Clinical training site inspection report – Beaumont Hospital

2019

Approved by the Education and Training Committee 21 April 2020

Comhairle na nDochtúirí Leighis
Medical Council

About the Medical Council

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

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

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

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

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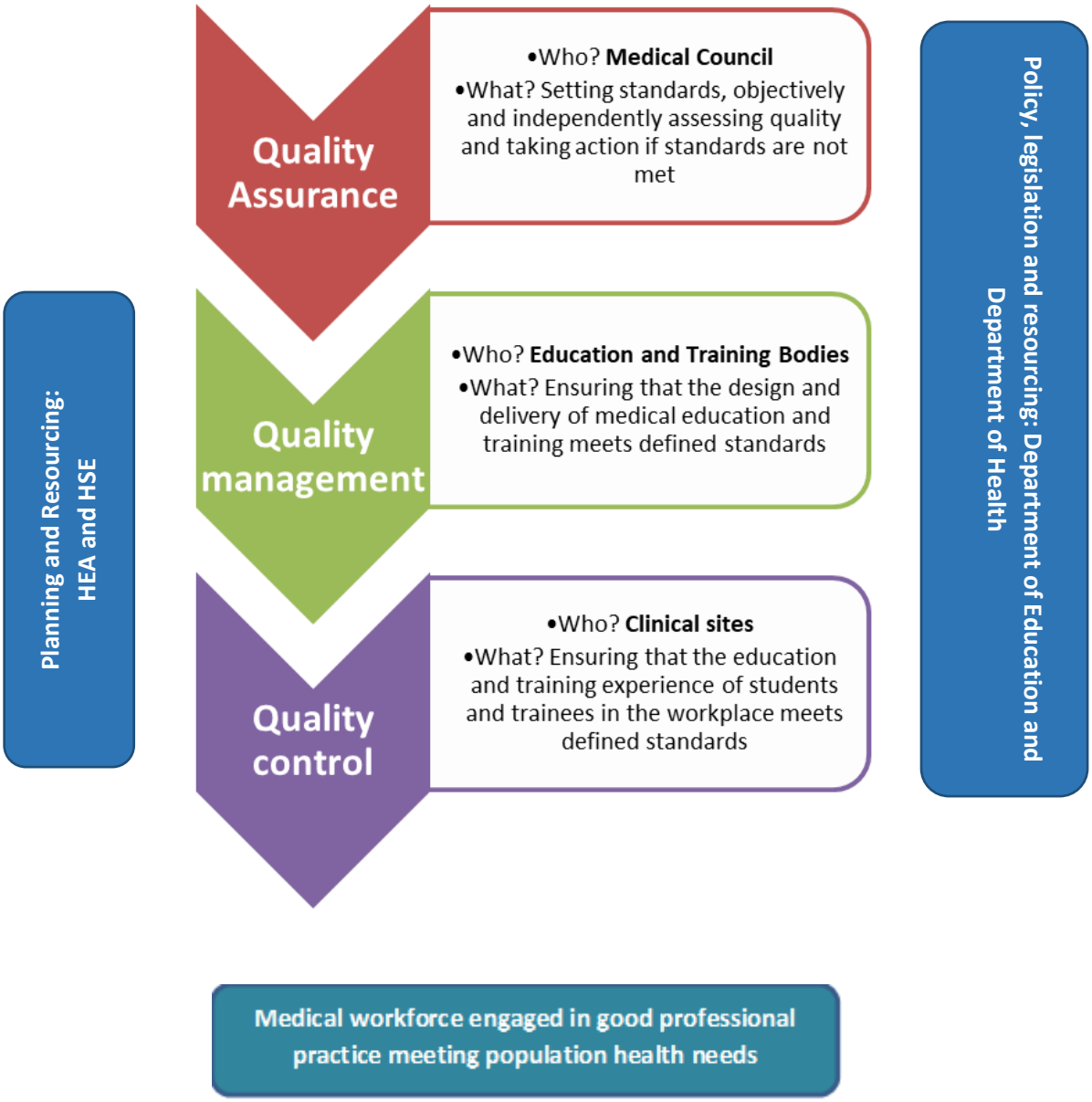
Executive Summary

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



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

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

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

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

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

In 2016, the Medical Council decided to adopt a regional approach to clinical training site inspections, based on the regions associated with each HSE Hospital Group. The schedule was designed based on the 2014 and 2015 *Your Training Counts* scores from clinical training sites within each Hospital Group, combined with how soon a Hospital Group's academic partner required an accreditation of the undergraduate training programme.

Beaumont Hospital is part of the RCSI Hospital Group. As a Section 38 Provider, the RCSI Hospital Group requested that a separate inspection report be provided for Beaumont Hospital, on the basis that accountability for education and training standards are held locally by the site.

The following intern, trainee and trainer numbers were provided to the Medical Council in advance of the inspection visit:

- 72 interns and 180 trainees.

The number of trainers at Beaumont Hospital was not provided.

Beaumont Hospital was inspected on the 9 May 2019. The visiting assessor team included members of the Medical Council, Council Executive and external assessors with a relevant background/interest in medicine and/or medical education/training; and included medically-qualified and non-medically-qualified persons, representing public/patient interests. The agenda for the inspection visit, including details of the visiting assessor team, is attached as Appendix One.

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

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

The assessor team met with site management, trainers, interns, and Non-Consultant Hospital Doctors (NCHDs) participating in programmes of specialist training.

Beaumont Hospital was found to have levels of partial and full compliance with the Medical Council's intern and specialist training standards. On that basis, the team recommended that the site continues to provide intern and specialist medical education and training.

Recommendations have been made where appropriate, to ensure that the site complies, improves compliance and/or continues to comply with all training standards. The clinical training site will be requested to develop an Action and Implementation Plan to address these recommendations and report back to the Medical Council with the proposed Plan within three months of the issue date of the final inspection report.

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Overview of compliance ratings for Beaumont Hospital

Levels of compliance

Compliance ratings are determined based on the assessor team's appraisal of evidence provided for each standard. Documentary evidence considered included, a self-evaluation submission from the site received prior to inspection along with supporting documentation and evidence obtained through meetings on the day of inspection, with management, interns, trainees and trainers.

