Report on the inspection of clinical training sites in the Dublin Midlands Hospital Group

2018

Comhairle na nDochtúirí Leighis
Medical Council

About the Medical Council

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

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

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

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

The Medical Council currently makes information routinely available to the public in relation to its functions and activities.

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

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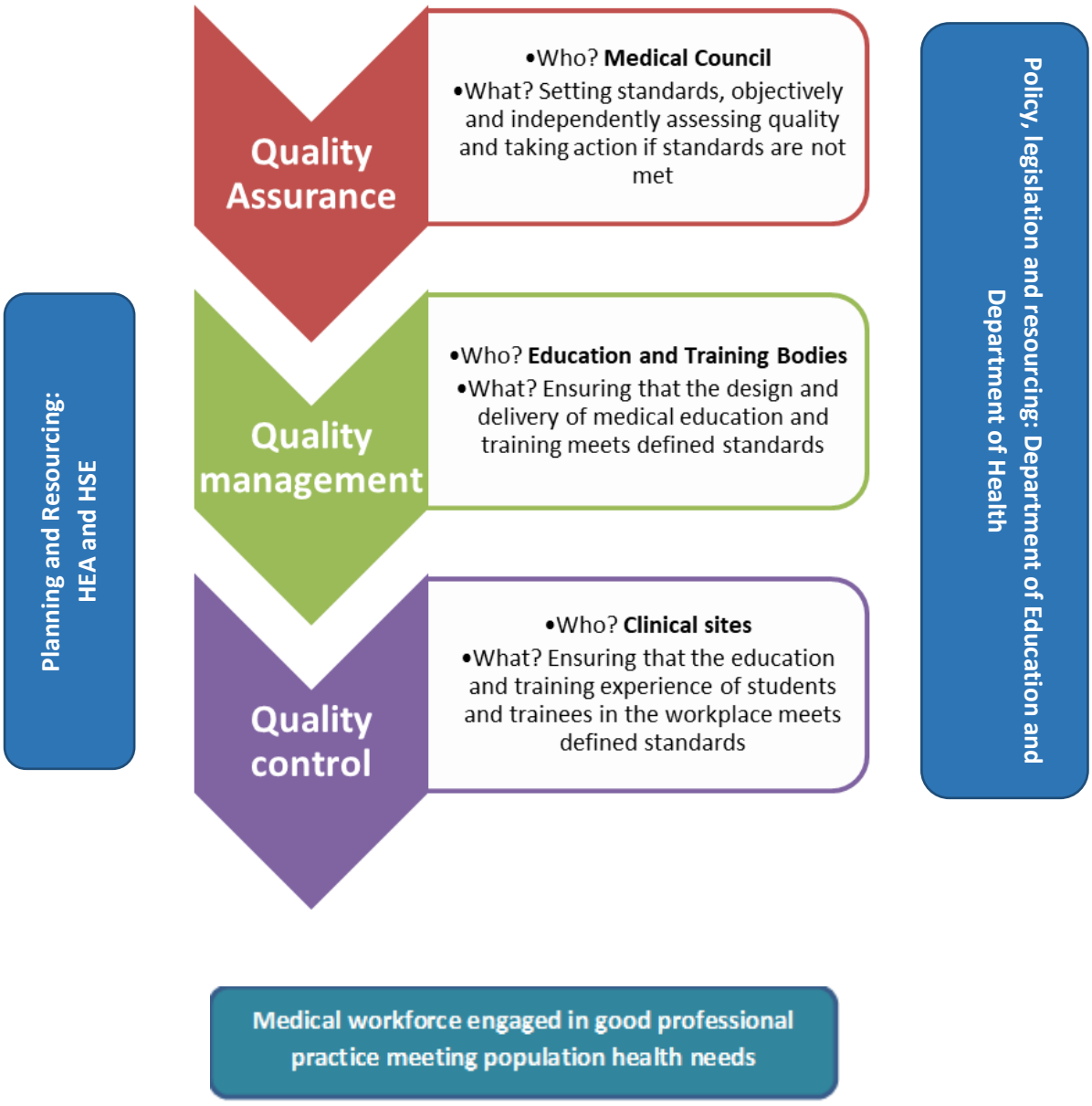
Executive Summary

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 standards and guidelines for training and experience.

Council 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.

There are seven clinical training sites in the Dublin Midlands Hospital Group:

- St Luke's Hospital, Rathgar
- The Coombe Women and Infants University Hospital
- St James's Hospital
- Naas General Hospital
- Tallaght University Hospital
- Midland Regional Hospital Tullamore
- Midland Regional Hospital Portlaoise

The above sites were inspected between 5 - 29 November 2018. The visiting Assessor Teams comprised of Council members, Council Executive and External Assessors with a relevant background/interest in medicine and/or medical education/training; and included medically-qualified and non-medically-qualified persons, representing public/patient interests. The agendas for each 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 Dublin Midlands Hospital Group were found to be either partially or fully compliant with the Medical Council's intern and/or specialist training standards. On that basis, the Teams recommended that all seven 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 Dublin Midlands Hospital Group

Levels of compliance

Compliance ratings are determined based on each Assessor Team's 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 five intern training sites against the seven intern training standards:

Table 1: Comparison of compliance ratings across intern training sites in the Dublin Midlands Hospital Group

Intern Training Standard	St James's Hospital	Naas General Hospital	Tallaght University Hospital	Midland Regional Hospital Tullamore	Midland Regional Hospital Portlaoise
1. Rotations	FC	FC	FC	FC	FC
2. Accreditation	FC	FC	FC	FC	FC
3. Content of …	FC	PC	FC	PC	PC
4. Supervision	FC	PC	FC	FC	FC
5. Assessment	FC	PC	FC	PC	PC
6. Professionalism	FC	PC	FC	PC	PC
7. Resources	FC	PC	PC	PC	PC

Five out of the seven clinical training sites within the Dublin Midlands Hospital Group have interns. Overall, compliance with intern training standards is 60% full compliance and 40% partial compliance. There was no evidence of non-compliance with intern training standards across the five sites.

Figure 1. Dublin Midlands Hospital Group compliance with intern training standards

Specialist training

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

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

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

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Table 2: Comparison of compliance ratings across specialist training sites in the Dublin Midlands Hospital Group

Specialist Training Standard	SLHR	CWIUH	SJH	NGH	TUH	MRHT	MRHP
A. Clarity of educational …	PC	FC	PC	PC	PC	PC	PC
B. Clarity of clinical governance …	FC	FC	PC	PC	PC	PC	FC
C. Accountability	FC	FC	FC	PC	FC	PC	PC
D. Induction arrangements for …	PC	FC	PC	PC	PC	PC	PC
E. Clear supervisory …	FC	FC	FC	PC	FC	PC	FC
F. Opportunities for training …	FC	PC	FC	PC	FC	PC	FC
G. Access to formal and informal …	PC	PC	FC	PC	PC	PC	FC
H. Opportunities for trainers to …	FC	PC	PC	PC	PC	PC	FC
I. Access to resources which …	FC	PC	FC	FC	PC	PC	PC
J. Access to pastoral and health …	FC	FC	FC	FC	FC	FC	FC
K. Access to resources to …	FC	FC	FC	PC	FC	FC	FC
L. Promotion of Medical Council …	FC	PC	PC	PC	PC	PC	PC
M. Safe working environment	FC	PC	PC	PC	PC	PC	PC
N. Specialty-specific supports	FC	FC	FC	PC	FC	PC	FC
O. Participation in on-call duty rota	FC	FC	FC	PC	PC	PC	PC
P. Support for assessment of …	FC	FC	FC	PC	PC	FC	FC
Q. Opportunities for …	FC	FC	FC	FC	FC	PC	PC
R. Opportunities for trainees to …	FC	FC	FC	PC	FC	PC	PC

All seven clinical training sites within the Dublin Midlands Hospital Group have trainees participating in programmes of specialist training. Overall, compliance with specialist training standards is 49% full compliance and 51% partial compliance. There was no evidence of non-compliance with specialist training standards across the seven sites.

Figure 2. Dublin Midlands Hospital Group compliance with specialist training standards

Preface

Context of the Inspection Visit

The Medical Council Assessor Teams inspected clinical training sites within the Dublin Midlands Hospital Group (DMHG) between 5 - 29 November 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 DMHG inspections included, Dr John Barragry, 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 Gloria Kirwan, Professor Jason Last, Dr John Jenkins, Ms Katharine Bulbulia, Ms Lesley Costello and Professor Mike Larvin.

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

Documentation

As part of the process, representatives of the DMHG 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.

Dublin Midlands Hospital Group

The Dublin Midlands Hospital Group is one of seven HSE hospital groups and comprises seven hospitals. The following intern, trainee and trainer numbers for the Group were provided to the Medical Council in advance of the inspection visits:

- St Luke's Hospital, Rathgar (SLHR)
  (0 interns, 14 trainees and 20 trainers)
- Coombe Women and Infants University Hospital (CWIUH)
  (0 interns, 36 trainees and 28 trainers)
- St James's Hospital (SJH)

(56 interns, 279 trainees and 161 trainers)

- Naas General Hospital (NGH)
  (8 interns, 21 trainees and 16 trainers)
- Tallaght University Hospital (TUH)
  (41 interns, 120 trainees and 87 trainers)
- Midland Regional Hospital Tullamore (MRHT)
  (8 interns, 36 trainees and 27 trainers)
- Midland Regional Hospital Portlaoise (MRHP)
  (6 interns, 18 trainees and 14 trainers)

The Group's academic partner is Trinity College Dublin (TCD).

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 inspection for the DMHG. 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 Dublin Midlands Hospital Group:

1. St Luke's Hospital Rathgar 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.

2. The Coombe Women and Infants 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.

3. St James's 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 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. St James's 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. Naas General 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.

6. Naas General 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.

7. Tallaght 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 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.

8. Tallaght 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.

9. Midland Regional Hospital Tullamore 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.

10. Midland Regional Hospital Tullamore 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.

11. Midland Regional Hospital Portlaoise 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.

12. Midland Regional Hospital Portlaoise 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.

Overall recommendation for the Hospital Group

A key theme across the inspection reports for the DMHG is the absence of designated oversight of education and training at a number of the clinical training sites. The appointment of a Chief Academic Officer/Education Lead at Hospital Group level is recommended, in order to improve educational governance arrangements across the Group.

St Luke's Hospital Rathgar (SLHR)

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																			3
FC																			15

Recommendations

1. The oversight structures in place at the site should include trainee representation.
2. The site would benefit from a site-specific policy to govern the implementation of their induction programme. It is recommended that the site develops a local induction policy.
3. Monitoring of the induction process should be formalised and would be a feature of an induction policy e.g. recording attendance at induction sessions.
4. Every effort should be made to enable trainees to avail of their weekly half-day study leave.
5. Explore options for training around self-care supports for trainees.
6. Management noted that there is no formal on-call policy for the site, but that best practice is adhered to, as found by the Assessor Team. However, it is recommended that procedures for on-call are formalised through an on-call policy.

Commendations

1. The enthusiastic approach to training was evident throughout the clinical training site and trainers are supported in this role by site management.
2. The library staff are commended on their enthusiastic commitment to supporting educational activities at the site.

Coombe Women and Infants University Hospital (CWIUH)

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																			6
FC																			12

Recommendations

1. The clinical training site's organogram should be updated to include reference to the Pathology Specialist Registrar (SpR).
2. Promote the involvement of senior trainees in committees which are relevant to their level of specialist training.
3. Continue efforts to develop an online induction programme to facilitate those trainees who commence their training outside of the traditional rotation start times of January and July.
4. Explore opportunities to maximise practical training in line with European Working Time Directive (EWTD) requirements for trainees.
5. The site's Bleep Protocol should be updated, communicated and implemented.
6. All trainers should be facilitated to attend formal trainer development activities as required by their respective postgraduate training bodies.
7. The site requires Wi-Fi access for staff and efforts should be made to continue to address this as part of the site's I.T. plan, as outlined to the Team.
8. The site requires access to relevant and up-to-date medical literature. Management should endeavour to address this issue.
9. Signpost additional mental health supports available to trainees in the induction programme, such as Practitioner Health Matters and the Medical Council's Health Committee.
10. Signpost the Medical Council's Ethical Guide in the induction pack provided to trainees.
11. Develop a pathway for referral of concerns to the Medical Council.

12. Work towards achieving full compliance with the EWTD.

Commendations

1. The handover policy and practice of handover at the site is to be commended.
2. The site is commended for their comprehensive induction programme, of which trainees spoke positively of, and the pro-active involvement of the HR department in ensuring that trainees are appropriately prepared to commence their rotation of training at the site.
3. The Team commend the trainee access to trainers which provides opportunities for individual tailored training.
4. The trainers' commitment to their role in training the next generation of doctors.
5. The commitment to providing extensive exam and interview preparation for trainees is to be commended.
6. Management are commended on their awareness of the need to support the mental health of trainees.

St James's Hospital (SJH)

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								0
FC								7

Recommendations

1. The concept of task sharing should not be allowed to undermine the implementation of the national transfer of tasks policy. The Team recommends that SJH audits the implementation of the transfer of tasks policy across all areas of training at the site and take appropriate action based on the findings.
2. The current draft hospital-wide handover policy should be reviewed and approved by site management and include the opportunity for interns to engage/observe the clinical handover process where possible.
3. Audit the implementation of the SJH Bleep Policy and take appropriate action based on the findings.
4. Provide additional opportunities for intern observation of and formative feedback on communication skill requirements.
5. There should be active promotion of the Medical Council's Ethical Guide.
6. Critical incident reporting should be given greater emphasis during induction to the site to ensure adequate awareness of its importance.
7. Greater emphasis to be given to the SJH Dignity at Work Policy during intern induction.

Commendations

1. The comprehensive intern induction programme.
2. Intern access to a broad case-mix and the associated range of expertise, which enriches the intern learning experience.
3. The Team commend the Intern Tutor for their active role and commitment to intern training

4. The Team was impressed by the culture of collegiality and support for interns throughout the hospital.
5. The quality of the facilities available at the Trinity Centre for Health Sciences at the site.
6. The range of counselling, advice and other 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																			6
FC																			12

Recommendations

1. The establishment of a dedicated education and training committee reporting directly to the Medical Board whereby oversight of the hospital as a clinical learning environment as a whole can be maintained.
2. The arrangements between the clinical site and the postgraduate training bodies should be clarified and formally documented to define the respective roles and responsibilities in facilitating specialist training at the site.
3. The appointment of a Chief Academic Officer.
4. The importance of critical incident reporting and examples of lessons learned should be given greater emphasis during induction and throughout training.
5. The site-wide handover policy should be finalised and implemented as a matter of priority.
6. The implementation of specialty-specific induction should be audited and appropriate action should be taken based on the findings.
7. Heighten the awareness of the Adverse/Critical Events Management Protocol during site induction.
8. 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).

9. Raise the challenges in supporting trainees returning to work through the appropriate channels where required.
10. Explore the potential for joint appointments with the postgraduate training bodies to optimise contact.
11. There should be active promotion of the Medical Council's Ethical Guide as per the requirement of this standard (standard L).
12. Management should provide a comprehensive security service, monitor security issues onsite and take appropriate action as required.
13. The clinical site should continue to make every effort to ensure compliance with the EWTD.

Commendations

1. The case range and associated range of expertise, available to trainees at the site.
2. The Team was impressed with the commitment to and the availability of education and training opportunities for trainees at the site.
3. The Team wishes to commend the trainers for their strong commitment to provide education and training.
4. The Team was impressed by the range and high-quality facilities available at the site.
5. The Team was impressed by the active commitment of the site to provide a comprehensive range of pastoral and health supports to trainees.
6. The many learning opportunities provided to trainees through multi-disciplinary teamwork.

Naas General Hospital (NGH)

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								5
FC								2

Recommendations

1. The handover policy should be finalised and circulated to improve the consistency of handover across the site and all interns should be encouraged to attend handover.
2. Review the on-call staffing levels to ensure there is sufficient staffing for the volume of on-call activity at the site, e.g. a second rostered intern.
3. Weekend staffing levels should be reviewed to ensure that interns are not diverted from new learning opportunities due to engagement in basic clinical tasks.
4. Formal education and training opportunities should be protected i.e. bleep free. A draft Non-Consultant Hospital Doctor (NCHD) Communication and NCHD Bleep Guideline document was provided to the Team. This document should be finalised and include reference to protected training time.
5. Interns should be suitably supervised at all times. The site should endeavour to rectify staffing issues to make improvements in this area, including increasing Consultant numbers
6. Opportunities for feedback and assessment should be increased and formalised at the site.
7. There should be greater emphasis placed on the Medical Council 'Guide to Professional Conduct and Ethics for Registered Medical Practitioners' during induction and training.
8. Training on clinical incidents and the management of such should receive greater emphasis during intern training at NGH.
9. Ensure consistency in accessing up-to-date patient lists.
10. In the interest of patient safety, the site should seek to increase healthcare staffing levels during the on-call period.

Commendations

1. The Director of Nursing should be commended for their commitment to driving the implementation of the transfer of tasks policy 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																			15
FC																			3

Recommendations

1. Organisational structures for medical education and training should be put in place, including the establishment of a designated committee and lead individual(s) to govern such.
2. Links between the postgraduate training bodies and the site should be strengthened and made more accessible.
3. Greater emphasis should be placed on communicating feedback and learning to trainees from the reporting of clinical incidents.
4. Participation in formal handover should be available to all trainees and learning opportunities at handover should be protected.
5. There should be a named individual responsible for ensuring postgraduate training body requirements are met.
6. A site-specific induction policy should be developed and include monitoring arrangements to ensure attendance at induction sessions.
7. Induction to NGH should include information on general site health and safety.
8. A uniform template to ensure consistency in induction requirements would standardise the approach to speciality-specific induction at the site.
9. The appointment of permanent Consultant(s) in the Acute Medical Assessment Unit to ensure consistency and continuity in clinical supervision.
10. As a clinical training site, NGH should endeavour to balance the service/training requirements of trainees, in particular by addressing medical staff shortages at all levels.

11. Specific education and training requirements of specialist training must be facilitated with immediate emphasis on the SpR protected half-day.
12. There should be greater engagement with the postgraduate training bodies to ensure compliance with training requirements.
13. Trainer work schedules should include protected time for training and this should be reflected in practice.
14. Increase the number of Consultants to optimise clinical training, assessment and feedback opportunities in the required clinical specialty areas.
15. Review access to computers in line with staffing levels to ensure sufficient resources are available to trainees as required.
16. I.T. resourcing should be improved to facilitate trainee contact with parent training bodies.
17. The Medical Council's Ethical Guide should be clearly signposted in the induction material for trainees and actively promoted at the site.
18. Continue efforts to achieve full compliance with the EWTD.
19. NGH should ensure that on-call supports are consistently available to trainees during weekend on-call.
20. Proceed with plans to appoint a second medical Registrar to the weekend on-call rota.
21. As a clinical training site, NGH should endeavour to balance the service/training requirements of trainees so that trainees are able to attend all relevant assessments.
22. Consideration should be given to a review of the feedback mechanisms for trainee performance.
23. The role of the NCHD Committee should be formalised, with clear access to management to raise training experience matters as required.

Commendations

1. The Team commend the Librarian for their commitment to providing information and support to staff.

Tallaght University Hospital (TUH)

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

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. TUH should 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																			10
FC																			8

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. Implement the 'lessons learned' aspect of the Incidents and Near Miss Management Policy to ensure that the subsequent follow-up processes are happening and involving trainees.
3. Handover practice should be formalised by the implementation of a policy in all directorates.
4. The approach to speciality-specific induction should be streamlined across the site and efforts should be made to ensure that all trainees can attend the induction programme.
5. As a clinical training site, TUH 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, to ensure compliance with this standard (standard H).
7. Review computer facilities 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. Explore the possibility of having a dedicated postgraduate training body office onsite.
9. As part of promoting good professional practice at the site, a designated area for private team discussion and patient handover in the Emergency Department should be provided.
10. The process for reporting concerns around unprofessionalism should be clearly defined.
11. The clinical site should continue to make every effort to ensure compliance with the EWTD.
12. In the interest of patient safety, there should be a review of the current staffing levels to ensure an appropriate on-call ratio which is reflective of the volume of on-call activity at TUH. This review should ensure that at all times trainees are appropriately supervised and able to avail of required rest breaks.

13. Trainees and trainers should be facilitated to adhere to individual training body assessment requirements. TUH should review staffing levels and adherence to trainee assessment requirements and respond appropriately to the findings.
14. Trainees should be facilitated to avail of the multi-disciplinary learning opportunities available at TUH.

Commendations

1. Trainers should be commended for their commitment to provide education and training.
2. The TUH Radiology Department for the supports provided to trainees leading to recent achievements in exams.

Midland Regional Hospital Tullamore (MRHT)

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								4
FC								3

Recommendations

1. Review the site induction material, seek feedback from interns and update the induction process in line with feedback.
2. Ensure that health and safety procedures, including incident reporting, are part of the standard site induction.
3. Take effective measures to reduce the inappropriate level of tasks of limited educational value, including by completing the implementation of the transfer of tasks at the site.
4. Provide opportunities for multi-disciplinary team work, for example with Nurses and allied health professionals.
5. Finalise the draft handover and bleep policies and ensure the implementation of both.
6. Ensure that the teaching schedule is consistent with the eight domains of good professional practice and document this process.
7. Standardise the approach to providing opportunities for formal feedback on intern performance throughout rotation at the site.
8. Intern portfolios/logbooks are available to track intern learning and their development of key clinical skills and should be utilised at the site.
9. The training environment must emphasise professionalism in line with the ethical standards set out in the Medical Council's Guide to Professional Conduct and Ethics for Registered Medical Practitioners. There must be active promotion of the Guide at the site.
10. Review the I.T. facilities on the wards to ensure that clinical functions are supported.
11. Consider the mechanisms whereby medical internships could be increased and/ or posts be redistributed in line with training capacity.

12. Provide appropriate training on the reporting of ethical issues and clinical incidents in line with the policies and procedures reported to be operated by the site.
13. Ensure that the Radiology department consistently provides a responsive service.

Commendations

1. The Team was impressed by the culture of collegiality and support provided to interns. Interns described being supported not only by their Consultants but also by Senior House Officers (SHOs). They felt that their Consultants were very understanding, helpful and felt that there was no culture of bullying or intimidation on site.
2. Interns had access to a virtual journal club which the Team considered to be an innovative idea.
3. The initiative in developing an online handover system in surgery in the absence of formal handover systems.
4. The Team was impressed with the range of training and education provided in different forms such as lectures, tutorials, clinical skills lab and journal clubs.
5. The Team commends clinicians for providing encouragement to interns in their day-to-day work.
6. The education suite, library facilities and support staff 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																			15
FC																			3

Recommendations

1. A clear and detailed organisational chart for the education function in the hospital should be developed and made available to trainees. It should contain the roles and functions for those responsible for leading the various programmes of education and should include all relevant committees and the relationships between them.

2. That a copy of the current terms of reference for the Academic Medical Committee be provided to all NCHDs.
3. Clarify the status of the appointment of the Chief Academic Officer and Consultant Training Lead.
4. Formally define the relationship with each postgraduate training body as specialist training is being delivered at the site.
5. Finalise and implement the MRHT handover policy.
6. Ensure that trainees are aware and suitably trained in the incident reporting processes for MRHT.
7. A named individual(s) with defined responsibilities and accountability for training should be identified to fulfil the requirements of this standard (standard C).
8. Deficits noted by the postgraduate training bodies should be addressed as a priority.
9. Devise and implement procedures to monitor the implementation of the induction policy.
10. Ensure that health and safety training features in site induction.
11. Formalise the procedure for evaluating trainee supervision requirements.
12. Take effective measures to reduce the inappropriate level of tasks of limited educational value, including by completing the implementation of the transfer of tasks at the site.
13. Finalise and implement the draft bleep policy, ensuring that protected education and training time is referenced.
14. The Team recommends that the senior management team support protected time for trainers to develop educational material and attend training events, in consultation with the postgraduate training bodies.
15. Review the I.T. facilities on the wards to ensure that clinical functions are supported.
16. Ensure active promotion of the Medical Council's Ethical Guide.
17. Ensure the Radiology department consistently provides a responsive service.
18. Define and document clear pathways for referral to the Medical Council.
19. Work to ensure compliance with the EWTD.
20. Review the current practice of claiming un-rostered hours to ensure compliance with all relevant regulations or escalate to the appropriate person or department in the HSE.
21. Define and document the relationship with each postgraduate training body where specialist training is being facilitated at the site.
22. Review and improve the medical on-call arrangements to ensure that the number of staff available is reflective of the volume of on-call activity.
23. Refurbish the 'original' on-call accommodation to the standard of the newer facilities.

