Comhairle na nDochtúirí Leighis
Medical Council

Regional Inspection of
Saolta University Healthcare Group
under Part 10 of the Medical Practitioners Act 2007
4th & 5th May 2017

Report on the Inspection of
Intern and Specialist Clinical Training Sites

Clinical training sites inspected:

Galway University Hospital

Letterkenny University Hospital

Portiuncula University Hospital

Sligo University Hospital

Table of Contents

Statement with regard to the Freedom of Information Acts, 1997 and 2003

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

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.

Back to Table of Contents

Executive Summary

The Medical Council is obliged under section 88 of the Medical Practitioners Act 2007 to inspect all sites where intern and specialist training is provided. 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. Not all sites can be inspected during a regional visit and the Medical Council uses all information available to it, including scores from its annual *Your Training Counts* survey of Trainee experiences, in order to decide which sites to prioritise.

There are six clinical training sites in the Saolta University Healthcare Group. The Council decided to visit four of these sites on this occasion, namely:

- Galway University Hospital;
- Letterkenny University Hospital;
- Portiuncula University Hospital; and
- Sligo University Hospital.

The above sites were visited over a two-day period on 4th and 5th May 2017. The Assessor Teams comprised Council members, Council Executive and External Assessors with a relevant background in medicine and/or intern/specialist training; and included medically-qualified and non-medically-qualified persons, representing public/patient interests. The Agendas for each hospital inspection visit, which include details of the site Assessor Teams, are attached as **Appendix 1**.

The Assessor Team at each training site assessed the site's compliance with the Medical Council's '*Standards for Training and experience required for the granting of a certificate of experience to an intern'* (approved 9th September 2010, revised 14th April, 2011) and *Medical Council criteria for the evaluation of training sites which support the delivery of specialist training*' (approved 17th July 2014).

The Team met with Mr. Maurice Power, CEO of Saolta University Healthcare Group, Professor Anthony O'Regan, Chief Academic Officer, and other key Hospital Group personnel. The Team also met with senior management and trainers at each clinical training site and interviewed Interns and NCHDs participating in specialist training programmes at each site.

The Team found that all four clinical training sites visited in the Saolta University Healthcare Group were found to be partially or fully complying with the Medical Council's intern training Standards and the majority of the Medical Council's Standards for specialist training sites. On that basis, the Team recommends that all four sites continue to be approved for intern and 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 should develop an action and implementation plan to address these recommendations and report back to the Medical Council with a proposed plan within 3 months of the issue date of this report.

Back to Table of Contents

Summary of the overall compliance rating for the Saolta University Healthcare Group

Table 1. The overall compliance rating for Saolta University Healthcare Group	Number of findings	
	Interns	Specialist
Non Compliance	[0]	[5]
Partial Compliance	[10]	[45]
Full Compliance	[18]	[22]

