



# **Regional Inspection of Saolta University Health Care Group**

## **Letterkenny University Hospital**

Report on the Inspection of Intern  
and Specialist Clinical Training Site

August 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 nonmedical 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.



## Evaluation of Saolta University Health Care Group 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:  
Letterkenny University Hospital**

### Compliance with Intern Training Standards

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| <b>1. Rotations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Level of compliance: FC</b> |  |
| <p><i>Description of evidence of compliance with this Standard during the inspection visit</i></p> <ul style="list-style-type: none"> <li>The Team met with 13 / 16 Interns at Letterkenny University Hospital (LUH).</li> <li>There are 5 posts in General Surgery, 9 Interns in Medicine, 1 General Practice Intern on a 3 month rotation, 1 Anaesthetics Intern on a 3 month rotation , 1 Emergency Department Intern on a 3 month rotation, whilst an additional 1 Intern rotations through Medicine for a 3 month rotation.</li> <li>The Team was satisfied that LUH was fully compliant with the required criteria.</li> </ul> |                                |                                                                                     |
| <p><b><u>Compliance</u></b></p> <ul style="list-style-type: none"> <li>The clinical training site indicated in their self-evaluation that they were fully complying with this Standard and the Team agreed that this site, in practice, was complying.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                    |                                |                                                                                     |
| <p><b><u>Observation (s) and Recommendation (s)</u></b></p> <ul style="list-style-type: none"> <li>There is currently one Intern in General Practice and the Psychiatry rotation was removed in 2015 due to concerns over supervision. The Team understands that the Medical Council was notified of this action at the time.</li> <li>There is one Intern completing a full year of Internship in LUH who reported to be satisfied with the training being provided.</li> </ul>                                                                                                                                                     |                                |                                                                                     |
| <p><b><u>Commendation (s)</u></b></p> <ul style="list-style-type: none"> <li>No commendations made.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                                                                     |

| 2. Accreditation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Level of compliance: FC |  |
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| <p><i>Description of evidence of compliance with this Standard during the inspection visit</i></p> <ul style="list-style-type: none"> <li>• LUH is affiliated with National University of Ireland, Galway, the Royal College of Surgeons in Ireland and the Royal College of Physicians of Ireland.</li> <li>• The HSE Intern Network is West / NorthWest and the Intern Coordinator is Dr Dara Byrne.</li> <li>• The Team met with Mr Muiyiwa Aremu who is the on-site Intern Coordinator for LUH.</li> <li>• The Team noted that the Management Team in LUH felt stronger ties with Dublin training sites than with those in Galway.</li> </ul> |                         |  |

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| <p><b><u>Compliance</u></b></p> <ul style="list-style-type: none"> <li>• The clinical training site indicated in their self-evaluation that they were fully complying with this Standard and the Team found that the site, in practice, was complying.</li> </ul> |
| <p><b><u>Observation (s) and Recommendation (s)</u></b></p> <ul style="list-style-type: none"> <li>• No observations or recommendations made.</li> </ul>                                                                                                          |
| <p><b><u>Commendation (s)</u></b></p> <ul style="list-style-type: none"> <li>• No commendations made.</li> </ul>                                                                                                                                                  |

| 3. Content of training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Level of compliance: PC |  |
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| <p><i>Description of evidence of compliance with this Standard during the inspection visit</i></p> <ol style="list-style-type: none"> <li>The Team was satisfied that the Interns felt part of a Multi-Disciplinary Team.</li> <li>The Team was concerned of reports of Interns taking consent, particularly within the Surgery rotation.</li> <li>The Team was satisfied that there are regular opportunities for Interns to exercise responsibility and clinical decision making, appropriate to their competency level through on-call rotas and house calls.</li> <li>The Team was satisfied that the new ward-based system in situ in LUH allows Interns to work as an integral part of a team.</li> <li>The Team was satisfied that there are regular education and training sessions such as: <ul style="list-style-type: none"> <li>○ Video link teaching taking place twice a week.</li> </ul> </li> </ol> |                         |  |

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|                          | <ul style="list-style-type: none"> <li>○ Clinical skills training Level 1 and 2 being carried out in LUH by the Intern Coordinator with assistance provided by relevant Advanced Nurse Practitioners. Clinical Skills level 3 takes place in Galway</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                           |
| vi.                      | <p>The Team was ensured by the Management Team that training is consistent with the Eight Domains of Good Professional Practice, however, when probing the Interns on their knowledge of the Medical Council's guidelines, they were not familiar with them.</p>                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b><u>Compliance</u></b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                          | <ul style="list-style-type: none"> <li>• Although the clinical training site indicated in their self-evaluation that they were fully complying with this Standard, the Team found that the site was only partially complying as Standards (ii) under Content of Training do not meet all requirements of the Standard. The Team was concerned with the issues raised and recommended these be addressed as soon as possible. LUH should detail how they plan to address this Standard and submit their response to the Medical Council as part of the Hospital Groups Action and Implementation Plan, due within 3 months of receiving the Inspection Report.</li> </ul> |

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| <b><u>Observation (s) and Recommendation (s)</u></b> <ul style="list-style-type: none"> <li>• The Team was concerned with reports of Interns participating in end-of-life care without supports in place. The Team recommended that supports for Interns participating in end-of-life care must be put in place.</li> <li>• The Interns have one hour, two days a week, of bleep-free time for study.</li> </ul> |  |
| <b><u>Commendation (s)</u></b>                                                                                                                                                                                                                                                                                                                                                                                   |  |
| No commendations made.                                                                                                                                                                                                                                                                                                                                                                                           |  |

