Clinical training site inspection report – UL 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.

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

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

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

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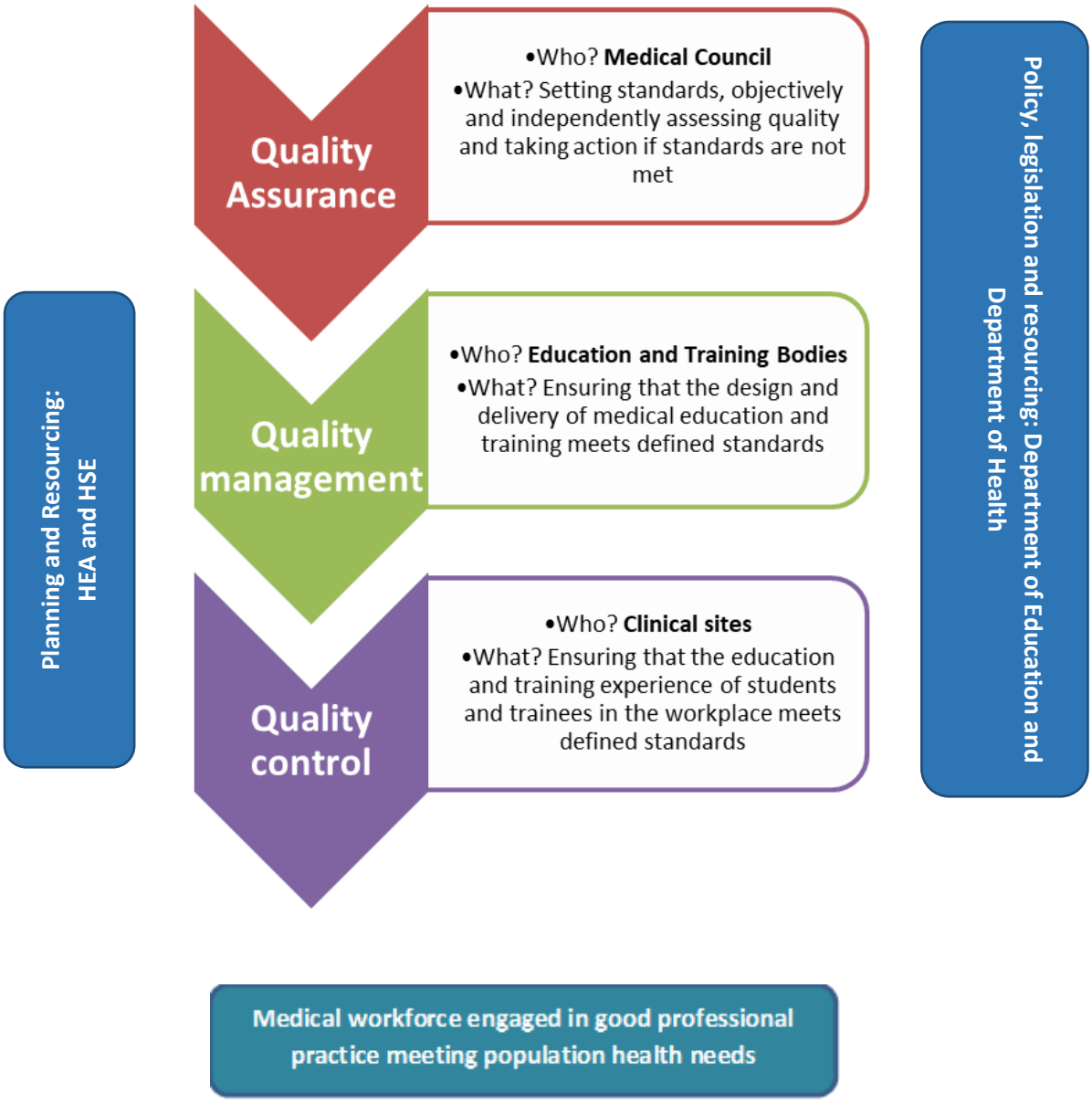
Executive Summary

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



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

- University Hospital Limerick
- University Maternity Hospital Limerick
- St John's Hospital
- Nenagh Hospital
- Croom Hospital
- Ennis Hospital

These sites were inspected between 8 October – 3 December 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 Three for intern training standards and accompanying guidelines) and the Medical Council's *'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:

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

- University Hospital Limerick
  (55 interns, 124 trainees and 121 trainers)
- University Maternity Hospital Limerick
  (2 interns, 12 trainees and 9 trainers)
- St John's Hospital*
  (2 interns, 3 trainees and 5 trainers)
- Nenagh Hospital
  (0 interns, 2 trainees and 2 trainers)
- Croom Hospital
  (0 interns, 4 trainees and 6 trainers)
- Ennis Hospital*
  (0 interns, 1 trainee and 3 trainers)

**The number of filled BST posts had changed at the time of the inspection visit.*

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

All six 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 six sites continue to provide intern and/or specialist medical education and training.

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

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Overview of compliance ratings for the UL 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 received 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

Three of the six 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 UL Hospitals Group

Intern Training Standard	University Hospital Limerick	University Maternity Hospital Limerick	St John's Hospital
1. Rotations	FC	FC	FC
2. Accreditation	FC	FC	FC
3. Content of training	PC	PC	PC
4. Supervision	PC	FC	PC
5. Assessment	FC	FC	FC
6. Professionalism	PC	FC	FC
7. Resources	PC	FC	PC

Overall, compliance with intern training standards across the three sites is at 62% full compliance and 38% partial compliance. There was no evidence of non-compliance with intern training standards across the three 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 six sites have trainees participating in programmes of specialist training. The table presented below compares compliance ratings across the six training sites against the 18 specialist training standards.

Table 2: Comparison of compliance ratings across specialist training sites in the UL Hospitals Group

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

Overall, compliance with specialist training standards across the sites is at 45% full compliance, 51% partial compliance and 4% non-compliance.

Conclusion

The following are the team's recommendations regarding the provision of medical education and training at clinical training sites within the UL Hospitals Group:

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

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

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

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

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

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

7. Nenagh 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.

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

9. Ennis 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.

University Hospital Limerick (UHL)

Intern Training

Recommendations

1. Review staffing levels to ensure that interns are not diverted from new learning opportunities due to their engagement in basic clinical tasks.
2. Interns should be facilitated to attend multi-disciplinary team meetings where possible.
3. Handover should be formalised and include a dedicated space with computer access where required.
4. Intern teaching time should be protected. Review the implementation of the UHL bleep policy to ensure consistent implementation.
5. Review staffing levels to ensure that there is appropriate supervision of interns at all times.
6. Review the procedures for handback, ensuring that appropriate systems are in place and managed at a senior level.
7. Increase the level of computer access on the wards to support clinical responsibilities and self-directed learning.
8. Continue to monitor staffing levels to ensure that they are appropriate to workload and the provision of a training environment, escalating requirements through the appropriate channels where required.
9. The limited availability of phlebotomy services at UHL was noted by the Medical Council following the intern training site inspection visit in 2011. This issue has still not been addressed. There should be adequate phlebotomy services available onsite.
10. Training on clinical incident reporting should take place at induction and be reinforced during rotations.
11. Information on the occupational health services available to interns should be reinforced at regular intervals throughout rotations.

Commendations

1. The team commends the Intern Coordinators and Tutor/Fellow for their enthusiasm and dedication. It was clear that their input was highly valued by the interns.
2. The team commends the supports provided by the Intern Fellow.
3. The UHL library staff are an excellent resource for interns.

Specialist Training

Recommendations

1. Handover practices should be formalised through the implementation of a site-specific handover policy across all directorates.
2. Develop and implement a site-specific induction policy.
3. All trainees should be facilitated to attend induction.
4. Urgent appointment of a consultant within the Paediatric Emergency Department**.**
5. Implement the transfer of tasks policy in full.
6. There should be adequate phlebotomy services available onsite.
7. Ensure that trainees can avail of education and training opportunities as required.
8. Protected training time should be provided for trainers.
9. Review the computer access on the wards to ensure that there is adequate levels of access to support clinical functions and self-directed learning.
10. The overcrowding in the Emergency Department is impacting on training and patient safety. The team was made aware of the efforts made to address this. The team supports hospital management in escalating concerns at the highest level.
11. Improve the level of trainee awareness of the process for reporting concerns around unprofessionalism.
12. Trainees should be empowered and supported to report breaches with any policies in operation at the site.
13. The 'Handling of Concerns' document referred to in the site's self-evaluation submission is out of date. Refer to the Medical Council website for up to date information on the handling of concerns and update the site's referral procedure accordingly.
14. Address the overcrowding issue in the Emergency Department.
15. Ensure compliance with European Working Time Directive requirements.
16. Review on-call staffing levels in consultation with trainees.
17. Medical workforce staff should have oversight of managing unexpected absences in the on-call rota.
18. Trainees should be facilitated to avail of the multi-disciplinary learning opportunities available at the site.

Commendations

1. Trainers are commended for their commitment to provide education and training.
2. The team commends the excellent educational facilities at the site.
3. The additional interest shown in the career progression of doctors not on formal training schemes was impressive.
4. The quality of the on-call facilities.

University Maternity Hospital Limerick (UMHL)

Intern Training

Recommendation

1. Continue efforts to complete the implementation of the transfer of tasks at the site.

Commendations

1. The team commends the intern training representatives for their dedication to facilitating intern training at the site.
2. The range of opportunities for clinical training at UMHL.
3. The team commends the level of engagement of the onsite intern training leads.

Specialist Training

Recommendations

1. Develop a site-specific induction policy.
2. Ensure arrangements are in place to monitor the implementation of the induction policy.
3. Seek trainee feedback on the induction programme to influence further development of the programme.
4. Ensure that trainees receive a site-specific health and safety induction at the start of each individual rotation at the site.
5. Continue efforts to complete the implementation of the transfer of tasks at the site.
6. Audit attendance at scheduled education and training opportunities with a view to identifying remedies to minimise missed opportunities for trainees.
7. Review the process for agreeing the rota arrangements to maximise attendance at training opportunities.
8. Protected teaching time for trainers should be provided in line with the education and training requirements for trainees at UMHL.
9. There should be continued promotion of the Medical Council's Ethical Guide throughout training.
10. Improve the level of trainee awareness of the reporting process for raising concerns around unprofessional behaviour.
11. The 'Handling of Concerns' document referred to in the site's self-evaluation submission is out of date. Refer to the Medical Council website for up to date information on the handling of concerns and update the site's referral procedure accordingly.
12. Work to ensure compliance with the European Working Time Directive using site-specific data to facilitate ongoing monitoring of compliance.
13. Continue efforts to action the recommendations made by the postgraduate training bodies.
14. Formalise the NCHD reporting lines to management.

Commendations

1. The integration of the learning notices at the multi-disciplinary huddle and the implementation of subsequent quality improvement initiatives.
2. The team commends the Associate Clinical Director in Obstetrics and Gynaecology for leading on the improvements in trainee education and quality improvement at the site.
3. The team commends the trainers for their commitment to provide education and training.

St John's Hospital (SJH)

Intern Training

Recommendations

1. Induction at SJH should be mandatory and take place prior to interns commencing practice-based training at the site.
2. Staffing levels should be reviewed to ensure that there is always adequate supervision of interns.
3. Ensure that interns are aware of the ATHENS password access to the UHL online library.
4. Continue efforts to secure appropriate staffing levels at the site.

Commendations

1. The team commends the onsite Intern Supervisor for their enthusiasm and dedication to intern training which was clearly highly valued by the interns.
2. The learning opportunities provided by the involvement of the Pharmacist at ward rounds.
3. The team commend the consultant supports available to interns.

Specialist Training

Recommendations

1. Review educational governance at site level and strengthen trainee representation. Update the site organisational chart once complete.
2. Ensure that there are clear arrangements between the site and the postgraduate training body in ensuring the training programme requirements at the site.
3. Feedback should be provided following incident reporting.
4. Formalise handover through the implementation of the SJH handover policy.
5. Urgently identify and appoint a lead representative to oversee the educational governance arrangements at site level.
6. Implement the site-specific induction policy.
7. Specialty-specific induction should be provided. Formalise the approach to specialty-specific induction at the site.
8. Work to implement the transfer of tasks policy in full.
9. Refer to the Medical Council website for up to date information on the 'Handling of Concerns' and update formal policy documentation on the referral pathway as required.
10. Continue efforts to ensure compliance with the European Working Time Directive.
11. Engage with the postgraduate training body and the hospital group to ensure that postgraduate training body inspection reports and associated correspondence are readily accessible to site management.

12. Work with the hospital group and the postgraduate training body to ensure that speciality-specific requirements are met. This includes addressing outstanding recommendations.
13. Provide 24-hour Registrar cover onsite.
14. Increase the opportunities for trainee engagement in multi-disciplinary teamwork.
15. Formalise the additional avenues of seeking feedback from trainees on the quality of the learning environment.

Commendations

1. Trainees have strong consultant supports at the site.
2. The team commends the trainers for their commitment to provide education and training.
3. The commitment and enthusiasm of the occupational health nurse.

Nenagh Hospital (NH)

Specialist Training

Recommendations

1. Review the educational governance arrangements at site level and strengthen trainee representation.
2. Develop site-specific formal documentation to outline trainee responsibilities, level of authority and lines of accountability. This document should be provided to trainees at induction.
3. Handover practice should be formalised by the development and implementation of a site-specific handover policy.
4. Develop and implement a site-specific induction policy.
5. Formal induction should be provided for all trainees at the start of each rotation.
6. A site-specific health and safety induction should be provided to trainees at the start of each rotation.
7. Formalise the approach to specialty-specific induction.
8. Implement the transfer of tasks policy in full.
9. The work schedules of trainees must take account of specific programme requirements. Match the site-specific teaching programme to the training body curriculum as required.
10. Generic learning points should be presented after anonymising data and after 1:1 feedback has been undertaken.
11. Engage with the hospital group and the postgraduate training body to ensure that the requirements for trainers are being adhered to at the site.
12. Access to hospital group occupational health services should be outlined to trainees at the commencement of each rotation at NH.
13. The site's needlestick pathway should be clearly outlined to trainees at the start of each rotation at NH.
14. There should be explicit promotion of the Medical Council's Ethical Guide.
15. Ensure that trainees are aware of the pathway for raising concerns regarding unprofessionalism.
16. Refer to the Medical Council website for up to date information on the 'Handling of Concerns' and update formal policy documentation on the referral pathway as required.
17. Continue efforts to ensure compliance with the requirements of the European Working Time Directive.
18. Engage with the postgraduate training body and the hospital group to ensure that postgraduate training body requirements are met.
19. Consideration should be given to providing 24-hour onsite Registrar cover based on the case-mix presenting at the site and the level of trainee experience.
20. Maximise the opportunities for multi-disciplinary teamwork.
21. There should be formal feedback mechanisms in place at site level, to seek and utilise trainee feedback to maintain and improve the quality of the clinical learning environment.

Commendations

1. The efforts to deliver bleep-free teaching onsite and in ensuring trainee attendance at education and training sessions.

Croom Hospital (CH)

Specialist Training

Recommendations

1. Review the educational governance arrangements at site level, strengthening trainee representation.
2. Work closely with the hospital group to ensure that recommendations from the postgraduate training body are implemented as required.
3. Formalise handover at CH through the development and implementation of a handover policy.
4. The site requires greater integration with and support by the group in the allocation of resources to ensure that the recommendations of the RCSI are fully implemented.
5. Develop and implement a site-specific induction policy.
6. All trainees commencing rotations at CH should be facilitated to attend site induction.
7. Site-specific health and safety is a requirement of induction.
8. There should be formal specialty-specific induction at CH.
9. Continue to work closely with the hospital group to secure an adequate number of NCHDs to facilitate the training and service requirements at the site.
10. Implement the transfer of tasks consistently at the site.
11. Review the internet access at the site to ensure that appropriate resources are in place to facilitate directed and self-directed learning.
12. Clear signposting at CH of the occupational health supports available through UHL. This should be included at induction and throughout training.
13. There should be explicit promotion of professionalism at CH. This includes promotion of the Medical Council's Ethical Guide.
14. The team support the suggestion that trainers should complete human factors training as part of formally promoting professionalism at the site.
15. Refer to the Medical Council website for up to date information on the 'Handling of Concerns' and formally document the referral pathway at CH for reporting concerns to the Medical Council.
16. Ensure compliance with the requirements of the European Working Time Directive.
17. Action the recommendations from the 2017 RCSI Inspection Report.
18. Engage with UHL to review and appropriately manage the workload presented to HST trainees providing on-call cover within the UHL Emergency Department.
19. As a site supporting the delivery of specialist training, there should be opportunities at site level, for trainees to provide feedback on their training experience. Develop formal feedback mechanisms at CH to monitor the quality of the clinical learning environment at the site.

Commendations

1. The level of consultant supervision was highly complimented by trainees.
2. Trainees recognised the value of training in CH and rated it highly.
3. The enthusiasm, commitment and oversight of the Assigned Educational Supervisor.

Ennis Hospital (EH)

Specialist Training

Recommendations

1. To maintain oversight of the learning environment, there should be appropriate trainee representation from EH on the relevant committees for educational governance.
2. Ensure that postgraduate training body requirements are being met in line with the agreements between the relevant bodies.
3. Work with UHL and the wider hospital group to review and improve the current patient transfer practice for the benefit of patients and trainees.
4. The site requires greater integration with the group to support the education and training requirements at the site.
5. Develop and implement a site-specific induction policy to govern site induction.
6. Ensure arrangements are in place to monitor the implementation of the induction policy.
7. Health and safety is a requirement of site-specific induction and must be included as part of site induction.
8. There should be a programme-specific induction for incoming trainees at the start of their rotation.
9. EH should work with the hospital group to ensure the effective transfer of required information for incoming trainees.
10. The additional computer access for the second clinical area should be acquired in a timely fashion.
11. There should be clear signposting of the occupational health supports available to trainees. This should also feature in site induction.
12. There should be explicit promotion of the Medical Council's Ethical Guide.
13. Refer to the Medical Council website for up to date information for referral of concerns and ensure that a referral pathway is documented in site policies and procedures.
14. There should be ongoing monitoring of the physical environment to ensure a safe working environment for trainees.
15. Ensure compliance with the European Working Time Directive.
16. Address the recommendations from the 2016 postgraduate training body inspection reports.
17. There should be stronger links between EH and the hospital group to ensure that specialty-specific-supports remain fit-for-purpose.
18. Ensure that the on-call rota is appropriately staffed in accordance with the rest requirements of the European Working Time Directive.
19. As a clinical training site, there should be formal mechanisms in place to monitor the training experience at the site. Avenues for trainees to provide feedback and procedures for how the site utilises feedback should be included.

Commendations

1. The team commends the enthusiasm and strong commitment of the site's Clinical Director who has responsibility for educational governance at the site.

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 AIP, 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.

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Evaluation of compliance with Medical Council Standards

Inspection reports

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

Documentary evidence considered included, self-evaluation submissions from each site received 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 in advance of the visits, 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:
University Hospital Limerick (UHL)

Compliance with Intern Training Standards

1. Rotations

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

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

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

The assessor team (the team) welcomed the opportunity to meet with 20 of the 54 interns training at UHL. The cohort of interns were approaching the end of their first rotation of the intern year.

The team was provided with a copy of the intern rotations list and was satisfied that the rotations both planned and in progress comply with the requirements of this standard.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

2. Accreditation

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

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

UHL is affiliated with the Mid-West Intern Training Network and with the Graduate Entry Medical School, University of Limerick. Documentation provided to the team included the Network organisational chart.

The team met with representatives from the Mid-West Intern Network, including the Intern Coordinators and the Intern Tutor/Fellow 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 the National University of Ireland, Galway, University College Cork, University College Dublin, the University of Limerick, the University of Padua, Italy, and the Royal College of Surgeons in Ireland.

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 team commends the Intern Coordinators and Tutor/Fellow for their enthusiasm and dedication. It was clear that their input was highly valued by the interns.

Level of compliance: FC

3. Content of training

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

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

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

i. There is a seven-day mandatory induction programme for interns in the Mid-West Intern Training Network. Management advised the team that induction is updated on an annual basis in line with intern feedback. Interns noted that the induction programme prepared them for practice at the site. The generic lecture programme map was provided, outlining planned teaching activity for the intern year. Interns have the opportunity to shadow outgoing interns as part of their induction and described this opportunity as helpful. Copies of the intern survival guide and intern handbook were also provided.

ii. & iii. From discussion with the interns, the team was satisfied that interns are generally participating in clinical practice at an appropriate level for internship. Interns noted that their involvement in basic clinical tasks, such as phlebotomy, is an issue. This was acknowledged during the meeting with management that this could be improved by increasing compliance with the task sharing initiative. There were some reports of instances where interns are managing patients beyond their competence level, when senior colleagues are occupied with clinical activity elsewhere. The service to training balance at the site was described as mostly service, acknowledging that training is 'training on the job'. Interns praised the intern 'buddy system' that is in place to support their initial on-call shifts at the site.

ii. Interns are invited to attend multi-disciplinary team meetings but noted that attendance was limited in certain specialties due to service pressure demands. Interns described appropriate team supports. Handover was described by interns as informal. Interns reported no dedicated space for handover and limited computer access at the time of handover. Management advised the team of a new initiative in place at UHL to standardise handover practices at the site.

iii. There is dedicated intern teaching twice a week which is mostly consultant-led. There is a bleep policy in operation at the site but adherence to the policy was described to the team as inconsistent. Interns described being bleeped out of dedicated teaching sessions but noted that this was ward dependent.

iv. It was outlined in the site's self-evaluation submission and the curriculum map that the content of the training is consistent with the Medical Council's eight domains of good professional practice.

Compliance

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

Recommendation (s)

1. Review staffing levels to ensure that interns are not diverted from new learning opportunities due to their engagement in basic clinical tasks.

2. Interns should be facilitated to attend multi-disciplinary team meetings where possible.

3. Handover should be formalised and include a dedicated space with computer access where required.

4. Intern teaching time should be protected. Review the implementation of the UHL bleep policy to ensure consistent implementation.

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 intern rotation list for the Network provided details of the designated trainer(s) for individual intern posts at UHL. In general, interns described feeling appropriately supervised and able to access senior colleagues for assistance where required. Examples of interns working without supervision, were made known to the team and were specific to interns managing critically ill patients in the resuscitation room without 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. Review staffing levels to ensure that there is appropriate supervision of interns at all times.

Commendation (s)

No commendations made.