24. Increase the number of formal opportunities for multi-disciplinary working at the site, including further efforts to develop a coordinator role.
25. Establish a mechanism to gather feedback on trainee experience at the site as part of continuous improvement efforts.

Commendations

1. The Surgical Specialist Registrar for their role in developing an online handover system for the surgical department.
2. The Team was impressed by the examples they heard of specialty-specific induction.
3. Trainees were complementary about the supervision and support they receive from their senior colleagues, describing them as approachable and helpful.
4. The Team commend the proactive approach of the Medical Manpower Manger and Occupational Health Department to minimise the disruption of the trainees' transition to the hospital.
5. The Team commends the trainers at MRHT for their commitment to the provision of education and training.
6. The education suite, library facilities and the available staff supports.
7. The use of the educational suite to host national specialist training days.
8. Trainee access to health promotion activities as organised by the MRHT Social and Wellbeing Committee.

Midland Regional Hospital Portlaoise (MRHP)

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								4
FC								3

Recommendations

1. Health and safety training should be included in the induction programme.
2. Ensure that interns are made aware of how to access site policies.
3. Interns should not be diverted from new learning opportunities as a result of having to undertake a high volume of tasks of limited educational value. Continue to prioritise efforts to complete the task-sharing project set up at the site.
4. Ensure that the teaching schedule is consistent with and explicitly linked to the eight domains of good professional practice.
5. The Team recommends that interns should be made aware of and be provided with an opportunity to participate in the NCHD committee.
6. Clarification should be sought on the system that interns should be using at MRHP to record their clinical experience.
7. Clarification should be sought on the reporting relationship between Intern Tutors and the UCD Intern Training Network Coordinator.
8. The Medical Council's Guide to Professional Conduct and Ethics for Registered Medical Practitioners should be clearly signposted as part of the induction to the site.
9. Consider the provision of a clinical skill /simulation facility to enhance the learning experience.
10. Review the I.T. facilities on the wards to ensure that clinical functions are supported.

Commendations

1. The Team was impressed by the culture of collegiality and the support available to interns.
2. Trainers, medical manpower, and other associated support staff are commended for their noteworthy commitment to facilitate intern training at MRHP.
3. The Team commend the Intern Tutors for the commitment, support and accessibility provided to Interns.
4. The Team commends the initiative taken to explore ethical issues, including through a book club.

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																			9
FC																			9

Recommendations

1. Educational governance arrangements should be formally documented and included in the hospital's organogram.
2. Formally define the relationship with each postgraduate training body as specialist training is being delivered at the site.
3. Education and training must be supported through the current organisational changes.
4. Develop a site-specific induction policy to govern induction at the site.
5. Ensure appropriate induction is provided for trainees who commence their rotations outside of traditional start times.
6. Health and safety should feature in the site's induction programme.
7. Ensure that each department conducts specialty-specific induction as required.
8. Seek to enhance the hours of access to the library facilities.
9. Review the I.T. facilities on the wards to ensure that clinical functions are supported.
10. There should be active promotion of the Medical Council's 'Ethical Guide' including in the context of clinical teaching as well as being signposted in induction material.
11. Review the safety of the access point to the offsite residence.

12. Review the current non-compliant rotas with a view to achieving full compliance with EWTD.
13. There should be appropriate post-call leave arrangements in place for trainees.
14. Give high priority to filling the vacant posts.
15. As a clinical training site, MRHP should actively seek and encourage trainee feedback in order to maintain and improve standards within the clinical learning environment.

Commendations

1. Trainers should be commended for their engagement and commitment to providing education and training.
2. All at the clinical site for promoting a culture of collegiality.
3. Trainers for providing additional opportunities for trainee exposure in the delivery of specialist care.
4. The level of support and encouragement provided to trainers at the site is to be commended.

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, 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: St Luke's Hospital, Rathgar (SLHR) of St Luke's Radiation Oncology Network (SLRON)

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. Governance structures for the Network Executive Management Team (NEMT) and for clinical training were provided as part of the site's documentary evidence of compliance. Both documents demonstrated clear organisational structures and lines of accountability which were found to be evident in practice through discussions with trainees, trainers and management.

ii. There is no designated oversight committee, with trainee representation. However, trainers and site management advised that institutional oversight of the learning environment is maintained via the monthly Consultant Group meeting where training is a standing item on the agenda.

iii. From discussions with trainers and trainees it was evident that there are transparent arrangements with the postgraduate training bodies in the delivery of specialist training at the site. Trainers at the site are also postgraduate training body representatives which is reflective of the size of the specialties in terms of the number of Consultants and trainees, for the training programmes provided at 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 compliant with this Standard.

Recommendation (s)

1. The oversight structures in place at the site should include trainee representation.

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. From discussions with trainees and trainers it was evident that trainees are aware of their responsibilities and level of authority in their roles as doctors in training. An outline of duties per grade is provided in the site induction pack. Training was reported to be well-structured. In the early stage of training, Specialist Registrars (SpRs) are assigned treatment planning for less complicated (diagnostically) cancers such as breast and prostate, while the more senior SpRs engage with more complex (diagnostically) cancers such as pancreas and cervix. The Team also had sight of the 'signing privileges form' which certifies when SpRs have reached an appropriate level of competence to prescribe treatment for more complex cancers.

ii. Trainees were aware of the local procedures for reporting clinical incidents via the site's Safety Management System. Information relating to incidents is widely disseminated to relevant personnel (including Occupational Health in cases where staff are involved) and is utilised for training and quality improvement purposes. Trainees described how they had completed incident report forms themselves and reported that incidents were managed in a timely manner. The Team were provided with examples of completed incident report forms. The site also provided copies of the HSE's Open Disclosure Policy and Incident Management Framework that are in operation at the site.

iii. The importance of communicating critical information to ensure the continuity of care appeared to be embedded in the training and work practice across the site. All cases are discussed at weekly multi-disciplinary team (MDT) meetings, facilitated by the video-conferencing facilities at the site. Trainees described the on-call procedure for communicating critical information during weekend cover.

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

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. – iii. The SLRON Director has overall corporate and clinical responsibility for the site. There are also the site Training Coordinators who are involved in ensuring that the Medical Council requirements for specialist training are being met. The Training Coordinators in their roles as trainers and postgraduate training body representatives, are responsible for ensuring that training body requirements are being met at the site. Communication and collaboration with the HSE's education and training function sits with the management team.

iv. Organisational change at the site is managed via committees under the Network's Quality Patient Safety and Risk Governance Structure, which include trainee representation. It was clear from discussions with management, trainers and trainees that staff are involved in process change and there is a comprehensive sign-off procedure before implementing change at the site. The Director of Quality, Patient Safety and Risk stressed their commitment to ensuring that all personnel affected by organisational change be included in the process of development and implementation of change at the 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. All trainees receive induction in line with the HSE Induction Guidelines and Checklists and the HSE Employee Handbook. Trainees receive an induction pack and mandatory non-consultant hospital doctor (NCHD) orientation takes place on the first day of training at the site. There is an alternative induction process for trainees who miss the mandatory orientation day. These trainees are provided with contact details and must contact each person listed for informal induction. There is no local policy for induction at the site.

ii. It was noted in the documentary evidence provided by the site in advance of the inspection, that attendance at induction was not formally recorded but that this would be commencing from September 2018. No evidence of this was provided on the day of inspection. For trainees who start their training programme late and receive informal induction, confirmation of contact must be signed off and returned to the Clinical Directorate Office.

iii. Management confirmed that health and safety is a feature of the site's induction programme, applicable to all trainees at the site.

iv. The induction programme included details of specialty-specific induction at the site and further training specific to operating, planning and radiotherapy related I.T. software and hardware, is provided as a follow on to the generic corporate induction provided at the site. In the discussion with trainees it was noted that the first week in basic radiation prepared trainees sufficiently by bridging the gap between intern and basic specialist training (BST). Trainees spoke positively about induction at the site.

v. In the documentary evidence provided by the site, screen shots of intranet and internet pages were provided, showing links to relevant HR policies, names of health and safety representatives and HSE policies. Trainees are provided with access to the relevant SLRON online systems.

vi. Trainees reported that induction was facilitated by use of the National Employment Record (NER), avoiding the duplication of employment-related documentation for when trainees transition between clinical training sites.

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.

Recommendations:

1. The site would benefit from a site-specific policy to govern the implementation of their induction programme. It is recommended that the site develops a local induction policy.

2. Monitoring of the induction process should be formalised and would be a feature of an induction policy e.g. recording attendance at induction sessions.

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

i. The ratio of recognised trainers to trainees at the site (20:14) allows for close supervision and it was clear from discussions with trainees that there is appropriate supervision commensurate with each stage of training. Trainees and trainers described close working relationships, with trainers being aware of individual trainee competencies.

ii. Trainees are made aware of their clinical supervisors during induction at the site and at the start of each rotation. Any change to team rotas affecting reporting structures are also made known to trainees. Trainees confirmed that close contact with their supervisors is maintained throughout the training period.

iii. The level of supervision was described by trainers and trainees as tailored to individual capabilities and limitations. For example, in Palliative Medicine, there is a six-month rotation where training is matched to trainee goals and is therefore unique to individuals. The ratio of trainers to trainees means that trainers get to know trainee capabilities and limitations quite quickly.

iv. Trainers and trainees confirmed that training is tailored to each stage of training. For example, in Radiation Oncology, there is structure on the learning goals relative to the

stages of training. Training is largely task-based, and the competency of each trainee must be validated via the Consultant sign-off procedure. Signing privileges are progressively granted as trainees reach the appropriate level of training.

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

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. Trainers noted that clinical practice is the main method of teaching at the site and participation is at levels appropriate to trainee competence. For example, junior SpRs are assigned treatment programmes for less complicated (diagnostically) cancers e.g. breast and colon, while senior SpRs are assigned programmes for more complicated (diagnostically) cancers e.g. of the pancreas and head and neck.

ii. In Radiation Oncology, the weekly planning meetings are central to clinical learning at the site where trainees and Consultants discuss cases and any ethical challenges surrounding treatment plans. Additional day-to-day activities include the use of the Target Definition Room (space and facilities for target volume definition in Radiation Oncology) and ward rounds. The structure of the Palliative Medicine programme centres on learning through 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. Trainees in Radiation Oncology referred to difficulties in accessing the protected half-day a week study leave, after the first year of training, due to staffing issues at the site. The protected half day in Palliative Medicine was reported to be easily accessed each week.

ii. & iii. Trainees have access to comprehensive in-house tutorials, lectures and journal clubs and were facilitated to access formal education and training opportunities, such as BST trainees attending lectures in the Christie Hospital, Manchester, UK. Trainees are encouraged and expected to attend the Network-wide multi-disciplinary team meetings where all cases are discussed.

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. Every effort should be made to enable trainees to avail of their weekly half-day study leave.

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. Trainers reported that their work schedules are designed to include dedicated time to deliver both formal and informal training activities. This was reflected through the documentary evidence provided by the site e.g. training timetables.

ii. The ethos of the site is such that training is embedded in the daily practice of the Consultant staff. There was a palpable enthusiasm for training throughout the hospital.

iii. Trainers confirmed that their schedules allow for attendance at activities to support and develop them in their role as trainers, such as annual Train the Trainer days provided by the postgraduate training bodies.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

1. The enthusiastic approach to training was evident throughout the clinical training site and trainers are supported in this role by site management.

Level of compliance: FC

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

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

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

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

i. The Team were impressed with the study space and I.T. facilities provided at the site. Trainees have access to individual workspace with PC's in the three dedicated Registrar Rooms. There is also a library onsite with four additional computers and further individual workspace.

ii. From the review of the educational facilities at the site, and from discussion with trainees, trainers and management, trainees have access to relevant and up-to-date medical literature, including online access. The location of the library provides easy access for trainees and there is exceptional support provided by the Library staff. New books are notified to trainees and there is access to the online HSE library.

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 Library staff are commended on their enthusiastic commitment to supporting educational activities at the site.

Level of compliance: FC

J. Access to pastoral and health supports for Trainees

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

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

i. Trainees meet Occupational Health staff during induction and during the meeting with the Assessor Team, trainees demonstrated an awareness of the services available to them and described the Occupational Health staff as helpful and supportive. Services, including access to counselling services and flu vaccinations, were clearly signposted around the training site.

ii. Trainees described a supportive environment within the site e.g. briefing/de-briefing regarding difficult conversations with patients and their families, and support with exam-related stress. Although feeling supported at the site in this area, trainees described how they would like to receive formal training in self-care following difficult cases.

iii. During discussions with management, the Team were advised of adjustments being made to rotas to support and facilitate the needs of trainees.

Compliance

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

Recommendation (s)

1. Explore options for training around self-care supports for trainees.

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. There is sufficient I.T. access at the site for trainees to maintain close contact with their parent training body and trainees reported that they are facilitated to attend dedicated training body activities.

ii. Training bodies are represented onsite by the trainers. Trainees reported having close contact with their training bodies via their trainers and can direct any training queries to them as required.

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. The Medical Council's Ethical Guide forms part of the induction pack for new trainees onsite. Whilst trainers noted that there is no formal site-specific lecture provided on professionalism, professionalism is taught informally through trainee observation of the examples set by senior colleagues.

ii. Patient safety and quality of care is emphasised throughout the hospital. Patient needs are detailed as the key focus for the Network in their Mission Statement, in developing their centres of excellence. There is a dedicated Director of Quality, Patient Safety and Risk within the Network. Documentary evidence detailing briefings and workshops for trainees on incident reporting and open disclosure was provided. Trainees and trainers described close working relationships, which allows for direct supervision, opportunities for feedback, and swift remediation.

iii. Trainees described how they were comfortable seeking advice or raising issues with trainers at the site. Included in the documentary evidence of compliance with this Standard was the HSE's 2004 Grievance and Disciplinary Procedure, adopted by the site, along with the Medical Council's Ethical Guide which details guidance on managing concerns about colleagues.

iv. Management advised of the pathway for managing concerns. Professionalism concerns are to be managed locally in the first instance, prior to referral 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. There is a Health and Safety Committee in place with trainee representation, and access to occupational health supports are available at the site. The Assessor Team met with a member of the Occupational Health staff during the inspection. Trainees spoke of improvements made to their physical working environments which included the provision of ergonomic supports, in response to their feedback to site management.

ii. The site provided documentary evidence which demonstrated compliance with the European Working Time Directive for trainees.

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

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. There are video-conferencing facilities which facilitate communication between the Network. There is a Target Definition room and access to the HSE's National Integrated Medical Imaging System (NIMIS). Trainees spoke positively about their training experience at the site in relation to the high level of hands-on exposure to cases, as appropriate to their stage of training.

ii. The Team had sight of the Irish Committee on Higher Medical Training (ICHMT), Royal College of Physicians of Ireland (RCPI) report of the March 2016 inspection for the BST programme in General Internal Medicine, the site's response, and the June 2017 ICHMT, RCPI report for Palliative Medicine. This documentation demonstrated ongoing dialogue between the site and the postgraduate training bodies. In addition to this, trainers at the site are also the postgraduate training body representatives for the training programmes being facilitated at the 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

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 July, September and November 2018 trainee on-call rotas were provided as part of the documentary evidence of compliance with this Standard. Rotas are assigned accordingly to SpRs and Senior Registrars and were reflective of the on-call activity at the site.

ii. Details of Consultants on-call, and that of senior trainees reflect appropriate levels of supervision for the on-call period at the site. Management advised that there is a Registrar on-call based offsite for all three sites within the Network, as well as an on-call Registrar based at the site. Management noted that there is no formal on-call policy for the site, but that best practice is adhered to, as found by the Assessor Team.

iii. Documentary evidence of leave arrangements being communicated to trainees was provided to the Assessor Team.

iv. There is safe and secure on-call accommodation in the main building at the site for the Registrar who remains onsite for the on-call period.

Compliance

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

Recommendation (s)

1. Management noted that there is no formal on-call policy for the site, but that best practice is adhered to, as found by the Assessor Team. However, it is recommended that procedures for on-call are formalised through an on-call policy.

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 described setting milestones and learning goals in line with the learning objectives set by the training bodies. As described by trainers and trainees, there are six-monthly assessments for SpRs in Radiation Oncology which are completed onsite by the relevant Consultants. In Palliative Medicine, the rotation is for six months and learning goals are set at the outset and tailored to individual training needs. All trainees reported using logbooks to maintain course requirements. Radiation Oncology trainees also described good exam supports being provided at the 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

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. Management advised that training through clinical practice at the site revolves around multi-disciplinary teamwork. The Team had sight of schedules indicating the multi-disciplinary planning meetings held at the site. Trainees are encouraged to attend these meetings which are also attended by Nurses and Radiation Therapists, in addition to trainers. Management noted that all quality improvement projects at the site are multi-disciplinary, providing additional opportunities for interaction and teamwork in this area.

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

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 reported having the opportunity to provide feedback on their training experience at their six-monthly assessment meeting with trainers. Trainers advised that this opportunity can be used to assess how well the training post is functioning and can provide information on how to improve the post for future trainees. The high-level of interaction between trainers and trainees reported at the site, facilitates additional opportunities for ongoing feedback on the training experience.

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

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:
The Coombe Women and Infants University Hospital (CWIUH)

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 Assessor Team (the Team) had sight of the clinical training site's organogram demonstrating the lines of accountability and reporting structures for the site. The Team observed an oversight on the site's organogram where there was an absence of reference to the Pathology trainee and the relevant reporting lines. Through discussions with trainers and trainees (the Team had the opportunity to meet with 18/28[3] trainers and 11/36 trainees), it was clear that each trainee has an assigned trainer, and this is made known during the induction to the clinical training site.

ii. The site has recently established a dedicated Training Committee with representation from the Lead Non-Consultant Hospital Doctor (NCHD), trainees from each specialty, Training Coordinators, HR and the Master of the hospital. The Team had sight of an attendance sheet from the most recent meeting of this Committee.

iii. The postgraduate training bodies are represented by each of the Training Coordinators at the site. The Team were made aware of recent inspections by the relevant postgraduate

[3] During the inspection visit the Team were made aware that the recent inspection visit of the College of Anaesthesiologists of Ireland to CWIUH had highlighted that all Consultants from this body at the site are trainers, as opposed to the site's submission which originally indicted one trainer in the speciality of Anaesthesiology.

training bodies and were provided with the available postgraduate training body report for Obstetrics and Gynaecology.

Compliance

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

Recommendation (s)

1. The clinical training site's organogram should be updated to include reference to the Pathology Specialist Registrar (SpR).

Commendation (s)

No commendations made.

Level of compliance: FC

B. Clarity of clinical governance arrangements

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

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

i. At induction, trainees are made aware of their role as doctors in training and of the reporting structures at the site. Trainees described clearly delineated tasks and appropriate supervision from more senior doctors. Further to this, the Team had sight of a recent (2018) NCHD feedback survey conducted at the site, which showed that trainees felt that their level of work was appropriate to their level of training.

ii. Procedures for clinical incident reporting, form part of the induction to the site. The induction schedule includes a dedicated session provided by the site's Clinical Risk Manager. Trainees described the reporting procedures and a redacted clinical incident report form completed by a trainee evidencing such was viewed by the Assessor Team.

iii. Both trainees and trainers confirmed a range of routine handover procedures, both specialty-specific and multi-disciplinary. The Team had sight of handover attendance sheets, policy documents, and the draft of a recent HSE Quality Assurance and Verification Audit Report, which outlined adherence to the National Clinical Guidelines for multi-disciplinary handover for the services provided at the 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)

1. The handover policy and practice of handover at the site is to be commended.

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 Master of the hospital holds overall responsibility and accountability for education and training at the site, including ensuring compliance with the Medical Council's criteria for clinical training sites which support the delivery of specialist training (specialist training standards). Management presented to the Team how the Medical Council's specialist standards are embedded into the governance structures and processes at the hospital.

ii. There are named Training Coordinator's for each of the four specialities where there are training programmes being facilitated at the site. The Team were made aware of recent inspections by the relevant postgraduate training bodies and were provided with the available inspection report for Obstetrics and Gynaecology.

iii. Management advised the Team of their ongoing discussions with the HSE's education and training function regarding the need for an increase in trainee and Consultant numbers at the site.

iv. On-site education and training is supported through organisational change via the active role of the Lead NCHD, trainee involvement in the recently established Training Committee, the involvement of trainees in audits and quality improvement projects, and senior trainee involvement in various hospital committees. It was acknowledged at trainer level that promotion of senior trainee involvement in committees would be more beneficial if guidance on committees was better aligned to specialty-specific training, and therefore tailored to individuals.

Compliance

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

Recommendation (s)

1. Promote the involvement of senior trainees in committees which are relevant to their level of specialist training.

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 reviewed the hospital-wide induction policy and the site's welcome booklet and employment pack. Trainees spoke positively about induction at the site, describing it as 'one of the best', comprehensive and efficient.

ii. There was evidence of attendance sheets from induction and confirmation that the induction programme is updated regularly in line with trainee feedback. The most recent (July 2018) NCHD Induction Feedback Report generated at the site was positive, and management facilitate attendance at induction by repeating the induction presentations on additional days, to accommodate those trainees on shift-work. Management noted challenges around facilitating induction outside of the traditional timeslots of January and July where an extensive induction programme is required to be rolled out to a small number of trainees. The Team noted that efforts are underway to address this which include shadowing opportunities and the development of an online induction programme.

iii. The hospital induction programme includes a site-specific health and safety presentation.

iv. In addition to the general hospital-wide induction programme, each specialty delivers its own induction. For example, induction to Anaesthesiology was reported to be delivered over the first weeks at the site and defined as a 'settling-in period', where trainers are on hand to support trainees.

v. As part of the induction programme, trainees must attend the HR department to read and sign-off on all hospital policies via the use of the Q-Pulse System. Sign-in sheets from this process were provided to the Team.

vi. The National Employment Record (NER) system is used at the site. This system helps to minimise the duplication of employment-related documentation. There is also active involvement from HR at the site in ensuring that trainees have completed mandatory training courses in advance of commencement of their rotations. The Team were provided with copies of emails to trainees to demonstrate this.

Compliance

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

Recommendation(s)

1. Continue efforts to develop an online induction programme to facilitate those trainees who commence their training outside of the traditional rotation start times of January and July.

Commendation (s)

1. The site is commended for their comprehensive induction programme, which trainees spoke positively of, and the pro-active involvement of the HR department in ensuring that trainees are appropriately prepared to commence their rotation of training at the site.

Level of compliance: FC

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 provided evidence of trainee and supervisor ratios and of email communications to trainees advising them of their designated trainer at the site. Trainees and trainers described an appropriate level of supervision being provided throughout the specialities at the site.

ii. Trainees are made aware of their trainers during induction and trainees reported being well-supported within their team structures, and the Team concluded that there is a strong sense of collegiality at the site.

iii. & iv**.** Trainees and trainers reported examples of tailored training to address specialty-specific training needs in line with individual stages of training. For example, in Obstetrics and Gynaecology, there are opportunities for one-to-one training in colposcopy 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 compliant with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

1. The team commend the trainee access to trainers which provides opportunities for individual tailored training.

2. The trainers' commitment to their role in training the next generation of doctors.

Level of compliance: FC

F. Opportunities for training through clinical practice for Trainees

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

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

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

i. Trainees spoke positively about the practical training opportunities available to them. Training is tailored to individual needs where trainees can seek further training in certain areas as required by programme learning outcomes. On-site assessment is supported via the use of electronic logbooks which are maintained by trainees and signed off by trainers, in accordance with the progressive competencies of trainees.

ii. Day-to-day service provision allows for learning through participation in clinical practice, for example in Obstetrics and Gynaecology, trainees described training as 'doing the job'. Findings from the site's recent NCHD survey however, indicated that some trainees are seeking more practical, hands on training. This was reiterated by some trainees during discussion with the Assessor Team, although it was acknowledged that European Working Time Directive (EWTD) requirements and the high-risk nature of the areas trainees work in means that this is not always possible. Trainers reported the challenge of maximising training opportunities within the constraints of the EWTD. Trainers noted that the nature of the cases at the site cannot be predicted and so trainees may not be onsite during the time that such cases come in (due to EWTD compliance requirements) to have exposure to such for training purposes.