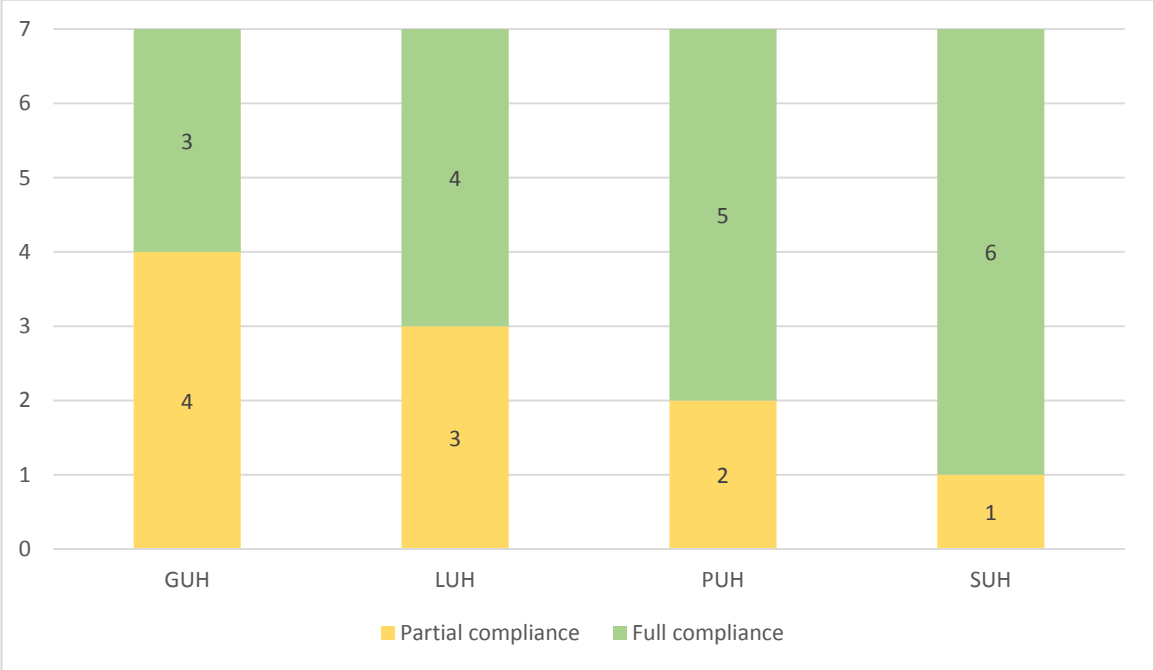

Figure 1. Saolta University Healthcare Group's compliance with intern training Standards

Figure 2 . Saolta University Healthcare Group's compliance with specialist training Standards

Back to Table of Contents

Preface

1. Context of the Inspection Visit

The Medical Council Assessor Team met with the Saolta University Healthcare Group ('Saolta') on 4th and 5th May 2017. The Team's remit was to assess the levels of compliance of clinical sites where intern and specialist training is provided in line with the following documents:

- Medical Council '*Standards for Training and experience required for the granting of a certificate of experience to an intern'* (approved 9th September 2010, revised 14th April, 2011),
- Medical Council '*Guidelines on Medical Education for Interns* (approved 19th October 2010, revised 14th April, 2011); and
- '*Medical Council criteria for the evaluation of training sites which support the delivery of specialist training*' (approved 17th July 2014).

The Assessor Teams were required to subsequently formulate recommendations on any improvements which may be required, or any other issues arising from such inspections, to the Medical Council's Education, Training and Professional Development Committee (ETPDC), based on their findings.

2. The Team

The Medical Council Assessor Team for each visit is listed in Appendix 1 of this Report. The Council is appreciative of the contribution of each Assessor Team which included Council members, Professor Alan Johnson and Ms Katharine Bulbulia, and wishes to express particular gratitude to the national and international Assessors, Dr Barry Lewis, Dr Andrew Gilliland, Dr Anna Clarke, Ms Angela Carragher, Dr Suzanne Donnelly, and Dr Dermot Power, who generously gave of their time and expertise to help with the inspection process.

The Medical Council also thanks the representatives from the Saolta University Healthcare Group for their co-operation and accommodation during the visit.

3. Documentation

As part of the process, Saolta was asked to complete and document a self-evaluation process based on the '*Standards for Training and experience required for the granting of a certificate of experience to an intern'* (approved 9th September 2010, revised 14th April, 2011), '*Guidelines on Medical Education for Interns* (approved 19th October 2010, revised 14th April, 2011) and '*Medical Council criteria for the evaluation of training sites which support the delivery of specialist training*' (approved 17th July 2014). This documentation was reviewed by the Team. The Team was impressed by the quality of the detailed and substantial submission.

4. Schedule

The inspection visits included a private meeting of the Medical Council Assessor Team and in-depth discussions between the Team and Saolta University Healthcare Group representatives, clinical training site Management, Trainers, Interns and NCHDs participating in specialist training programmes. The purpose of these meetings was to assist the Teams in assessing how the Hospital Group and each clinical training site inspected is complying with the Medical Council's education and training Standards.

5. Appendices

The agendas for each Inspection Visit are attached as Appendix 1.

The Standards which form the basis of the inspection process are attached as Appendices 2 and 3 (Intern Training) and 4 (Specialist Training).

6. The Report

The '*Standards for Training and experience required for the granting of a certificate of experience to an intern'* ('intern Standards') and the '*Medical Council criteria for the evaluation of training sites which support the delivery of specialist training*' ('Standards for specialist training sites') formed the basis of the evaluation of the clinical training site inspection for Saolta. Observations, comments and recommendations, as well as an analysis of the site's compliance with each Standard, are detailed under each clinical training site.

Back to Table of Contents

Saolta University Healthcare Group

Saolta University Healthcare Group (formally West/North West Hospitals Group) is one of seven HSE hospital groups and comprises 6 hospitals across 7 sites:

- Letterkenny University Hospital (LUH)
  (currently 16 Interns and 28 specialist Trainees)
- Mayo University Hospital (MUH)
  (currently 11 Interns and 40 specialist Trainees)
- Portiuncula University Hospital (PUH)
  (currently 11 Interns and 19 specialist Trainees)
- Roscommon University Hospital (RUH)
  (currently 4 Interns and 2 specialist Trainees)
- Sligo University Hospital (SUH)
  (currently 13 Interns and 73 specialist Trainees)
- Galway University Hospitals (GUH) incorporating Merlin Park University Hospital (MPUH)
  (currently 74 Interns and 171 specialist Trainees)

The Group's Academic Partner is NUI Galway.