Level of compliance: PC

5. Assessment

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

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

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

The intern assessment process was outlined to the team by the Intern Coordinators and the Intern Fellow and sample assessment form templates were provided. At the time of the inspection, the team was advised that interns had been informed of the formal assessment process, that was due to commence at the end of their first 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

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

During the meeting with site management it was noted how UL Hospital sites are promoting the HSE Values in Action initiative to enhance the culture of care across the hospital group. Interns are provided with the Medical Council's Guide to Professional Conduct and Ethics for Registered Medical Practitioners, during induction. Interns were aware of the importance of professionalism during discussion with the assessor team. Specific modules relating to professionalism are scheduled in the Intern Training Network curriculum map. Professionalism was described by interns as being taught informally from the examples set by senior colleagues. Interns described witnessing instances of poor professional behaviour amongst colleagues, particularly in relation to handback post-take.

Compliance

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

Recommendation (s)

1. Review the procedures for handback, ensuring that appropriate systems are in place and managed at a senior level.

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 services delivered at the site provides interns with access to a sufficient number of patients and a broad case-mix.

ii. There is a library onsite with 24-hour access. There is online access to medical journals and databases. The number of computers available on the wards was described as insufficient and in need of upgrading.

iii. The team heard how staffing was inadequate at all levels, including the number of interns at the site. The team heard of limited phlebotomy services which negatively impact on the service to training balance at the site.

iv. Interns described feeling comfortable raising ethical issues with the Intern Tutor/Fellow but not in general with their trainer. Interns had some awareness of the formal channels for reporting clinical incidents but had not yet received training in this area.

v. The team was impressed with the intern survival guide provided to interns at the site. Interns have access to onsite occupational health services and noted the site's intern support personnel as the immediate 'go-to' persons should they have an issue or require advice. While interns receive information during induction on occupational health services, their awareness of the full range of services available and how to access such was not apparent to the team.

Compliance

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

Recommendation (s)

1. Increase the level of computer access on the wards to support clinical responsibilities and self-directed learning.

2. Continue to monitor staffing levels to ensure that they are appropriate to workload and the provision of a training environment, escalating requirements through the appropriate channels where required.

3. The limited availability of phlebotomy services at UHL was noted by the Medical Council following the intern training site inspection visit in 2011. This issue has still not been addressed. There should be adequate phlebotomy services available onsite.

4. Training on clinical incident reporting should take place at induction and be reinforced during rotations.

5. Information on the occupational health services available to interns should be reinforced at regular intervals throughout rotations.

Commendation (s)

1. The team commends the supports provided by the Intern Fellow.

2. The UHL library staff are an excellent resource for interns.

Level of compliance: PC

Compliance with Specialist Training Standards

A. Clarity of educational governance arrangements

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

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

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

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

i. The team had sight of the hospital group organisational chart which demonstrated the reporting lines for directorates and departments. The hospital group NCHD Education and Training Flow Chart was also provided, demonstrating the structures in place for educational governance. The group's Chief Academic Officer (CAO) and Training Lead are based at UHL.

ii. There is a hospital group Training Committee with Lead NCHD and management representation from UHL. The Training Committee report to the group CAO on all matters pertaining to education and training at UHL. A sample agenda and minutes from a meeting of the Committee were provided.

iii. Copies of the annual SLA outcomes between the HSE National Doctors Training and Planning (NDTP) unit and the postgraduate training bodies were provided, which outlined the responsibilities and expectations of each party, in the delivery of specialist training. There are also quarterly meetings between representatives of the hospital group, the HSE NDTP, and the Royal College of Physicians of Ireland (RCPI), specific to training matters at sites within the hospital group.

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

B. Clarity of clinical governance arrangements

i. Trainees will be made aware of their responsibilities as doctors in training, their level of authority and lines of accountability

ii. Trainees will be made aware of local procedures for reporting clinical incidents

iii. Local clinical practice will reinforce with trainees the importance of communicating critical information to ensure continuity of care e.g. at patient handover

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

i. The team had the opportunity to meet with 45 of the 124 trainees (in programmes of specialist training) at UHL. Trainees and trainers described meeting at the start of the rotation to set out role responsibilities and reporting lines.

ii. The team was provided with the site's Clinical Incident Policy and details of the shared learning that arises from the reporting of incidents via the learning notices initiative in operation across the hospital group. Trainees described their awareness of the process for reporting critical incidents at the site.

iii. There are inconsistencies in handover practices across the specialties and this was acknowledged by management and described as a work in progress. The Intensive Care Unit and the Emergency Department have electronic handover systems in place. At the time of inspection, an electronic handover system for Surgery was in development. Handover in Medicine was described as paper-based and less effective. The team was made aware of challenges in implementing ISBAR-3 across all specialties 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. Handover practices should be formalised through the implementation of a site-specific handover policy across all directorates.

Commendation (s)

No commendations made.

Level of compliance: PC

C. Accountability

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

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

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

i. The group Training Lead, CEO and CAO are the named individuals responsible for ensuring that Medical Council requirements for clinical training sites are met. The hospital group personnel listed are based at UHL.

ii. The CAO is the named individual responsible for ensuring that requirements set out by the postgraduate training bodies are met.

iii. The Training Lead and the CAO team are responsible for ensuring that the site communicates effectively with the HSE's education and training function as required.

iv. The CAO is the named individual responsible for ensuring that education and training is supported through organisational change, and examples were outlined in the UHL 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 fully compliant with this standard.

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

D. Induction arrangements for Trainees

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

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

i. UHL induction material was provided to the team, however there was no evidence of an induction policy.

ii. Attendance records are maintained to monitor participation in the site's induction programme, and a sample attendance record was provided. Trainees described induction as useful but noted that not all trainees were able to attend due to clinical activity. Trainee feedback on the induction programmes is used to inform future programmes, and samples of such feedback were provided to the team.

iii. Site-specific health and safety sessions feature induction. Health and safety training schedules were also provided.

iv. Specialty-specific induction is provided, and trainees described it as being very useful. Individual programmes were outlined in the documentary evidence provided to the team.

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

vi. As indicated in the site's self-evaluation submission, the team noted that UHL utilise the National Employment Record system to minimise the duplication of employment-related documentation, as and when trainees transition between sites.

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 site-specific induction policy.

2. All trainees should be facilitated to attend induction.

Commendation (s)

No commendations made.

Level of compliance: PC

E. Clear supervisory arrangements for Trainees

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

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

i. The site's self-evaluation submission noted 124 trainees and 121 trainers at the site. In general, trainees and trainers described appropriate levels of supervision. The team heard how the absence of a consultant post in the Paediatric Emergency Medicine was resulting in lack of supervision in the Paediatric Emergency Department, negatively impacting on the training experience at the site and could potentially lead to a patient safety issue.

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

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

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. Urgent appointment of a consultant within the Paediatric Emergency Department**.**

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. Trainees and trainers described daily opportunities for training through clinical practice, appropriate to their level of specialist training. The complex case mix presenting to the hospital provides excellent learning opportunities. The implementation of the transfer of tasks at the site was described as a work in progress. Phlebotomy services were reported to be limited at the site resulting in routine phlebotomy being assigned to trainees.

Compliance

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

Recommendation (s)

1. Implement the transfer of tasks policy in full.

2. There should be adequate phlebotomy services available onsite.

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. – iii. Details of the formal teaching opportunities available across different specialities were provided as part of the documentary evidence the team received in advance of the inspection visit. Trainees described trainers as supportive of their attendance at mandatory education and training sessions. The team heard how service pressures demands and current staffing levels at the site mean that trainee attendance is not always possible. Trainees reported difficulties in arranging study/exam leave, such as exam leave not being granted in the timeframe it was required, causing considerable stress. Some trainees reported that they were obliged to use annual leave in order to attend exams.

Compliance

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

Recommendation (s)

1. Ensure that trainees can avail of education and training opportunities as required.

Commendation (s)

No commendations made.

Level of compliance: PC

H. Opportunities for trainers to train through protected training time

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

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

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

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

i. & ii. The team met with 38 of the 121 trainers at UHL and were provided with a copy of the 2014 consultants' contract and a sample trainer work schedule indicating training commitments. Trainers noted that protected training time is not provided for based on the clinical commitments at the site, referencing a need for more consultants. Some of the trainers who met with the team also outlined their commitment to providing training and career assistance to doctors who are not on formal training schemes. The regional postgraduate training body office was described as a support for trainers.

iii. Documentary evidence outlining how the site facilitates attendance at trainer development opportunities was provided. Trainers described their attendance at such as often being aided by the assistance of colleagues in managing workloads.

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. Protected training time should be provided for trainers.

Commendation (s)

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

2. The additional interest shown in the career progression of doctors not on formal training schemes was impressive.

Level of compliance: PC

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

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

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

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

i. & ii. The team visited the onsite educational facilities including; the CERC building, tutorial rooms, the lecture theatre and the simulation facilities. There is a library onsite providing online access to journals and other electronic resources. The team also observed the computer space in the residence and on the wards. Computer access on the wards was described to the team as limited.

Compliance

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

Recommendation (s)

1. Review the computer access on the wards to ensure that there are adequate levels of access to support clinical functions and self-directed learning.

Commendation (s)

1. The team commends the excellent educational facilities at the site.

Level of compliance: FC

J. Access to pastoral and health supports for Trainees

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

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

i. & ii. Occupational health services are available onsite, and trainees are made aware of these services during site induction. Additional supports made known to trainees include access to an Employee Assistance Programme, Practitioner Health Matters and the Medical Council Health Committee.

iii. An example of how adjustments have previously been made to support individual trainee needs was outlined to the team. The site's Employment, Equality and Diversity Human Resources Policy was also provided.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

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

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

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

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

i. & ii. There is a regional postgraduate training body office onsite, providing direct access to training representatives from the RCPI. In addition to this, there is also a Regional Programme Director for basic and higher specialist training who is based at UHL. Trainees were aware of their key contact in their training bodies and have I.T. access to facilitate maintaining contact.

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 highlighted at induction and promoted throughout training. Trainees reported being familiar with the guide and noted that training on professionalism was informal but effective.

ii. The team heard via the meeting with site management how UL Hospital sites are promoting the HSE Values in Action initiative to enhance the culture of care across the hospital group. The overcrowding issue in the UHL Emergency Department was raised with the assessor team. Trainers reported concerns that such an environment may become normalised for trainees with trainees potentially becoming desensitised to poor professional standards in the delivery of quality patient care, such as a lack of regard for patient dignity and confidentiality.

iii. The HSE Dignity at Work Policy, Disciplinary and Grievance procedures, and Trust in Care Policy were provided to the team. The awareness of these policies and procedures was limited amongst the trainees who met with the team. Specific examples of breaches with the Dignity at Work Policy were described but trainees stated that they were reluctant to report them for personal reasons, including a fear of such reporting adversely affecting their medical career.

iv. It was outlined in the site's self-evaluation submission that where local resolution of concerns is not possible, the Medical Council 'Handling of Concerns' document is referred to.

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 overcrowding in the Emergency Department is impacting on training and patient safety. The team was made aware of the efforts made to address this. The team supports hospital management in escalating concerns at the highest level.

2. Improve the level of trainee awareness of the process for reporting concerns around unprofessionalism.

3. Trainees should be empowered and supported to report breaches with any policies in operation at the site.

4. The 'Handling of Concerns' document referred to in the site's self-evaluation submission is out of date. Refer to the Medical Council website for up to date information on the handling of concerns and update the site's referral procedure accordingly.

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. Sample risk assessments and audit reports were provided to the team in advance of the visit as documentary evidence of compliance. The team concluded that the overcrowding in the Emergency Department is not conducive to a safe working environment.

ii. Compliance data for the European Working Time Directive (EWTD) is amalgamated for UHL, University Maternity Hospital Limerick, and Croom Hospital. The figures presented demonstrated levels of non-compliance with the 24-hour shift and the 48-hour week. The evidence provided to the team during meetings onsite indicated that trainees in some specialties were working a maximum 13-hour shift, however it was reported that working hours in other specialties were in excess of EWTD requirements.

Compliance

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

Recommendation (s)

1. Address the overcrowding issue in the Emergency Department.

2. Ensure compliance with European Working Time Directive requirements.

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. Sample inspection reports and associated correspondence between the site and the postgraduate training bodies was provided, demonstrating how specialty-specific requirements are being managed at the site. The team noted the expansion in Radiology staffing with the appointment of trainees and an upgrade of the facilities in that department.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

O. Participation in on-call duty rota

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

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

i. A sample on-call rota was provided to the team. Trainees described a recent increase in the number of medical registrars on-call, increasing from two to four. Trainees described this as being implemented without trainee input, describing this as excessive and not consistent with similar sized units. The increase in staffing in this area increases the on-call frequency for medical registrars. Organising cover for unexpected gaps in the rota due to illness was described by trainees as a responsibility left with them as opposed to management.

ii. Sample on-call rotas for different specialties were provided to the team and through discussion with trainees and trainers, the team was satisfied with the supervisory arrangements in place for on-call.

iii. Appropriate post-call arrangements were outlined to the team during meetings with trainees and trainers.

iv. The team visited the on-call accommodation facilities onsite. Access to onsite accommodation is controlled.

Compliance

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

Recommendation (s)

1. Review on-call staffing levels in consultation with trainees.

2. Medical workforce staff should have oversight of managing unexpected absences in the on-call rota.

Commendation (s)

1. The quality of the on-call facilities.

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 trainees at the start of rotations to discuss learning outcomes. In the meeting with site management, the team heard that the site meets all of the requirements of the postgraduate training bodies in relation to trainee assessment.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

Q. Opportunities for multi-disciplinary teamwork

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

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

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

i. & ii. Examples of the opportunities for multi-disciplinary teamwork were provided as part of the site's self-evaluation submission and included multi-disciplinary committees with trainee representation. Although trainees described being encouraged to attend such opportunities, service pressure demands can result in trainees not being able to attend formal educational opportunities in this area.

Compliance

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

Recommendation (s)

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

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 is an active NCHD Committee and appointed Lead NCHDs. The team heard how all trainees are invited to attend meetings and felt that their voices are heard via the Lead NCHDs, who report to site and group management with trainee feedback. There is an NCHD training and wellbeing survey used to seek further feedback from NCHDs on the quality of the learning environment. Examples of the improvements made as a result of such feedback were 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 fully compliant with this standard.

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

Evaluation of Compliance with Medical Council Standards

Compliance level rating

Level of compliance with each Standard:

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

Clinical training site:
University Maternity Hospital Limerick (UMHL)

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) met with one of the two interns training at UMHL.

Details of the intern rotations at UMHL were provided in the intern rotations list for the Mid-West Intern Training Network. The team was satisfied that the rotations both planned and in progress comply with the requirements of this standard.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

2. Accreditation

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

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

UMHL is affiliated with the Mid-West Intern Training Network and with the Graduate Entry Medical School, University of Limerick. Documentation provided to the team included the Network organisational chart.

The team met with representatives from the Mid-West Intern Training Network who oversee the content and assessment of the intern training programme being delivered at the site. Representatives included one of the two Intern Network Coordinators, the Intern Tutor/Fellow for the Network, and the two Intern Tutors based at the site.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

1. The team commends the intern training representatives for their dedication to facilitating intern training at the site.

Level of compliance: FC

3. Content of training

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

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

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

i. There is a seven-day mandatory induction programme for interns training in the Mid-West Intern Training Network. The team noted that part of this induction is carried out at University Hospital Limerick (UHL) and the remainder at UMHL, for interns completing their rotation at this site. The generic lecture programme map for the Network was provided, outlining planned teaching activity. Management advised the team of a mapping exercise that is underway to align formal education and training sessions to training though clinical practice. Copies of the intern survival guide and intern handbook were also provided.

ii. The intern who met with the team reported to be satisfied with their level of exposure during the rotation and felt that their level of participation was appropriate to their stage of training. The team noted that clinical tasks, such as phlebotomy and cannulation are completed by interns and trainees at UMHL. An update on the progress in implementing the transfer of tasks at the site was noted during the management meeting along with the challenges associated with implementation. Interns do not take part in on-call duties at UMHL. Whilst completing their rotation at UMHL, interns complete on-call duties at UHL. This was seen as a positive aspect to training, by improving the level of preparedness for starting the next rotation at UHL. The intern praised the 'buddy system' for the supports available during their initial on-call shifts at UHL. The team was satisfied that appropriate supervisory arrangements are in place for UMHL intern on-call activity at UHL, through the consultant and Intern Fellow interaction across the sites.

iii. The team heard how interns report back to their team on postnatal patients and the intern described their experience of working with patients in this area. The working environment at UMHL is team-based and the intern described feeling comfortable in bringing ideas and suggestions to their team.

iv. Patient care centres on multi-disciplinary teamworking based on the nature of the services being delivered at the site. Interns are required to attend all meeting activity, including handover. The intern who met with the team spoke positively of their relationship with the midwives at the site.

v. Intern teaching sessions are scheduled twice a week and are delivered from UHL. Interns rotating through UMHL can access the teaching sessions via interactive videoconferencing facilities at the site. Attendance at teaching sessions was described as being protected ('bleep-free').

vi. From the meetings that took place onsite and from the documentary evidence provided, the team was satisfied that the content of training was consistent with the Medical Council's eight domains of good professional practice. The team was advised of an intern who had received a RAMI award for their research activity, and how this work has now become embedded into standard practice 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. Continue efforts to complete the implementation of the transfer of tasks at the site.

Commendation (s)

1. The range of opportunities for clinical training at UMHL.

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 schedule of rotations for the Mid-West Intern Training Network details the designated trainer for each post. At UMHL there are two interns, each with a designated trainer. The intern described being appropriately supervised as required.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

1. The team commends the level of engagement of the onsite intern training leads.

Level of compliance: FC

5. Assessment

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

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

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

The process for intern assessment was outlined to the team during the meeting with the intern training representatives, and a copy of the intern assessment form was provided as part of the self-evaluation submission for the site. The intern described regular opportunities for feedback at scheduled meetings and through regular contact with their assigned trainer. It was also noted that intern rotation feedback is sought by management.

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

6. Professionalism

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

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

Interns are provided with the Medical Council's Guide to Professional Conduct and Ethics for Registered Medical Practitioners as part of their induction material. The intern was aware of the importance of professionalism and specific modules relating to professionalism are scheduled as part of the formal intern training sessions. Professionalism was noted to be further promoted through the examples set by colleagues, information and posters located around the site, and quality improvement sessions as part of the site's quality improvement initiative.

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

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 specialist services delivered at the site provides interns with access to a sufficient number of patients and an appropriate case-mix.

ii. There is no library onsite however there is dedicated computer access for self-directed learning with online access to medical journals and databases. UMHL interns also have access to the library facilities at UHL.

iii. The number of interns at the site was described as appropriate with balanced exposure to clinical cases.

iv. The team was informed by both the intern and intern training representatives that intern exposure to clinical dilemmas was at an appropriate level to the stage of training. Ethical issues and the learning notices initiative in operation at hospital group level, feature during the multi-disciplinary meetings, which interns attend. The intern expressed an awareness of the avenues to raise ethical concerns such as the through their team structures and via their assigned trainer.

v. Occupational health services are outlined during induction. The occupational health department is in UHL and the intern was aware of the services available. Management also advised that bereavement care specialists and the perinatal health team available to patients are also available to the staff of UMHL.

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

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. Organisational charts for the hospital group and UMHL were provided. Management provided further information on the site-specific reporting lines within the Maternal and Child Health Directorate. The Associate Clinical Director for Obstetrics and Gynaecology overseas all education and training at site-level, reporting directly to the hospital group Chief Academic Officer (CAO) at the group's executive management meetings.

ii. There is a multi-disciplinary committee with Lead NCHD representation at hospital level. Education and training matters at UMHL are governed by this committee, with direct reporting lines to hospital group management at the group's executive management meetings.

iii. Copies of the annual SLA between the HSE and the postgraduate training bodies were provided, which outlined the responsibilities and expectations of each party in the delivery of specialist training. There are also quarterly meetings between representatives of the hospital group, the HSE's National Doctors Training and Planning unit, and the Royal College of Physicians of Ireland (RCPI), specific to training matters at sites within the hospital group.

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

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 six of the 12 trainees (in programmes of specialist training) at UMHL. Trainees and trainers described meeting at the start of the rotation to set out responsibilities and reporting lines. Trainees noted that they were aware of their designated trainer and supervisors from the start of their rotation.

ii. The site's Clinical Incident Policy was provided, along with details of the shared learning that arises from the reporting of incidents via the learning notices initiative. This information is provided to trainees during induction.

iii. Handover procedures for Neonatology and for Obstetrics and Gynaecology were described to the team. This included details of the multi-disciplinary huddle approach. Procedures were noted to be in accordance with the ISBAR-3 communication model and national guidelines for maternity services.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

1. The integration of the learning notices at the multi-disciplinary huddle and the implementation of subsequent quality improvement initiatives.

Level of compliance: FC

C. Accountability

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

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

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

The Associate Clinical Director for Obstetrics and Gynaecology has oversight of education and training at site-level, reporting directly to the hospital group CAO at the group's executive management meetings. Overall accountability in ensuring the requirements of this standard sits with hospital group management as indicated below.

i. The hospital group's Training Lead, CEO and CAO are the named individuals responsible for ensuring that Medical Council requirements for clinical training sites are met.

ii. The group CAO is the named individual responsible for ensuring that the requirements of the postgraduate training bodies are met.

iii. The group's Training Lead and CAO are responsible for ensuring that the site communicates effectively with the HSE's education and training function as required.

iv. The group CAO is the named individual responsible for ensuring that education and training is supported through organisational change. The team was provided with an example of how education and training is supported through organisational change at site-level. Following the introduction of the Health (Regulation of Termination of Pregnancy) Act 2018, Value Clarification Workshops were held onsite to support UMHL staff in transitioning with the changes to service provision.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

D. Induction arrangements for Trainees

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

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

i. Induction material was provided to the team, however, there was no evidence of a local induction policy for UMHL.

ii. Trainee attendance at occupational health and the records maintained for the issue of identification cards and password details, are used to monitor attendance at induction. It was reported in the site's self-evaluation that feedback on induction is sought via the Lead NCHDs to continuously improve induction at the site. There was no evidence of this provided to the team.

iii. Documentation detailing health and safety training for the hospital group and schedules of site-specific fire safety training were provided. It was not evident that a health and safety induction is provided at the start of each rotation at the site.

iv. Details of specialty-specific induction for Obstetrics and Gynaecology and Neonatology were provided as part of the documentary evidence to demonstrate compliance.

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

vi. As indicated in the site's self-evaluation submission, UMHL utilise the National Employment Record system to minimise 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 a site-specific induction policy.

2. Ensure arrangements are in place to monitor the implementation of the induction policy.

3. Seek trainee feedback on the induction programme to influence further development of the programme.

4. Ensure that trainees receive a site-specific health and safety induction at the start of each individual rotation at the site.

Commendation (s)

No commendations made.

