Clinical training site inspection report - RCSI Hospitals

2019

Approved by the Education and Training Committee 21 April 2020

Comhairle na nDochtúirí Leighis
Medical Council

About the Medical Council

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

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

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

Contents

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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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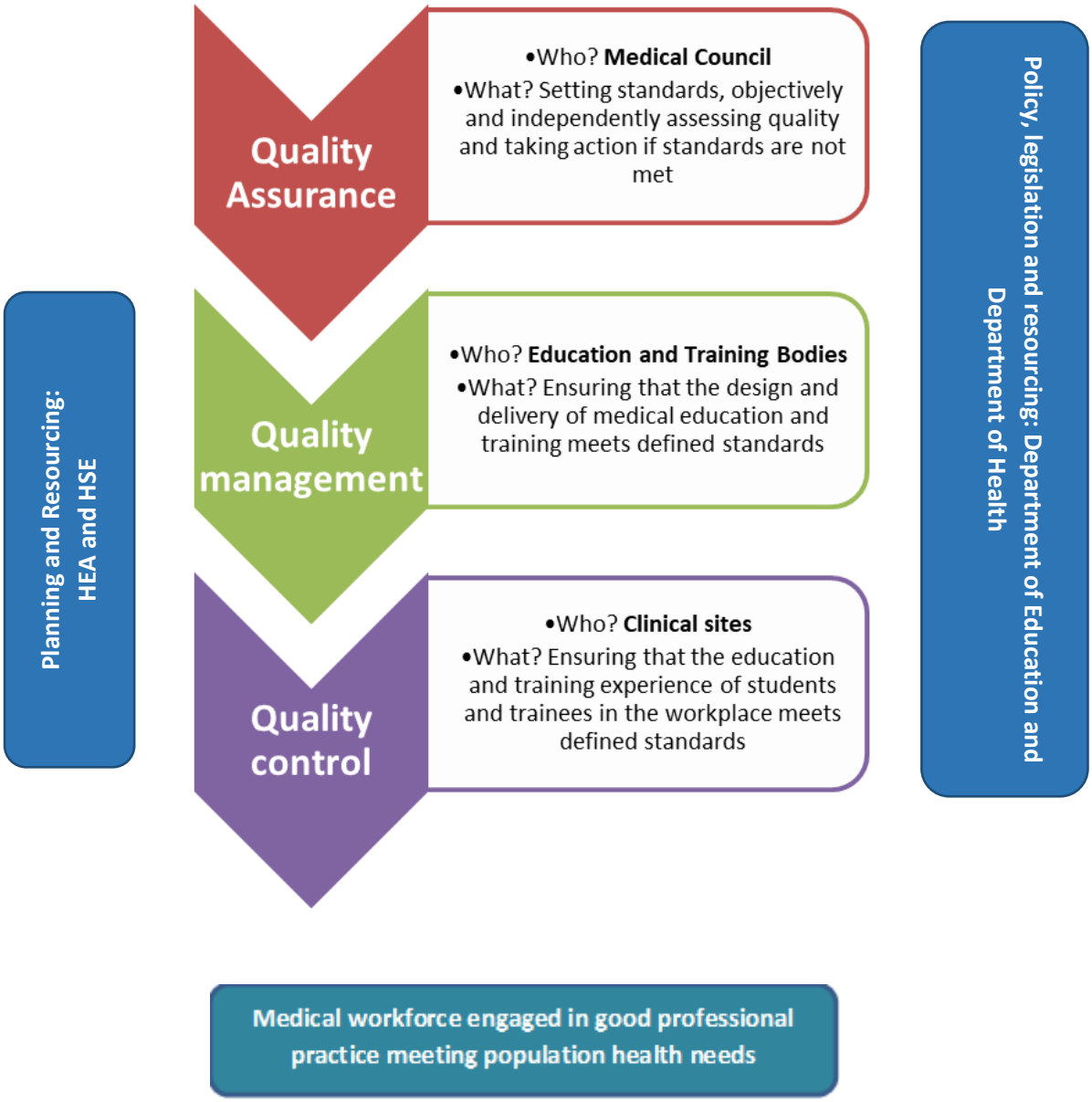
Back to Table of Contents

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 training bodies which deliver those programmes. Included in the Medical Council's responsibilities for

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

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.

There are five clinical training sites in the RCSI Hospital Group:

- The Rotunda Hospital
- Cavan General Hospital
- Beaumont Hospital
- Our Lady of Lourdes Hospital Drogheda
- Connolly Hospital

Accountability for ensuring compliance with standards for education and training was reported to be held locally for two clinical training sites in the Hospital Group, as section 38 providers, for the Rotunda Hospital and Beaumont Hospital. Separate inspection reports are provided for these sites. This inspection report documents the findings of compliance with Medical Council standards for education and training for the following clinical sites:

- Cavan General Hospital
- Our Lady of Lourdes Hospital Drogheda
- Connolly Hospital

These sites were inspected between 9 April – 6 June 2019. The visiting assessor teams comprised Council members, Council Executive and external assessors with a relevant background/interest in medicine and/or medical education/training; and included medically-qualified and non-medically-qualified persons, representing public/patient interests. The agendas for each clinical training site inspection visit, including details of the visiting assessor teams, are attached as Appendix One.

Compliance with the Medical Council's *'Standards for Training and experience required for the granting of a certificate of experience to an intern'* ('intern training standards' - see Appendix Two and

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

Three for intern training standards and accompanying guidelines) and Medical Council *'Criteria for the evaluation of training sites which support the delivery of specialist training'* ('specialist training standards' - see Appendix Four) was assessed at each site where intern and/or specialist training is provided.

The following intern, trainee and trainer numbers for these sites were provided to the Medical Council in advance of the inspection visits:

- Cavan General Hospital
  (0 interns, 30 trainees and 12 trainers)
- Our Lady of Lourdes Hospital Drogheda
  (24 interns, 86 trainees and 74 trainers)
- Connolly Hospital
  (25 interns, 60 trainees and 38 trainers)

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

All three clinical training sites visited were found to have levels of partial or full compliance with the Medical Council's intern and/or specialist training standards. On that basis, the teams recommended that all three sites continue to provide intern and/or specialist medical education and training.

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

Back to Table of Contents

Overview of compliance ratings for the RCSI Hospital Group

Levels of compliance

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

The compliance ratings are:

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

Intern training

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

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

Two of the three clinical training sites support the delivery of intern training. The table presented below compares compliance ratings for intern training sites against the seven intern training standards:

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

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

Overall, compliance with intern training standards across the two sites is at 50% full compliance and 50% partial compliance. There was no evidence of non-compliance with intern training standards across the two sites.

Specialist training

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

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

All three sites have trainees participating in programmes of specialist training. The table presented below compares compliance ratings across the three training sites against the 18 specialist training standards.

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

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

Overall, compliance with specialist training standards across the sites is at 26% full compliance, 68% partial compliance and 6% non-compliance.

Conclusion

The following are the teams recommendations regarding the provision of medical education and training at clinical training sites within the RCSI Hospital Group:

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

2. Our Lady of Lourdes Hospital Drogheda 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.

3. Our Lady of Lourdes Hospital Drogheda 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.

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

5. Connolly 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 the Council's Education and Training Committee.

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

Cavan General Hospital (CGH)

Specialist Training

Recommendations

1. Accountability for the learning environment must be clearly outlined in organisational structures.
2. Establish a designated educational oversight committee with trainee representation.
3. Formalise and document the relationship between CGH and the postgraduate training bodies outlining the expectations and responsibilities in delivering specialist training.
4. Continue the quality improvement project for handover consistency at the site and implement the resulting handover policy.
5. Formally identify an accountable person(s) who will be responsible for ensuring compliance with Medical Council and postgraduate training body requirements and also in liaising with the HSE's education and training function.
6. Develop and implement a policy for induction at CGH.
7. Ensure trainees undertake all requirements of the site-specific health and safety induction.
8. Continue efforts in implementing the Transfer of Tasks at the site.
9. Finalise and implement the bleep policy to ensure that formal education and training opportunities are protected.
10. Provide protected time for trainers to deliver education and training.
11. Support and facilitate trainers to complete trainer development activities as required.
12. Continue working with key stakeholders to ensure consistent Wi-Fi access at the site.
13. Raise awareness of the services available via the Employee Assistance Programme.
14. Formalise the teaching of professionalism at the site.
15. Formalise and document the pathways for addressing and referring concerns around professionalism.
16. Establish and document a clear pathway for referrals of concern to the Medical Council should local resolution of concerns not be possible.
17. Continue to strive to fully implement the requirements of the European Working Time Directive for all NCHDs.
18. Explore opportunities for enhancing multi-disciplinary teamwork with the Pharmacy department.
19. Develop and implement a formal mechanism for obtaining and utilising ongoing feedback on the training experience at the site.

Commendations

1. Trainees described positive working relationships with trainers and their line managers and said they felt confident in raising concerns with them should they need to.
2. The development of the neonatal network within the Hospital Group and the learning opportunities that have arisen since its development is commended by the assessor team.
3. The team was impressed by the approach taken in the Emergency Department to speciality-specific induction. This induction involves a one-week shadowing experience designed to meet the individual needs of the new trainees.
4. The assessor team commends the approach taken by trainers to support individual training needs.
5. The team was impressed with the integrated learning approach taken during the recent sepsis awareness programme.
6. The team found that there was a detailed audit programme in which trainees were fully involved.

Our Lady of Lourdes Hospital Drogheda (OLOLHD)

Intern Training

Recommendations

1. The Transfer of Tasks should be implemented consistently across the site.
2. Supports should be put in place to address long-term gaps in the intern on-call rotas.
3. A hospital-wide handover policy should be developed and include the opportunity for interns to engage in or observe the clinical handover process as a learning opportunity.
4. Interns should be able to avail of protected bleep-free training each week. Include specific reference to protected teaching time for interns in the Intern Bleep Guideline and communicate to all staff as appropriate.
5. Intern posts should reflect he nature of the post as advertised.
6. The site should ensure that appropriate locum cover is in place when necessary in the interest of quality patient care, and staff wellbeing.
7. Consistency in the access to Wi-Fi throughout the site.
8. Continue to actively engage and promote increasing the number of intern posts at the site.
9. Emphasise the occupational health supports available at the site, ensuring that occupational health is actively promoted during induction and throughout the rotation.

Commendations

1. The team commend the collegiality of the intern group in providing additional long-term on-call cover between them.

Specialist Training

Recommendations

1. Accountability for the learning environment should be clearly set out in organisational charts and formal terms of reference documentation.
2. Education and training should be a standing agenda item as part of the current governance arrangements and relevant committees in order to maintain oversight of the learning environment at the site.
3. Feedback following the reporting of clinical incidents should be a routine practice.
4. A hospital-wide handover policy should be developed and implemented as a matter of priority.
5. There should be clearly documented governance structures identifying the roles and responsibilities for accountable individuals.
6. Develop a site-specific induction policy.
7. Ensure that trainees commencing rotations outside of traditional start times receive an appropriate site induction.
8. Site induction should include site-specific health and safety information.
9. Ensure that employment-related information is processed in a timely manner.
10. Trainees should be appropriately supervised in line with individual stages of training, experience and learning.
11. All trainees should be provided with exposure to learning through participation in clinical practice as appropriate to their level of training, experience and learning.
12. Trainees at all stages of training should be able to avail of protected time for education and training opportunities.
13. Continue efforts to develop dedicated audit and research forums.
14. Review the opening hours of the library with a view to improve trainee access.
15. Ensure consistency in the access to Wi-Fi throughout the site.
16. Review the I.T. facilities on the wards to ensure that clinical functions are supported.
17. There should be greater emphasis on ensuring trainee awareness of occupational and mental health supports that are available at the site during trainee induction and throughout rotations.
18. There should be active promotion of the Medical Council's Ethical Guide.
19. Formal promotion of teaching sessions on professionalism throughout clinical training.
20. Feedback should be provided following incident reporting.

21. Develop a pathway for referral of concerns to the Medical Council for when local resolution of concerns is not possible.
22. The clinical site should continue to make every effort to ensure compliance with the European Working Time Directive.
23. There should be clear governance arrangements in place at the site for ensuring that specialty-specific supports are in place.
24. Rotas should be appropriately staffed for the volume of on-call activity at the site.
25. Review access to onsite accommodation to ensure that trainees have access to rest facilities post-call.
26. Address the security concerns raised by trainees in accessing the on-call accommodation.
27. Standardise the feedback mechanisms in operation at the site to ensure consistency in the approach to responding to trainee feedback.

Commendations

1. The team commend the General Manager's collegial relationship with trainees.

Connolly Hospital (CH)

Intern Training

Recommendations

1. Consider holding a refresher of induction topics at the midpoint of the intern year.
2. The principle of the Transfer of Tasks should be applied in full at the site to ensure that interns are not diverted from learning opportunities.
3. Increase the flexibility in the intern on-call rotas.
4. There should be opportunity for interns to engage in or observe the clinical handover process as part of training at the site.
5. Interns should be provided with protected time for education and training.
6. Interns should be supervised appropriately at all times.
7. Provide the opportunity for formal feedback during rotations at the site.
8. Education and training in professionalism should continue after induction.
9. All interns should be aware of the process for clinical incident reporting at the site.
10. Ensure consistency in the access to Wi-Fi throughout the site.
11. There needs to be an urgent upgrading of the hospital computer systems.
12. The site should ensure that appropriate locum cover is in place when necessary in the interest of quality patient care, and staff wellbeing.
13. Continue to actively engage and promote an increase in the number of intern posts at the site.
14. Emphasise the occupational health supports available at the site, in particular ensuring that occupational health is actively promoted during induction and throughout the rotation.