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| <b>4. Supervision</b>                                                                                                                                                                                                                                       | <b>Level of compliance: FC</b>  |
| <i>Description of evidence of compliance with this Standard during the inspection visit</i> <ul style="list-style-type: none"> <li>• The Team was satisfied that there is effective supervision of Intern training and clinical practice in LUH.</li> </ul> |                                                                                                                      |
| <b><u>Compliance</u></b>                                                                                                                                                                                                                                    |                                                                                                                      |
| <ul style="list-style-type: none"> <li>• The clinical training site indicated in their self-evaluation that they were fully complying with this Standard and the Team found that the site, in practice, was complying.</li> </ul>                           |                                                                                                                      |
| <b><u>Observation (s) &amp; Recommendation (s)</u></b>                                                                                                                                                                                                      |                                                                                                                      |
| <ul style="list-style-type: none"> <li>• No observations or recommendations made.</li> </ul>                                                                                                                                                                |                                                                                                                      |
| <b><u>Commendation (s)</u></b>                                                                                                                                                                                                                              |                                                                                                                      |
| <ul style="list-style-type: none"> <li>• Interns commended LUH for the level of exposure and opportunities to prepare patients compared to rotations at other sites.</li> </ul>                                                                             |                                                                                                                      |

| 5. Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Level of compliance: PC  |
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| <p><i>Description of evidence of compliance with this Standard during the inspection visit</i></p> <ul style="list-style-type: none"> <li>Trainers expressed concerns over the lack of support and time given to them to provide teaching within LUH, leading to lack of informal feedback being provided to Interns.</li> <li>The Team was satisfied that assessments are carried out on a regular basis.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                             |
| <p><b><u>Compliance</u></b></p> <ul style="list-style-type: none"> <li>Although the clinical training site indicated in their self-evaluation that they were fully complying with this Standard, the Team found that the site was only partially complying. LUH informed the Team that Consultants meet with Interns to fill out their assessment forms on a 3 monthly basis where they discuss their assessment with the Intern. These forms are then assessed by the Intern Coordinator in conjunction with the Intern in formal feedback meeting which takes place every 6 months. Where there are concerns about an Interns' performance, Medical Manpower and the Supervising Consultant hold performance management meetings with the Intern which may also involve the Intern Coordinator if deemed necessary. However, on interviewing Interns, the Team was concerned with the lack of formal feedback Interns report to be receiving. Although performance management appraisals are reported to be taking place, LUH need to ensure that formal educational feedback remains a separate process in order to comply with this Standard.</li> </ul> |                                                                                                             |
| <p><b><u>Observation (s) &amp; Recommendation (s)</u></b></p> <ul style="list-style-type: none"> <li>The Team recommended LUH address this concern and ensure that such arrangements are formalised and implemented.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                             |
| <p><b><u>Commendation (s)</u></b></p> <ul style="list-style-type: none"> <li>No commendations made.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                             |

| 6. Professionalism                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Level of compliance: PC  |
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| <p><i>Description of evidence of compliance with this Standard during the inspection visit</i></p> <ol style="list-style-type: none"> <li>The Team noted the Intern induction addresses all aspects of Professionalism, and the Three Pillars of Professionalism forms part of the Intern Logbook.</li> <li>The Team was assured by the Management Team that training is consistent with the 'Guide to Professional Conduct and Ethics for Registered Medical Practitioners', however, when probing discussion with the Interns on their knowledge of the Medical Council's guidelines, they were not familiar with them.</li> </ol> |                                                                                                               |
| <p><b><u>Compliance</u></b></p> <ul style="list-style-type: none"> <li>Although the clinical training site indicated in their self-evaluation that they were fully complying with this Standard, the Team found that the site was only partially complying.</li> </ul>                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |

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

- The Team recommended that all Professionalism training explicitly refers to and familiarises Interns with the Medical Council's current edition of the 'Guide to Professional Conduct and Ethics for Registered Medical Practitioners'.

### **Commendation (s)**

- No commendations made.

## **7. Resources**

**Level of compliance: FC**



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

- i. The Team was satisfied that Interns have sufficient exposure to a broad range of clinical cases and patients appropriate to their rotations.
- ii. The new Postgraduate Medical Learning Centre within the hospital provides space for private study, and there is access to the library.
- iii. The Team was satisfied that the number of Interns are appropriate for the resources of the training site.
- iv. The Team noted that the NCHD lead is available for Interns to raise any ethical concerns, which are then fed back into the NCHD Committee.
- v. The Team was satisfied that Interns were aware of the Occupational Health facilities within LUH.

### **Compliance**

- The clinical training site indicated in their self-evaluation that they were fully complying with this Standard and the Team agreed/confirmed that this site, in practice, was complying.

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

- No Wi-Fi access within the hospital for Interns to access library databases and conduct literature searches. LUH Management Team confirmed that Wi-Fi will be in place by July 2017. The Team expect that this matter will have been addressed by the time the Action and Implementation Plan is submitted to the Medical Council by the Saolta University Health Care Group.
- The Team requested to see minutes of the NCHD Lead Committee meetings and the Committees Terms of Reference. This should be submitted to the Medical Council as part of the Hospital Group's Action and Implementation Plan, due 3 months following receipt of the Inspection Report.
- The Team was concerned with reports of Interns being asked to obtain consent (working above grade) especially within the Surgery rotation. The Team recommended that this practice ceased with immediate effect.

### **Commendation (s)**

- No commendations made.