Level of compliance: PC

E. Clear supervisory arrangements for Trainees

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

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

i. The site's self-evaluation submission noted 12 trainees and nine trainers at the site. Details of the team supervision structures for Neonatology and Obstetrics and Gynaecology were provided. Through discussion with trainees and trainers, the team found the level of supervision at the site to be appropriate.

ii. Trainees are made aware of their clinical supervisors as part of their departmental induction, prior to practice at the site.

iii. &. iv. Trainees and trainers described regular meetings to assess progress with learning objectives. Trainers described tailoring the level of supervision based on the level of training and the level of competence demonstrated by trainees.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

F. Opportunities for training through clinical practice for Trainees

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

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

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

i. Trainees and trainers described trainee participation in clinical practice as being aligned to trainee skills and experience, with close consultant supervision.

ii. In the interests of patient safety and the nature of the clinical environment, the opportunities for learning through participation in clinical practice are determined by the consultant trainers. The team was informed that phlebotomy, cannulation and ECGs are regularly undertaken by trainees, particularly during out-of-hours. The implementation of the task sharing initiative was described my management as a work in progress.

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 to complete the implementation of the transfer of tasks at the site.

Commendation (s)

No commendations made.

Level of compliance: PC

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

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

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

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

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

i. – iii. Sample teaching rotas for Obstetrics and Gynaecology, and Neonatology were provided to the team. Trainees described trainers as supportive in facilitating attendance at education and training sessions. The team noted that due to service pressure demands across multiple sites, the delivery of scheduled education and training sessions by consultants for Obstetrics and Gynaecology trainees was not always possible. Trainees reported that rota issues can occasionally inhibit attendance at mandatory study days, training days and also availing of study leave.

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. Audit attendance at scheduled education and training opportunities with a view to identifying remedies to minimise missed opportunities for trainees.

2. Review the process for agreeing the rota arrangements to maximise attendance at training opportunities.

Commendation (s)

1. The team commends the Associate Clinical Director in Obstetrics and Gynaecology for leading on the improvements in trainee education and quality improvement at the site.

Level of compliance: PC

H. Opportunities for trainers to train through protected training time

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

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

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

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

i. - iii. The team met with four of the nine trainers at UMHL and were provided with sample work practice plans indicating training commitments at the site. The team heard how service pressure demands across multiple sites can on occasion, impact on the delivery of scheduled education and training sessions. Trainers described being facilitated to attend trainer development activities as required by their postgraduate training body.

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. Protected teaching time for trainers should be provided in line with the education and training requirements for trainees at UMHL.

Commendation (s)

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

Level of compliance: PC

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

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

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

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

i. & ii. The team visited the educational facilities onsite, including the dedicated education rooms. There is no onsite library at UMHL but there was no evidence of the absence of such impeding on directed and self-directed learning onsite. Computer access is available for trainees in the residence with online access to journal resources. Trainees can also avail of the library facilities at UHL.

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

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 no occupational health office at UMHL. The occupational health department based at UHL provides services to all clinical training sites in the hospital group. Trainees have access to these which include, online and telephone services via an Employee Assistance Programme. At UMHL there are bereavement support specialists and perinatal staff providing patient services onsite, which UMHL staff can avail of.

iii. It was noted during the meeting with management that to date, there has not been an instance where adjustments have been required to support the needs of a trainee with a disability. Should this need arise, management advised the team that there would be liaison with the HR department to ensure that adjustments are made accordingly.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

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

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

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

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

i. & ii. I.T. access is available at the site to facilitate online contact between trainees and their parent training body. Trainees were aware of their key contact and of the dedicated training body office for the RCPI within UHL.

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 as part of the induction material onsite, but it was noted that promotion of the Guide beyond induction is something that is lacking and can be improved upon. Trainees and trainers described training on professionalism as being mostly informal, but effective, from the examples set out by senior colleagues e.g. breaking bad news.

ii. The team was advised of an ongoing initiative focussed on promoting a culture of quality and safety at the site.

iii. The HSE Dignity at Work Policy, Disciplinary and Grievance procedures, and Trust in Care Policy were provided as the policy documentation utilised onsite to address instances of unprofessional behaviour. Trainees were unaware of the formal reporting channels for raising concerns in this area, noting that they would consider approaching a senior member of their team in the first instance, should such an issue arise.

iv. Management representatives outlined the referral pathway to the Medical Council, for escalating areas of concern where local resolution is not possible. The team noted that a Medical Council 'Handling of Concerns' document was referred to in the site's 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. There should be continued promotion of the Medical Council's Ethical Guide throughout training.

2. Improve the level of trainee awareness of the reporting process for raising concerns around unprofessional behaviour.

3. The 'Handling of Concerns' document referred to in the site's self-evaluation submission is out of date. Refer to the Medical Council website for up to date information on the handling of concerns and update the site's referral procedure accordingly.

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. There is an onsite health and safety committee tasked with monitoring the safety of the physical environment. This committee meets on a quarterly basis and sample meeting documentation was provided, demonstrating ongoing monitoring of the working environment for trainees.

ii. There was insufficient evidence to determine the level compliance with the European Working Time Directive (EWTD) specific to UMHL. The compliance report provided was a collated report for three sites; Croom Hospital, UHL and UMHL. The level of compliance for this report indicated 92% compliance with the 24-hour shift and 73% for the 48-hour week (for all NCHDs). Data specific to UMHL was requested on the day of the inspection and anonymised details of working hours submitted for payment were noted but an accurate breakdown of working hours specific to UMHL was not 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. Work to ensure compliance with the European Working Time Directive using site-specific data to facilitate ongoing monitoring of compliance.

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. Sample postgraduate training body inspection reports were provided to the team. It was evident from the reports that progress is being made in response to recommendations however, some recommendations are still to be addressed and were acknowledged as a challenge by the site.

Compliance

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

Recommendation (s)

1. Continue efforts to action the recommendations made by the postgraduate training bodies.

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 and were reflective of the on-call activity at the site. On-call arrangements include trainees providing on-call cover across multiple sites in the hospital group.

ii. There is consultant availability during on-call at UMHL. This was evident in the sample rotas provided and during the meetings held onsite.

iii. Trainees described being able to avail of post-call leave as required.

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

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

P. Support for assessment of Trainees

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

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

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

i. & ii. The team heard of close working relationships between trainees and trainers, in assessing trainee competence levels in line with the learning requirements for specialist training. It was noted that e-portfolios are used to record the achievement of learning outcomes.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

Q. Opportunities for multi-disciplinary teamwork

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

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

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

i. & ii. Examples of the opportunities for multi-disciplinary teamwork were provided as part of the site's self-evaluation submission. Trainees described good working relationships with clinical colleagues and also discussed their experience of multi-disciplinary working at the site, which included opportunities during ward rounds.

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. The Lead NCHD attends hospital group-wide NCHD meetings, on behalf of NCHDs at UMHL. Opportunities to provide feedback to management are also available via the directorate's multi-disciplinary committee. Trainees noted that they can go to the Lead NCHD to provide feedback but that this is currently informal and there is no NCHD committee specific to UMHL.

ii. It was noted during the initial meeting with management that a quarterly feedback form is issued to trainees, which provides an opportunity to detail areas for improvement. Trainees can also provide feedback on the quality of the learning environment, via the hospital group NCHD feedback survey.

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 NCHD reporting lines to management.

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:
St John's Hospital (SJH)

Compliance with Intern Training Standards

1. Rotations

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

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

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

The assessor team (the team) welcomed the opportunity to meet with one of two the current interns at SJH as well as an intern who had previously completed a rotation at SJH.

A copy of the intern rotations list for the site was provided and the team was satisfied that the rotations both planned and in progress comply with the requirements of this standard. Interns complete a single three-month rotation at SJH.

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

SJH is affiliated with the Mid-West Intern Training Network and with the Graduate Entry Medical School, University of Limerick. Documentation provided to the team included the Network organisational chart.

The team met with representatives from the Mid-West Intern Network, including one of the Intern Coordinators, the Intern Tutor/Fellow and the onsite Intern Supervisor 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 medical education in Trinity College Dublin and University College Dublin.

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 team commends the onsite Intern Supervisor for their enthusiasm and dedication to intern training which was clearly highly valued by the interns.

Level of compliance: FC

3. Content of training

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

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

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

i. There is a seven-day induction programme for all interns in the Mid-West Intern Training Network delivered at University Hospital Limerick (UHL), which includes a one-day site-specific induction for interns due to commence training at SJH. SJH induction was described as mandatory but this was not evident during the meeting with interns. Induction was described as taking place part-way through the rotation. A formal handover provided by the outgoing intern, on commencement of training at the site was described as useful. It was noted during the meeting with intern training representatives that efforts are already underway to improve site-specific induction at SJH, based on recent feedback from interns.

ii. &. iii. Interns described an appropriate level of hands-on training, providing a good level of exposure in line with their level of training. Interns participate in on-call duties up until 10.00pm. There are no overnight on-call duties at SJH and interns do not provide on-call cover at UHL. The transfer of tasks was reported to be working well.

iv. Interns described positive working relationships within their team structures. Opportunities for multi-disciplinary teamwork were outlined during the meeting with management e.g. the Clinical Pharmacist attending ward rounds at the site.

v. The documentary evidence provided to the team in advance of the visit included details of scheduled teaching activity. Scheduled teaching was described as mainly being delivered at UHL and accessed at SJH via videoconferencing facilities. Education and training sessions were described as bleep-free and the team noted that a dedicated one-hour week of teaching had recently been formalised at the site.

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

<u>Compliance</u>

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. Induction at SJH should be mandatory and take place prior to interns commencing practice-based training at the site.

Commendation (s)

1. The learning opportunities provided by the involvement of the Pharmacist at ward rounds.

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

There is an assigned trainer for each intern post at SJH, as outlined in the rotations list for the Mid-West Intern Training Network. Interns spoke positively of the Senior House Officer (SHO) and consultant supports available to them but noted an absence of permanent Registrar staff, with a recent high turnover of locum staff at this level. This issue was acknowledged during the meeting with intern training representatives and the team noted that efforts are ongoing to address this issue.

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. Staffing levels should be reviewed to ensure that there is always adequate supervision of interns.

Commendation (s)

1. The team commend the consultant supports available to interns.

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 and the intern training representatives described regular opportunities for informal feedback and discussion ahead of formal end of rotation sign-off. Interns spoke positively of the of the role of the onsite Intern Supervisor and of their awareness of the individual capabilities of each intern and that further training and support is provided as required.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

6. Professionalism

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

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

Interns are provided with the Medical Council's Guide to Professional Conduct and Ethics for Registered Medical Practitioners, as part of their induction material provided by the Intern Training Network. The topic of professionalism is included in the site-specific induction schedule for SJH. The interns who met with the team described professionalism as being promoted through practice-based training at SJH and had high praise for the Network Intern Tutor/Fellow for promoting professionalism at the site.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

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 at the site provides interns with access to a sufficient number of patients and an adequate case-mix for their three-month rotation at the site.

ii. There is no library onsite at SJH but interns have access to a training room with computer access and videoconferencing facilities. The team was made aware that interns have online access to the UHL library. Interns described online access to the UHL library as difficult and were unaware of the ATHENS access portal. The site's Intern Supervisor was aware of this issue and acknowledged the need to promote awareness of the ATHENS portal amongst interns.

iii. The number of interns onsite is appropriate to the current resources at SJH. The team was made aware of difficulties in filling Registrar posts on a permanent basis and that efforts are underway to address this.

iv. Interns described feeling comfortable raising ethical issues with the Intern Supervisor. Interns were aware of the formal channels for reporting clinical incidents.

v. There are onsite occupational health services. Interns were aware of the services available and had high praise for occupational health staff. Interns can also avail of the occupational health services available through UHL.

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 interns are aware of the ATHENS password access to the UHL online library.

2. Continue efforts to secure appropriate staffing levels at the site.

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 hospital group organisational chart was provided which demonstrated clear lines of reporting at group level. The SJH organisational chart was provided however the team noted that the chart did not detail the educational governance arrangements at the site. It was outlined in the self-evaluation submission that trainers liaise with the hospital group Training Lead on educational governance matters. At the time of the inspection visit there was no identified site lead for educational governance due to recent changes in personnel.

ii. There is a Training Committee at group level with Lead NCHD representation. In the absence of an identified site lead, the arrangements for maintaining oversight of the learning environment were unclear to the visiting team and it was not evident that there was appropriate trainee representation at site level.

iii. Copies of the annual SLA between the HSE and the Royal College of Physicians of Ireland (RCPI) were provided, which outlined the responsibilities and expectations of each party in the delivery of specialist training. There is a regional postgraduate training body office at UHL but despite this there was no evidence of clear arrangements between the site and this office. This was reflected in the absence of available information at site level specific to postgraduate training body requirements. The team was advised that this was due to recent staff changes within SJH management.

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 educational governance at site level and strengthen trainee representation. Update the site organisational chart once complete.

2. Ensure that there are clear arrangements between the site and the postgraduate training body in ensuring the training programme requirements 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. There are three trainees at SJH. The team met with two trainees (in programmes of specialist training), this included one current trainee and a trainee who had recently completed a rotation at the site. Trainees are made aware of their supervisor and team structures at the start of their rotation.

ii. The team was provided with the site's Clinical Incident Policy, processes and details of the shared learning that arises from the reporting of incidents. During the meeting with management the team heard how sample incident reports in relation to medication safety are used as a teaching point at the following medication safety sessions with trainees. Trainees were aware of the process for reporting incidents but described follow-up feedback from management as lacking.

iii. Currently there is no formal handover, however the team was advised that a new policy had been developed to address this and there are also arrangements in place to secure a dedicated space for 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. Feedback should be provided following incident reporting.

2. Formalise handover through the implementation of the SJH handover policy.

Commendation (s)

No commendations made.

Level of compliance: PC

C. Accountability

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

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

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

i. The hospital group's Training Lead, CEO and Chief Academic Officer (CAO) are the named individuals responsible for ensuring that Medical Council requirements for clinical training sites are met. At the time of the inspection visit, a representative based at the site was yet be appointed following recent staff changes.

ii. The group CAO is the named individual responsible for ensuring that requirements set out by the postgraduate training bodies are met at clinical training sites within the group.

iii. The group's Training Lead and CAO team are responsible for ensuring that the site communicates effectively with the HSE's education and training function as required.

iv. The group CAO is the named individual responsible for ensuring that education and training is supported through organisational change.

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. Urgently identify and appoint a lead representative to oversee the educational governance arrangements at site level.

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. SJH has a site-specific policy for induction. At the time of the inspection visit, the team was made aware that the policy had recently been updated. Trainees described induction as informal.

ii. Attendance at induction is recorded and a sample attendance sheet was provided.

iii. Health and safety features during induction as evident in the sample induction schedule provided.

iv. Documentary evidence included examples of specialty-specific induction material however, during discussion with trainees, there was no evidence of formal, scheduled specialty-specific induction at the site.

v. National and local policies are made known to trainees as part of their induction and are available centrally on the Q-Pulse system.

vi. As indicated in the site's self-evaluation submission, the team noted that SJH utilise the National Employment Record system to minimise 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. Implement the site-specific induction policy.

2. Specialty-specific induction should be provided. Formalise the approach to specialty-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. The site's self-evaluation submission noted three trainees and five trainers at the site. At the time of the visit, the team was advised that the number of trainers had reduced to three due to recent staff changes. Trainees and trainers described appropriate levels of supervision. Trainees had high praise for their clinical supervisors.

ii. Trainees are made aware of their clinical supervisors on arrival to the site.

iii. & iv. The level of supervision is tailored to the stage of training in accordance with programme requirements and individual trainee capabilities. Trainees and trainers described close working relationships, with trainers being very aware of individual trainee capabilities and provide additional training and support as required.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

1. Trainees have strong consultant supports at the site.

Level of compliance: FC

F. Opportunities for training through clinical practice for Trainees

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

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

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

i. &. ii. Trainees and trainers outlined the opportunities for training through clinical practice. Opportunities were also evident in the sample team schedule provided. Trainers described observing trainees' complete procedures as part of the ongoing assessment of clinical skills. Trainees described working at an appropriate level but noted that the transfer of tasks is not working as well as it could at the site. Trainees and trainers noted that the absence of phlebotomy staff at weekends results in the task defaulting to trainees.

Compliance

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

Recommendation (s)

1. Work to implement the transfer of tasks policy in full.

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. – iii. Sample teaching and team schedules were provided. Trainees are facilitated to attend formal and informal education and training opportunities onsite and also through videoconferencing to UHL. Examples of opportunities include ward rounds, grand rounds, audit and medication safety meetings, and journal club. Scheduled teaching was described as protected (bleep-free) and trainees can attend study days as required.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

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 two of the three trainers at SJH. Trainers are provided with protected training time for scheduled NCHD teaching. Trainers described the site as supportive and that they are facilitated to attend trainer development activities 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 commendations made.

Commendation (s)

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

Level of compliance: FC

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

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

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

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

i. & ii. The team reviewed the education facilities at SJH. There is a training room with online access to the UHL library. Videoconferencing facilities are also available providing access to education and training sessions at UHL.

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

J. Access to pastoral and health supports for Trainees

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

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

i. & ii. Occupational health services are available onsite and trainees are made aware of these services during site induction. There is an occupational health nurse available Monday - Friday and an occupational health physician attends once a week. Additional supports available include access to an Employee Assistance Programme.

iii. It was documented in the sites submission that reasonable adjustments would be made if a trainee required support.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

1. The commitment and enthusiasm of the occupational health nurse.

Level of compliance: FC

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

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

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

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

i. & ii. Trainees are facilitated to have online contact with their postgraduate training bodies and were aware of their key contact. Trainees also have access to the regional RCPI training office at UHL.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

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

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

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

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

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

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

i. & ii. The Ethical Guide is provided to trainees during induction and trainees were aware of the Guide. Professionalism is emphasised during scheduled NCHD teaching e.g. case-based discussions and is largely promoted informally through the examples set by colleagues. Trainees described practical training in breaking bad news through observing their trainers engaging with patients and families. Trainees have the opportunity to take part in regular audits and the team was made aware of the requirements for staff to complete training in Children First and Open Disclosure. An ethos of professionalism was apparent to the team throughout the visit and from discussions with staff.

iii. The team was provided with the HSE Dignity at Work Policy and the sites recently updated Disciplinary and Grievance procedures. Trainees described their trainers as open and approachable and would feel comfortable in raising any concerns they had with their trainer.

iv. Trainers described a clear escalation policy up to and including referral to the Medical Council. The sites' submission referred to a Medical Council 'Handling of Concerns' document. The team advised this was out of date.

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. Refer to the Medical Council website for up to date information on the 'Handling of Concerns' and update formal policy documentation on the referral pathway as required.

Commendation (s)

No commendations made.

Level of compliance: FC

M. Safe working environment

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

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

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

i. Site-specific health and safety documentation was provided to the team and included sample risk management forms and safety statements.

ii. It was noted in the site's self-evaluation submission that compliance with the European Working Time Directive is a challenge based on current staffing levels. Recent compliance data was provided on the day which reflected challenges in maintaining compliance with the 24-hour shift and the 48-hour working week.

Compliance

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

Recommendation (s)

1. Continue efforts to ensure compliance with the European Working Time Directive.

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 was provided with the 2016 RCPI inspection report for the programme of basic specialist training (BST) in General Internal Medicine. Responses from the site and follow-up inspection reports were not available to the team prior to, or on the day of the inspection. It was evident that a number of recommendations were still to be addressed e.g. the need for dedicated phlebotomy staff and Registrar on-call supports. The team noted that there had been an increase in the number of BST posts (from one to two) since the 2016 RCPI inspection.

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. Engage with the postgraduate training body and the hospital group to ensure that postgraduate training body inspection reports and associated correspondence are readily accessible to site management.

2. Work with the hospital group and the postgraduate training body to ensure that speciality-specific requirements are met. This includes addressing outstanding recommendations.

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. A sample on-call rota was provided. Management advised the team that newer Senior House Officers (SHO) undertake a competency assessment prior to providing on-call cover. This is to ensure that the appropriate supports are in place during on-call and rota adjustments are made to support this. On-call activity ceases at 10.00pm. There is no overnight on-call at SJH and trainees are not required to provide on-call cover at UHL. Management advised that they are looking to secure 24-hour Registrar support based on the changes in the patient profile presenting at the site.

ii. Trainees are provided with in-house supervision during the on-call period, but it was noted that the level of supervision is reduced on weekends. Registrar and consultant support is available offsite.

iii. There are appropriate post-call leave arrangements in place for trainees.

iv. The team reviewed the onsite on-call accommodation facilities which were considered safe and secure.

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 24-hour Registrar cover onsite.

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 meet with their assigned trainer at the start of rotations to set specific learning objectives in the line with their programme requirements. The team heard of close working relationships between trainees and trainers. Trainees also have access to the UHL MRCPI tutorial programme and onsite patient examination tutorials.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

Q. Opportunities for multi-disciplinary teamwork

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

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

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

i. & ii. Opportunities for multi-disciplinary teamwork are limited. Management advised the team that this is being reviewed following the cease of the geriatric service provision. Engagement with clinical colleagues currently includes teaching activity with the involvement of Nurses and the Clinical Pharmacist on ward rounds.

Compliance

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

Recommendation (s)

1. Increase the opportunities for trainee engagement in multi-disciplinary teamwork.

Commendation (s)

No commendations made.

Level of compliance: PC

R. Opportunities for Trainees to provide feedback to employing authority

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

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

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

i. & ii. A sample exit interview form was provided. This provides trainees an opportunity to feedback on their experience of working within a specific department at SJH. In addition to this, trainees are informally encouraged to share feedback with their trainers and management. Trainees reported that they feel comfortable in raising concerns with their trainers. Examples of how such feedback has been actioned were outlined e.g. roster changes. Trainees also have the opportunity to provide feedback to the group Training Lead on the standards of the training environment 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)

1. Formalise the additional avenues of seeking feedback from trainees on the quality of the learning environment.

Commendation (s)

No commendations made.

Level of compliance: FC

Evaluation of Compliance with Medical Council Standards

Compliance level rating

Level of compliance with each Standard:

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

Clinical training site:
Nenagh Hospital (NH)

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 provided with organisational charts which demonstrated clear lines of reporting at group level. The two consultant trainers, one of whom is the site's Clinical Lead, are the onsite educational leads who report directly to hospital group management.

ii. There is a Training Committee at group level with Lead NCHD representation. The team was advised that one of the three Lead NCHDs based at University Hospital Limerick (UHL) visit NH as part of the Lead NCHD role. At site level, it was not clear how this works in practice.

iii. Copies of the annual SLA between the HSE and the Royal College of Physicians of Ireland (RCPI) was provided, which outlined the responsibilities and expectations of each party in the delivery of specialist training. The onsite trainers at NH link with the RCPI regional office at UHL.