Commendations

1. With the exception of weekends, interns praised their supervisors for the quality of supervision provided.

Specialist Training

Recommendations

1. Accountability for the learning environment should be clearly set out in organisational charts and formal terms of reference documentation.
2. Re-engage the education committee as an oversight group for education and training and include trainee representation. Education and training should be a standing agenda item as part of the governance arrangements as a clinical training site.
3. Clarify and formalise the arrangements with the postgraduate training bodies. This arrangement should be clearly documented in the CH organisational structure.
4. Ensure that all trainees are aware of the procedures for reporting clinical incidents.
5. Feedback following the reporting of clinical incidents should be a standard feature in the management of clinical incidents.
6. There should be clearly documented governance structures identifying roles and responsibilities for accountable individuals.
7. The role of the Dean of Postgraduate Studies should be clearly defined.
8. Develop an induction policy.
9. Consider holding a refresher session for induction topics.
10. Review the approach to presenting I.T. information during induction.
11. Formalise the approach to speciality-specific induction at the site.
12. Ensure there are appropriate supervisory arrangements in place for weekend on-call cover.
13. The implementation of the Transfer of Tasks should be consistent across the site.
14. Address the surgical training issues as raised with the assessor team.
15. Access to education and training opportunities, included dedicated leave, should be reviewed to ensure consistency across grades and specialties.
16. Formal education and training opportunities should be protected.
17. The role of the trainer should be formally recognised at the site.
18. Ensure consistency in the access to Wi-Fi throughout the site.
19. There needs to be an urgent upgrading of the hospital computer systems.
20. Promote the occupational and mental health supports available to trainees at the site.
21. There should be active promotion of the Medical Council's Ethical Guide and formal promotion of teaching sessions on professionalism throughout clinical training.
22. Feedback following the reporting of clinical incidents should be a standard feature in the management of clinical incidents.

23. The clinical site should continue to make every effort to ensure compliance with the European Working Time Directive.
24. Improve the flexibility in the duty rosters to reduce the number of consecutive working days for trainees, ensuring that appropriate rest breaks are accounted for when designing rosters.
25. Address the surgical training issues as raised with the assessor team.
26. Formally document the ongoing dialogue between CH and the postgraduate training bodies in ensuring that speciality-specific resources remain fit-for-purpose.
27. Rotas should be staffed accordingly in line with the volume of on-call activity at the site. Staffing ratios should take into account the supervisory requirements and capabilities of trainees.
28. Appropriate rest periods should be provided for trainees in line with legislative requirements.
29. Formalise and promote the NCHD feedback structures.
30. Develop mechanisms to seek and respond to trainee feedback on the learning environment as part of the site's continuous improvement efforts.

Commendations

1. The commitment of trainers to provide education and training

Next steps

The Hospital Group, in collaboration with each clinical training site, is to develop an Action and Implementation Plan (AIP) to address all recommendations made in the inspection report. The AIP should be submitted to the Medical Council within three months of receipt of the report. On receipt of the Action and Implementation Plan, key personnel from the Hospital Group will be requested to present the Plan to Medical Council representatives. This meeting will also provide the Hospital Group with an opportunity to 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 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 reports and subsequent Action and Implementation Plan are published on the site(s)/ Hospital Group website.

Back to Table of Contents

Evaluation of compliance with Medical Council Standards

Inspection reports

Individual inspection reports prepared by each assessor team post-visit are presented below.

Documentary evidence considered included, self-evaluation submissions from each site prior to inspection, documentation provided on the day of inspection, and evidence obtained through meetings on the day of inspection, with management, interns, trainees and trainers. Appendix Five details an overview of documentary evidence provided by each site as documentary 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:
Cavan General Hospital (CGH)

Compliance with Specialist Training Standards

A. Clarity of educational governance arrangements i. There will be clear organisational structures and lines of accountability for the learning environment at training sites ii. Management/board level reporting arrangements will be in place e.g. via an oversight committee including trainees, to maintain institutional oversight of the learning environment iii. There will be transparent arrangements with postgraduate training bodies to clarify the relevant responsibilities and expectations of each party involved in the delivery of specialist training
Description of evidence of compliance with this Standard during the inspection visit i. Governance arrangements are represented in the CGH clinical organisational chart. However, the lines of accountability for the learning environment were not evident. ii. There is no designated oversight committee for the learning environment. Clinical Leads for each speciality department attend monthly Executive Management meetings and the assessor team (the team) was advised that CGH has recently established an Academic Interest Group, which at the time of inspection had met three times. The team was advised that education and training matters will be discussed through this Group. However, terms of reference for the Group are yet to be developed and formal oversight has not currently been assigned to the Group. Trainees are not represented on this Group. There is a Non-Consultant Hospital Doctor (NCHD) Committee at the site where the NCHD Leads meet with management as and when required. Reporting arrangements for the NCHD Committee were described as informal. iii. The team was not provided with any documentation detailing arrangements between the site and the postgraduate training bodies which have specialist training programmes

being facilitated at the site. Informal arrangements are in place via the individual Clinical Leads who maintain links with the postgraduate training bodies.

Compliance

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

Recommendation (s)

1. Accountability for the learning environment must be clearly outlined in organisational structures.

2. Establish a designated educational oversight committee with trainee representation.

3. Formalise and document the relationship between CGH and the postgraduate training bodies outlining the expectations and responsibilities in delivering specialist training.

Commendation (s)

No commendations made.

Level of compliance: NC

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 was provided with example specialty-specific guidance outlining trainee responsibilities. The team had the opportunity to meet with six of the 15 trainees in specialist training programmes, who described their responsibilities and reporting relationships at the site.

ii. The National Incident Reporting system is in operation at CGH and the team was provided with a synopsis of the reporting process which is on display throughout the site. Management advised that clinical incident reporting is standardised across sites within the Royal College of Surgeons in Ireland (RCSI) Hospital Group and that learning from clinical incidents is promoted through grand rounds. Trainees were aware of the incident reporting system and the team heard examples of trainee experience in using the system. Documentation such as the HSE's Incident Management Framework and details on the trending and analysis of reported incidents were also provided.

iii. The team heard examples and were provided with documentation outlining handover practice in individual departments. There was no evidence of a consistent approach to handover at the site. The team was advised of a quality improvement project that is

currently underway to address this. The team noted that there is dedicated space for departmental handover.

Compliance

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

Recommendation (s)

1. Continue the quality improvement project for handover consistency at the site and implement the resulting handover policy.

Commendation (s)

1. Trainees described positive working relationships with trainers and their line managers and said they felt confident in raising concerns with them should they need to.

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. There is no named individual with overall accountability for ensuring compliance with the Medical Council requirements for sites facilitating specialist training.

ii. Each specialty has assigned Clinical Leads however there is no named individual(s) with assigned overall responsibility for managing postgraduate training body requirements at the site.

iii. The CGH Medical Manpower Manager was identified to the team as the liaison between the site and the HSE's National Doctor Training and Planning Unit. It was understood that this role is limited to the administration of the placements of trainees. There was no evidence of a named accountable individual responsible for communication and collaboration with the HSE's education and training function.

iv. The Executive Management Team are collectively responsible and accountable for ensuring that education and training at CGH is supported through organisational change. An example of how such oversight works was provided to the team. Since the introduction of the hospital group structure, a neonatal network has been established for the Hospital Group which has seen changes to service provision. Clinical Leads as representatives of the Executive Management Team oversee the implementation of this change at the site and trainees are actively involved in these network meetings, providing opportunities for combined learning across the sites.

Compliance

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

Recommendation (s)

1. Formally identify an accountable person(s) who will be responsible for ensuring compliance with Medical Council and postgraduate training body requirements and also in liaising with the HSE's education and training function.

Commendation (s)

1. The development of the neonatal network within the Hospital Group and the learning opportunities that have arisen since its development is commended by the assessor team.

Level of compliance: PC

D. Induction arrangements for Trainees

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

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

i. There is no policy for induction at CGH.

ii. Attendance at induction and receipt of induction material is recorded. A review of sample attendance monitoring indicated that not all trainees attend induction or sign for receipt of induction material. Induction takes place during the second week of a rotation commencing in January and July. The team heard how trainees commencing their rotation outside of the traditional start times of January and July are provided with induction

material. Induction material is issued to all trainees via a CD or USB and trainees reported receiving their relevant password and identification material in a timely manner. During discussion with trainees, the team was made aware that the CGH induction programme is being reviewed and updated in line with feedback from the NCHD Committee.

iii. Health and safety features in induction, as outlined in the induction material and the team was provided with a list of health and safety policies in operation at the site. Fire safety and manual handling training dates were also provided to the team but there was no evidence of trainee completion of such.

iv. Trainees described their experiences of specialty-specific induction at CGH. All trainees spoke positively of how their speciality-specific induction prepared them for their rotation. Sample induction material for the Anaesthesiology, Medicine and Paediatric departments were provided to the team.

v. Trainees are made aware of the relevant local and national policies as part of their induction material. All clinical policies, procedures, guidelines and protocols are available to trainees on the CGH website.

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

Compliance

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

Recommendation(s)

1. Develop and implement a policy for induction at CGH.

2. Ensure trainees undertake all requirements of the site-specific health and safety induction.

Commendation (s)

1. The team was impressed by the approach taken in the Emergency Department to speciality-specific induction. This induction involves a one-week shadowing experience designed to meet the individual needs of the new trainees.

Level of compliance: PC

E. Clear supervisory arrangements for Trainees

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

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

i. There are nine trainers at CGH with supervisory responsibility for 15 trainees (NCHD's undertaking programmes of specialist training). The team met with nine Consultants, eight of whom currently supervise specialist trainees. Trainees described appropriate levels of supervision noting that a trainer and/or clinical supervisor is always available when needed.

ii. Trainees described how they are made aware of their individual clinical supervisors from the outset of their training at the site and were aware of all supervisors in their specialities.

iii. & iv. Trainee supervision is tailored at the site. Trainees and trainers described developing training plans at the start of their rotation and meeting regularly to assess progress. A sample training plan was provided to the team. The team was made aware of instances where supervision and training have been amended for trainees requiring additional supports in completing their rotation.

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 assessor team commends the approach taken by trainers to support individual training needs.

Level of compliance: FC

F. Opportunities for training through clinical practice for Trainees

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

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

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

i. & ii. Trainees reported participation in clinical tasks appropriate to their level of competence. Management advised the team of an active Transfer of Tasks Committee. Trainees reported some progress in the implementation of task transfer at the site but noted that tasks such as venepuncture and intravenous cannulation were still assigned to trainees. These tasks were reported not contribute to doctors learning but were required of them to meet service needs. Trainees noted that they were getting adequate exposure to the practical procedures that their curricula require. Trainers and trainees described the day-to-day activities for learning through clinical practice such as ward rounds, attendance at clinics, handover and 'moments of learning'.

Compliance

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

Recommendation (s)

1. Continue efforts in implementing the Transfer of Tasks at the site.

Commendation (s)

No commendations made.

Level of compliance: PC

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

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

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

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

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

i. Example training plans and teaching schedules with attendance records were provided to the team. Trainees reported being able to attend offsite training activities as prescribed by the postgraduate training bodies.

ii. & iii. Formal education and training activities made known to the team included grand rounds, journal clubs, training body webcasts, case presentations, moulage training in emergency scenarios, and specialty meetings such as meetings in Radiology, Oncology and Stroke. Informal opportunities were described and included lunch-time teaching sessions and a current focus on sepsis awareness training. Education and training sessions are not protected for trainees and the site's bleep policy is currently in draft form and under review. Trainees described regularly being bleeped out of education and training sessions to respond to service needs, including non-urgent tasks.

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. Finalise and implement the bleep policy to ensure that formal education and training opportunities are protected.

Commendation (s)

1. The team was impressed with the integrated learning approach taken during the recent sepsis awareness programme.

2. The team found that there was a detailed audit programme in which trainees were fully involved.

Level of compliance: PC

H. Opportunities for trainers to train through protected training time

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

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

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

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

i. Trainers described how they do not have protected time in their work schedules to fulfil their trainer duties.

ii. Trainers described being strongly committed to the delivery of education and training at this site but noted that current Consultant staffing levels at the site limit their time spent undertaking trainer duties. It was reported that 70% of NCHDs at CGH are non-training scheme doctors (trainees not engaged in programmes of specialist training) and that trainers also mentor and supervise non-training scheme doctors.

iii. Trainers described completing trainer development activities in their own time as service pressure does not always allow for attendance at offsite activities. The team heard how online training in this area, as prescribed by the postgraduate training bodies, has helped to facilitate the completion of trainer development activities.

Compliance

The clinical training site's self-evaluation submission indicated partial compliance with this standard. The team concluded that the site is not compliant with this standard.

Recommendation (s)

1. Provide protected time for trainers to deliver education and training.

2. Support and facilitate trainers to complete trainer development activities as required.

Commendation (s)

No commendations made.