Compliance

The clinical training site rated their compliance with this standard as partially compliant. The Team concluded that the site is partially compliant with this Standard.

Recommendation (s)

1. Explore opportunities to maximise practical training in line with EWTD requirements for trainees.

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 allow for attendance at education and training activities in line with specific training programme requirements. The number of non-training scheme doctors at the site facilitates trainees being able to attend formal and informal education and training activities, whereby any gaps in service can be covered by the non-training scheme doctors.

ii. The Team were provided with a schedule and attendance sheets for regular education and training opportunities at the site, which included the journal club and multi-disciplinary team meetings. It was noted that the site also provides extensive exam and interview preparation for all trainees. Trainees described breaches of the site's Bleep Protocol which is disruptive to both service provision and training opportunities.

iii. Trainees attend both specialty-specific and multi-disciplinary handover sessions. Trainees described regular opportunities for informal training with their trainers over the course of a routine shift. The high Consultant presence at the site facilitates this.

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 site's Bleep Protocol should be updated, communicated and implemented.

Commendation (s)

1. The commitment to providing extensive exam and interview preparation for trainees is to be commended.

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 sight of trainer work schedules which had clearly defined protected training time. This was reflected in the meetings with trainers and trainees when discussing informal and formal training activity. Interviews with site management, trainees and trainers indicated a strong ethos of learning and training at the site.

iii. The site provided evidence of recent completion of Train the Trainer courses. It was acknowledged that although there is support at management level for trainer development, trainers reported heavy training and clinical workloads as impediments to attending such activities.

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. All trainers should be facilitated to attend formal trainer development activities as required by their respective postgraduate training bodies.

Commendation (s)

No commendations made.

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. Study space is limited and dispersed throughout the site. Desk and computer facilities are shared between multiple staff undertaking different tasks, including research and accessing patient data. There is minimal staff access to Wi-Fi. Management advised that they are working to address the issue of limited access to Wi-Fi and are hopeful of an update on progress commencing in Q1 2019.

ii. There is a limited list of online journals accessible through the staff intranet. Staff at this site have no access to HSELanD or University online libraries. Management, trainers and trainees highlighted this as a significant impediment to training and academic activities.

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 site requires Wi-Fi access for staff and efforts should be made to continue to address this as part of the site's I.T. plan, as outlined to the Team.

2. The site requires access to relevant and up-to-date medical literature. Management should endeavour to address this issue.

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. There are occupational health supports available to trainees onsite. These services include dedicated staffing plus online services. Occupational Health staff are available on Tuesdays, Thursdays and a half-day on Fridays. Details on the access and availability of these services are provided to trainees during site induction.

ii. Management acknowledged the challenge of identifying staff members requiring mental health supports. The supports available to trainees at the site include a Chaplain, occupational health supports, access to online support services and access to a number of health and wellbeing activities, made known to trainees via the site's Health and Wellbeing Newsletter. Trainees reported participation in many health and wellness activities. Management reported that CISM and Schwartz Rounds are delivered as part of training in dealing with adverse events and one-to-one debriefing with trainers is also available following serious adverse events.

iii. Management advised that although the site does not have a policy in place for trainees with disabilities, supports would be put in place to facilitate trainee 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)

1. Signpost additional mental health supports available to trainees in the induction programme, such as Practitioner Health Matters and the Medical Council's Health Committee.

Commendation (s)

1. Management are commended on their awareness of the need to support the mental health of trainees.

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.& ii. Trainers and Training Coordinators are the onsite training body representatives and trainee logbooks are completed online and counter-signed online by trainers. Trainees are facilitated to attend study days organised by their training bodies.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

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 being promoted informally at the site. Trainers described devising formal training opportunities in clinical practice as difficult due to such opportunities being encountered rather than planned for (based on the nature of the services provided at the site). When such an opportunity arises, trainers take the opportunity for reflective discussion with trainees. The Medical Council's Ethical Guide is not a feature of induction at the site but the Team were provided with documentary evidence of the guide being circulated to all new trainees in August 2018.

ii. Trainers and trainees described the close Consultant supervision through the working day as promoting an ethos of professionalism at the site. Trainers reported that compliance with the EWTD presents a challenge to aspects of professionalism such as continuity of care (where patients cannot always be seen by the same doctor).

iii. The Team were provided with copies of the Royal College of Physicians of Ireland (RCPI) Grievance and Disciplinary policy for trainees and also a site-specific Grievance Policy.

iv. There was no evidence of a clear pathway for referral to the Medical Council for areas of concern. Management did advise of local resolution including reference to the site's Grievance Policy, the RCPI Grievance Policy and the Dignity at Work Policy.

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. Signpost the Medical Council's Ethical Guide in the induction pack provided to trainees.

2. Develop a 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 had sight of the site's current Health and Safety Statement, as well as being provided with samples of quarterly Health and Safety checklists from a number of wards and one department.

ii. Documentary evidence was provided indicating a high-level of compliance with the EWTD.

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. Work towards achieving full compliance with the EWTD.

Commendation (s)

No commendations made.

Level of compliance: PC

N. Specialty-specific supports

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

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

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

i. Management and trainers advised of recent postgraduate training body inspection reports confirming sufficient resources at the site to meet specialist training programme requirements. The Team had sight of a recent inspection report from the Institute of Obstetricians and Gynaecologists within the RCPI, and it was noted that the site was commended in the report for the training being delivered within that speciality at the site. Other recent training body reports were not available to the Team at the time of the inspection.

ii. Management advised the Team of ongoing dialogue with the postgraduate training bodies and provided the Team with evidence of trainer/management participation in Specialist Training Committees.

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

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 were satisfied with the documentary evidence provided on the on-call staffing levels and rotas for trainees at the site, which was also reflected in the discussion with trainees.

ii. Trainees expressed satisfaction with the level of on-call supervision.

iii. The rosters provided as part of the documentary evidence indicated post-call rostered time off for trainees.

iv. The Team observed the secure on-site on-call accommodation facilities, located within the hospital.

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

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 spoke positively about the training opportunities at the site and training is tailored to individual needs where trainees can seek further training in certain areas as required by programme learning outcomes. On-site assessment is supported via the use of electronic logbooks which are maintained by trainees and signed off by trainers, and trainees are facilitated to attend all training body activities as required.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

Q. Opportunities for multi-disciplinary teamwork

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

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

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

i. The Team was provided with evidence of regular scheduled multi-disciplinary team meetings, handover sessions and journal clubs along with attendance sheets for such.

ii. Evidence of trainee attendance at a range of hospital committees and participation in quality improvement projects was provided to the Assessor Team. Management reported that trainees are encouraged to work closely with Nursing staff and other healthcare professionals at the hospital.

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

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. Trainees are given the opportunity to provide feedback on training at the site. The Team were provided with the reports of two NCHD surveys (one on their overall experience at the site and one specific to induction to the site). Feedback on previous induction programmes had resulted in changes to the subsequent induction programme being delivered at the site.

ii. The engagement with/of the Lead NCHD ensures that the NCHD voice is heard. For example, access to UpToDate was recently secured for all NCHDs. The recently established Training Committee and participation of trainees on a variety of hospital committees also promotes feedback and provides opportunities to influence the standards and quality of training delivered at the 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

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:
St James's Hospital (SJH)

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 19 of 56 interns at St James's Hospital. The Team was provided with the list of rotations at SJH and were satisfied that the rotations both planned and in progress comply with the minimum requirement for both three months in Medicine and three months in Surgery.

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 St James's Hospital is affiliated with the Dublin South East Intern Training Network (DSE ITN) and with Trinity College Dublin (TCD) School of Medicine. The Team met with representatives from the DSE ITN including the Intern Co-ordinator and Intern Tutor who oversee the content and assessment of the intern training programme. The Team met with interns who had completed their undergraduate and / or graduate entry medical education in TCD, University of Limerick, 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 detailed two-week induction programme which included opportunities for intern shadowing. Interns described the induction programme as suitable in preparing them for practice at the site. Documentary evidence also included the formal teaching schedule, clinical skills training schedules for during induction and employment, and details of the research mini skills boot camp, all of which provided evidence of practice-based intern training at the site.

ii. A recent intern on-call rota was provided to the Team and interns described feeling part of a team with access to an appropriate case-mix and participating in practice-based training as appropriate to their growing competence.

iii. Interns described having regular opportunities to exercise their responsibilities and clinical decision making during their rotation at the site. Interns described how they can freely access their Consultants to raise any issues/ask questions as required.

iv. The Team was satisfied that interns felt part of a multi-disciplinary team which is working well. However, the Team heard reports of interns regularly engaging in basic clinical tasks e.g. ECG and phlebotomy, which can be performed by qualified non-medical staff, diverting interns from new learning opportunities. The Team were provided with a draft hospital-wide handover policy and the Team heard no evidence of consistent engagement of interns in the clinical handover process.

v. The Team had sight of the intern teaching schedule, which indicated regular formal education and training sessions. However, interns noted that it was often difficult to avail of the protected training time (bleep-free) at these sessions due to service pressure demands.

vi. The content of the training was found to be consistent with the eight domains of good professional practice as outlined in the site's self-evaluation submission. Good professional practice is further emphasised at the site through strong educational leadership and role models.

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 concept of Task Sharing should not be allowed to undermine the implementation of the national Transfer of Tasks Policy. The Team recommends that SJH audits the implementation of the Transfer of Tasks Policy across all areas of training at the site and take appropriate action based on the findings.

2. The current draft hospital-wide handover policy should be reviewed and approved by site management and include the opportunity for interns to engage/observe the clinical handover process where possible.

3. Audit the implementation of the SJH Bleep Policy and take appropriate action based on the findings.

Commendation (s)

1. The comprehensive intern induction programme.

2. Intern access to a broad case-mix and the associated range of expertise, which enriches the intern learning experience.

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 was satisfied that interns are supervised by an identified clinician at a senior level based on the documentary evidence provided and the meetings that took place on site. Interns praised the Intern Tutor for their commitment, support and accessibility.

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 Intern Tutor for their active role and commitment to intern training

2. The Team was impressed by the culture of collegiality and support for interns throughout the hospital.

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

The Team heard of regular, formal assessment schedules, conducted by the supervisor/trainer, with feedback being provided to interns as required. Example assessment and progress report template forms used for intern assessment were provided to the Team.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

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

The site's self-evaluation documentation outlined ongoing professionalism training for interns taking place at six-eight weekly intervals. The Team noted that professionalism is emphasised through the strong educational leadership and role models at the site. Interns however did report how they would like to receive more feedback on the development of their communication skills as doctors in training.

As part of the Network intern induction programme, interns are provided with a copy the Medical Council's Ethical Guide although site representatives advised the Team separately to intern matters that the Council's Ethical Guide is not specifically promoted at site level but that other policies and procedures to promote professionalism are used.

The Intern Tutor meets with each group of interns completing their first set of night shifts to discuss matters relating to intern self-care and provide opportunities for feedback.

The Team noted that critical incident reporting training includes reference to the online reporting system although there was a general lack of awareness of the reporting process at intern level, amongst those who met with 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. Provide additional opportunities for intern observation of and formative feedback on communication skill requirements.

2. There should be active promotion of the Medical Council's Ethical Guide.

3. Critical incident reporting should be given greater emphasis during induction to the site to ensure adequate awareness of its importance.

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 provides interns with access to a sufficient number of patients and a broad case-mix.

ii. Interns have the space and opportunity for private study as well as access to an extensive online library.

iii. Interns described appropriate levels of supervision and based on the facilities walkaround, discussions and documentary evidence, the Team was satisfied that the current number of interns onsite is appropriate to the educational opportunities and facilities available.

iv. Interns described having 'go-to' persons such as the Intern Tutor and that due to the positive training environment, said they would feel comfortable raising issues if the need arose. The Team had sight of the SJH Dignity at Work Policy however there was a lack of awareness amongst the interns of such a policy.

v. All interns are scheduled an appointment with Occupational Health as part of their induction, advising interns of the services available to them throughout their rotation at the site. In addition to this, the Team were also provided with a screenshot of the DSE ITN Intern Induction Hub and a copy of the support services document available to interns within the Network.

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. Greater emphasis to be given to the SJH Dignity at Work Policy during intern induction.

Commendation (s)

1. The quality of the facilities available at the Trinity Centre for Health Sciences at the site.

2. The range of counselling, advice and other 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. The Team had sight of the Educational Governance Organisational Chart for the site which demonstrated clear organisational structures and lines of accountability for the learning environment. Management and trainers noted that the governance structure at the site centres on a Directorate Model.

ii. The SJH Medical Board has trainee representation and postgraduate training body reports for the specialist training programmes being facilitated at the training site are reviewed by this Board. The Team understood however that there is no collective oversight of the training environment at this level. Training matters are viewed per Directorate/Specialty. There is an active Non-Consultant Hospital Doctor (NCHD) Committee at SJH which includes management representation, providing a voice to the NCHD community.

iii. The Team found there was a lack of clarity with regard to the formal arrangements between the postgraduate training bodies and the clinical site.

The 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 establishment of a dedicated education and training committee reporting directly to the Medical Board whereby oversight of the hospital as a clinical learning environment as a whole can be maintained.

2. The arrangements between the clinical site and the postgraduate training bodies should be clarified and formally documented to define the respective roles and responsibilities in facilitating specialist training at the site.

3. The appointment of a Chief Academic Officer.

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 met with 23 out of 279 trainees at SJH. Each trainee has an assigned trainer and trainees described to the Team their awareness of their responsibilities as doctors in training, their level of authority and the lines of accountability at the site.

ii. Trainees were aware of the procedures for reporting critical incidents and the Team heard an example where an NCHD reported an incident, which had been followed up expeditiously. The Team had sight of the SJH Balanced Accountability Policy which references learning from clinical incident reporting, however training across the various specialities in this area was described by trainees as inconsistent with 'lessons learned' from such reporting not being consistently fed back to trainees.

iii. While the Team saw and heard examples of good handover procedures, such as the arrangements in the Emergency Department, the hospital-wide handover policy remains in draft form and is not implemented across the entire site.

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 importance of critical incident reporting and examples of lessons learned should be given greater emphasis during induction and throughout training.

2. The site-wide handover policy should be finalised and implemented as a matter of priority.

Commendation (s)

No commendations made.

Level of compliance: PC

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 Director of Postgraduate Medical Education who holds responsibility and accountability for ensuring compliance with the Medical's Council's requirements for training sites in the facilitation of specialist training.

ii. Requirements of the postgraduate training bodies are managed via the Medical Board. Training body reports are circulated to each speciality as required and progress on implementing training body requirements is reported directly to the Medical Board. The Team had sight of a high volume of training body reports from the postgraduate training bodies.

iii. The Head of Medical Workforce is the direct liaison between the site and the HSE's National Doctor Training and Planning (NDTP) on matters pertaining to education and training.

iv. Management advised the Team that education and training at the site is supported through any organisational change. An example was given of a recent project which introduced an electronic patient record system and how timely training is provided to all staff to facilitate the introduction of this change to the site, thereby reducing any disruption to any education and training being delivered at the 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)

The Team reiterate the recommendations made under Standard A, those being:

1. The establishment of a dedicated education and training committee reporting directly to the Medical Board whereby oversight of the hospital as a clinical learning environment as a whole can be maintained.

2. The arrangements between the clinical site and the postgraduate training bodies should clarified and formally documented to define the respective roles and responsibilities in facilitating specialist training 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. The Team had sight of the SJH Employee Induction Policy. The induction policy covers corporate induction and local induction (specialty specific).

ii. Induction is mandatory as set out in the SJH Induction Policy and takes place on the first day on-site. The Team were advised that attendance at induction is recorded to monitor the implementation of the site's induction policy and were provided with a sample template attendance sheet.

iii. The Team was provided with a copy of the site's induction schedule which included reference to a health and safety session applicable to all trainees, regardless of their speciality.

iv. The Team heard inconsistencies in the approach to speciality-specific induction at the site with some trainees reporting an absence of any speciality-specific induction.

v. Trainees are made aware of hospital policies during their corporate induction to the site. The Team noted a lack of awareness amongst trainees on the process for managing adverse events at the site.

vi. SJH utilise the National Employment Record (NER) system to eliminate the duplication of employment-related documentation.

Compliance

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

Recommendation(s)

1. The implementation of specialty-specific induction should be audited and appropriate action should be taken based on the findings.

2. Heighten the awareness of the Adverse/Critical Events Management Protocol during site 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. Appropriate supervisory arrangements were described by trainees and trainers, including during on-call periods, where Consultants are contactable via phone.

ii. Trainees noted that they are made aware of their clinical supervisors during induction and had high praise for their trainers at the site.

iii. & iv. Despite the busy nature of the hospital, trainees noted that they always have a member of the Team to go to should they need assistance. Trainers described observing and meeting with trainees and tailoring supervision based on the experience gained and skills demonstrated by trainees.

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

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 feeling as part of a team with access to a good case-mix and participating at an appropriate level for specialist training. The Team was made aware of a lack of daytime emergency operating theatre and rolling closure programme. However, Surgical and Anaesthesiology Trainees felt that this did not compromise their training opportunities at the site. Documentary evidence provided to the Team on the day included a recent copy of a bedside teaching schedule.

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 case range and associated range of expertise, available to trainees at the site.

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. The Team had sight of a range of documentary evidence detailing the education and training opportunities available to trainees such as grand rounds, journal clubs, specialty - specific teaching schedules and the core academic calendar for SJH. Trainees described being provided with formal teaching opportunities at the start of the week and noted that they have access to a lot of informal training opportunities with Consultants. Specialist Registrar (SpR) trainees noted that they are facilitated to utilise their designated half-day a week for education and training purposes.

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 with the commitment to and the availability of education and training opportunities for trainees at the site.

Level of compliance: FC

H. Opportunities for trainers to train through protected training time

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

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

i.&ii. The Team had the opportunity to meet with 25 of the SJH trainers and were provided with an example work practice plan indicating trainers training commitments. Trainers noted that although protected training time is not provided for in line with any contractual provision, they are routinely making a vital contribution to education and training which they view as being integral to their Consultant role.

iii. Trainers noted that they are facilitated to attend trainer development activities by support from colleagues in managing workload.

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. 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. The Team visited the educational facilities onsite including, I.T. facilities, tutorial rooms, teleconferencing facilities, simulation facilities and the Trinity Health Sciences Centre. The Team were satisfied that the facilities observed were sufficient for the number of trainees at the site and appropriate to their learning requirements.

ii. Trainees have access to relevant and recent medical literature and this includes online access, for example trainees have access to UpToDate.

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 range and high-quality facilities available at the site.

Level of compliance: FC

J. Access to pastoral and health supports for Trainees

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

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

i. Details of occupational health facilities are made know to trainees during induction and are available to trainees at a discrete location onsite. The Team learned that the NCHD Committee are actively working to promote awareness of the range of services provided.

ii. The Team visited the Camino Rest Facility and noted the range of wellness initiatives available at the site including; Head Space App licences, mindfulness courses, yoga and relaxation sessions.

iii. Although no instances of being required to make reasonable adjustments to support a trainee with a disability could be described during the inspection visit, the Team were assured that reasonable adjustments would be made should those needs arise. The Team noted in the site's self-evaluation documentation, that given the temporary employee status of trainees, it can be difficult to support trainees returning to work following illness.

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. Raise the challenges in supporting trainees returning to work through the appropriate channels where required.

Commendation (s)

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

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. & ii. Trainees described close working relationships with their trainers from their respective postgraduate training bodies. It was noted during the meeting with trainers that joint Consultant/postgraduate training body appointments would optimise contact with postgraduate training bodies at the site. There is access to Wi-Fi throughout the campus and a sufficient number of computers to facilitate close trainee contact with the postgraduate 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 compliant with this Standard.

Recommendation (s)

1. Explore the potential for joint appointments with the postgraduate training bodies to optimise contact.

2. The Team reiterate a recommendation noted under Standard A in relation to formally documenting the relationship between the clinical training site and the postgraduate training bodies.

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 emphasised informally at the site where promotion of such is through leading by example. Trainees described their Consultants as role models in this regard. However, the Team were advised that the site does not promote the Medical Council's Ethical Guide as required by this Standard. The Team were provided with a site-specific Code of Staff Ethics and Behaviour.

ii. The Team noted examples of how good professional practice is promoted at the site. For example, trainees described observing Consultants communicating with patients and families. Trainers noted their strong commitment to delivering education and training and the Team heard of strong support networks at the site.

iii. Based on the documentation provided, such as the Grievance and Disciplinary Procedure and Dignity at Work Policy, and from discussion at the site, the Team was satisfied that systems are in place to address incidents of unprofessionalism if such were to arise.

iv. Management outlined to the Team the mechanisms for resolving concerns regarding unprofessionalism and this included reference to 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 partially compliant with this Standard.

Recommendation (s)

1. There should be active promotion of the Medical Council's Ethical Guide as per the requirement of this Standard.

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. Trainees raised personal safety concerns around accessing and leaving the premises, particularly at night. Trainees were particularly concerned at the lack of secure staff parking and the likely exacerbation of the problem with the increasing provision of clinical services onsite. The Team acknowledged the availability of an onsite security escort service, however it was noted to not always be readily accessible to trainees.

ii. The self-evaluation documentation detailed almost full compliance with the European Working Time Directive (EWTD). Some trainees reported that they regularly work in excess of the EWTD criteria and were paid overtime in such instances.

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. Management should provide a comprehensive security service, monitor security issues onsite and take appropriate action as required.

2. 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. The Team wish to thank the clinical training site for providing a wide range and high volume of sample postgraduate training body inspection reports. Management advised the Team that specialty-specific resource requirements are managed and provided individually in line with the postgraduate training body inspection reports. The Team were provided with some documentary evidence reflecting how training body recommendations specific to resource requirements have be acted upon by the site in the past. Dialogue between the clinical training site and the postgraduate training bodies was reported to be maintained through the SJH Medical Board.

Compliance

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

Recommendation (s)

1. The establishment of a dedicated oversight committee for education and training, reporting into the Medical Board, will provide a collective overview of the specific-speciality requirements and needs of the site in facilitating the delivery of specialist training.

2. The Team reiterate a recommendation noted under Standard A in relation to formally documenting the relationship between the clinical training site and the postgraduate training bodies.

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. Examples of appropriate on-call rotas were provided to the Team.

ii. The Team had sight of documentary evidence detailing the supervisory arrangements for trainees on-call.

iii. Trainees described regular involvement in post-call ward rounds and satisfactory post-call leave arrangements.

iv. The Team visited the access-controlled on-call accommodation and were satisfied that the facilities were both safe and secure.

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. Documentary evidence provided to the Team included examples of training body evaluation/assessment forms and trainees noted that assessment varies depending on the training scheme. Training body assessment is predominately online via the use of logbooks and e-portfolios. Computer access and Wi-Fi availability at the site facilitates online assessment.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

Q. Opportunities for multi-disciplinary teamwork

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

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

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

i. & ii. The Team was impressed with the culture of collegial multi-disciplinary teamwork at the site. Documentary evidence of examples of multi-disciplinary meetings was provided and trainees described regular weekly opportunities to engage with colleagues from other disciplines.

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 many learning opportunities provided to trainees 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. & ii. An effective trainee feedback mechanism was evident to the Team. Trainees have the opportunity to provide feedback to management via the NCHD Committee and the Team heard examples of how trainee feedback has been responded to, such as improvements to assessment methods being made 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 compliant 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:
Naas General Hospital (NGH)

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 Team met with six out of the eight interns training at NGH. These interns were on their second three-month rotation of the intern programme and in their fifth week at the site.

The Team were provided with copies of the schedules of rotations and were satisfied that interns are rotating through the appropriate specialties as 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

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

The site is affiliated with Trinity College Dublin School of Medicine and the Dublin South East Intern Training Network (DSE ITN). The Team had sight of an evaluation of the intern programme conducted by the DSE ITN and also met with the site's Intern Tutor who is responsible for the delivery and oversight of the intern programme at NGH.