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 educational governance arrangements at site level and strengthen trainee representation.

Commendation (s)

No commendations made.

Level of compliance: PC

B. Clarity of clinical governance arrangements

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

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

i. The team had the opportunity to meet with the two trainees (enrolled in programmes of basic specialist training) at NH. Trainees complete a single three-month rotation at this site. There was no evidence of site-specific documentation provided to trainees in line with the requirements of this standard.

ii. The team was provided with the site's Clinical Incident Policy. Trainees described their awareness of the process for reporting critical incidents at the site.

iii. Handover was described as verbal and informal. There was no evidence of documented handover 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. Develop site-specific formal documentation to outline trainee responsibilities, level of authority and lines of accountability. This document should be provided to trainees at induction.

2. Handover practice should be formalised by the development and implementation of a site-specific handover policy.

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

The two consultant trainers, one of whom is the site's Clinical Lead, are the onsite educational leads who report directly to hospital group management. Overall accountability in ensuring the requirements of this standard sits with hospital group management as indicated below.

i. The hospital group's Training Lead, CEO and Chief Academic Officer (CAO) are the named individuals responsible for ensuring that Medical Council requirements for clinical training sites are met.

ii. The group CAO is the named individual responsible for ensuring that the requirements set out by the postgraduate training bodies are met at group level.

iii. The hospital group Training Lead ensures that there is effective communication with the HSE's National Doctor Training and Planning Unit as required.

iv. The group CAO is the named individual responsible for ensuring that education and training is supported through organisational change.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

D. Induction arrangements for Trainees

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

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

i. Sample induction material for UHL and NH was provided to the team. There was no evidence of an induction policy at NH. The team was advised that induction takes place every three-months (in line with trainee rotations at the site) but that formal site induction takes place once a year (July).

ii. It was outlined in the site's self-evaluation that attendance at induction is recorded. A sample attendance sheet for formal induction (July) was provided to the team.

iii. A sample agenda for July induction at NH was provided and health and safety was an item. There was no evidence of site-specific health and safety induction being provided to trainees who commence training at NH outside of July.

iv. Specialty-specific induction material was provided in advance of the visit. Trainees described induction as informal and as being provided through the team structures at the site.

v. All relevant national and local policies are available centrally on the Q-Pulse system.

vi. As indicated in the site's self-evaluation submission, the team noted that NH utilise the National Employment Record system to minimise 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 site-specific induction policy.

2. Formal induction should be provided for all trainees at the start of each rotation.

3. A site-specific health and safety induction should be provided to trainees at the start of each rotation.

4. Formalise the approach to specialty-specific induction.

Commendation (s)

No commendations made.

Level of compliance: PC

E. Clear supervisory arrangements for Trainees

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

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

i. The site's self-evaluation submission noted two trainees and two trainers at the site. Trainees described the supervisory arrangements at the site and also spoke of the Registrar supports available.

ii. Trainees are made aware of their assigned trainer prior to commencing their training at NH.

iii. & iv. The team was satisfied from the discussions with the trainees and trainers that the site is complying with the required criteria. Trainers described tailoring the level of supervision based on trainee experience and demonstrated skills, which are continuously monitored through ongoing formal and informal assessment.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

F. Opportunities for training through clinical practice for Trainees

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

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

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

i. & ii. Trainees described the opportunities for training through clinical practice, including the opportunities in the Medical Assessment Unit. The team noted that one of the trainees had successfully completed their membership exam and that the case-mix presenting at the site is limited for a trainee at this stage of training. The transfer of tasks is not fully implemented at the site with tasks such as phlebotomy and ECGs defaulting to trainees. Management acknowledged the limited progress in implementing the transfer of tasks, attributing this to the level of staff turnover 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. Implement the transfer of tasks policy in full.

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.– iii. Trainees described regular attendance at onsite formal and informal teaching sessions. Teaching sessions are protected, and trainee attendance is formally encouraged. An outline of the weekly teaching schedule and a sample training attendance sheet were provided. It was noted during the trainer meeting that teaching topics are determined based on trainee needs and are aligned to part one of the Basic Specialist Training (BST) curricula for General Internal Medicine. It was not evident to the team, how the onsite formal teaching programme is specifically matched to the BST curriculum and the specific stages of training. During the trainer meeting, the team heard of a personalised approach to the identification and management of performance issues during teaching sessions.

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 work schedules of trainees must take account of specific programme requirements. Match the site-specific teaching programme to the training body curriculum as required.

2. Generic learning points should be presented after anonymising data and after 1:1 feedback has been undertaken.

Commendation (s)

1. The efforts to deliver bleep-free teaching onsite and in ensuring trainee attendance at education and training sessions.

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 the two trainers at NH. At the time of the visit, the team understood that only one of the trainers was approved (by the postgraduate training body) as a trainer. The consultant no longer approved as trainer noted that they are liaising with the postgraduate training body to remedy this. Trainers described feeling supported in their training role and sample work plans outlining scheduled training time were provided.

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. Engage with the hospital group and the postgraduate training body to ensure that the requirements for trainers are being adhered to at the site.

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. & ii. The team reviewed the educational facilities at NH which were sufficient for the current number of trainees at the site. There is study space and videoconferencing facilities provide access to training at UHL. There is computer access in the residence. Wi-Fi is not available at the site but was not reported as an impediment to learning.

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

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 are no occupational health services at NH. Services are available centrally at UHL and include access to an Employee Assistance Programme. Management advised that access to occupational health services are made known to trainees during site induction. Trainees were unaware of the process for accessing occupational health services via NH. Management advised the team that there is a needlestick pathway but the trainees who met with the team were unaware of this.

iii. It was documented in the sites submission that reasonable adjustments would be made if a trainee required support.

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 hospital group occupational health services should be outlined to trainees at the commencement of each rotation at NH.

2. The site's needlestick pathway should be clearly outlined to trainees at the start of each rotation at NH.

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 are facilitated to have online contact with their parent training body via I.T. access at the site. Trainers at NH are the onsite postgraduate training body representatives and there is an RCPI regional training office for the hospital group based at UHL.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

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

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

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

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

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

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

i & ii. There was no evidence of promotion of the Ethical Guide at NH. Professionalism was described as generally being promoted informally, with specific teaching on ethical issues as they arise in clinical cases.

iii. HSE policy documents including Dignity at Work and Disciplinary and Grievance procedures were provided. Trainees were unsure of the pathway to raise concerns regarding unprofessionalism but noted that they would approach their consultant trainer in the first instance.

iv. The sites submission referred to a Medical Council 'Handling of Concerns' document. The team advised that this document was out of date.

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 explicit promotion of the Medical Council's Ethical Guide.

2. Ensure that trainees are aware of the pathway for raising concerns regarding unprofessionalism.

3. Refer to the Medical Council website for up to date information on the 'Handling of Concerns' and update formal policy documentation on the referral pathway as required.

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. There is a health and safety committee and the site's safety statement was provided to the team.

ii. European Working Time Directive (EWTD) compliance data was provided and indicated a high level of compliance however it was outlined in the site's self-evaluation submission that meeting EWTD requirements remains a challenge. It was understood that this is based on the current staffing levels 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. Continue efforts to ensure compliance with the requirements of the European Working Time Directive.

Commendation (s)

No commendations made.

Level of compliance: PC

N. Specialty-specific supports

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

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

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

i. & ii. A copy of the 2016 RCPI inspection report for General Internal Medicine was provided. There was no evidence of ongoing dialogue between the site and the postgraduate training body, to demonstrate how recommendations are being addressed.

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. Engage with the postgraduate training body and the hospital group to ensure that postgraduate training body requirements are met.

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 rotas, including details of the consultant on-call were provided. The team heard how on-call frequency for NCHDs is high due to staff shortages at the site.

ii. Trainees are appropriately supervised until 11.00pm when Registrar cover moves offsite. There is consultant availability during the on-call period.

iii. There are appropriate post-call leave arrangements in place for trainees.

iv. Assessors visited the on-call accommodation facilities at the site. The facilities were considered safe and secure with controlled 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. Consideration should be given to providing 24-hour onsite Registrar cover based on the case-mix presenting at the site and the level of trainee experience.

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 trainer at the start of the rotation to set learning goals. Continuous monitoring allows for regular feedback on trainee performance. It was noted that trainees are facilitated to attend all assessments as required by the RCPI.

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. There are no formal multi-disciplinary team meetings onsite. Opportunities for multi-disciplinary teamwork are available on the wards through engagement with nursing, pharmacy, and occupational health staff. There are also visiting disciplines which provide additional promotion of multi-disciplinary teamwork at the site.

Compliance

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

Recommendation (s)

1. Maximise the opportunities for multi-disciplinary teamwork.

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. The team was not provided with any evidence of how formal feedback is sought from trainees at site level. The team was advised that one of the three Lead NCHDs based at UHL visit NH to seek feedback from trainees. It was not clear how this works in practice and there was no evidence provided to demonstrate this.

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. There should be formal feedback mechanisms in place at site level, to seek and utilise trainee feedback to maintain and improve the quality of the clinical learning environment.

Commendation (s)

No commendations made.

Level of compliance: NC

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:
Croom Hospital (CH)

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 organisational chart for the hospital group demonstrates clear lines of reporting at group level. The site's Clinical Lead is the identified training lead for CH, reporting to the hospital group.

ii. There is a Training Committee at hospital group level with Lead NCHD representation, however trainee representation at site level was unclear. The team was made aware that no formal meeting had occurred between trainees at CH and the hospital group Lead NCHD to feed back to the group Training Committee on education and training matters.

iii. Copies of the annual SLA between the HSE and the Royal College of Surgeons in Ireland (RCSI) was provided, which outlined the responsibilities and expectations of each party in the delivery of specialist training. The team was advised that postgraduate training body requirements for CH are managed centrally at hospital group level. Despite the SLA between the HSE and the RCSI, the recommendations from the RCSI from their last visit in 2017, had not been fully implemented at the site.

Compliance

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

Recommendation (s)

1. Review the educational governance arrangements at site level, strengthening trainee representation.

2. Work closely with the hospital group to ensure that recommendations from the postgraduate training body are implemented as required.

Commendation (s)

No commendations made.

Level of compliance: PC

B. Clarity of clinical governance arrangements

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

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

i. The team had the opportunity to meet two of the four trainees (in programmes of basic and higher specialist training) at CH. Trainees were aware of the lines of accountability at the site.

ii. The team was provided with the Clinical Incident Policy that is utilised across all sites within the hospital group. Trainees described their awareness of the process for reporting incidents at the site and subsequent learning from the reporting of incidents.

iii. Trainees described their experience of post-operative handover. There was no evidence of formal policy documentation for handover 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. Formalise handover at CH through the development and implementation of a handover policy.

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

The site's Clinical Lead is the identified training lead for CH, reporting to the hospital group. Overall accountability in ensuring the requirements of this standard resides with hospital group management as indicated below.

i. The hospital group Training Lead, CEO and Chief Academic Officer (CAO) are the named individuals responsible for ensuring that Medical Council requirements for clinical training sites are met across the group.

ii. The group CAO is the named individual responsible for ensuring that the requirements set out by the postgraduate training bodies are met across all sites within the hospital group. Implementing key recommendations following the most recent visit from the postgraduate training body were outlined as a challenge in the site's self-evaluation submission.

iii. At site level, CH's Clinical Lead engages with hospital group management, who in turn engage directly with the HSE on education and training matters. There is also the appointed HSE National Doctors Training and Planning (NDTP) Training Lead at group level.

iv. The group CAO is the named individual responsible for ensuring that education and training is supported through organisational change across the group.

Compliance

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

Recommendation (s)

1. The site requires greater integration with and support by the group in the allocation of resources to ensure that the recommendations of the RCSI are fully implemented.

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 the induction material used at UHL. There is no site-specific induction policy for CH.

ii. Attendance at induction was described as mandatory. There was no evidence of trainee attendance at induction. The team heard how service is not curtailed to facilitate attendance at induction.

iii. There was no evidence of site-specific health and safety induction at CH.

iv. Speciality-specific induction material was provided but there was no evidence of scheduled formal specialty-specific induction sessions taking place at the site. Trainees described useful informal contact with the outgoing trainee, in preparing them for their rotation at the site.

v. National and local policies are available centrally on the Q-Pulse system.

vi. CH utilise the National Employment Record system to minimise the duplication of employment-related documentation. This is coordinated centrally for the hospital group at UHL.

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 site-specific induction policy.

2. All trainees commencing rotations at CH should be facilitated to attend site induction.

3. Site-specific health and safety is a requirement of induction.

4. There should be formal specialty-specific induction at CH.

Commendation (s)

No commendations made.

Level of compliance: PC

E. Clear supervisory arrangements for Trainees

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

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

i. The site's self-evaluation submission noted four trainees and six trainers (as approved by the postgraduate training body) at the site. There is an Assigned Educational Supervisor providing educational supervision and NCHD teaching at CH. Trainees and trainers described appropriate levels of supervision. Trainees praised the level of access to trainers at the site.

ii. Trainees are made aware of their clinical supervisors prior to arrival at the site via the postgraduate training body.

iii. & iv. The team was satisfied from the discussions with the trainees and trainers that the site is complying with the required criteria of this standard. Trainers tailor the level of supervision based on trainee experience and skills.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

1. The level of consultant supervision was highly complimented by trainees.

Level of compliance: FC

F. Opportunities for training through clinical practice for Trainees

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

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

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

i. The team met with trainees engaged in Basic Specialist Training (BST) and Higher Specialist Training (HST). Trainees described their participation in clinical practice as being appropriate for their current stage of training. It was noted that a deficiency in NCHD numbers can result in an increased workload for trainees at times and that this issue is being pursued by site management. The implementation of the transfer of tasks policy was described as intermittent at CH.

ii. Trainees described examples of training in their day-to-day clinical practice such as ward rounds and supervised theatre time. The examples were further evidenced by a review of sample logbook activity.

Compliance

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

Recommendation (s)

1. Continue to work closely with the hospital group to secure an adequate number of NCHDs to facilitate the training and service requirements at the site.

2. Implement the transfer of tasks consistently at the site.

Commendation (s)

1. Trainees recognised the value of training in CH and rated it highly.

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.– iii. Trainees described being facilitated to attend education and training sessions in line with training programme requirements. The teaching activities list provided to the team outlined formal scheduled education and training. Formal teaching is delivered across CH and UHL and includes case conferences, trauma teaching, and grand rounds. Trainees also described the informal education and training opportunities available to them such as case discussions, ward rounds, and supervised theatre time.

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

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. There are six trainers at CH. The team met with the Assigned Educational Supervisor (who is also the CH assigned training lead) and were provided with a sample trainer work schedule. The trainer described feeling supported in their training role and reported being able to attend trainer development activities. The site training lead also ensures that fellow trainers at the site have completed the appropriate training courses.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

1. The enthusiasm, commitment and oversight of the Assigned Educational Supervisor.

Level of compliance: FC

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

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

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

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

i. & ii. The team reviewed the education facilities at CH, including a reading room which has 24-hour access and online access to the UHL library. Trainees described internet access at the site as non-existent and a drawback of training at the site.

Compliance

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

Recommendation (s)

1. Review the internet access at the site to ensure that appropriate resources are in place to facilitate directed and self-directed learning.

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 are no occupational health services available onsite. Services are available centrally at UHL and include remote access to an Employee Assistance Programme. The team heard how an absence of site induction meant that trainees were not made aware of how to access occupational health services via CH. Trainees described how they would approach their colleagues for support.

iii. It was documented in the site's submission and discussed during the meeting with management that reasonable adjustments would be made to support individual trainee needs 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. Clear signposting at CH of the occupational health supports available through UHL. This should be included at induction and throughout training.

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 were aware of the key contacts in the postgraduate training body and spoke of regular email communications. The Assigned Educational Supervisor represents the postgraduate training body onsite and has regular contact 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

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

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

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

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

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

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

i. & ii. There is no formal teaching on professionalism at CH and there was no evidence provided to the team to indicate explicit promotion of the Ethical Guide. It was noted in the site's self-evaluation submission that this is an area for improvement at the site. It was reported during the management meeting that trainers would benefit from completing human factors training in order to facilitate the promotion of professionalism at the site.

iii. HSE policies for Dignity at Work, Disciplinary and Grievance procedures were provided to the team. It was noted during the meeting with management that the procedures for addressing unprofessionalism are outlined to trainees during induction. Trainees who met with the team were unaware of the mechanisms to report instances of unprofessionalism at the site.

iv. The Medical Council 'Handling of Concerns' document was referenced as the document detailing the pathway for referral of concerns. The team advised site management that this document was out-of-date.

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 explicit promotion of professionalism at CH. This includes promotion of the Medical Council's Ethical Guide.

2. The team support the suggestion that trainers should complete human factors training as part of formally promoting professionalism at the site.

3. Refer to the Medical Council website for up to date information on the 'Handling of Concerns' and formally document the referral pathway at CH for reporting concerns to the Medical Council.

Commendation (s)

No commendations made.

Level of compliance: PC

M. Safe working environment

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

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

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

i. Sample health and safety documentation was provided to the team. This included site risk assessments related to employee health and wellbeing.

ii. Complying with the requirements of the European Working Time Directive is a challenge at the site. The team reviewed sample rota's and considered such to be unsafe based on working hours being in excess of legal requirements and required rest periods not being provided for, posing personal risk to trainees and potential patient safety issues. It was noted that the need to increase staffing levels at the site has been brought to the relevant authorities with no resolution to date. It was agreed during the inspection visit that the Assigned Educational Supervisor at the site would immediately review the arrangements for weekend rosters in response to this issue.

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 compliance with the requirements of the European Working Time Directive.

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 was provided with the 2017 Inspection Report from the Royal College of Surgeons in Ireland (RCSI) for the programme of specialist training in Trauma and Orthopaedic Surgery. The report provided an update on the progress in implementing the recommendations since the 2012 inspection visit but it was noted that recommendations were still to be implemented at the 2017 visit.

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. Action the recommendations from the 2017 RCSI Inspection Report.

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. A sample on-call rota was provided to the team. The assessor team concluded that the rota was appropriate for the activity of trainees engaged in programmes of BST at the site. Higher Specialist Trainees provide on-call cover between CH and UHL. The team heard how a lack of senior support in the UHL Emergency Department can result in an inappropriate workload for the on-call visiting HST trainee.

ii. The sample on-call rota provides details of the supervising consultant. Trainees described appropriate levels of supervision.

iii. The post-call leave arrangements for trainees working at CH are not compliant with the legal requirements for rest periods. It was reported to the team that trainees at BST level can go home post-call where possible. This arrangement is not available to trainees at HST level providing cross-cover between sites.

iv. The team reviewed the onsite on-call accommodation. It was noted that access to the on-call accommodation is access-controlled, with swipe cards soon to be introduced.

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. Engage with UHL to review and appropriately manage the workload presented to HST trainees providing on-call cover within the UHL Emergency Department.

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. The trainer described meeting with trainees at the start of a rotation to set learning goals and described the close supervisory arrangements with trainees, that allow for continuous performance assessment. Sample e-logbooks were provided to the team, demonstrating regular assessment of clinical operative skills.

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 are reflective of the level of service provision at the site. Examples at CH include trainees working with Physiotherapists on a daily basis and attendance at the Orthogeriatric meetings at UHL.

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. & ii. There was no evidence of formal mechanisms for trainees to provide feedback on their training experience at the site. The role of the Lead NCHD for the hospital group was outlined in the site's self-evaluation submission however, there was no evidence of engagement with trainees at CH since trainees commenced rotation at the site. Trainees did describe having access to their trainers, but it was not evident that such feedback is actively sought from trainees by site management, to maintain and improve the standards of the training environment.

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. As a site supporting the delivery of specialist training, there should be opportunities at site level, for trainees to provide feedback on their training experience. Develop formal feedback mechanisms at CH to monitor the quality of the clinical learning environment at the site.

Commendation (s)

No commendations made.

Level of compliance: NC

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:
Ennis Hospital (EH)

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 provided with the organisational chart for the hospital group, which demonstrated clear lines of reporting for educational governance at group level. The hospital group NCHD Education and Training Flow Chart was also provided. At site level, the Clinical Director for EH is the lead for educational governance, supported by the trainer for Basic Specialist training.

ii. The hospital group have a Training Committee with Lead NCHD representation. The site's educational lead reports to the hospital group on education and training matters via the group committee structures. The 'trainee voice' is represented on the hospital group's Training Committee however there was no evidence of engagement between this Committee and trainees rotating through EH.

iii. The requirements of the postgraduate training bodies are managed at hospital group level for all sites within the group. Copies of the annual SLA between the HSE and the Royal College of Physicians of Ireland (RCPI) were provided, outlining the responsibilities and expectations of each party in the delivery of specialist training. There are also quarterly meetings between representatives of the hospital group, the HSE's National Doctors Training and Planning unit, and the RCPI, specific to training matters at sites within the hospital group. Despite this, the recommendations from the RCPI from their last visit in 2016, have not been fully implemented.

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. To maintain oversight of the learning environment, there should be appropriate trainee representation from EH on the relevant committees for educational governance.

2. Ensure that postgraduate training body requirements are being met in line with the agreements between the relevant bodies.

Commendation (s)

No commendations made.

Level of compliance: PC

B. Clarity of clinical governance arrangements

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

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

i. The team had the opportunity to meet a former trainee who completed a rotation as part of their Basic Specialist Training (BST) at EH. The trainee was aware of the reporting lines and lines of accountability at the site.

ii. The team was provided with the Clinical Incident Policy used across the hospital group and was made aware of the designated Committee responsible for managing reported incidents at the site. The trainee was aware of the procedures for reporting clinical incidents.

iii. Handover practices, and the learning opportunities that arise during handover were outlined to the team. The team heard of occasions where there is a lack of information being received at EH, when patients transfer from University Hospital Limerick (UHL). In addition, an absence of information being communicated onsite at EH can result in the duplication of patient paperwork.

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. Work with UHL and the wider hospital group to review and improve the current patient transfer practice for the benefit of patients and trainees.

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

The Clinical Director for EH is the lead for educational governance at the site, supported by the trainer for Basic Specialist training. Overall accountability in ensuring the requirements of this standard resides with hospital group management as indicated below.

i. The Training Lead, CEO and Chief Academic Officer (CAO) for the hospital group, are the named individuals responsible for ensuring that Medical Council requirements for clinical training sites are met.

ii. The group CAO is the named individual responsible for ensuring that requirements set out by the postgraduate training bodies are met at clinical training sites.

iii. The hospital group Training Lead is responsible for ensuring effective communication and collaboration with the HSE's National Doctor Training and Planning Unit.

iv. The CAO is the named individual responsible for ensuring that education and training across the group is supported through organisational change. The trainers who met with team noted that there could be better integration with the hospital group in ensuring that the required supports for education and training at the site are in place.