Level of compliance: NC

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 observed four dedicated study rooms with two computer stations per room. Library facilities with computer access are available to trainees from 9.00am-5.00pm with plans to extend access to 24-hours in the near future. Video-conferencing facilities are available as well as two large teaching rooms and smaller teaching spaces across the site. Wi-Fi and mobile phone service are not accessible across the site, but internet access is available at all computer stations. Wi-Fi is available in the library. Trainees and trainers reported the lack of access to Wi-Fi as a challenge which they had to work around.

ii. There is a full suite of electronic resources available to trainees including access to UpToDate and the library is equipped with a range of books. The site librarians provide training courses for literature searches.

Compliance

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

Recommendation (s)

1. Continue working with key stakeholders to ensure consistent Wi-Fi access at the site.

Commendation (s)

No commendations made.

Level of compliance: PC

J. Access to pastoral and health supports for Trainees

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

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

i. Occupational health staff are onsite once a week. Not all trainees who met with the team were aware of the occupational health supports available to them and instead noted the supports available to them via their postgraduate training bodies. During a meeting with management representatives, access to an Employee Assistance Programme was noted to be available. However, there was a lack of awareness of such services being available amongst management in general, and amongst the trainees that met with the team. The occupational health office at the site was not accessible during the inspection.

ii. Trainees and trainers described the debriefing process for staff post adverse events and the team heard how some staff members at CGH have been trained as facilitators for the introduction of Schwartz Rounds. Management described the Wellness initiative that is in operation at the site, providing health and wellbeing supports and activities for staff.

iii. Management advised that adjustments would be made where possible to facilitate the needs of a trainee with a disability and an example of how adjustments have been made in the past was provided. Minutes from a meeting of the hospital group's Occupational Health Committee, with CGH representation, highlighted that such matters are considered at management level.

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. Raise awareness of the services available via the Employee Assistance Programme.

Commendation (s)

No commendations made.

Level of compliance: PC

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

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

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

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

i. & ii. Trainees have computer access to facilitate online contact with their parent training bodies. Trainers are the onsite training body representatives at CGH and trainees noted their awareness of their primary contact in their respective 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. The Medical Council's Ethical Guide is provided to trainees as part of their induction material. Presentations from management outlined how learning at the site centres on professionalism and trainees and trainers described observation as the main tool for teaching professionalism.

ii. The trainees and trainers who met with the team all expressed their commitment to ethical and professional practice. Trainers noted that teaching on this issue should become more formalised at the site and noted that sessions such as breaking bad news are delivered through grand rounds. Information on open disclosure features during CGH induction.

iii. The team was provided with a copy of the HSE's Dignity at Work policy and a Protected Disclosure Policy. Trainees described the Dignity at Work policy as being briefly touched on as part of their induction and were not aware of the Protected Disclosure policy. Trainees said they would report to their line manager in the first instance should they observe instances of unprofessionalism and would feel comfortable raising concerns with senior colleagues due to the positive working relationships at the site. During meetings, there were indications that some behaviour between colleagues did not meet high professional standards. Reference to such was also noted in the results of the HSE's 'Your Opinion Counts 2018' survey for CGH which was provided to the team.

iv. There was no evidence of a clear pathway for referral of concerns to the Medical Council.

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. Formalise the teaching of professionalism at the site.

2. Formalise and document the pathways for addressing and referring concerns around professionalism.

3. Establish and document a clear pathway for referrals of concern to the Medical Council where local resolution of concerns is not possible.

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 made aware of a Health and Safety Committee however no evidence of such was provided. The team did however view sample minutes and attendance records from the site's Medical Services Clinical Governance Committee and noted that items such as the risk register, complaint analysis, incident trends, essential training, audits and reviews, were discussed.

ii. Monitoring data for compliance with the European Working Time Directive was provided. Average figures indicated 100% compliance with the 24-hour shift and around 80% for the 48-hour working week for NCHDs.

Compliance

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

Recommendation (s)

1. Continue to strive to fully implement the requirements of the European Working Time Directive for all NCHDs.

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. Trainers and trainees reported that they were satisfied with the resources available to them at the site. Correspondence between CGH and the Irish Committee on Higher Medical Training within the Royal College of Physicians in Ireland, regarding Basic Specialist Training in General Internal Medicine, was provided on the day of inspection, indicating that action was being taken to address recommendations as required.

Compliance

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

Recommendation (s)

No recommendations

Commendation (s)

No commendations made.

Level of compliance: FC

O. Participation in on-call duty rota

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

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

i. Sample on-call rotas were provided which indicated an appropriate on-call ratio for the volume of on-call activity at the site. Trainees described the level of on-call activity at the site as manageable.

ii. Trainees reported appropriate levels of supervision and described Consultants as available and accessible.

iii. Trainees reported that their post-call leave arrangements were satisfactory.

iv. The team visited the on-call accommodation facilities based onsite and noted that access is controlled.

Compliance

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

Recommendation (s)

No recommendations made

Commendation (s)

No commendations made.

Level of compliance: FC

P. Support for assessment of Trainees

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

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

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

i. & ii. The team was provided with sample training plan documentation. Trainees and trainers reported meeting at the start of rotations to establish learning outcomes and reported regular formal meetings to assess how outcomes are being achieved. Trainees described using logbooks and e-portfolios to record their learning progress. Trainees also described informal opportunities for feedback outside of the formal progress meetings with trainers. Trainees reported feeling supported in attending the relevant assessments and study days as required by their training body.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

Q. Opportunities for multi-disciplinary teamwork

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

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

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

i. & ii. Trainees described examples of multi-disciplinary working with Nurses and other healthcare professionals, with examples including multi-disciplinary meetings and ward rounds. Further multi-disciplinary learning opportunities include grand rounds, moulages and involvement in the sepsis awareness programme. Trainees and trainers described positive working relationships between disciplines but noted that opportunities for working with the Pharmacy department could be improved.

Compliance

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

Recommendation (s)

1. Explore opportunities for enhancing multi-disciplinary teamwork with the Pharmacy department

Commendation (s)

No commendations made.

Level of compliance: FC

R. Opportunities for Trainees to provide feedback to employing authority

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

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

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

i. & ii. There are no formal mechanisms in place for trainees to provide feedback on their training experience at CGH. The team heard how the site's culture of open communication promotes feedback via informal channels but currently, general feedback on the training experience is not sought by the site. The Lead NCHD has informal meetings with management as and when issues are raised. The team heard how feedback, via the NCHD Committee, on the CGH induction programme is resulting in improvements being made for the next cohort of trainees.

Compliance

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

Recommendation (s)

1. Develop and implement a formal mechanism for obtaining and utilising ongoing feedback on the training experience at the site.

Commendation (s)

No commendations made.

Level of compliance: PC

Evaluation of Compliance with Medical Council Standards

Compliance level rating

Level of compliance with each Standard:

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

Clinical training site:
Our Lady of Lourdes Hospital Drogheda (OLOLHD)

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 seven of the 24 interns at OLOLHD. The team was provided with the current list of rotations at OLOLHD and was satisfied that the rotations both planned and in progress comply with the requirements of this standard. Interns at OLOLHD complete their full intern year at the site.

Compliance

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

Recommendation (s)

No recommendations made.

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

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 OLOLHD is affiliated with the Dublin North East (DNE)/Royal College of Surgeons in Ireland (RCSI) Intern Training Network. The team met with the OLOLHD Intern Tutor and the Intern Administrator, who oversee the content and assessment of the intern training programme being delivered at the site. The team met with interns who had completed their undergraduate and/or graduate entry medical education in RCSI, Trinity College Dublin and University College Dublin.
Compliance The clinical training site's self-evaluation submission indicated full compliance with this standard. The team concluded that the site is fully with this standard.
Recommendation (s) No recommendations made.
Commendation (s) No commendations made.
Level of compliance: FC

3. Content of training

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

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

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

i. Prior to participating in practice-based training, interns complete a one-week induction programme which includes opportunities for intern shadowing. Core procedural skills are assessed as part of induction, and additional training is provided where required. Interns described their experience of practice-based training at the site, which included ward rounds, working within multi-disciplinary teams and attending Schwartz Rounds. The Transfer of Tasks was described by both interns and intern training representatives as a work in progress at the site, with some wards further on than others in implementation.

ii. Interns described participating in practice-based training as appropriate to their growing competence. Interns described observing procedures prior to practice and of continued observation until no longer needed. Rotations in General Surgery were described as providing good exposure and involvement in theatre sessions. Interns described their experience of participating in on-call duties. The team heard how interns felt unsupported when trying to arrange cover for long term gaps in the on-call roster.

iii. Interns described having regular opportunities to exercise their responsibilities and clinical decision making during their rotations at the site as part of their practice-based training. Interns noted that senior colleagues are always available for support when required.

iv. The team was satisfied that interns feel part of their teams and heard examples of regular multi-disciplinary teamwork. The team noted there is no hospital-wide handover policy. Intern participation in handover was described as limited and informal.

v. A record of intern teaching to date for the current intern cohort was provided to the team, outlining regular, formal education and training sessions. Management advised of a protected one-hour a week of bleep-free teaching for interns. Interns described their dedicated one-hour a week teaching as not being bleep-free. The team had sight of the recently developed Intern Bleep Guideline and noted that dedicated time for education and training is not specifically referenced.

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

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.

2. Supports should be put in place to address long-term gaps in the intern on-call rotas.

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

4. Interns should be able to avail of protected bleep-free training each week. Include specific reference to protected teaching time for interns in the Intern Bleep Guideline and communicate to all staff as appropriate.

Commendation (s)

1. The team commend the collegiality of the intern group in providing additional long-term on-call cover between them.

Level of compliance: PC

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

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

Interns have a named supervisor for each rotation at the site and noted additional Consultant/senior colleague supervision is available when required. Interns also described graded supervision within their team structures.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

5. Assessment

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

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

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

Interns are assigned a named clinical supervisor for the duration of each of their rotations. Assessment information is relayed to the Intern Tutor from the assigned supervisor. The Intern Tutor formally meets with the interns at the end of each rotation for sign-off. Feedback outside of the three-month sign-off meeting was described by interns as being dependent on the trainer and noted that feedback will be provided if sought. Interns also have the opportunity to provide feedback on the educational content and supports for each rotation they complete at the site.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

6. Professionalism The training environment must emphasise professionalism and the development and maintenance of the relevant knowledge, skills, attitude and behaviour, including communication skills, integrity, compassion, honesty, adherence to professional codes, respect for patients and their families, colleagues and self-care. The intern must be aware of, and comply with, the Medical Council's *"Guide to Professional Conduct and Ethics for Registered Medical Practitioners"*, and the training should support these ethical standards.
Description of evidence of compliance with this Standard during the inspection visit Professionalism is emphasised as part of intern induction and throughout rotations at the site via dedicated teaching sessions as outlined during discussions onsite and in the documentary evidence provided. The Medical Council's Ethical Guide is promoted through intern induction. Interns described professionalism as being promoted informally at the site through the examples set by senior colleagues and noted that they would feel comfortable raising concerns regarding unprofessional behaviour through their team structures.
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 delivered in the hospital provide interns with access to a sufficient number of patients and case-mix as required for individual rotations. The Orthopaedic Surgery rotation was described as being more Medicine focussed with access to theatre time being limited.

ii. The library has computer access and private study space available 9.30am-5.00pm. There is also online access to journal material. Wi-Fi is not consistently available in clinical areas of the hospital but is available in the library.

iii. The team was made aware of difficulties in obtaining locum cover during absences, with existing interns having to provide additional cover themselves. Interns described an example of raising resource challenges via the NCHD committee, which resulted in additional medical cover being provided at weekends to support the medical interns. The Intern Tutor advised that efforts are underway to increase the number of intern posts at the site.

iv. Interns described feeling comfortable approaching team members to raise ethical concerns if issues arose. The team heard how interns are shown how to report incidents. The interns who met with the team noted that they had not had experience in completing incident report forms and that completion of such forms generally defaults to Nurses. During the Intern Tutor meeting, the team was advised that open disclosure workshops have been provided to all staff at OLOLHD.

v. Interns informed the team that they were unaware of the occupational health supports available to them at the site. The site's intern handbook was provided to the team which detailed contact details for health and wellbeing supports for interns.

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. Intern posts should reflect the nature of the post as advertised.
2. The site should ensure that appropriate locum cover is in place when necessary in the interest of quality patient care, and staff wellbeing.
3. Consistency in the access to Wi-Fi throughout the site.
4. Continue to actively engage and promote increasing the number of intern posts at the site.
5. Emphasise the occupational health supports available at the site, ensuring that occupational health is actively promoted during induction and throughout the rotation.

Commendation (s)

No commendations made.

Level of compliance: PC

Compliance with Specialist Training Standards

As part of the inspection process, supporting documentary evidence is required to be submitted to the assessor team in advance of the inspection visit. Supporting documentary evidence for this site was not provided to the assessor team in advance of the inspection visit, despite repeated requests to do so. A large volume of documentary evidence was provided on the day. Due to the time constraints on the day of inspection, it was not feasible for the assessor team to consider the documentation in full. Documentation referenced was reviewed by the assessor team, where required, following the meetings that took place onsite.