The compliance ratings are:

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

Intern training

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

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

The table presented below provides an overview of the compliance ratings for Beaumont Hospital against the seven intern training standards:

Table 1: Overview of compliance ratings for Beaumont Hospital as a clinical training site for intern training

Intern Training Standard	Beaumont Hospital
1. Rotations	Full compliance
2. Accreditation	Full compliance
3. Content of training	Partial compliance
4. Supervision	Full compliance
5. Assessment	Full compliance
6. Professionalism	Full compliance
7. Resources	Partial compliance

Overall, compliance with intern training standards is at 71% full compliance and 29% partial compliance. There was no evidence of non-compliance with intern training standards.

Specialist training

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

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

The table presented below provides an overview of the compliance ratings for each of the 18 specialist training standards.

Table 2: Overview of compliance ratings for Beaumont Hospital as a clinical training site for specialist training

Specialist Training Standard	Beaumont Hospital
A. Clarity of educational governance …	Partial compliance
B. Clarity of clinical governance …	Partial compliance
C. Accountability	Partial compliance
D. Induction arrangements for trainees	Full compliance
E. Clear supervisory arrangements …	Full compliance
F. Opportunities for training through …	Partial compliance
G. Access to formal and informal …	Partial compliance
H. Opportunities for trainers to train …	Partial compliance
I. Access to resources which support …	Full compliance
J. Access to pastoral and health …	Full compliance
K. Access to resources to maintain close …	Full compliance
L. Promotion of Medical Council …	Partial compliance
M. Safe working environment	Partial compliance
N. Specialty-specific supports	Full compliance
O. Participation in on-call duty rota	Full compliance
P. Support for assessment of trainees	Full compliance
Q. Opportunities for multi-disciplinary …	Full compliance
R. Opportunities for trainees to provide …	Partial compliance

Overall, compliance with specialist training standards is at 50% full compliance and 50% partial compliance. There was no evidence of non-compliance with specialist training standards.

Conclusion

The following are the team's recommendations regarding the provision of medical education and training at Beaumont Hospital:

1. Beaumont Hospital should continue to provide medical education and training to interns. This recommendation is made on the grounds that the visiting Medical Council team found that the site is adhering to the to the majority of the rules, criteria, guidelines and standards approved by Council as specified in Sections 88(3)(b) and 88(3)(d), of the Medical Practitioners Act 2007.
2. Beaumont Hospital should continue to provide specialist medical education and training. This recommendation is made on the grounds that the visiting Medical Council team found that the site is adhering to the majority of the rules, criteria, guidelines and standards approved by Council as specified in Sections 88(4)(b) and 88(4)(d), of the Medical Practitioners Act 2007.

This approval should be for an initial period of five years from the date of approval by Council's Education and Training Committee.

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

Intern Training

Recommendations

1. A hospital-wide handover policy should be developed and include the opportunity for interns to engage in or observe the clinical handover process.
2. The Transfer of Tasks should be implemented consistently across the site.
3. Enhance access to Wi-Fi in all clinical areas.
4. Ensure that appropriate locum cover is in place when necessary in the interest of quality patient care, and staff wellbeing.

Commendations

1. The intern induction programme.
2. The case-mix and expertise available to interns.
3. The commitment to multi-disciplinary teamwork at the site
4. The access to the Point of Care Ultrasound training available onsite.
5. The culture of openness in providing and seeking feedback in relation to intern training.
6. The prioritisation of wellbeing supports available to interns as evident during discussions with the intern training representatives and during the visit to the Occupational Health Department.
7. The quality of the library facilities.

Specialist Training

Recommendations

1. Update the organisational chart to reflect the educational governance arrangements at the site.
2. Document the arrangements with the postgraduate training bodies in delivering specialist training.
3. Feedback following the reporting of clinical incidents should be a routine practice.
4. A hospital-wide handover policy should be developed and implemented.
5. Ensure that all trainees receive induction in line with the BH policy for induction.
6. Consider seeking feedback from trainees on the content and format of the induction programme which will inform the planning for future induction sessions.
7. The Transfer of Tasks should be implemented consistently across the site.
8. Trainees should be provided with protected time for formal/mandatory education and training. The team recommends that a bleep-free policy is developed and implemented to facilitate trainee attendance at formal/mandatory education and training.
9. Protected teaching time for trainers should be provided.
10. Endeavour to enhance Wi-Fi access across the site.
11. There should be active promotion of the Medical Council's Ethical Guide.
12. Management should continue efforts to address the limited physical space and lighting issues within the Emergency Department.
13. The clinical site should continue to make every effort to ensure compliance with the European Working Time Directive.
14. Review the allocation of rooms for off-site on-call staff requiring rest.
15. The actioning of feedback should be made explicit as part of the feedback mechanism in operation at the site in order to maintain and improve standards within the clinical learning environment.

Commendations

1. The site-specific consultant contract which enshrines the importance of education and training by indicating a commitment to education and training at BH.
2. The culture of teamwork and supports at the site which was warmly endorsed by trainees.
3. The case-mix and expertise available to trainees.

4. The commitment to teaching and the availability of education and training opportunities for trainees at the site.
5. The commitment of trainers to provide education and training.
6. The new trainer initiative for designated teaching sessions for newly appointed Consultants.
7. The facilities and resources available at the site.
8. The range of health and wellbeing supports available at the site.
9. The training resources in the Radiology department.
10. Consultant staff are commended for their commitment to providing additional training and support to trainees in preparation for exams.
11. The high volume of learning opportunities provided to trainees through multi-disciplinary teamwork, which also add to collegiality and professionalism.
12. Trainees had high praise for the Lead NCHDs at the site.

Next steps

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

(a) share the Action and Implementation Plan with the Health Service Executive, Intern Training Networks, Forum of Irish Postgraduate Medical Training Bodies and/or the Department of Health, as it sees fit; and

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

It is recommended that the inspection report and subsequent Action and Implementation Plan are published on the clinical training site's website.

Evaluation of compliance with Medical Council Standards

Inspection report

The inspection report prepared by the assessor team post-visit is presented below. Documentary evidence considered included, the self-evaluation submission from the site and evidence obtained through meetings on the day of inspection, with management, interns, trainees and trainers. Appendix Five details the overview of documentary evidence provided by the site as supporting evidence of compliance with each standard.