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 site requires greater integration with the group to support the education and training requirements at the site.

Commendation (s)

1. The team commends the enthusiasm and strong commitment of the site's Clinical Director who has responsibility for educational governance at the site.

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 induction material for EH but noted that there is no local induction policy for the site. During the meeting with management it was reported that induction takes place at the start of each new rotation at the site.

ii. There was no evidence of how the induction programme is managed at the site. In addition, there was no evidence of trainee attendance at induction.

iii. There was no evidence of a site-specific health and safety induction.

iv. There was no evidence of formal departmental induction at the site.

v. All relevant national and local policies are available centrally on the Q-Pulse system.

vi. As indicated in the site's self-evaluation submission, the site utilises the National Employment Record system to minimise the duplication of employment-related documentation. The team noted that this is managed centrally at UHL. There was, however, evidence of deficiencies in the transfer of key information in preparation for the arrival of a new trainee.

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 site-specific induction policy to govern site induction.

2. Ensure arrangements are in place to monitor the implementation of the induction policy.

3. Health and safety is a requirement of site-specific induction and must be included as part of site induction.

4. There should be a programme-specific induction for incoming trainees at the start of their rotation.

5. EH should work with the hospital group to ensure the effective transfer of required information for incoming trainees.

Commendation (s)

No commendations made.

Level of compliance: PC

E. Clear supervisory arrangements for Trainees

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

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

i. There are three trainers and one approved training post for Basic Specialist Training (BST) at EH. Appropriate levels of supervision were described to the team with consultant access described as readily available.

ii. Trainees are made aware of their clinical supervisors prior to arriving at the site and are assigned to consultant teams at EH.

iii. & iv. Trainers detailed how supervision is tailored based on the experience of the trainee arriving at the site in line with BST curriculum requirements. The trainee described appropriate supervisory supports in line with their level of competence and stage of training.

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

F. Opportunities for training through clinical practice for Trainees

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

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

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

i. &. ii. The team met with a former trainee who completed a rotation at the site as part of their BST. Participation in clinical practice was considered to be appropriate for the stage of training. The transfer of tasks was described as well-established at EH. Exposure in the Medical Assessment Unit was provided as an example of training through clinical practice. The trainee described a good level of exposure during their rotation 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

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

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

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

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

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

i.– iii. Attendance at training activities is facilitated to ensure that specific training programme requirements are met. Sample attendance records for formal and informal training activity were provided to the team. The EH teaching activities list outlined formal educational activity including weekly BST teaching, journal club, case presentations, and X-Ray conferences. The team also noted regular access to teaching sessions at UHL, available via the videoconferencing facilities at the site (e.g. grand rounds). The training opportunities available during handover and bedside teaching were also noted.

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

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 two of the three trainers at EH, including the designated training lead for the site. Sample work schedules for trainers, indicating protected training time, were provided. Trainers were hopeful that their training role would be actively supported by the recently established regional postgraduate training body office.

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. & ii. The team reviewed the educational facilities available onsite. There are videoconferencing facilities available to facilitate access to teaching activity at UHL. Wi-fi is not available and the team was made aware of efforts from the site in trying to address this. The team noted that there was a computer available in the onsite accommodation. There is computer access in one of the clinical areas at the site and there are plans to extend computer access to the remaining clinical areas.

Compliance

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

Recommendation (s)

1. The additional computer access for the second clinical area should be acquired in a timely fashion.

Commendation (s)

No commendations made.

Level of compliance: FC

J. Access to pastoral and health supports for Trainees

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

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

i. & ii. There are no occupational health services onsite. Services are available centrally at UHL and include access to an Employee Assistance Programme. Trainee awareness of the services available was limited, with the site's educational lead being described as the 'go-to' person for occupational health needs.

iii. It was documented in the site's submission that reasonable adjustments would be made where a trainee required support.

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 signposting of the occupational health supports available to trainees. This should also feature in site induction.

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 computer access onsite to facilitate contact with the relevant postgraduate training body and there is also a designated BST trainer. The trainee who met with the team was aware of the key contact in regional postgraduate training body office.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

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

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

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

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

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

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

i. & ii. There was no evidence of promotion of the Ethical Guide at EH. Professionalism was described as being taught mainly through the examples set by senior colleagues and also via case conferences.

iii. Policies and procedures for addressing unprofessionalism were provided and included the HSE's Dignity at Work Policy, Disciplinary and Grievance procedures.

iv. The Medical Council's 'Handling of Concerns' document was referenced as the document for referral of concerns. The team advised site management that this document was out of date.

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 explicit promotion of the Medical Council's Ethical Guide.

2. Refer to the Medical Council website for up to date information for referral of concerns and ensure that a referral pathway is documented in site policies and procedures.

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. It was reported in the site's self-evaluation submission that health and safety matters are to be reported to the appropriate site safety representatives. There was no evidence of ongoing monitoring provided to the team.

ii. There was evidence of non-compliance with the requirements of the European Working Time Directive for the 48-hour week. Adequate staffing levels was reported as a challenge 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 non-compliant with this standard.

Recommendation (s)

1. There should be ongoing monitoring of the physical environment to ensure a safe working environment for trainees.

2. Ensure compliance with the European Working Time Directive.

Commendation (s)

No commendations made.

Level of compliance: NC

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 was provided with two inspection reports from 2016 from the Irish Committee on Higher Medical Training, within the RCPI for BST in General Internal Medicine. While it was evident that the majority of the recommendations in the reports had been addressed at the time of the Medical Council inspection visit, some of the issues identified by the postgraduate training body in 2016 were still apparent. The team heard of trainee time being mismanaged as a result of patient admission and discharge information being duplicated due to a lack of communication between consultants and NCHDs. In addition to this, the team found that the site would benefit from strengthened links with UHL and the wider hospital group, to ensure that speciality-specific supports remain fit-for-purpose.

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 recommendations from the 2016 postgraduate training body inspection reports.

2. There should be stronger links between EH and the hospital group to ensure that specialty-specific-supports 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. &. ii. A sample on-call rota was provided to the team. Management advised the team that a typical on-call rota would not be compliant with the European Working Time Directive based on current staffing levels. The on-call activity at the site is appropriate to trainee capability and the team heard how a consultant is always available during on-call.

iii. Post-call leave arrangements were described to the team. It was reported that compliance with required rest periods can vary on occasion based on the service requirements and staff ratio at the site.

iv. The team visited the onsite on-call accommodation which is access controlled.

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 the on-call rota is appropriately staffed in accordance with the rest requirements of the European Working Time Directive.

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 clearly signposting the requirements of the BST curriculum and mapping these to the opportunities available during the three-month rotation at EH. Formal assessment is provided at the end of the rotation and close contact with trainers allows for ongoing monitoring of trainee performance.

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. The trainee described regular multi-disciplinary interactions during their rotation at the site e.g. pharmacovigilance meetings. The patient population at EH to which trainees are exposed facilitates interactions with allied health professionals.

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. & ii. It was outlined in the site's self-evaluation submission that feedback from NCHDs is reported to the site's Clinical Director (who is also the educational lead at the site) and the site's Administrator. During the meetings on the day of the visit, there was no evidence of formal opportunities at site level to provide feedback on the training experience at the site. There is a hospital group wide NCHD wellbeing and training survey but there was no evidence to indicate that feedback specific to EH is being encouraged or utilised. Consultant trainers were described as approachable for informally discussing trainee views. There was a lack of information provided at trainee level of details of the Lead NCHD for the group.

Compliance

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

Recommendation (s)

1. As a clinical training site, there should be formal mechanisms in place to monitor the training experience at the site. Avenues for trainees to provide feedback and procedures for how the site utilises feedback should be included.

Commendation (s)

No commendations made.

Level of compliance: NC

Appendices

Appendix One (a) – Agenda and Team for University Hospital Limerick

Medical Council Clinical Training Site Inspection Visit

University Hospital Limerick

Tuesday 8th October 2019

Assessor Team

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

Dr Aoife Mullally, Assessor & Medical Council member

Dr Helen Hynes, Assessor for the Medical Council

Ms Katharine Bulbulia, Assessor for the Medical Council

Ms Chloe Ryder, Inspection Manager (Lead), Medical Council

Dr Ellen Moran, Inspection Manager, Medical Council

Ms Naomi Kalonzo, Inspection Executive, Medical Council

Time	Activity	Details
7.45am	**Arrive at clinical training site**	Assessor Team to be met by nominated site liaison
8.00am – 8.30am	**Private session of the Assessor Team**	
8.30am – 9.30am	**Meeting with Management**	Introductions and brief overview of education and training at the site
9.30am – 10.30am	**Meeting with Interns**	
10.30am – 11.00am	**Private session of the Assessor Team**	
11.00am – 11.45am	**Meeting with Intern Tutor(s)**	
11.45am – 1.15pm	**Meeting with Trainees**	*(Split Team) - Group 1*
	Meeting with Trainees	*(Split Team) – Group 2*
1.15pm – 2.00pm	**Private session of the Assessor Team**	

2.00pm – 3.00pm	**Meeting with Trainers**
3.00pm - 4.00pm	**Facilities walk around** *(Split Team)* 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)* Members of the Assessor Team to review copies of the documentary evidence to be provided on site
4.00pm – 4.30pm	**Private session of the Assessor Team**
4.30pm – 5.00pm	**Meeting with Management** Close-out meeting following the inspection visit
5.00pm	**Depart from clinical training site**

Appendix One (b) – Agenda and Team for University Maternity Hospital Limerick

Medical Council Clinical Training Site Inspection Visit

University Maternity Hospital Limerick

Thursday 10th October 2019

Assessor Team

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

Ms Katharine Bulbulia, Assessor for the Medical Council

Dr Ailís Ní Riain, Assessor for the Medical Council

Dr Robert Eager, Assessor for the Medical Council

Ms Chloe Ryder, Inspection Manager (Lead), Medical Council

Dr Ellen Moran, Inspection Manager, Medical Council

Ms Naomi Kalonzo, Inspection Executive, Medical Council

Time	Activity Details
7.45am	**Arrive at clinical training site** Assessor Team to be met by nominated site liaison
8.00am – 8.30am	**Private session of the Assessor Team**
8.30am – 9.30am	**Meeting with Management** Introductions and brief overview of education and training at the site
9.30am – 10.15am	**Meeting with Interns**
10.15am – 10.45am	**Private session of the Assessor Team**
10.45am – 11.30am	**Meeting with Intern Tutor(s)**
11.30am – 1.00pm	**Meeting with Trainees**
1.00pm – 1.45pm	**Private session of the Assessor Team**
1.45pm – 2.45pm	**Meeting with Trainers**

2.45pm - 3.45pm	**Facilities walk around** *(Split Team)* 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)* Members of the Assessor Team to review copies of the documentary evidence to be provided on site
3.45pm – 4.15pm	**Private session of the Assessor Team**
4.15pm – 4.45pm	**Meeting with Management** Close-out meeting following the inspection visit
4.45pm	**Depart from clinical training site**

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

Medical Council Clinical Training Site Inspection Visit

St John's Hospital

Tuesday 26th November 2019

Assessor Team

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

Prof Alan Johnson, Assessor for the Medical Council

Dr Ailís Ní Riain, Assessor for the Medical Council

Prof Barry Lewis, Assessor for the Medical Council

Ms Chloe Ryder, Inspection Manager (Lead), Medical Council

Dr Ellen Moran, Inspection Manager, Medical Council

Ms Naomi Kalonzo, Inspection Executive, Medical Council

Time	Activity Details
7.30am	**Arrive at clinical training site** Assessor Team to be met by nominated site liaison
7.30am – 8.00am	**Private session of the Assessor Team**
8.00am – 9.00am	**Meeting with Management** Introductions and brief overview of education and training at the site
9.00am – 9.45am	**Meeting with Interns** *(Split Team)*
	Meeting with Trainees *(Split Team)*
9.45am – 10.30am	**Meeting with Intern Tutor(s)** *(Split Team)*
	Meeting with Trainers *(Split Team)*
10.30am – 11.00am	**Private session of the Assessor Team**
11.00am 11.45am	**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
11.45am – 12.15pm	**Private session of the Assessor Team**
12.15pm – 12.45pm	**Meeting with clinical training site management** Close out meeting following the inspection visit
12.45pm	**Depart from clinical training site**

Appendix One (d) – Agenda and Team for Nenagh Hospital

Medical Council Clinical Training Site Inspection Visit

Nenagh Hospital

Tuesday 26th November 2019

Assessor Team

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

Prof Alan Johnson, Assessor for the Medical Council

Dr Ailís Ní Riain, Assessor for the Medical Council

Prof Barry Lewis, Assessor for the Medical Council

Ms Chloe Ryder, Inspection Manager (Lead), Medical Council

Dr Ellen Moran, Inspection Manager, Medical Council

Ms Naomi Kalonzo, Inspection Executive, Medical Council

Time	Activity Details
1.30pm	**Arrive at clinical training site** Assessor Team to be met by nominated site liaison
1.30pm – 2.15pm	**Private session of the Assessor Team**
2.15pm – 3.15pm	**Meeting with Management** Introductions and brief overview of education and training at the site
3.15pm – 4.00pm	**Meeting with Trainees**
4.00pm 4.45pm	**Facilities walk around** *(Split Team)* Facilities the Team will request to see the following as a minimum on the walk around: • library facilities • on call residence • study rooms • training rooms • occupational health facilities • a walk through of the ED (if applicable)
	Meeting with Trainers

	(Split Team)
4.45pm – 5.15pm	**Review of documentary evidence &** **Private session of the Assessor Team** Members of the Assessor Team to review copies of the documentary evidence to be provided on site
5.15pm – 5.45pm	**Meeting with clinical training site management** Close out meeting following the inspection visit
5.45pm	**Depart from clinical training site**

Appendix One (e) – Agenda and Team for Croom Hospital

Medical Council Clinical Training Site Inspection Visit

Croom Hospital

Tuesday 3rd December 2019

Assessor Team

Prof Fidelma Dunne, Assessor, Medical Council member & Chair of visiting Team

Ms Katharine Bulbulia, Assessor for the Medical Council

Prof Barry Lewis, Assessor for the Medical Council

Ms Chloe Ryder, Inspection Manager (Lead), Medical Council

Dr Ellen Moran, Inspection Manager, Medical Council

Ms Naomi Kalonzo, Inspection Executive, Medical Council

Time	Activity Details
7.15am	**Arrive at clinical training site** Assessor Team to be met by nominated site liaison
7.15am – 7.45am	**Private session of the Assessor Team**
7.45am – 8.45am	**Meeting with Management** Introductions and brief overview of education and training at the site
8.45am – 9.45am	**Meeting with Trainees**
9.45am – 10.30am	**Meeting with Trainers**
10.30am – 11.00am	**Private session of the Assessor Team**
11.00am 11.45am	**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
11.45am – 12.00pm	**Private session of the Assessor Team**
12.00pm – 12.30pm	**Meeting with clinical training site management** Close out meeting following the inspection visit
12.30pm	**Depart from clinical training site**

Appendix One (f) – Agenda and Team for Ennis Hospital

Medical Council Clinical Training Site Inspection Visit

Ennis Hospital

Tuesday 3rd December 2019

Assessor Team

Prof Fidelma Dunne, Assessor, Medical Council member & Chair of visiting Team

Ms Katharine Bulbulia, Assessor for the Medical Council

Prof Barry Lewis, Assessor for the Medical Council

Ms Chloe Ryder, Inspection Manager (Lead), Medical Council

Dr Ellen Moran, Inspection Manager, Medical Council

Ms Naomi Kalonzo, Inspection Executive, Medical Council

Time	Activity Details
1.30pm	**Arrive at clinical training site** Assessor Team to be met by nominated site liaison
1.30pm – 2.15pm	**Private session of the Assessor Team**
2.15pm – 3.15pm	**Meeting with Management** Introductions and brief overview of education and training at the site
3.15pm – 4.00pm	**Meeting with Trainees**
4.00pm 4.45pm	**Facilities walk around** *(Split Team)* Facilities the Team will request to see the following as a minimum on the walk around: • library facilities • on call residence • study rooms • training rooms • occupational health facilities • a walk through of the ED (if applicable)
	Meeting with Trainers *(Split Team)*

4.45pm – 5.15pm	**Review of documentary evidence** Members of the Assessor Team to review copies of the documentary evidence to be provided on site
	Private session of the Assessor Team
5.15pm – 5.45pm	**Meeting with clinical training site management** Close out meeting following the inspection visit
5.45pm	**Depart from clinical training site**

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

Comhairle na nDochtúirí Leighis
Medical Council

STANDARDS FOR TRAINING AND EXPERIENCE

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

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

Standard 1: Rotations

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

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

Standard 2: Accreditation

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

Standard 3: Content of training

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

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

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

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

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

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

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

Standard 4: Supervision

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

Standard 5: Assessment

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

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

Standard 6: Professionalism

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

Standard 7: Resources

The training site must have:

- Access to a sufficient number of patients and case mix so as to provide exposure to a broad range of clinical cases appropriate to the rotation.
- Space and opportunity for private study and access to a library with adequate and up to date books and journals, including on-line access to standard library databases for journal access and literature searches.

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

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

Approved by the Medical Council
9th September 2010

and

Revised by the Medical Council
14th April 2011

Appendix Three – Guidelines on medical education for interns

Comhairle na nDochtúirí Leighis
Medical Council

GUIDELINES ON MEDICAL EDUCATION AND TRAINING FOR INTERNS

1. Statutory Context

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

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

2. Type of rotation

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

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

3. Accreditation

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

4. Education and

Training *(a) Ethos*

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

(b) Training through clinical practice

Interns must:

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

(c) Formal education and training

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

Formal training for interns must include instruction in:

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

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

(d) Self-directed learning

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

(e) Eight Domains of Good Professional Practice

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

5. Supervision

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

6. Assessment

Interns must:

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

7. Professionalism

Interns must:

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

8. Resources

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

Approved by the Medical Council
19th October 2010

and

Revised by the Medical Council
14th April 2011

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

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

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

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

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

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

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

Approved by the Medical Council on 17th July 2014

Appendix Five (a) – Overview of supporting documentation provided per site – University Hospital Limerick

Intern Standards

Standard	Documentation noted	Compliance rating by site (NC, PC or FC)
1. Rotations	Schedule of Rotations	**FC**
2. Accreditation	MWIN Organisational Chart	**PC**
	Intern Programme Meeting Rolling Agenda	
	Intern Steering Group Committee Meeting 09 17	
	Intern Programme Meeting 07/06/17	
	Intern Action Plan Steering Group 05 2017	
	Intern Priority Action Agenda June 2017	
	Intern Steering Group Governance Structure	
	Intern Steering Group Minutes 10/01/17	
	Intern action plan 14 11	
	Intern Network Internal Meeting	
	Intern programme meeting, UL action plan 12.10.16	
	Intern action plan 15 11 2013	
3. Content of Training	Sharepoint Calendar	**PC**
	Proposed National Generic Lecture Programme MAP In progress: 2018 - 2019	
	Intern Survival Guide	
	Intern Handbook	
	ALARM MODULE	
	Bleep Policy	
	Sharing of Tasks Audit Report for Medicine Directorate Wards/Units	
	Sharing of Tasks Audit Report for Peri-Operative Wards/Units	

	CNM2 List	
	Final Report of the National Implementation and Verification Group (NIVG)	
	Wellbeing and training survey - *see appendix L13:2 in Section L(ii)*	
	On Call Rotas	
	Details of the Journal Club and MDM/radiology meetings are available in the Higher Specialist Training Appendices – as per Appendix Q4 in Section Q(i).	
	NCHD wellbeing and training survey - as per Appendix L13:2 in Section L(ii)	
	CPD Approval, National Conference, Professionalism –A Journey Day 1 and 2	
	Invitation to Conference	
	Weblink for conference	
	profile of Speakers	
	Conference Programme	
	Post Conference Review	
	RAMI Success Overview	
	RAMI overview of projects and status	
	Survey – Induction 2018-19 Feedback	
	Survey – Intern Post Consultant Feedback sample)	

	Survey – Intern Feedback on MWIN 2018	
	NCHD wellbeing and training survey – as per Appendix L13:2 in Section L(ii)	
	Challenges Map - Number of NTSD's	
	Challenges Map - as per above Appendix 3C1	
	ECG Audit May 2017	
4. Supervision	Transfer of Tasks Audit	**PC**
	Formative and Summative Assessment Forms	
5. Assessment		**PC**
6. Professionalism	Sharepoint Calendar - as per above Appendix 3(i) A	**PC**
	Curriculum Map - as per above Appendix 3(i) B	
	Survival Guide - as per above Appendix 3(i) C	
	Intern Handbook – Medical Council 8 domains of Good Practice are outlined within this document – as per above Appendix 3 (i) D	
	ALARM Course agenda – as per above Appendix 3(i) E	
7. Resources	Pg. 7 of the Survival Guide - as per above Appendix 3(i) C	**FC**
	Online library screenshots – as per APPENDIX I1 & I2 in Section I(i)	
	page 7 of the Intern Survival Guide – *as per Section 3(i) above - Appendix 3(i) C: (Survival Guide)*	

Specialist Standards

Standard	Documentation noted	Compliance rating by site
A) Clarity of Educational Governance Arrangements	ULHG Organisational Chart	**FC**
	ULHG Education flow chart	
	Training Leads	
	Chief Academic Officer - Job spec	
	Training Lead – job spec	
	Consultant contract 2008 – sec a	
	Terms of Reference - Training Committee	
	Minutes from the Training Committee meeting	
	Minutes from Clinical Directors forum	
	ULHG RCPI NDTP Training Hub structure	
	Minutes from ULHG RCPI NDTP Training Hub	
	POA meetings between CAO and Training Lead	
	SLA HSE with professional training bodies	
	NDTP-TB SLA outcomes 2016/2017	
	NDTP-TB SLA outcomes 2017/2018	
	NDTP-TB SLA outcomes 2018/2019	
B) Clarity of Clinical Governance Arrangements	Trainee Contract	**PC**
	Trainee Induction guidebook	
	Speciality specific induction material outlined below offers further information in relation to this. Please see Section D(iv) APPENDICES D54-D86	
	Clinical Incident policy	
	SIMT flowchart, prelim assess & update	
	QPulse - Managing incidents	
	QPulse - Reporting incidents	

