prescribed by their respective training body.

Compliance

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

Recommendation (s)

1. Protected teaching time for trainers should be provided for at the clinical training site in line with Consultant contract requirements and to ensure compliance with this Standard.

Commendation (s)

1. Trainers should be commended for their commitment to provide education and training.

Level of compliance: PC

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

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

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

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

i. & ii. The Team visited the educational facilities including; tutorial rooms, dedicated SpR rooms, the lecture theatre, the health and safety training room, and the simulation facilities. There is a library on-site and online access to UpToDate, journals, and other online resources. The Team observed the computer space in the residence, library and on the wards, which appeared limited based on the number of individuals accessing such. Trainees described a limited number of computers available on the wards and how they had raised this issue with management and are awaiting a response.

Compliance

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

Recommendation (s)

1. Review computer access for both directed and self-directed learning opportunities to ensure the level of access is appropriate to the number of trainees at the site.

Commendation (s)

No commendations made.

Level of compliance: PC

J. Access to pastoral and health supports for Trainees

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

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

i. & ii. Occupational health services are available on-site and there is access to an Employee Assistance Programme, Practitioner Health Matters and lunch-time wellbeing talks. Trainees were not aware of the full range of services available to them apart from accessing occupational health for the flu vaccination service. Schwartz Rounds have also been introduced at the site as part of training in dealing with adverse events. Trainees were not aware of the mental health supports available to them at the site, and reference was made to accessing the postgraduate training body for such supports if required.

iii. In the meeting with trainers, the Team heard of adjustments being made to support the mobility access requirements of trainees, and also how locum supports had been utilised in the past to support trainee needs. The Team were provided with the site's Employment, Equality and Diversity Human Resources Policy.

Compliance

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

Recommendation (s

1. Ensure that trainees are made aware of the occupational health supports available to them at the site.

2. Ensure that trainees are made aware of the mental health supports available to them at the site.

Commendation (s)

No commendations made.

Level of compliance: PC

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

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

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

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

i. & ii. Trainees have access to Wi-Fi throughout the campus thereby facilitating online contact with training bodies and trainers are the onsite training body representatives.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

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

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

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

i. Professionalism is taught formally and informally at NCHT. Formal teaching includes an ethics presentation every six months and ethics is also a standing item on the agenda for the monthly PMAC meetings. There is also formal teaching on working with families and patients. Trainees described informal teaching of professionalism, learning from the examples set by their trainers. Trainees described how they would like to receive more training on communication skills and emotional intelligence. The Team were informed that the Medical Council's 'Ethical Guide' is promoted at induction and is also available of the site's website.

ii. The Team heard how the 'horizontal hierarchy' at the site promotes good professional practice, with trainees feeling comfortable discussing concerns with colleagues. The Team also heard examples of good professional practice such as those set by senior colleagues.

iii. Trainees described how they would address an instance of unprofessional behaviour by using the site's reporting policy or raising the issue with their trainer.

iv. Management advised the Team of the process for addressing instances of unprofessionalism at the site and provided documentary evidence of a referral pathway to the Medical Council.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

M. Safe working environment

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

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

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

i. & ii. There is a dedicated Quality, Safety and Risk Management Directorate with oversight of site safety and the Team were provided with directorate performance reports, identifying risk management items and compliance levels with the European Working Time Directive (EWTD). The Team noted that compliance with the EWTD was not 100%.

Compliance

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

Recommendation (s)

1. The clinical site should continue to make every effort to ensure compliance with the EWTD.

Commendation (s)

No commendations made.

Level of compliance: PC

N. Specialty-specific supports

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

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

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

i. & ii. Trainees described not being able to access the required training/study days as required by their postgraduate training bodies due to low staffing levels and the volume of clinical workload at the site. Trainers acknowledged that trainees are not always able to avail of formal education and training opportunities due to the clinical workload. Example correspondence demonstrating dialogue between the site and one of the postgraduate training bodies in ensuring specialty-specific supports was provided to the Team.

Compliance

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

Recommendation (s)

1. Review the service to training ratio at the site to ensure that trainees can avail of postgraduate training body requirements.

Commendation (s)

No commendations made.

Level of compliance: PC

O. Participation in on-call duty rota

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

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

i. - iii. An example call rota was provided to the Team. Trainees described appropriate levels of supervision on-call and appropriate post-call leave arrangements were also noted.

iv. The Team reviewed the on-call accommodation facilities based on-site, which has designated swipe access only.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

P. Support for assessment of Trainees

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

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

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

i. & ii. Learning objectives are set out with trainees at the start of each rotation and there are logbook sign-offs that take place every six to eight weeks. Additional mentoring opportunities are offered to trainees who require additional supports in meeting their course requirements.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

Q. Opportunities for multi-disciplinary teamwork

i. There will be local encouragement and promotion of multi-disciplinary teamwork

ii. There will be opportunities for trainees to benefit from interaction and collaboration with clinical colleagues across the healthcare delivery spectrum

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

i. & ii. Examples of opportunities for multi-disciplinary teamwork were provided as part of the site's self-evaluation submission. The Team heard further examples during the trainee and trainer meetings including Morbidity and Mortality meetings and the allergy testing sessions, as well as the multi-disciplinary 'huddle' that takes place each morning, where teams are updated on staffing, patient cases etc.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

1. The Team was impressed by the culture of collegial multi-disciplinary teamwork.

Level of compliance: FC

R. Opportunities for Trainees to provide feedback to employing authority

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

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

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

i. & ii. Trainees have the opportunity to share ideas or concerns with Consultants at the monthly PMAC meetings. There is a meeting with all trainees and the Paediatric Clinical Director each month and there is also an NCHD Committee where trainees can provide feedback on their training experience. In the trainer meeting, the Team were also advised of trainee involvement in the planning for the new children's hospital.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

1. The Team commend the hospital group for the involvement of trainees in the planning for the new children's hospital.

Level of compliance: FC

Evaluation of Compliance with Medical Council Standards

Compliance level rating

Level of compliance with each Standard:

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

Clinical training site:
Temple Street Children's University Hospital (TSCUH)

Compliance with Intern Training Standards

1. Rotations
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.

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

The Assessor Team (The Team) welcomed the opportunity to meet with the two interns at TSCUH as well an outgoing intern who had previously completed part of their internship at the site.

An intern rotation list was provided to the Team from the University College Dublin (UCD) Intern Training Network which detailed compliance with the standard rotation requirements for the intern year. No documentary evidence was supplied to the Team from the Royal College of Surgeons in Ireland (RCSI) Intern Training Network; however, the Team were informed of the

rotation structure for this Network during the meeting with the training supervisor for the Network, based at the site.

Compliance

The clinical training site's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the site is fully complying with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

2. 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.

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

TSCUH is affiliated with the UCD and RCSI Intern Training Networks.

The Team met with both the UCD Intern Training Coordinator and Facilitator who have oversight for intern training within that Network. There was no opportunity to meet representatives from the RCSI Intern Training Network. However, the Team did meet with training supervisors involved in providing training to interns from the RCSI Intern Training Network.

The UCD Intern Training Network organisational chart and national intern training agreement were provided to the Team as documentary evidence of compliance with this Standard.

The Team met with interns who had completed their undergraduate medical education in UCD, RCSI and the National University of Ireland, Galway.

Compliance

The clinical training site's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the site is fully complying with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

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:

i. 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
ii. 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
iii. Regular opportunities for the intern to exercise responsibility and clinical decision-making appropriate to their growing competency, skills, knowledge and experience
iv. Regular opportunities for the intern to work as an integral part of a team composed of a variety of disciplinary backgrounds
v. Regular, pre-arranged/scheduled formal education and training sessions
vi. 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

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

i. A copy of the site's induction booklet was provided, and interns have additional induction at a team level when they start their rotation at the site. Intern teaching schedules were provided which detailed opportunities for practice-based training such as multi-disciplinary team-working and interns also attend clinics as part of their training.

ii. Interns described working at the appropriate grade and the Team noted that interns do not take part in on-call activity at the site.

iii. Interns described being active members of their teams and the Team heard how intern responsibilities increase throughout the rotation in line with experience and skills gained at the site and observed by Consultants.

iv. Multi-disciplinary teaching is scheduled as part of the formal weekly teaching schedule where interns have the opportunity to engage with other healthcare professionals such as social workers, physiotherapists and dieticians in providing patient care. There are also additional informal opportunities for example, weekly lunch and learns sessions centring on multi-disciplinary quality improvement projects.

v. A copy of the pre-arranged teaching session schedule was provided, and training supervisors also described the additional informal learning opportunities available, such as the lunch and learn sessions. Attendance is currently monitored informally, and this was acknowledged by intern supervisors as an area which could be improved. Formal teaching is not fully protected, and the Team heard how attendance at Tuesday teaching sessions clashes with clinics.

vi. The Team was satisfied from the documentation provided that the content of the training being delivered at the site is consistent with the eight domains of good professional practice.