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 was presented with the site's organisational chart on the day of the inspection visit. The lines of accountability for the learning environment at the site were not clear in the chart provided. The team heard that the site does not have a designated educational

lead/ Chief Academic Officer. Lead Clinicians in each speciality were noted to be the accountable persons for education and training matters within individual specialities.

ii. There is no designated oversight committee for education and training at the site. However, the team heard how education and training matters can be raised as and when required via the quarterly Lead Clinicians meeting. The site's two Lead Non-Consultant Hospital Doctors (NCHDs) attend the Lead Clinicians Forum and can raise training matters. Minutes from the Lead Clinicians Forum meeting showed that education and training matters were items of discussion.

iii. The team was advised that each specialty group has a postgraduate training body representative alongside a Lead Clinician at the site. There was no evidence of documented arrangements between the site and the postgraduate training bodies.

Compliance

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

Recommendation (s)

1. Accountability for the learning environment should be clearly set out in organisational charts and formal terms of reference documentation.

2. Education and training should be a standing agenda item as part of the current governance arrangements and relevant committees in order to maintain oversight of the learning environment at the site.

Commendation (s)

No commendations made.

Level of compliance: PC

B. Clarity of clinical governance arrangements

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

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

i. The team met with 19 out of the 86 trainees (in programmes of specialist training) at OLOLHD. Five non-training scheme doctors were also in attendance at the meetings between the assessor team and trainees. Each trainee has an assigned trainer and trainees described their awareness of their responsibilities as doctors in training and reporting lines at the site.

ii. Trainees were aware of the procedures for reporting clinical incidents. However, feedback from such reports was described by trainees as not consistently being provided.

iii. Handover procedures are speciality-specific at the site. The team was provided with an example draft handover policy for Obstetrics and Gynaecology and trainees described using area specific guidelines, for example in Paediatrics. There was no evidence of a hospital-wide site-specific handover policy.

Compliance

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

Recommendation (s)

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

2. A hospital-wide handover policy should be developed and implemented as a matter of priority.

Commendation (s)

No commendations made.

Level of compliance: PC

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

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

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

i. – iv. The team was informed that the Lead Clinicians and postgraduate training body representatives in each specialty are the responsible and accountable individuals for ensuring that the requirements of this standard are fulfilled. However, there was no documentary evidence provided to demonstrate how this works in practice. Example inspection reports from postgraduate training bodies were provided on the day of inspection. However, there was no post-inspection documentation presented to show how the site is responding to recommendations.

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. There should be clearly documented governance structures identifying the roles and responsibilities for accountable individuals in ensuring that each criterion of this standard is adhered to.

Commendation (s)

No commendations made.

Level of compliance: PC

D. Induction arrangements for Trainees

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

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

i. The team was provided with a copy of the induction guidelines and checklist published by the HSE. There was no evidence of a site-specific induction policy.

ii. The team was advised that attendance at induction is mandatory and were provided with details of the NCHD induction programme held in January 2019 and a template attendance record. However, during the meeting with trainees it was noted that NCHDs who commenced their rotations outside of the January and July intake were not provided with an induction and had to ensure that they obtained clinical passwords and ID badges themselves.

iii. A designated health and safety session was not outlined in the induction material provided to the team on the day of inspection. The team was provided with a copy of the site's safety statement and advised that health and safety material is available to trainees on the site's I.T. system.

iv. Trainees described their experience of speciality-specific induction at the site noting that attendance was facilitated. Trainees noted how all staff emails are circulated with updated guidance when required.

v. Hospital policies are available to trainees on the site's I.T. system.

vi. The team was advised that OLOLHD use the National Employment Record (NER) system to minimise the duplication of employment-related documentation. However, trainees shared examples of delays in information transfer relative to occupational health, which negatively impacted on commencement of employment.

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. Develop a site-specific induction policy in accordance with the requirement of this standard.
2. Ensure that trainees commencing rotations outside of traditional start times receive an appropriate site induction.
3. Site induction should include site-specific health and safety information.
4. Ensure that employment-related information is processed in a timely manner.

Commendation (s)

No commendations made.

Level of compliance: PC

E. Clear supervisory arrangements for Trainees

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

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

i. Trainees at Specialist Registrar (SpR) level described appropriate supervisory arrangements where Consultants are contactable onsite, including during on-call periods. However, for trainees at Senior House Officer (SHO) level, inconsistencies in the level of supervision across the different specialities was noted. A lack on Consultant availability onsite in the Emergency Department was reported, but senior trainees were described as being available for supervisory supports and that Consultants are contactable by phone.

ii. Trainees noted that they are made aware of their clinical supervisors at the start of their rotations.

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

identified varying experiences in the level of supervision in accordance with their needs and on the commencement of a new rotation.

Compliance

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

Recommendation (s)

1. Trainees should be appropriately supervised in line with individual stages of training, experience and learning.

Commendation (s)

No commendations made.

Level of compliance: PC

F. Opportunities for training through clinical practice for Trainees

i. Participation in clinical practice will be at a level appropriate to the trainee's level of competence
ii. Day-to-day activities will maximise opportunities for learning through participation in clinical practice

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

i. & ii. In general, trainees stated that they were working at an appropriate level to their training and experience. SpRs described day-to-day activities including attendance at clinics, ward rounds, multi-disciplinary team meetings, handover, and theatre time. SHO's described varied opportunities for training through clinical practice. Trainees in Obstetrics and Gynaecology noted a lack of exposure to required procedures. The team also noted during the meeting with trainers that opportunities for training in Paediatric Surgery are diminishing.

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. All trainees should be provided with exposure to learning through participation in clinical practice as appropriate to their level of training, experience and learning.

Commendation (s)

No commendations made.

Level of compliance: PC

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

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

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

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

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

i. The team was provided with the teaching schedules for Basic Specialist Training (BST) and Higher Specialist Training (HST).

ii. & iii. Access to formal and informal education and training opportunities was found to vary dependent on the stage of training of trainees. Medical SHOs reported no structured scheduled teaching onsite. The team was advised that on a regular basis, particularly for SHO level trainees, attendance at education and training sessions and mandatory BST days was not always facilitated due to service requirements and inflexibility in the rosters. This extended to challenges in availing of study leave and annual leave. This was in contrast to information provided for GP trainees who are facilitated to attend education and training opportunities.

It was also noted that leave for designated SpR days can at times only be facilitated during post-call rest periods. The team was not provided with a bleep policy for trainees above the level of intern training. Protected time for training was described as varying across departments. Trainees advised the team of a bleep policy that had recently been developed and is due to be implemented. Trainers and trainees noted that there is no dedicated audit and research facilities at the site and that such facilities would be of benefit to training at OLOLHD.

Compliance

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

Recommendation (s)

1. Trainees at all stages of training should be able to avail of protected time for education and training opportunities.

2. Continue efforts to develop dedicated audit and research forums.

Commendation (s)

No commendations made.

Level of compliance: PC

H. Opportunities for trainers to train through protected training time

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

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

i.- iii. The team met with 24 of the 74 trainers at OLOLHD. Sample trainer work schedules were provided, indicating designated time for education and training. Although trainers described challenges in balancing service and training requirements, attendance at trainer development activities was reported to be facilitated.

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

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. This included the library and I.T. facilities, the Drogheda Clinical Education Centre, and tutorial rooms. The team was satisfied that the facilities reviewed were sufficient to the number of trainees onsite. However, it was noted that the library opening hours were limited to 9.30am – 5.00pm Monday – Friday, and that access to Wi-Fi is limited throughout the site. Access to I.T. systems that support clinical functions was described as challenging due to the need to access multiple systems at the same time. The team also heard of areas in the Emergency Department where bleep communication fails due to signal issues.

ii. The library services provide access to medical literature and online journal and database systems.

Compliance

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

Recommendation (s)

1. Review the opening hours of the library with a view to improve trainee access.

2. Ensure consistency in the access to Wi-Fi throughout the site.

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

Commendation (s)

No commendations made.

Level of compliance: PC

J. Access to pastoral and health supports for Trainees

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

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

i. & ii. Trainees have access to an occupational health office located offsite. The majority of the trainees who met with the team were not aware of the occupational health services available to them. Trainees who were aware of the services available noted that access to the office was restricted through limited opening hours. The team were informed of a survey on the awareness of occupational health services, conducted within the OLOLHD Paediatric Department. It was reported that 100% of respondents were unaware of the services available to them, including access to mental health supports. Management advised the team that contact details for occupational health supports are located on the underside of staff identification cards. Trainees who met with the team were unaware of this detail. Trainees advised the team of a recent initiative introduced by the General Manager for a return to work interview.

iii. Management advised the team of how adjustments have previously been made at the site to support a trainee with a disability.

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. There should be greater emphasis on ensuring trainee awareness of occupational and mental health supports that are available, during trainee induction and throughout rotations.

Commendation (s)

No commendations made.

Level of compliance: PC

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

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

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

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

i. & ii. The team was provided with the list of trainers, postgraduate training body representatives and Lead Clinicians for each specialty. Trainees noted that they are aware of their key contact in their postgraduate training body. Trainees have access to I.T. resources to facilitate contact with the postgraduate 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. Professionalism is emphasised at the site by the examples set by colleagues and through education and training opportunities such as Schwartz Rounds, although the examples for formal teaching that were provided to the team were limited. There was no evidence of promotion of Council's Ethical Guide.

ii. Trainees described their awareness of the process for reporting adverse events at the site but noted that feedback from such reports was non-existent. Management advised the team on Open Disclosure training provided to trainees.

iii. The HSE Dignity at Work policy and HSE disciplinary procedure were provided to the team on the day of the inspection visit. Trainees described how they would feel comfortable raising areas of concern through their team structures or with their Lead Clinician or trainer.

iv. There was no evidence of a pathway for referral of concern to the Medical Council should local resolution not be possible.

Compliance

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

2. Formal promotion of teaching sessions on professionalism throughout clinical training.

3. Feedback should be provided following incident reporting.

4. Develop a pathway for referral of concerns to the Medical Council should local resolution of concerns not be possible.

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 the site safety statement which detailed how health and safety is managed at the site.

ii. Compliance data for the European Working Time Directive (EWTD) was provided to the team which indicated 93% compliance with the less than 24-hour shift and 86% overall compliance with the 48-hour week. Trainees reported that during periods of staff absence some trainees at SHO level had been rostered to work a continuous shift pattern of 19 days.

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

Commendation (s)

No commendations made.

Level of compliance: PC

N. Specialty-specific supports

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

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

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

i. & ii. The team received a sample of seven postgraduate training body inspection reports. No supporting documentation was provided, to indicate how recommendations in the reports are being met. The team heard about similar issues experienced by trainees that were raised in the training body inspection reports, despite the passage of time. For example, office space doubling as on-call accommodation.

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. There should be clear governance arrangements in place at the site for ensuring that specialty-specific supports are in place.

Commendation (s)

No commendations made.

Level of compliance: PC

O. Participation in on-call duty rota

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

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

i. An example on-call rota was provided to the team. Trainees described heavy on-call demands due to service requirements and reduced staffing levels. The team also heard how the provision of locum cover is not always possible to address the staffing requirements of rotas.

ii. Trainees described appropriate levels of supervision during on-call as indicated in the example rota provided.

iii. Some trainees described satisfactory post-call leave arrangements however this was not consistent between grades and specialities at the site.

iv. The team visited the access-controlled on-call accommodation that is available on wards as well as in the main residence which is detached from the main site. Safety concerns were raised by trainees in relation to accessing the accommodation detached from the main site, particularly at night. Trainees also raised concerns about the lack of room availability to obtain rest prior to travelling home post-call. Trainees noted that the on-call accommodation can be quite noisy at night with bleeps being heard from different rooms. The team noted that the on-call accommodation for Obstetrics and Gynaecology was also utilised as office space for trainees. Management advised that they are addressing postgraduate training body recommendations to seek alternative accommodation for the office in this department.

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. Rotas should be appropriately staffed for the volume of on-call activity at the site.

2. Address the security concerns raised by trainees in accessing the on-call accommodation.

3. Review access to onsite accommodation to ensure that trainees have access to rest facilities post-call.

Commendation (s)

No commendations made.

Level of compliance: PC

P. Support for assessment of Trainees

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

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

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

i. & ii. Trainers described meeting with their trainees at the start of their rotation to set learning objectives. Trainees described variations of this as dependent on specialty and grade. Trainees described the use of logbooks and e-portfolios to record assessment activity.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

Q. Opportunities for multi-disciplinary teamwork i. There will be local encouragement and promotion of multi-disciplinary teamwork ii. There will be opportunities for trainees to benefit from interaction and collaboration with clinical colleagues across the healthcare delivery spectrum
Description of evidence of compliance with this Standard during the inspection visit i. & ii. Opportunities for multi-disciplinary teamwork were outlined in the teaching schedule and attendance records provided to the team, as well as during meetings with 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) No commendations made.
Level of compliance: FC

R. Opportunities for Trainees to provide feedback to employing authority

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

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

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

i. There is an NCHD Committee chaired by the two Lead NCHDs, with reporting lines to the Lead Clinicians Forum. Trainees spoke positively of their NCHD Committee and were complimentary about their relationship with the site's General Manager.

ii. Trainees described examples of feedback that has been acted on to improve standards across the site, for example feedback relating to an absence of a site-wide bleep policy. However, the team heard of issues that were reportedly faced by the last cohort of trainees, particularly in relation to staffing numbers at the site. Feedback in this area was described as lacking. Trainees also reported difficulties in accessing the HR department regarding salary information, due to the limited hours of access of the HR department.