	QPulse – web reporting	
	QPulse logging an incident, complaint, risk	
	Qpulse submission from NCHD with actions	
	Learning notices – chest pain	
	Learning Notice Maternity Pts treated in UHL	
	Trainee guidebook – incident reporting extract	
	Learning notices	
	ISBAR3 summary page	
C) Accountability	CAO Job spec	**PC**
	Training Lead job spec	
	Amu – dec 2013	
	Anaesthetics inspection report	
	Cardiology inspection report 2014	
	Dermatology inspection report 2015	
	Gastro inspection report	
	Geriatric medicine inspection report 2014	
	GIM – Jun 2013	
	Haematology inspection report 2016	
	Intensive care report	
	Medicine – Mar 2017	
	Microbiology inspection report 2015	
	Nephrology inspection report 2019	
	Occupational medicine – may 2017	
	Oncology inspection report	
	Oral max fax 2015	
	Orthopaedics – May 2017	
	Otolaryngology – oct 2013 part 1	
	Otolaryngology – oct 2013 part 2	

	Paediatrics – oct 2014	
	Palliative – oct 2012	
	Respiratory – Dec 16	
	Surgery general inspection 2016	
	Training Lead & CAO POA aug18	
	Training Lead & CAO POA feb18	
	Training committee – terms of reference	
	Agenda Training Committee meeting Sep18	
	Agenda for Training Committee meeting March18	
	Minutes Training Committee Sep18	
	Minutes Training Committee Mar18	
	Minutes CD Forum Sep18	
	Minutes CD Forum Apr18	
	Minutes CD Forum Mar18	
	Minutes CD Forum Feb18	
	ULHG RCPI NDTP Group Training Hub Structure	
	Minutes from ULHG RCPI NDTP Group Training Hub – May19	
	Minutes from ULHG RCPI NDTP Group Training Hub – Jan19	
	Training Leads NCHD Committee Meeting	
	Change-guide	
	Education & training on-site supported through org changes Feb18th	
	Education & training on-site supported through org changes May13th	
D) Induction Arrangements for Trainees	Appendix 11 Implementation of annual leave entitlements	**FC**

	Clinical course and examination refund scheme for NCHDs guidance doc	
	Clinical Ethics committee	
	Clinical indemnity scheme q&a brochure	
	Dignity at work policy	
	Disciplinary procedure for employees of hse	
	ED doctor training handbook	
	E-Modules	
	Employee handbook hse	
	Employee handbook shortform	
	End-of-life care map	
	Form – application for leave card	
	Form – attendance, timesheet	
	Form – Clinical course & exam refund scheme NCHD application	
	Form – Other staff costs	
	Form – Unrostered hrs claim	
	Form - ILAB	
	Form – Network access	
	Form – Radiology access request	
	General doctor and ANP superuser workbook	
	Grievance procedure	
	Guide to professional conduct & ethics	
	Guidelines on completion of NCHD attendance form	
	Health and wellness supports for NCHDs	
	HSE UHL policies & procedures Q-Pulse accessing documents	
	HSE UHL policies & procedures	

	HSE UHL Policies & Procedures available on QPulse via IHUB	
	Induction website	
	Induction guidelines	
	Information for members of the cardiac arrest team	
	Laboratory user manual ennis	
	Laboratory user manual nenagh	
	Laboratory user manual UHL	
	MGUS management in primary care	
	NCHD induction schedule jan19	
	NCHD information booklet	
	Neurology consultant requests for inpatients	
	Occupational Health incl links to Counselling	
	Ortho training	
	Prescribing	
	Procedure for applying for annual and educational leave	
	QPulse – managing incidents	
	QPulse – reporting incidents	
	QPulse - Incident web-reporting ref guide ULHG	
	QPulse - logging an incident, complaint, risk	
	Rostered hours claim procedure	
	Trust in care policy	
	Unrostered overtime claim process sop	
	Values in action	
	Workwell	
	Induction sign-in sheet Jul17	
	Fire training	
	Manual Handling & management of actual and potential aggression	
	Anaesthetics induction pk	
	Emergency medicine	

	Endocrinology induction	
	ENT induction	
	Nephrology induction	
	Neurology induction	
	Obstetrics& Gynaecology induction	
	Oncology induction	
	Orthopaedics induction	
	Palliative induction	
	AMAU induction	
	Breast Surgery induction	
	Cardiology induction	
	Colorectal Surgery induction pt1of2	
	Colorectal Surgery pt2of2	
	Dermatology induction	
	Gastroenterology induction	
	Geriatrics induction	
	GIM Prof M.W. induction	
	GIM Dr S. induction	
	Haematology induction	
	Infectious diseases induction	
	Microbiology induction	
	Occupational Medicine induction	
	Ophthalmology induction	
	Oral Maxillofacial induction	
	Paediatrics induction	
	Radiology induction	
	Respiratory induction	
	Urology induction	
	Vascular induction pt1of2	
	Vascular induction pt2of2	
	Rheumatology induction	
	HSE UHL Policies & Procedures available on QPulse via IHUB	

	Extract from DIME-NER user manual for trainees	
E) Clear Supervisory Arrangements for Trainees	Trainers, IMC no & division	**PC**
	Consultants oncall sample	
	NCHD contract i	
	Trainer-trainee ratio	
	Rota – ED REG rota	
	Rota – ED SHO rota	
	Rota – ED Consultant rota	
	Rota – Gen Med consultant & intern	
	Rota – Gen Med float shos	
	Rota – Gen Med consultant & sho	
	Rota – Gen Med Consultant & Reg	
	Rota – Gen Surg Consultant & Intern	
	Rota – Gen Surg Consultant & SHO & REG	
	Rota – Gen Surg Intern week in St Johns	
	Rota - Anaesthetics NCHDs & Consultants timetable and NCHD oncall	
	Rota – Anaesthetics Consultant oncall	
	Rota – Radiology NCHD	
	Rota – Radiology Consultant	
	Rota – Paediatrics consultant & nchd	
	Rota – Orthopaedics Consultant & nchd	
	Rota – Palliative Consultant & NCHD	
	Rota – Ophthalmology Consultant	
	Rota – Ophthalmology NCHD	
	Rota – Urology nchd & consultant	
	Rota – Obstetrics & gynaecology NCHD & Consultant	
	Rota – Obstetrics & gynaecology NCHD	
	Rota – Dermatology consultant & nchd timetable	
	Rota – ENT NCHD	

	Rota – ENT Consultant oncall	
	Rota – ENT Consultant theatre	
	Rota – ENT Consultant opd	
	Rota – Oncology NCHD	
	Rota – Oncology consultant	
	Rota - Heamatology nchd	
	Rota – Haematology consultant	
	Rota – Cardiology REG, SPR	
	Rota – Cardiology consultant	
	Rota – Microbiology consultant	
	Rota - Oral Maxillofacial NCHD & Consultant	
	Trainee employee handbook	
	Emails from HR to trainee	
	People management the legal framework	
	Professional bodies guidelines on supervising trainees	
	NCHD contract iv	
F) Opportunities for Training through Clinical Practice for Trainee	NCHD contract	**FC**
	SLA HSE with Professional Training bodies	
	BST case requirements	
	CST programme	
	Dermatology timetable	
	Endocrinology timetable	
	Haematology timetable	
	Infectious diseases timetable	
	Nephrology timetable	
	Neurology timetable	
	Oncology timetable	
	Ophthalmology ward rounds	
	Paediatrics timetable	
	Prof M.W. day to day learning	
	Urology schedule	
	Vascular ward round schedule	
G) Access to Formal and Informal Education and Training for Trainees	Med SHO Rota GP exempt from call on Wed	**FC**
	SOP for the protection of BST exams on the Medical SHO roster	
	Exam protection request	
	Med SHO Rota Jan-Apr 2019 - grey boxes study leave, emboldened border is protection for exams	

	BST programme	
	CST programme	
	Procedure for applying for Annual and Ed Leave	
	Rota Governance re Swaps of call	
	Med Manpower requesting cover for trainee	
	Teaching activities ULHG 2018	
	Teaching Activity - sign in sheets	
H) Opportunities for Trainers to Train through Protected Training Time	Consultant work schedule sample	**FC**
	Consultant Contract 2008 - Sec H	
	CTG masterclasses	
	Health Research Symposium	
	Sylvestor O'Halloran Symposium	
	Teaching activities ULHG 2018	
	Trainers who completed the train the trainer course	
	Focused intensive care echo course run by Dr Nix Training Lead for ULHG	
I) Access to Resources which Support Directed and Self-Directed Learning	Library screenshots	**FC**
	Library screenshots 2	
J) Access to Pastoral and Health Supports for Trainees	NCHD Induction Schedule July2018	**PC**
	Induction - Occ Health & Counselling ppt	
	NCHD booklet extract - Occ Health & Counselling	
	NCHD health and wellness (Final)	
	Schwartz rounds	
	Health & Wellbeing evening	
	Health related accommodation on rota	
K) Access to Resources to Maintain Close Contact with Parent Training Bodies	Email access from phone or remote PC	**FC**
	RCPI office opening	
	RCPI office opening welcome email	

	RCPI masterclasses webcast	
	NDTP-TB SLA	
	NDTP-TB SLA Outcomes 2018-2019	
	NDTP-TB SLA Outcomes 2017-2018	
	NDTP-TB SLA Outcomes 2016-2017	
L) Promotion of Medical Council Guidance of Professionalism, Including Promotion of Current Ethical Guidance	Revised Guide to Ethics	**PC**
	Ethics Guide sent to Consultants & NCHDs	
	Clinical Ethics Committee	
	Employee handbook - Ethics & Prof Attitudes & Behaviour	
	NCHD Information Booklet - Ethics & professionalism	
	Values in action session invite	
	Values in action effects	
	Values in action survey results	
	values in action behaviours	
	Values in action email to staff	
	AntiBullying Poster	
	HSE antibullying campaign issued to Consultants	
	HSE antibullying campaign issued to NCHDs	
	Wellbeing & training survey	
	Professionalism- - A Journey Poster	
	Employee handbook - Prof Practice & patient safety & quality of care	
	Employee Handbook - Trust in care	
	Clinical audit & quality improvement in healthcare	
	IPC training	
	Promote good prof practice by staff centred on patient safety & quality of care pt1	
	Promote good prof practice by staff centred on patient safety & quality of care pt2	
	Promote good prof practice by staff centred on patient safety & quality of care pt3	

	Promote good prof practice by staff centred on patient safety & quality of care pt4	
	Promote good prof practice by staff centred on patient safety & quality of care pt5	
	Grievance procedure	
	Disciplinary Procedure for Employees of HSE	
	Dignity at work policy issued to NCHDs	
	Dignity at Work Policy	
	Trust in Care policy	
	Example of an NCHD grievance and it being dealt with informally in the first instance and highlighting the relevant policies and procedures – APPENDIX L29	
	IMC The handling of concerns about doctors	
M) Safe Working Environment	UHL Safety Statement Version Draft 9 January 2019	**PC**
	National Audit and Inspection Team report	
	Health and safety trajectory	
	Feedback report on Level 1 audits in UHL	
	Risk assessments	
	Rota - Gen Surgery & Intern	
	Rota - Gen Surgery SHO & REG	
	Rota - Gen Med Intern	
	Rota - Gen Med SHO	
	Rota - Gen Med REG	
	Rota - Cardiology REG,SPR	
	Rota - ENT NCHD	
	Rota - ED Reg oncall rota	
	Rota - ED SHO oncall rota	
	Rota - Oncology NCHD	
	Rota - Ophthalmology NCHD	

	Rota - Paediatrics & NCHD	
	Rota - Radiololgy NCHD	
	Rota - Orthopaedics & NCHD	
	Rota - Urology & NCHD	
	Rota - Palliative & NCHD	
	Rota - Haematology NCHD	
	Rota - Anaesthetics NCHDs timetable and NCHD oncall	
	Rota - Dermatology NCHD timetable	
	Rota - Obstetrics & Gynaecology NCHD	
	Rota - Oral Maxillofacial NCHD & Consultant	
	EWTD Compstat February 2019	
	EWTD Compstat March 2019	
N) Specialty-Specific Supports	Amu – dec 2013	**PC**
	Anaesthetics inspection report	
	Cardiology inspection report 2014	
	Dermatology inspection report 2015	
	Gastro inspection report	
	Geriatric medicine inspection report 2014	
	GIM – Jun 2013	
	Haematology inspection report 2016	
	Intensive care report	
	Medicine – Mar 2017	
	Microbiology inspection report 2015	
	Nephrology inspection report 2019	
	Occupational medicine – may 2017	
	Oncology inspection report	
	Oral max fax 2015	
	Orthopaedics – May 2017	
	Otolaryngology – oct 2013 part 1	

	Otolaryngology – oct 2013 prt 2	
	Paediatrics – oct 2014	
	Palliative – oct 2012	
	Respiratory – Dec 16	
	Surgery general inspection 2016	
	Medicine - Mar 2017 (UHL reply)	
	NDTP-TB SLA outcomes 2016/2017	
	NDTP-TB SLA outcomes 2017/2018	
	NDTP-TB SLA outcomes 2018/2019	
O) Participation in On-Call Duty Rota	Overview of Medical On Call SHO & REG	**PC**
	Rota - Anaesthetics NCHDs & Consultants timetable and NCHD oncall	
	Rota – Cardiology REG, SPR	
	Rota – ED REG rota	
	Rota – Gen Med Consultant & Reg	
	Rota – ENT NCHD	
	Rota – Gen Med consultant & intern	
	Rota – Gen Med consultant & sho	
	Rota – Oncology NCHD	
	Rota – Obstetrics & gynaecology NCHD & Consultant	
	Rota – Orthopaedics Consultant & nchd	
	Rota – Urology nchd	
	Rota – Palliative Consultant & NCHD	
	Rota – ED SHO rota	
	Rota – Gen Surg Consultant & Intern	
	Rota – Gen Surg Consultant & SHO & REG	
	Rota -Heamatology nchd	

	Rota – Ophthalmology NCHD	
	Rota – Paediatrics consultant & nchd	
	Rota – Radiology NCHD	
	Rota - Oral Maxillofacial NCHD & Consultant	
	Consultants oncall sample	
	Rota – Cardiology consultant	
	Rota – ED Consultant rota	
	Rota – ENT Consultant oncall	
	Rota – Anaesthetics Consultant oncall	
	Rota – Oncology consultant	
	Rota - Obstetrics & Gynaecology Consultant	
	Rota – Radiology Consultant	
	Rota – Haematology consultant	
	Rota – Microbiology consultant	
	Rota – Ophthalmology Consultant	
	Rota - Oral Maxillofacial NCHD & Consultant	
	Supervisor list	
	Safe and secure on-call accommodation	
P) Support for the Assessment of Trainees	Email from RCPI to MM re onsite assessments	**FC**
	Email from faculty of radiologists	
	Email from College of anaesthesiologists	
	Email from RCSI ent & vascular surgery	
	Email from RCSI CST	
	Email from college of ophthalmologists	
	Email from RCSI emergency medicine	
	SOP for the Protection of BST exams on the Medical SHO roster in UHL.	

	Exam protection request	
	Med SHO Rota Jan-Apr 2019 - grey boxes study leave, emboldened border is protection for exams	
Q) Opportunities for Multi-Disciplinary Teamwork	Teaching activities NCHDs - MDMs	**FC**
	Email notification to NCHDs of training activities available	
	Grand Rounds - a physio presenting	
	Multi-disciplinary schwartz talk	
	FutureMEed	
	Multi-disciplinary Nutrition week	
	Clinical Trials	
R) Opportunities for Trainees to Provide Feedback to the Employing Authority	Job Description Lead NCHD 2018	**FC**
	Lead NCHDs Committee Meeting	
	Training Committee - terms of reference	
	Agenda Training Committee Meeting Sep18	
	Agenda for Training Committee Meeting March18	
	Minutes Training Committee Mar18	
	Minutes Training committee Sep18	
	Minutes CD Forum Apr18	
	Minutes CD Forum Feb18	
	Minutes CD Forum Mar18	
	Minutes CD Forum Sep18	

Appendix Five (b) – Overview of supporting documentation provided per site – University Maternity Hospital Limerick

Intern Standards

Standard	Documentation noted	Compliance rating by site (NC, PC or FC)
1. Rotations	Schedule of Rotations	**FC**
2. Accreditation	MWIN Organisational Chart	**PC**
	Intern Programme Meeting Rolling Agenda	
	Intern Steering Group Committee Meeting 09 17	
	Intern Programme Meeting 07/06/17	
	Intern Action Plan Steering Group 05 2017	
	Intern Priority Action Agenda June 2017	
	Intern Steering Group Governance Structure	
	Intern Steering Group Minutes 10/01/17	
	Intern action plan 14 11	
	Intern Network Internal Meeting	
	Intern programme meeting, UL action plan 12.10.16	
	Intern action plan 15 11 2013	
3. Content of Training	Sharepoint Calendar	**PC**
	Proposed National Generic Lecture Programme MAP In progress: 2018 - 2019	
	Intern Survival Guide	
	Intern Handbook	
	ALARM MODULE	
	Bleep Policy	
	Sharing of Tasks Audit Report for Medicine Directorate Wards/Units	

	Sharing of Tasks Audit Report for Peri-Operative Wards/Units	
	CNM2 List	
	Final Report of the National Implementation and Verification Group (NIVG)	
	Wellbeing and training survey - *see appendix L13:2 in Section L(ii)*	
	On Call Rotas	
	Details of the Journal Club and MDM/radiology meetings are available in the Higher Specialist Training Appendices – as per Appendix Q4 in Section Q(i).	
	NCHD wellbeing and training survey - as per Appendix L13:2 in Section L(ii)	
	CPD Approval, National Conference, Professionalism –A Journey Day 1 and 2	
	Invitation to Conference	
	Weblink for conference	
	profile of Speakers	
	Conference Programme	
	Post Conference Review	
	RAMI Success Overview	

	RAMI overview of projects and status	
	Survey – Induction 2018-19 Feedback	
	Survey – Intern Post Consultant Feedback sample)	
	Survey – Intern Feedback on MWIN 2018	
	NCHD wellbeing and training survey – as per Appendix L13:2 in Section L(ii)	
	Challenges Map - Number of NTSD's	
	Challenges Map - as per above Appendix 3C1	
	ECG Audit May 2017	
4. Supervision	Transfer of Tasks Audit	**PC**
	Formative and Summative Assessment Forms	
5. Assessment		**PC**
6. Professionalism	Sharepoint Calendar - as per above Appendix 3(i) A	**PC**
	Curriculum Map - as per above Appendix 3(i) B	
	Survival Guide - as per above Appendix 3(i) C	
	Intern Handbook – Medical Council 8 domains of Good Practice are outlined within this document – as per above Appendix 3 (i) D	
	ALARM Course agenda – as per above Appendix 3(i) E	

7. Resources	Pg. 7 of the Survival Guide - as per above Appendix 3(i) C	**FC**
	Online library screenshots – as per APPENDIX I1 & I2 in Section I(i)	
	page 7 of the Intern Survival Guide – *as per Section 3(i) above - Appendix 3(i) C: (Survival Guide)*	

Specialist Standards

Standard	Documentation noted	Compliance rating by site
A) Clarity of Educational Governance Arrangements	Maternal & Child Dir. organograms	**FC**
	NCHD and Consultants teams for governance OBG	
	NCHD and Consultants teams for governance Neonates	
	ULHG Organisational Chart	
	ULHG Education flow chart	
	Training Leads	
	Chief Academic Officer - Job spec	
	Training Lead – job spec	
	Consultant contract 2008 – sec a	
	Multidisciplinary team meetings, terms, minutes	
	Consultants Meeting Agenda	
	Terms of Reference - Training Committee	
	Minutes from the Training Committee meeting	
	Minutes from Clinical Directors forum	
	ULHG RCPI NDTP Training Hub structure	
	Minutes from ULHG RCPI NDTP Training Hub	
	POA meetings between CAO and Training Lead	

	SLA HSE with professional training bodies	
	NDTP-TB SLA outcomes 2016/2017	
	NDTP-TB SLA outcomes 2017/2018	
	NDTP-TB SLA outcomes 2018/2019	
B) Clarity of Clinical Governance Arrangements	Trainee Contract	**FC**
	Trainee Induction guidebook	
	OBG team structure	
	Neonates team structure	
	SIMT	
	Learning Notices	
	Reporting incidents	
	Clinical Incident policy	
	QPulse - Managing incidents	
	QPulse - Reporting incidents	
	QPulse – web reporting	
	QPulse logging an incident, complaint, risk	
	Trainee guidebook – incident reporting extract	
	Patient Handover Ward sheets	
	ISBAR sheet 3	
	Audit adherence communication of handover	
	Multi Disciplinary Handover Huddle Tracker	
C) Accountability	List of Registered trainers	**PC**
	Training Leads	
	Sample consultant contract with reference to training	
	CAO Job spec	
	Training Lead job spec	
	Inspection report obs & gynae	
	Inspection report neonates	
	Training Lead & CAO POA aug18	
	Training Lead & CAO POA feb18	
	Training committee – terms of reference	
	Agenda Training Committee meeting Sep18	

	Agenda for Training Committee meeting March18	
	Minutes Training Committee Sep18	
	Minutes Training Committee Mar18	
	Minutes CD Forum Sep18	
	Minutes CD Forum Apr18	
	Minutes CD Forum Mar18	
	Minutes CD Forum Feb18	
	ULHG RCPI NDTP Group Training Hub Structure	
	Minutes from ULHG RCPI NDTP Group Training Hub – May19	
	Minutes from ULHG RCPI NDTP Group Training Hub – Jan19	
	Training Leads NCHD Committee Meeting	
	MDT team TOR included *as per above section A, part ii – Appendix A7*	
	List of training, Quality Lunch and Learn Schedule	
	Attendance sheets at QI lunch meetings	
	Education presentation - UMHL perinatal mental health	
	Education – management of diabetes	
	Starter pack for QI and audit	
	Change-guide	
	Education & training on-site supported through org changes Feb18th	
	Education & training on-site supported through org changes May13th	
D) Induction Arrangements for Trainees	Induction day schedule	**FC**
	Obstetrics & gynaecology Induction booklet	
	Self Assessment Forms SHO	
	Self Assessment Forms REG	

	Neonatal orientation induction	
	Neo NICU Handbook induction	
	Appendix 11 Implementation of annual leave entitlements	
	Clinical course and examination refund scheme for NCHDs guidance doc	
	Clinical Ethics committee	
	Clinical indemnity scheme q&a brochure	
	Dignity at work policy	
	Disciplinary procedure for employees of hse	
	ED doctor training handbook	
	E-Modules	
	Employee handbook hse	
	Employee handbook shortform	
	End-of-life care map	
	Form – application for leave card	
	Form – attendance, timesheet	
	Form – Clinical course & exam refund scheme NCHD application	
	Form – Other staff costs	
	Form – Unrostered hrs claim	
	Form - ILAB	
	Form – Network access	
	Form – Radiology access request	
	General doctor and ANP superuser workbook	
	Grievance procedure	
	Guide to professional conduct & ethics	
	Guidelines on completion of NCHD attendance form	
	Health and wellness supports for NCHDs	
	HSE UHL policies & procedures Q-Pulse accessing documents	
	HSE UHL policies & procedures	
	HSE UHL Policies & Procedures availabe on QPulse via IHUB	
	Induction website	
	Induction guidelines	