Compliance

The clinical training site's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the site is fully complying with this Standard.

Recommendation (s)

1. Attendance at the pre-arranged education and training sessions should be monitored formally to confirm attendance in line with intern training requirements.

Commendation (s)

1. The Team commends TSCUH for their commitment to promoting multi-disciplinary learning.

Level of compliance: FC

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.

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

Meetings with the interns and intern training representatives indicated Consultant-led supervision with dedicated one-to-one and team support available to the two interns training at the site. Details of the Consultant supervisor for the UCD Intern Training Network were evident in the list of rotations provided to the Team.

Compliance

The clinical training site's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the site is fully complying with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

1. The Team was impressed by the culture of collegiality and support available to interns at the site.

Level of compliance: FC

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.

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

Interns described regular informal opportunities for feedback outside of the formal end of rotation assessment and described senior colleagues as open and approachable. Challenges experienced during the post can be brought up during formal assessment. Intern training supervisors advised the team of using a RAG status reporting system to inform the formal end of rotation assessment.

The Team was provided with sample template forms used for the end of rotation assessment.

Compliance

The clinical training site's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the site is fully complying with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

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.

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

Interns and trainers described professionalism being primarily taught informally through the examples set by their senior colleagues. Professionalism teaching features in the Monday handover session where case implications are considered. The Team was impressed by the support provided to interns in managing adverse events and the positive 'good catches' approach at the site. There was a strong ethos of wellbeing promotion and self-care throughout the hospital e.g. Schwartz Rounds, mental health support sessions and mindfulness.

A copy of the 2005 Mater Misericordiae and Children's University Hospitals Ethical Code was provided as part of the documentary evidence of compliance with this Standard. Although interns were aware of the Medical Council's Guide to Professional Conduct for Ethics and Registered Medical Practitioners, there was no evidence of promotion of the guide at the site.

Compliance

The clinical training site's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the site is partially complying with this Standard.

Recommendation (s)

1. As a site facilitating intern training, there should be active promotion of the Medical Council's Guide to Professional Conduct and Ethics for Registered Medical Practitioners.

Commendation (s)

1. The Team commends the site for the self-care supports available to interns.

Level of compliance: PC

7. Resources

The training site must have:

i. 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
ii. 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
iii. An appropriate number of interns 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
iv. 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
v. The intern must have access to appropriate advice and counselling should it be required

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

i. The nature of the services provided at the site gives interns access to a broad case mix and a sufficient number of patients. Interns did note that they felt their exposure was limited due to the absence of intern involvement in the on-call rota. Interns did however note that some areas are too specialised to include intern involvement during the on-call period.

ii. The Team reviewed the library facilities at the site and observed an appropriate number of computers and access to private study space. The library is accessible 24-hours a day and interns have access to online resources. Access to Wi-Fi was described as inconsistent across the site.

iii. The Team was satisfied that the current number of interns onsite was appropriate for the educational opportunities and facilities available to them. The Team noted that the site could facilitate additional interns at the site.

iv. The Team was provided with the site's Quality and Patient Safety Handbook as part of the documentary evidence of compliance with this Standard. This Handbook outlines the incident reporting procedure that is in operation at the site. Interns noted that due to the positive learning environment at the site, they would feel comfortable raising ethical issues with colleagues.

v. There are occupational health services available onsite which includes access to free counselling services.

Compliance

The clinical training site's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the site is fully complying with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

1. The range of counselling, advice and pastoral supports available to interns.

Level of compliance: FC

Compliance with Specialist Training Standards

A. Clarity of educational governance arrangements

i. There will be clear organisational structures and lines of accountability for the learning environment at training sites
ii. Management / board level reporting arrangements will be in place e.g. via an oversight committee including trainees, to maintain institutional oversight of the learning environment
iii. There will be transparent arrangements with postgraduate training bodies to clarify the relevant responsibilities and expectations of each party involved in the delivery of specialist training

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

i. TSCUH organisational charts were provided to the Team but lines of accountability for the learning environment as described to the Team were not evident in the documentation provided.

ii. There is a Non-Consultant Hospital Doctor (NCHD) Committee with Consultant/management and HR representation. An example agenda and minutes from NCHD Committee meetings were provided to the Team. Oversight of the learning environment is maintained through this Committee.

iii. There was a lack of clarity with regard to the formal arrangements between the site and the postgraduate training bodies. It was acknowledged during the meeting with management that there are no formal documented arrangements in place that clarify the responsibilities and expectations of each party in delivering specialist training. Management advised that training body requirements were met. The Team were provided with limited example inspection reports and were advised that no other material was available to the Team on the day of inspection.

Compliance

The clinical training site's self-evaluation submission indicated partial compliance with this Standard. The Team concluded that the site is partially complying with this Standard.

Recommendation (s)

1. The lines of accountability for the learning environment should be clearly set out in the TSCUH organisational structures.

2. Formally define the respective roles and responsibilities in delivering specialist training between the site and the postgraduate training bodies

3. TSCUH should proactively seek reports from all inspections by the postgraduate training bodies.

Commendation (s)

1. The Team commends the NCHD Committee for its active engagement with management.

Level of compliance: PC

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

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

i. The Team had the opportunity to meet with nine of the 63 trainees (in specialist training programmes) and 13 of the 102 trainers based at the site. Trainers and trainees described meeting at the beginning of their rotation to set out learning objectives and reporting arrangements. The NCHD contract was provided to the Team as documentary evidence of compliance with this standard and sets out NCHD responsibilities.

ii. The Team was impressed by the support provided to trainees in managing adverse events and the positive 'good catches' reporting approach adopted at the site. The sites Risk Management Procedure was shared with the Team as well as minutes from the Clinical Incidents Review Committee. Trainees are made aware of the procedures for reporting clinical incidents during induction.

iii. There is a hospital-wide policy for multi-disciplinary handover and both trainees and trainers described robust practices in place at the site, which included valuable learning opportunities.

Compliance

The clinical training site's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the site is fully complying with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

1. The formal handover processes in place at the site.

Level of compliance: FC

C. Accountability

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

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

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

i. The Team was advised of a recent appointment of a Chief Academic Officer for the Children's Hospital Group. At TSCUH, there are three lead individuals with overall responsibility for the medical education and training being delivered at the site. This includes ensuring compliance with Medical Council and postgraduate training body requirements.

ii. The lead individuals with overall responsibility for medical education and training at the site ensure that postgraduate training body requirements are met. The site provided two recent example reports from the Faculty of Paediatrics within the Royal College of Physicians of Ireland (RCPI), and one example follow-up letter to one of these reports from the site. The Team noted that the site is approved for training by other postgraduate training bodies however it was not clear to the Team how recommendations from all training bodies are actioned at the site.

iii. Examples of engagement with the HSE's education and training function were provided and the Team were advised of how the site has successfully secured new posts at Registrar level, commencing January 2019.

iv. An Academic Programme Support Manager has been appointed to facilitate the transition of trainees moving to the new children's hospital site. The Team were also advised that a change management policy is in development in conjunction with the two other paediatric hospitals to further support this transition.

Compliance

The clinical training site's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the site is fully complying with this Standard.

Recommendation (s)

1. The site should assign overall responsibility for implementing all postgraduate training body recommendations to a named individual. This information should be clearly set out and formally documented as part of the governance structures at the site.

Commendation (s)

No commendations made.

Level of compliance: FC

D. Induction arrangements for Trainees

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

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

i. & ii. Details of the TSCUH induction programme were provided and attendance is recorded. There is no policy for induction at the site and in the absence of such it is not clear as to how attendance is managed. Trainees reported being facilitated to attend induction at the site.

iii. Health and safety training features during induction as outlined in the TSCUH induction programme.

iv. TSCUH induction includes an introductory talk from each department for all new NCHD's. The Team were provided with a copy of the induction programme for the Emergency Department as an example of specialty-specific induction at the site.

v. National and local policies are made known to trainees during induction and are available to trainees via the TSCUH intranet.

vi. TSCUH utilise the National Employment Record system to eliminate any duplication of employment-related documentation.

Compliance

The clinical training site's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the site is partially complying with this Standard.

Recommendation(s)

1. Develop and implement an induction policy to govern the induction process (including managing attendance) at the site.

Commendation (s)

No commendations made.