Mission Statement:

Patients are at the heart of everything we do. Our mission is to provide high quality and equitable services for all by delivering care based on excellence in clinical practice, teaching, and research, grounded in kindness, compassion and respect, whilst developing our staff and becoming a model employer.

Vision Statement:

Our Vision is to build on excellent foundations already laid, further developing and integrating our Group, fulfilling our role as an exemplar, and becoming the first Trust in Ireland.

Guiding Values:

Respect - we aim to be an organisation where privacy, dignity, and individual needs are respected, where staff are valued, supported and involved in decision–making, and where diversity is celebrated, recognising that working in a respectful environment will enable us to achieve more.

Compassion - we will treat all patients and family members with dignity, sensitivity and empathy.

Kindness - whilst we develop our organisation as a business, we will remember it is a service, and treat our patients and each other with kindness and humanity.

Quality - we seek continuous quality improvement in all we do, through creativity, innovation, education and research.

Learning - we will nurture and encourage lifelong learning and continuous improvement, attracting, developing and retaining high quality staff, enabling them to fulfil their potential.

Integrity - through our governance arrangements and or value system, we will ensure all of our services are transparent, trustworthy and reliable and delivered to the highest ethical Standards, taking responsibility and accountability for our actions.

Team working - we will engage and empower our staff, sharing best practise and strengthening relationships with our partners and patients to achieve our Mission.

Communication - we aim to communicate with patients, the public, our staff and stakeholders, empowering them to actively participate in all aspects of the service, encouraging inclusiveness, openness and accountability.

Back to Table of Contents

Summary and General Assessment

1. Conclusion

The following are the Team's recommendations regarding the approval of the clinical sites visited to provide medical education and training:

1. Galway University Hospital should continue to be approved to provide medical education and training to Interns. This recommendation is made on the grounds that the Team found that the site is adhering to the majority of the rules, criteria, guidelines and Standards approved by Council as specified in Sections 88(3)(b), 88(3)(d), 88(3)(e) and 88(3)(f) of the Medical Practitioners Act 2007.

2. Galway University Hospital should continue to be approved to provide specialist medical education and training to NCHDs. This recommendation is made on the grounds that the 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),88(4)(d), 88(4)(e) and 88(4)(f) of the Medical Practitioners Act 2007.

3. Letterkenny University Hospital should continue to provide medical education and training to Interns. This recommendation is made on the grounds that the 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), 88(3)(d), 88(3)(e) and 88(3)(f) of the Medical Practitioners Act 2007.

4. Letterkenny University Hospital should continue to be approved to provide specialist medical education and training to NCHDs. This recommendation is made on the grounds that the 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), 88(4)(d), 88(4)(e) and 88(4)(f) of the Medical Practitioners Act 2007.

5. Portiuncula University Hospital should continue to be approved to provide medical education and training to Interns. This recommendation is made on the grounds that the 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), 88(3)(d), 88(3)(e) and 88(3)(f) of the Medical Practitioners Act 2007.

6. Portiuncula University Hospital should continue to be approved to provide specialist medical education and training to NCHDs. This recommendation is made on the grounds that the 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), 88(4)(d), 88(4)(e) and 88(4)(f) of the Medical Practitioners Act 2007.

7. Sligo University Hospital should continue to be approved to provide medical education and training to Interns. This recommendation is made on the grounds that the 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), 88(3)(d), 88(3)(e) and 88(3)(f) of the Medical Practitioners Act 2007.

8. Sligo University Hospital should continue to provide specialist medical education and training to NCHDs. This recommendation is made on the grounds that the 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), 88(4)(d), 88(4)(e) and 88(4)(f) of the Medical Practitioners Act 2007.

This approval should be for an initial period of five years from the date of approval by Council.

In addition to the above recommendations, specific recommendations for the improvements required at each clinical training site are set out in the body of this report.

2. Commendations:

In addition to the commendations made below for each individual clinical training site, the Team wishes to commend the Saolta University Healthcare Group for the following:

1. The Team would like to especially congratulate Saolta University Healthcare Group for the commitment of the Chief Academic Officer, Senior Management and Trainers at all of the sites visited by the Medical Council;

2. Trainees described training that, for the vast majority, adhered to the 'guiding values' described by the hospital group. Where difficulties were described, it was apparent that compassion and fairness were paramount considerations.