Evaluation of Compliance with Medical Council Standards

Compliance level rating

Level of compliance with each Standard:

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

Clinical training site:
Beaumont Hospital (BH)

Compliance with Intern Training Standards

1. Rotations
Intern rotations must comply with the Medical Council's policy on duration of internship and approved rotations. That is, internship must comprise a minimum of twelve months, which should normally be consecutive, of which at least three months must be spent in Medicine in general and at least three months in Surgery in general. As part of this twelve-month period, interns may also be employed for not less than two months and not more than four months in the following specialties:

- Emergency Medicine
- General Practice
- Obstetrics and Gynaecology
- Paediatrics
- Psychiatry
- Anaesthesia (to include perioperative medicine)
- Radiology.

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

The assessor team (the team) welcomed the opportunity to meet with 20 of 74 interns at Beaumont Hospital. The team was provided with the list of rotations at BH and was satisfied that the rotations both planned and in progress comply with the requirements of this standard.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s) No commendations made.
Level of compliance: FC

2. Accreditation The intern training site must be affiliated with a medical school and/or a postgraduate training body/network and/ or health system which is accredited by the relevant regulator; in Ireland, this is the Medical Council. The responsible body for organising, coordinating, managing and assessing the training setting and the training process on the site must be clearly identified.
Description of evidence of compliance with this Standard during the inspection visit BH is affiliated with Dublin North East (DNE)/Royal College of Surgeons in Ireland (RCSI) Intern Training Network. The team met with representatives from the DNE Intern Training Network who oversee the content and assessment of the intern training programme delivered at BH. Representatives included the Intern Coordinator, Intern Tutor, Lecturer and Administrator. The team met with interns who had completed their undergraduate and/or graduate entry medical education in Trinity College Dublin, University College Cork, University College Dublin, RCSI, and the University of Limerick.
Compliance The clinical training site's self-evaluation submission indicated full compliance with this standard. The team concluded that the site is fully compliant with this standard.
Recommendation (s) No recommendations made.
Commendation (s) No commendations made.
Level of compliance: FC

3. Content of training

The intern year must comprise a combination of formal and informal training in an integrated manner, including theoretical learning, and practical training during service delivery. There must be:

i. Practice-based training involving the intern's personal participation, at an appropriate level, in the services and responsibilities of patient-care activity, in the training institution
ii. Personal participation by the intern at a level appropriate to their growing competence in all medical activities relevant to their training, including on-call duties
iii. Regular opportunities for the intern to exercise responsibility and clinical decision-making appropriate to their growing competency, skills, knowledge and experience
iv. Regular opportunities for the intern to work as an integral part of a team composed of a variety of disciplinary backgrounds
v. Regular, pre-arranged/scheduled formal education and training sessions
vi. Evidence that the content of training and syllabus / curriculum is consistent with the eight domains of good professional practice as adopted by the Medical Council

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

i. There is a comprehensive one-week induction programme for interns, prior to practice-based training at the site. The induction programme includes opportunities for intern shadowing, of which interns spoke positively of, and noted that they would have preferred a longer shadowing period as part of their induction. Interns described their induction material as useful in preparing them for practice and noted that the material was provided largely in electronic format and that it is still referred to and utilised. As well as being provided with details of the induction programme, the team also had sight of the formal teaching schedule and details of the research skills mini boot camp, all of which provided evidence of practice-based intern training at the site.

ii. Interns described practice-based training as appropriate to their growing competence and how they felt they were being suitably prepared for the next level of their training. The team heard how the process of interns obtaining consent varied between specialities, with some interns reporting not being able to take consent for minor procedures. Interns described their experience of taking part in on-call duties and noted that they were very well supported while on-call, describing the nursing supports as invaluable.

iii. Interns described working in accordance with their level of competence and skill. Interns described appropriate team supports and co-working where they can raise any issues and ask questions as required.

iv. The team heard of the multi-disciplinary teamwork opportunities available to interns but noted that there was no evidence of intern involvement in clinical handover at the site. The team was made aware of a hospital-wide handover policy that is currently in development. The implementation of the Transfer of Tasks at the site was described as varying across different departments.

v. The team had sight of the intern teaching schedule, which indicated one-hour per week of protected (bleep-free) teaching time. Sample attendance records were also provided.

vi. The content of training was found to be consistent with the eight domains of good professional practice as outlined in the site's self-evaluation submission and during meetings with interns and intern training representatives.

Compliance

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

Recommendation (s)

1. A hospital-wide handover policy should be developed and include the opportunity for interns to engage in or observe the clinical handover process.

2. The Transfer of Tasks should be implemented consistently across the site.

Commendation (s)

1. The intern induction programme.

2. The case-mix and expertise available to interns.

3. The commitment to multi-disciplinary teamwork at the site.

4. The access to the Point of Care Ultrasound training available onsite.

Level of compliance: PC

4. Supervision

There must be effective overarching supervision of the intern's training and clinical practice by an identified clinician(s) of appropriately senior level, normally a specialist doctor who is recognised as a specialist by the relevant regulatory authority of the host country. The intern's clinical practice should always be appropriately supervised by a medical practitioner of at least SHO level or equivalent.

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

It was noted that access to senior colleagues for surgical interns can be limited during theatre sessions. However, the team was satisfied that team supports are available and that overall, interns are supervised by an identified clinician at a senior level based on the documentary evidence provided and from discussion with interns and intern trainers.

Compliance

The clinical training site's self-evaluation submission indicated partial compliance with this standard, based on challenges identified in relation to handover and the Transfer of Tasks. However, these challenges have been addressed under standard three under content of training. The team concluded that the site is fully compliant with this standard.

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

5. Assessment

There must be evidence of regular and constructive feedback and assessment by the supervisor/trainer who has knowledge of the intern's development and performance and can verify their satisfactory progress. The supervisor/trainer must meet any requirements set by the Medical Council regarding the policy and process of final assessment and sign-off.

The intern must achieve a satisfactory performance in any assessment required by or administered by Council. This includes any assessment of communication skills required by or administered by Council. If, in a jurisdiction outside Ireland, there is an exit examination or other summative assessment at the end of the intern year, the intern must pass it.

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

Feedback is provided to interns on a regular basis by the Intern Tutor as part of the assessment following completion of each rotation. Informal opportunities for feedback are available as part of the intern teaching sessions.

Feedback on intern experience of individual rotations is also sought as part of the site's/Intern Training Network's continuous improvement efforts.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

1. The culture of openness in providing and seeking feedback in relation to intern training.

Level of compliance: FC

6. Professionalism

The training environment must emphasise professionalism and the development and maintenance of the relevant knowledge, skills, attitude and behaviour, including communication skills, integrity, compassion, honesty, adherence to professional codes, respect for patients and their families, colleagues and self-care. The intern must be aware of, and comply with, the Medical Council's *"Guide to Professional Conduct and Ethics for Registered Medical Practitioners"*, and the training should support these ethical standards.