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. Induction takes place prior to interns commencing practice-based training at the site. Interns described opportunities for practice-based training and the Team were provided with documentary evidence reflecting such e.g. on-call rotas, a copy of the teaching schedule and attendance sheets from teaching sessions.

ii. & iii. Interns do not take part in the on-call rota during their first four weeks at the site, to facilitate adjusting to a new site. Interns described their experience of on-call and noted that the current number of interns rostered is insufficient to respond to on-call activity, and how the rostering of an additional intern during the on-call period would be an improvement. Interns reported that they observe practical skills as part of their training prior to active participation. Similarly, consent taking was noted to be observed by interns prior to their personal involvement in taking consent for minor procedures. Intern participation in handover happens in some specialties but not all. There are no restrictions on interns partaking in handover. However, it is not actively or consistently promoted at the site. The Team noted that NGH has a site-specific handover policy currently in draft form. It was clear from discussions with interns that the application of the National Transfer of Tasks Policy was satisfactory throughout the site, with the exception of weekends. Interns described limited availability of phlebotomists during weekends resulting in phlebotomy duties defaulting to interns.

iv. Discussion with interns and documentary evidence showed opportunities for interns to work as part of a multi-disciplinary team. Ward rounds, journal clubs and training sessions all involve staff from different disciplines.

v. The Team had sight of the intern teaching schedule and noted additional educational opportunities such as grand rounds, journal club and weekly lunch and learn sessions. The Team were provided with attendance sheets however the weekly tutorials were noted to not be protected (not bleep-free).

vi. The Team was satisfied that the content of training being delivered at NGH is consistent with the Medical Council's eight domains of good professional practice. Training includes

sessions on dealing with bad news, delivering bad news to patients, participation in multi-disciplinary team meetings, and end-of-life care.

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 on-call staffing levels to ensure there is sufficient staffing for the volume of on-call activity at the site, e.g. a second rostered intern.

2. The handover policy should be finalised and circulated to improve the consistency of handover across the site and all interns should be encouraged to attend handover.

3. Weekend staffing levels should be reviewed to ensure that interns are not diverted from new learning opportunities due to engagement in basic clinical tasks.

4. Formal education and training opportunities should be protected i.e. bleep free. A draft Non-Consultant Hospital Doctor (NCHD) Communication and NCHD Bleep Guideline document was provided to the Team. This document should be finalised and include reference to protected training time.

Commendation (s)

1. The Director of Nursing should be commended for their commitment to driving the implementation of the Transfer of Tasks Policy at the site.

Level of compliance: PC

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

Interns described being well supervised during their training with access to senior clinical staff including when on-call. However, due to the busy nature of the site and the reportedly low staffing levels, accessing support at night was described difficult on occasion.

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. Interns should be suitably supervised at all times. The site should endeavour to rectify staffing issues to make improvements in this area, including increasing Consultant numbers.

Commendation (s)

No commendations made.

Level of compliance: PC

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 meet with the Intern Tutor during induction to the site. Interns described informal sessions with their trainers on the commencement of their rotations and receive informal feedback throughout their three-month attachment. There is no formal assessment other than at the end of the three-month rotation. The Team were advised that learning objectives are not formally set out with interns due to their limited amount of time at the site (one three-month rotation). Documentary evidence of assessment 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. Opportunities for feedback and assessment should be increased and formalised at the site.

Commendation (s)

No commendations made.

Level of compliance: PC

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

Professionalism is taught informally at NGH and interns described learning aspects of professionalism via their senior colleagues and trainers through the examples set by them. Interns are made aware of policies and procedures that emphasise professionalism, such as the HSE's Dignity at Work Policy, which the Team had sight of.

During the discussion with interns, there was an awareness of the Medical Council's Ethical Guide although it was not evident to the Team that this awareness was from promotion at the site.

Interns were aware of the reporting procedure for clinical incidents but stated that they had not received training on 'what is an incident' at NGH (but had during rotation at a previous site) and that generally clinical incident reporting is not completed by interns, which was also acknowledged by the site's Intern Tutor.

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 greater emphasis placed on the Medical Council 'Guide to Professional Conduct and Ethics for Registered Medical Practitioners' during induction and training.

2. Training on clinical incidents and the management of such should receive greater emphasis during intern training at NGH.

Commendation (s)

No commendations made.

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. Interns have access to a varied case-mix and appropriate number of patients as required for their rotations as noted by interns and trainers. Interns reported that access to up to date printed patient lists varied, with some interns reporting that such lists are only made available once a day and are not re-circulated with updates.

ii. There is an on-site library with access to a wide range of books and 24-hour computer access with online journals and relevant medical resource software. Wi-Fi is available in the library, education and tutorial rooms, but is not currently available throughout the hospital.

iii. The Team heard how an increase in Registrar cover had assisted with providing on-call duty cover at the site. However, there was concern over low staffing levels during on-call hours which raised patient safety concerns amongst the interns. Interns noted how an additional intern and additional phlebotomists could alleviate pressure in this area.

iv. Interns described their awareness of the reporting structure for raising ethical concerns with more senior colleagues. The Team heard how the culture of the site results in interns feeling comfortable raising any concerns they may have.

v. Occupational Health staff are on-site twice a week and interns can also avail of an Employee Assistance Programme. Details of these services are made known to interns during site induction.

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. Ensure consistency in accessing up-to-date patient lists.

2. In the interest of patient safety, the site should seek to increase healthcare staffing levels during the on-call period.

Commendation (s)

No commendations made.

Level of compliance: PC

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. & ii. The site's General Manager holds overall accountability for site matters but there is no clearly identified individual with specific overall responsibility for medical education and training. There was no evidence of educational structures such as a designated committee for education and training.

iii. The Team were not provided with any formal documentation detailing arrangements between the site and the postgraduate training bodies. The Team heard at the meeting with management that the links between the postgraduate training bodies and the site could be improved. Contact with the postgraduate training bodies was described as being mainly through video conferencing facilities. During the inspection visit the Team had the opportunity to meet with the local Training Coordinator for Basic Specialist Training (BST).

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. Organisational structures for medical education and training should be put in place, including the establishment of a designated committee and lead individual(s) to govern such.

2. Links between the postgraduate training bodies and the site should be strengthened and made more accessible.

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 met with seven of the 21 Non-Consultant Hospital Doctor's (NCHDs) in training schemes (trainees) at NGH. A copy of the NCHD contract outlining general responsibilities for trainees was provided and the Team heard how specialty-specific induction details trainee doctor responsibilities.

ii. Trainees described the procedure for reporting clinical incident at the site and the Team were provided with the site's Clinical Incident Reporting Policy. Trainees highlighted that they do not receive feedback following clinical incident reporting, resulting in no 'lessons learned'.

iii. Handover was described to the Team as being very informed and cross-discipline with formal handover taking place once a week and informally at the start and end of each shift. The hospital-wide Handover Policy is currently in draft form and trainees were aware of the site trying to improve the practice of handover. Formal handover as a training opportunity was described by trainees as not being protected.

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. Greater emphasis should be placed on communicating feedback and learning to trainees from the reporting of clinical incidents.

2. Participation in formal handover should be available to all trainees and learning opportunities at handover should be protected.

Commendation (s)

No commendations made.

Level of compliance: PC

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 site's General Manager holds overall accountability for ensuring compliance with the Medical Council requirements for training sites facilitating specialist training.

ii. Some specialties have assigned leads and all trainees are assigned a Trainer from the relevant postgraduate training body. There is a local Basic Specialist Training (BST) Coordinator based at the site. It was not clear to the Team where overall responsibility for managing postgraduate training body requirements resides at the site.

iii. Management reported that they engage with the HSE's National Doctor Training and Planning Unit on matters pertaining to medical education and training.

iv. With there being no designated educational governance structures at the site, there is no clearly identified individual with specific overall responsibility for ensuring that education and training is supported through organisational change.

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. Organisational structures for medical education and training should be put in place, including the establishment of a designated committee to govern such.

2. There should be a named individual responsible for ensuring postgraduate training body requirements are met.

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. While the site does not operate a site-specific induction policy, the Team were provided with a copy of the HSE's Guidelines and Checklists for Induction, and a copy of the NGH NCHD induction booklet. Induction was described by trainees as comprehensive and takes place over a two-week period in July followed by shorter induction sessions outside of July where required.

ii. As noted in the site's self-evaluation submission, feedback on induction is reviewed annually and used to improve the induction process for the next cohort of trainees. Trainees described a sign-in process for induction but noted that attendance is not always possible at all induction sessions due to service pressure demands.

iii. There was no evidence of a general health and safety induction to the site, however a copy of a presentation used during induction on quality, risk and patient safety was provided to the Team.

iv. Trainees and trainers described introductory meetings in their specialties and the Team heard varying approaches to speciality-specific induction. Examples of specialty-specific induction in the Emergency Department, Surgery and Anaesthesiology were provided as part of the site's documentary evidence of compliance.

v. Trainees are emailed local and national policies prior to starting at the site and all policies are stored on the Q-Pulse system for access onsite.

vi. The National Employment Record system is used at the site to prevent the duplication of employment-related documentation.

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. A site-specific induction policy should be developed and include monitoring arrangements to ensure attendance at induction sessions.

2. Induction to NGH should include information on general site health and safety.

3. A uniform template to ensure consistency in induction requirements would standardise the approach to speciality-specific induction 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. There are 16 trainers to 21 trainees at the site. The Team met with 10 of the NGH trainers. Trainees described how they are appropriately supervised during clinical practice although rotating clinical leadership can pose a challenge to the continuity of supervisor.

ii. Trainees described how they are made aware of their clinical supervisors at the outset of their training at the site.

iii. & iv. Trainee supervision is tailored at the site. The Team were made aware of instances where NGH have provided additional staffing, supervision and training where trainees have required additional supports in completing their 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 compliant with this Standard.

Recommendation (s)

1. Appointment of permanent Consultant(s) in the Acute Medical Assessment Unit to ensure consistency and continuity in clinical supervision.

Commendation (s)

No commendations made.

Level of compliance: PC

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. The nature of services provided at NGH gives trainees access to a varied case-mix. Clinical teams divide tasks and duties based on trainee competence and tasks are rotated to ensure a variety of exposure. Handover, multi-disciplinary team meetings, and post-call ward rounds are also examples of opportunities for training through clinical practice. Increased service pressures and low staffing levels were described as an impediment to training opportunities for trainees.

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, NGH should endeavour to balance the service/training requirements of trainees, in particular by addressing medical staff shortages at all levels.

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. Specialist Registrar's (SpR's) described difficulties in attending their weekly half-day protected teaching sessions and other formal onsite and offsite educational opportunities. Trainees described difficulties in taking study leave and making arrangements for annual leave.

ii. & iii. Trainees noted that although they are encouraged to attend education and training opportunities, service pressures at the site mean that it is not always possible for attendance to be facilitated. The Team were advised that this matter has been raised with management. Trainees also described feeling unsupported by the postgraduate training bodies in raising such issues.

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. Specific education and training requirements of specialist training must be facilitated with immediate emphasis on the SpR protected half-day.

2. Organisational structures for medical education and training should be put in place, including the establishment of a designated committee to govern such.

3. There should be greater engagement with the postgraduate training bodies to ensure compliance with training requirements.

4. As a clinical training site, NGH should endeavour to balance the service/training requirements of trainees, in particular by addressing medical staff shortages at all levels.

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 were provided with an example Consultant Practice Plan detailing two hours a week of protected training time. Trainers described the reality of no protected time for teaching and being aware of the service/training imbalance faced by trainees, described themselves as trainers facing the same issue in accessing protected time.

iii. Trainers did however note that they are facilitated to attend trainer development opportunities as required by their respective training bodies.

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. Trainer work schedules should include protected time for training and this should be reflected in practice.

2. Increase the number of Consultants to optimise clinical training, assessment and feedback opportunities in the required clinical specialty areas.

Commendation (s)

No commendations made.

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. Library facilities are available to trainees and computer access is available 24-hours a day. Trainees described the number of computers available to them as insufficient. Wi-fi is not in place across the site but is available in the educational rooms and library. The Team had sight of the dedicated SpR room located on-site which was equipped with computer access and desk space.

ii. There is a full suite of electronic resources available to trainees including access to UpToDate.

Compliance

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

Recommendation (s)

1. Review access to computers in line with staffing levels to ensure sufficient resources are available to trainees as required.

Commendation (s)

1. The Team commend the Librarian for their commitment to providing information and support to staff.

Level of compliance: FC

J. Access to pastoral and health supports for Trainees

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

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

i. & ii. Occupational health staff are on-site twice a week and trainees can also avail of an Employee Assistance Programme. Details of these services are made known to trainees during induction. There is a pastoral office on-site, a prayer room and an oratory, which the Team had sight of during the inspection visit.

iii. Management advised that rosters have been amended in the past to facilitate needs of trainees although explicit needs relating to a disability have not arisen to date.

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

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 maintain contact with their postgraduate training bodies through online means, although computer access and Wi-Fi is limited. Postgraduate training bodies are represented onsite via the training leads and trainers. Trainers are viewed as the primary contact for trainees within their respective postgraduate training bodies.

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. I.T. resourcing should be improved to facilitate trainee contact with parent training bodies.

2. Links between the postgraduate training bodies and the site should be strengthened and made more accessible.

Commendation (s)

No commendations made.

Level of compliance: PC

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. & ii. In both meetings with management and trainees, professionalism was described as being promoted informally at the site, through observation and leading by example. The Team was advised by management representatives that the Medical Council's Ethical Guide is promoted during induction to NGH however this was not evident in the documentary evidence provide to the Team (e.g. not signposted in the NGH induction material). The site's mission statement centres on providing quality patient care through valued and skilled staff.

iii. Trainees described their awareness of procedures for reporting instances of unprofessionalism. Documentation provided to the Team included the HSE's Dignity at Work Policy and the Grievance and Disciplinary Procedures for the Health Service.

iv. The Team was satisfied from the meeting with management that pathways for the referral of concerns to the Medical Council are available at NGH, should local resolution not be possible.

Compliance

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

Recommendation (s)

1. The Medical Council's Ethical Guide should be clearly signposted in the induction material for trainees and actively promoted at the site.

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. Recent risk assessments were provided to the Team which made reference to the clinical learning environment and included steps to manage identified risks. The Team were also provided with a copy of the site's Safety Incident Reporting and Management Policy and a redacted incident report form.

ii. Data for compliance with the European Working Time Directive (EWTD) was provided, indicating high levels of compliance for the average 48-hour working week and full compliance with the 24-hour average working week for NCHDs.

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. Continue efforts to achieve full compliance with the EWTD.

Commendation (s)

No commendations made.

Level of compliance: PC

N. Specialty-specific supports

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

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

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

i. & ii. Trainees and trainers described inadequate staffing levels affecting the service to training ratio at the site. The site's self-evaluation submission made reference to challenges in addressing postgraduate training body recommendations relating to increased staffing levels. Management advised the Team that they are working to improve links with the relevant postgraduate training bodies and to improve speciality-specific requirements at the site where possible.

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, NGH should endeavour to balance the service/training requirements of trainees by improving medical staffing levels.

2. There should be greater engagement with the postgraduate training bodies to ensure compliance with training 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. Rotas were provided to the Team which indicated appropriate on-call ratios for the level of on-call activity. Trainees described the recent addition of a Registrar to the on-call rota as helpful with the volume of on-call activity. Trainees also made reference to their awareness of plans for an additional Registrar to be added to the weekend on-call rota as current staffing in this area is reportedly not consistent.

ii. Trainees described satisfactory supervision from Consultants during the on-call period.

iii. The Team heard of appropriate post-call leave arrangements in place at the site.

iv. The Team had sight of the secure onsite on-call facilities available to trainees.

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. NGH should ensure that on-call supports are consistently available to Trainees during weekend on-call.

2. Proceed with plans to appoint a second Medical Registrar to the weekend on-call rota.

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. Trainees have access to online logbooks and e-portfolios as required by their respective postgraduate training bodies. Trainers and trainees described setting learning outcomes together, including developing a training plan for how to achieve each outcome e.g. completing audits, conducting presentations. The Team heard however that the service to training imbalance at the site results in trainees not having the required time to work on plans to achieve their learning outcomes, with trainers also acknowledging that trainees require more time to focus on training. Trainees described feedback as vague and noted that they would like to receive more structured feedback in relation to their performance. The Team also had sight of an evaluation schedule from the Royal College of Physicians of Ireland for the General Internal Medicine BST Programme.

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, NGH should endeavour to balance the service/training requirements of trainees so that trainees are able to attend all relevant assessments.

2. Consideration should be given to a review of the feedback mechanisms for trainee performance.

Commendation (s)

No commendations made.

Level of compliance: PC

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. Multi-disciplinary teamwork is promoted at the site through various activities including, lunch and learn sessions, ward rounds, training on the management and treatment of stroke, and NCHD representation on hospital committees. Examples of attendance sheets for such activities were provided and the Team also has sight of documentation noting the Allied Health Professionals Group who work with medical teams at NGH.

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

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. NGH has an appointed NCHD Lead and reference was made to an NCHD Committee, although this was described by trainees as informal. Opportunities for feedback on the training experience were noted to also be available to trainees during exit interviews. Trainees noted that formal assessment opportunities do not allow for additional items such as feedback on the training experience to be raised. The Team were provided with email correspondence noting the promotion of the Health Sector National Staff Survey at NGH. Trainees described challenges in raising the issue of balancing service and training needs with management.

ii. The Team had sight of the NGH draft handover policy which was developed by the site's Clinical Director and Lead NCHD. NCHD input into the draft policy was described as an example of how trainee feedback is sought at 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 compliant with this Standard.

Recommendation (s)

1. The role of the NCHD Committee should be formalised, with clear access to management to raise training experience matters as required.

Commendation (s)

No commendations made.

Level of compliance: PC

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:
Tallaght University Hospital (TUH)

Compliance with Intern Training Standards (incorporating the National Children's Hospital, Tallaght (NCHT))

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 17 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. TUH should 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 – TUH

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 TUH 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, and in turn to the CEO and Board of Directors. The team were also advised of an annual meeting with the Hospital Group's academic partner. The Team were told about the NCHD Committee and were also provided with minutes from the Postgraduate Centre Steering Group which has oversight of postgraduate professional development at TUH.

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 but 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 20 of the 120 Trainees (in specialist training programmes) at TUH. Trainees and trainers described meeting at the start of their rotation at TUH to set out role responsibilities and reporting lines.

ii. The Team was 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 but noted that the paper-based system made the process onerous and feedback from subsequent investigations and follow up actions to trainees was lacking.

iii. Evidence of policy documentation for handover in the medical directorate was provided to the Team, but not for other directorates. Trainees described examples of formal handover practice 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 compliant with this Standard.

Recommendation (s)

1. Implement the 'lessons learned' aspect of the Incidents and Near Miss Management Policy to ensure that the subsequent follow-up processes are happening and involving trainees.

2. Handover practice should be formalised by the implementation of a policy in all directorates.

Commendation (s)

No commendations made.

Level of compliance: PC

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. Documentary evidence did not identify the accountable persons for ensuring compliance with the Medical Council's requirements for training sites. However, the Team had the opportunity to meet with Clinical Directors and the site's Deputy CEO who indicated that they had responsibility for this requirement.

ii. 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. The Team was provided with follow up correspondence from the postgraduate training bodies, demonstrating how specialty-specific requirements are being met at the site.

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. The Team heard an example of organisational change at TUH in the Emergency Department where education and training was given due regard in the re-organisation of services.

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

ii. Attendance records are kept to monitor 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. Trainees noted that induction prior to commencing work at the site would better facilitate their transition to a new site.

iii. Site-specific health and safety sessions feature in both the corporate induction and NCHD induction to TUH.

iv. The Team heard of differing approaches to specialty-specific induction at the site. Some specialty-specific induction provided was more detailed and/or formal than others with attendance being protected, whereas in other specialties, trainees found it difficult to attend due to service pressure demands.

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 available centrally on the Q-Pulse system.

vi. As indicated in the site's self-evaluation submission, the Team noted that TUH utilise the National Employment Record system to eliminate any duplication of employee 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. The approach to speciality-specific induction should be streamlined across the site and efforts should be made to ensure that all trainees can attend the induction programme.

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 noted 120 trainees and 87 trainers at the site. Trainees and trainers described appropriate levels of supervision.

ii. Trainees are made aware of their clinical supervisors as part of their departmental induction.

iii. & iv. The Team was satisfied from the discussions with the trainees and trainers that the site is complying with the required criteria. Trainers tailor their supervision based on trainee experience and demonstrated skills.

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

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 and trainers described daily opportunities for training through clinical practice, appropriate to their level of speciality training. The Team were provided with examples of training opportunities through clinical practice in a variety of specialities.

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. The Team had sight of lists of formal teaching opportunities available in some of the specialities and the Team heard that trainers are supportive of trainee attendance at education and training sessions. Documentary evidence also included details of requests for additional staff cover to facilitate attendance at trainee 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, TUH 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 met with 18 of the 87 trainers at TUH and were provided with a copy of the 2014 Consultant's Contract and an example work practice plan indicating trainers training commitments. Trainers noted that although protected training time is not provided for in line with any contractual provision, they are routinely contributing to education and training which is viewed as an integral part of their Consultant role.

iii. Documentary evidence outlining how the site facilitates trainers to attend trainer development opportunities was provided to the Team. Trainers described being supported to attend developmental activities often through the assistance of colleagues in managing workloads. Specific academic qualifications in education are available and can be supported through the Hospital Group's academic partner.

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, 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 TUH educational facilities including; tutorial 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 using such. This was raised with the Team by both trainers and trainees who described computers as in need of upgrading and the current number available as limited.

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 facilities 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 trainees described how they are made aware of these services during site induction. Additional supports available include access to an Employee Assistance Programme, Practitioner Health Matters and lunch-time wellbeing talks.

iii. The team heard examples of how adjustments had been made at the site to facilitate individual trainee needs and 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 fully compliant 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. & ii. Trainees are facilitated to have online contact with their postgraduate training bodies and are aware of their key contact. Trainers felt the site would benefit from a visible training body presence onsite through a dedicated office, particularly for Higher Specialist Training. There are identified individuals to direct training matters to, but a dedicated presence onsite would prove more accessible.

Compliance

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

Recommendation (s)

1. Explore the possibility of having a dedicated postgraduate training body office onsite.

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. The Team were informed that the Medical Council's Ethical Guide is promoted at induction and is on the TUH website. Trainees noted that training on professionalism was informal. Trainers highlighted that most of the principles of professionalism are covered during induction and professionalism is then taught further on a case-by-case basis. Throughout the day the Team heard the site described as being a 'big hospital with a small hospital feel' with a 'lot of role models for the trainees to look up to'.

ii. The Team found examples of good professional practice such as senior colleague exemplars and the 'horizontal hierarchy'. During the site inspection the Team witnessed over-crowding in the Emergency Department and a lack of private office space for handover and team discussion which produces challenges in ensuring patient confidentiality. Management were aware of these challenges.

iii. Trainees described how they would address an instance of unprofessional behaviour and how they would feel comfortable raising such matters at the site. The Team were provided with the site's Dignity at Work Policy, Disciplinary and Grievance procedures, the HSE's Trust in Care Policy and details of an Open and Honest Communication workshop held at the site. However, the team concluded that the process for reporting concerns could be better defined.

iv. Management advised the Team of the process for addressing instances of unprofessionalism at the site and provided documentation of 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 partially compliant with this Standard.

Recommendation (s)

1. As part of promoting good professional practice at the site, a designated area for private team discussion and patient handover in the Emergency Department should be provided.

2. The process for reporting concerns around unprofessionalism should be clearly defined.

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. & 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). Many trainees reported working in excess of the EWTD criteria.

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. The Team were provided with a number of inspection reports and follow up correspondence between the site and the postgraduate training bodies, demonstrating how specialty-specific requirements are being met. The Team were also provided with documentation detailing educational leave being granted, as evidence of trainees being facilitated to avail of specialty-specific training programme requirements.

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

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 and it was noted that in some specialities trainees do not take part in on-call until an appropriate level of competence has been reached. Trainees described a disproportionate on-call ratio and noted low staffing and supervision levels and feeling stretched in managing patient cases and raised this as a patient safety matter. Trainees also described not having time to take appropriate rest breaks

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 partially compliant with this Standard.

Recommendation (s)

1. In the interest of patient safety, there should be a review of the current staffing levels to ensure an appropriate on-call ratio which is reflective of the volume of on-call activity at TUH. This review should ensure that at all times trainees are appropriately supervised and able to avail of required rest breaks.

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. In the meeting with site management, the Team heard that the site meets all of the requirements of the postgraduate training bodies in relation to trainee assessment (via individual postgraduate training body inspections). The site is an examination centre for the MRCPI exams with onsite training for trainers to become examiners. There were mixed views from trainees when discussing assessment. Some trainees were happy with how the site is facilitating their assessment requirements. However, some reported how service pressure demands make it difficult to meet all of their training requirements, and that they felt that the service pressure demands faced by trainers was resulting in trainees being signed off in good faith as opposed to formal assessment.