3. The Team was very impressed by the motivation of the Interns and Trainees at the sites visited.

3. Galway University Hospital

GUH Intern Training Site

Compliance Rating

The visiting assessor team have identified the following level of compliance with intern training Standards for this clinical training site:

Level of compliance	Intern Training Standard							
	1	2	3	4	5	6	7	Total
NC								0
PC			√	√	√	√		4
FC	√	√					√	3

Recommendations

- The Team noted that medical and professional development is being curtailed as Interns are heavily involved in basic administrative and medical procedures such as ECG and Phlebotomy. This could potentially inhibit full curriculum coverage and, therefore, appropriate development of skills and competences at this stage of training. The Team recommends this should be addressed by (a) implementing the Transfer of Tasks Policy; (b) ensuring effective and consistent use of non-medical support staff (non-physician staff); (c) improving the release of Interns to protected teaching time by communication with and improved understanding of nursing and ancillary staff in all clinical areas.

- The Team recommends that bleep-free, protected training time should be provided for all Trainees and should be standard practice.

- The Team have significant concerns about the practice of note taking, which was a consistent finding presented to the Team by Interns and NCHDs were aware of the practice. The Team heard of ward transfer patients or admission track patients where clinical note-writing or transcription was expected and Interns were instructed to do so by NCHDs, in preparation for ward rounds. On occasion some Interns were asked to write clinical notes on a patient they themselves had not seen. This is not good or safe practice and is educationally unacceptable. The team recommends this form of practice ceases with immediate effect. Measures taken to stop this should include clear instructions to Interns, at their induction, on the risks this carries and how to 'say no' if it is requested. The Hospital Group could undertake a simple audit of patient records and discharge notes to quantify the practice.

- The Team has requested data on the levels of supervision in place for Interns. This information should be submitted via the action and implementation plan.

- It is recommended that the clinical training site ensure that a formal process for providing and receiving feedback throughout their rotation, as opposed to only providing feedback at the end of each rotation, is in place.

- Information Communication and Technology (ICT) facilities were criticised by the intern group in general. Issues raised included systems freezing, access to systems, and multiple pass codes. These may constitute a patient safety issue. Better ICT supports must be put in place for Interns, to prevent the above-mentioned issues from reoccurring.

- Interns noted they have difficulty accessing blood results (see above also). Interns suggested it would be more efficient if they had electronic blood forms. Electronic order forms should be available to Interns to make their post ward round and post 'take' activities more efficient.

Commendations

- Nanny Intern Service and Boot camp, where applicable, using previous year Interns at the start of the programme for one month with no on call duties, was a supportive initiative of great value to Interns and much appreciated

- The Team were very impressed with the level of commitment from trainers in GUH and noted the number of trainers in attendance at the meeting with the Assessor Team was encouraging.

- The Intern Co-ordinator was committed, highly motivated and very accessible to Interns

- GUH is to be commended for the quality of its Resilience Programme.

The Team commended GUH for the quality of its simulation centre, which combines undergraduate and postgraduate medical and multi- disciplinary training. It involves training on simulated mannequins and team work. As well as the education role there is an ongoing research programme collaborating with other centres nationally and internationally.

GUH Specialist Training Site

Compliance Rating

The visiting assessor team have identified the following level of compliance with specialist training Standards for this clinical training site:

Level of compliance	Specialist Training Standard																		
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	Total
NC																			0
PC	√	√		√	√	√	√	√				√	√	√	√		√	√	13
FC			√						√	√	√					√			5

Recommendations

- General policies, protocols and procedures for clinical handover should be developed and implemented across the entire Hospital Group. This should be addressed as a priority, as it is a patient safety concern.

- Specialty specific 'checklists' for key elements of 'unit' induction are available – these could be used as a starting point in ensuring consistent specialty induction

- The clinical training site consistently provides appropriate supervision for all Trainees, regardless of annual leave arrangements for consultants. Saolta should audit supervision - on paper and in action- to assess gaps in supervision during annual leave.

- The clinical training site fully implements their Transfer of Tasks policy as a priority, in order to free up Trainee time for educational opportunities.

- The training site must ensure consistent delivery of the curriculum for every Trainee through workplace supervised learning and feedback combined with protected formal curriculum matched teaching.

- The Medical Council notifies the HSE, Forum of Postgraduate Training Bodies and Department of Health, with a view to enabling the site to comply with Standard H – opportunities for trainers to train through protected time.