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

The site's self-evaluation documentation outlined professionalism training for interns. The team noted that professionalism is a prominent part of the intern induction programme, including the induction boot-camp, and is reinforced throughout the year through mandatory training days and by means of illustrative clinical case presentations

As part of the intern induction programme, interns are provided with a copy the Medical Council's Ethical Guide.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

7. Resources

The training site must have:

i. Access to a sufficient number of patients and case mix so as to provide exposure to a broad range of clinical cases appropriate to the rotation
ii. Space and opportunity for private study and access to a library with adequate and up to date books and journals, including on-line access to standard library databases for journal access and literature searches
iii. An appropriate number of interns to the resources of that site, including its staffing at all levels while at the same time having due regard for patient care and comfort
iv. The training site must emphasise the primacy of patient safety, and interns must be encouraged to raise concerns about ethical issues, should they arise, with their mentor, clinical supervisor and/or the hospital authorities
v. The intern must have access to appropriate advice and counselling should it be required

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

i. The services being provided through the specialities at the site, including BH being a national centre for some specialties, provides interns with access to a broad case-mix and a sufficient number of patients.

ii. The library facilities onsite provide interns with space for private study. Interns also have access to an extensive online library. Wi-Fi was reported to not be consistently available in the clinical areas of the hospital but is available in private study areas. Interns noted that the Wi-Fi inconsistency does not impede their learning experience at the site.

iii. During the meeting with intern training representatives, the team heard how intern numbers at BH are currently under discussion. The team was made aware of challenges in obtaining locum cover during absences due to illness etc., with interns reporting that they are required to provide additional cover themselves. Interns referred to one such example which was noted to have been raised through the appropriate representational channels without resolution to date.

iv. Interns described the channels by which they can raise concerns if required. Contact details are available to interns in the site's intern handbook which the team were provided with.

v. Interns are made aware of the onsite Occupational Health department as part of their induction. Advice and counselling services are available via the department as required. Additional supports are listed in the site's intern handbook.

Compliance

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

Recommendation (s)

1. Enhance access to Wi-Fi in all clinical areas. 2. Ensure that appropriate locum cover is in place when necessary in the interest of quality patient care and staff wellbeing.
Commendation (s) 1. The prioritisation of wellbeing supports available to interns as evident during discussions with the intern training representatives and during the visit to the Occupational Health Department. 2. The quality of the library facilities.
Level of compliance: PC

Compliance with Specialist Training Standards

A. Clarity of educational governance arrangements

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

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

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

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

i. The team had sight of the BH organisational chart which centres on a directorate model. Educational governance arrangements were not clearly documented in the material provided. During the meeting with management, the CEO of the hospital noted ultimate responsibility for accountability for the learning environment. There are three appointed educational leads at the site, but it was not evident to the team how the educational leads and the clinical directorate structure interact with regard to accountability for the learning environment. Clarity on this matter was sought post-inspection but no further information was provided.

ii. Oversight of the learning environment is maintained through the NCHD Forum which includes trainee and management representation. This Forum provides a direct reporting line to the clinical directorate structure on matters pertaining to education and training at BH.

iii. The team noted that feedback following postgraduate training body inspections are shared with site management and trainers for action. No documentary evidence detailing such arrangements between postgraduate training bodies and the sites was provided.

The Compliance

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

Recommendation (s)

1. Update the organisational chart to reflect the educational governance arrangements at the site.

2. Document the arrangements with the postgraduate training bodies in delivering specialist training.

Commendation (s)

No commendations made.

Level of compliance: PC

B. Clarity of clinical governance arrangements

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

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

i. The team met with 33 of the 180 trainees at BH. Trainees reported that they are assigned trainers at the start of their rotation. Trainees described to the team their responsibilities as doctors in training and their reporting structures at the site.

ii. Trainees described their awareness of the procedure for reporting clinical incidents at BH but noted that the provision of feedback from the reporting of such incidents is not consistent.

iii. The team was made aware from the site's self-evaluation submission, that a hospital-wide handover policy is in development. At the time of the inspection, handover was described to the team as informal and varying between departments.

Compliance

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

Recommendation (s)

1. Feedback following the reporting of clinical incidents should be a routine practice.

2. A hospital-wide handover policy should be developed and implemented.

Commendation (s)

No commendations made.

Level of compliance: PC

C. Accountability

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

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

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

i. – iv. The CEO of BH confirmed to the team at the close-out meeting with management that they are the responsible and accountable individual for ensuring that the requirements of this standard are fulfilled, through the clinical directorate and educational lead structures in place at the site. However, as noted under standard A, the governance arrangements for this process were not made clear to the team.

Compliance

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

Recommendation (s)

The team reiterate a recommendation under standard A:

1. Update the organisational chart to reflect the educational governance arrangements at the site.

Commendation (s)

1. The site-specific consultant contract which enshrines the importance of education and training by indicating a commitment to education and training at BH.

Level of compliance: PC

D. Induction arrangements for Trainees

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

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

i. The team was provided with a copy of the BH induction policy which covers both corporate induction and specialty-specific induction.

ii. Attendance at induction is mandatory and is recorded to monitor the implementation of the site's induction policy. Sample attendance records were provided and the team noted that attendance for site induction was not 100%. Trainees described delays in receiving their identification and access cards when commencing training at the site.

iii. Health and safety presentations are included in the BH induction, as provided to the team.

iv. Trainees described their experience of speciality-specific induction at the site and that they found this was relevant to their needs for commencing training at BH.

v. Trainees are made aware of hospital policies during their corporate induction to the site.

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

Compliance

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

Recommendation(s)

1. Ensure that all trainees receive induction in line with the BH policy for induction.

2. Consider seeking feedback from trainees on the content and format of the induction programme which will inform the planning for future induction sessions.

Commendation (s)

No commendations made.