Level of compliance: PC

E. Clear supervisory arrangements for Trainees

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

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

i. The Team was impressed by the high level of supervision reported by trainees and trainers onsite and noted the commitment of Consultants in providing ongoing support to trainees on-call. A staff list was provided to the Team, indicating an appropriate ratio of trainees and trainers.

ii. The Team heard how trainees are made aware of their clinical supervisors during induction.

iii. & iv. Trainers and trainees described supervision being tailored in line with individual trainee needs and abilities. It was reported that close supervisory relationships and regular meetings with trainers facilitate this. Trainers described examples to the Team where additional supervisory arrangements have been put in place previously, to ensure that trainees are fully supported in meeting their training requirements.

Compliance

The clinical training site's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the site is fully complying with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

1. The Team commend the trainers for their enthusiastic commitment to the supervision of their trainees.

Level of compliance: FC

F. Opportunities for training through clinical practice for Trainees

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

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

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

i. & ii. Trainee competence and participation in clinical practice is monitored through the supervisory arrangements at the site. Trainees described their experience of clinical practice as being appropriate to their level of competence and that day-to-day activities at the site promote 'learning on the job'. Teaching schedules and clinic timetables were provided and detailed opportunities for training through clinical practice. Trainees described inconsistency in the implementation of the transfer of tasks, particularly at night and weekends with a lack of IV Nurses and phlebotomists available, resulting in extra service pressures on present staff.

Compliance

The clinical training site's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the site is fully complying with this Standard.

Recommendation (s)

1. Review the staffing levels available at night and weekends to ensure the relevant supports are in place in relation to the transfer of tasks for all staff at the site.

Commendation (s)

No commendations made.

Level of compliance: FC

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

i. The work schedules of trainees will take account of specific training programme requirements

ii. Trainees will be facilitated and encouraged at a local level to attend formal scheduled education and training opportunities

iii. Trainees will be facilitated and encouraged at a local level to avail of informal education and training opportunities

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

i. Trainees described the teaching opportunities at the site as excellent. Training programme requirements are reflected in the education and training opportunities at the site as evident in the example teaching schedules. Progress with training programme requirements is assessed during formal meetings with supervisors.

ii. & iii. Formal and informal opportunities for education and training are available to trainees. Formal opportunities are set out in teaching schedules and lunch and learn sessions are also available to trainees. Trainees and trainers reported that educational time is not always protected. Trainees reported that there is sometimes difficulty in accessing lunchtime or afternoon teaching sessions. Team staffing levels and educational sessions not being 'bleep-free' were noted to be reasons for such difficulties. Trainees advised the Team that bleep issues have been raised via the NCHD Committee.

Compliance

The clinical training site's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the site is partially complying with this Standard.

Recommendation (s)

1. Review team rotas to ensure they are appropriately staffed to ensure that trainees can avail of education and training opportunities.

2. Review the implementation of the site's bleep policy to ensure that education and training activities are protected.

Commendation (s)

1. The Team was impressed with the commitment to and the range of the available education and training opportunities at the site.

Level of compliance: PC

H. Opportunities for trainers to train through protected training time

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

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

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

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

i. A copy of the 2008 Consultant's Contract was provided to the Team. Trainers described building time into their day for trainer activities as challenging and commented on Consultant staffing issues. Trainers described there never being enough time for trainer duties but that they endeavour to make the time in their role as trainers.

ii. & iii. The Team noted that all Consultants are approved trainers at the site and that this is a site requirement. Trainers described being facilitated to attend trainer development activities where possible, but noted that in some cases, such activity is 'split' between trainers as full attendance is not always possible.

Compliance

The clinical training site's self-evaluation submission indicated partial compliance with this Standard. The Team concluded that the site is partially complying with this Standard.

Recommendation (s)

1. Trainers should be facilitated to train and develop as trainers, through protected training time.

Commendation (s)

1. The Team wishes to commend the trainers for their strong commitment to provide education and training.

Level of compliance: PC

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

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

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

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

i. & ii. There is 24-hour access to the library onsite, with access to online resources and additional study space is also available in the lecture hall facility and in the NCHD study room. The Wi-Fi connection was described as inconsistent across the site.

Compliance

The clinical training site's self-evaluation submission indicated partial compliance with this Standard. The Team concluded that the site is partially complying with this Standard.

Recommendation (s)

1. The consistency in the access to Wi-Fi across the site should be reviewed and improved where possible.

Commendation (s)

No commendations made.

Level of compliance: PC

J. Access to pastoral and health supports for Trainees

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

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

i. Occupational health services are available to trainees onsite and members of the Team had the opportunity to visit the occupational health office during the inspection. Trainees are made aware of the occupational health services available to them during induction.

ii. The Team was impressed with the comprehensive range of mental health supports, including free counselling sessions, available to trainees. Mental health supports are outlined to trainees during induction and wellbeing talks are organised through the NCHD committee.

iii. The team heard an example of supportive measures being taken and adjustments being made to support individual trainee needs.

Compliance

The clinical training site's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the site is fully complying with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

1. The Team was impressed by the active commitment of the site to provide a comprehensive range of pastoral and health supports.

Level of compliance: FC

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

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

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

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

i. The site facilitates onsite drop-in sessions with postgraduate training bodies, and the RCPI has a Training Coordinator based at the site. Trainees have access to computers, for online access to training bodies however, it was noted that the absence of Wi-Fi throughout the site hinders ease of access to training bodies.

ii. The Team noted that trainees were aware of the primary point of contact with the training body and the site's HR department has contact lists for each of the training bodies.

Compliance

The clinical training site's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the site is fully complying with this Standard.

Recommendation (s)

1. The consistency in the access to Wi-Fi across the site should be reviewed and improved where possible.

Commendation (s)

No commendations made.

Level of compliance: FC

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

i. There will be an explicit commitment to promoting professional attitudes and behaviour among trainers and trainees, including promotion of the current Guide to Professional Conduct and Ethics for Registered Medical Practitioners ('Ethical Guide') published by the Medical Council

ii. The site will promote good professional practice by all staff which is centred on patient safety and quality of care

iii. There will be an explicit commitment, and accompanying policies and procedures, to address any instances of unprofessionalism at a local level

iv. Where local resolution is not possible, there will be clear pathways for the referral of concerns to the Medical Council

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

i. Trainees and trainers described a culture of professionalism at TSCUH which is primarily taught through the examples set by senior colleagues. Professionalism teaching features in the Monday handover session where case implications are considered. There was a strong ethos of wellbeing promotion and self-care throughout the hospital e.g. Schwartz Rounds, mental health support sessions and mindfulness. The Team noted that the Medical Council's Ethical Guide is referenced during induction but there was no evidence of how the Guide is promoted beyond reference during induction.

ii. The Team heard of the 'good catches' approach adopted by the site in managing adverse events, in the interest of patient safety and quality of care.

iii. Based on the documentary evidence provided by the site and through the discussions on the day of the inspection, the Team was satisfied that systems are in place to address incidents of unprofessionalism if such were to arise e.g. a Dignity at Work Policy, Grievance Dispute Policy and a Disciplinary Procedure Policy.

iv. The Team noted that TSCUH has a risk management report system, available to trainees on the intranet, however a pathway of referral to the Medical Council was not evident.

Compliance

The clinical training site's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the site is partially complying with this Standard.

Recommendation (s)

1. The Team recommends the site actively promotes the Medical Council's Ethical Guide.

2. Develop a clear pathway for referral of concerns to the Medical Council.

Commendation (s)

No commendations made.

Level of compliance: PC

M. Safe working environment

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

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

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

i. The Team were advised of a Health and Safety Committee in place at the site who have oversight of ensuring that the physical environment remains safe for all staff. The Team heard an example of how this included being escorted to the car park and the provision of a taxi should trainees work after hours.

ii. The self-evaluation documentation detailed almost full compliance with the European Working Time Directive (EWTD) and monitoring of such is reported. Difficulties in complying were noted in surgical rotations due to staffing shortages.

Compliance

The clinical training site's self-evaluation submission indicated partial compliance with this Standard. The Team concluded that the site is partially complying with this Standard.

Recommendation (s)

1. Continue efforts to ensure compliance with the EWTD.

Commendation (s)

No commendations made.

Level of compliance: PC

N. Specialty-specific supports

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

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

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

i. & ii. Example postgraduate training body reports and a response from the site were provided to the Team, demonstrating dialogue with the postgraduate training bodies, and action by the site in ensuring that resources remain fit-for-purpose. The Team noted that the site is approved for training by other postgraduate training bodies however it was not clear to the Team how recommendations from all training bodies are actioned at the site

Compliance

The clinical training site's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the site is fully complying with this Standard.

Recommendation (s)

1. The site should assign overall responsibility for implementing all postgraduate training body recommendations to a named individual. This information should be clearly set out and formally documented as part of the governance structures at the site.

Commendation (s)

No commendations made.