- Post call arrangements often lead to poor EWTD compliance. The Team recommends GUH to conduct a formal review of rotas, including post call work schedules.

- The clinical training site puts appropriate measures in place to ensure that the European Working Time Directive (EWTD) and other applicable employment legislation is applied.

- The clinical training site is encouraged to expand the development of local postgraduate training body administrative offices across the specialities.

- Development of multi-disciplinary teamwork needs to be prioritised by the clinical training site to enhance patient care and improve specialty curriculum coverage.

- Good opportunities for Trainee interaction and collaboration with clinical colleagues needs to be replicated across all specialties and monitored via an interdisciplinary checklist.

- Formalise the structures for Trainee feedback. Trainee representatives need guidance on gathering Trainee views and on feedback mechanisms. “Meet the management” meetings have been shown to be effective in improving Trainee-management communication.

Commendations

- The Team wishes to commend the GUH on the quality of their on-site simulation and skills laboratory.

- The Team commends and encourages the initiative to devolve administration supports from postgraduate training bodies to clinical sites.

- The Team commends GUH for the development of its online portal which has helped to develop and improve clinical induction.

- The Team wishes to commend the trainers for their commitment to provide training outside of contracted hours.

4. Letterkenny University Hospital

LUH Intern Training Site

Compliance Rating

The visiting assessor team have identified the following level of compliance with intern training Standards for this clinical training site:

Level of compliance	Intern Training Standard							
	1	2	3	4	5	6	7	Total
NC								0
PC			√		√	√		3
FC	√	√		√			√	4

Recommendations

- Supports for Interns participating in end of life care must be put in place.
- All professionalism training explicitly refers to and familiarises the intern with the Medical Council's current edition of the Guide to Professional Conduct and Ethics for Registered Medical Practitioners.
- The Team expects that Wi-Fi access will be in place by the time the action and implementation plan is submitted to the Medical Council.
- The Team would like to see minutes of the NCHD leads committee meetings and Terms of Reference.
- The Team was concerned with Interns being asked to obtain consent (working above grade) especially within the surgery rotation. The Team recommends that this practice ceases with immediate effect.

Commendations

- Interns commended LUH for the level of exposure and opportunities to prep patients compared to other rotations.

LUH Specialist Training Site

Compliance Rating

The visiting assessor team have identified the following level of compliance with specialist training Standards for this clinical training site:

Level of compliance	Specialist Training Standard																		
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	Total
NC								√				√							2
PC	√	√	√	√	√	√	√		√	√			√	√	√	√	√	√	15
FC											√								1

Recommendations

- The visiting team has requested sight of the Terms of Reference for the Medical Education Committee.
- The clinical training site should ensure that Trainees are assigned to and meet with their trainers prior to commencing their training.
- The Handover Policy is reviewed and appropriately implemented to ensure that post take rounds take place.
- The Team is concerned with the issues raised under Standard C.iv. (accountability) and recommend that the educational impact/ effects of such changes in care organisation are monitored and acted upon by management.
- The Team is concerned with the issues raised under Standards D.i. iv. and v**.** (induction arrangements for Trainees) and recommend these be addressed as soon as possible. LUH should detail how they plan to address this Standard and submit their response to the Medical Council as part of the Hospital Groups action and implementation plan, due 3 months following receipt of this report.
- Management should either review the supervision arrangements for Trainees or take steps to ensure that restriction of access to ordering urgent on-call tests and procedures to registrar-grade doctors does not carry a patient safety risk.
- The clinical site monitor the learning opportunities in departments where there may be a reduction in learning opportunities
- The Team is concerned with the issues raised under Standards G.(i) (ii) and (iii) – access to formal and informal education and training for Trainees - and recommend these be addressed as soon as possible.
- The Medical Council notifies the HSE, Forum of Postgraduate Training Bodies and Department of Health, with a view to enabling the site to comply with Standard H – opportunities for trainers to train through protected training time.

- Wi-Fi access should be installed in the hospital as soon as possible and the Medical Council be updated of the progress when the Hospital Group submits its action and implementation plan.

- The clinical training site ceases the current practice of requiring Trainees to take consent for procedures when they are not suitably trained and qualified. The clinical training site should note the provisions of paragraph 13 of the Guide to Professional Conduct and Ethics for Registered Medical Practitioners.

- A policy and strategy for appropriately managing adverse events within clinical teams, including open disclosure procedures should be developed and implemented. The Team further recommends that the clinical training site develops and delivers a training programme to adequately brief and prepare Trainees for adverse events.