Level of compliance: FC

E. Clear supervisory arrangements for Trainees

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

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

i. Satisfactory supervisory arrangements were described to the team. Despite the busy nature of the hospital, trainees noted that they always have a member of the team to go to should they need assistance. Supervision via team structures/grade is prominent at BH and trainees described this as a positive feature at the site. Trainees noted that Consultants are contactable onsite, including during on-call periods, where Consultants often attend or are otherwise available via phone.

ii. The team heard how trainees are made aware of their supervisors as part of site induction and trainees had high praise for their trainers at the site.

iii. & iv. Trainers described observing and meeting with trainees and tailoring supervision based on the experience gained and skills demonstrated.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

1. The culture of teamwork and supports at the site which was warmly endorsed by trainees.

Level of compliance: FC

F. Opportunities for training through clinical practice for Trainees

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

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

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

i. Overall, trainees who met with the team stated that they were working at an appropriate level to their skill-mix, training and experience. While trainees stated they were not working above their level of competence, it became apparent that some specialist services may require strengthened staffing for out-of-hours cover, particularly at Basic Specialist Training (BST) level and on commencement of rotations. The team was concerned that due to the inconsistent implementation of the Transfer of Tasks, service requirements were reported to in some instances, supersede training opportunities.

ii. Day-to-day opportunities for training through clinical practice outlined to the team included trainee attendance at clinics, ward rounds, multi-disciplinary team meetings, handover, and theatre time.

Compliance

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

Recommendation (s)

1. The Transfer of Tasks should be implemented consistently across the site.

Commendation (s)

1. The case-mix and expertise available to trainees.

Level of compliance: PC

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

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

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

i. Example teaching schedules, including those for individual departments, were provided to the team, accounting for training programme requirements.

ii. & iii. Trainees reported that they are encouraged to attend both formal and informal educational training opportunities. However, on occasion, service needs and the lack of a bleep-free policy result in difficulties in attending training sessions, including Specialist Registrar access to the protected half-day.

Compliance

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

Recommendation (s)

1. Trainees should be provided with protected time for formal/mandatory education and training. The team recommends that a bleep-free policy is developed and implemented to facilitate trainee attendance at formal/mandatory education and training.

Commendation (s)

1. The commitment to teaching and the availability of education and training opportunities for trainees at the site.

Level of compliance: PC

H. Opportunities for trainers to train through protected training time

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

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

i. The team noted that although protected training time is not provided for in line with any contractual provision for established Consultants, trainers under such contracts are providing education and training as they view this as being integral to their Consultant role.

ii. BH has appointed three Educational Leads and the team noted that there is close collaboration between the site and the RCSI in promoting clinical training and teaching. The team heard how BH have introduced an initiative where new Consultant appointments have a designated teaching session for RCSI, as part of their appointment.

iii. During the meeting with trainers, the team noted that trainers are facilitated by the site to attend trainer development activities e.g. train the trainer courses, provided for by each of their respective postgraduate training bodies.

Compliance

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

Recommendation (s)

1. Protected teaching time for trainers should be provided to ensure compliance with this standard.

Commendation (s)

1. The commitment of trainers to provide education and training.

2. The new trainer initiative for designated teaching sessions for newly appointed Consultants.

Level of compliance: PC

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

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

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

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

i. The team visited the educational facilities onsite including, the library and I.T. facilities, tutorial rooms, and simulation facilities. The team was satisfied that the educational facilities observed were sufficient for the number of trainees at the site. Trainees reported inconsistency in the access to Wi-Fi due to reductions in connection in certain areas of the hospital.

ii. Trainees have access to relevant and recent medical literature, and this includes online access.

Compliance

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

Recommendation (s)

1. y

Commendation (s)

1. The facilities and resources available at the site.

Level of compliance: FC

J. Access to pastoral and health supports for Trainees

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

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

i. The team visited the Occupational Health department based onsite. Details of the occupational health facilities are made known to trainees during induction and trainees described their awareness of the services available to them.

ii. Trainees described the mental health supports available to them such as the in-house counselling service. The team was also made aware of the range of supports available to trainees following adverse events.

iii. No instances of requirements to make adjustments to support a trainee with a disability could be described during the inspection visit. However, the team was assured that reasonable adjustments would be made should those needs arise.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

1. The range of health and wellbeing supports available at the site.

Level of compliance: FC

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

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

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

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

i. & ii. There are BST and Higher Specialist Training (HST) Leads, plus National Specialty Director representation based at BH. Trainees have access to I.T. resources to facilitate contact with the postgraduate training bodies. Trainees described how they are aware of their key contact within their training bodies.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

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

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

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

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

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

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

i. & ii. Professionalism is emphasised both formally and informally at the site. Formal promotion includes professionalism featuring during grand rounds, Schwartz rounds, and via multi-disciplinary teamwork. Informal promotion, described by trainees, includes the examples of professionalism set by their senior colleagues as role models. There was no evidence of promotion of the Council's Ethical Guide as required by this standard.

iii. Trainees described how they would feel comfortable raising instances of unprofessionalism through their team structures. The HSE Dignity at Work policy was provided to the team and listed as an example policy for addressing instances of unprofessionalism at the site.

iv. The process for referral of concerns was described to the team by management representatives and included reference to referral to the Medical Council should local resolution not be possible.

Compliance

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

Recommendation (s)

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

Commendation (s)

No commendations made.

Level of compliance: PC

M. Safe working environment

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

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

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

i. The team was provided with documentation used to monitor health and safety at the site. Trainees described concerns in the Emergency Department due to the limited physical space of the building and limited lighting in the Department at night.

ii. Compliance data for the European Working Time Directive (EWTD) was provided which indicated 77% overall compliance with the 48-hour week. Some trainees reported that they regularly work in excess of the EWTD criteria.

Compliance

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

Recommendation (s)

1. Management should continue efforts to address the limited physical space and lighting issues within the Emergency Department.

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

Commendation (s)

No commendations made.

Level of compliance: PC

N. Specialty-specific supports

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

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

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

i. & ii. A sample of postgraduate training body inspection reports and follow-up correspondence was provided to the team. Follow-up correspondence between the site and the postgraduate training bodies demonstrated how recommendations are being addressed. The team also had sight of the Radiology department and the resources available for training.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

1. The training resources in the Radiology department.

Level of compliance: FC

O. Participation in on-call duty rota

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

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

i. An example of an on-call rota was provided to the team. From discussion with trainees, the team was satisfied that an appropriate on-call ratio is in operation at the site.

ii. The example on-call rota detailed the tiers of on-call supervisory arrangements available to trainees.

iii. Trainees described satisfactory post-call leave arrangements and the example rota provided indicated required rest periods.

iv. The team visited the onsite on-call accommodation. The accommodation was deemed safe and secure and is access-controlled. The team was made aware of ongoing discussion in relation to the allocation of rooms in the residence for off-site on-call staff who require rest prior to resuming duty.