Level of compliance: FC

O. Participation in on-call duty rota

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

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

i. Sample on-call rotas were provided to the Team. Trainees described an absence of a contingency plan in providing call-cover should a team member be absent. Trainees felt an absence of such planning posed a potential patient safety risk should more than one emergency arise. Trainees felt it would be safer if additional cover was provided. The Team understands that TSCUH has plans to employ additional Registrar cover as of January 2019 to help address this.

ii. Trainees described appropriate levels of supervision on-call e.g. supervision by grade and noted that Consultants are readily accessible.

iii. Post-call leave arrangements are set out in line with trainee shift patterns as indicated in the example rotas provided.

iv. The Team visited the on-call accommodation facilities which were only accessible by use of a security code.

Compliance

The clinical training site's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the site is fully complying with this Standard.

Recommendation (s)

1. The Team recommends that the appointment of the additional Registrars be expedited.

Commendation (s)

No commendations made.

Level of compliance: FC

P. Support for assessment of Trainees

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

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

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

i. &. ii. Trainees and trainers described meeting at the start and throughout rotations, to set and assess progress made in relation to learning outcomes. Trainees and trainers reported using logbooks/e-portfolios to manage the training requirements prescribed by the postgraduate training bodies. Trainees are granted educational leave to facilitate participation in training body activities.

Compliance

The clinical training site's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the site is fully complying with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

Q. Opportunities for multi-disciplinary teamwork

i. There will be local encouragement and promotion of multi-disciplinary teamwork

ii. There will be opportunities for trainees to benefit from interaction and collaboration with clinical colleagues across the healthcare delivery spectrum

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

i. & ii. There are formal, weekly multi-disciplinary teamwork sessions, providing trainees with opportunities to work with healthcare professionals from different disciplines e.g. social workers, dieticians, psychologists, and physiotherapists, in delivering patient care. Trainers also noted the opportunities available via the X-Ray conference and grand rounds. Informal lunch and learn sessions provide further opportunities for multi-disciplinary teamwork through the site's quality improvement projects. Trainees spoke of their experience in attending Mortality and Morbidity meetings and there are also meetings between the different specialities at the site.

Compliance

The clinical training site's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the site is fully complying with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

1. The Team commends the clinical training site for the learning opportunities being provided through multi-disciplinary teamwork.

Level of compliance: FC

R. Opportunities for Trainees to provide feedback to employing authority

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

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

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

i. The NCHD Committee is the main avenue of feedback to management regarding the training experience. Sample minutes and an agenda from NCHD Committee meetings were provided to the Team. Trainees spoke of an 'open environment' at the site where they feel feedback can be relayed to management and is acted on.

ii. Feedback surveys are managed via the NCHD Committee and the Team heard of how improvements have been made to the site's induction programme based on trainee feedback.

Compliance

The clinical training site's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the site is fully complying with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

Evaluation of Compliance with Medical Council Standards

Compliance level rating

Level of compliance with each Standard:

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

Clinical training site:
Our Lady's Children's Hospital Crumlin (OLCHC)

Compliance with Specialist Training Standards

A. Clarity of educational governance arrangements

i. There will be clear organisational structures and lines of accountability for the learning environment at training sites

ii. Management / board level reporting arrangements will be in place e.g. via an oversight committee including trainees, to maintain institutional oversight of the learning environment

iii. There will be transparent arrangements with postgraduate training bodies to clarify the relevant responsibilities and expectations of each party involved in the delivery of specialist training

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

i. The lines of accountability for the learning environment at the site are unclear. An organisational chart was provided to the Assessor Team (the Team) indicating reporting lines for medical services. However, oversight for the learning environment was not clearly outlined in the documentation.

ii. There is no designated oversight committee for education and training at the site. During the meeting with management, the Team was made aware of how the Lead Non-Consultant Hospital Doctor (NCHD) reports matters concerning the learning environment to management who raise items at the meetings of the Medical Board. No documentation was provided to indicate the governance of this reporting process. The Team also heard how the Lead NCHD meets with the fellow NCHD representatives via the site's NCHD Committee and also attends the Physicians Monthly meeting. Minutes of the NCHD meetings were not provided to the Team and there was no evidence of a formal record of changes instituted through the work of the Lead NCHD/NCHD Committee.

iii. The site's self-evaluation submission outlined that inspections from the postgraduate training bodies take place. The Team was not provided with evidence of the arrangements in place between the site and the postgraduate training bodies in relation to the delivery of specialist training.

Compliance

The clinical training site's self-evaluation submission indicated partial compliance with this Standard. The Team concluded that the site is partially complying with this Standard.

Recommendation (s)

1. The lines of accountability for medical education and training at the site should be formalised, clearly documented and communicated to maintain institutional oversight of the learning environment.

2. Formalise and document the relationship between the site and the postgraduate training bodies, clearly outlining the expectations and responsibilities of each party in the delivery of specialist training.

Commendation (s)

No commendations made.

Level of compliance: PC

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

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

i. A copy of the 2018 NCHD contract, outlining NCHD responsibilities was provided as part of the documentary evidence of compliance with this Standard. The Team had the opportunity to meet with 12 NCHD's (nine in specialist training programmes). The Team also learned how trainees are assigned an Educational Supervisor, who they develop a Learning Agreement with. The Learning Agreement sets out the training goals for their attachment and also notes their level of authority and accountability. The Clinical Director meets with trainees who are new to paediatric services as part of site induction.

ii. The Team were provided with a copy of the 2018 HSE Incident Management Framework. Trainees described an awareness of the procedure for reporting clinical incidents at the site and that they had received feedback following the submission of a report. The Team also had sight of the clinical risk presentation provided by the site's Clinical Risk Manager, during induction.

iii. The site has adopted the National Clinical Guideline for clinical handover, a copy of which was provided to the Team. Trainees described how handover has improved at the site since OLCHC had adopted the national guideline. The Team heard how the format of handover practice varies across specialties, but that twice-daily handover was consistent across the site.

Compliance

The clinical training site's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the site is fully complying with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

C. Accountability

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

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

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

i. An interim named accountable individual responsible for compliance with the Medical Council's Standards was noted in the site's submission. The Team did not meet with the accountable person but met with representatives of the management team including the CEO and Clinical Director.

ii. The Team were not advised of a named individual with identified responsibility and accountability for ensuring that postgraduate training body requirements are being met at the site. The Team were made aware of the site's approval for specialist training and that inspections from the postgraduate training bodies take place however no supporting documentation was provided to reflect this.

iii. Representatives from the HR department and the Medical Board were noted to be the responsible and accountable individuals for communication and collaboration with the HSE's education and training function. The Team were made aware of ongoing engagement between the site and the HSE in seeking to make a substantive appointment of an Educational Lead, who will have overall accountability for medical education and training at the site.

iv. No named individual with responsibility and accountability for ensuring education and training is supported through organisational change was made known to the Team. During meetings with management, the Team had the opportunity to discuss the development of the Children's Hospital Group, recently renamed as Children's Health Ireland, with site and hospital group management, and the effects that such change will have on the site.

Compliance

The clinical training site's self-evaluation submission indicated partial compliance with this Standard. The Team concluded that the site is partially complying with this Standard.

Recommendation (s)

1. Actively pursue the appointment of an Educational Lead for the site.

Commendation (s)

No commendations made.

Level of compliance: PC

D. Induction arrangements for Trainees

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

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

i. There is no induction policy for the site although it was noted that an SOP is currently in development. The Team were provided with a copy of the OLCHC induction schedule.

ii. Attendance at induction is mandatory and is formally recorded. The Team had sight of signed attendance sheets. A less formal induction programme is provided for trainees who commence their rotation outside of the traditional start times.

iii. There is a health and safety talk as part of the OLCHC induction programme.

iv. General induction is delivered over two consecutive mornings and specialty-specific induction is delivered on the afternoons of those days. Elective and non-medical procedures are curtailed during this time to facilitate attendance at induction. Continuing specialty-specific induction after the initial two days varies, with some trainees reporting to have attended weekend inductions prior to starting at the site. No supporting documentation was provided but the Team was satisfied with the examples of speciality-specific induction described by trainees.

v. Trainees receive policies as part of their contract of employment with the site.

vi. The Team noted that OLCHC utilise the National Employment Record to eliminate the duplication of employment-related documentation.

Compliance

The clinical training site indicated in their self-evaluation that they are partially complying with this Standard. The Team concluded that the site is partially compliant with this Standard.

Recommendation(s)

1. Finalise and implement the induction policy currently in development.

Commendation (s)

No commendations made.