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. Standardise the feedback mechanisms in operation at the site to ensure consistency in the approach to responding to trainee feedback.

Commendation (s)

1. The team commend the General Manager's collegial relationship with trainees.

Level of compliance: PC

Evaluation of Compliance with Medical Council Standards

Compliance level rating

Level of compliance with each Standard:

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

Clinical training site:
Connolly Hospital (CH)

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 five of the 24 interns at CH. The team was provided with the current list of rotations at CH and was satisfied that the rotations comply with the requirements of this standard. Interns at CH complete their full intern year at the site.

Compliance

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

Recommendation (s)

No recommendations made.

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

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 CH is affiliated with the Dublin North East (DNE)/Royal College of Surgeons in Ireland (RCSI) Intern Training Network. The team met with the CH Intern Tutor, who oversees the content and assessment of the intern training programme being delivered at the site. The team met with interns who had completed their undergraduate and/or graduate entry medical education in National University of Ireland, Galway, RCSI, Trinity College Dublin 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. Interns complete a one-week induction programme prior to commencing training at the site which includes opportunities for intern shadowing. Interns described induction as an information overload and noted the need for a refresher in the middle of the intern year. Core procedural skills are practised as part of induction, and additional training is provided where required. Interns spoke positively of their clinical exposure at the site but voiced concerns that routine tasks could interfere with their capacity to train and deliver patient care.

ii. Interns described progression in their competence through participating in practice-based training and of their experience of participating in on-call duties. Interns felt that the duty rotas were inflexible and could result in unfair patterns of working.

iii. Interns described having regular opportunities to exercise their responsibilities and clinical decision making during their rotations at the site. Interns noted that senior colleagues are always available for support and to raise any issues/direct questions as required. Intern responsibilities were described as varying depending on the rotation which impacts on their progression through the year. For example, a rotation in which Surgery was followed by Medicine might result in a diminished level of patient-care responsibility, rather than a progression.

iv. The team was satisfied that interns feel part of their teams and heard examples of multi-disciplinary teamwork. Intern participation in handover is limited and informal.

v. A record of intern teaching to date was provided to the team outlining regular, formal education and training sessions. Management advised of a protected one-hour a week of bleep-free teaching for interns. The team learned that the dedicated one-hour a week teaching is not bleep-free, and that some specialties scheduled activities during this period.

vi. The content of the training was found to be consistent with the eight domains of good professional practice as outlined in the documentary evidence 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. Consider holding a refresher of induction topics at the midpoint of the intern year.
2. The principle of the Transfer of Tasks should be applied in full at the site to ensure that interns are not diverted from learning opportunities.
3. Increase the flexibility in the intern on-call rotas.
4. There should be opportunity for interns to engage in or observe the clinical handover process as part of training at the site.
5. Interns should be provided with protected time for education and training.

Commendation (s)

No commendations made.

Level of compliance: PC

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

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

The team was satisfied that interns are supervised by an identified clinician at a senior level based on the documentary evidence and interviews conducted on site. Interns also described graded supervision within their team structures for both formal training sessions and clinical practice observation. Supervision was described as less than optimal during weekend on-call due to limited Registrar staff. Management acknowledged this issue and advised that the matter is under review.

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. Interns should be appropriately supervised at all times.

Commendation (s)

1. With the exception of weekends, interns praised their supervisors for the quality of supervision provided.

Level of compliance: PC

5. Assessment

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

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

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

Interns are assigned a named clinical supervisor for the duration of each of their rotations. Assessment information is relayed to the Intern Tutor who formally meets with interns at the end of each rotation for sign-off. Feedback outside of the three-month sign-off meeting was described by interns as being informal.

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. Provide the opportunity for formal feedback during rotations at the site.

Commendation (s)

No commendations made.

Level of compliance: PC

6. Professionalism

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

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

The site's self-evaluation documentation outlined that professionalism is addressed during induction. Interns were aware of the Medical Council's Ethical Guide but there was no evidence of how professionalism is emphasised as part of ongoing education and training at the site. Management advised of Schwartz Rounds taking place at CH but interns were unaware of such training opportunities.

Interns noted that they would feel comfortable raising concerns around professionalism via their team structures. There was no evidence of an awareness amongst interns for the process for reporting clinical incidents at the site.

Compliance

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

Recommendation (s)

1. Education and training in professionalism should continue after induction.

2. All interns should be aware of the process for clinical incident reporting at the site.

Commendation (s)

No commendations made.

Level of compliance: PC

7. Resources

The training site must have:

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

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

i. The nature of the services delivered in the hospital, as outlined to the team in the management presentation, demonstrated that interns have access to a sufficient number of patients and a broad case-mix.

ii. The library has study space and computer access and is accessible during 10.30am-4.00pm on weekdays. There is space in the library for private study as well as access to an extensive online library. ATHENS log-in is available for remote access. Wi-Fi is not available in clinical areas of the hospital but is available in some areas through the RCSI network. All clinical staff who met with the team described the hospital computer system as inadequate for practice resulting in unnecessary delays and frustration, and negative effects on patient care.

iii. The team was made aware of difficulties in obtaining locum cover during staff absences, with the existing interns having to provide additional cover themselves. Interns and management agreed that the site could benefit from an increase the number of intern posts. Overall staffing levels were described as inadequate, with interns describing adverse effects on their wellbeing, as a result of this.

iv. Interns described positive working relationships at the site, and how ethical concerns could be raised within their team structures.

v. Occupational health supports are made known during induction. During the meeting with interns, the team noted inconsistency in the level of awareness of the services available.

Compliance

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

Recommendation (s)

1. Ensure consistency in the access to Wi-Fi throughout the site.

2. There needs to be an urgent upgrading of the hospital computer systems.

3. The site should ensure that appropriate locum cover is in place when necessary in the interest of quality patient care, and staff wellbeing.

4. Continue to actively engage and promote an increase in the number of intern posts at the site.

5. Emphasise the occupational health supports available at the site, in particular ensuring that occupational health is actively promoted during induction and throughout the rotation.

Commendation (s)

No commendations made.

Level of compliance: PC

Compliance with Specialist Training Standards

A. Clarity of educational governance arrangements

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

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

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

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

i. The team was presented with the site's organisational chart. Lines of accountability for the learning environment were not clearly outlined in the chart presented. Management representatives advised that there is no designated educational lead/Chief Academic Officer with defined responsibility within the management structure at the site.

ii. During the meeting with management representatives, it was noted that an education committee had been established but is not currently functioning as an oversight committee. Trainees are not part of the education committee. The relationship between the education committee and management was unclear to the assessor team.

iii. Formal arrangements between the site and the postgraduate training bodies were unclear. The team heard from management that representatives from each specialty engage individually with their respective training body. There is a Dean of Postgraduate Studies at CH but it was not evidenced how this role involves oversight and governance of training. It was noted that the Dean of Postgraduate Studies does not have a role in engaging with the postgraduate training bodies.

Compliance

The clinical training site's self-evaluation submission indicated partial compliance with this standard. The team concluded that the site is not compliant with this standard.

Recommendation (s)

1. Accountability for the learning environment should be clearly set out in organisational charts and formal terms of reference documentation.

2. Re-engage the education committee as an oversight group for education and training and include trainee representation. Education and training should be a standing agenda item as part of the governance arrangements as a clinical training site.

3. Clarify and formalise the arrangements with the postgraduate training bodies. This arrangement should be clearly documented in the CH organisational structure.

Commendation (s)

No commendations made.

Level of compliance: NC

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 12 of the 61 trainees at CH. Nine of the 12 trainees who met with the team were engaged in programmes of specialist training. Each trainee has an assigned trainer and trainees described to the team their awareness of their responsibilities as doctors in training and their reporting lines at the site.

ii. The majority of trainees who met with the team were aware of the procedures for reporting clinical incidents. However, feedback following reporting was described by trainees as inconsistent.

iii. The practice of handover at the site was noted during meetings with trainees and speciality-specific elements were outlined to the team in the site's self-evaluation submission.

Compliance

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

Recommendation (s)

1. Ensure that all trainees are aware of the procedures for reporting clinical incidents.

2. Feedback following the reporting of clinical incidents should be a standard feature in the management of clinical incidents.

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

It was noted from the site's self-evaluation submission that the CEO, Dean of Postgraduate Studies and the HR Manager are the named individuals with identified responsibility and accountability for parts i., ii. and iv. of this standard.

Similar to the findings made under standard A relating to the clarity of educational governance arrangements at the site, the team understood that accountability cannot be attributed to the Dean of Postgraduate Studies given the voluntary nature of the role.

No named individual was identified as the responsible and accountable individual for ensuring compliance with part iii. of this standard. Fragmentation of education and training responsibilities has led to a lack of coherence in the arrangements at the site.

Compliance

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

Recommendation (s)

1. There should be clearly documented governance structures identifying roles and responsibilities for accountable individuals in ensuring that each element of the standard is adhered to.

2. The role of the Dean of Postgraduate Studies should be clearly defined.

Commendation (s)

No commendations made.

Level of compliance: PC

D. Induction arrangements for Trainees

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

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

i. Induction material was provided to the team. There was no evidence of a site-specific induction policy. Trainees described induction as an overload of information, particularly for the various I.T systems at the site.

ii. Attendance at induction was described as mandatory and sample attendance records were provided.

iii. The team was provided with a copy of the site safety statement and was advised that all policies are available to trainees on a shared drive. Health and safety training features during site induction.

iv. Specialty-specific induction was described as informal with the exception of the Emergency Department.

v. Trainees advised the team that they have access to hospital policies which are located on the shared drive.

vi. The team was advised that the National Employment Record (NER) system is used to minimise the duplication of employment-related documentation.

Compliance

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

Recommendation(s)

1. Develop an induction policy in accordance with the requirement of this standard.

2. Consider holding a refresher session for induction topics.

3. Review the approach to presenting I.T. information during induction.

4. Formalise the approach to speciality-specific induction at the site.

Commendation (s)

No commendations made.

Level of compliance: PC

E. Clear supervisory arrangements for Trainees

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

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

i. Appropriate supervisory arrangements were described by trainees where Consultants are available as required.

ii. Trainees noted that they are made aware of their clinical supervisors at the site.

iii. & iv. Regular assessment meetings between trainees and trainers ensure that supervision is tailored in accordance with trainee competence and the requirements of individual training programmes. Medical SHOs indicated that weekend supervision was improved by having a second Registrar available but noted that this arrangement was temporary.

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 there are appropriate supervisory arrangements in place for weekend on-call cover.

Commendation (s)

1. No commendations made.

Level of compliance: FC

F. Opportunities for training through clinical practice for Trainees

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

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

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

i. Trainees described working at a level in line with their training and competence and that they did not feel that they were working above their grade. The implementation of the Transfer of Tasks at the site was described as ward dependent. The team heard of additional pressures during weekends where dedicated Phlebotomy services were reported to be reduced.

ii. Day-to-day activities for training through clinical practice were outlined to the team. The team heard of operational pressures limiting the exposure to elective surgery, particularly affecting low complexity cases. The team also heard that surgical SHO trainees are prohibited from undertaking procedures in the Endoscopy unit, even under appropriate supervision.

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 implementation of the Transfer of Tasks should be consistent across the site.

2. Address the surgical training issues as raised with the assessor team.

Commendation (s)

No commendations made.

Level of compliance: PC

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

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

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

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

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

i. A sample training schedule was provided to the team outlining scheduled education and training opportunities. However, medical SHOs noted limited opportunities to avail of study/educational leave due to staff shortages. Trainees at HST level reported greater access to designated study days.

ii. & iii. Trainees reported that they were encouraged to attend both formal and informal educational training opportunities. However, the team heard that staff shortages at the site impact negatively on attendance, and that protected time for education and training is not consistent across the site. The team heard how this issue is particularly apparent at medical SHO level.

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. Access to education and training opportunities, included dedicated leave, should be reviewed to ensure consistency across grades and specialties.

2. Formal education and training opportunities should be protected.

Commendation (s)

No commendations made.

Level of compliance: PC

H. Opportunities for trainers to train through protected training time

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

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

i. A copy of the 2016 Consultant Contract was provided to the team. There was no evidence of how the role of the trainer is reflected in practice, but no challenges were reported in balancing the trainer role with clinical duties.

ii. Trainers and management described a strong culture of involvement in training at CH. The team noted that trainers are supported and encouraged in their roles but that this is not formally recognised.

iii. The majority of trainers who met with the team reported that they had recently completed a 'train the trainer' course and that they are facilitated to attend trainer development activities as required.

Compliance

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

Recommendation (s)

1. The role of the trainer should be formally recognised at the site.

Commendation (s)

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

Level of compliance: PC

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

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

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

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

i. The library has study space and computer access and is accessible during 10.30am-4.00pm on weekdays. There is space in the library for private study as well as access to an extensive online library. ATHENS log-in is available for remote access. Wi-Fi is not available in clinical areas of the hospital but is available in some areas through the RCSI network. Trainers and trainees who met with the team described the hospital computer system as out-of-date, inadequate for practice resulting in unnecessary delays and frustration, and as having negative effects on patient care.

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 partial compliance with this standard. The team concluded that the site is partially compliant with this standard.

Recommendation (s)

1. Ensure consistency in the access to Wi-Fi throughout the site.

2. There needs to be an urgent upgrading of the hospital computer systems.

Commendation (s)

No commendations made.