Compliance

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

Recommendation (s)

1. Review the allocation of rooms for off-site on-call staff requiring rest.

Commendation (s)

No commendations made.

Level of compliance: FC

P. Support for assessment of Trainees

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

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

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

i. & ii. Trainees described meeting with their trainers at the start of their rotation to outline learning objectives. Trainees described how assessment varies depending on the training scheme and is managed via the use of logbooks and e-portfolios. Exam supports are also available to trainees.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

1. Consultant staff are commended for their commitment to providing additional training and support to trainees in preparation for exams.

Level of compliance: FC

Q. Opportunities for multi-disciplinary teamwork

i. There will be local encouragement and promotion of multi-disciplinary teamwork
ii. There will be opportunities for trainees to benefit from interaction and collaboration with clinical colleagues across the healthcare delivery spectrum

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

i. & ii. The team heard how there are more than 140 multi-disciplinary meetings each week at the site. Opportunities were also clearly outlined in the teaching schedule provided to the team. Trainees and trainers described specific examples of multi-disciplinary teamwork for example, Cystic Fibrosis management in Respiratory Medicine.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

1. The high volume of learning opportunities provided to trainees through multi-disciplinary teamwork, which also adds to collegiality and professionalism.

Level of compliance: FC

R. Opportunities for Trainees to provide feedback to employing authority

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

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

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

i. There is an NCHD Committee, made up of junior doctors, reporting to an NCHD Forum which includes management, trainer, and Lead NCHD representatives. The team had the opportunity to meet two of the four Lead NCHDs based at BH and copies of recent NCHD Forum minutes were provided.

ii. The team heard that feedback is actively sought by management but action on foot of feedback was described by trainees as limited and was not evident in the documentation provided to the team.

Compliance

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

Recommendation (s)

1. The actioning of feedback should be made explicit as part of the feedback mechanism in operation at the site in order to maintain and improve standards within the clinical learning environment.

Commendation (s)

1. Trainees had high praise for the Lead NCHDs at the site.

Level of compliance: PC

Appendices

Appendix One – Agenda for the inspection visit to Beaumont Hospital

Comhairle na nDochtúirí Leighis
Medical Council

Medical Council Clinical Training Site Inspection Visit

Beaumont Hospital

Thursday 9th May 2019

Assessor Team

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

Ms Teresa Bulfin, Assessor and Medical Council member

Ms Lesley Costello, Assessor for the Medical Council

Dr Aoife Hunt, Assessor for the Medical Council

Ms Chloe Ryder, Acting Inspection Manager, Medical Council

Ms Aoise O'Reilly, Accreditation Manager, Medical Council

Mr Jordan Daniel, Accreditation Executive, Medical Council

Time	Activity
7.30am	**Arrive at clinical training site** Assessor Team to be met by nominated site liaison
7.45am – 8.15am	**Private session of the Assessor Team**
8.15am – 9.15am	**Meeting with Management** Introductions and brief overview of education and training at the site
9.15am – 10.15am	**Meeting with Interns** *(Split Team)*
	Meeting with Interns *(Split Team)*
10.15am – 10.45am	**Private session of the Assessor Team**

10.45am – 11.30am	**Meeting with Intern Tutor(s)**
11.30am – 12.45pm	**Meeting with Trainees** *(Split Team)*
	Meeting with Trainees *(Split Team)*
12.45pm – 1.30pm	**Private session of the Assessor Team**
1.30pm – 2.45pm	**Meeting with Trainees** *(Split Team)*
	Meeting with Trainees *(Split Team)*
2.45pm – 3.45pm	**Meeting with Trainers** *(Split Team)*
	Meeting with Trainers *(Split Team)*
3.45pm - 4.45pm	**Facilities walk around** *(Split Team)* Facilities the Team will request to see the following as a minimum on the walk around: • library facilities • on call residence • study rooms • training rooms • occupational health facilities • a walk through of the ED (if applicable)
	Review of documentary evidence *(Split Team)* Members of the Assessor Team to review copies of the documentary evidence to be provided on site
4.45pm – 5.15pm	**Private session of the Assessor Team**
5.15pm – 5.45pm	**Meeting with clinical training site management** Close out meeting following the inspection visit
5.45pm	**Depart from clinical training site**

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

Comhairle na nDochtúirí Leighis
Medical Council

STANDARDS FOR TRAINING AND EXPERIENCE

REQUIRED FOR THE GRANTING OF A CERTIFICATE OF EXPERIENCE TO AN INTERN

These standards have been drawn up in fulfilment of the Medical Council's responsibilities under Part 10 of the Medical Practitioners Act 2007 to specify and publish in the prescribed manner the standards for training and experience for interns which is required for the granting of a certificate of experience (section 88 (3) (d)).

Standard 1: Rotations

Training and experience must comply with the Medical Council's policy on length of internship and approved rotations; that is, a minimum of a total of twelve months, which should normally be consecutive, of which at least three months must be spent in Medicine in general and at least three months in Surgery in general. As part of this twelve-month period, an intern may also be employed for not less than two months and not more than four months in the following specialties:

- Emergency Medicine
- General Practice
- Obstetrics and Gynaecology
- Paediatrics
- Psychiatry
- Anaesthesia (to include perioperative medicine)
- Radiology

Standard 2: Accreditation

The training site must be affiliated with a medical school and/or a postgraduate training body/network and/ or health system which is accredited by the relevant regulator. The responsible body for organising, coordinating, managing and assessing the training setting and the training process on the site must be clearly identified.

Standard 3: Content of training

The intern year must comprise a combination of formal and informal training in an integrated manner, including theoretical learning, and practical training during service delivery. There must be:

Practice-based training involving the intern's personal participation, at an appropriate level, in the services and responsibilities of patient-care activity, in the training institution

Personal participation by the intern at a level appropriate to their growing competence in all medical activities relevant to their training, including on-call duties

Regular opportunities for the intern to exercise responsibility and clinical decision-making appropriate to their growing competency, skills, knowledge and experience

Regular opportunities for the intern to work as an integral part of a team composed of a variety of disciplinary backgrounds

Regular, pre-arranged/scheduled formal education and training sessions

Evidence that the content of training and syllabus / curriculum is consistent with the eight domains of good professional practice as adopted by the Medical Council.