- A clear pathway for referrals to the Medical Council Health Committee and Professional Standards department regarding professionalism must be developed for the Hospital Group.

- A strategy to address the issue of professionalism and, in particular, bullying and undermining behaviour and respect for colleagues should be developed and implemented.

- Allegations were made of signs on the Radiology department door saying 'No NCHD's'. The Team recommends that any such signs be removed immediately.

- A strategy to address the issues outlined regarding the Radiology department should be developed and implemented.

- The clinical training site should provide clarity for hospital personnel on the definitive policy regarding the upper age ceiling for paediatric admissions from the A&E Department.

- The clinical training site should reinstates post call ward rounds which exploit opportunities for education and training.

- Standardised practices in the investigation and management of common presentations of acute illness be consistently applied.

- The Team is concerned with the issues raised under Standard M - safe working environment - and recommends these be addressed as soon as possible. The Team recommends that the clinical site raises the profile of its Risk Manager.

- LUH should address its current inability to comply with Standard N.(i) - specialty specific supports - as a priority.

- Issues raised under Standard O – participation in on call duty rota - be addressed as soon as possible.

- The Team is concerned with the issues raised under Standard P – support for assessment of Trainees - and recommend these be addressed as soon as possible.

- Issues raised under Standard Q – opportunities for multi-disciplinary teamwork - be addressed as soon as possible.

Commendations

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

5. Portiuncula University Hospital

PUH Intern Training Site

Compliance Rating

The visiting assessor team have identified the following level of compliance with intern training Standards for this clinical training site:

Level of compliance	Intern Training Standard							
	1	2	3	4	5	6	7	Total
NC								0
PC			√		√			2
FC	√	√		√		√	√	5

Recommendations

- The Intern Network Coordinator should verify that all intern Trainees are receiving adequate training in each specialty.
- The Team is concerned that Interns are not receiving sufficient (if any) feedback and recommends this issue be addressed and formalised.
- The practice of requiring Interns to take notes on patients they have not seen ceases with immediate effect.
- General policies, protocols and procedures for clinical handover should be developed and implemented across the entire Hospital Group. This should be addressed as a priority, as it is a patient safety concern.

Commendations

- Nanny Intern Service and Boot camp, where applicable, was of great value to Interns and much appreciated.
- Interns found the learning from handover in Paediatrics valuable in PUH.
- The Team noted the lunch time sessions (twice weekly) in the above mentioned speciality of Medicine was hugely valued by the Interns.

- The Team noted the Intern Tutor was committed to Interns and highly motivated with a very "open door" policy and should be commended. The Team also noted as the intern tutor was not directly supervising Interns and felt he could take a more objective and independent role.

- The Team noted from the level of discussion with Interns indicated good level of Professionalism in work practices and attitudes.

PUH Specialist Training Site

Compliance Rating

The visiting assessor team have identified the following level of compliance with specialist training Standards for this clinical training site:

Level of compliance	Specialist Training Standard																		
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	Total
NC								√										√	2
PC	√	√		√	√	√	√					√	√	√	√	√	√		12
FC			√						√	√	√								4

Recommendations

- The clinical training site should takes measures to ensure a more consistent approach to specialty-specific induction across all specialties, as a matter of priority.

- The clinical training site should disseminate exemplars of best practice and good compliance as a source of advice to other, non-compliant specialty departments, to facilitate full compliance with Standard E – clear supervisory arrangements for Trainees.

- The transfer of tasks policy should be prioritised so that Trainees' time could be better utilised.

- While the Team acknowledges that the clinical training site does not have the resources to comply with Standard H – opportunities for trainers to train through protected training time - the Team recommends that the Medical Council notifies the HSE, Forum of Postgraduate Training Bodies and Department of Health, with a view to enabling the site to comply.

- The clinical site works with Trainees on ideas for implementation of changes, in order to meet Standard M – safe working environment.

- The clinical training site should takes measures to address the inconsistencies in covering the required curriculum, across the various specialty departments.

- Each training body should verify with their own Trainees that they are getting adequate training and the clinical site should review and implement changes according to postgraduate training bodies' advice.

- The clinical training site should put measures in place to ensure that there are opportunities for Trainees to work within multi-disciplinary teams.

- Formalise the structures for Trainee feedback. Trainee representatives need guidance on gathering Trainee views and on feedback mechanisms.

Commendations

- The Team would like to commend the trainers who were found to be providing training to Trainees outside their normal working hours (unpaid), as the training site is not currently providing protected training time to trainers.