Level of compliance: PC

J. Access to pastoral and health supports for Trainees

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

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

i. & ii. There is an Occupational Health department onsite which provides services including mental health supports such as access to counselling. Details of the occupational health services are made known to trainees during induction. Some of the trainees who met with the team were unaware of the services provided by the Occupational Health department.

iii. The team noted that adjustments can be made at the site to support the needs of a trainee with a disability and heard an example of how adjustments have been made previously.

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. Promote the occupational and mental health supports available to trainees at the site.

Commendation (s)

No commendations made.

Level of compliance: PC

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

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

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

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

i. & ii. There is access to the library with I.T. resources to facilitate trainee contact with postgraduate training bodies. Training body contacts are made known to trainees at the start of their rotation.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

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

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

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

i. It was noted in the site's self-evaluation submission that the Medical Council's Ethical Guide is presented during site induction by the Clinical Director. A specific example of how the Emergency Department aligns training to the Ethical Guide was provided. The team was advised that Schwartz Rounds have been introduced at CH, however there was a lack of awareness of this among the trainees who met with the team. Professionalism was predominately described as being promoted informally through the observation of Consultants. Trainees were aware of the Council's Ethical Guide, however there was no evidence of how the Guide is actively promoted beyond induction.

ii. The majority of trainees were aware of the procedure for reporting clinical incidents but noted that the completion of incident report forms was usually by Nurses. This was acknowledged during the management meeting as an item which the site is working to improve on. Feedback following the reporting of incidents was described by trainees as inconsistent.

iii. The HSE Dignity at Work Policy, Disciplinary Procedure, and Trust in Care Policy were provided to the team. Trainees described how they would feel comfortable raising instances of unprofessionalism with their Consultant or the Clinical Director.

iv. The pathway for referral of concerns to the Medical Council was outlined 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. There should be active promotion of the Medical Council's Ethical Guide as per the requirement of this standard and formal promotion of teaching sessions on professionalism throughout clinical training.

2. Feedback following the reporting of clinical incidents should be a standard feature in the management of clinical incidents.

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. Health and safety documentation was provided to the team, including the site safety statement which outlined how health and safety is managed at the site. The team heard of safety concerns in accessing the residence late at night. During the facilities walkaround, the team was assured of the security of the access route to the residence. Walkways appeared to have adequate lighting and the team was advised that staff can carry personal alarms for security and can be escorted to the residence by security staff if required.

ii. Compliance data with the European Working Time Directive (EWTD) was provided, indicating 100% compliance with the less than 24-hour shift and 77% overall compliance with the 48-hour week. Trainees reported that inflexible duty rosters could result in 12 consecutive days of 13-hour shifts, and also weekend shifts followed by returning to work the following Monday.

Compliance

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

Recommendation (s)

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

2. Improve the flexibility in the duty rosters to reduce the number of consecutive working days for trainees, ensuring that appropriate rest breaks are accounted for when designing rosters.

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. Sample postgraduate training body inspection reports were provided. A strength of the site for Higher Specialist Training in Gastroenterology, as noted by the Irish Committee on Higher Medical Training in the Royal College of Physicians of Ireland in 2017, is the endoscopy unit. Discussion with trainees on the day of inspection highlighted that surgical SHO trainees are prohibited from hands-on training in the endoscopy unit. The team also heard how surgical SHO's have limited training opportunities in minor procedures due to the absence of a dedicated minor operating theatre. It was noted during the trainer meeting that opportunities for surgical SHO's are reduced further by the reduction of day surgery beds during the winter months, owing to operational pressures.

ii. It was noted in the site's self-evaluation submission that recommendations from postgraduate training body inspections are acted upon. However, the process for doing so was not demonstrated to the team and there was no evidence of ongoing dialogue between the site and the postgraduate training bodies.

Compliance

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

Recommendation (s)

1. Address the surgical training issues as raised with the assessor team.

2. Formally document the ongoing dialogue between CH and the postgraduate training bodies in ensuring that speciality-specific resources remain fit-for-purpose.

Commendation (s)

No commendations made.

Level of compliance: PC

O. Participation in on-call duty rota

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

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

i. Sample on-call rotas were provided to the team. Trainees described call rotas as inflexible and noted staff shortages as a challenge in trying to secure appropriate levels of cover. Reference was made to previous locum supports during weekends which had since been removed. Trainees raised concerns for the supervision of interns as well as patient safety concerns around the lack of Registrar level supports during weekends, should more than one emergency arise.

ii. The sample rotas noted the supervisory arrangements for trainees during the on-call period. Trainees described appropriate levels of supervision noting that a Consultant was always available.

iii. There was variation amongst trainees for satisfaction with post-call leave arrangements at the site. Some trainees described inadequate rest periods between shifts.

iv. The team visited the on-call accommodation which was access-controlled and the team noted that security staff are onsite. The team also noted the planned improvements to be made to the accommodation.

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. Rotas should be staffed accordingly in line with the volume of on-call activity at the site. Staffing ratios should take into account the supervisory requirements and capabilities of trainees.

2. Appropriate rest periods should be provided for trainees in line with legislative requirements.

Commendation (s)

No commendations made.

Level of compliance: PC

P. Support for assessment of Trainees

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

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

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

i. &. ii. Trainees described meeting with their trainers at the start of their rotations to set learning outcomes. The team heard of regular meetings between trainees and trainers, for feedback and to assess learning outcomes in line with postgraduate training body requirements. Trainees also noted regular informal opportunities to check in with trainers and/or supervisors. From discussion with trainees it was evident that trainees are facilitated to participate in assessments required by their training body, as well as attending the required study days.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

Q. Opportunities for multi-disciplinary teamwork

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

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

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

i. & ii. Attendance records for multi-disciplinary meetings and an outline of the multi-disciplinary training opportunities in Cardiology, Gastroenterology and Respiratory Medicine were provided. Trainees and trainers described examples of multi-disciplinary working, such as in Oncology and also in Orthopaedics. Multi-disciplinary learning is further promoted through grand rounds and journal clubs. Trainees were satisfied with their exposure to multi-disciplinary teamwork.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

R. Opportunities for Trainees to provide feedback to employing authority

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

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

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

i. There is an NCHD Committee chaired by the two Lead NCHDs at the site. While the Lead NCHDs have the opportunity to meet with management, there was no evidence of the Committee being active at the site.

ii. It was noted in the site's self-evaluation submission that the site's induction programme is reviewed in line with NCHD feedback and an example induction evaluation form was provided. No other evidence of trainee feedback being sought was provided.

Compliance

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

Recommendation (s)

1. Formalise and promote the NCHD feedback structures.

2. Develop mechanisms to seek and respond to trainee feedback on the learning environment as part of the site's continuous improvement efforts.

Commendation (s)

No commendations made.

Level of compliance: PC

Appendices

Appendix One (a) – Agenda and Team for Cavan General Hospital

Medical Council Clinical Training Site Inspection Visit

Cavan General Hospital

Tuesday 9th April 2019

Assessor Team

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

Ms Angela Carragher, Assessor for the Medical Council

Dr Helen Hynes, Assessor for the Medical Council

Ms Chloe Ryder, Acting Inspection Manager, Medical Council

Ms Naomi Kalonzo, Inspection Executive, Medical Council

Time	Activity
9.15am	**Arrive at clinical training site**
9.30am – 10.00am	**Private session of the Assessor Team**
10.00am – 11.00am	**Meeting with Management** Introductions and brief overview of education and training at the site
11.00am – 12.30pm	**Meeting with Trainees**
12.30pm – 1.15pm	**Private session of the Assessor Team**
1.15pm – 2.15pm	**Meeting with Trainers**
2.15pm - 3.30pm	**Facilities walk around** *(Split Team)* Facilities the Team will request to see the following as a minimum on the walk around: • library facilities • on call residence • study rooms • training rooms • occupational health facilities • a walkthrough of the ED (if applicable)

	Review of documentary evidence *(Split Team)*
3.30pm – 4.00pm	**Private session of the Assessor Team**
4.00pm – 4.30pm	**Meeting with Management** Close out meeting following the inspection visit
4.30pm	**Depart from clinical training site**

Appendix One (b) – Agenda and Team for the Our Lady of Lourdes Hospital Drogheda

Medical Council Clinical Training Site Inspection Visit

Our Lady of Lourdes Hospital Drogheda

Thursday 23rd May 2019

Assessor Team

Ms Teresa Bulfin, Assessor, Medical Council member & Chair of visiting Team

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 Aoife Fitzsimons, Accreditation Manager, Medical Council

Time	Activity
8.00am	**Arrive at clinical training site** Assessor Team to be met by nominated site liaison
8.15am – 8.45am	**Private session of the Assessor Team**
8.45am – 9.45am	**Meeting with Management** Introductions and brief overview of education and training at the site
9.45am – 10.45am	**Meeting with Interns**
10.45am – 11.15am	**Private session of the Assessor Team**
11.15am – 12.15pm	**Meeting with Intern Tutor(s)**
12.15pm – 1.15pm	**Meeting with Trainees**

1.15pm – 2.00pm	**Private session of the Assessor Team**
2.00pm – 3.00pm	**Meeting with Trainees**
3.00pm – 4.00pm	**Meeting with Trainers**
4.00pm - 5.00pm	**Facilities walk around** *(Split Team)* Facilities the Team will request to see the following as a minimum on the walk around: • DCEC facilities • library facilities • on call residence • resource rooms • training rooms • Walk through of the ED
	Review of documentary evidence *(Split Team)* Members of the Assessor Team to review copies of the documentary evidence to be provided on site
5.00pm – 5.30pm	**Private session of the Assessor Team**
5.30pm – 6.00pm	**Meeting with clinical training site management** Close out meeting following the inspection visit
6.00pm	**Depart from clinical training site**

Appendix One (c) – Agenda and Team for Connolly Hospital

Medical Council Clinical Training Site Inspection Visit

Connolly Hospital

Thursday 6th June 2019

Assessor Team

Ms Katharine Bulbulia, Assessor & Chair of the visiting Team

Ms Mary O'Sullivan, Assessor and Medical Council member

Dr Philip Chan, Assessor for the Medical Council

Ms Geraldine Feeney, Assessor for the Medical Council

Ms Chloe Ryder, Acting Inspection Manager, Medical Council

Ms Marian Brosnan, 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**
10.15am – 10.45am	**Private session of the Assessor Team**
10.45am – 11.45am	**Meeting with Intern Tutor(s)**

11.45am – 1.00pm	**Meeting with Trainees**
1.00pm – 1.45pm	**Private session of the Assessor Team**
1.45pm – 3.00pm	**Meeting with Trainees**
3.00pm – 4.00pm	**Meeting with Trainers**
4.00pm - 5.00pm	**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
5.00pm – 5.30pm	**Private session of the Assessor Team**
5.30pm – 6.00pm	**Meeting with clinical training site management** Close out meeting following the inspection visit
6.00pm	**Depart from clinical training site**

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

Comhairle na nDochtúirí Leighis
Medical Council

STANDARDS FOR TRAINING AND EXPERIENCE

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

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

Standard 1: Rotations

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

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

Standard 2: Accreditation

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

Standard 3: Content of training

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

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

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

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

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

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

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

Standard 4: Supervision

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

Standard 5: Assessment

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

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

Standard 6: Professionalism

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

Standard 7: Resources

The training site must have:

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

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

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

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

Approved by the Medical Council
9th September 2010

and

Revised by the Medical Council
14th April 2011

Appendix Three – Guidelines on medical education for interns

Comhairle na nDochtúirí Leighis
Medical Council

GUIDELINES ON MEDICAL EDUCATION AND TRAINING FOR INTERNS

1. Statutory Context

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

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

2. Type of rotation

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

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

3. Accreditation

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

4. Education and

Training *(a) Ethos*

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

(b) Training through clinical practice

Interns must:

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

(c) Formal education and training

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

Formal training for interns must include instruction in:

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

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

(d) Self-directed learning

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

(e) Eight Domains of Good Professional Practice

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

5. Supervision

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

6. Assessment

Interns must:

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

7. Professionalism

Interns must:

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

8. Resources

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

Approved by the Medical Council
19th October 2010

and

Revised by the Medical Council
14th April 2011

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

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

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

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

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

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

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

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

Approved by the Medical Council on 17th July 2014

Appendix Five (a) – Overview of supporting documentation provided per site – Cavan General Hospital