## **Compliance with Specialist Training Standards – Letterkenny University Hospital**

| <b>A. Clarity of educational governance arrangements</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Level of compliance: PC</b>  |
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| <p><i>Description of evidence of compliance with this Standard during the inspection visit</i></p> <ul style="list-style-type: none"> <li>i. The Team was provided with two copies of the organisational chart upon request from the Chair of the Assessor Team. A proposed chart was provided highlighting the hierarchical overview of what the envisaged training management system will look like once posts are filled and new areas such as the Simulation area are complete. The current organisational chart was also provided.</li> <li>ii. The Management team at the time of inspections was recruiting for Trainee representatives to sit on the Medical Education Committee (MEC) for the training site. The Team was informed by LUH that NCHD's are represented on the Medical Education Committee (MEC). The Lead NCHD and a nominated Specialist Registrar (SpR) attend the MEC meetings. Minutes of the December 2016 Medical Education Committee were provided to the Team and it was noted that two NCHD's were present at that meeting. However, on interviewing Trainees, the Team heard that currently no Trainees have joined the Committee and Trainees were unaware of the participation of NCHD's at those meetings. Trainees also informed the Team that they have the opportunity to submit suggestions to the Medical Education Committee via a suggestion box.</li> <li>iii. The Team was satisfied that there are transparent arrangements with the Postgraduate Training Bodies which clarify the relevant responsibilities and expectations of each party involved in the delivery of specialist training. However when meeting with the Trainers they expressed their concerns for not having protected time for training days or meetings.</li> </ul> |                                                                                                                    |

### **Compliance**

- The clinical training site indicated in their self-evaluation that they were partially complying with this Standard and the Team found that this site, in practice, was partially complying as a formal organisational chart is to be developed to satisfy criterion (i).

### **Observation (s) and Recommendation (s)**

- Although the Terms of Reference was available during the inspection, the visiting Team request sight of the Terms of Reference for the Medical Education Committee for Medical Council records. This should be submitted to the Medical Council as part of the Hospital Group's Action and Implementation Plan, due 3 months following receipt of the Inspection Report.

### **Commendation (s)**

- No commendations made.

### **B. Clarity of clinical governance arrangements**

**Level of compliance: PC**



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

- 3 out of 20 Trainees met with the Team and explained that they had not been assigned a Trainer since January 2017. It was also noted that teams are very busy and on occasion it can be difficult to find the time to meet with supervisors. Reports of such vary across specialties. There was collective praise for Dr Keating for being very approachable. Introduction of the new ward-based rota system has led to difficulty in communication as sometimes a Trainee may be working across two teams.
- There was an awareness of local procedures for reporting clinical incidents and Trainees made reference to using the 'Guide to Professional Conduct and Ethics for Registered Medical Practitioners' for guidance. There is also an Amber Alert System (email) within the Emergency Department (ED) which alerts all staff at 8.00pm each day within the ED of any incidents that may have occurred.
- The Team noted that the Handover Policy within each department needs to be improved as post-take rounds were reported to not be taking place.

### **Compliance**

The clinical training site indicated in their self-evaluation that they were partially complying with this Standard and the Team found that the site, in practice, was partially complying as. The Team was concerned with the issues raised under criteria i. and iii. and recommended that these be addressed as soon as possible. LUH should detail how they plan to address and improve their compliance with this Standard and submit their response to the Medical Council as part of the Hospital Groups Action and Implementation Plan, due 3 months following receipt of the Inspection Report.

### **Observation (s) and Recommendation (s)**

- The Team recommended that the clinical training site ensures that Trainees are assigned to and meet with their Trainers prior to commencing their training.
- The Team recommended that the Handover Policy is reviewed and appropriately implemented to ensure that post-take rounds take place.

### **Commendation (s)**

- No commendations made.

| C. Accountability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Level of compliance: PC <span style="background-color: yellow; border: 1px solid black; padding: 0 10px;"> </span> |
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| <p><i>Description of evidence of compliance with this Standard during the inspection visit</i></p> <ul style="list-style-type: none"> <li>i. The Team met with the accountable Managers responsible for training at specialist level; the Associate Academic Officer and the Director of Postgraduate Medical Education.</li> <li>ii. As above.</li> <li>iii. The Team met with the Medical Manpower Manager, who is the individual responsible for the communication and collaboration with the HSE's education and training function.</li> <li>iv. Trainees described the relatively new arrangements of a ward-based rota system negatively impacting on their educational opportunities by disrupting their opportunities for team based learning and reducing senior supervision of clinical decisions.</li> </ul> |                                                                                                                    |
| <p><b><u>Compliance</u></b></p> <ul style="list-style-type: none"> <li>• The clinical training site indicated in their self-evaluation that they were partially complying with this Standard and the Team found that the site, in practice, was partially complying. The Team was concerned with the issues raised under Standard C <b>iv.</b> and suggested that the educational impact/ effects of such changes are monitored and acted upon by Management.</li> </ul>                                                                                                                                                                                                                                                                                                                                                |                                                                                                                    |
| <p><b><u>Observation (s) and Recommendation (s)</u></b></p> <ul style="list-style-type: none"> <li>• The Team was concerned with the issues raised under S <b>iv.</b> and recommended that the educational impact/ effects of such changes are monitored and acted upon by Management.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                    |
| <p><b><u>Commendation (s)</u></b></p> <ul style="list-style-type: none"> <li>• No commendations made.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                    |

| D. Induction arrangements for Trainees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Level of compliance: PC <span style="background-color: yellow; border: 1px solid black; padding: 0 10px;"> </span> |
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| <p><i>Description of evidence of compliance with this Standard during the inspection visit</i></p> <ul style="list-style-type: none"> <li>i. There was no formal Induction Policy however, a generic induction programme is in place for all NCHD's. The Lead NCHD has played a role in inputting into this programme.</li> <li>ii. Induction takes place in both January and July. Packs containing local and national policy documents are issued to all NCHD's and the receipt of such must be signed.</li> <li>iii. NCHD's receive health and safety training during induction including, fire safety and hand hygiene.</li> <li>iv. Self-evaluation documentation notes that the majority of departments have departmental inductions. During the visit, Trainees indicated that specialty-specific induction is either</li> </ul> |                                                                                                                    |