- The clinical training site should be commended for its efforts to provide good study space including ICT facilities for Trainees and encouraged to continue with the ongoing upgrades to the facilities. The Team would also like to commend the clinical training site for its library facilities.

6. Sligo University Hospital

SUH Intern Training Site

Compliance rating

The visiting assessor team have identified the following level of compliance with intern training Standards for this clinical training site:

Level of compliance	Intern Training Standard							
	1	2	3	4	5	6	7	Total
NC								0
PC						√		1
FC	√	√	√	√	√		√	6

Recommendations

- The Team noted there is no Nanny Intern Service in SUH and recommend it might be useful to extend this service to all training sites within the Saolta Hospital Group.

- Leadership in the nursing directorate could address the issue of tensions between Interns and nursing staff.

- SUH should review its bleep policy to include general guidelines for bleeping.

- With regard to supervision, the Team recommends that the clinical training site should ensure that all Registrars are made aware that they must respond in a timely fashion to calls from junior staff. All Registrars must also be informed that their job requires them to review patients when asked to do so. The clinical training site should consider putting in place a mandatory training session for all Registrars to address these issues.

- The practice of requiring Interns to take consent when they are not suitably trained or qualified to do so should cease with immediate effect.

- The practice of requiring Interns to take notes on patients they themselves have not seen ceases with immediate effect.

Commendations

- The Team noted the policy for all cases being discussed with consultants is valued by Interns in the Emergency Department.

- The team were very impressed with the level of commitment from trainers in SUH.

- The Team noted Interns had daily contact consultants and did not feel isolated when difficult clinical situations arose. This was a common theme /practice highlighted amongst all specialties seen on the day and should be commended.

- The Team would like to commend the trainers who were found to be providing training to Trainees outside their normal working hours (unpaid), as the training site is not currently providing protected training time to trainers.

- The Team commend the trainers at SUH who are committed to providing regular feedback, assessment and further personal development for all junior doctors.

- The Team highly commend the librarian's interest and commitment. Providing very good online access to a wide range of journals and weekly email updates of new developments.

- The Team would like to commend, Dr McHugh the Associate Academic Officer for demonstrating outstanding leadership qualities and a comprehensive grasp of education and training issues for junior medical staff. Dr McHugh's commitment to the education activity in SUH has been built up with very little resources. The Team strongly recommend that administrative support be provided and more protected sessions allocated to enhance this role further.

SUH Specialist Training Site

Compliance Rating

The visiting assessor team have identified the following level of compliance with specialist training Standards for this clinical training site:

Level of compliance	Specialist Training Standard																		
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	Total
NC								√											1
PC		√		√					√					√			√		5
FC	√		√		√	√	√			√	√	√	√		√	√		√	12

Recommendations

- General policies, protocols and procedures for clinical handover should be developed and implemented across the entire Hospital Group. This should be addressed as a priority, as it is a patient safety concern.

- The clinical training site is urged to formalise its induction policy in order to fully comply with Standard D – induction arrangements for Trainees.

- While the Team acknowledges that the clinical training site does not have the resources to comply with Standard H – opportunities for trainers to train through protected training time, the Team recommends that the Medical Council notifies the HSE, Forum of Postgraduate Training Bodies and Department of Health, with a view to enabling the site to comply.

- Computer facilities should be provided in the on-call residence.

- Opportunities for multi-disciplinary teamwork are available and consistent across the various specialty departments.

Commendations

- The level of supervision received high praise from the Trainees and was described by some Trainees as unparalleled.

- The Team congratulates the clinical training site on its high rate of delivery of timetabled teaching events. The Team would like to commend the trainers who were found to be providing training outside of their normal working hours (unpaid), as the training site is not currently providing protected training time to trainers.

- The Team would like to commend the clinical training site for their library staff and facilities.

- The Associate Academic Officer and HR staff received high praise from the Trainees. The Team commends both Dr Catherine McHugh and Ms Martha Saba for their hard work and strong commitment.

- The Team would like to commend the Emergency Department for their simulation sessions which include the whole team.

7. Recommended Further Actions

The Team recommends that the Hospital Group, in collaboration with each clinical training site, develops an action and implementation plan to address all findings and recommendations in this report. The action and implementation plan should be submitted to the Medical Council within three months of receipt of this report. On receipt of the action and implementation plan, key personnel from the Hospital Group will be invited to present the plan to the Medical Council. 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, Forum of Postgraduate 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 this report.

It is recommended that the Hospital Group publishes this Report and subsequent action and implementation plan on the Saolta University Healthcare website.