Cavan General Hospital		
Specialist standard	Compliance rating by site	Supporting documentation
A. Clarity of educational governance arrangements	**FC**	No Documentation Provided
B. Clarity of clinical governance arrangements	**FC**	**1.** List of Trainees & Trainers **2.** List of Trainees & Trainers (Dates for BLS training in March) **3.** Neonatal Training Schedule 2019
C. Accountability	**PC**	No Documentation Provided
D. Induction arrangements for trainees	**FC**	**1.** Contents of CD - NCHD Induction January 2019 **2.** Sample offer letter January 2019 **3.** List of Speakers January 2019
E. Clear supervisory arrangements for trainees	**PC**	No Documentation Provided
F. Opportunities for trainees to train through clinical practice	**FC**	**1.** Compass Training 2019 **2.** Training Dates 2019
G. Access to formal and informal education and training for trainees	**FC**	**1.** IMC Clinical Site Training Standards
H. Opportunities for trainers to train through protected training time	**PC**	No Documentation Provided
I. Access to resources which support directed and self-directed learning	**FC**	No Documentation Provided
J. Access to pastoral and health supports for trainees	**FC**	No Documentation Provided
K. Access to resources to maintain close contact with parent training bodies	**FC**	**1.** Library Screen Shots
L. Promotion of Medical Council guidance on Professionalism,	**FC**	No Documentation Provided

including promotion of current ethical guidance		
M. Safe working environment	**FC**	1. Fire Training Schedule 2019 2. Manual Handling Dates for 2019 3. EWTD Compliance
N. Specialty-specific supports	**FC**	No Documentation Provided
O. Participation in on-call duty rota	**FC**	**1.** Department of Paediatrics NCHD Duty Rota for November 2018 **2.** Dept of Medicine on-call Rota 5th November 2018 to 2nd December 2018 **3.** C&MH
P. Support for assessment of trainees	**FC**	No Documentation Provided
Q. Opportunities for multi-disciplinary teamwork	**FC**	No Documentation Provided
R. Opportunities for trainees to provide feedback to employing authority	**PC**	No Documentation Provided

Appendix Five (b) – Overview of supporting documentation provided per site – Our Lady of Lourdes Hospital Drogheda

Intern Standard	Compliance rating by site	Supporting documentation
1. Rotation	**FC**	1) OLOLH Intern Rotations 2018-2019 (1) 2) Standing Operation Procedures for the Creation of a new Intern Post (1) 3) NITP-June-2012 (1) 4) Second-Interim-Implementation-Report-April-2012 (1)
2. Accreditation	**FC**	1) DNE Intern Network Meeting 21.11.2018docx 2) Role of OLOLH Intern Tutor 3) Intern Training Lecturer - JD
3. Content of Training	**FC**	1) 2018 National Intern Education and Training Agreement_ RCSI DNE _final 2) Our Lady of Lourdes Intern Tutor Memo to Interns 3) DNE Intern induction 2018 overall xlsx 4) Example of 4day OLOLH Intern induction programme 5) Intern Induction Bootcamp DMM 2018 6) Clinical skills Drogheda Interns schedule 2018 7) Intern Boot Camp Dr McEnroy Mullins 8) Mother Mary Martin Medal Intern Prize Evening 2019 9) List of presentations for the Mother Mary Martin Intern Prize 2017 10) RCSI intern induction 2018 DDM slides 11) Intern Teaching to date July 2018-2019 12) 1st Quarter Assessemnt % Attendance at teaching 13) Intern Prescribing Guide 2018 14) Sample of Interns attendance sheet at weekly teaching 15) Academic Intern Track DNE Network Summary for Showcase 2018 16) National BMJ Learning update- modules for 2018 17) HSE Land module compliance 2018 induction Our Lady of Lourdes Hospital 18) Mock BST Intern Interviews Our Lady of Lourdes 2019 19) Prep for SHO- Advanced Clinical Skills Email 20) RCSI Interns Train the Trainer Slides 21) Sample Intern Assessment Form

4. Supervision	**FC**	1) Intern Rotation Feedback
5. Assessment	**FC**	1) Intern Educational Feedback Form 2) Intern training day Evaluation 3) RCSI ILT Teaching portfolio
6. Professionalism	**FC**	No Documentation Provided
7. Resources	**FC**	1) Intern Handbook Drogheda 2018

Our Lady of Lourdes Hospital Drogheda		
Specialist Standard	Compliance rating by site	Supporting documentation
A. Clarity of educational governance arrangements	**PC**	No Documentation Provided
B. Clarity of clinical governance arrangements	**FC**	No Documentation Provided
C. Accountability	**PC**	No Documentation Provided
D. Induction arrangements for trainees	**FC**	No Documentation Provided
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	**FC**	No Documentation Provided
H. Opportunities for trainers to train through protected training time	**FC**	No Documentation Provided
I. Access to resources which support directed and self-directed learning	**FC**	No Documentation Provided
J. Access to pastoral and health supports for trainees	**FC**	No Documentation Provided
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	**FC**	No Documentation Provided

M. Safe working environment	**FC**	No Documentation Provided
N. Specialty-specific supports	**FC**	No Documentation Provided
O. Participation in on-call duty rota	**FC**	No Documentation Provided
P. Support for assessment of trainees	**FC**	No Documentation Provided
Q. Opportunities for multi-disciplinary teamwork	**FC**	No Documentation Provided
R. Opportunities for trainees to provide feedback to employing authority	**FC**	No Documentation Provided

Appendix Five (c) – Overview of supporting documentation provided per site – Connolly Hospital

Intern Training Standard	Compliance rating by site	Supporting documentation
1. Rotation	**FC**	1) Copy of Connolly Post 18 19 (2) 2) NITP-June-2012 appendix A3
2. Accreditation	**FC**	1) Intern Training Lecturer - JD Appendix B1
3. Content of Training	**PC**	1) 2018 National Intern Education and Training Agreement_ RCSI DNE _final appendix C1 2) Academic Intern Track DNE Network Summary for Showcase 2018 C20 3) AD3307 Intern Handbook Connolly_2018_ appendix c7 4) Attendance Sheet - Mandatory Training NCHD's – 100718 5) CHB - Intern Induction - Attendance Sheets - 3rd July 2018 6) CHB Intern Induction - Attendance sheets for NIMIS Training and DAW and Trust in Care 7) Connolly Skills Assessment 2018 C19 8) Copy of 2nd Quarter Assessment Feb 19 9) Copy of CourseCompletion HSE Land Connolly Interns (8) 10) Copy of Intern Assessment Feedback Data Form 11) Guidance document for Medical SPRs Registrars SHOs and Interns 12) HSE Land Modules 18.19 appendix C12 13) Instructions on how to access CHB - NCHD Induction Folder 14) Intern Induction Bootcamp DMM 2018 appendix C4 15) Intern Induction Timetable - 3rd July 2018 16) Intern teaching (2018-2019) 17) Interns - NIMIS Training - Attendance Sheet 2018 18) MANDATORY TRAINING SESSIONS FOR ALL NCHD 19) National BMJ Learning update-modules for 2018 appendix C9 20) NITP assessment form 21) TTT 2018 appendix C14

4. Supervision	**FC**	1) Intern Training Lecturer - JD Appendix B1 2) Bleep List for Medicine from 21st January 2019 - SECOND ISSUE 3) List of Intern Trainers 4) Organisational Chart 5) Surgical Bleep List 14th January 2019
5. Assessment	**PC**	1) Intern training day Evaluation appendix E2 2) National BMJ Learning update- modules for 2018 appendix C9 (1) 3) NITP assessment form (1) 4) RCSI ILT Teaching portfolio appendix E4
6. Professionalism	**NC**	1) 14.1.19 NCHD Induction 2) AD3307 Intern Handbook Connolly_2018_ appendix c7 (1) 3) Instructions on how to access CHB - NCHD Induction Folder (1) 4) Training Scheme Contract
7. Resources	**PC**	1) 09.06.26 Final Copy - Dignity at Work 2009 – Reviewed 2) CHB – Library 3) Confidential Staffcare Freephone 4) Disciplinary procedure 5) Intern Induction Bootcamp DMM 2018 appendix C4 (1) 6) J. II - Staff care leaflet 7) Managing Attendance Policy revised May 2014 8) National BMJ Learning update- modules for 2018 appendix C9 (1) 9) Occupational Health - CHB Induction July 2018 10) Overview of Stress Management & Dealing with conflict appendix C20 11) Trust_In_Care_May_2005_

Connolly Hospital		
Specialist Standard	**Compliance rating by site**	**Supporting documentation**
A. Clarity of educational governance arrangements	**PC**	1) Organisational Chart
B. Clarity of clinical governance arrangements	**PC**	1) Training Scheme Contract 2) 13.11.17 CHB Quality & Safety Governance Structure 3) HSE Integrated Risk Management Policy 2017 4) HSE Integrated Risk Management Policy Part 1 5) HSE Integrated Risk Management Policy - Part 2 Risk Assessment and Treatment 6) HSE Integrated Risk Management Policy - Part 3 Managing and Monitoring Risk Registers 7) PPPGs - 22.05.18 CHB Framework and Strategy for Improving Quality 8) PPPGs - 2018 CHB Guideline for Reporting Incidents 9) PPPGs - hse-2018-incident-management-framework-guidance-stories1 10) PPPGs – op disc nationalguidelines2013 11) PPPGs - Safer-Better-Healthcare-Standards 12) PPPGs - sre-guidance-january-2015 13) PPPGs - systems-analysis-guidance-for-services-2018- 14) Training - 22.5.17 Serious Reportable Events (SREs) 15) Training - Risk Management in the HSE Awareness Training 16) Training - Updated NIRF Training presentation 17) Guidance document for Medical SPRs Registrars SHOs and Interns
C. Accountability	**PC**	1) Consultant Educational Roles 2019 2) FEB 2017 BNAEAE05 JOB SPEC.docx Academic EM Consultant 3) IV change-guideline-leaflet
D. Induction arrangements for trainees	**FC**	1. 8.1.18 Induction training for new staff pptx V4 2. 8.5.17 Memo re deaths notifiable to the Coroner (1) 3. 8.5.17 Memo Ref Serious Reportable Events 4. 12.10.25 ex LRC re Annual Leave-Public Holiday issues 5. 547 Mental Health in EDs - toolkit (FINAL FEB 2013)

		6. 2014 Radiation Safety Procedures Local Rules CHB 7. Acetabular fracture 8. Adult In-Patient SEPSIS 3 Sepsis Form 10.10.17 9. Algorithm paracetamol ingestion[1] 10. Ambulatory memo 22.10.15 11. ANP guidelines March 2013 12. Antiplatelet treatment ACS_Mater_A4_V1341 13. Assisted Decision Making Act 14. Attendance Sheet for Mandatory NCHD Training Sessions – 27.07.16 15. Attendance Sheet for Open Disclosure & Radiation Safety for Non Radiology Staff Training – 12.07.16 16. Attendance Sheets - Fire Training - Morning and afternoon sessions 17. BBV - Post exposure prophylaxis Hep B 18. BBV - Post exposure prophylaxis HIV 19. BBV Risk - Human bites 20. BBV Risk - mucous membrane exposure 21. BBV Risk Assessmnet EMI Toolkit 22. BBV Risk from Needlestick 23. Bleeps 24. Blood Bourne Infections 25. Blood transfusion 26. Blue Poster – Coolmine 27. Buccal Medication Administration 28. CHB DKA Guideline 2018 29. CHB ER Discrepancy Icon Card 30. CHB General Doctor and ANP Superuser Workbook 31. CHB Induction July 2018 32. CHB Neutropenic patients 33. CHB RIS ED Doc Booklet 34. CHB Upper GI bleed booklet June 2017 (1) 35. CHB Upper GI bleed pathway June 2017 (1) 36. CHB-Critical Urgent Unexpected etc findings-Policy (peervue) 2016 37. Cheat Sheet eChart Ordering_Physician User Guide for NIMIS 38. Children First dealing-with-disclosures 39. Children First retrospective-abuse-disclosures 40. Claim Form - Reimbursement of Other Staff Costs (1) 41. Clinical Course Exam Refund Policy Document 2017 (3) (1) 42. Cognitive Screening Tool 43. Community supports Key considerations 44. Connolly Antibiotic Guidelines 2018 45. Connolly ED Internet Access Policy 17.8.15 46. Connolly ED Specialty referral guide 2019 47. Connolly ED ultrasound training NCHDs

		48. Connolly Hospital - breach form 49. Connolly Hospital Falls Assessment 50. Connolly Hospital Major Emergency Plan FINAL DRAFT 19.6.18 51. Connolly Sepsis Pathway 52. Connolly_PACS_FAQ_s 53. Contact details of virus reference lab 54. Copy of ANNUAL LEAVE-PUCLIC HOLIDAYS ENTITLEMENT JULY 2018 TO JANUARY 2019 55. Copy of Copy of nchd time recording sheets one week updated on January 2018 56. Copy of Doctors Paydates 2018 57. Criteria for Referral_290514_HC_adapted 58. CT Brain Imaging July 2015 59. Children First - Information Sheet 60. Children First - Leaflet for Mandated Persons 61. Children First - List of Mandated Persons Schedule 2 of Children First Act 2015 (2) 62. Children First - mandatory training 63. Domain-Email-Application ID Request Form 64. E-learning blood transfusion NCHDs 65. Garda Vetting - ID Checklist 66. GDPR - Consent for use of contact information 67. Mandatory Training Records 68. Medical Council Declaration Form 69. NER - FAQ Guide NER Portal- February 2016 70. NER Portal Quick Step User Guide February 2016 71. NER Security Aspects MPS - February 2016 72. NER Training Manual June 2015 73. Network File - FOLDER ACCESS REQUEST 74. Nimis Doctor Questionaire (Updated) 75. Passport Photos and signature 76. Public Service Pensions 77. Verification of Service Form 78. ENDOSCOPY REGISTRARS Training Document 2018 79. IMC Accreditation Emergency Medicine 80. Death Notification Forms – Protocol 81. Delirium Guideline_23July2015 final 82. Dignity at Work 2009 Policy 83. DOAC prescribing administration aide v1 October 2018 84. Doctors Paydates 2017 85. Documentation memorandum 86. ED Ambulatory memo 22.10.15 87. ED CDU Guide 2013 88. ED Info for Connolly NCHD's 89. ED Left Before Completion of Care 16.7.13 90. ED Lumbar Spine Assessment 91. ED Referral memorandum 25.4.13 92. ED Referrals to Specialty Teams 30.12.15