Standard 4: Supervision

There must be effective overarching supervision of the intern's training and clinical practice by an identified clinician(s) of appropriately senior level, normally a specialist doctor who is recognised as a specialist by the relevant regulatory authority of the host country. The intern's clinical practice should always be appropriately supervised by a medical practitioner of at least SHO level or equivalent.

Standard 5: Assessment

There must be evidence of regular and constructive feedback and assessment by the supervisor/trainer who has knowledge of the intern's development and performance and can verify their satisfactory progress. The supervisor/trainer must meet any requirements set by the Medical Council regarding the policy and process of final assessment and sign-off.

The intern must achieve a satisfactory performance in any assessment required by or administered by Council. This includes any assessment of communication skills required by or administered by Council. If, in a jurisdiction outside Ireland, there is an exit examination or other summative assessment at the end of the intern year, the intern must pass it.

Standard 6: Professionalism

The training environment must emphasise professionalism and the development and maintenance of the relevant knowledge, skills, attitude and behaviour, including communication skills, integrity, compassion, honesty, adherence to professional codes, respect for patients and their families, colleagues and self-care. The intern must be aware of, and comply with, the Medical Council's *"Guide to Professional Conduct and Ethics for Registered Medical Practitioners"*, and the training should support these ethical standards.

Standard 7: Resources

The training site must have:

- Access to a sufficient number of patients and case mix so as to provide exposure to a broad range of clinical cases appropriate to the rotation.
- Space and opportunity for private study and access to a library with adequate and up to

date books and journals, including on-line access to standard library databases for journal access and literature searches.

The number of interns on a site should be appropriate to the resources of that site, including its staffing at all levels while at the same time having due regard for patient care and comfort.

The training site must emphasise the primacy of patient safety, and interns must be encouraged to raise concerns about ethical issues, should they arise, with their mentor, clinical supervisor and/or the hospital authorities. The intern must have access to appropriate advice and counselling should it be required.

Approved by the Medical Council
9th September 2010

and

Revised by the Medical Council
14th April 2011

Appendix Three – Guidelines on medical education for interns

Comhairle na nDochtúirí Leighis
Medical Council

GUIDELINES ON MEDICAL EDUCATION AND TRAINING FOR INTERNS

1. Statutory Context

These guidelines have been drawn up in fulfilment of the Medical Council's responsibilities under Part 10 of the Medical Practitioners Act 2007 to prepare and publish in the prescribed manner guidelines on medical education and training for interns (section 88(3) (b)).

These guidelines should be read in conjunction with the Medical Council's *"Standards for Training and Experience Required for granting of a Certificate of Experience"* (click here) and *"Part 10 rules in respect of the duties of Council in relation to Medical Education and Training (Section 88)"* (click here) (please note that Rule 3 is the relevant rule for intern training).

2. Type of rotation

Intern rotations must comply with the Medical Council's policy on duration of internship and approved rotations. That is, internship must comprise a minimum of twelve months, which should normally be consecutive, of which at least three months must be spent in Medicine in general and at least three months in Surgery in general. As part of this twelve-month period, interns may also be employed for not less than two months and not more than four months in the following specialties:

- Emergency Medicine
- General Practice
- Obstetrics and Gynaecology
- Paediatrics
- Psychiatry
- Anaesthesia (to include perioperative medicine)
- Radiology.

3. Accreditation

The intern training site must be affiliated with a medical school and/or a postgraduate training body/network and/ or health system which is accredited by the relevant regulator; in Ireland, this is the Medical Council. The responsible body for organising, coordinating, managing and assessing the training setting and the training process on the site must be clearly identified.

4. Education and

Training *(a) Ethos*

The intern year must comprise a combination of formal and informal training in an integrated manner, including theoretical learning, and practical training during service delivery.

(b) Training through clinical practice

Interns must:

- Participate in practice-based training, at an appropriate level, in the services and responsibilities of patient-care activity in the training institution
- Be exposed to a broad range of clinical cases appropriate to the rotation
- Participate in all appropriate medical activities relevant to their training, including on-call duties at an appropriate level
- Exercise the degree of responsibility and clinical decision-making appropriate to their growing competency, skills, knowledge and experience
- Work as an integral part of a team composed of a variety of disciplinary backgrounds.

(c) Formal education and training

Interns must have regular, pre-arranged/scheduled formal education and training sessions, with learning opportunities that may include lectures, small group teaching, tutorials, case presentations and case-based discussions, participation in clinical audit, and attendance at relevant external courses.

Formal training for interns must include instruction in:

- The development of clinical judgement
- Elements of safe practice, including but not limited to, infection control, prescribing, awareness of pregnancy when prescribing and informed consent.

A programme for personal professional development must be part of the intern's training year.

(d) Self-directed learning

Interns must have, and utilise, appropriate resources and opportunities for self-directed learning.

(e) Eight Domains of Good Professional Practice

The content of intern training and an intern syllabus / curriculum must be consistent with the "*Eight Domains of Good Professional Practice*" (*click here*) approved by the Medical Council.

5. Supervision

There must be effective overarching supervision of the intern by an identified clinician(s) of an appropriately senior level, normally a specialist doctor who is registered as a specialist or otherwise recognised as a specialist by the relevant regulatory authority

6. Assessment

Interns must:

- Have regular and constructive feedback and assessment by a trainer ! supervisor who has knowledge of the intern's development and performance and can verify their satisfactory progress
- Pass all obligatory examinations, including any exit examination or other summative assessment at the end of the intern year.
- Achieve a satisfactory performance in any assessment required by or administered by Council. This includes any assessment of communication skills, required by or administered by Council.
- Pass any exit examination or other summative assessment at the end of the intern year, which is or may be set in a jurisdiction outside Ireland.

7. Professionalism

Interns must:

- Respect the primacy of patient safety
- Be aware of, and comply with, the Medical Council's "*Guide to Professional Conduct and Ethics for Registered Medical Practitioners*", (*click here*) available on the Council's website.
- Raise with their supervisor or other appropriate person any ethical ! personal issues that may impact on the intern's personal performance and ! or patient interests and ! or safety
- Adhere to the rules and regulations, policies and procedures governing the training site.

8. Resources

Intern training sites must have the resources to support the education and training requirements specified in these guidelines.