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. Trainees and trainers should be facilitated to adhere to individual training body assessment requirements. TUH should review staffing levels and adherence to trainee assessment requirements and respond appropriately to the findings.

Commendation (s)

1. The TUH Radiology Department for the supports provided to trainees leading to recent achievements in exams.

Level of compliance: PC

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 and included multi-disciplinary committees with trainee representation e.g. Task Sharing and the Drugs and Therapeutic Committee. Although trainees described being encouraged to attend opportunities for multi-disciplinary working, service pressure demands often resulted in trainees not being able to attend formal educational opportunities in this area.

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. Trainees should be facilitated to avail of the multi-disciplinary learning opportunities available at TUH.

Commendation (s)

No commendations made.

Level of compliance: FC

R. Opportunities for Trainees to provide feedback to employing authority

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

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

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

i. & ii. TUH has three NCHD Leads who provide feedback directly to the Clinical Directors at the site. The Team noted that trainee participation is being sought in the development of a new HR strategy and HR have also recently commenced a pilot 'drop-in' clinic, where trainees can access HR to address any queries they may have.

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

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:
Midland Regional Hospital Tullamore (MRHT)

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 six of the eight interns training at MRHT.

The Team was provided with the intern rotation list for the University College Dublin (UCD) Intern Training Network and were satisfied that the rotations both planned and in progress comply with the requirements of this Standard. Rotations in Medicine and Surgery take place at MRHT.

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

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

MRHT is affiliated with the UCD Intern Training Network. The Team had the opportunity to meet with the Intern Tutor's based at the site who oversee the content and assessment of the intern training programme being delivered at MRHT.

The Team met with interns who had completed their undergraduate and / or graduate entry medical education in University of Limerick, UCD, Trinity College Dublin 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 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. Interns spoke of their induction at MRHT that took place prior to commencing practice-based training at the site, and the Team was provided with the site's induction material. Interns described how they did not find induction useful and that there was no health and safety training as part of their induction to the site. The Team heard how guidance notes handed down from previous interns were considered more beneficial in terms of induction material. Interns described participating in practice-based training at an appropriate level with appropriate responsibilities for patient care.

ii. Interns described the learning opportunities available at the site which included involvement in suturing, research and observing surgeries. They had access to scheduled lectures, the skills lab, journal clubs and tutorials. Interns do not take part in overnight or weekend on-call duties. This decision was made by senior clinicians due to concerns around the level of supports available to interns whilst on-call.

iii. Interns described working at an appropriate level and how they only take consent for routine procedures. The Team noted that interns are involved in a high volume of basic clinical tasks (such as cannulation and phlebotomy) which have limited training value. It was noted in the meeting with management that there has been limited progress in implementing the Transfer of Tasks at the site, where only first dose intravenous medication has been transferred across the hospital to other professions such as Nursing.

iv. Interns described limited formal opportunities for multi-disciplinary teamwork and no documentary evidence was provided to the Team. The Team was provided with a copy of the site's handover policy which was in draft form. Interns advised the Team of how they use an informal electronic handover system, which sits outside of the hospital I.T. system.

v. No formal teaching schedule was provided to the Team. The Team heard that formal teaching sessions took place twice a week and details of the courses available on HSELand were provided. The site's draft bleep policy was provided to the Team however interns were

not aware of this but advised the Team that formal teaching sessions were protected. Interns also noted that they had completed their Tusla online Children First training.

vi. No evidence of how intern training is consistent with the Medical Council's eight domains of good professional practice was provided by the site. Interns were not aware of the site's adverse or critical incident reporting procedures that were 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 site induction material, seek feedback from interns and update the induction process in line with feedback.

2. Ensure that health and safety procedures, including incident reporting, are part of the standard site induction.

3. Take effective measures to reduce the inappropriate level of tasks of limited educational value, including by completing the implementation of the transfer of tasks at the site.

4. Provide opportunities for multi-disciplinary teamwork, for example with Nurses and allied health professionals.

5. Finalise the draft handover and bleep policies and ensure the implementation of both.

6. Ensure that the teaching schedule is consistent with the eight domains of good professional practice and document this process.

Commendation (s)

1. The Team was impressed by the culture of collegiality and support provided to interns. Interns described being supported not only by their Consultants but also by Senior House Officers (SHOs). They felt that their Consultants were very understanding, helpful and felt that there was no culture of bullying or intimidation on site.

2. Interns had access to a virtual journal club which the Team considered to be an innovative idea.

3. The initiative in developing an online handover system in surgery in the absence of formal handover systems.

4. The Team was impressed with the range of training and education provided in different forms such as lectures, tutorials, clinical skills lab and journal clubs.

Level of compliance: PC

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 Interns described appropriate levels of supervision and felt supported by their trainers and fellow team members. Details of the trainers who provide senior clinical supervision to interns at the site were 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 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

Interns were positive about their relationships and access to trainers but the approach to formal feedback for interns was described as inconsistent. The Team heard how learning outcomes were not agreed at the start of a rotation and there was no assessment apart from the sign-off process at the end of rotation. The Team was not provided with example assessment documentation but were provided with a copy of the 2008 version of the Medical Council's intern training handbook and logbook which has now been superseded. There was no evidence of the use of current portfolio/logbook mechanisms for recording training and interns were not aware of the requirements of such.

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. Standardise the approach to providing opportunities for formal feedback on intern performance throughout rotation at the site.

2. Intern portfolios/logbooks are available to track intern learning and their development of key clinical skills and should be utilised at the site.

Commendation (s)

1. The Team commends clinicians for providing encouragement to interns in their day-to-day work.

Level of compliance: PC

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

The Team was not provided with any evidence of formal professionalism training or promotion of the Medical Council's Guide to Professional Conduct and Ethics for Registered Medical Practitioners. Training in professionalism was reported to be reliant on senior colleagues modelling professional behaviour and there was no formal teaching on the subject.

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 training environment must emphasise professionalism in line with the ethical standards set out in the Medical Council's Guide to Professional Conduct and Ethics for Registered Medical Practitioners. There must be active promotion of the Guide at the site.

Commendation (s)

No commendations made.

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 Team noted that interns have access to a sufficient number of patients and the services provided at the site provides exposure to a range of clinical cases.

ii. The Team reviewed the library facilities and was satisfied that interns have space and opportunity for private study. Interns also have access to an online library with access to journals and other online resources. Interns identified poor access to Wi-Fi as an issue throughout the clinical site and described computers on the wards as slow and insufficient in number. Such issues were reported to cause difficulties for interns in accessing hospital information systems.

iii. The ratio of medical to surgical interns at the site (two medical and six surgical) is not sufficient to the patient and service profile at MRHT. Medical interns reported times when they had a disproportionately heavy workload.

iv. The Team noted that interns were not aware of the pathways for reporting ethical issues of concern and critical incidents. As a result, raising patient safety concerns was dependent on the strong relationships between clinicians at the site, and interns described feeling comfortable raising such issues with colleagues. The Team was informed that, although usually good, the responsiveness of the Radiology department was sometimes challenging and personnel dependent, which could lead to delays in seeking patient scans. The Team was advised that management were aware of the issue and were addressing such.

v. The Team visited the Occupational Health department adjacent to the hospital site. Occupational Health staff participate in the induction process, providing information on the supports available at 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 compliant with this Standard.

Recommendation (s)

1. Review the I.T. facilities on the wards to ensure that clinical functions are supported.

2. Consider the mechanisms whereby medical internships could be increased and/ or posts be redistributed in line with training capacity.

3. Provide appropriate training on the reporting of ethical issues and clinical incidents in line with the policies and procedures reported to be operated by the site.

4. Ensure that the Radiology department consistently provides a responsive service.

Commendation (s)

1. The education suite, library facilities and support staff available to interns.

Level of compliance: PC

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 MRHT Governance and Accountability Framework, and Governance Controls Assurance Process was provided to the Team. It was not evident where the lines of accountability for the learning environment were assigned in these structures. It was noted in the site's self-evaluation submission that a Consultant Training Lead post was under consideration by the Dublin Midlands Hospital Group (DMHG) and was to be advertised shortly. However, it was not clear how this post would interact with the current heads of departments within the hospital. The Team was also advised that the post of Chief Academic Officer was vacant within the DMHG and this created a gap in terms of co-ordinating education and training throughout the Group.

ii. The Team was advised of a recently reactivated Non-Consultant Hospital Doctor (NCHD) Committee but it was not clear how this Committee interacted with management at MRHT. There is an Academic Medical Committee which has oversight of the education and training requirements at the site and the Committee is an advisory group to site management and the hospital board. However, its members did not see it as a group with accountability for training and education in the hospital.

iii. Trainers at the site are the postgraduate training body representatives and were aware of their responsibilities in the delivery of specialist training. No documentation was provided in relation to the formal relationships between the site and the postgraduate training bodies in the responsibilities and expectations in delivering 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 compliant with this Standard.

Recommendation (s)

1. A clear and detailed organisational chart for the education function in the hospital should be developed and made available to trainees. It should contain the roles and functions for those responsible for leading the various programmes of education and should include all relevant committees and the relationships between them.

2. That a copy of the current terms of reference for the Academic Medical Committee be provided to all NCHDs.

3. Clarify the status of the appointment of the Chief Academic Officer and Consultant Training Lead.

4. Formally define the relationship with each postgraduate training body as specialist training is being delivered at the site.

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 NCHD contract was provided to the Team which outlines trainee responsibilities as doctors in training. The Team had the opportunity to meet with seven of the 36 Trainees at MRHT. Trainees were aware of their responsibilities appropriate to their grade and noted that they were not asked to carry out tasks for which they did not have the appropriate level of knowledge and skills.

ii. The Team noted there are procedures in place for critical incident reporting as outlined in the site's health and safety policy. However, trainees were not aware of these procedures.

iii. Although a draft policy for handover was as available, the Team was informed that this policy had not been implemented entirely across the site at the time of the inspection. The lack of a hospital-wide handover system is a missed opportunity for trainee education and learning and would also enhance patient care. There were exceptions such as in the Emergency Department, where handover processes were described as well-organised.

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. Finalise and implement the MRHT handover policy.

2. Ensure that trainees are aware and suitably trained in the incident reporting processes for MRHT.

Commendation (s)

1. The Surgical Specialist Registrar for their role in developing an online handover system for the surgical department.

Level of compliance: PC

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.–iii. The Team noted that there are no named persons at the site with assigned overall responsibility and accountability for education and training. The Team was made aware of the advisory capacity of the Academic Medical Committee but it was not clear as to where overall responsibility and accountability sits within the management structure at the site. Examples of postgraduate training body inspection reports and the associated follow up correspondence were provided to the Team. It was evident that the hospital had committed to address deficits identified by one postgraduate training body but the Team noted that very limited progress had been made. There was no identified person responsible for communication and collaboration with the HSE's education and training function.

iv. The Team acknowledged the potential impact of the significant changes as a result of the implementation of the hospital group structure, as noted by management. However, the Team was not provided with information regarding supports for education and training in relation to this change.

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. A named individual(s) with defined responsibilities and accountability for training should be identified to fulfil the requirements of this Standard.

2. Deficits noted by the postgraduate training bodies should be addressed as a priority.

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. & ii. MRHT utilises the HSE's Induction and Guidelines checklist as a policy for implementing induction. The induction schedule provided noted that induction is mandatory, and trainees reported attending induction but there was no evidence of the procedures in place to monitor this.

iii. There was no evidence of a site-specific health and safety induction. Trainees informed the Team that they did not receive training on fire evacuation procedures and the Team was not assured that all trainees had up to date manual handling training.

iv. The Team heard examples of specialty-specific induction and trainees described their departmental inductions as helpful.

v. The site's induction material outlines where trainees can access policies which apply at MRHT.

vi. The Medical Manpower Manager was proactive in trying to minimise disruption experienced by trainees from the transition process between hospital postings and in assisting trainees in resolving any issues they experience. The site utilises the National Employment Record (NER) system to reduce the duplication of employment-related documentation.

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. Devise and implement procedures to monitor the implementation of the induction policy.

2. Ensure that health and safety training features in site induction.

Commendation (s)

1. The Team was impressed by the examples they heard of specialty-specific induction.

2. The Team commend the proactive approach of the Medical Manpower Manger and Occupational Health Department to minimise the disruption of the trainees' transition to the hospital.

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. & ii. Trainees and trainers described appropriate levels of supervision and trainees were aware of their clinical supervisors.

iii. & iv. Trainers and trainees establish training plans at the start of each rotation which are monitored through regular meetings, both formal and informal. Supervision is then tailored accordingly, taking into account the stage of training and individual trainee capabilities and limitations. This is on an informal basis and based on each trainer's personal judgement. Trainers informed the Team of informal and formal remediation plans available to support trainees where matters can be escalated if required.

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. Formalise the procedure for evaluating trainee supervision requirements.

Commendation (s)

1. Trainees were complementary about the supervision and support they receive from their senior colleagues, describing them as approachable and helpful.

Level of compliance: PC

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. Trainees described how their participation in clinical practice was at a level appropriate to their individual competence but noted that the transfer of tasks was non-existent at the site, with the exception of the Emergency Department.

ii. Trainees and trainers gave examples of a wide range of day-to-day activities which provide opportunities for learning through clinical practice, and the Team was provided with examples of attendance monitoring for such activities.

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. Take effective measures to reduce the inappropriate level of tasks of limited educational value, including by completing the implementation of the transfer of tasks at 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. The Team was satisfied that trainees are given time to attend their off-site programme of lectures. Details of the formal education provided for trainees onsite was evidenced by both timetables and meetings with trainers and trainees.

ii. & iii. Details of informal and formal education and training opportunities were provided to the Team and included, journal clubs, grand rounds and clinical skills training events. A draft bleep policy was provided to the Team which did not reference trainee requirements for protected training time. Trainees noted that formal education and training opportunities were not protected.

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. Finalise and implement the draft bleep policy, ensuring that protected education and training time is referenced.

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 three of the 24 Trainers at MRHT. The Team heard that while protected training time was reflected in work practice plans, trainers were not able to set time aside due to service demands. However, trainers saw themselves as making a vital contribution to education and training which they viewed as being an integral part of their role.

iii. The Team was informed of a degree of facilitation at a local level for trainers to participate in activities intended to support and develop them in their role as trainers. Availability to attend such activity is dependent on 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. The Team recommends that the senior management team support protected time for trainers to develop educational material and attend training events, in consultation with the postgraduate training bodies.

Commendation (s)

1. The Team commends the trainers at MRHT for their commitment to the provision of 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 reviewed the library facilities and was satisfied that trainees have space and opportunity for private study. Trainees also have access to an online library with access to journals and other online resources. Trainees identified poor access to Wi-Fi as an issue throughout the clinical site and described computers on the wards as slow and insufficient in number. Such issues were reported to cause difficulties for trainees in accessing hospital information systems.

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 I.T. facilities on the wards to ensure that clinical functions are supported.

Commendation (s)

1. The education suite, library facilities and the available staff supports.

2. The use of the educational suite to host national specialist training days.

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 supports are available at a discrete location adjacent to the site and trainees described an awareness of these services which are made known to trainees at induction.

ii. Mental health supports are available through the Occupational Health service and include access to an Employee Assistance Programme which offers counselling and advice.

iii. The Team heard how rosters have been amended in the past to facilitate the needs of trainees although explicit needs relating to a disability have not arisen to date.

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. Trainee access to health promotion activities as organised by the MRHT Social and Wellbeing Committee.

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. & ii. Trainees have access to I.T. and video conference facilities onsite thereby facilitating close contact with postgraduate training bodies. Trainers at the site are also the postgraduate training body representatives, providing a direct link between trainees and the training bodies.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

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. & ii. There is no formal teaching of professionalism onsite and during the meeting with management it was noted that professionalism teaching is delivered by individual postgraduate training bodies. Training in professionalism was reported to be reliant on senior colleagues modelling professional behaviour. The Team was informed that, although usually good, the responsiveness of the Radiology department was sometimes challenging and personnel dependent, which could lead to delays in delivering patient care. The Team was advised that management were aware of and were addressing this issue. There was no evidence of promotion of the Medical Council's Ethical Guide at the site.

iii. The Team noted that the HSE's policies and procedures associated with professional conduct, grievances and dignity at work were in place, but trainees were not aware of them.

iv. There was no evidence of referral pathways to the Medical Council should local resolution of concerns not be possible.

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. Ensure the Radiology department consistently provides a responsive service.
2. Ensure active promotion of the Medical Council's Ethical Guide.
3. Define and document clear pathways for referral 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. A site-specific safety statement and a sample risk assessment were provided to the Team. These documents contained arrangements for monitoring health and safety, in the form of self-audits and management audits. There was evidence on the wards of ongoing hand hygiene audits.

ii. Documentary evidence indicated that working hours were rostered in line with the European Working Time Directive (EWTD), but breaches did occur whereby trainees worked in excess of their rostered hours. Trainees described the system to report additional un-rostered hours as cumbersome and required the recording of specific patient details which raised concerns around compliance with General Data Protection Regulation (GDPR) requirements.

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. Work to ensure compliance with the EWTD.
2. Review the current practice of claiming un-rostered hours to ensure compliance with all relevant regulations or escalate to the appropriate person or department in the HSE.

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 inspection reports and the associated follow up correspondence were provided to the Team. It was evident that the site had committed to address deficits in specialty-specific requirements identified by one training body but the Team noted that very limited progress had been made in this regard. There was no evidence which outlined the formal relationship between MRHT and the postgraduate training bodies to include the expectations and responsibilities of each party in 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 compliant with this Standard.

Recommendation (s)

1. Define and document the relationship with each postgraduate training body where specialist training is being facilitated at the site.

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. An example on-call rota was provided to the Team and trainees described for the most part that the volume of on-call activity was appropriate to the number and capabilities of the trainees on-call. However, the amount of on-call activities for a Medicine trainee, particularly on weekends, was greater than could reasonably be expected in the absence of other support arrangements.

ii. The example on-call rota indicated appropriate levels of supervision, which was verified by trainees. Trainees reported always feeling supervised on-call and in some instances felt overly-supervised.

iii. Trainees reported that appropriate post-call leave arrangements are in place at the site.

iv. The Team reviewed the on-call accommodation facilities at MRHT and were satisfied that access to the facilities is by keyholders only. The Team reviewed the 'original' facilities as well a newly refurbished area which provided a noticeably better standard of on-call facilities than the 'original' on-call accommodation area.

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 and improve the medical on-call arrangements to ensure that the number of staff available is reflective of the volume of on-call activity.

2. Refurbish the 'original' on-call accommodation to the standard of the newer facilities.

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. Trainees reported to be facilitated to participate in all assessments as required by their respective training bodies and in some instances were accompanied by their trainers. Trainees reported no difficulties in accessing study leave and/or formal study days as prescribed by individual training bodies.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

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. Formal opportunities for multi-disciplinary teamwork were limited at the site and this was acknowledged by management. Consideration is being given to the appointment of a coordinator role although the Team noted that funding had not yet been identified for this. The Team heard examples of weekly multi-disciplinary cancer meetings, linking with St James's Hospital, plus a weekly multi-disciplinary meeting to review patient documentation. Other opportunities for multi-disciplinary working were informal and ad-hoc.

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. Increase the number of formal opportunities for multi-disciplinary working at the site, including further efforts to develop a coordinator role.

Commendation (s)

No commendations made.

Level of compliance: PC

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 MRHT NCHD Committee had been recently reactivated at the time of the inspection. The Team was provided with minutes from an August 2018 meeting where items such as the EWTD, transfer of tasks, and onsite accommodation were discussed. The site's self-evaluation submission noted that the Lead NCHD was invited to management meetings where appropriate.

ii. There was no evidence of a system in place where trainee feedback on the training experience was actively sought and utilised by 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 compliant with this Standard.

Recommendation (s)

1. Establish a mechanism to gather feedback on trainee experience at the site as part of continuous improvement efforts.

Commendation (s)

No commendations made.

Level of compliance: PC

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:
Midland Regional Hospital Portlaoise (MRHP)

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 four of the six interns training at the site.

The Team were provided with the intern rotation list for the University College Dublin (UCD) Intern Training Network and were satisfied that the rotations both planned and in progress comply with the requirements of this Standard. Rotations in Medicine and Surgery take place at MRHP.

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

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

MRHP is affiliated with the UCD Intern Training Network. The Team had the opportunity to meet with the Intern Tutor's based at the site who oversee the content and assessment of the intern training programme being delivered at MRHP.

The Team met with interns who had completed their undergraduate and / or graduate entry medical education in the University of Limerick, UCD, and Trinity 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. Prior to commencing practice-based training at the site, online induction material is provided. Interns informed the Team that the reason for this was due to their rotations commencing outside of the traditional start times. As a result, formal induction is limited, and the Team heard how health and safety training at the site is not included but interns were aware of upcoming fire safety training. Interns were not aware of a central system for access to site policies, procedures and guidelines. Interns described participating in clinical practice at a level appropriate for intern training, with appropriate responsibilities for patient care. A draft Handover Policy for the site was also provided to the Team. Interns described an awareness of the practice of handover of the site but were not provided with the formal policy document for handover.

ii. Interns described a range of learning opportunities available to them and noted how the ratio of interns to trainers and the size of the site allows for close working relationships and hands-on training experience, with trainers being aware of each intern's abilities. Interns are provided additional exposure to specialist areas through direct observation. The Team heard how interns do not take part in overnight on-call duties during rotations at the site due to limited supervision being available, therefore reducing the learning opportunities available to interns during such hours.

iii. Interns are not expected to take consent for routine procedures as part of their training at MRHP. The Team heard how interns are involved in a high volume of basic clinical tasks (such as first dose medications and phlebotomy) which have limited training value. Interns described the application of the transfer of tasks as non-existent during evenings and weekends where most of their time is spent completing phlebotomy work. Interns also noted how they felt a reluctance from Nursing staff to share basic clinical tasks. It was acknowledged by site management that limited progress has been made in implementing the transfer of tasks but assured the Team that progression in this area is a priority for the site.

iv. Interns described regular opportunities for multi-disciplinary team work including formal sessions twice-a-week which includes grand rounds and also lots of informal opportunities

through day-to-day working. Being a smaller site, interns felt that this environment promotes continuous opportunities for engagement with staff from other disciplines.

v. The Team was provided with details of the formal teaching sessions available at MRHP and interns and Intern Tutors described the range of formal teaching opportunities in further detail. Intern Tutors provide weekly teaching sessions and interns also have access to a journal club and grand rounds. Video-conferencing facilities are available for access to additional educational opportunities at other sites. Informal teaching opportunities also present during ward rounds. The site's Bleep Policy was provided to the Team in draft form but despite the Policy not being finalised, it was evident that formal teaching opportunities are bleep-free. Interns described the active role of trainers in ensuring that bleeps are taken away during formal teaching time.

vi. No documentary evidence was provided to the Team demonstrating how the teaching schedule at the site is consistent with the Medical Council's eight domains of good professional practice. The Team heard how on their first day, interns are taught what good professional practice is and that formal teaching on professionalism is provided by the Intern Tutors at 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 compliant with this Standard.

Recommendation (s

1. Health and safety training should be included in the induction programme.

2. Ensure that interns are made aware of how to access site policies.

3. Interns should not be diverted from new learning opportunities as a result of having to undertake a high volume of tasks of limited educational value. Continue to prioritise efforts to complete the task sharing project set up at the site.

4. Ensure that the teaching schedule is consistent with and explicitly linked to the eight domains of good professional practice.

Commendation (s)

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

2. Trainers, medical manpower, and other associated support staff are commended for their noteworthy commitment to facilitate intern training at MRHP.

Level of compliance: PC

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 list of rotations in the UCD Intern Training Network provided to the Team, detailed the names of the supervising Consultants for each intern post at the site. Interns described close working relationships within their teams with appropriate levels of supervision and how they can go to any member of their Team from Senior House Officer (SHO) level and above for assistance.

As part of the overall site inspection, the Team were advised of the sites NCHD Committee and were provided with minutes from the August 2018 meeting. However, the interns who met with the Assessor Team were not aware of the NCHD Committee at the 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)

1. The Team recommends that interns should be made aware of and be provided with an opportunity to participate in the NCHD committee.