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| <p>informal or not taking place at all. One Trainee explained that they themselves had provided induction to three doctors who only previously trained outside of Ireland.</p>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                             |
| v.                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Local and national policies are provided in induction packs although there is no shared space/intranet for ease of access to policies. It is noted in the self-evaluation documentation that discussions are ongoing in relation to the development of an online induction portal which will also assist in the monitoring of access to such documentation. |
| vi.                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | As outlined in the self-evaluation documentation, LUH are fully compliant with the National Employment Record system, as developed by the HSE National Doctors Training and Planning (NDTP) Unit.                                                                                                                                                           |
| <p><b><u>Compliance</u></b></p> <ul style="list-style-type: none"> <li>The clinical training site indicated in their self-evaluation that they were partially complying with this Standard and the Team found that this site, in practice, was partially complying.</li> </ul>                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                             |
| <p><b><u>Observation (s) and Recommendation (s)</u></b></p> <ul style="list-style-type: none"> <li>The Team was concerned with the issues raised under i. iv. and v. and recommended these be addressed as soon as possible. LUH should detail how they plan to address this Standard and submit their response to the Medical Council as part of the Hospital Groups Action and Implementation Plan, due 3 months following receipt of the Inspection Report.</li> </ul> |                                                                                                                                                                                                                                                                                                                                                             |
| <p><b><u>Commendation (s)</u></b></p> <ul style="list-style-type: none"> <li>No commendations made.</li> </ul>                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                             |

| E. Clear supervisory arrangements for Trainees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Level of compliance: PC |  |
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| <p><i>Description of evidence of compliance with this Standard during the inspection visit</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         |  |
| <p>i. The Team was informed by LUH that the Medical Department changed from a team-based system to a ward-based system in April 2017 resulting in a change to working systems previously in place. This decision was made due to a number of factors, mainly to enhance patient care whilst also to promote better training for the Trainee, and equal distribution of patients among Consultants. However, on interviewing Trainees, the Team heard that the ward-based system was creating issues in that there is no named Consultant assigned to Trainees, resulting in a lack of supervision and eliminating the opportunity for constructive feedback. The ward-based system was noted by Trainees to be best suited to managing the distribution of patients as opposed to prioritising the training experience for Trainees.</p> |                         |  |
| <p>ii. As noted previously, it was reported that not all Trainees are made aware of who their clinical supervisor is and it was also reported that a Trainer was not aware that they had a Trainee.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                         |  |
| <p>iii. The Team noted that the quality of training differed depending on the Trainer and the business of the hospital (in terms of busyness). The amount of time Trainees spent with Consultants varied depending on Consultant availability (busyness of Consultant, if a</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |  |

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| <p>Consultant was in post) and speciality. In the absence of more senior staff, Trainees reported having to act 'above grade' as they were the only professional available to do so.</p> <p>iv. As above. The self-evaluation documentation makes reference to Intern training as opposed to specialist training under this Standard criterion.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <p><b><u>Compliance</u></b></p> <ul style="list-style-type: none"> <li>Although the clinical training site indicated in their self-evaluation that they were fully complying with this Standard, the Team found that the site, was partially complying. (i) (ii) and (iii) were not found to be fully compliant.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <p><b><u>Observation (s) and Recommendation (s)</u></b></p> <ul style="list-style-type: none"> <li>During the Team's discussion with Trainees, it was noted that, SHO level Trainees are required to observe hierarchical protocols in order to request certain tests or procedures on-call, namely that the Registrar on-call must corroborate the need for the test or procedure when it is identified by the SHO. A concern was raised (with a specific example given) that in order for this system to operate safely for patients, Registrars must be available to review patients in a timely fashion on the request of SHOs. Where Registrars refused to see patients, potentially serious adverse events could ensue. The Team recommended that Management should either review the supervision arrangements for Trainees or take steps to ensure that the restriction of access to ordering urgent on-call tests and procedures to Registrar grade doctors does not carry a patient safety risk.</li> </ul> |
| <p><b><u>Commendation (s)</u></b></p> <ul style="list-style-type: none"> <li>No commendations made.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

| F. Opportunities for training through clinical practice for Trainees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Level of compliance: PC  |
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| <p><i>Description of evidence of compliance with this Standard during the inspection visit</i></p> <p>i. The Team was informed by LUH that all Trainees are assigned to Trainers and all Trainees meet with their Trainer at the start of rotations and are encouraged to do so at induction by the Associate Clinical Director. However, on interviewing Trainees, it was noted that not all Trainees who met with the Team agreed that they were assigned a Trainer. Theatre time was reported to be limited in Obstetrics and Gynaecology. A lot of submissions of emergency cases means that patients can be deemed too ill to be seen by a Trainee resulting in reduced learning opportunities in elective surgery.</p> <p>ii. Trainees felt that the training site gave them a great experience working with patients with interesting clinical presentations that may not be seen in areas such as Dublin as health issues may be more likely to be picked up at earlier stages.</p> |                                                                                                               |

### **Compliance**

- Although the clinical training site indicated in their self-evaluation that they were fully complying with this Standard, the Team found that the site, was in fact, partially complying. The Team was concerned with theatre time being limited in Obstetrics and Gynaecology.

### **Observation (s) and Recommendation (s)**

- The Team recommended that the clinical site monitor the learning opportunities in departments where there may be a reduction in learning opportunities for reasons noted.

### **Commendation (s)**

- No commendations made.