Approved by the Medical Council
19th October 2010

and

Revised by the Medical Council
14th April 2011

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

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

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

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

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

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

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

Approved by the Medical Council on 17th July 2014

Appendix Five – Overview of supporting documentation provided by Beaumont Hospital

Beaumont Hospital		
Intern Standard	**Compliance rating by site**	**Supporting documentation**
1. Rotation	**FC**	1) Approved Beaumont Rotations 2018.2019 2) Standing Operation Procedures for the Creation of a new Intern Post 3) NITP-June-2012 4) Second-Interim-Implementation-Report-April-2012
2. Accreditation	**FC**	1) Intern Training Lecturer 2) Job Description Intern Tutor
3. Content of Training	**FC**	1) 2018 National Intern Education and Training Agreement_ RCSI DNE _final 2) DNE Intern induction 2018 overall 3) BH Intern Induction & attendance 4) Intern Induction Bootcamp DMM 2018 5) Examples of clinical cases 6) Intern Clinical Case Instructions (final) 2018 2019 7) AD3307 Intern Handbook Beaumont 8) Bleep free- intern teaching letter bh 9) Intern teaching attendance 10) National BMJ Learning update- modules for 2018 11) Intern Prescribing Guide 2018 12) Safe Prescribing for Interns 2018 13) BH Intern Training Record 14) Training Day Schedule Beaumont 2018.19 15) HSE Land Modules 18.19 16) Intern Teaching Schedule 17) RCSI Interns Train the Trainer Slides 18) TTT 2018 19) Assessment examples anonymised 20) Intern Rep Agenda and Minutes 21) EWS Induction Slides Jul 2018 22) Prep for SHO- Advanced Clinical Skills Email 23) Induction CLinical Skills Schedule 24) RCSI intern induction 2018 DDM Slides 25) Academic Intern Track DNE Network Summary for Showcase 2018

		26) Overview of Stress Management & Dealing with conflict
4. Supervision	**PC**	1) Intern Training Tutor Dublin North East/RCSI 2) Job Description Intern Tutor 3) Intern Rep Agenda and Minutes 4) Intern Rotation Feedback
5. Assessment	**FC**	1) Intern Educational Feedback Form 2) Intern training day Evaluation 3) Cappagh logbook RCSI ILT Teaching portfolio 4) Record assessment meeting 5) Intern of year moodle post
6. Professionalism	**FC**	1) Intern Induction Bootcamp DMM 2018 2) AD3307 Intern Handbook Beaumont 3) Medline handout 4) Photo of Library Sitting Area 5) CINAHL Database searching BS 6) Photo of Library Study Area 7) Embase handout
7. Resources	**FC**	1) Intern Induction Bootcamp DMM 2018

Beaumont Hospital		
Specialist Standard	Compliance rating by site	Supporting documentation
A. Clarity of educational governance arrangements	**FC**	1) Lead Clinical Director Job Description 2) Job description Medical Education Lead 3) Job description of Surgical Education Lead 4) NCHD Forum - Terms of Reference and Composition 5) Organisation Chart 6) Job Description Intern Tutor
B. Clarity of clinical governance arrangements	**PC**	1) Clinical Director.Job Description.Updated October 2016 2) Annual Quality and Safety Meeting agenda 3) Clinical Governance Committee Terms of Reference 4) Incident Management Policy 5) Quality and Safety NCHD Induction presentation 6) Systems analysis of incidents 7) SIRT Decision making form
C. Accountability	**PC**	1) Lead Clinical Director Job Description 2) Job description Medical Education Lead 3) Job description Surgical Education Lead 4) NCHD Forum - Terms of Reference and Composition 5) Minutes NCHD forum 01.10.18
D. Induction arrangements for trainees	**PC**	1) Policy for Coporate Induction 2) Sample Sign In Sheets 3) Medical HR presentation - 14.01.2018 4) 2019 eRostering-Clocking Presentation 5) 2019 CPR Presentation 6) 2019 Jan Inductions - Early warning scores and Sepsis 7) Health & Safety NCHD induction 8) NCHD Fire Safety Presentation MSA 9) Medication Safety 10) 2019 Quality & Safety NCHD Induction
E. Clear supervisory arrangements for trainees	**FC**	No Documentation Provided
F. Opportunities for trainees to train through clinical practice	**FC**	No Documentation Provided
G. Access to formal and informal education and training for trainees	**PC**	1) Departmental Teaching Timetable 2) Medical BST SHO Protected teaching topics 3) Medical Grand Round – SCHEDULE 4) Medical SHO Protected Teaching July18-June19 5) Post Graduate Surgical Lectures Sept-Dec18 6) G.6 - Simulation Course - Surgical Skills Lab

H. Opportunities for trainers to train through protected training time	**PC**	1) Departmental Teaching Timetable 2) Medical BST SHO Protected teaching topics 3) Medical Grand Round – SCHEDULE 4) Medical SHO Protected Teaching July18-June19 5) Post Graduate Surgical Lectures Sept-Dec18 6) Simulation Course - Surgical Skills Lab
I. Access to resources which support directed and self-directed learning	**FC**	1) Library Overview 2) RCSI Library Overview
J. Access to pastoral and health supports for trainees	**FC**	1) Introduction of Schwartz rounds 2) NCHD induction - Occupational Health presentation 3) NCHD Induction Schedule 4) Occupational Health intranet page 5) Staff Counselling Service information
K. Access to resources to maintain close contact with parent training bodies	**FC**	No Documentation Provided
L. Promotion of Medical Council guidance on Professionalism, including promotion of current ethical guidance	**PC**	No Documentation Provided
M. Safe working environment	**PC**	1) Beaumont Hospital Safety Statement 2) Dignity at Work 2009 Policy 3) M.3 – Physical Assault Policy May13 4) Policy_for_Preventing_and_Managing_Critical_Incident_Stress 5) Health & Safety NCHD induction 6) Major Incident Training
N. Specialty-specific supports	**PC**	1) General Surgery SPR 31 August 2017 2) Geriatric Medicine BH St Joes SPR 10 Nov 16
O. Participation in on-call duty rota	**FC**	1) Example rota template illustrating rest
P. Support for assessment of trainees	**FC**	No Documentation Provided
Q. Opportunities for multi-	**FC**	1) Departmental Teaching Timetable 2) MDT attendance sheet – Neurooncology

disciplinary teamwork		
R. Opportunities for trainees to provide feedback to employing authority	**PC**	No Documentation Provided

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