	Information for members of the cardiac arrest team	
	Laboratory user manual	
	NCHD information booklet	
	Neurology consultant requests for inpatients	
	Occupational Health incl links to Counselling	
	Ortho training	
	Prescribing	
	Procedure for applying for annual and educational leave	
	QPulse – managing incidents	
	QPulse – reporting incidents	
	QPulse - Incident web-reporting ref guide ULHG	
	QPulse - logging an incident, complaint, risk	
	Rostered hours claim procedure	
	Trust in care policy	
	Unrostered overtime claim process sop	
	Values in action	
	Workwell	
	Fire Training	
	Manual handling and MAPA training	
	Obstetrics & gynaecology induction documents & self-assessment forms *(listed above – APPENDICES D2, D3 & D4)*	
	Neonatology induction material *(listed above - APPENDICES D4:2 & D4:3)*	
	HSE UHL Policies & Procedures available on QPulse via IHUB	
	Extract from DIME-NER user manual for trainees	
E) Clear Supervisory Arrangements for Trainees	NCHD & consultants teams supervisory structure OBG	**PC**
	NCHD & consultants teams supervisory structure Neonates	
	Rota consultant obg	

	Rota consultant oncall obg	
	Rota consultant neonates	
	Rota Consultant & REG obs&gynae	
	Rota Consultant & SHO & Intern obs&gynae	
	Rota REGs neonates	
	Paediatrics neo SHO rota	
	List of registered trainers	
	NCHD contract i	
	Trainee employee handbook	
	Personal Development plan guide	
	Personal development plan samples	
	People management the legal framework	
	NCHD contract iv	
F) Opportunities for Training through Clinical Practice for Trainee	NCHD contract	**FC**
	Weekly rotas of NCHD and consultants *provided above in Section E(i) – APPENDICES E2i, E2ii, E3, E4, E5, E6:1 & E6:2*	
	SLA HSE with Professional Training bodies	
	Weekly rota *as above in Section E(i) – APPENDICES E2i, E2ii, E3, E4, E5, E6:1*	
	MDT handover huddle *as above in Section B(iii) - APPENDIX B15*	
	Teaching meetings & list of attendance	
	Clinical handover *as above in Section B(iii) - APPENDICES B12, B13 & B14*	
	Clinical Handover Neonatal Handover	
G) Access to Formal and Informal Education and Training for Trainees	*Work schedule Rotas as shown in Section E(i) - APPENDICES E4, E5, E6:1 & E6:2*	**FC**

	Rotas demonstrate educational leave being factored into the rota *as shown in Section E(i) APPENDICES E4, E5, E6:1 & E6:2.*	
	Leave summary sheet	
	Cross cover arrangements	
	Procedure for applying for Annual and Ed Leave	
	CTG Masterclasses	
	Neonatal teaching	
	OBG teaching	
	Prompt teaching sessions	
	Reducing activity for training	
	Training activity OBG	
	Training sign-in sheets	
H) Opportunities for Trainers to Train through Protected Training Time	Work schedule	**FC**
	Work schedule 2	
	Consultant Contract 2008 - Sec H	
	Consultant attendance at seminar	
	Consultant promotional events	
	CTG masterclass	
	Health Research Symposium	
	Sylvestor O'Halloran Symposium	
	Early morning & MDM	
	Neonatal teaching rota	
	Obg teaching rota	
I) Access to Resources which Support Directed and Self-Directed Learning	Library screenshots	**PC**
	Library screenshots 2	
J) Access to Pastoral and Health Supports for Trainees	Occ Health & Counselling ppt	**PC**
	Trainee information booklet extract - Occ Health & Counselling	
	NCHD health and wellness (Final)	
	Health & Wellbeing evening	
K) Access to Resources to Maintain Close Contact with Parent Training Bodies	Email access from phone or remote PC	**FC**
	RCPI office opening	

	RCPI office opening welcome email	
	NDTP-TB SLA	
	NDTP-TB SLA Outcomes 2018-2019	
	NDTP-TB SLA Outcomes 2017-2018	
	NDTP-TB SLA Outcomes 2016-2017	
L) Promotion of Medical Council Guidance of Professionalism, Including Promotion of Current Ethical Guidance	Revised Guide to Ethics	**PC**
	Ethics Guide sent to Consultants & NCHDs	
	Clinical Ethics Committee	
	Employee handbook - Ethics & Prof Attitudes & Behaviour	
	NCHD Information Booklet - Ethics & professionalism	
	Values in action session invite	
	Values in action effects	
	Values in action survey results	
	values in action behaviours	
	Values in action email to staff	
	AntiBullying Poster	
	HSE antibullying campaign issued to Consultants	
	HSE antibullying campaign issued to NCHDs	
	Wellbeing & training survey	
	Professionalism- - A Journey Poster	
	Employee handbook - Prof Practice & patient safety & quality of care	
	Employee Handbook - Trust in care	
	Clinical audit & quality improvement in healthcare	
	Promote good prof practice by staff centred on patient safety & quality of care pt1	
	Promote good prof practice by staff centred on patient safety & quality of care pt2	
	Promote good prof practice by staff centred on patient safety & quality of care pt3	

	Promote good prof practice by staff centred on patient safety & quality of care pt4	
	Promote good prof practice by staff centred on patient safety & quality of care pt5	
	Grievance procedure	
	Disciplinary Procedure for Employees of HSE	
	Dignity at work policy	
	Dignity at Work Policy issued to NCHDs	
	Trust in Care policy	
	Sample grievance policy	
	IMC The handling of concerns about doctors	
M) Safe Working Environment	Report of Ergonomic Assessment	**PC**
	Health and safety committee meetings	
	Weekly rota and master rota *as above in Section E(i) – APPENDICES E2i, E2ii, E3, E4, E5, E6:1 & E6:2*	
	EWTD Compstat February 2019	
	EWTD Compstat March 2019	
N) Specialty-Specific Supports	Inspection report OBG	**PC**
	Inspection report Neonates	
	Reply to inspection Paediatrics MAT - Mar 2010 (reply) – APPENDIX N23	
	NDTP-TB SLA outcomes 2016/2017	
	NDTP-TB SLA outcomes 2017/2018	
	NDTP-TB SLA outcomes 2018/2019	
O) Participation in On-Call Duty Rota	Copies of all trainee rotas as attached as *above in Section E(i) – APPENDICES E4, E5 E6i & E6ii*	**PC**
	Copies of all trainer rotas as *above in Section E(i) – APPENDICES E2i, E2ii, E3, E4, E5*	
	List of registered trainers	
	Master Rota & Study Leave	**FC**

P) Support for the Assessment of Trainees	Leave procedure	
Q) Opportunities for Multi-Disciplinary Teamwork	MDM teaching activities incl sign in sheets	**FC**
	Forward planning with QIP's	
	Neonatal grand rounds	
	Email notification to NCHDs of training activities	
	Grand Rounds - a physio presenting	
	FutureMed	
	Multi-disciplinary Nutrition week	
R) Opportunities for Trainees to Provide Feedback to the Employing Authority	Job Description Lead NCHD 2018	**FC**
	Lead NCHDs Committee Meeting	
	Training Committee - terms of reference	
	Agenda Training Committee Meeting Sep18	
	Agenda for Training Committee Meeting March18	
	Minutes Training Committee Mar18	
	Minutes Training committee Sep18	
	Minutes CD Forum Apr18	
	Minutes CD Forum Feb18	
	Minutes CD Forum Mar18	
	Minutes CD Forum Sep18	

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

Intern Standards

Standard	Documentation noted	Compliance rating by site (NC, PC or FC)
1. Rotations	Schedule of Rotations	**FC**
2. Accreditation	MWIN Organisational Chart	**PC**
	Intern Programme Meeting Rolling Agenda	
	Intern Steering Group Committee Meeting 09 17	
	Intern Programme Meeting 07/06/17	
	Intern Action Plan Steering Group 05 2017	
	Intern Priority Action Agenda June 2017	
	Intern Steering Group Governance Structure	
	Intern Steering Group Minutes 10/01/17	
	Intern action plan 14 11	
	Intern Network Internal Meeting	
	Intern programme meeting, UL action plan 12.10.16	
	Intern action plan 15 11 2013	
3. Content of Training	Sharepoint Calendar	**PC**
	Proposed National Generic Lecture Programme MAP In progress: 2018 - 2019	
	Intern Survival Guide	
	Intern Handbook	
	ALARM MODULE	
	Bleep Policy	
	Sharing of Tasks Audit Report for Medicine Directorate Wards/Units	
	Sharing of Tasks Audit Report for Peri-Operative Wards/Units	
	CNM2 List	

	Final Report of the National Implementation and Verification Group (NIVG)	
	Wellbeing and training survey - *see appendix L13:2 in Section L(ii)*	
	On Call Rotas	
	Details of the Journal Club and MDM/radiology meetings are available in the Higher Specialist Training Appendices – as per Appendix Q4 in Section Q(i).	
	Team Schedule	
	NCHD Training Sessions	
	NCHD wellbeing and training survey - as per Appendix L13:2 in Section L(ii)	
	CPD Approval, National Conference, Professionalism –A Journey Day 1 and 2	
	Invitation to Conference	
	Weblink for conference	
	profile of Speakers	
	Conference Programme	
	Post Conference Review	
	RAMI Success Overview	
	RAMI overview of projects and status	
	Survey – Induction 2018-19 Feedback	
	Survey – Intern Post Consultant Feedback sample)	
	Survey – Intern Feedback on MWIN 2018	
	NCHD wellbeing and training survey – as per Appendix L13:2 in Section L(ii)	
	Challenges Map - Number of NTSD's	

	Challenges Map - as per above Appendix 3C1	
	ECG Audit May 2017	
4. Supervision	Transfer of Tasks Audit	**PC**
	Approved list of trainers & IMC Registration	
	Teams Template	
	NCHD Rota	
	Redacted PIP	
	Competency Levels Venepuncture & Cannulation	
	NCHD Training Sessions	
	NCHD Induction Booklet	
	NCHD Training Sessions	
	Communication email regarding Grand Rounds	
	NIRF	
	Managing Risk in Everyday Practice	
	Risk Assessment & Treatment Guidance for Managers	
	Incorporating an overview of the Risk Management Process	
	Managing and Monitoring Risk Registers	
	Training Slides on serious reportable events	
	Formative and Summative Assessment Forms	
5. Assessment	Performance Improvement Plan	**PC**
	Framework of outcomes for end of internship	
6. Professionalism	Sharepoint Calendar - as per above Appendix 3(i) A	**PC**
	Curriculum Map - as per above Appendix 3(i) B	
	Survival Guide - as per above Appendix 3(i) C	

	Intern Handbook – Medical Council 8 domains of Good Practice are outlined within this document – as per above Appendix 3 (i) D	
	ALARM Course agenda – as per above Appendix 3(i) E	
	Induction Schedule	
	Induction Schedule	
7. Resources	Pg. 7 of the Survival Guide - as per above Appendix 3(i) C	**PC**
	Online library screenshots – as per APPENDIX I1 & I2 in Section I(i)	
	Induction Schedule	
	Training notice adverse incident reporting	
	Training notice open disclosure	
	Induction leaflet management of safety health & welfare	
	Sepsis audit results	
	Guide to Professional Conduct & Ethics for Registered Medical Practitioners	
	HSE Employee Handbook	
	Occupational Health Nurse job description	
	NCHD Induction Booklet	
	Health & Wellbeing Work Plan	
	Wellness Week	
	page 7 of the Intern Survival Guide – *as per Section 3(i) above - Appendix 3(i) C: (Survival Guide)*	

Specialist Standards

Standard	Documentation noted	Compliance rating by site
A) Clarity of Educational Governance Arrangements	UHL Group Organisational Flow Chart	**FC**
	Education Flow Chart	
	Job Spec for Chief Academic Officer	
	Job Spec Training Lead	
	St. John's Hospital Organisational Chart	
	Service Level Agreement	
	Specific SLA items/outcomes 2016/2017	
	Specific SLA items/outcomes 2017/2018	
	Specific SLA items/outcomes 2018/2019	
B) Clarity of Clinical Governance Arrangements	Trainee Contract	**FC**
	Induction Booklet	
	NIRF Form	
	Managing Risk in Everyday Practice	
	Risk Assessment & Treatment Guidance for Managers	
	Managing and Monitoring Risk Registers	
	Incorporating an overview of the Risk Management Process	
	Training slides on serious reportable events	
	Process for Manging an Incident	
	Communication email regarding Medication Incident Review Report	
C) Accountability	Consultant Contract	**FC**
	Training Lead Job Spec as per Appendix A4 above	
	RCPI Inspection Report	
	Agenda for Training Committee Meeting 12th March 2018	
	Agenda for Training Committee Meeting 26th September 2018	
	Minutes of Training Committee Meeting 12th March 2018	

	Minutes of Training Committee Meeting 28th September 2018	
	Change Guide	
	Teamtalk Promotional Magazine	
D) Induction Arrangements for Trainees	Induction Policy	**FC**
	Induction sign in sheet	
	www.hse.ie/ulhnchd	
	BBV Slides	
	Policy for Management & Treatment of Health Care Workers Occupationally Exposed to Blood and/or Body Fluids	
	NCHD Training Questions on Blood & Body Fluid Exposure Management	
	Infection Prevention & Control Slides	
	Introduction to all new NCHD's MAU & General Medical Inpatient & Outpatient Service	
	Screenshot of DIME system	
E) Clear Supervisory Arrangements for Trainees	Trainee Contract as per Appendix B1 above	**FC**
	HSE Employee Handbook	
	NCHD List template	
	Communication email to trainee with clinical supervisors	
	Approved List of Trainers	
	Trainee Contract as per Appendix B1 above	
	Medical On Call Rota	
F) Opportunities for Training through Clinical Practice for Trainee	Trainee Contract as per Appendix B1 above	**PC**
	Service Level Agreement as per Appendix A6 above	
	Sample of Core Requirements for BST	

	Medical on call rota as per Appendix E5 above	
	Team Schedule	
G) Access to Formal and Informal Education and Training for Trainees	Team Schedule as per Appendix F2 above	**FC**
	NCHD list of approved courses	
	Sample of Core Requirements for BST as per Appendix F1 above	
	Trainee Contract as per Appendix B1 above	
	Study leave application	
	NCHD Training Sessions	
	Sign in sheets	
	Communication email regarding Journal Club	
	Screenshot of Whatsapp Training Group.	
H) Opportunities for Trainers to Train through Protected Training Time	Consultant Contract as per Appendix C1 above	**FC**
	Certificates of Attendance	
	RCPI Workshop for Trainers 2017 Prof. Anthony O'Regan	
	Consultant Trainer MRCPI Examiners Workshop	
	Certificate of Participation in Clinical Teaching of Medical Students	
	Certificate RCPI Physicians as Trainers Essential Skills	
	Email confirmation of Train the Trainer in UHL	
	Communication email regarding Train the Trainer Meeting	
I) Access to Resources which Support Directed and Self-Directed Learning	MyAthens access document	**FC**
J) Access to Pastoral Health Support for Trainees	Occupational Health Nurse Job Description	**FC**
	Induction booklet as per Appendix B2 above	
	Health & Wellbeing Work Plan	

	Wellness Week	
	Occupational Health Fit Slip	
K) Access to Resources to Maintain Close Contact with Training Bodies	Welcome email RCPI Coordinator	**FC**
	RCPI UHL Office opening promotion on UHL InTouch Magazine	
	Service Level Agreement as per Appendix A6 above	
L) Promotion of Medical Council Guidance of Professionalism, Including Promotion of Current Ethical Guidance	Induction Schedule	**FC**
	Guide to Professional Conduct & Ethics for Registered Medical Practitioners	
	HSE Employee Handbook as per Appendix E2 above	
	Children First Policy	
	Value in Action Poster	
	Dignity at Work Policy	
	Performance Improvement Plan	
	Disciplinary Policy	
	Grievance Policy	
	Medical Council Leaflet Handling of Concerns About Doctors	
M) Safe Working Environment	Annual Safety Statement Schedule	**PC**
	Sample Safety Statement for Inpatient Ward Area	
	Health & Safety Sample Documents	
	Risk Assessment Forms	
	NCHD Roster	
	NCHD Timesheet	
	EWTD Data Analysis	
N) Specialty-Specific Supports	Service Level Agreement as per Appendix A6 above	**PC**
	RCPI Inspection Report as per Appendix C2 above	

	Communication email regarding Journal Club	
	Specific SLA items/outcomes Appendix A7-A9	
O) Participation in On-Call Duty Rota	NCHD on call rota as per Appendix E5 above	**PC**
	List of Consultant Trainers as per Appendix E4 above	
	NCHD on call rota as per Appendix E5 above	
P) Support for the Assessment of Trainees	NCHD e-portfolio	**PC**
	Communication email to Consultant for sign off of eportfolio	
	Curriculum: Basic Specialist Training in General Medicine	
	Communication email from RCPI Co-ordinator regarding annual assessments	
	Study Leave Application as per Appendix G2 above	
	BST training membership tutorials email	
Q) Opportunities for Multi-Disciplinary Teamwork	MDT meeting/group learning schedule	**PC**
	ISBAR Learning Notice	
	Communication email regarding Grand Rounds	
R) Opportunities for Trainees to Provide Feedback to the Employing Authority	NCHD Feedback Form	**FC**
	Old & Revised on call rosters	

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

Specialist Standards

Standard	Documentation noted	Compliance rating by site
A) Clarity of Educational Governance Arrangements	Extract from contract	**FC**
	ULHG Organisational Chart	
	ULHG Education flow chart	
	Training Leads	
	Chief Academic - Job spec	
	Training Lead – job spec	
	Consultant contract 2008 – sec a	
	Terms of Reference - Training Committee	
	Minutes from the Training Committee meeting	
	Minutes from Clinical Directors forum	
	ULHG RCPI NDTP Training Hub structure	
	Minutes from ULHG RCPI NDTP Training Hub	
	POA meetings between CAO and Training Lead	
	SLA HSE with professional training bodies	
	NDTP-TB SLA outcomes 2016/2017	
	NDTP-TB SLA outcomes 2017/2018	
	NDTP-TB SLA outcomes 2018/2019	
B) Clarity of Clinical Governance Arrangements	Trainee Contract	**PC**
	Trainee Induction guidebook	
	Induction memorandum invite	
	Induction agenda	
	Induction sign in sheet	
	Physiotherapy department how to use	
	Lab procedure	

	Cardiac arrest bleeping system	
	Radiology procedure	
	Out of hours guidance	
	Clinical Incident policy	
	QPulse - Managing incidents	
	QPulse - Reporting incidents	
	QPulse – web reporting	
	QPulse logging an incident, complaint, risk	
	Trainee guidebook – incident reporting extract	
	Qpulse submission from NCHD with actions	
C) Accountability	Contract extract	**PC**
	CAO Job spec	
	Training Lead job spec	
	BST Inspection Report	
	Training Lead & CAO POA aug18	
	Training Lead & CAO POA feb18	
	Training committee – terms of reference	
	Agenda Training Committee meeting Sep18	
	Agenda for Training Committee meeting March18	
	Minutes Training Committee Sep18	
	Minutes Training Committee Mar18	
	Minutes CD Forum Sep18	
	Minutes CD Forum Apr18	
	Minutes CD Forum Mar18	
	Minutes CD Forum Feb18	
	ULHG RCPI NDTP Group Training Hub Structure	
	Minutes from ULHG RCPI NDTP Group Training Hub – May19	
	Minutes from ULHG RCPI NDTP Group Training Hub – Jan19	
	Training Leads NCHD Committee Meeting	
	Change-guide	

	Education & training on-site supported through org changes Feb18th	
	Education & training on-site supported through org changes May13th	
	Education & training on-site supported through org changes May 27th	
D) Induction Arrangements for Trainees	Induction agenda	**FC**
	Appendix 11 Implementation of annual leave entitlements	
	Clinical course and examination refund scheme for NCHDs guidance doc	
	Clinical Ethics committee	
	Clinical indemnity scheme q&a brochure	
	Dignity at work policy	
	Disciplinary procedure for employees of hse	
	ED doctor training handbook	
	E-Modules	
	Employee handbook hse	
	Employee handbook shortform	
	End-of-life care map	
	Form – application for leave card	
	Form – attendance, timesheet	
	Form – Clinical course & exam refund scheme NCHD application	
	Form – Other staff costs	
	Form – Unrostered hrs claim	
	Form - ILAB	
	Form – Network access	
	Form – Radiology access request	
	General doctor and ANP superuser workbook	
	Grievance procedure	
	Guide to professional conduct & ethics	
	Guidelines on completion of NCHD attendance form	

	Health and wellness supports for NCHDs	
	HSE UHL policies & procedures Q-Pulse accessing documents	
	HSE UHL policies & procedures	
	HSE UHL Policies & Procedures available on QPulse via IHUB	
	Induction website	
	Induction guidelines	
	Information for members of the cardiac arrest team	
	Laboratory user manual nenagh	
	NCHD information booklet	
	Neurology consultant requests for inpatients	
	Occupational Health incl links to Counselling	
	Ortho training	
	Prescribing	
	Procedure for applying for annual and educational leave	
	QPulse – managing incidents	
	QPulse – reporting incidents	
	QPulse - Incident web-reporting ref guide ULHG	
	QPulse - logging an incident, complaint, risk	
	Rostered hours claim procedure	
	Trust in care policy	
	Unrostered overtime claim process sop	
	Values in action	
	Workwell	
	Haemovigilance induction document	
	Attendance at induction is recorded - *see above appendix B5*	
	Health & safety information for employee	
	Q-Pulse training	
	Fire training	

	Induction day health & safety	
	Manual Handling & Management of Actual and Potential Aggression	
	Lab procedure	
	Cardiac arrest bleeping system	
	Radiology procedure	
	Out of hours guidance	
	Nenagh MAU NCHD introduction and responsibilities	
	Respiratory services provided by UHL in Nenagh	
	HSE UHL Policies & Procedures available on QPulse via IHUB	
	E-Learning in blood transfusion	
	Extract from DIME-NER user manual for trainees	
E) Clear Supervisory Arrangements for Trainees	Trainers, IMC no & division	**PC**
	NCHD contract i	
	NCHD rota	
	Consultant rota	
	Trainee employee handbook	
	Emails from HR to trainee	
	People management the legal framework	
	NCHD contract iv	
	Team structure	
F) Opportunities for Training through Clinical Practice for Trainee	NCHD contract	**PC**
	SLA HSE with Professional Training bodies	
	BST case requirements	
	Sample learning	
G) Access to Formal and Informal Education and Training for Trainees	BST programme	**FC**
	Procedure for applying for Annual and Ed Leave	
	Teaching activities ULHG 2018	
	Informal teaching sign-in sheet	
H) Opportunities for Trainers to Train through Protected Training Time	Consultant work schedule 1	**FC**
	Consultant work schedule 2	
	Consultant Contract 2008 - Sec H	
	CTG masterclasses	