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

Level of compliance: PC



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

**i, ii & iii inclusive.**

- The Team was informed by LUH that it is site policy to support access to training days and interviews. All NCHD's, regardless of being a Trainee or non-Trainee have equal access to approved training days, subject to service needs and advanced booking being approved in a timely manner. Overall the majority of Trainees who met with the Team felt that they are able to access training days with ease. However, the Team did hear that rota issues meant that one Trainee was initially told that they could not attend an interview (which had been arranged in advance/approved leave) due to rotas and annual leave clashing. This was eventually resolved by the training body and the Trainee was able to attend the interview. It was also noted that 'higher' Trainees can on occasion have priority to attend training days that are available to Trainees of all levels.

### **Compliance**

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

### **Observation (s) and Recommendation (s)**

- The Team was concerned with the issues raised under **(i) (ii) and (iii)** and recommended that these be addressed as soon as possible. LUH should detail how they plan to address this Standard and submit their response to the Medical Council as part of the Hospital Groups Action and Implementation Plan, due 3 months following receipt of the Inspection Report.

### **Commendation (s)**

- No commendations made.

| H. Opportunities for trainers to train through protected training time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Level of compliance: NC  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <p><i>Description of evidence of compliance with this Standard during the inspection visit</i></p> <ul style="list-style-type: none"> <li>i. The site is non-compliant with this Standard criterion. Currently there is no protected time for training</li> <li>ii. At a local level it was noted that Clinicians may be approached by the training coordinators to become Trainers in their area of specialty. Trainers are recognised locally for the value they bring to the hospital as a training site and the additional workload they take on in addition to heavy clinical work.</li> <li>iii. It was noted that the level of training to be a Trainer differed amongst specialities. All Trainers claimed to have the 'Train the Trainer' certificate as the most basic/baseline qualification (around three Trainers had this and this alone) whereas other Trainers had more formal qualifications in teaching and/or education. Assessment of Trainers varies again across specialties e.g. Emergency Medicine Trainers are required to take part in an annual two-day assessment in University Limerick.</li> </ul> |                                                                                                             |
| <p><b><u>Compliance</u></b></p> <ul style="list-style-type: none"> <li>The clinical site indicated in their self-evaluation that they were not complying with this Standard, the Team found that the site, in practice, was not complying. <b>(i) (ii) and (iii)</b> were found to be non-compliant. The Team was concerned that there was no evidence presented of genuine or real support for the roles of the Trainers from Management, however, there was evidence of much dedicated work being done. The Team recommended this be addressed as soon as possible. LUH should detail how they plan to address this Standard and submit their response to the Medical Council as part of the Hospital Groups Action and Implementation Plan, due 3 months following receipt of the Inspection Report.</li> </ul>                                                                                                                                                                                                                                                                                                               |                                                                                                             |
| <p><b><u>Observation (s) &amp; Recommendation (s)</u></b></p> <ul style="list-style-type: none"> <li>The Team recommended that the Medical Council notifies the HSE, Forum of Irish Postgraduate Medical Training Bodies and Department of Health, with a view to enabling the site to comply with Standard H – opportunities for Trainers to train through protected training time.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                             |
| <p><b><u>Commendation (s)</u></b></p> <ul style="list-style-type: none"> <li>No commendations made.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                             |

| I. Access to resources which support directed and self-directed learning                                                                                                                                                                                                                                     | Level of compliance: PC  |
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| <ul style="list-style-type: none"> <li><i>Please describe the evidence provided to demonstrate compliance with this Standard</i></li> </ul> <p>Wi-Fi is currently unavailable in the hospital (resulting in PC rating). Management assured the Team that Wi-Fi is scheduled to be in place by July 2017.</p> |                                                                                                               |

- i. A walk around inspection of the library facilities was conducted. These facilities are based adjacent to the main hospital campus in the Education Centre, attached to the building that houses the Medical Rehabilitation Unit, Physiotherapy and Occupational Therapy Outpatient services. There are sufficient library facilities with 12 fixed computers in the main suite, private study areas/rooms and access to both hard copy and electronic journal material. The Team met the Librarian (Pamela) who assists students and Trainees in learning how to conduct effective literature reviews.
- ii. Specialist software 'UpToDate' – (an evidence based, peer-reviewed system) is installed for access in the library.

#### **Compliance**

- The clinical site indicated in their self-evaluation that they were partially complying with this Standard, the Team found that this site, in practice, was partially complying. The Team noted partial-compliance for access to resources which support directed and self-directed learning.

#### **Observation (s) and Recommendation (s)**

- The Team recommended that Wi-Fi access be installed in the hospital as soon as possible and the Medical Council be updated of the progress when the Hospital Group submits its Action and Implementation Plan.

#### **Commendation (s)**

- No commendations made.

| <b>J. Access to pastoral and health supports for Trainees</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Level of compliance: PC</b>  |
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| <p><i>Description of evidence of compliance with this Standard during the inspection visit</i></p> <ol style="list-style-type: none"> <li>i. During induction, the Medical Manpower team and Occupational Health representatives provide talks on the supports available to Trainees. Advertisements for such are placed around the building in public areas such as the Canteen and the Residential area.</li> <li>ii. Regular emails are sent to all staff regarding managing stress in the workplace (a policy has recently been developed) and a Mindfulness Programme is run in-house. LUH (via video-link) piloted resilience training during grand rounds, as noted by Trainees. Trainees advised that they were not aware of mental health supports available and expressed how they would consult colleagues if they needed mental health/emotional support. The NCHD committee plays an important role in the current Trainee experience where Trainees feel that their voice is listened to and the Chair of the Group is viewed as a 'go to' support.</li> <li>iii. As noted in the self-evaluation documentation, to date the site has not worked with a Trainee with a significant disability and posed this as the reason for not having any policy/adjustment plans in place.</li> </ol> |                                                                                                                      |

### **Compliance**

- The clinical site indicated in their self-evaluation that they are partially complying with this Standard and the Team found that the site, in practice, was partially complying. Criterion (iii) is not fully compliant. The Team noted that the library facility is only accessible via stairs which would not be suitable for Trainees with physical disabilities/access issues and recommended this be addressed as soon as possible. LUH should detail how they plan to address this and submit their response to the Medical Council as part of the Hospital Groups Action and Implementation Plan, due 3 months following receipt of the Inspection Report.