		93. EM Doctors induction 2019 94. ENT Trolley 2017 95. Floseal Epistaxis Guide 96. Gastroenteritis guidelines hpsc 2012 97. Green poster – Coolmine 98. Guide to payslip 05.07.13 99. Haem - Unidentified patient 100. Haem - Warfarin Reversal 101. Haem Consent form verifying refusal of blood transfusion 102. Haem Pre transfusion sampling procedure 103. Haem Prothrombin Complex Concentrate working instruction 104. Haem Protocol for ordering platelets 105. Haemarthrosis 106. Haemovigilance Memo 2016 107. Head injury advice card 108. Histology Report Printing (1) 109. HSE Consent - young people 110. HSE Data Protection 2018 111. HSE Guide on Consent 112. HSE Online Payslips 113. HSE Quit Guide 114. Hypoglycaemia_Management_2017 115. Induction Day Programme Jan 2016 116. Induction Day Schedule Jan 2019 117. Ingested Foreign Body 118. In-Patient Acute Rehab Physiotherapy Referral 119. In-Patient Orthopaedic Physiotherapy Referral 120. In-Patient Respiratory Physiotherapy Referral 121. Instructions on how to access CHB - NCHD Induction Folder (1) 122. Intranasal doses 123. Intranasal medication administration 124. Knee dislocation 125. Laboratory User Handbook Revision 14 (1) 126. List of Notifiable Diseases Dec 2015 127. Low back pain pathway 128. Major Emergency Plan 2019 129. Malaria Algorithm07 130. Management of Acute Exacerbation of COPD 131. Memo Death Notification Form March 2017 132. Memo for Nexiva Cannula for FAST positives 133. Memo from National Director of HR dated 22nd June 2018 re NCHD's and Emergency Tax 134. MEMO IV cannulation Jan 2017 135. Memo to NCHDs 8.7.15 NCollins 136. Memo to teams re CSFs for xanthochromia - April 2014 137. Meningococcal sepsis 138. Mgt Bleeding - Targeted anticoagulants 05.07.16

		139. Mgt Bleeding Disorders Spring 2016 140. Mgt Major Bleeding 1.9.16 141. MICAS 1800 ACCEPT info for MICAS units (1) 142. MICAS 1800 ACCEPT info for referring units (1) 143. MICAS 1800 ACCEPT information sheet (1) 144. MICAS 1800 ACCEPT poster (1) 145. Micro Communication of Hospital Acquired infections 146. Minor Injury Treatment Guide 147. Ms Flannery's Upper Limb Do' and Don'ts 148. National Haemophilia Council Letter Regarding Alert Cards 149. National Virus Reference Lab Contact Details 2017 150. NCHD - Educational leave request form 151. NCHD Annual Leave Request Form - JULY 2017 152. NCHD Induction - (Afternoon Session - signed Attendance Sheet) 10.07.17 (1) 153. NCHD Induction - Afternoon session – 110716 154. NCHD Induction - Afternoon session - Microbiology and Infection Control and other topics – 11.07.16 155. NCHD Induction - Attendance Sheets - afternoon session – 09.07.18 156. NCHD Induction - Attendance Sheets - morning session – 09.07.18 157. NCHD Induction - Extra Sessions 11.07.17 158. NCHD Induction - Morning Session - Attendance Sheet – 11.07.16 159. NCHD Induction - Morning Session - Attendance Sheet SEPSIS, Occupational Health, Haemovigilance – 11.07.16 160. NCHD Induction Registration Sheet - 11 January 2016 161. NCHD Indution – 10.07.17 - Completed Evaluation Sheets 162. NCHD Leave Procedure – 2017 163. NCHD time recording sheets one week updated on January 2015 164. Niamh's neuro checklist 165. Nicotine replacement products 166. Nicotine Replacement Therapy Algorithm May 2017 167. Nimis Radiology Cancellation Policy (GM) 168. Novel Coronavirus Algorithim v1 3 169. On-call policy for Physiotherapy Dept 170. Oncology speciality contacts 2017 171. Oncologyspeciality contacts 172. Open Disclosure Training and Radiation Safety for Non-Radiology Staff - 12.07.16 173. OTD_CHB_Medics Induction_140616_HC

		174. OTD_Staffing Contact Details_062018_HC 175. Paracetamol Overdose 176. Patellar dislocation 177. Payment for public holidays - July 2017 178. Pharmacy Information_June2018 179. Physio Staff List Contact Details 2018 180. Post Resuscitation Guideline 181. Post Rosc Guideline 2017 182. Prioritisation criteria_OTD_140616_HC 183. Programme for November Induction 184. Psychiatry Parallel Assessment 185. PTMH Tool FinalDraft May2017 186. Radiation Safety Procedures Connolly Hospital 2016-2017 187. Radiationsafetyforicunchds 188. Radiology Department - Information for Incoming NCHD's 189. Radiology Discrepancy Tool (1) 190. Reading a pelvic x-ray 191. Red Poster - Coolmine (1) 192. Renal Colic Pathway -2.7.14 193. Respiratory Department Induction SpR Registrar Document with Syllabus and Clinic Division July 2018 (1) 194. Resus Emergency Medications 7.7.16 195. RESUS Team Leader wears Red Apron 196. Revised CA-LRTI algorithm Nov 2016 197. Revised open disclosure briefing presentation March 2018 with slide notes 198. Schedule ED Induction Jan 2015 199. Schedule ED Induction July 2015 200. Schedule Jan 2017 201. Schedule Jan 2018 202. Schedule July 2016 203. Schedule July 2017 204. Schedule July 2018 205. Security at Connolly Hospital 206. Self-Certification Form Officer-Non Officers November 207. sepsis guidelines chb 2016 final 208. Sepsis Management Oct 2013 209. SEPSIS Training - 10th July 2018 - NCHD Attendance Sheet 210. Sexual Health Clinic Information 211. Sexual Health Screen Patient Information 212. Signed Attendance Sheet - NCHD Induction - 100717 (1) 213. Smoking Cessation Services ppt 214. SOP for Rad(NCHD-2011) 215. Sources of Sepsis 216. SPC Referral Procedure

		217. Spine images 2 218. Spine images 219. Staff Info Health Safety Representatives 220. Staff InfoStress Supports 221. STROKE GUIDELINES V10.8 222. Stroke pathway July 2016 223. SWAP form for Medical NCHD – new 224. Switchboard and Pagers July 2016 225. Symphony actions memo 226. The Revenue and emergency tax 227. Think thoracic aneurysm 228. Thrombectomy Pathway 2017 229. Tips and ToolsLidocaine 5 JULY 17 230. Tobacco Free Campus Policy 231. Training Scheme Contract 232. Transient Loss of Consciousness Toolkit 233. Ultrasound Connolly EM NCHD training 234. Ultrasound logbook 235. Urology Memo 8.5.16 236. UTI Decision Aid in older people 237. vascular On Call - Feb 1st 2018 Headed Paper 238. Vascular ultrasounds 239. Vendor Setup Form - Vendor (1) 240. Webtext Contact List for new docs (3) 241. Weekend Physiotherapy Guideline 2016 242. Zika Virus Disease clinical guidelines and pregnancy v1 0
E. Clear supervisory arrangements for trainees	**FC**	1) Emer Med NCHD work rota & protected leave 2) Training Scheme Contract 3) CHB - List of Trainers per Specialty 4) Registrar Endoscopy Competencies August 2017 5) List of Trainers 6) GI Dept Training 7) Respiratory Department 8) Cardiology
F. Opportunities for trainees to train through clinical practice	**FC**	1) Cardiology Department - Facilities Form (signed copy) 2) CHB - Endocrinology & Diabetes Mellitus Facilities Form 3) G.I. Dept - NewTeam Expectations August 2018 4) Geriatric Medicine - Department Facilities Form - 2019 - signed copy
G. Access to formal and informal education and training for trainees	**PC**	1) Emer Med NCHD work rota & protected leave 2) IMC Accreditation Emergency Medicine 3) Training Calendar - July - Dec 2018 4) Work Schedules

		5) Training Calendar Jan - July 18 6) Grand Rounds Prog Jan - July 18 7) Grand Rounds Programme Septembe to December
H. Opportunities for trainers to train through protected training time	**PC**	1) Contract template 18th Feb
I. Access to resources which support directed and self-directed learning	**FC**	1) CHB – Library 2) HSELand online learning and course catalogues 3) Q. 1 Attendance Sheet Thyroid MDT 13112018
J. Access to pastoral and health supports for trainees	**FC**	1) Managing Attendance Policy revised May 2014 2) Occupational Health - CHB Induction July 2018 3) HSE Workplace Stress Flowchart 4) Policy for prevention and management of stress in the workplace 2018 5) Staff care leaflet 6) Stress risk assessment form
K. Access to resources to maintain close contact with parent training bodies	**FC**	1) Agenda 11 December 2018
L. Promotion of Medical Council guidance on Professionalism, including promotion of current ethical guidance	**FC**	1) Being on the Other Side - Dec 2018 2) Flyer A5 - A Patient ill never forget 3) Hindsight is a Wonderful thing 4) In at the Deep End 5) NCHD – DAW 6) EM SpR Day connolly 2015 7) EOL Care Prinicples for Emer Med 8) management booklet 2014 9) OSCE's SpR day 2016 10) Timetable Connolly SpR Day 30.9.16 11) Timetable for ED SPR day 12) 09.06.26 Final Copy - Dignity at Work 2009 – Reviewed 13) Disciplinaryprocedure 14) Trust In Care May 2005 15) Medical Council Complaint-Form-2015 16) 14.01.19 NCHD Induction 17) TOR for REC June 2016 18) My Best day at work 19) Why I came to work in Ireland 2
M. Safe working environment	**FC**	1) 23.3.16 Health and Safety Audit ED 2) Connolly Hospital Fire Policy Final July 2015 3) Connolly Hospital Generic Safety Statement Approved 9th April 2018 4) D-CHB -DM - 006 -Catering - 15 11 2016

		5) D-CHB -MK- 005 -PHYSIO - 21-11-2016 6) D-CHB-DM-008- Household - 15 11 2016 7) D-CHB-DM-009- Mortuary - 15 11 2016 8) D-CHB-DM - 001-R1 ED - 15 11 2016 9) D-CHB-DM - 007- Healthcare Records - 15 11 2016 10) D-CHB-DM - 010 OPD -15 11 2016 11) D-CHB-MK-002-THEATRE- 21-11-16 12) D-CHB-MK-003 -LAUNDRY-21-11-2016 13) D-CHB-MK-017 - Laboratory-21-11-16 14) D-CHB-MK- 004 -ELM WARD - 21-11-2016 15) D-CHB-MK - 018-Clinical Engineering - 21-11-2106 16) D-CHB-PK-009-R1 - Mortuary - April 17 17) D-CHB-PL-006-R1 - Catering - 31-3-17 18) D-CHB-PL-011-AMAU- 17.11.16 19) D-CHB-PL-013-ICU-17.11.16 20) D-CHB-PL-014- Radiology-17.11.16 21) D-CHB-PL-015-Surgical Day Ward- 15.11.16 22) D-CHB-PL-016-Nursing Admin-17.11.16 23) D-CHB-PL-017-R1 - Laboratory - 31-3-17 24) D-CHB-PL- 012 - Endoscopy-17.11.16 25) D-CHG-PK-007-R1-Healthcare Records - April 17 26) DGSA Audit Report H250117HM 2017 27) Guidelines_for_Lone_Working 2012 28) Health & Safety Act 2005 29) HSA Prevention of Violence in Healthcare 30) HSE Bariatric guidelines re manual handling issues 2018 31) HSE Corporate Safety Statement. Dated 17-11-17 32) HSE DNE Guidelines for the Mgt Clinical Risk Wastes Acute Hosp 2014 33) HSE Manual Handling and People Handling Policy April 2018 34) HSE Policy for prevention and management of stress in the workplace. June 2018 35) HSE Policy for the Prevention of Sharps Injuries August 2016 36) HSE Policy on the management of health and safety in contract work 2018 37) HSE Policy on the Prevention and Management of Latex Allergy 38) HSE Strategy for Managing Work Related Aggression & Violence 39) M. ii CompStat EWTD Template - December 18 40) M. ii ROTAS 190219 41) Radiation safety for icu nchds

N. Specialty-specific supports	**FC**	1) Inspection Reports
O. Participation in on-call duty rota	**FC**	No Documentation Provided
P. Support for assessment of trainees	**FC**	1) GI Dept Training 2) Registrar Endoscopy Competencies August 2017 3) Outcome record sheet - Panel 1 4) Outcome record sheet - Panel 2 5) Outcome record sheet - Panel 3 6) Cardiology 7) Respiratory Department
Q. Opportunities for multi-disciplinary teamwork	**FC**	1) GI Dept Training 2) Attendance Sheet Thyroid MDT 13.11.2018 3) Attendance Sheet Thyroid MDT 15.01.2019 4) Respiratory Department 5) Cardiology
R. Opportunities for trainees to provide feedback to employing authority	**PC**	1) Job Description LEAD NCHD 2018 2019

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