	Health Research Symposium	
	Sylvestor O'Halloran Symposium	
	Trainers who completed the train the trainer course	
	Teaching activities ULHG 2018	
I) Access to Resources which Support Directed and Self-Directed Learning	Library screenshots	**PC**
	Library screenshots 2	
J) Access to Pastoral and Health Supports for Trainees	Induction incl Occ Health	**PC**
	Occ Health & Counselling ppt	
	Trainee information booklet extract - Occ Health & Counselling	
	NCHD health and wellness (Final)	
	Health & Wellbeing evening	
K) Access to Resources to Maintain Close Contact with Parent Training Bodies	Email access from phone or remote PC	**FC**
	RCPI office opening	
	RCPI office opening welcome email	
	NDTP-TB SLA	
	NDTP-TB SLA Outcomes 2018-2019	
	NDTP-TB SLA Outcomes 2017-2018	
	NDTP-TB SLA Outcomes 2016-2017	
L) Promotion of Medical Council Guidance of Professionalism, Including Promotion of Current Ethical Guidance	Revised Guide to Ethics	**PC**
	Ethics Guide sent to Consultants & NCHDs	
	Clinical Ethics Committee	
	Employee handbook - Ethics & Prof Attitudes & Behaviour	
	NCHD Information Booklet - Ethics & professionalism	
	Values in action session invite	
	Values in action effects	
	Values in action survey results	
	values in action behaviours	
	Values in action email to staff	
	AntiBullying Poster	
	HSE antibullying campaign issued to Consultants	

	HSE antibullying campaign issued to NCHDs	
	Wellbeing & training survey	
	Professionalism- - A Journey Poster	
	Employee handbook - Prof Practice & patient safety & quality of care	
	Employee Handbook - Trust in care	
	Clinical audit & quality improvement in healthcare	
	Promote good prof practice by staff centred on patient safety & quality of care pt1	
	Promote good prof practice by staff centred on patient safety & quality of care pt2	
	Promote good prof practice by staff centred on patient safety & quality of care pt3	
	Promote good prof practice by staff centred on patient safety & quality of care pt4	
	Promote good prof practice by staff centred on patient safety & quality of care pt5	
	Grievance procedure	
	Disciplinary Procedure for Employees of HSE	
	Dignity at work policy	
	Dignity at Work Policy issued to NCHDs	
	Trust in Care policy	
	Sample grievance policy	
	IMC The handling of concerns about doctors	
M) Safe Working Environment	Health & safety committee meeting	**PC**
	Health & safety at induction	
	Safety statement	
	Trainee rostered off after call	
	Sample roster	
	EWTD Compstat February 2019	
	EWTD Compstat March 2019	
N) Specialty-Specific Supports	Inspection report	**PC**

	NDTP-TB SLA outcomes 2016/2017	
	NDTP-TB SLA outcomes 2017/2018	
	NDTP-TB SLA outcomes 2018/2019	
O) Participation in On-Call Duty Rota	NCHD rota	**PC**
	Consultant rota	
	Supervisor list	
P) Support for the Assessment of Trainees	Email from RCPI to MM re onsite assessments	**FC**
	Exam cover for trainee	
Q) Opportunities for Multi-Disciplinary Teamwork	Teaching activities	**PC**
	Email notification to NCHDs of training activities available in ULHG	
	Grand Rounds - a physio presenting	
	FutureMEed	
	Multi-disciplinary Nutrition week	
R) Opportunities for Trainees to Provide Feedback to the Employing Authority	Job Description Lead NCHD 2018	**FC**
	Lead NCHDs Committee Meeting	
	Training Committee - terms of reference	
	Agenda Training Committee Meeting Sep18	
	Agenda for Training Committee Meeting March18	
	Minutes Training Committee Mar18	
	Minutes Training committee Sep18	
	Minutes CD Forum Apr18	
	Minutes CD Forum Feb18	
	Minutes CD Forum Mar18	
	Minutes CD Forum Sep18	

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

Specialist Standards

Standard	Documentation noted	Compliance rating by site
A) Clarity of Educational Governance Arrangements	ULHG Organisational Chart	**FC**
	ULHG Education flow chart	
	Training Leads	
	Chief Academic Officer - Job spec	
	Training Lead – job spec	
	Consultant contract 2008 – sec a	
	Terms of Reference - Training Committee	
	Minutes from Training Committee meeting	
	Minutes from Clinical Directors forum	
	ULHG RCPI NDTP Training Hub structure	
	Minutes from ULHG RCPI NDTP Training Hub	
	POA meetings between CAO and Training Lead	
	SLA HSE with professional training bodies	
	NDTP-TB SLA outcomes 2016/2017	
	NDTP-TB SLA outcomes 2017/2018	
	NDTP-TB SLA outcomes 2018/2019	
B) Clarity of Clinical Governance Arrangements	Trainee Contract	**PC**
	Trainee Induction guidebook	
	Clinical Incident policy	
	QPulse - Managing incidents	
	QPulse - Reporting incidents	
	QPulse – web reporting	
	QPulse logging an incident, complaint, risk	
	Trainee guidebook – incident reporting extract	
	Sample qpulse submission from NCHD with actions	

C) Accountability	Sample consultant contract with reference to training	**PC**
	CAO Job spec	
	Training Lead job spec	
	Inspection report 2017	
	Training Lead & CAO POA aug18	
	Training Lead & CAO POA feb18	
	Training committee – terms of reference	
	Agenda Training Committee meeting Sep18	
	Agenda for Training Committee meeting March18	
	Minutes Training Committee Sep18	
	Minutes Training Committee Mar18	
	Minutes CD Forum Sep18	
	Minutes CD Forum Apr18	
	Minutes CD Forum Mar18	
	Minutes CD Forum Feb18	
	ULHG RCPI NDTP Group Training Hub Structure	
	Minutes from ULHG RCPI NDTP Group Training Hub – May19	
	Minutes from ULHG RCPI NDTP Group Training Hub – Jan19	
	Training Leads NCHD Committee Meeting agendas	
	Change-guide	
	Education & training on-site supported through org changes Feb18th	
	Education & training on-site supported through org changes May13th	
	Education & training on-site supported through org changes May 27th	
D) Induction Arrangements for Trainees	Appendix 11 Implementation of annual leave entitlements	**FC**

	Clinical course and examination refund scheme for NCHDs guidance doc	
	Clinical Ethics committee	
	Clinical indemnity scheme q&a brochure	
	Dignity at work policy	
	Disciplinary procedure for employees of hse	
	ED doctor training handbook	
	E-Modules	
	Employee handbook hse	
	Employee handbook shortform	
	End-of-life care map	
	Form – application for leave card	
	Form – attendance, timesheet	
	Form – Clinical course & exam refund scheme NCHD application	
	Form – Other staff costs	
	Form – Unrostered hrs claim	
	Form - ILAB	
	Form – Network access	
	Form – Radiology access request	
	General doctor and ANP superuser workbook	
	Grievance procedure	
	Guide to professional conduct & ethics	
	Guidelines on completion of NCHD attendance form	
	Health and wellness supports for NCHDs	
	HSE UHL policies & procedures Q-Pulse accessing documents	
	HSE UHL policies & procedures	
	HSE UHL Policies & Procedures available on QPulse via IHUB	
	Induction website	
	Induction guidelines	
	Information for members of the cardiac arrest team	

	Laboratory user manual Ennis	
	NCHD information booklet	
	Neurology consultant requests for inpatients	
	Occupational Health incl links to Counselling	
	Ortho training	
	Prescribing	
	Procedure for applying for annual and educational leave	
	QPulse – managing incidents	
	QPulse – reporting incidents	
	QPulse - Incident web-reporting ref guide ULHG	
	QPulse - logging an incident, complaint, risk	
	Rostered hours claim procedure	
	Trust in care policy	
	Unrostered overtime claim process sop	
	Values in action	
	Workwell	
	Manual Handling & Management of Actual and Potential Aggression	
	People Handling Training Pack induction in UHL	
	Health & safety HSE website referenced at induction UHL	
	Fire safety training	
	Fire Safety Handbook Doctors Living Quarters	
	Ortho induction	
	NOCA-Irish hip fracture database	
	TAC and MSK misc slides	
	HSE UHL Policies & Procedures available on QPulse via IHUB	
	Extract from DIME-NER user manual for trainees	
E) Clear Supervisory Arrangements for Trainees	Rota - Orthopaedics Consultant & NCHD	**FC**
	Trainer list	

	NCHD contract i	
	Trainee employee handbook	
	RCSI trainee performance	
	People management the legal framework	
	NCHD contract iv	
F) Opportunities for Training through Clinical Practice for Trainee	NCHD contract	**PC**
	SLA HSE with Professional Training bodies	
	Rota - Orthopaedics Consultant & NCHD	
G) Access to Formal and Informal Education and Training for Trainees	Rota - Orthopaedics Consultant & NCHD	**FC**
	Procedure for applying for Annual and Ed Leave	
	Teaching activities	
H) Opportunities for Trainers to Train through Protected Training Time	Sample work schedule	**FC**
	Consultant Contract 2008 - Sec H	
	CTG masterclasses	
	Health Research Symposium	
	Sylvestor O'Halloran Symposium	
	Teaching activities	
I) Access to Resources which Support Directed and Self-Directed Learning	Library screenshots	**FC**
	Library screenshots 2	
J) Access to Pastoral and Health Supports for Trainees	Occ Health & Counselling ppt	**PC**
	Trainee information booklet extract - Occ Health & Counselling	
	NCHD health and wellness (Final)	
	Health & Wellbeing evening	
K) Access to Resources to Maintain Close Contact with Parent Training Bodies	Email access from phone or remote PC	**FC**
	NDTP-TB SLA	
	NDTP-TB SLA Outcomes 2018-2019	
	NDTP-TB SLA Outcomes 2017-2018	
	NDTP-TB SLA Outcomes 2016-2017	
	Revised Guide to Ethics	**PC**

L) Promotion of Medical Council Guidance of Professionalism, Including Promotion of Current Ethical Guidance	Ethics Guide sent to Consultants & NCHDs	
	Clinical Ethics Committee	
	Employee handbook - Ethics & Prof Attitudes & Behaviour	
	NCHD Information Booklet - Ethics & professionalism	
	Values in action session invite	
	Values in action effects	
	Values in action survey results	
	values in action behaviours	
	Values in action email to staff	
	AntiBullying Poster	
	HSE antibullying campaign issued to Consultants	
	HSE antibullying campaign issued to NCHDs	
	Wellbeing & training survey	
	Professionalism- - A Journey Poster	
	Employee handbook - Prof Practice & patient safety & quality of care	
	Employee_Handbook - Trust in care	
	Clinical audit & quality improvement in healthcare	
	Promote good prof practice by staff centred on patient safety & quality of care pt1	
	Promote good prof practice by staff centred on patient safety & quality of care pt2	
	Promote good prof practice by staff centred on patient safety & quality of care pt3	
	Promote good prof practice by staff centred on patient safety & quality of care pt4	
	Promote good prof practice by staff centred on patient safety & quality of care pt5	
	Grievance procedure	
	Disciplinary Procedure for Employees of HSE	
	Dignity at work policy	

	Dignity at Work Policy issued to NCHDs	
	Trust in Care policy	
	Sample grievance policy	
	IMC The handling of concerns about doctors	
M) Safe Working Environment	Fire Safety Assessment	**PC**
	Safety statement	
	Risk Assessments	
	Health & safety audit	
	Health & safety committee meeting	
	Health & safety walkabout action plan	
	QIP HS Walkabout Action Log	
	Health and Safety Level 1 Trajectory	
	Sample roster	
	EWTD Compstat February 2019	
	EWTD Compstat March 2019	
N) Specialty-Specific Supports	Inspection Report 2107	**PC**
	NDTP-TB SLA outcomes 2016/2017	
	NDTP-TB SLA outcomes 2017/2018	
	NDTP-TB SLA outcomes 2018/2019	
O) Participation in On-Call Duty Rota	NCHD & consultant oncall rota	**PC**
	On call rota (listed above – APPENDIX 01)	
	Trainer list	
P) Support for the Assessment of Trainees	Educational Leave procedure	**FC**
Q) Opportunities for Multi-Disciplinary Teamwork	Teaching activities	**FC**
	Email notification to NCHDs of training activities available ULGH	
	Grand Rounds - a physio presenting	
	FutureMEed	

	Multi-disciplinary Nutrition week	
	Schwartz rounds	
R) Opportunities for Trainees to Provide Feedback to the Employing Authority	Job Description Lead NCHD 2018	**FC**
	Lead NCHD Committee Meeting	
	Training Committee - terms of reference	
	Agenda Training Committee Meeting Sep18	
	Agenda for Training Committee Meeting March18	
	Minutes Training Committee Mar18	
	Minutes Training committee Sep18	
	Minutes CD Forum Apr18	
	Minutes CD Forum Feb18	
	Minutes CD Forum Mar18	
	Minutes CD Forum Sep18	

Appendix Five (f) – Overview of supporting documentation provided per site – Ennis Hospital

Specialist Standards

Standard	Documentation noted	Compliance rating by site
A) Clarity of Educational Governance Arrangements	ULHG Organisational Chart	**PC**
	ULHG Education flow chart	
	Training Leads	
	Chief Academic Officer - Job spec	
	Training Lead – job spec	
	Consultant contract 2008 – sec a	
	Agenda & minutes Consultants meeting Ennis	
	Minutes Monthly Meeting with Medical Directorate	
	Terms of Reference - Training Committee	
	Minutes from the Training Committee meeting	
	Minutes from Clinical Directors forum	
	ULHG RCPI NDTP Training Hub structure	
	Minutes from ULHG RCPI NDTP Training Hub	
	POA meetings between CAO and Training Lead	
	SLA HSE with professional training bodies	
	NDTP-TB SLA outcomes 2016/2017	
	NDTP-TB SLA outcomes 2017/2018	
	NDTP-TB SLA outcomes 2018/2019	
B) Clarity of Clinical Governance Arrangements	Trainee Contract	**FC**
	Trainee Induction guidebook	
	Induction day	
	Q-Pulse training ennis	
	Clinical Incident policy	
	QPulse - Managing incidents	

	QPulse - Reporting incidents	
	QPulse – web reporting	
	QPulse logging an incident, complaint, risk	
	Trainee guidebook – incident reporting extract	
	Qpulse submission from NCHD with actions	
C) Accountability	Sample consultant contract with reference to training	**FC**
	CAO Job spec	
	Training Lead job spec	
	Professional training body inspection report pt 1	
	Professional training body inspection report pt 2	
	Grand Rounds	
	RCPI masterclass	
	Training Lead & CAO POA aug18	
	Training Lead & CAO POA feb18	
	Training committee – terms of reference	
	Agenda Training Committee meeting Sep18	
	Agenda for Training Committee meeting March18	
	Minutes Training Committee Sep18	
	Minutes Training Committee Mar18	
	Minutes CD Forum Sep18	
	Minutes CD Forum Apr18	
	Minutes CD Forum Mar18	
	Minutes CD Forum Feb18	
	ULHG RCPI NDTP Group Training Hub Structure	
	Minutes from ULHG RCPI NDTP Group Training Hub – May19	

	Minutes from ULHG RCPI NDTP Group Training Hub – Jan19	
	Training Leads NCHD Committee Meeting	
	Additional resources provided	
	Change-guide	
	Education & training on-site supported through org changes Feb18th	
	Education & training on-site supported through org changes May13th	
	Education & training on-site supported through org changes May 27th	
D) Induction Arrangements for Trainees	Induction day ennis	**FC**
	Appendix 11 Implementation of annual leave entitlements	
	Clinical course and examination refund scheme for NCHDs guidance doc	
	Clinical Ethics committee	
	Clinical indemnity scheme q&a brochure	
	Dignity at work policy	
	Disciplinary procedure for employees of hse	
	ED doctor training handbook	
	E-Modules	
	Employee handbook hse	
	Employee handbook shortform	
	End-of-life care map	
	Form – application for leave card	
	Form – attendance, timesheet	
	Form – Clinical course & exam refund scheme NCHD application	
	Form – Other staff costs	
	Form – Unrostered hrs claim	
	Form - ILAB	
	Form – Network access	

	Form – Radiology access request	
	General doctor and ANP superuser workbook	
	Grievance procedure	
	Guide to professional conduct & ethics	
	Guidelines on completion of NCHD attendance form	
	Health and wellness supports for NCHDs	
	HSE UHL policies & procedures Q-Pulse accessing documents	
	HSE UHL policies & procedures	
	HSE UHL Policies & Procedures available on QPulse via IHUB	
	Induction website	
	Induction guidelines	
	Information for members of the cardiac arrest team	
	Laboratory user manual Ennis	
	NCHD information booklet	
	Neurology consultant requests for inpatients	
	Occupational Health incl links to Counselling	
	Ortho training	
	Prescribing	
	Procedure for applying for annual and educational leave	
	QPulse – managing incidents	
	QPulse – reporting incidents	
	QPulse - Incident web-reporting ref guide ULHG	
	QPulse - logging an incident, complaint, risk	
	Rostered hours claim procedure	
	Trust in care policy	
	Unrostered overtime claim process sop	
	Values in action	
	Workwell	
	Radiology dept ennis	

	Occupational health	
	Manual Handling & Management of Actual and Potential Aggression	
	Fire training	
	Health & safety info for employees	
	Health & safety online resource	
	Induction day ennis	
	Health & safety induction document	
	NCHDs are made aware of local and national policies via their induction (listed previously above D50-1)	
	HSE UHL Policies & Procedures available on QPulse via IHUB	
	Q-Pulse training	
	Extract from DIME-NER user manual for trainees	
E) Clear Supervisory Arrangements for Trainees	NCHD & Consultant oncall rota	**FC**
	Trainer list	
	NCHD contract i	
	Trainee employee handbook	
	Emails from HR to trainee	
	People management the legal framework	
	NCHD contract iv	
F) Opportunities for Training through Clinical Practice for Trainee	NCHD contract	**FC**
	SLA HSE with Professional Training bodies	
	BST case requirements	
	Grand rounds incl attendance	
	Sample learning sign in sheet	
G) Access to Formal and Informal Education and Training for Trainees	BST programme	**FC**
	NCHD & Consultant oncall rota	
	Procedure for applying for Annual and Ed Leave	
	Teaching activities	
	ACLS training	
	Informal teaching sign in sheet	
H) Opportunities for Trainers to Train through Protected Training Time	Consultant work schedule 1	**FC**
	Consultant work schedule 2	

	Consultant Contract 2008 - Sec H	
	CTG masterclasses	
	Health Research Symposium	
	Sylvestor O'Halloran Symposium	
	Trainers who completed the train the trainer course	
	Teaching activities	
	Train the trainer	
I) Access to Resources which Support Directed and Self-Directed Learning	Library screenshots	**PC**
	Library screenshots 2	
J) Access to Pastoral and Health Supports for Trainees	Occupational Health	**FC**
	Occ Health & Counselling ppt	
	Trainee information booklet extract - Occ Health & Counselling	
	NCHD health and wellness (Final)	
	Health & Wellbeing evening	
K) Access to Resources to Maintain Close Contact with Parent Training Bodies	Email access from phone or remote PC	**FC**
	RCPI office opening	
	RCPI office opening welcome email	
	NDTP-TB SLA	
	NDTP-TB SLA Outcomes 2018-2019	
	NDTP-TB SLA Outcomes 2017-2018	
	NDTP-TB SLA Outcomes 2016-2017	
L) Promotion of Medical Council Guidance of Professionalism, Including Promotion of Current Ethical Guidance	Revised Guide to Ethics	**PC**
	Ethics Guide sent to Consultants & NCHDs	
	Clinical Ethics Committee	
	Employee handbook - Ethics & Prof Attitudes & Behaviour	
	NCHD Information Booklet - Ethics & professionalism	
	Values in action session invite	
	Values in action effects	
	Values in action survey results	
	values in action behaviours	
	Values in action email to staff	
	AntiBullying Poster	

	HSE antibullying campaign issued to Consultants	
	HSE antibullying campaign issued to NCHDs	
	Wellbeing & training survey	
	Professionalism- - A Journey Poster	
	Employee handbook - Prof Practice & patient safety & quality of care	
	Employee_Handbook - Trust in care	
	Clinical audit & quality improvement in healthcare	
	Promote good prof practice by staff centred on patient safety & quality of care pt1	
	Promote good prof practice by staff centred on patient safety & quality of care pt2	
	Promote good prof practice by staff centred on patient safety & quality of care pt3	
	Promote good prof practice by staff centred on patient safety & quality of care pt4	
	Promote good prof practice by staff centred on patient safety & quality of care pt5	
	Medxnote	
	Audit of ECG	
	Needle stick policy	
	Grievance procedure	
	Disciplinary Procedure for Employees of HSE	
	Dignity at work policy	
	Dignity at Work Policy issued to NCHDs	
	Trust in Care policy	
	Sample grievance policy	
	IMC The handling of concerns about doctors	
M) Safe Working Environment	Fire safety training	**PC**
	Sample roster	
	EWTD Compstat February 2019	
	EWTD Compstat March 2019	

N) Specialty-Specific Supports	Professional training body inspection report pt 1	**PC**
	Professional training body inspection report pt 2	
	NDTP-TB SLA outcomes 2016/2017	
	NDTP-TB SLA outcomes 2017/2018	
	NDTP-TB SLA outcomes 2018/2019	
	Engagement with RCPI	
O) Participation in On-Call Duty Rota	NCHD & consultant oncall rota	**PC**
	Supervisor list	
P) Support for the Assessment of Trainees	Email from RCPI to MM re onsite assessments	**FC**
	Educational leave procedure	
Q) Opportunities for Multi-Disciplinary Teamwork	Teaching activities	**FC**
	Email notification to NCHDs of training activities available in ULHG	
	Grand Rounds - a physio presenting	
	FutureMEed	
	Multi-disciplinary Nutrition week	
	Schwartz rounds	
R) Opportunities for Trainees to Provide Feedback to the Employing Authority	Job Description Lead NCHD 2018	**PC**
	Lead NCHD Committee Meeting	
	Training Committee - terms of reference	
	Agenda Training Committee Meeting Sep18	
	Agenda for Training Committee Meeting March18	
	Minutes Training Committee Mar18	
	Minutes Training committee Sep18	
	Minutes CD Forum Apr18	
	Minutes CD Forum Feb18	
	Minutes CD Forum Mar18	

	Minutes CD Forum Sep18	

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