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

- As noted above, during the library inspection, the Team was informed that the facility is only accessible via stairs which would not be suitable for Trainees with physical disabilities/access issue. There is however a disabled toilet in the library area. It is intended for the library facilities to eventually be based over in the new Postgraduate Medical Learning Centre.
- There is a strategic vision to include the library as part of the Donegal Clinical Research Academy Facility attached to Post Graduate Medical Education Centre but there is no current capital programme or funding to deliver this vision.

### **Commendation (s)**

- A strong network/support system is evident amongst Trainees.

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| <b>K. Access to resources to maintain close contact with parent training bodies</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Level of compliance: FC</b>  |
| <p><i>Description of evidence of compliance with this Standard during the inspection visit</i></p> <ul style="list-style-type: none"> <li>i. As noted previously, ICT facilities are available although there is no Wi-Fi at present (due July 2017). It is outlined in the self-evaluation documentation that training body representatives are appointed in the hospital (representatives can include Trainees) and there is the NCHD Committee where training body representatives are also members.</li> <li>ii. As outlined in the self-evaluation documentation this information is received by Trainees directly from the training body and Medical Manpower are required to forward all relevant emails from the training bodies to Trainees.</li> </ul> |                                                                                                                      |
| <h3><b><u>Compliance</u></b></h3> <ul style="list-style-type: none"> <li>The clinical training site indicated in their self-evaluation that they are fully complying with this Standard and the Team found that this site, in practice, was complying.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      |
| <h3><b><u>Observation (s) &amp; Recommendation (s)</u></b></h3> <ul style="list-style-type: none"> <li>No observations or recommendations made.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                      |

### **Commendation (s)**

- No commendations made.

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

**Level of compliance: NC**



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

- i. It was noted that Trainees have on occasion been expected to take consent in Surgery. Trainees noted that they referred to the 'Guide to Professional Conduct and Ethics for Registered Medical Practitioners' to highlight that this should not happen unsupervised.
- ii. Flyers for open disclosure days are received by Trainees on a regular basis although Trainees reported feeling that Consultants are not explicit enough in demonstrating/explaining what actions should take place following an adverse event, in particular stressing that debriefing after an adverse event does not take place. However, Trainees reported a case where open disclosure was not practised and the Trainees felt that a more explicit approach when discussing/teaching real-life cases would be beneficial. When discussing adverse events, Trainees discussed cases highlighting the emotional impact of adverse events and how this subsequently translates to training. The Team would encourage LUH to emphasise a need to demonstrate a supportive culture for Trainees with regards to open disclosure, debriefing and the emotional impact of dealing with adverse events as a direct consequence of their clinical training.
- iii. There are ongoing issues with NCHD's being unable to access the Radiology department for necessary scans/information. Management claim to be aware of the issues and are hopeful for such to be resolved once vacant posts in Radiology have been filled, easing the pressures in the Department. The Team noted that there is no local anti-bullying/dignity at work policies.
- iv. Pathways for Medical Council referrals regarding Professionalism to the Medical Council Health Committee and Professional Standards Department are reported in the self-evaluation documentation but it is noted that a clear pathway for referrals need to be developed in association with the Saolta Hospital Group.

### **Compliance**

- Although the clinical training site indicated in their self-evaluation that they were partially complying with this Standard, the Team found that the site was not complying. The promotion of Medical Council guidance on Professionalism, including promotion of current ethical guidance is non-compliant. The Team was concerned with the issues raised under this Standard and recommended these be addressed as soon as possible. LUH should detail how they plan to address this Standard and submit their response to the Medical Council as part of the Hospital Groups Action and Implementation Plan, due 3 months following receipt of the Inspection Report.

### **Observation (s) and Recommendation (s)**

- The Team recommended that the clinical training site cease the current practice of requiring Trainees to take consent for procedures when they are not suitably trained and qualified. The clinical training site should note the provisions of paragraph 13 of the [Guide to Professional Conduct and Ethics for Registered Medical Practitioners](#).
- The Team recommended that the clinical training site develops and implements a policy and strategy for appropriately managing adverse events within clinical teams, including open disclosure procedures. The Team further recommended that the clinical training site develops and delivers a training programme to adequately brief and prepare Trainees for adverse events.
- The Team recommended that a clear pathway for referrals to the Medical Council Health Committee and Professional Standards Department regarding Professionalism must be developed for the Hospital Group.
- During discussions with the Trainees, allegations of bullying taking place in certain departments were made. Furthermore, in discussion with the Team, Trainees reported witnessing a lack of Professionalism between Consultants, particularly when speaking of other Consultant colleagues. The Team recommended that the clinical training site develop and implement a strategy to address the issue of Professionalism and, in particular, bullying and undermining behaviour and respect for colleagues.
- Reports were made of signs on the Radiology department door saying 'No NCHD's'. The Team recommended that these signs be removed immediately.
- Trainees highlighted issues they encountered when accessing the Radiology department. There is an awareness and acknowledgement from Management of the current issues in the Radiology Department. Management stressed that this is currently being addressed at a local level. The Team recommended that the clinical training site develop and implement a strategy to address the issues outlined regarding the Radiology Department, in a timely fashion.
- The hospital does not appear to have a clear policy on the upper age ceiling for paediatric admissions from the Accident and Emergency (A&E) Department. Trainees reported that this lack of clarity results in conflict and promotes difficult working relationships amongst specialty Trainees and between Trainees and the Emergency Department. They also noted that this lack of clarity may result in delayed medical decision-making. The Team recommended that the clinical training site provides clarity for hospital personnel on the definitive policy regarding the upper age ceiling for paediatric admissions from the A&E Department.
- As previously detailed, Trainees describe the morning clinical handover of patients as an exercise in 'distribution' rather than as an integral component of safe medical care. They additionally noted that post-call ward rounds have largely been displaced by the handover process and regret the loss of learning opportunities previously available in the post-call ward round. The Team recommended that the clinical training site reinstate post-call ward rounds which exploit opportunities for education and training.
- Trainees reported a lack of standard practice in the investigation and management of common presentations of acute illness between supervising Consultants in the Paediatric Department and reported concerns that this may compromise patient care and impact negatively on their learning. The Team recommended that standard practice be consistently applied.