Commendation (s)

1. The Team commend the Intern Tutors for the commitment, support and accessibility provided to interns.

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

The Team heard of weekly formal feedback sessions for interns as well as regular opportunities for informal feedback. No example of assessment documentation was provided to the Team but examples of such were described by both the interns and Tutors. The Team were provided with the 2008 version of the Medical Council's intern training handbook and logbook. Interns were not aware of a handbook for their responsibilities at the site and the Intern Tutors advised the Team that formal logbook documentation, such as the version provided, is not utilised at the site. Although the requirements set by the Medical Council regarding the policy and process of final assessment and sign-off were reportedly being fulfilled, there was a lack of clarity regarding the reporting relationship between the site Tutors and the UCD Intern Network Coordinator.

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. Clarification should be sought on the system that interns should be using at MRHP to record their clinical experience.

2. Clarification should be sought on the reporting relationship between Intern Tutors and the UCD Intern Training Network Coordinator.

Commendation (s)

No commendations made.

Level of compliance: PC

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

Formal teaching sessions on professionalism are provided where interns can explore ethics and professionalism through reading material and discuss as a team. Interns also have access to online resources such as British Medical Journal courses to facilitate training in this area. The culture of professionalism is further embedded at the site through the examples set by colleagues. The close working relationships at the site promote an environment where interns described feeling comfortable approaching any member of their team to raise any issues, as required. Interns described an awareness of the Medical Council's Guide to Professional Conduct and Ethics for Registered Medical Practitioners from their undergraduate training, but there was no evidence of promotion of the Guide at 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 compliant with this Standard.

Recommendation (s)

1. The Medical Council's Guide to Professional Conduct and Ethics for Registered Medical Practitioners should be clearly signposted as part of the induction to the site.

Commendation (s)

1. The Team commends the initiative taken to explore ethical issues, including through a book club.

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 services provided at the site gives interns exposure to an appropriate number of patients and case mix as required for their rotation. It was acknowledged during the meeting with the Intern Tutors that the services provided at the site do not allow for access to advanced cases which they felt may limit the intern training experience at the site.

ii. The Team had sight of the library facilities and study space available to interns and was satisfied that there is space and opportunity for private study as well as access to the online library, journals, and other online medical resources. Interns advised of technical difficulties with laptop connections in the seminar room which causes problems when using their laptops to give presentations. Interns also reported poor access to Wi-Fi throughout the clinical site. Interns described the computers on the wards as slow and insufficient in number leading to significant difficulties in accessing hospital information systems. Access was reported to be further limited by the password variance on ward computers.

iii. The Team was satisfied that the current number of interns is appropriate to the educational opportunities and facilities available to them.

iv. Interns described having appropriate 'go-to' persons available to raise issues or concerns should these arise. The Intern Tutor, SHO, Consultants, HR and the Clinical Director were all described as very hands-on and approachable. No documentary evidence was provided to advise of any formal reporting structures at the site.

v. Occupational Health services are only available onsite on an infrequent basis but can be accessed at another location. Interns have access to online supports through the site's Employee Assistance Programme.

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. Consider the provision of a clinical skill /simulation facility to enhance the learning experience.

2. Review the I.T. facilities on the wards to ensure that clinical functions are supported.

Commendation (s)

No commendations made.

Level of compliance: PC

Compliance with Specialist Training Standards

A. Clarity of educational governance arrangements

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

i. 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

ii. 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 Team were provided with examples of the organisational structures at MRHP. However, the lines of accountability for the learning environment were not clear from the documentation provided. Educational governance arrangements were clarified during the meeting with site management.

ii. The Team received evidence of minutes of the Non-Consultant Hospital Doctor (NCHD) Committee and met with the two NCHD Leads. The Team heard how the Lead NCHD's report directly to the management team on matters pertaining to the learning environment at the site and minutes from the NCHD Committee meetings are also shared with management representatives.

iii. Trainers at the site are the postgraduate training body representatives. No documentation was provided which demonstrated the formal relationships between the site and the training bodies in the responsibilities and expectations in delivering 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 compliant with this Standard.

Recommendation (s)

1. Educational governance arrangements should be formally documented and included in the hospital's organogram.

2. Formally define the relationship with each postgraduate training body as specialist training is being delivered at the site.

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 met with five of the 18 Trainees at MRHP. Trainees described their awareness of their roles and responsibilities as doctors in training and lines of accountability are made known to trainees during their initial meetings with their trainers at the site. The Team were also provided with a copy of the NCHD contract as evidence of how trainees are made aware of their responsibilities as doctors in training.

ii. Trainees described their awareness of the critical incident reporting procedures at the site and the Team were provided with the MRHP Critical Incident Reporting Policy.

iii. The Team were provided with the site-wide Handover Policy and heard examples from trainees of speciality-specific handover, both formal and informal.

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

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. – iii. The Team were advised during the meeting with management that the Clinical Director is the named representative responsible and accountable for ensuring compliance with both Medical Council and postgraduate training body requirements, and in ensuring engagement with the HSE's National Doctor Training and Planning Unit.

iv. The Team acknowledged the potential impact of the significant changes of the implementation of the hospital group structure, as noted by management. However, the Team were not provided with information regarding supports for the education and training function in relation to this change.

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. Education and training must be supported through the current organisational changes.

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. MRHP utilises the HSE's Induction Guidelines and Checklist document to facilitate induction at the site but there is no induction policy in place at the site. The Team were provided with copies of the induction schedule and induction booklet on the day of the inspection.

ii. Attendance at induction is monitored and the Team were provided with example attendance sheets which indicated a high level of attendance. GP trainees reported difficulties in attending induction as the commencement of their rotation sits outside of the traditional start times. The Team heard from trainees who had had the opportunity to attend induction, that they found it of limited usefulness, felt that it was rushed and not specific enough to prepare them for training at a new site

iii. No documentary evidence was provided to the Team to indicate that health and safety featured in the site's induction programme. Some trainees did however describe recent attendance at fire safety training.

iv. Descriptions of the approaches to specialty-specific induction varied, with some trainees reporting receiving no speciality-specific induction. Trainees who did receive speciality-specific induction found the sessions useful in preparing them for practice at the site.

v. During the meeting with management the Team were advised of a central system where trainees can access the relevant policies, procedures and guidelines applicable at the site.

vi. MRHP utilises the National Employment Record system to minimise the duplication of employment-related documentation.

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. Develop a site-specific induction policy to govern induction at the site.

2. Ensure appropriate induction is provided for trainees who commence their rotations outside of traditional start times.

3. Health and safety should feature in the site's induction programme.

4. Ensure that each department conducts specialty-specific induction as required.

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. & ii. Details of the trainee to trainer ratio was provided to the Team and trainees described appropriate supervisory arrangements and trainers as being very approachable. Trainees were aware of their clinical supervisors and described close working relationships within their teams.

iii. & iv. Trainers described meeting with trainees at the start of each rotation to assess the level of experience of each trainee and to set learning objectives to be achieved on completion of each rotation. Trainers and trainees described how training and supervision is tailored accordingly based on individual trainee progression against learning outcomes.

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. Trainers should be commended for their engagement and commitment to providing education and training.

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. Trainers and trainees described how training is tailored to individual trainee competence. The close working relationships at the site were described as being key to such assessment. Trainees described participating at an appropriate level for specialist training and gave examples of day-to-day activities. Trainers were described as being very active in providing exposure to trainees in specialist areas of interest.

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. All at the clinical site for promoting a culture of collegiality.

2. Trainers for providing additional opportunities for trainee exposure in the delivery of specialist care.

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. Trainees described being supported in fulfilling their specific training programme requirements, including access to informal and formal education and training opportunities. Screenshots from timetables were provided as documentary evidence of formal teaching opportunities being scheduled. The site's Bleep Policy was provided to the Team in draft form but despite the policy not being finalised, trainees noted that formal teaching opportunities were protected, and they were relieved of their bleeps during this time.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

H. Opportunities for trainers to train through protected training time

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

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

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

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

i-iii. The Team met with four of the 14 trainers at MRHP. Trainers described feeling supported in their role and that the site facilitates attendance at trainer development activities. 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 fully compliant with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

1. The level of support and encouragement provided to trainers at the site is to be commended.

Level of compliance: FC

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

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

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

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

i. & ii. The Team was satisfied that, although the hours of availability are limited, trainees had space and opportunity for private study, as well as access to the online library, journals, and other online resources. Trainees reported poor access to Wi-Fi throughout most of the site. Computers on the wards were described by trainees as slow and insufficient in number which led to difficulties in accessing hospital information systems.

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. Seek to enhance the hours of access to the library facilities.

2. Review the I.T. facilities on the wards to ensure that clinical functions are supported.

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 only available directly at the site on an infrequent basis but can be accessed at another location. Online supports are available through the site's Employee Assistance Programme which offers a range of supports including counselling and advice services. Trainees were aware of the supports available to them. The Team heard how the close working relationships at the site promote open and honest communication with trainees reporting how they have additional supports available to them from their colleagues and HR representatives.

iii. The Team heard how the site to date has not had to make adjustments to support the needs of a trainee with a disability but noted how they would make such changes should this be required at the 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

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 I.T. facilities onsite thereby facilitating close contact with postgraduate training bodies. Trainers at the site are also the postgraduate training body representatives, providing a direct link between trainees and the postgraduate training bodies. Trainees also described an awareness of their local Training Coordinators.

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. & ii. No evidence of formal teaching on professionalism was provided. Professional attitudes and behaviour are promoted informally through the examples set by colleagues at the site. Trainees were aware of the Medical Council's Ethical Guide but there was no evidence of promotion of the Guide at the site.

iii. Example policy and procedures used at the site to address instances of unprofessionalism were provided to the Team and included the HSE Dignity At Work Policy and the 2004 Health Service Employers Agency Grievance and Disciplinary Procedures.

iv. Trainers and management described the relevant pathways for referral of concerns to the Medical Council should local resolution not be possible.

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 active promotion of the Medical Council's 'Ethical Guide' including in the context of clinical teaching as well as being signposted in induction material.

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. An example risk assessment form was provided to the Team demonstrating how the site identifies risk although the clinical learning environment was not an item of reference in the example provided. Overall, the Team heard how trainees feel safe in the working environment with the exception of access to the offsite residence where safety was described as not being effectively monitored. Trainees described security issues with the access gate not always being locked.

ii. Data demonstrating compliance levels with the European Working Time Directive (EWTD) was provided and the Team noted that there were some instances of non-compliance.

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 safety of the access point to the offsite residence.

2. Review the current non-compliant rotas with a view to achieving full compliance with the EWTD.

Commendation (s)

No commendations made.

Level of compliance: PC

N. Specialty-specific supports

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

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

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

i. & ii. From discussions with trainees, the Team was satisfied that sufficient resources are available to meet the specialty-specific requirements of all training programmes being facilitated at MRHP. Example training body inspection reports and the associated follow-up correspondence were also provided, demonstrating ongoing communication between the training bodies and the site, in ensuring that appropriate specialty-specific supports are in place.

Compliance

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

Recommendation (s)

No recommendations made.

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-iii. An example trainee on-call rota, reflective of the volume of on-call activity at the site was provided to the Team and trainees described appropriate levels of supervision whilst on-call. Compliance with post-call leave requirements was evident in the EWTD compliance data provided to the Team, although this figure did not indicate full compliance.

iv. Trainees described safety concerns around accessing the offsite accommodation where gate access was not always secure or monitored.

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 appropriate post-call leave arrangements in place for trainees.

2. Review the safety of the access point to the offsite residence.

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. Trainees and trainers described formal scheduled assessment meetings to ensure compliance with individual postgraduate training body requirements. Trainees reported to be facilitated to participate in all assessments as required by their respective postgraduate training bodies and advised that they had no difficulties in accessing study leave and/or formal study days.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

Q. Opportunities for multi-disciplinary teamwork

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

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

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

i. & ii. Trainees and trainers described a range of opportunities available for multi-disciplinary team-working and detailed examples such as allergy testing sessions with different specialities and working with colleagues from other health and social care disciplines. The Team noted that during the meeting with trainers, that despite the existence of posts for Audit Facilitator and Social Worker, these remained unfilled, thus inhibiting the fullest possible multi-disciplinary learning.

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. Give high priority to filling the vacant posts.

Commendation (s)

No commendations made.

Level of compliance: PC

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. There is an NCHD Committee led by two NCHD Leads which provides an avenue for feedback on the training experience at the site. Minutes of the August 2018 NCHD Committee meeting were provided to the Team however at the time of inspection, there was no evidence of a further meeting having taken place since the arrival of the current cohort of trainees. Trainees described formal opportunities to provide feedback during their formal assessment meetings with trainers. The close working relationships described by trainees and trainers also provide for informal opportunities to raise matters. However, there was no evidence provided as to how such matters are fed back via educational governance avenues for action by 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 compliant with this Standard.

Recommendation (s)

1. As a clinical training site, MRHP should actively seek and encourage trainee feedback in order to maintain and improve standards within the clinical learning environment.

Commendation (s)

No commendations made.

Level of compliance: PC

Appendices

Appendix One (a) – Agenda and Team for St Luke's Hospital Rathgar

Medical Council Regional Inspection Visit

St Luke's Hospital Rathgar

Monday 5th November 2018

Assessor Team

Professor Alan Johnson, Assessor for the Medical Council & Chair of visiting Team

Dr Tom Crotty, Assessor and Medical Council Member

Ms Katharine Bulbulia, Assessor for the Medical Council

Ms Chloe Ryder, Acting Inspection Manager, Medical Council

Ms Aoise O'Reilly, Accreditation 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**	All Trainees should be invited to attend. The Team wish to meet with a representative group.
11.00am – 11.30am	**Private session of the Assessor Team**	
11.30am – 12.30pm	**Meeting with Trainers**	All Trainers should be invited to attend. Management should not attend.
12.30pm – 1.45pm	**Private session of the Assessor Team**	
1.45pm - 2.30pm	**Facilities walk around**	Facilities the Team will request to see the following as a minimum on the walk around: • library facilities • on call residence • study rooms • training rooms

		• occupational health facilities
2.30pm – 3.30pm	**Review of documentary evidence**	Members of the Assessor Team to review copies of the documentary evidence to be provided on site
3.30pm – 4.00pm	**Private session of the Assessor Team**	
4.00pm – 4.30pm	**Meeting with clinical training site management**	Close out meeting following the inspection visit
4.30pm	**Depart from clinical training site**	

Appendix One (b) – Agenda and Team for the Coombe Women and Infant University Hospital

Medical Council Regional Inspection Visit

Coombe Women and Infants University Hospital

Tuesday 13th November 2018

Assessor Team

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

Dr Ailís ní Riain, Assessor for the Medical Council

Ms Lesley Costello, Assessor for the Medical Council

Ms Chloe Ryder, Acting Inspection Manager, Medical Council

Ms Elizabeth Molloy, Accreditation Executive, Medical Council

Mr Ciaran Carr, Accreditation 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 – 10.00am	**Private session of the Assessor Team**	
10.00am – 11.15am	**Meeting with Trainees**	All Trainees should be invited to attend. The Team wish to meet with a representative group.
11.15am – 11.45am	**Private session of the Assessor Team**	
11.45am – 12.45pm	**Meeting with Trainers**	All Trainers should be invited to attend. Management should not attend.
12.45pm – 2.00pm	**Private session of the Assessor Team**	
2.00pm - 3.30pm	**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
	Review of documentary evidence *(Split Team)*	Members of the Assessor Team to review copies of the documentary evidence to be provided on site
3.30pm – 4.00pm	**Private session of the Assessor Team**	
4.00pm – 4.30pm	**Meeting with clinical training site management**	Close out meeting following the inspection visit
4.30pm	**Depart from clinical training site**	

Appendix One (c) – Agenda and Team for St James's Hospital

Medical Council Regional Inspection Visit

St. James's Hospital (SJH)

Tuesday 13th November 2018

Assessor Team

Dr John Barragry, Assessor, Medical Council Member & Chair of visiting Team

Professor Mike Larvin, Assessor for the Medical Council

Ms Gloria Kirwan, 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 Aoife Fitzsimons, Accreditation Manager, 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 of Interns. The Team will split and meet two groups of Interns (groups split by specialty; Medicine/Surgery).
	Meeting with Interns *(Split Team)*	
10.15am – 10.45am	**Private session of the Assessor Team**	
10.45am – 12.00pm	**Meeting with Trainees** *(Split Team)*	The Team wish to meet with a representative group of Trainees.
	Meeting with Trainees *(Split Team)*	

12.00pm – 1.15pm	**Meeting with Trainees** *(Split Team)*	
	Meeting with Trainees *(Split Team)*	
1.15pm – 2.15pm	**Private session of the Assessor Team**	
2.15pm – 3.15pm	**Meeting with Intern Tutor/Coordinator** *(Split Team)*	
	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
3.15pm – 3.30pm	**Private session of the Assessor Team**	
3.30pm – 4.30pm	**Meeting with Trainers for Specialist Training** *(Split Team)*	All Trainers should be invited to attend. Management should not attend.
	Meeting with Trainers for Specialist Training *(Split Team)*	
4.30pm-5.30pm	**Review of documentary evidence**	Members of the Assessor Team to review copies of the documentary evidence to be provided on site
5.30pm – 6.00pm	**Private session of the Assessor Team**	
6.00pm – 6.30pm	**Meeting with clinical training site management**	Close out meeting
6.30pm	**Depart from clinical training site**	

Appendix One (d) – Agenda and Team for Naas General Hospital

Medical Council Regional Inspection Visit

Naas General Hospital (NGH)

Tuesday 20th November 2018

Assessor Team

Dr John Barragry, Assessor, Medical Council Member & Chair of visiting Team

Professor Alan Johnson, Assessor for the Medical Council

Ms Lesley Costello, Assessor for the Medical Council

Ms Chloe Ryder, Acting Inspection Manager, Medical Council

Ms Naomi Kalonzo, Inspection 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**	The Team wish to meet with a representative group.
10.15am - 10.45am	**Private session of the Assessor Team**	
10.45am – 12.00pm	**Meeting with Trainees**	The Team wish to meet with a representative group.
12.00pm – 1.00pm	**Meeting with Trainers for Specialist Training**	All Trainers should be invited to attend.
1.00pm – 2.00pm	**Private session of the Assessor Team**	
2.00pm – 2.45pm	**Meeting with Intern Tutor/Coordinator**	
2.45pm- 4.15pm	**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
4.15pm – 4.45pm	**Private session of the Assessor Team**	
4.45pm – 5.15pm	**Meeting with clinical training site management**	Close out meeting
5.15pm	**Depart from clinical training site**	

Appendix One (e) – Agenda and Team for Tallaght University Hospital

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).
	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.
	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.
	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**	
5.00pm – 5.30pm	**Close out meeting**	
5.30pm	**Depart from clinical training site**	

Appendix One (f) – Agenda and Team for Midland Regional Hospital Tullamore

Medical Council Regional Inspection Visit

Midland Regional Hospital Tullamore (MRHT)

Tuesday 27th November 2018

Assessor Team

Professor Jason Last, Assessor for the Medical Council & Chair of visiting Team

Ms Vicky Blomfield Assessor and Medical Council Member

Dr John Jenkins, Assessor for the Medical Council

Ms Aoife Fitzsimons, Accreditation Manager, Medical Council

Ms Naomi Kalonzo, Inspection 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**	The Team wish to meet with a representative group.
10.15am - 10.45am	**Private session of the Assessor Team**	
10.45am – 12.00pm	**Meeting with Trainees**	The Team wish to meet with a representative group. Maximum no. per group – 25
12.00pm – 1.00pm	**Meeting with Intern Tutor/Coordinator** *(Split Team)*	
	Meeting with Trainers for Specialist Training *(Split Team)*	All Trainers should be invited to attend. Management should not attend.
1.00pm – 2.00pm	**Private session of the Assessor Team**	

2.00pm-3.30pm	**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
3.30pm – 4.00pm	**Private session of the Assessor Team**	
4.00pm – 4.30pm	**Meeting with clinical training site management**	Close out meeting
4.30pm	**Depart from clinical training site**	

Appendix One (g) – Agenda and Team for Midland Regional Hospital Portlaoise

Medical Council Regional Inspection Visit

Midland Regional Hospital Portlaoise (MRHP)

Thursday 29th November 2018

Assessor Team

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

Ms Katharine Bulbulia, Assessor for the Medical Council

Dr John Jenkins, Assessor for the Medical Council

Ms Aoife Fitzsimons, Accreditation Manager, Medical Council

Ms Naomi Kalonzo, Inspection 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**	The Team wish to meet with a representative group.
10.15am - 10.45am	**Private session of the Assessor Team**	
10.45am – 12.00pm	**Meeting with Trainees**	The Team wish to meet with a representative group.
12.00pm – 1.00pm	**Meeting with Trainers for Specialist Training**	All Trainers should be invited to attend. Management should not attend.
1.00pm – 2.00pm	**Private session of the Assessor Team**	
2.00pm – 3.00pm	**Meeting with Intern Tutor/Coordinator**	
3.00pm- 4.30pm	**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
4.30pm – 5.00pm	**Private session of the Assessor Team**	
5.00pm – 5.30pm	**Meeting with clinical training site management**	Close out meeting
5.30pm	**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 – St Luke's Hospital Rathgar

Running order of the supporting documentation reported per Standard in the St Luke's Hospital Rathgar submission

Specialist Standards:

Standard	Documentation noted
A) Clarity of Educational Governance Arrangements	SLRON NEMT Governance Structure TOR
	SLRON Clinical Training Governance Structure
	QRSM Terms of Reference & Governance Structure
	Team rota 14th May to 8th July 2018
	Team rota January - July 2018
	SLRON List of Trainers 23.07.18
	consultant abbreviations & medical numbers
	RCPI BST SLRON report April 2016
	Response to RCPI SLRON report 2016
	Palliative Medicine St Lukes Rathgar - Jun 17
	Consultant Contract 2008 – standard
	Email re BST contact Beaumont
	Letter to BST re tutorials in host hospital

B) Clarity of Clinical Governance Arrangements	RCPI BST SLRON report April 2016
	Response to RCPI SLRON report 2016
	Palliative Medicine St Lukes Rathgar - Jun 17
	HSE 2013 Open Disclosure Policy
	HSE 2018 Incident Management Framework
	HSE Integrated Risk Management Policy
	HSE National Consent Policy
	Manual on Incident Reporting on SLRON Intranet
	NCC MERP Categorisation Scale
	SLRON Staff Incident Procedure
	SLRON Disclosure of a RT Incident
	SLRON Consent Procedure
	Management of Radiotherapy Risk
	Incidents reported by Non-Consultants
	NCHD Contract
	NCHD Orientation Schedule

	Radiotherapy PreTreatment presentation
	Induction folder
	Sample email of communication regarding team rota to all staff
	Email regarding education session on incident learning and reporting
	SLORN Incident reporting pathway
	Radiotherapy Incident Support Scale
	Incident Impact Rating Scale
	Sample Handover Emails
C) Accountability	SLRON NEMT Governance Structure TOR
	SLRON Clinical Training Governance Structure
	QRSM Terms of Reference & Governance Structure
	RCPI BST SLRON report April 2016
	Response to RCPI SLRON report 2016
	Palliative Medicine St Lukes Rathgar - Jun 17
	Consultant Contract 2008 – standard

	CORP SLORN P017 Procedure for Document Management
	RAD ONC 030 Signing Privileges Files
	HSE 2018 change guide
	SLORN Health and Safety Statement
	Children First 2017
	HSE 2017 Corporate Statement
	HSE 2017 Employee Handbook
	PILOT Template
	Pilot Report Template
	Email re change Lab Memo Blood Product Instructions
	Email reading change to practice
	Sample minutes from HCR Aria meeting 15th May 2018
	Agenda HCR ARIA July revised 2018
	Minutes Health Safety Committee Meeting 160518
	Agenda – Health and Safety Management Committee Meeting 16.05.2018

	HSE Dignity at Work Policy
	HSE Equal Opportunities Diversity Policy
	Ergonomic Spatial Assessment for Target Definition work space review
	Redesign of Target Definition for Doctors
D) Induction Arrangements for Trainees	Consultant Contract 2008 – standard
	Children First 2017
	HSE 2017 Corporate Statement
	HSE 2017 Employee Handbook
	HSE Dignity at Work Policy
	HSE Equal Opportunities Diversity Policy
	HSE Induction Guidelines and Checklists
	Induction AHP Information
	Sample form to be signed by trainees and returned to clinical directorate
	Sample NCHD Orientation Schedule
	Consultant Contract 2008 – standard
	Radiation Oncology Trainee Presentation