Level of compliance: PC

E. Clear supervisory arrangements for Trainees

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

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

i. At OLCHC there are 55 trainers (as recognised by the postgraduate training bodies) and 83 trainees (in specialist training programmes). Trainees are assigned both educational and clinical supervisors.

ii. Trainees are made aware of their supervisors on commencement of their rotation at the site.

iii. & iv. Each trainee sets up a Learning Agreement with their educational supervisor. Trainee capabilities, limitations, and stage of training are noted as part of this Agreement and in setting out learning objectives for the rotation. Trainees observe activity prior to engaging directly. Regular meetings between trainees and their supervisors, as well as direct supervision, allow for progress checks against learning objectives and supervisory arrangements are tailored accordingly.

Compliance

The clinical training site's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the site is fully complying with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

1. The Team commend the Consultants for their enthusiastic commitment to the supervision of their trainees.

Level of compliance: FC

F. Opportunities for training through clinical practice for Trainees

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

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

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

i. The supervisory arrangements in place at the site ensure that participation in clinical practice is appropriate to a trainee's level of competence. Trainees will observe activity and progress to engaging directly following direct supervision and feedback. There were mixed views amongst the medical trainees who met with the Team regarding the implementation of the transfer of tasks at the site. Some trainees felt they were over-burdened with basic clinical tasks due to the reportedly low staffing levels at the site.

ii. Day-to-day activities for learning through clinical practice include daily ward rounds, attendance at operating theatre sessions, and outpatient clinics.

Compliance

The clinical training site's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the site is partially complying with this Standard.

Recommendation (s)

1. Review the implementation of the transfer of tasks on medical wards to ensure consistent application across the site.

Commendation (s)

No commendations made.

Level of compliance: PC

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

i. The work schedules of trainees will take account of specific training programme requirements

ii. Trainees will be facilitated and encouraged at a local level to attend formal scheduled education and training opportunities

iii. Trainees will be facilitated and encouraged at a local level to avail of informal education and training opportunities

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

i. Trainees reported that their work schedules are tailored to the requirements of their training programme. The Team noted that the educational supervisor meetings further assist with this in assessing how learning objectives are being met in line with training programme requirements.

ii. & iii. The education and training opportunities available at OLCHC were described to the Team, no documentary evidence was provided. There are a range of opportunities available including, in-house teaching programmes, journal club, multi-disciplinary team meetings and X-Ray conferences. It was noted that the availability of such opportunities is not consistent across the specialties at the site. Some trainees reported difficulties in attending education and training sessions due the volume of work and reportedly low staffing levels at the site. This difficulty was acknowledged by management. Some trainees reported being regularly bleeped out of education and training sessions due to service requirements.

Compliance

The clinical training site's self-evaluation submission indicated partial compliance with this Standard. The Team concluded that the site is partially complying with this Standard.

Recommendation (s)

1. Review the workload and rota system for medical trainees to improve their access to education and training opportunities.

Commendation (s)

1. The Team was impressed with the range of education and training opportunities at the site.

Level of compliance: PC

H. Opportunities for trainers to train through protected training time

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

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

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

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

i. It was noted in the site's self-evaluation submission, and during meetings with management and trainers, that protected time for training is not available.

ii. & iii. Trainers reported feeling supported at site level to develop in their role as trainers, but it was noted, also by management, that the standard working day does not provide time for attendance at such activities. Trainers reported that they support one another where possible in managing workload to facilitate attendance at trainer courses where possible.

Compliance

The clinical training site's self-evaluation submission indicated non-compliance with this Standard. The Team concluded that the site is partially complying with this Standard.

Recommendation (s)

1. Review trainer work schedules to ensure protected teaching time is provided for within contracted hours.

Commendation (s)

1. The Team commends the trainers for their strong commitment to provide education and training.

Level of compliance: PC

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

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

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

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

i. &. ii. The Team visited the educational facilities onsite including the library, the simulation room and tutorial space. Trainees were complimentary about the library facilities and library staff at OLCHC. There are computers and workstations in the library and trainees have access to online resources such as UpToDate. The Wi-Fi connection was reported to be inconsistent across the site with no access in the residence. The Team were advised of additional study space available in the residence but on review noted that this was limited. There are video-conferencing facilities available to facilitate engagement with other training sites. Trainers reported a lack of sizable teaching space as an issue when trying to accommodate large groups of trainees.

Compliance

The clinical training site's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the site is partially complying with this Standard.

Recommendation (s)

1. Review the consistency of access to Wi-Fi across the site and the availability of access to Wi-Fi in the residence.

2. The Team encourages the provision of a large teaching space e.g. for grand rounds, to accommodate the large number of trainees at the site. The Team recommends that the site engages with the relevant bodies to endeavour to source access to such space.

Commendation (s)

1. The Team commends the Library staff for the support they provide to trainees.

Level of compliance: PC

J. Access to pastoral and health supports for Trainees

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

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

i. The Team met with the Occupational Health Nurse who described a broad range of services available to trainees, including access to an Employee Assistance Programme. There is also an Occupational Health Physician who attends the site two-three times a week. Trainees were aware of the occupational health supports available to them and services are initially made known to trainees during site induction.

ii. Mental health supports are available to trainees via the Occupational Health Department and the services provided within the Employee Assistance Programme. Trainees told the Team of a recent presentation from Practitioner Health Matters discussing the topic of burnout.

iii. It was outlined in the site's self-evaluation submission that reasonable adjustment would be made to support the needs of a trainee. Trainees described an example of their awareness of supportive measures being taken and adjustments being made for a trainee.

Compliance

The clinical training site's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the site is fully complying with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

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

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

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

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

i. Trainees reported that leave is granted to access postgraduate training body study days. Trainees have access to I.T. facilities but the Team noted that the inconsistency of Wi-Fi across the site and absence in the residence hinders ease of access to postgraduate training bodies in this capacity.

ii. Trainees were aware of the primary point of contact with the training body. The Educational Supervisor is the initial point of contact for a trainee and postgraduate training body programme administrator details are readily accessible to trainees.

Compliance

The clinical training site's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the site is fully complying with this Standard.

Recommendation (s)

1. Review the consistency of access to Wi-Fi across the site and the availability of access to Wi-Fi in the residence.

Commendation (s)

No commendations made.

Level of compliance: FC

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

i. There will be an explicit commitment to promoting professional attitudes and behaviour among trainers and trainees, including promotion of the current Guide to Professional Conduct and Ethics for Registered Medical Practitioners ('Ethical Guide') published by the Medical Council

ii. The site will promote good professional practice by all staff which is centred on patient safety and quality of care

iii. There will be an explicit commitment, and accompanying policies and procedures, to address any instances of unprofessionalism at a local level

iv. Where local resolution is not possible, there will be clear pathways for the referral of concerns to the Medical Council

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

i. Professionalism was described as primarily being taught through the observation of senior colleagues. Trainees made reference to the professionalism training provided by their postgraduate training bodies, that professionalism and ethics features heavily in paediatrics and that they were aware of the Medical Council's Ethical Guide. During the meeting with trainers, examples were given of training situations which are aligned to the Medical Council's Ethical Guide. The site's self-evaluation submission outlined the site's own Ethical Guidelines and how these are promoted during induction.

ii. Examples of the promotion of good professional practice centred on patient safety and quality of care were provided to the Team during meetings with trainees and trainers. Trainees can learn from ethical decision-making case discussions and examples of debriefing following adverse events were described.

iii. There are systems in place at the site to address instances of unprofessionalism. The Team was provided the site's Dignity at Work policy, Grievance Policy and Disciplinary Policy. Trainees described an awareness of the systems in place at the site.

iv. The Team was advised of the referral pathway to the Medical Council, should local resolution of an issue not be possible.

Compliance

The clinical training site's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the site is fully complying with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

1. The Team was impressed by the supports available to trainees in managing adverse events.

Level of compliance: FC

M. Safe working environment

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

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

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

i. There is a Quality and Safety Manager and a Health and Safety Officer onsite who ensure the safety of the physical environment for trainees. A copy of the site's Safety Statement was provided to the Team which outlined how health and safety is monitored at OLCHC.

ii. The site's self-evaluation documentation referred to difficulties in complying with the European Working Time Directive (EWTD), particularly in certain specialities due to recruitment issues.

Compliance

The clinical training site's self-evaluation submission indicated partial compliance with this Standard. The Team concluded that the site is partially complying with this Standard.

Recommendation (s)

1. Continue efforts to ensure compliance with the EWTD where required.

Commendation (s)

No commendations made.

Level of compliance: PC

N. Specialty-specific supports

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

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

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

i. The site's self-evaluation submission outlined how postgraduate training body inspection reports detail speciality-specific requirements and that the site works with trainers to facilitate the requirements of the postgraduate training bodies. No documentary evidence was provided to the Team.

ii. The site's self-evaluation submission outlined how training programme leads in the individual training bodies liaise directly with site management to ensure that specialty-specific resources remain fit-for-purpose. The management representatives responsible for oversight of this were not made known to the Team and no documentary evidence was provided.