### **Commendation (s)**

- No commendations made.

### **M. Safe working environment**

**Level of compliance: PC**



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

- The self-evaluation documentation detailed relevant health and safety training, referencing the safety statement, the Occupational Health Department, and that there is security onsite 24/7, details of monthly meetings of the Quality and Safety Executive Group and the presence of a Health and Safety helpdesk. LUH informed the Team that the Risk Manager is present at induction and provides information on incident reporting. However, on interviewing Trainees, they did not appear to be aware of the site Risk Manager and presented an overall view of the Management Team not being 'visible' to Trainees.
- The self-evaluation documentation detailed full compliance with the European Working Time Directive (EWTD) and monitoring of such is reported on a monthly basis by the Medical Manpower Team. Trainees reported that on occasion they may work over the maximum number of hours as set out in the EWTD, should they be asked on late notice due to leave/busyness of the hospital.

### **Compliance**

- As indicated in the clinical training site's self-evaluation, the Team found that the site was partially complying with this Standard.

### **Observation (s) and Recommendation (s)**

- The Team was concerned with issues raised under Standard M and recommended that these be addressed as soon as possible.
- The Team recommended that the clinical site raises the profile of its Risk Manager.
- LUH should detail how they plan to address this Standard and submit their response to the Medical Council as part of the Hospital Groups Action and Implementation Plan, due 3 months following receipt of the Inspection Report.

### **Commendation (s)**

- No commendations made.

### **N. Specialty-specific supports**

**Level of compliance: PC**



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

- The Postgraduate Medical Learning Centre is still under development. The Clinical Skills Lab and Information Discussion Room are complete but the Simulation Lab remains under development. Final materials and Simulation Directorate staff will be required before this section is of the site complete and available for use. There are difficulties in filling vacancies for Consultants, which is impacting on the delivery of training. As previously mentioned, training is also impacted in a number of departments where no Trainer is

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|                                                                                                                                                                                                                                                                                  | <p>assigned to a Trainee. Trainees noted that there is no full implementation of the Transfer of Tasks, i.e. cannulation, a lack of Multi-Disciplinary meetings and issues with a GP Trainer and that the Management team were aware of this issue.</p>                                                                                                                                                                                                                                                                                                 |
| <p>ii.</p>                                                                                                                                                                                                                                                                       | <p>The self-evaluation documentation outlined how the training bodies conduct inspections to ensure resources are fit for purpose for specialty-specific training. The Team had sight of three training body reports; two from the RCPI (Geriatric training and General Internal Medicine) and one from the Joint Committee on Surgical Training (General Surgery). Posts referenced in these reports were approved with recommendations. The Doctors Residence should all be en-suite and post-call round during handovers need to be implemented.</p> |
| <p><b><u>Compliance</u></b></p>                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <ul style="list-style-type: none"> <li>The clinical training site indicated in their self-evaluation, that they were partially complying with this Standard and the Team found that the site, in practice, was partially complying.</li> </ul>                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p><b><u>Observation (s) and Recommendation (s)</u></b></p>                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <ul style="list-style-type: none"> <li>LUH is not fully complying with (i) The Team agreed that there is not sufficient resources in terms of Consultant availability as Trainers as outlined above. The Team recommended that this issue be addressed as a priority.</li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p><b><u>Commendation (s)</u></b></p>                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <ul style="list-style-type: none"> <li>No commendations made.</li> </ul>                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

| O. Participation in on-call duty rota                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Level of compliance: PC  |
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| <p><i>Description of evidence of compliance with this Standard during the inspection visit</i></p> <p>i. The Team was informed that the Medical Department changed from a team-based system to a ward-based system in April 2017 resulting in a change to working systems previously in place. This decision was made due to a number of factors, mainly to enhance patient care whilst also to promote better training for the Trainee and provide an equal distribution of patients amongst Consultants. As detailed in the self-evaluation, NCHD's new to Ireland take part in a settling in period prior to joining the on-call rota. GP Trainees are released to attend their weekly training. Trainees in some specialties organise the NCHD rota. During interviews with Trainees, the Team heard that the ward -based rota had raised serious issues in how it has impacted on training at the site. Some Trainees are left to organise the rota design and organise annual leave cover. During discussions with Trainees, allegations were made of bullying by the Consultant in relation to difficulties in organising the rota. A Trainee reported feeling very upset and undermined by the Consultant for asking for assistance in organising the rota.</p> <p>ii. It was reported that there is not appropriate supervision in place for all Trainees during the on-call period. An example to support this was given where a call for assistance was made to the Registrar who refused to attend the site to assist as they were in the Residence (see Standard E).</p> |                                                                                                               |