	Sample BST Induction (Clinical Lead Meeting with SHO)
	Sample Palliative Induction
	Sample Library Information & Forms
	Sample ICT Forms
E) Clear Supervisory Arrangements for Trainees	SLRON Clinical Training Governance Structure
	Team rota 14th May to 8th July 2018
	Team rota January - July 2018
	SLRON List of Trainers 23.07.18
	Consultant abbreviations & medical numbers
	Consultant Contract 2008 – standard
	RCPI 2018 Trainee Guide BST Evaluation
	Medical Manpower BST Evaluation Guide
	RCPI Role of the Trainer
	NCHD contract
	RCSI Radiation Oncology Trainee in Difficulty Policy
	Emails re team rota to consultants in advance

F) Opportunities for Training through Clinical Practice for Trainee	Team rota 14th May to 8th July 2018
	Team rota January - July 2018
	02 Jul-Jan Annual Leave 2018
	16 Reg Leave Rota Jan - July 2018
	03 Jul-Jan BH schedule 2018
	04 Jul-Jan SJH Schedule 2018
	05 Jul-Jan SLH Schedule 2018 dedicated Training and education
	14 SHO Teaching Schedule July - Jan 2019
	Screen Shot of Education room 1 bookings
	Screen Shot of VC schedule with dedicated Training and education
	SpR Log book
	Palliative Medicine time table
	Sample Work practice plans to illustrate teaching
	Palliative medicine Training Plan
G) Access to Formal and Informal Education and	Team rota 14th May to 8th July 2018
	Team rota January - July 2018

Training for Trainees	
	Screen Shot of Education room 1 bookings
	Screen Shot of VC schedule with dedicated Training and education
	SHO LEAVE tracker Jan 2018 to July 2018
	SpR Ed & Training Courses 2017
	Journal Club Rota January 2018
	Journal Club Rota July - Jan 2018
	Annual Scientific Meeting Programme 2017
	Annual Visiting Professor Poster
	Annual Visiting Professor Attendance Sheet
	Quality Excellence Awards 2018 Information leaflet
	email re BST contact Beaumont
	CompStat EWTD Template - June 18
	Emails Open Disclosure
	Palliative care Grand Rounds Calendar August - Dec 2018
	Sample WPP to illustrate inform teaching

	Consultant Contract 2008 – standard
	Screen Shot of Education room 1 bookings
	SHO LEAVE tracker Jan 2018 to July 2018
	Annual Scientific Meeting Programme 2017
	Annual Visiting Professor Poster
	Annual Visiting Professor Attendance Sheet
	CompStat EWTD Template - June 18
	Emails Open Disclosure
H) Opportunities for trainers to train through protected training time	Consultant WPP
	Sample CAAC Application
	RCPI Trainer Certs
	Dr Confirmation Letter
	Dr Confirmation Letter
	Dr Confirmation Letter
I) Access to Resources which Support Directed and Self-Directed Learning	Logon to SLRON Intranet
	Screen shot of HSE Library

	Library Induction Information
	Access to Athens Form
	Emails re training from Library
	List of ICT facilities
	List of Documents on Intranet available to Doctors consultants and NCHDS
	Palliative Care Week – Library Resources
	SLRON IT Facilities and access to health and well being
J) Access to Pastoral and Health Supports for Trainees	Screen Shot of VC schedule with dedicated Training and education
	a &b. Occupational Health Department Leaflet file password protected to be provided on day of inspection
	Screen shot of HSE Health and wellness site, HR policies, HSE policies and lists the health and safety representatives in each centre
	Screen shot of access on Intranet to HSELand, HSE Intranet, Phone List & Emergency Multilingual Aid
	Screen Shot of Health & Safety Page on SLRON Intranet
	HSE list of Employee Assistance and Counselling Service Providers
	Screenshot of HSE Employee Assistance and Counselling Service
	HSE 2018 Manual Handling and People Handling Policy

	HSE 2018 Manual and handling fast fact
	HSE 2018 Manual Handling of Service Users with Bariatric Needs
	Screen shot of HSELand Manual Handling Elearning course
	Employee Assistance Service for St Luke's Hospital Employees leaflet
	emails regarding HR access
	Information regarding services of Occupation Health
	Occupation Health Advisor Job description
	Sample emails regarding wellbeing services available to all staff
K) Access to Resources to Maintain Close Contact with Parent Training Bodies	Sample NCHD Orientation Schedule
	RCSI Radiation Oncology Trainee in Difficulty Policy
	SLORN List of contact details for training coordinators
L) Promotion of Medical Council Guidance of Professionalism, Including Promotion of Current Ethical Guidance	SLRON Clinical Training Governance Structure
	Team rota 14th May to 8th July 2018
	Team rota January - July 2018
	SLRON List of Trainers 23.07.18
	RCPI BST SLRON report April 2016

	Response to RCPI SLRON report 2016
	Palliative Medicine St Lukes Rathgar - Jun 17
	Consultant Contract 2008 – standard
	Email re BST contact Beaumont
	Letter to BST re tutorials in host hospital
	List of ICT facilities
	HSE 2004 Grievance and Disciplinary Procedure
	HSE 2014 Managing Attendance Policy
	HSE 2017 Your Service Your Say Policy
	Emails re Incident management briefings
	Screen Shot of VC schedule with example of professionalism ethics
	Medical Council Guide to Professional Conduct and Ethics for Registered Medical Practitioners
	emails from HR regarding Garda Clearance
M) Safe Working Environment	HSE 2013 Open Disclosure Policy
	HSE 2018 Incident Management Framework

	HSE Integrated Risk Management Policy
	HSE National Consent Policy
	Manual on Incident Reporting on SLRON Intranet
	SLRON Disclosure of a RT Incident file
	SLRON Consent Procedure file
	Management of Radiotherapy Risk file
	SLORN Incident reporting pathway
	Children First 2017
	HSE Dignity at Work Policy
	Emails Open Disclosure
	Screen shot of HSELAND eLearning Course for Digital screen equipment
	NCHD EWTD Compliance %
	Leave form and e-mail for NCHD
	On Call Rotas
	Redesign of Target Definition for Doctors
N) Specialty-Specific Supports	SLORN Health and Safety Statement *file*

	HSE 2017 Corporate Statement
	Registrar Assessment for Emergency On Call
	Consultant On Call 2018 Beaumont
	Consultant On Call 2018 SLH-SJH
O) Participation in On-Call Duty Rota	RCPI BST SLRON report April 2016
	Response to RCPI SLRON report 2016
	Palliative Medicine St Lukes Rathgar - Jun 17
	Consultant Contract 2008 – standard
	Email re BST contact Beaumont
	RAD ONC 030 Signing Privileges Files
	Consultant on call rota
	.NCHD on call rota
	(a&b) sample NCHD leave emails
	Sample Consultant Leave email
	Registrar Assessment for Emergency On Call
P) Support for the Assessment of Trainees	Schedule for SpR Assessments 24th + 31st May, 2018

	Registrar Assessment for Emergency On Call
	(a) sample assessments 1
	(b) sample assessments 2
Q) Opportunities for Multi-Disciplinary Teamwork	Email re BST contact Beaumont
	Letter to BST re tutorials in host hospital
	RAD ONC 030 Signing Privileges Files
	RCPI 2018 Trainee Guide BST Evaluation
	Medical Manpower BST Evaluation Guide
	RCPI Role of the Trainer
	NCHD contract
	RCSI Radiation Oncology Trainee in Difficulty Policy
	Palliative Medicine time table
	Sample Work practice plans to illustrate teaching
	Palliative medicine Training Plan
	Schedule for SpR Assessments 24th + 31st May, 2018
	Registrar Assessment for Emergency On Call

	(b) sample assessments 1
	(c) sample assessments 2
	List of SLRON MDTs meetings
	(a & b) Videoconferencing scheduled
	Sample Leave
R) Opportunities for Trainees to Provide Feedback to the Employing Authority	Sample minutes from HCR Aria meeting 15th May 2018
	Agenda HCR ARIA July revised 2018
	Minutes Health Safety Committee Meeting 160518
	Agenda – Health and Safety Management Committee Meeting 16.05.2018

Appendix Five (b) – Overview of supporting documentation provided per site – Coombe Women and Infant University Hospital

Running order of the supporting documentation reported per Standard in the Coombe submission

Specialist Training Standards:

Standard	Documentation noted
A) Clarity of Educational Governance Arrangements	Organisation Chart demonstrating the place of a trainee to hierarchy of organisation
	CWIUH - Medical Council Inspection Presentation
	Teams (Weekly Rosters/On Call Rotas/ leave Rotas/Table for Committees/Roster Eteaching/Assistant Masters x
	Role of the Trainer
	Induction Details
	Handover policy
	Dedicated Consultant on the Labour Ward
	Trainee guidelines with the RCPI
B) Clarity of Clinical Governance Arrangements	Copy of NCHD contract
	Organizational Chart
	Induction Programme
	Local Specialty Specific NCHD Induction
	Incident Report Completed by Trainee
	Open disclosure Policy - HSE Policy
	Hand over policy (example of this 1. Labour Ward Meetings 2. Huddle at 10am.
	Clinical Incident Reporting – HSE Policy
	BST Roster email and attendance Sheets

C) Accountability	RCPI Reports
	Clinical trainer's job specification
	Pre-Employment Pre Placement Medical Form
	Consultant Contract 2008
	Consultant Time Table
	RCPI OG STC Meeting and Agenda
	Email Re: Establishment of a Training Committee
	Training Committee Attendance Sheet
	Role of the Trainer
	Facilities/Formal Education/Formal Audit/Working Environment
D) Induction Arrangements for Trainees	Copy of Hospital induction policy
	Schedule of Induction
	OBs Gynae Post Induction Assessment
	Coombe NCHD employment pack and welcome booklet
	Qpulse polices acknowledged by all NCHD's
	specialty specific induction for NCHD's
E) Clear Supervisory Arrangements for Trainees	Details of Trainee v supervisor ratios post matching of trainees from BST and HST Evidence of email communication with trainee outlining the name of a specific supervisor and allocated post number
	List of Consultant Trainers
	Evidence of email communication with trainee outlining the name of a specific supervisor and allocated post number

	RCPI document advising the Role of a Trainer
	RCPI Grievance and Disciplinary Policy when a trainee has performance issues/performance management
	NCHD contract
	Consultant trainer job spec
	Copy of induction pack/schedule
F) Opportunities for Training through Clinical Practice for Trainee	Rosters showing protected training time granted for NCHD's
	Details of Training opportunities available to NCHD's.
	Clinical Department's Quarterly Health and Safety Checklist
	CWIUH Department of Anaesthesia NCHD Teachings
	Sample Log books for Trainers
	NCHD contract
G) Access to Formal and Informal Education and Training for Trainees	Sample roster of NCHD's for each specialty
	Guinness Lecture Symposium
	List of training/educational opportunities provided by the hospital and RCPI and College of Anaesthetist for BST/HST
	MDT Journal Club – 9th November 2018
	Journal Club – 19th October 2018
	Research Opportunities
	List of mandatory training required by the Hospital for NCHD and evidence that study leave is provided
	Attendance sheet for mandatory training Induction/Childrens First and Open Disclosure
	Details regarding Study Leave entitlements for NCHDs

	EWTD Compliance Data
H) Opportunities for trainers to train through protected training time	Work plan for trainer showing teaching time set aside for Consultants
	CAAC application detailing requirement for teaching/training time
	Histopathology Allocation and Trainer
	Consultants RCPI "Physicians as Trainers": Essential Skills Course
	Attendance Sheets
	Consultant list to demonstrate attendance at protected training activities
I) Access to Resources which Support Directed and Self-Directed Learning	General Facilities form showing IT/Video Conferencing/Wifi
	Links to Journals on the Staff Internet
	UpToDate Access at CWIUH November 2018
	Department Facilities
J) Access to Pastoral and Health Supports for Trainees	Schedule of induction and induction pack and welcome Booklet
	Details of occupational health service including SLA
	Occupational Health PHHA self-assessment required by NER
	Copy of occupational health referral
	Details of the Employee Assistance Programme available
	Details of pastoral support available
K) Access to resources to maintain close contract with parent training bodies	IT facilities
	RCPI Mandatory Training Histopathology
	Details of training coordinators
	NCHD Lead Contact

L) Promotion of Medical Council Guidance of Professionalism, Including Promotion of Current Ethical Guidance	Consent policy
	Guide to Professional Conduct and Ethics for Registered Medical Practitioners
	Dignity at work policy
	Grievance policy
	Managing attendance policy
	Ethical Guidelines and Traditions
	Medical Council of Ireland Ethics and Guidelines
	Mission Vision and Value
	5 year Hospital Strategy
	RCPI Core Curriculum for Trainees
M) Safe Working Environment	Safety statement
	Sample risk assessment - Annual Health and Safety Management
	Clinical Department Quarterly Health and Safety check
	Quality Assurance and Verification Healthcare Audit Report
	Interdisciplinary Safety Huddle
	Email Re: Bleep Protocol
	CWIUH Grievance and Disciplinary Procedures
	NCHD Lunch/Open Disclosure/Children's First Attendance Sheets
	HIQA report for hospital
	Laboratory Medicine Report CWIUH for the Medical Council
	Reducing Caesarean Section Surgical Site Infections
	EWTD compliance data
	NCHD roster

N) Specialty-Specific Supports	STC Executive Meetings
	Inspection report from RCPI
	Ultrasound Training Highlighted in Blue (US) for Registrars/
	List of Consultant Trainers
O) Participation in On-Call Duty Rota	Sample rosters detailing call commitment
	List of supervising consultants for each specialty and MCRNs
	Evidence of Trainers attendance at assessments and interviews of BST's
	Role of Trainer and Guidelines for Trainee
P) Support for the Assessment of Trainees	Assessment guidance as per RCPI issued to trainers and trainees
	Occupational Health Name and Address Opening Hours
	PHHA Pre Placement Health Assessment Transfer Questionnaire
	Written evidences showing that assessments are carried out
	Consultant Rotas NHCD Rota's
	Mst Referral Revised Referral Form
	Role of Trainer
	CWIUH – Feedback Form (anonymous)
	Trainers Training
Q) Opportunities for Multi-Disciplinary Teamwork	Interdisciplinary Safety Huddles/ Multidisciplinary Team
	(a-h) Quality Improvement Projects
	Multi-disciplinary meetings/handover meeting (Wednesday and Friday) Ultrasound Training

	Email re: Wednesday MDT Handover Meetings BST for Handover
	(a-b) Committees
R) Opportunities for Trainees to Provide Feedback to the Employing Authority	Details of how trainees influenced change in practice or policy
	NCHD Induction feedback
	Lead NCHD position details of recruitment.
	Inspection Report from RCPI
	NCHD Feedback July 2018
	NCHD Feedback Presentation
	NCHD Feedback in process

Appendix Five (c) – Overview of supporting documentation provided per site – St James's Hospital

Running order of the supporting documentation reported per Standard in the St James Hospital submission

Intern Standards

Standard	Documentation noted
1. Rotations	New rotation template
	Overall SJH posts/rotations
2. Accreditation	Intern related staffing form
	Clinical staff formally contracted by School of Medicine involved in Intern training
	Administrative involved in intern training
	DSE ITN organisation chart
	NCHD contract
3. Content of Training	Intern induction programme for SJH
	Clinical skills refresher schedule during induction
	During employment clinical skills schedule
	Intern on call rota
	Intern formal teaching curriculum
	Intern research mini skills boot camp
4. Supervision	DSE ITN posts doc with Consultant Trainers that have Interns attached to them
	Screenshots from SJH Intranet, including Adverse Incident Reporting
	Sample Intern Role/ Job description
	Post of Post-Graduate Co-Ordinator/Interns/Tutor/Director of the William Stokes Post Graduate Medical Centre

	Core competencies Healthcare Assistant Sept. 2016
	Role development expansion within the nursing team final report
5. Assessment	Intern formative assessment form
	Intern end of rotation progress form
	Overall intern progress report template
6. Professionalism	Mission of the School of Medicine at Trinity College
	SJH vision, purpose and values
	SJH MED Directorate mission statement
	Screenshots from SJH Intranet, including Adverse Incident Reporting
7. Resources	TCD's online resources
	Intern Resilience Project – The Intern Choir
	Intern support services

Specialist Training Standards

Standard	Documentation noted
A) Clarity of Educational Governance Arrangements	Sample of NCHD Committee Minutes
	Educational Governance Organisational Chart
	Urology Specialist Advisory Committee Visit 2018
	Trauma and Orthopaedics Specialist Advisory Committee Visit 2017
	Plastics Specialist Advisory Committee Visit 2017
	Oral Maxfax Surgery Specialist Advisory Committee Visit 2017

	General Surgery Specialist Advisory Committee Visit 2017
	Education and Training Organigram
	Cardiothoracic Specialist Advisory Committee Visit 2017
	Final report on Respiratory Medicine Inspection ICHMT – SJH
	Response to ICHMT Report on Respiratory Med - September 14 – SJH
	Inspection Report ICHMT - Nephrology - May 18 – SJH
	Inspection Report ICHMT - GUM - Apr 18 – SJH
	Response to GU Medicine Inspection May 2018 – SJH
	RCPI Inspection Report – Gastroenterology January 2015
	ICHMT Interim Progress Report - Gastroenterology February 2017 – SJH
	RCPI Inspection Report – Immunology April 2015
	Response to ICHMT Immunology Report Sept 14 – SJH
	RCPI Inspection Report – Endocrinology April 2015
	RCPI Inspection Report – Rheumatology November 2016
	RCPI Inspection Report – Geriatric Medicine June 2017
	Response to ICHMT Report on Geriatric Medicine September 14 – SJH
	RCPI Inspection Report – Medical Oncology November 2017

	RCPI Inspection Report – Cardiology June 2014
	RCPI Inspection Report – Pharmacology and Therapeutics May 2014
	RCPI Inspection Report – Clinical Microbiology November 2013
	RCPI Inspection Report – General Internal Medicine February 2013
	General Medicine Inspection Report February 2017- response from SJH – SJH
	RCPI Inspection Report – Gynaecology April 2013 / Re-inspection June 13
	Initial Response to ICHMT Inspection Report on Gynaecology May 13 – SJH
	Follow up Response to ICHMT Inspection Report on Gynaecology May 13- SJ
	RCPI Inspection Report – Haematology June 2014
	Response to June 14 ICHMT Report on Haematology – SJH
	RCPI Inspection Report – Histopathology November 2013
	Response to ICHMT Report on Histopathology September 14 – SJH
	RCPI Inspection Report – Infectious Diseases June 2014
	Response to June 14 ICHMT Report on Infectious Diseases – SJH
	RCPI Inspection Report – Neurology March 2014
B) Clarity of Clinical Governance Arrangements	Balanced Accountability Policy – SJH

	Code of Staff Ethics Behaviour Handbook – SJH
	Decision Making – Accessing Support & Guidance – SJH
	Escalation pathway for adverse finding & outcome during a clinical audit – SJH
	NCHD Committee Meeting – Minutes 13.09.2017
	Example of Adverse Incident Form – blank – SJH
	Medication Safety Programme Policy – SJH
	Medication Safety Reporting Protocol – SJH
	NCHD Contract – 21 Apr 17 – SJH
	NCHD Getting Started booklet – SJH
	NCHD Induction Clinical Blood Transfusion 2018 – SJH
	NCHD Induction Diagnostic Imaging – SJH
	NCHD Induction Programme – Sample – SJH
	NCHD induction QSID 2018 – SJH
	Safety Incident – Report & Management Policy – SJH
	Respiratory Medicine Intern Role Profile – SJH
	Respiratory Medicine SHO Role Profile – SJH

C) Accountability	Director of Postgraduate Medical Education – Job Description
	Work Practice Plan – Consultants' Contract 2008
	Consultants' Contract 2008
	Medical Workforce Unit Rota
	Appointment Information Pack Head of Medical Workflow
	Head of Medical Workforce – Job Description
	Local training leads at BST and HST level
	Registrar in Healthcare Informatics – Job Description
	Lead NCHD – Job Description
D) Induction Arrangements for Trainees	St James's Hospital Employee Induction Programme
	NCHD Induction Programme - Learnpath
	NCHD Induction - Clinical Blood Transfusion 2018 – SJH
	SJH Department of Rheumatology Induction
	NCHD Induction - Diagnostic Imaging – SJH
	SJH Respiratory Medicine Induction
	Induction Programme NCHDs July 2018

	Laboratory Induction for Microbiology Trainees – July 2016
	NCHD Induction - MWU Presentation July 18 – SJH
	NCHD induction QSID 2018 – SJH
	Induction sign in – SJH
	Rheumatology Team Induction Programme – SJH
	Emergency Department Local Induction Programme – SJH
	Respiratory Department – NCHD Introduction to Department – SJH
	NER (National Employment Record)
	SJH Corporate Induction Policy
E) Clear Supervisory Arrangements for Trainees	BST Annual Evaluations Timetable 2018
	RCPI Assessors Guide to Annual Evaluation 2017/18
	RCPI Trainee Guide for BST Annual Evaluation 2017/18
	BST Evaluation – Form A Parts 1+2
	List of Trainers and Specialties
	BST Evaluation – Form A Parts 3+4

	Sample of BST Evaluation April 2018 from SJH
F) Opportunities for Training through Clinical Practice for Trainee	MRCPI Bedside Teaching Schedule
	ICU Education Timetable January – July 2018
G) Access to Formal and Informal Education and Training for Trainees	There are over 60 separate educational activities on-site in SJH each week. Examples of teaching activities from a range of specialties including Journal Clubs, lunchtime teaching, Medical Update, Grand Rounds, BST Teaching, clinicopathological conferences, radiology conferences.
	Friday Lunchtime Meetings Rota September - December 2017
	Screenshot of SJH Legal Training 'Clinicians and Courts'
	Wednesday Morning Teaching August – December 2017
	Thursday Morning Lectures February – June 2018
	SpR's are facilitated to attend their mandatory training days and to take their training half day each week.
	Emergency Department (ED) – Weekly SHO / Intern Training – Thursday AM 8.15 – 10.00. Scenario based training using a skills mannequin
	ED – Shop Floor Clinical Pearls – at 4pm handover
	Core Academic Calendar 2018/2019 – SJH
	Grand Rounds Final Program 2018

	GUIDe Friday Lunchtime Meetings Rota 2017 – SJH
	GUIDe HIV Club 2017-2018 – SJH
	GUIDe Journal Club 2017-18 – SJH
	GUIDe Monday Lunchtime Meeting 2018 – SJH
	Haematology SHO Teaching Attendance 25.07.18 – SJH
	Haematology SpR Teaching Schedule 2018 July to September 2018 07 06 – SJH
	Haematology Teaching Attendance Record 11.07.18 – SJH
	Haematology Teaching Attendance Record 18.07.18 – SJH
	Haematology SHO Teaching Attendance Record 18.11.07 – SJH
	ICU teaching –SJH
	ICU Tutorials Jan – SJH
	Medical Update 2017-2018 – SJH (Eoin B Casey Award – End of Year)
	Microbiology Friday Lunchtime Meetings Rota – SJH
	Microbiology Journal Club Rota 2018 – SJH
	MRCPI Bedside Teaching copy – SJH
	Rheumatology teaching sessions 2018jul-dec – SJH

	RSCI Annual Trainee Forum 2018 Programme – SJH
	Sample Registrar Grand Rounds Cert – SJH
	Sample Registrar Medical Update Cert – SJH
	Sample SHO Grand Rounds Cert – SJH
	Sample SHO Medical Update Cert – SJH
	Sample SpR Grand Rounds Cert – SJH
	Sample SpR Medical Update Cert – SJH
	Legal Training - Clinicians and the Courts – SJH
	Respiratory Medicine – Induction Training for NCHDs – SJH
	Respiratory Medicine – Weekly Education sessions for Trainees – SJH
	Orthopaedic Training Schedule – SJH
	Anaesthetic Thursday morning Lectures – SJH
	Anaesthetic teaching – sample sign in sheet – SJH
	Lead NCHD Project – Career Development and Interview Training for NCHDs – SJH
H) Opportunities for Trainers to Train through	Work Practice Plan Indicating Training Commitments

	Protected Training Time	Protected training time for Grand Rounds etc. – 2018 scheduled attached and sample attendance for CME points
		HeartCode ACLS for consultants and NCHDs – SJH
		Legal Training – Clinicians and the Courts – SJH
I)	**Access to Resources which Support Directed and Self-Directed Learning**	Screen grab of online portal to Trinity Library
		Screen grab of Medication Safety Minute
		Screenshot of SJH Intranet
		Example of Medication Safety Minute – SJH
		HeartCode ACLS for consultant and NCHDS – SJH
		Up-to-date – SJH
		IT Room – Doctor's Residence- SJH
J)	**Access to Pastoral and Health Supports for Trainees**	Intern Resilience Project – The Intern Choir – SJH
		Communication via Intranet on Medical Mindfulness - SJH
		Wellness for NCHDs – Summary of Events - SJH
		Wellness for NCHDs – Explanatory Note – SJH
		8 Week Mindfulness Course – Poster and Information - SJH

	Pilates Course – SJH
	Clinical Nurse Specialist in Occupational Health Role Profile – SJH
	Dignity at work policy – SJH
	Employee Assistance Programme – SJH
	Local Occupational Health Supports – SJH
	Map of Staff Supports Update 251116 – SJH
	NCHD educational leave policy – SJH
	Pastoral supports provided to trainees in induction pack – SJH
	The Good Relaxation Guide – SJH
	The Good Sleep Guide - SJH
	Emergency Department – Attention Training Programme Research Project – SJH
	Emergency Department Wellness Weeks - SJH
	NCHD Induction talk presentation – SJH
	Provision of Headspace App to NCHDs - SJH
K) Access to Resources to Maintain Close Contact with Parent Training Bodies	RCPI BST Induction Day

L) Promotion of Medical Council Guidance of Professionalism, Including Promotion of Current Ethical Guidance	St James's Hospital Vision, Mission and Vision Statement
	Dignity at Work Policy
	Code of Staff Ethics and Behaviour Handbook – SJH
	Grievance and Disciplinary Procedure – SJH
	Role of Medical Director – role profile
M) Safe Working Environment	Mandatory Training (Induction and on-going for existing staff)
	SJH Hospital Safety Committee Terms of Reference
	SJH Fire Safety policy
	January 2017 vs July 2017 EWTD Compliance
	EWTD Compliance Analysis
	SJH Draft Safe Clinical Handover Guidelines – in progress
	NCHD Induction Security talk
	Facilities Management role in site assessments
	SJH Registrar in Health Informatics
	Security Escort Service at night
	Security supervised car parking, designated emergency on-call parking, access to underground car parking at nights and weekends.