Compliance

The clinical training site's self-evaluation submission indicated partial compliance with this Standard. The Team concluded that the site is partially complying with this Standard.

Recommendation (s)

1. Actively pursue the appointment of an Educational Lead for the site.

2. Collate inspection reports from the postgraduate training bodies and the associated action plans in response to these.

Commendation (s)

No commendations made.

Level of compliance: PC

O. Participation in on-call duty rota

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

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

i. The Team had sight of an example on-call rota. Medical trainees described how their workload would be more manageable, and safety enhanced, if additional Registrar cover was provided.

ii. There is a tiered on-call structure in place at the site with overarching Consultant supervision. Trainees described appropriate levels of supervision whilst on-call and noted that Consultants are always available.

iii. The site's self-evaluation submission outlined challenges for surgical trainees being released post-call due to NCHD numbers and service need at the site. The trainees who met with the Team noted that there are appropriate post-call leave arrangements in place at the site.

iv. The Team visited the onsite on-call facilities which were only accessible by the use of a security code.

Compliance

The clinical training site's self-evaluation submission indicated partial compliance with this Standard. The Team concluded that the site is partially complying with this Standard.

Recommendation (s)

1. Review the staffing levels in line with the volume of on-call activity at the site to ensure that appropriate staffing levels are in place during the on-call period.

Commendation (s)

No commendations made.

Level of compliance: PC

P. Support for assessment of Trainees

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

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

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

i. &. ii. Learning Agreements are set out at the start of each rotation and progress with the learning objectives set out in the Agreement take place at regular intervals. Postgraduate training body assessment requirements form part of the Learning Agreement. E-portfolios and logbooks are used onsite by trainees as prescribed by their individual training bodies. Trainees described the exam supports available at the site.

Compliance

The clinical training site's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the site is fully complying with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

Q. Opportunities for multi-disciplinary teamwork

i. There will be local encouragement and promotion of multi-disciplinary teamwork

ii. There will be opportunities for trainees to benefit from interaction and collaboration with clinical colleagues across the healthcare delivery spectrum

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

i. & ii. There are regular opportunities for multi-disciplinary teamwork. Opportunities described to the Team included weekly multi-disciplinary team meetings, ward rounds, Morbidity and Mortality meetings, and multi-professional simulation training in the Emergency Department.

Compliance

The clinical training site's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the site is fully complying with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

1. The range of learning opportunities being provided through multi-disciplinary teamwork and multi-professional interactions.

Level of compliance: FC

R. Opportunities for Trainees to provide feedback to employing authority

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

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

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

i. The Team were advised of an NCHD Committee and an NCHD Lead at OLCHC. No supporting documentation was provided e.g. sample minutes. The Team heard how trainee feedback from this avenue has been acted on but the formal reporting lines or governance around the NCHD Committee/Lead was not made clear to the Team.

ii. Trainee feedback is actively sought on an individual basis through meetings with trainers and trainees. There was no evidence of how the hospital actively seeks feedback to improve the quality of the learning environment they are providing as a clinical training site. The Team also noted that there is no system in place to ensure that issues raised by one cohort of trainees are being addressed before the next cohort arrives, resulting in the same issues being faced by new trainees.

Compliance

The clinical training site's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the site is partially complying with this Standard.

Recommendation (s)

1. Formalise the role and reporting lines of the NCHD Committee and NCHD Lead.

2. As a clinical training site, OLCHC should actively seek feedback from all trainees regarding the quality of the learning environment and proactively respond to trainee feedback.

Commendation (s)

No commendations made.

Level of compliance: PC

Appendices

Appendix One (a) – Agenda and Team for National Children's Hospital Tallaght

Medical Council Regional Inspection Visit

Tallaght University Hospital & the National Children's Hospital Tallaght

Thursday 22nd November 2018

Assessor Team

Ms Vicky Blomfield, Assessor, Medical Council Member & Chair of the visiting Team

Dr Barry Lewis, Assessor for the Medical Council

Ms Lesley Costello, Assessor for the Medical Council

Dr Ailís Ní Riain, Assessor for the Medical Council

Dr Tom Crotty, Assessor & Medical Council member

Ms Úna O'Rourke, Director of Education, Training and Professionalism, Medical Council

Ms Chloe Ryder, Acting Inspection Manager, Medical Council

Mr Ciaran Carr, Accreditation Executive, Medical Council

Ms Naomi Kalonzo, Inspection Executive, Medical Council

Ms Marian Brosnan, Accreditation Executive, Medical Council

Time	Activity	Details
8.00am	**Arrive at clinical training site**	Assessor Team to be met by nominated site liaison
8.15am – 8.45am	**Private session of the Assessor Team**	
8.45am – 9.15am	**Meeting with Management**	Introduction to the site
9.15am – 10.15am	**Meeting with Interns** *(Split Team)*	The Team wish to meet with a representative group. The Team will split and meet two groups of Interns (groups split by specialty; Medicine/Surgery).

		Venues should be large enough to hold all attendees. Maximum no. Interns = 20 per group.
	Meeting with Interns *(Split Team)*	
10.15am – 10.45am	**Private session of the Assessor Team**	
10.45am – 12.00pm	**Meeting with Trainees from Tallaght University Hospital** *(Split Team)*	The Team wish to meet with a representative group. Maximum no. Trainees 20-25 per group.
	Meeting with Trainees from Tallaght University Hospital *(Split Team)*	
	Meeting with Trainees from National Children's Hospital, Tallaght *(Split Team)*	
12.00pm – 12.15pm	**Private session of the Assessor Team**	
12.15pm – 1.00pm	**Meeting with the Intern Tutor/ Coordinator**	
1.00pm – 2.00pm	**Private session of the Assessor Team**	
2.00pm – 3.00pm	**Meeting with Trainers from TUH** *(Split Team)*	Trainers should be invited to attend. Management should not attend. Maximum no. Trainers per group – 25.
	Meeting with Trainers from TUH *(Split Team)*	
	Meeting with Trainers from NCHT *(Split Team)*	
3.00pm – 4.30pm	**Review of documentary evidence** *(Split Team in terms of 2 HG's/submissions)*	

	Facilities walk around for Tallaght University Hospital *(Split Team)* **Facilities walk around for National Children's Hospital, Tallaght** *(Split Team)*	Facilities the Team will request to see the following as a minimum on the walk around: • library facilities • on call residence • study rooms • training rooms • occupational health facilities • a walk-through of the Emergency Department Walk around of the Paediatric Unit and any additional areas specific to Paediatric training at the site
4.30pm – 5.00pm	**Private session of the Assessor Team**	Tea and coffee to be provided
5.00pm – 5.30pm	**Close out meeting**	Close out session with site management
5.30pm	**Depart from clinical training site**	

Appendix One (b) – Agenda and Team for Temple Street Children's University Hospital

Medical Council Regional Inspection Visit

Temple Street Children's University Hospital (TSCUH)

Tuesday 4th December 2018

Assessor Team

Mr John Murray, Assessor, Medical Council Member & Chair of the visiting Team

Dr Shree Datta, Assessor for the Medical Council

Professor Alan Johnson, Assessor for the Medical Council

Ms Úna O'Rourke, Director of Education, Training and Professionalism, Medical Council

Ms Chloe Ryder, Acting Inspection Manager, Medical Council

Ms Naomi Kalonzo, Inspection Executive, Medical Council

Time	Activity	Details
7.30am	**Arrive at clinical training site**	Assessor Team to be met by nominated site liaison
7.45am – 8.15am	**Private session of the Assessor Team**	
8.15am – 8.45am	**Meeting with Management**	Introduction to site
8.45am – 9.30am	**Meeting with Interns**	The Team wish to meet with a representative group.
9.30am – 10.45am	**Meeting with Trainees**	The Team wish to meet with a representative group. Two groups of Trainees will be seen no more than 25 per group.
10.45am – 11.15am	**Private meeting of the Assessor Team**	
11.15am – 12.30pm	**Meeting with Trainees**	
12.30pm – 1.00pm	**Meeting with Intern Tutor/Coordinator**	

1.00pm – 2.00pm	**Private session of the Assessor Team**	
2.00pm – 3.00pm	**Meeting with Trainers for Specialist Training**	All Trainers should be invited to attend. Management should not attend. Two groups of Trainers will be seen no more than 25 per group.
3.00pm – 4.00pm	**Meeting with Trainers for Specialist Training**	
4.00pm-5.30pm	**Review of documentary evidence** *(Split Team)*	Members of the Assessor Team to review copies of the documentary evidence to be provided on site
	Facilities walk around *(Split Team)*	Facilities the Team will request to see the following as a minimum on the walk around: • library facilities • on call residence • study rooms • training rooms • occupational health facilities • a walk-through of the Emergency Department
	Private session of the Assessor Team	
5.30pm – 6.00pm	**Meeting with clinical training site management**	
6.00pm	**Depart from clinical training site**	