- iii. It was advised that appropriate post-call leave arrangements are in place as per the new ward-based rota. The Team noted that, on very rare occasions, Trainees reported being asked to remain on duty post-call e.g. sick leave. It is stated in the National NCHD contract “The NCHD will be expected to cover for occasional unplanned absence of colleagues”. However, on occasion, Trainees may be asked on late notice to cover an additional shift.
- iv. The Team heard that Management had suggested moving some of the rest/accommodation areas for sleeping as the new ward-based rota is designed to offer 12-hour shifts at a time, resulting in theory, for there to be no sleep/rest breaks. It was reported that the suggestion was to convert some of these rooms/areas to Management offices. Trainees strongly disagreed with this suggestion and had reportedly voiced their feelings to Management. Inspection of the Doctor’s Residence highlighted poor accommodation facilities. The Team was informed that the Residence (including the kitchen area) are cleaned on a daily basis. This did not look to be the case. Bathrooms had no paint, crumbling walls and the bed bases were heavily stained. New mattresses were however evident, with new ones present in packaging in the hallways. Some rooms but not all had en-suite facilities. The Doctor’s Residence area as a whole was very poor and a lack of funds was argued to be the reason for not improving the facilities.

#### **Compliance**

- The clinical training site indicated in the self-evaluation that they were partially complying with this Standard and the Team found that the site, was in practice, partially complying. Criteria **(i)** **(ii)** and **(iv)** were not fully compliant.

#### **Observation (s) and Recommendation (s)**

- The Team was concerned with the issues raised under Standard O and recommended these be addressed as soon as possible. LUH should detail how they plan to address this Standard and submit their response to the Medical Council as part of the Hospital Groups Action and Implementation Plan, due 3 months following receipt of the Report.

#### **Commendation (s)**

- No commendations made.

#### **P. Support for assessment of Trainees**

**Level of compliance: PC**



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

- i. The assessment of training was compliant with training body guidelines as detailed in the self-evaluation document. The Team was informed by LUH that all Trainees are assigned to Trainers, and that all Trainees meet with their Trainer at the start of rotations and are encouraged to do so at induction by the Associate Clinical Director. However, as previously stated, some Trainees reported that they had not been assigned Trainers.
- ii. Self-evaluation documentation detailed that all Trainees are supported to attend training when required by the parent training body.

### **Compliance**

- Although the clinical training site indicated in the self-evaluation that they were fully complying with this Standard, the Team found that the site was partially complying. (i) (support for assessment of Trainees) is not fully compliant.

### **Observation(s) and Recommendation (s)**

- The Team was concerned with the issues raised under Standard P and recommended these be addressed as soon as possible. LUH should detail how they plan to address this Standard and submit their response to the Medical Council as part of the Hospital Groups Action and Implementation Plan, due 3 months following receipt of the Inspection Report.

### **Commendation (s)**

- No commendations made.

### **Q. Opportunities for multi-disciplinary teamwork**

Level of compliance: PC



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

- The self-evaluation documentation detailed how local courses such as ACLS and CPR are open to Nurses and NCHD's, Multi-Disciplinary grand rounds are held quarterly and a Multi-Disciplinary research day is held annually. Regular Multi-Disciplinary meetings take place across multiple specialities and once completed, the Simulation Centre will assist Multi-Disciplinary teaching.
- The Team was informed that LUH provides opportunities for Multi-Disciplinary Teamwork (MDT). This is intrinsic to medical care in hospitals. As stated in the self-evaluation, LUH promotes local Multi-Disciplinary Teamwork and provides opportunities for Trainees to benefit from interaction and collaboration with clinical colleagues in the hospital. This includes Lung MDT, Breast MDT, GI MDT, Stroke MDT, Rehabilitation Unit MDT, Multi-disciplinary grand rounds and Peer Teaching. However, on interviewing Trainees, the Team noted that Trainees reported a lack of opportunities for Multi-Disciplinary Teamwork.

### **Compliance**

- The clinical training site indicated in the self-evaluation that they were partially complying with this Standard and the Team found that the site, was in practice, partially complying.

### **Observation (s) and Recommendation (s)**

- The Team recommended the issues raised under Standard Q be addressed as soon as possible. LUH should detail how they plan to address this Standard and submit their response to the Medical Council as part of the Hospital Groups Action and Implementation Plan, due 3 months following receipt of the Inspection Report.

### **Commendation (s)**

- No commendations made.

### **R. Opportunities for Trainees to provide feedback to employing authority**

Level of compliance: PC



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

- i. The Team was informed by LUH that they provide opportunities for Trainees to provide feedback of their experience in LUH. This had been done in recent times via an NCHD Survey, the NCHD Committee (which is attended by the Medical Manpower Manager / alternative representation), and face-to-face meetings with the Medical Manpower Department (who are reported to have an open door policy). The NCHD Committee plays a key role in this area. A Registrar has been appointed to assist in the development of the rota in collaboration with Medical Manpower and a good relationship has been reported by LUH between Medical Manpower and Trainees. However, this conflicts with what the Assessor Team were informed of at meetings with Trainees, as outlined under Standard O.
- ii. Trainees have the opportunity to submit suggestions via the NCHD Committee and via The Medical Education Committee.

### **Compliance**

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

### **Observation (s) and Recommendation (s)**

- The Team recommended that the issues raised under Standard R be addressed as soon as possible. LUH should detail how they plan to address this Standard and submit their response to the Medical Council as part of the Hospital Groups Action and Implementation Plan, due 3 months following receipt of the Inspection Report.

### **Commendation (s)**

- No commendations made.



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