N) Specialty-Specific Supports	Sample of NCHD Committee Minutes
	Educational Governance Organisational Chart
	Urology Specialist Advisory Committee Visit 2018
	Rheumatology Teaching Sessions July – December 2018
	Trauma and Orthopaedics Specialist Advisory Committee Visit 2017
	Plastics Specialist Advisory Committee Visit 2017
	Oral Maxfax Surgery Specialist Advisory Committee Visit 2017
	General Surgery Specialist Advisory Committee Visit 2017
	Cardiothoracic Specialist Advisory Committee Visit 2017
	Final report on Respiratory Medicine Inspection ICHMT – SJH
	Response to ICHMT Report on Respiratory Med - September 14 – SJH
	Inspection Report ICHMT - Nephrology - May 18 – SJH
	Inspection Report ICHMT - GUM - Apr 18 – SJH
	Response to GU Medicine Inspection May 2018 – SJH
	Screenshot of SJH Evening Pilates Classes
	RCPI Inspection Report – Gastroenterology January 2015
	ICHMT Interim Progress Report - Gastroenterology February 2017 – SJH

	RCPI Inspection Report – Immunology April 2015
	Response to ICHMT Immunology Report Sept 14 – SJH
	RCPI Inspection Report – Endocrinology April
	RCPI Inspection Report – Rheumatology November 2015
	RCPI Inspection Report – Geriatric Medicine June 2017
	Response to ICHMT Report on Geriatric Medicine September 14 – SJH
	RCPI Inspection Report – Medical Oncology November 2017
	RCPI Inspection Report – Cardiology June 2014
	RCPI Inspection Report – Pharmacology and Therapeutics May 2014
	RCPI Inspection Report – Clinical Microbiology November 2013
	RCPI Inspection Report – General Internal Medicine February 2013
	General Medicine Inspection Report February 2017- response from SJH – SJH
	Orthopaedic Department Teaching
	RCPI Inspection Report – Gynaecology April 2013 / Re-inspection June 13
	Initial Response to ICHMT Inspection Report on Gynaecology May 13 – SJH
	Follow up Response to ICHMT Inspection Report on Gynaecology May 13- SJ
	RCPI Inspection Report – Haematology June 2014

	Response to June 14 ICHMT Report on Haematology – SJH
	RCPI Inspection Report – Histopathology November 2013
	Response to ICHMT Report on Histopathology September 14 – SJH
	RCPI Inspection Report – Infectious Diseases June 2014
	Response to June 14 ICHMT Report on Infectious Diseases – SJH
	RCPI Inspection Report – Neurology March 2014
O) Participation in On-Call Duty Rota	Sample Haematology Rota
	Sample General Surgery Rota
	Sample of Supervisory Arrangements
P) Support for the Assessment of Trainees	BST Annual Evaluations Timetable 2018
	RCPI Assessors Guide to Annual Evaluation 2017/18
	CME Re-Imbursement Claim Form
	SJH ED Wellness Week August 7th – August 19th
	Screenshot of Meditation Services in the Office
	RCPI Trainee Guide for BST Annual Evaluation 2017/18
	Screenshot of SJH Medication Safety Minutes

	Mindfulness Courses available at SJH 2018
	BST Evaluation – Form A Parts 1+2
	BST Evaluation – Form A Parts 3+4
	Sample of BST Evaluation April 2018 from SJH
Q) Opportunities for Multi-Disciplinary Teamwork	Policy for supporting Breast Cancer MDT and sample attendance sheet
	Policy for supporting Lung Cancer MDT and sample attendance sheet
	Policy for supporting GI Cancer MDT and sample attendance sheet
	MDT Co-Ordinator Support for the Breast Cancer MDT Conference
	MDT Co-Ordinator Support for the GI Oncology MDT Conference
	MDT Co-Ordinator Support for the Gynaecological Oncology MDT Conference
	MDT Co-Ordinator Support for the Head and Neck Cancer MDT Conference
	MDT Co-Ordinator Support for Lung Cancer MDT Conference
	MDT Co-Ordinator Support for the GI Oncology MDT Conference
	MDT Co-Ordinator Support for the Skin Cancer MDT Conference
	MDT Co-Ordinator Support for the Urology Oncology MDT Conference

	MDT Co-Ordinator Support for the Lymphoma MDT Conference
	Policy for supporting Urology Cancer MDT and sample attendance sheet
	Policy for supporting Lymphoma Cancer MDT and sample attendance sheet
	Policy for supporting Skin Cancer MDT and sample attendance sheet
	Policy for supporting Head and Neck MDT and sample attendance sheet
	Policy for supporting Gynaecology Oncology Cancer MDT and sample attendance sheet
R) Opportunities for Trainees to Provide Feedback to the Employing Authority	Urology Specialist Advisory Committee Visit 2018
	Trauma and Orthopaedics Specialist Advisory Committee Visit 2017
	Plastics Specialist Advisory Committee Visit 2017
	Oral Maxfax Surgery Specialist Advisory Committee Visit 2017
	General Surgery Specialist Advisory Committee Visit 2017
	Cardiothoracic Specialist Advisory Committee Visit 2017
	Job description to Lead NCHD
	Sample of NCHD Committee Minutes
	Bleep Policy
	Resignation and exit interview forms
	SHO Feedback Survey
	Bedside Teaching feedback survey
	NCHD representation on Medical Board

Appendix Five (d) – Overview of supporting documentation provided per site – Naas General Hospital

Running order of the supporting documentation reported per Standard in the Naas General Hospital submission

Intern Standards:

Standard	Documentation noted
1. Rotations	Section on Interns –schedule of rotations
	Section on Rosters and Rotations and also section on Interns – email which demonstrates that interns are rotating
	New Rotation template
	DSE ITN posts/rotations
2. Accreditation	Email evidence of affiliation to Intern Network
	DSE ITN posts/rotations
	Intern related staffing form
	Memorandum of Agreement between NGH and TCD
	Email of Affiliation to Intern Network
	Memorandum of agreement between NGH & TCD
	DSE ITN org. chart
3. Content of Training	TUH NGH Induction programme
	Schedule of rotations
	Full Induction Programme
	NCHD contract
	Full induction programme

	Roster details
	Intern teaching email
	Sign in sheets – journal club and grand rounds
	NER Report and NER compliance report
	MMM presentation
	updated intern teaching schedule
	Broadcast email – only evidence under clinical incident reporting folder
	Research and education/lunch and learn folder.
	Palliative care talk
	Presentation on end of life
4. Supervision	List of Consultant Trainers
	DSE ITN org. chart
	Medical Teams
	Section on Rosters and also Section on Interns – Email that Demonstrates that Interns are Rotating
	Surgical Teams
	ED Teams
	Schedule of rotations
	Minutes of the Transfer of tasks meeting
	Broadcast email
	Presentation at induction on how to report adverse events
	Data protection training
	DSE ITN posts/rotations
	Intern job description

5. Assessment	Intern teaching schedule email
	Sign in sheets – journal club and grand rounds
	Medical Teams
	Surgical Teams
	ED Teams
	Intern sign in sheet for education
6. Professionalism	TUH NGH Induction programme
	HSE policies regarding management and reporting of clinical incidents
	HSE dignity at work policy
	Policies, Procedures, Guidelines
	Broadcast email
	Presentation on delivering bad news to patient/family
	Hospital Safety Statement
	NGH Mission Statement
7. Resources	IT Facilities
	Naas Library Services
	Email query on library facilities
	Details of support services circulated to Interns

	section on occupational health – copy of OH referral – Correspondence form OH – EAP Counsellor – HBS job spec – HR circular – letter offer – NR job spec – pre-employment – screenshot of occ. Health

Specialist Training Standards:

Standard	Documentation noted
A) Clarity of Educational Governance Arrangements	organisation charts
	Rotations and Rosters – ED rotas - Surgery Rota - Medicine Rota
	QPS folder
	Medical Records Ctte ToR
	Drugs & Therapeutics Ctte minutes
	PGTB inspection
	Assessor BST Guide
B) Clarity of Clinical Governance Arrangements	Q pulse access demonstrated in induction email
	Policies, Procedures, Guidelines
	NCHD contract
	Schedule for site induction
	Clinical incident reporting policy
	Redacted incident report

	Open disclosure policy
	Handover policy
	EWS/Sepsis sign in sheets
C) Accountability	Names of Trainers
	Clinical Incident Reporting Policy
	Redacted Incident Report
	Redacted Incident Report
	Surgery Research meeting
	Anaesthesia Audit
	Audit competition
	PGTB inspection
	Lunch and Learn - June Trainee presentation to all staff
	Consultant's Contract
	Ethics Committee
	Drugs & Therapeutics Ctte minutes
	QPS folder
D) Induction Arrangements for Trainees	specialty specific induction
	HSE Induction Policy
	Local induction
	HSE employee handbook

	Minutes of Transfer of Task Meeting
	Dignity at Work policy
	Presentation at induction on How to Report Adverse Events
	stroke training
E) Clear Supervisory Arrangements for Trainees	Bleep list
	ED consultant supervision
	Sample NCHD Roster
	Trainees v Supervisors
	Sample Roster
	Email Evidence of Proactively Trying to change Dates/Times of Roster
	Trainee v supervisor ratios
	Names of Trainers
	Performance management
	NCHD contract
	Rotations and Rosters – ED rotas - Surgery Rota - Medicine Rota
	medicine and anaesthesia rotas
	Contacting nursing admin out of hours
	Schedule for site induction

	matching Trainees to Trainers
F) Opportunities for Training through Clinical Practice for Trainee	ED casemix
	attendance sheets for grand rounds and other speciality specific training
	NCHD contract
G) Access to Formal and Informal Education and Training for Trainees	Annual and Education leave policy
	Research and Education Meeting Taking Place Once a Month
	email evidence for proactively trying to change dates/times of rosters
	– specialty specific induction
	Lunch and Learn – June Trainees Presentation to all Staff
	surgery meetings
	Audit competition
	sign in sheets for Stroke training
	ED rotas
	Research and education meetings taking place once a month
	Sample roster
	Email supporting educational leave
	study leave policy plus communication
	EWTD compliance
H) Opportunities for Trainers to Train	Clinical Director attending course on leadership

through Protected Training Time	dedicated hours to teaching
	EWTD compliance
I) Access to Resources which Support Directed and Self-Directed Learning	Library screenshots
J) Access to Pastoral and Health Supports for Trainees	No documentary evidence provided
K) Access to Resources to Maintain Close Contact with Parent Training Bodies	No documentary evidence provided
L) Promotion of Medical Council Guidance of Professionalism, Including Promotion of Current Ethical Guidance	PPPGs relating to quality and patient safety
	Consent policy
	Dignity at work policy
	HSE Grievance Policy
	Your Service your say leaflets
	meeting notes with trainee on a grievance issue
	Hospital Mission Statement
	Volunteer Committee
	Handover policy (draft)
	National Staff survey under dignity at work
M) Safe Working Environment	Risk Assessments

	HIQA reports
	Dignity at Work
	Data Protection Training
	PPG's relating to Quality and Patient Safety
	HSE Policies Regarding Management and Reporting of Clinical Incidents
	EWTD compliance
	Sample NCHD roster
N) Specialty-Specific Supports	Evidence from BST GIM
O) Participation in On-Call Duty Rota	Rotations and Rosters -ED rotas - Surgery Rota - Medicine Rota
	Names of Trainers
P) Support for the Assessment of Trainees	annual review BST trainees
	Email Supporting Educational Leave
	Presentation on Delivering Bad News to Patients/Family
Q) Opportunities for Multi-Disciplinary Teamwork	HSCP inspection
	research and education ctte minutes – lunch and learn
	stroke training
R) Opportunities for Trainees to Provide Feedback to the Employing Authority	Handover policy (draft)
	Your Service Your Say Leaflet
	Election of NCHD Lead

Appendix Five (e) – Overview of supporting documentation provided per site – Tallaght University Hospital

Running order of the supporting documentation reported per Standard in the Tallaght University Hospital submission

Intern Standards:

Standard	Documentation noted
1. Rotations	New rotation template
	Overall DSE ITN posts/rotations.
2. Accreditation	Intern related staffing form
	Agreement in respect for the Provision of (medical) Interns Education and Training
	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 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
	Work Programme 2017/2018
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

	Sign-in sheets for induction
	(a-d) Examples of specialty-specific induction
	Information on the TUH Learning Station (LMS)
	Information on Medicines App
E) Clear Supervisory Arrangements	Bleep list
	Information on the TUH Learning Station (LMS)
	Information on Medicines App
	Sample daily call rota
	List of trainers and IMC numbers
	Doctors Rota
	NCHD contract
F) Opportunities for Training through Clinical Practice for Trainee	Evidence of examples of specialty specific training
	Critical care Outreach Service Business Plan 2018
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
	Bleep Policy
	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 Protected Training Time	Sample consultant approval letter
	Sample consultant work practice plan
	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 Contact with Parent Training Bodies	Details of ICT facilities
	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
	Grievance Human Resources Policy
	Trust in Care HSE Resources Policy
	Disciplinary Human Resources Policy
	Dignity at Work
	Employment Equality & Diversity Human Resources Policy
	CLD Prospectus outlining education available to staff
	Evidence of referrals to IMC

M) Safe Working Environment	Health and safety statement
	Information on Patient Safety
	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
	RCPI & Medical Manpower Meeting 2018
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 Employing Authority	NCHD lead job description:
	Committee membership: See Standard Q
	Details of NCHD lead meetings – examples of agenda/minutes
	NCHD starter pack:
	Pilot NCHD drop in clinic

Appendix Five (f) – Overview of supporting documentation provided per site – Midland Regional Hospital Tullamore

Running order of the supporting documentation reported per Standard in the Midland Regional Hospital Tullamore submission

Intern Standard:

Standard	Documentation noted
1. Rotations	Screen shot of HR system demonstrating rotation
	(a) Schedule of intern training and opportunities
2. Accreditation	Note of affiliation to UL- evidence of same SSA & MELG TOR
	IMC self-assessment questionnaire and annual return
	(a) Schedule of intern training
3. Content of Training	Screen shots of HSE land courses
	Bleep policy and handover policy
	Induction schedules and content
4. Supervision	Evidence of NCHD membership on committee
	HSE policy on reporting & managing clinical incidents
	List of approved trainers & MCRNs
	Minutes of transfer of tasks meeting and schedule for future meetings
	Clinical incident reporting policy
5. Assessment	Evidence of formal meetings with interns

	Evidence of set programme of professional development
	Schedule of training that is specialty specific and appropriate for intern attendance –system for intern and NCHD training within MRHT
6. Professionalism	Induction schedules and content
	UCD Intern Network Online Programme
7. Resources	Job specification for occupational staff
	Occupational Health online pre-screening
	Screen shot of library service
	Outline of library facilities

Trainee Standards:

Standard	Documentation noted
A) Clarity of Educational Governance Arrangements	MHRT Governance & Accountability Framework
	MRHT Governance Controls Assurance Process
	TOR of committees into which NCHDs input
B) Clarity of Clinical Governance Arrangements	Draft Clinical Handover Policy
C) Accountability	Clinical trainers job specification/profile
	Consultant Contract
	Copy of inspection reports

	Copy of subsequent QIP in regard to the above
	TOR academic medical committee
D) Induction Arrangements for Trainees	Copy of HSE Induction policy
	Schedule of Induction
	Copy of induction booklet
	HSE employment pack
	Health & Safety info
	Emergency Tax Info
	Example of specialty specific induction
E) Clear Supervisory Arrangements for Trainees	– Details of consultant trainers & trainee numbers
	email with trainee outlining name of a specific supervisor
	NCHD contract
	Schedule of Induction
	List of Consultants, SPR's, Registrars , SHO's and Interns in Each Department
	Copy of induction booklet
	Example of specialty specific induction
F) Opportunities for Training through Clinical Practice for Trainee	NCHD contract
	Sample redacted timesheet to show protected time granted

G) Access to Formal and Informal Education and Training for Trainees	Sample redacted timesheet to show study leave
H) Opportunities for Trainers to Train through Protected Training Time	Sample WPP for trainer showing teaching time set aside
	LoA for post demonstrating requirement for teaching/training time
	Job specification for post detailing requirement to participate in the training and education of NCHDs
	Role of the trainer RCPI
	HSE CME Guidelines document
I) Access to Resources which Support Directed and Self-Directed Learning	Screen shot of library service
	Outline of library facilities
J) Access to Pastoral and Health Supports for Trainees	Schedule of Induction
	Copy of induction booklet
	Name/address of occupational health physician
	Job specification for occupational staff
	Copy of occupation health referral

K) Access to Resources to Maintain Close Contact with Parent Training Bodies	Details of training coordinators locally – email from RCPI re same
L) Promotion of Medical Council Guidance of Professionalism, Including Promotion of Current Ethical Guidance	Consent policy
	Dignity at work policy
	HSE grievance policy
	Managing attendance policy
	Redacted letter requesting meeting under dignity at work policy
	PPPGs relating to quality and patient safety
M) Safe Working Environment	Site specific safety statement
	Sample Risk assessment
	Copy of HIQA report for hospital
	EWTD compliance data
	Sample NCHD roster
N) Specialty-Specific Supports	Email/written evidence from PGTB of recommendations and from hospital
	Copy of inspection report from RCPI
O) Participation in On-Call Duty Rota	List of approved trainers & MCRNs
P) Support for the Assessment of Trainees	Evidence of BST assessments – schedule of assessment

	Assessment guidance as per RCPI issued to trainer and trainees
	Sample redacted timesheet to show protected time granted
Q) Opportunities for Multi-Disciplinary Teamwork	No Documentation Provided
R) Opportunities for Trainees to Provide Feedback to the Employing Authority	No Documentation Provided

Appendix Five (g) – Overview of supporting documentation provided per site – Midland Regional Hospital Portlaoise

Running order of the supporting documentation reported per Standard Midland Regional Hospital Portlaoise

Intern Standards

Standard	Documentation noted
1. Rotations	Email from UCD demonstrating schedule of rotations of interns within the network
2. Accreditation	Email from UCD demonstrating schedule of rotations of interns within the network
3. Content of Training	Bleep Policy
	Handover Policy
4. Supervision	Minutes of meetings we received minutes from the T.O.R Committee and NCHD Committee
5. Assessment	Evidence of logbooks
6. Professionalism	Screenshot of UCD Intern Network's programme of online training
7. Resources	Job specification for occupational health staff
	Screen shots of library services
	Outline of library facilities

Specialist Training Standards

Standard	Documentation noted
A) Clarity of Educational Governance Arrangements	MRHP governance and accountability framework (includes organisational chart)
B) Clarity of Clinical Governance Arrangements	Copy of NCHD contract (April 2018)
	Schedule for site induction
	Profile of Medical Staffing
	Clinical Handover for all Physicians, Surgeons, Obstetrics, Gynaecology and Paediatricians in MRHP
	RCPI Department of Paediatric Report Letter 2nd December 2016
	Clinical Handover Policy
	MRHP Progress Reply to RCPI Paediatric Inspection 1st June 2017
	Response Letter to RCPI Obstetrics & Gynaecology Department 18th January 2017
	Clinical Incident Policy
C) Accountability	Clinical Trainer's Job spec
	Consultant's Contract 2008
	Copy of Inspection Reports
	TOR and sample minutes of academic medical committee
D) Induction Arrangements for Trainees	HSE Induction Policy
	Lead NCHD Handbook
	Schedule for site induction
	Dignity at work Policy
	Email to Incoming NCHD's RE: Induction Information with attached Hospital Policies

	Management of stress in the workplace
	Example of system in place for NCHDs to avoid emergency tax
E) Clear Supervisory Arrangements for Trainees	Detail of Trainee v Supervisor ratios
	Copy of NCHD contract (April 2018)
F) Opportunities for Training through Clinical Practice for Trainee	Example of system to recognise attendance at grand rounds/speciality specific training
	Copy of NCHD contract (April 2018)
G) Access to Formal and Informal Education and Training for Trainees	Sample roster
	List of training/educational opportunities provided
	Weekly Rota
	March 2018 Rota
	PPPG study leave NCHDs
H) Opportunities for Trainers to Train through Protected Training Time	Role of the Trainer RCPI
	HSE CME guidelines document
I) Access to Resources which Support Directed and Self-Directed Learning	Library facilities
	Library & Hospital Facilities Information
	Library webpage
	Details of videoconferencing facilities
J) Access to Pastoral and Health Supports for Trainees	Job spec of occupational health physician
K) Access to Resources to Maintain Close Contact with Parent Training Bodies	No Supporting Documentation Provided

L) Promotion of Medical Council Guidance of Professionalism, Including Promotion of Current Ethical Guidance	PPPGs relating to quality and patient safety
	Management of stress in the workplace
	Dignity at work Policy
	Managing attendance Policy
	HSE Grievance Policy
M) Safe Working Environment	Sample risk assessment
	Escalation Policy MRHP
	EWTD compliance data
	EWTD Key Performance Indicators
	Drug and Therapeutics Committee – Terms of Reference
	Copy of EWTD report from verification group
	Table showing EWTD 24 hr and 48 hr Compliance
	Guidelines and Escalation Protocol for the use of the Paediatric Early Warning Score System
	Sample NCHD roster
N) Specialty-Specific Supports	Email/written evidence from PGTB of recommendations
	Training and Non Training Posts
	RCPI Inspection Report
O) Participation in On-Call Duty Rota	Sample NCHD roster
P) Opportunities for Trainees to	Evidence of BST assessment – schedule of assessment

	Provide Feedback to the Employing Authority	Assessment guidance as per RCPI issued to trainers and trainees
Q)	**Opportunities for Multi-Disciplinary Teamwork**	Written evidence of scheduled MDT meetings
R)	**Opportunities for Trainees to Provide Feedback to the Employing Authority**	Sample minutes
		Minutes of meetings (transfer of tasks)
		Sample of an inspection report

Medical Council
Kingram House
Kingram Place
Dublin 2
D02 XY88

www.medicalcouncil.ie

Comhairle na nDochtúirí Leighis
Medical Council