Appendix One (c) – Agenda and Team for Our Lady's Children's Hospital Crumlin

Medical Council Regional Inspection Visit

Our Lady's Children's Hospital, Crumlin

Thursday 6th December 2018

Assessor Team

Dr Tom Crotty, Assessor, Medical Council Member & Chair of the visiting Team

Dr Barry Lewis, Assessor for the Medical Council

Ms Katharine Bulbulia, Assessor for the Medical Council

Ms Úna O'Rourke, Director of Education, Training and Professionalism, Medical Council

Ms Chloe Ryder, Acting Inspection Manager, Medical Council

Ms Naomi Kalonzo, Inspection Executive, Medical Council

Time	Activity	Details
8.30am	**Arrive at clinical training site**	Assessor Team to be met by nominated site liaison
8.45am – 9.15am	**Private session of the Assessor Team**	
9.15am – 9.45am	**Meeting with Management**	Introduction to the site
9.45am – 11.00am	**Meeting with Trainees** *(Split Team)*	The Team wish to meet with a representative group. Maximum no. Trainees 20-25 per group. Groups to be divided by specialty
	Meeting with Trainees *(Split Team)*	
11.00am-11.30am	**Private meeting of the Assessor Team**	
11.30am-12.30pm	**Meeting with Trainers for Specialist Training** *(Split Team)*	All Trainers should be invited to attend. Management should not attend. Maximum no. Trainers 20-25 per group.
	Meeting with Trainers for Specialist Training	

	(Split Team)	Groups to be divided by specialty with Assessor Team meeting Trainers of corresponding Trainee groups.
12.30pm-1.30pm	**Private session of the Assessor Team**	
1.30pm-3.00pm	**Review of documentary evidence** *(Split Team)*	Members of the Assessor Team to review copies of the documentary evidence to be provided on site
	Facilities walk around *(Split Team)*	Facilities the Team will request to see the following as a minimum on the walk around: • library facilities • on call residence • study rooms • training rooms • occupational health facilities • a walk-through of the Emergency Department
3.00pm – 3.30pm	**Private session of the Assessor Team**	
3.30pm – 4.00pm	**Meeting with clinical training site management**	Close out meeting with site
4.00pm	**Depart from clinical training site**	

Appendix Two – Standards for training and experience required for the granting of a certificate of experience to an intern

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 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 Three – Guidelines on medical education for interns

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.

(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

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

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

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

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

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

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

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

Approved by the Medical Council on 17th July 2014

Appendix Five (a) – Overview of supporting documentation provided per site – National Children's Hospital Tallaght

Running order of the supporting documentation reported per Standard in the National Children's Hospital Tallaght submission

Intern Standards:

Standard	Documentation noted
1. Rotations	New rotation template
	Overall DSE ITN posts/rotations.
2. Accreditation	Intern related staffing form
	Clinical staff formally contracted by School of Medicine involved in intern training
	Administrative staff involved in intern training
	DSE ITN organisation chart
	NCHD Contract.
3. Content of Training	NCHD Contract.
	Intern induction programmes
	Clinical skills refresher schedule during induction
	During employment clinical skills schedule
	Intern formal teaching curriculum and
	Research mini skills boot-camp.

4. Supervision	DSE ITN posts doc with Consultant Trainers that have interns attached to them
	Adverse Incident Report form TUH
	Sample Intern Role Profile/Job description
	Core competencies HCA Sept 2016
	Transfer of tasks TUH
5. Assessment	Formative assessment form
	End of rotation progress form
	Overall intern progress report template
6. Professionalism	School of Medicine Mission Statement
	SJH Med Directorate Mission Statement
	TUH Mission Statement screenshot
	SJH's Adverse Incident Reporting
7. Resources	TCD's Online Resources
	SJH Screenshot plus TUH Adverse Incident Report form
	Intern Support Services

Specialist Training Standards:

Standard	Documentation noted
A) Clarity of Educational Governance Arrangements	Organisational chart
	Section 14 of Consultant Contract 2008
	(a-h) Examples of hospital RCPI / SAC inspections: **General Paediatrics**, Haematology, Obstetrics & Gynaecology, Neurology, Gastroenterology, General Surgery
	RCSI pilot accreditation standards 2018
	Screenshot of TUH intranet with link to Trinity Faculty of Health Sciences
B) Clarity of Clinical Governance Arrangements	NCHD Induction Programme - 10th July 2018
	Corporate induction policy
	NCHD contract
	(a-c) Medical handover policy, including correspondence from Clinical Director and information on TouchPoint magazine
	Clinical incident report form
	Incidents and near miss management policy
C) Accountability	(a-i) Examples of hospital RCPI / SAC inspections: **General Paediatrics**, Haematology, Obstetrics & Gynaecology, Neurology, Gastroenterology, General Surgery
D) Induction Arrangements for Trainees	Corporate induction policy
	NCHD Induction Programme - 10th July 2018
	(a-c) Sample induction presentations – Executive Management Team, HR Medical Division, Infection Control
	(a-g) Starter pack, including information on Emergency Tax, Bike to Work Scheme
	(a-d) Examples of specialty-specific induction

	Sign-in sheets for induction
	Information on the TUH Learning Station (LMS)
	Information on Medicines App
E) Clear Supervisory Arrangements for Trainees	Bleep list
	Sample daily call rota
	List of trainers and IMC numbers
	NCHD contract
F) Opportunities for Training through Clinical Practice for Trainee	Evidence of examples of specialty specific training
G) Access to Formal and Informal Education and Training for Trainees	Evidence of examples of specialty specific training
	Grand rounds schedules and sign in sheets
	Centre for Learning and Development Prospectus summary
	Evidence of study leave from CORE time and attendance system
	Evidence of support of Hospital management for backfill of NCHDs requiring release for educational opportunities
	Open & Honest communication programme information
H) Opportunities for Trainers to Train through	Sample consultant approval letter
	Sample consultant work practice plan

Protected Training Time	Consultant contract
	CME documentation See Standard G for Grand Rounds information
	Grand rounds schedules and sign in sheets
	Release of consultant to attend education opportunities – locum bookings
I) Access to Resources which Support Directed and Self-Directed Learning	Details of library facilities
	Details of ICT facilities
	NCHD induction programme & pack detailing library facilities and ICT input
	Information on LMS
J) Access to Pastoral and Health Supports for Trainees	Occupational Health Department staff Job Descriptions (e.g. Occupational Health Physician, CNM II, Grade
	NCHD induction information
	Employee Assistance Programme details
	Pastoral care details – Job description Hospital Chaplain
	Information on employee wellbeing talks
	Hospital Annual Report pages 35-37 detailing Health and Wellbeing initiatives
	NCHD lead job description
	Touchpoint August 2018
K) Access to Resources to Maintain Close	Details of ICT facilities

Contact with Parent Training Bodies	Evidence of study leave from CORE time and attendance system
	Evidence of support of Hospital management for backfill of NCHDs requiring release for educational opportunities
L) Promotion of Medical Council Guidance of Professionalism, Including Promotion of Current Ethical Guidance	HR Policies – Dignity at Work; Employment Equality & Diversity; Trust in Care; Disciplinary Policy; Grievance Policy
	Statement of values on all swipe cards & slide 11 in EMT talk at orientation
	Open & Honest communication information
	CLD Prospectus outlining education available to staff
	Evidence of referrals to IMC
M) Safe Working Environment	Health and safety statement
	Health and safety policies
	Job Description for Needlestick Project Manager
	Online training information – link on TUH intranet page
	EWTD information: projects, current status, procedure for breaches
	Details of task sharing progress
	Details of ANP posts and Candidate ANP posts
	Details of Emergency Response System, Critical Care Outreach Nurse, Clinical Support Nurse Manager at Night

N) Specialty-Specific Supports	Details of engagement with postgraduate inspection teams
O) Participation in On-Call Duty Rota	Example of daily call rota which details numbers on call for each specialty, including **Paediatrics**. NCHDs go home post call and those on night duty have time off post nights.
	Examples of Perioperative SHO, Medical SHO and **Paediatric** and Adult Emergency Medicine call rotas
	List of training supervisors
P) Support for the Assessment of Trainees	Evidence of study leave facilitated as per Standard G
	BST review schedule
	Evidence of support of Hospital management for backfill of NCHDs requiring release for educational opportunities
Q) Opportunities for Multi-Disciplinary Teamwork	List of ANPs and Candidate ANPs
	Evidence from NCHD committee meetings
	Task sharing project progress: See Hospital Annual Report sections 8, 10, 11, 12 for evidence of interdisciplinary work and research
	Evidence of MDT meetings: See Standard F details of specialty-specific training which includes attendance at MDT meetings
	Details of Emergency Response System, Critical Care Outreach Nurse, Clinical Support Nurse Manager at Night
	Details of TUH Medicines App
R) Opportunities for Trainees to Provide Feedback to the	NCHD lead job description:
	Committee membership: See Standard Q

Employing Authority	Details of NCHD lead meetings – examples of agenda/minutes
	NCHD starter pack:
	Pilot NCHD drop in clinic

Appendix Five (b) – Overview of supporting documentation provided per site – Temple Street Children's University Hospital

Running order of the supporting documentation reported per Standard Temple Street Children's Hospital

Intern Standards:

Standard	Documentation noted
1. Rotations	A50 (Intern Rotations)
	App. S (Intern posts)
2. Accreditation	App. A (National Intern education & training agreement)
	App. B (Org. chart Intern Network)
3. Content of Training	A1 (Teaching schedule July 2018)
	A27 (Bleep Policy)
	App. D (Online Intern information)
	App. E (Intern training compliance)
	App. G (Intern assessment)
	App. H (ACLS info sheet)
	App. I (ACLS attendance sheet)
	DNE Intern Induction 2018
	App. J (ACLS attendance sheet 2)
	App. J1 (Hand hygiene attendance sheet)
	App. J2 (Radiation safety)
	Beaumont Hospital Intern Clinical Skills – Wednesday 4th July
	DNE Education and Training Requirements
	App. D (Online Intern information)

	App. K (Intern career advice day)
	App. K1 (Immediate care courses)
	App. L (Clinical trials schedule)
	App. M (Clinical trials masterclass)
4. Supervision	Email Re: Inter Co-Ordinators Head Office
5. Assessment	App. N (National Intern assessment report)
	App. O (Intern programme mid-year review)
	App. P (BMJ students homepage)
6. Professionalism	A4 (TempleNet screenshot induction
	A32 (Code of Ethics)
	A3 (Dignity at Work Policy)
	A2 (Induction Booklet July 2018)
	A2 (Induction Booklet July 2018)
	A5 (Risk Management handbook)
7. Resources	A6 (Library services screenshot)
	A5 (Risk Management handbook)
	A7 (Occ. Health Job spec.)
	App. Q (UCD email account)
	App. R (Postgraduate Medical Education Centre)

Specialist Training Standards

Standard	Documentation noted
A) Clarity of Educational Governance Arrangements	TSCUH Org. structure
	TSCUH Governance structure
	Employee handbook
	NCHD Committee agenda
	Role of the Trainer 2016
	RCPI Inspection & Responses
B) Clarity of Clinical Governance Arrangements	NCHD Contract 2010
	NCHD Induction Schedule
	Corporate induction for NCHD's
	Induction Booklet July 2018
	Clinical Incident Review Committee
	Risk Management Reporting System
	Clinical Incidents Review Committee
	TempleNet Induction screenshot
	TSCUH Audit Report
	Risk Management Reporting System
	Risk Management Handbook
C) Accountability	Teaching Schedule July 2018
	Academic Lead Job Description
	Academic programme support

	RCPI Inspection & Responses
	RCPI Inspection & Responses
D) Induction Arrangements for Trainees	NCHD Induction Schedule
	Clinical Portal Training
	NCHD Induction Schedule
	Corporate induction for NCHD's
	Friday Medical Introductory
	Induction sign in NCHD's
	Induction Booklet July 2018
	Teaching Schedule July 2018
	Induction sign in NCHD's
	TempleNet Induction screenshot
	Q-Pulse
	Employee handbook
	Health and Safety Induction
	ED Induction Jul2018
	Induction Booklet July 2018
	Q-Pulse
E) Clear Supervisory Arrangements for Trainees	Staff list July 2018 – Jan 2019
	Staff list July 2018 – Jan 2019
	Induction Booklet July 2018
	Trainer List
	NCHD Contract 2010

F) Opportunities for Training through Clinical Practice for Trainee	Paeds weekly clinics
	Teaching Schedule July 2018
	Instructions for Internship Clinical Cases
	ROVER Infectious diseases
	Email Re: Clinical Skills Course
	Induction sign in NCHD's
G) Access to Formal and Informal Education and Training for Trainees	Paeds weekly clinics
	ROVER Infectious diseases
	Teaching Schedule July 2018
	Induction Booklet July 2018
	TempleNet Induction screenshot
	Teaching Schedule July 2018
	TSCUH – Research 2016
	Bleep Policy
	Bleep Policy quick guide
	Induction sign in NCHD's
	Induction Booklet July 2018
H) Opportunities for Trainers to Train through Protected Training Time	Bleep Policy
	Consultants Contract 2008
	Teaching Schedule July 2018
I) Access to Resources which Support Directed and Self-	Library Services screenshot
	RCSI Library Beaumont

Directed Learning	Literature Searching
	Mater Misericords and the Children's University Hospital – Ethical Code 2005
J) Access to Pastoral and Health Supports for Trainees	Wellbeing section TempleNet
	Occ. Health Supports
	Occ. Health Supports
K) Access to Resources to Maintain Close Contact with Parent Training Bodies	No supporting documents
L) Promotion of Medical Council Guidance of Professionalism, Including Promotion of Current Ethical Guidance	TempleNet MC Ethics
	Dignity at Work Policy
	Grievance Dispute Policy
	Disciplinary Policy
	Code of Ethics
	Risk Management Reporting System
M) Safe Working Environment	TSCUH Safety Statement
	Health and Safety Ctte
	H&S Ctttee Mtg Schedule
	Sample rotas
	EWTD template
N) Specialty-Specific Supports	Hospital Service Plan 2019
	Hospital Inspection Manual 2013
	RCPI Inspection & Responses
O) Participation in On-Call Duty Rota	Sample rotas
	Sample rotas

	NCHD Committee Minutes 23.02.17
P) Support for the Assessment of Trainees	Hospital Inspection Manual 2013
Q) Opportunities for Multi-Disciplinary Teamwork	Teaching Schedule July 2018
R) Opportunities for Trainees to Provide Feedback to the Employing Authority	NCHD Committee Minutes 23.02.17
	RCPI Inspection & Responses

Appendix Five (c) – Overview of supporting documentation provided per site – Our Lady's Children's Hospital Crumlin

Running order of the supporting documentation reported per Standard in the Our Lady's Children's Hospital Crumlin submission

Specialist Training Standards:

Standard	Documentation noted
A) Clarity of Educational Governance Arrangements	OLCHC organisational chart
	Job specification for Lead NCHD
	Consultant Contract
B) Clarity of Clinical Governance Arrangements	NCHD Contract
	NCHD Induction Schedule
	NCHD Handover
	HSE 2018 Incident Management Framework
	Clinical Risk Management Induction Presentation for NCHD's
	Open Disclosure National Policy
	Handover NCE National Guidelines
C) Accountability	No supporting documents
D) Induction Arrangements for Trainees	Safety Statement
	Screenshot of OLCHC Net Welcome Page
	Employee Handbook
	NCHD Induction
E) Clear Supervisory Arrangements for Trainees	NCHD Bleep List
	List of Trainers with Registration numbers
	NCHD Contract
F) Opportunities for Training through Clinical	No supporting documents

Practice for Trainee	
G) Access to Formal and Informal Education and Training for Trainees	No supporting documents
H) Opportunities for Trainers to Train through Protected Training Time	Consultant Contract
	CME Guidelines
I) Access to Resources which Support Directed and Self-Directed Learning	Schedule of Library/ICT Facilities
	Library & Information Services
J) Access to Pastoral and Health Supports for Trainees	NCHD Induction
	Induction Attendance Sheet
	EAP Booklet
K) Access to Resources to Maintain Close Contact with Parent Training Bodies	No supporting documents
L) Promotion of Medical Council Guidance of Professionalism , Including Promotion of Current Ethical Guidance	Dignity at Work
	OLCHC Ethical Policy Document
	Disciplinary Policy
	Grievance Policy
M) Safe Working Environment	Safety Statement
	EWTD May 2018 Submission
N) Specialty-Specific Supports	No supporting documents

O) Participation in On-Call Duty Rota	August Medical Reg & Medical/Surgical SHO Rota
P) Support for the Assessment of Trainees	Employee Assistance Programme
Q) Opportunities for Multi-Disciplinary Teamwork	No supporting documents
R) Opportunities for Trainees to Provide Feedback to the Employing Authority	No supporting documents

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