Back to Table of Contents

Evaluation of Saolta University Healthcare Group Compliance with Medical Council Standards

Compliance level rating

Level of compliance with each Standard:

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

Clinical training site:
Galway University Hospital

Compliance with Intern Training Standards

1. Rotations	**Level of compliance: FC**

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

- The Assessor Team (The Team) welcomed the opportunity to meet with a large number of Interns at Galway University Hospital (GUH).
- The Team was satisfied that all Interns present had completed a minimum rotation of three months in Medicine and three months in Surgery.

Compliance

- The clinical training site indicated in their self-evaluation that they are fully complying with this Standard, the Team found that this site, in practice, is complying.

Observation (s) and Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

- No additional commendations made.

2. Accreditation	**Level of compliance: FC**

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

- The Team is satisfied that the West Northwest Intern Training Network is affiliated with NUI Galway School of Medicine.

- The Team met with a number of Interns who had completed their undergraduate and / or graduate entry medical education in National University of Ireland, Galway (NUIG), University Limerick (UL), University College Dublin (UCD), Trinity College Dublin (TCD) and Royal College of Surgeons of Ireland (RCSI).

- The Team met with Dr Dara Byrne the Intern Co-ordinator for GUH. Dr Byrne oversees the content and assessment of the programme on all nine sites of the Saolta Group.

Compliance

- The clinical training site indicated in their self-evaluation that they are fully complying with this Standard, the Team found that this site, in practice, is complying.

Observation (s) and Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

- No additional commendations made.

3. Content of training	**Level of compliance: PC**

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

(i) The Team was satisfied that all Interns felt part of a multi-disciplinary team.

(ii) After meeting with the Interns the Team had concerns with Interns taking consent and the frequency in which Interns were asked to seek consent on behalf of their superior.

(iii) The Team was satisfied that Interns at this site have the opportunity to exercise their responsibility and clinical decision making appropriate to their competency level.

(iv) The Team was satisfied that Interns felt part of a multidisciplinary team and it was working well, in particular the handover in Paediatrics.

(v) The Team noted although there is regular and scheduled formal education and training sessions provided for Interns, but this is often prevented or interrupted due to non-bleep free time.

- The Team also noted teaching sessions can be rostered outside of normal working hours (formal surgical and medicine training is outside working hours).
- Interns are not receiving feedback on their performance and therefore not learning, with the exception of three month or end of rotation assessment.
- There does not appear to be an opportunity for learning at handover.
- Interns were aware of the Q-pulse system but it is not used consistently or effectively.

(vi) The Team was satisfied training is consistent with the eight domains of good professional practice.

Compliance

Although the clinical training site indicated in their self-evaluation that they were fully complying with this Standard, the Team found that the site is only partially complying as Standard **(v)** under content of training do not meet this Standard. Standard (v) under content of training is not fully compliant. The Team is concerned with the issues raised under this Standard and recommend these be addressed as soon as possible. GUH should detail how they plan to address this Standard and submit their response to the Medical Council as part of the Hospital Groups action and implementation plan, due 3 months following receipt of this report.

Observation (s)_ and Recommendation (s)

- The Team noted that medical and professional development is being curtailed as Interns are heavily involved in basic administrative and medical procedures such as ECG and Phlebotomy. This could potentially inhibit full curriculum coverage and, therefore, appropriate development of skills and competences at this stage of training. The Team recommends that this should be addressed by (a) implementing the "Transfer of Tasks" policy; (b) ensuring effective and consistent use of non-medical support staff (non- physician staff); and (c) improving the release of Interns to protected teaching time by communication with and improved understanding of nursing and ancillary staff in all clinical areas.

- The Team recommends that bleep-free, protected training time should be provided for all Trainees and should be standard practice.

- The Team has significant concerns about the practice of clinical note taking, which was a consistent finding presented to the Team by Interns and NCHDs were aware of this practice. The Team heard of ward transfer patients or admission track patients where clinical note-writing or transcription was expected and interns were instructed to do so by NCHDs, in preparation for ward rounds. On occasion some Interns were asked to write clinical notes on a patient they themselves had not seen. This is not good or safe practice and is educationally unacceptable. The Team recommends this form of practice ceases with immediate effect. Measures taken to stop this should include clear instructions to Interns, at their induction, on the risks this carries and how to say "no" if it is requested. The Hospital Group could undertake a simple audit of patient records and discharge notes to quantify the practice.

Commendation (s)

- Nanny Intern Service, using previous year's Interns at the start of the programme for one month with no on call duties, and Boot camp, where applicable, was a supportive initiative of great value to Interns and much appreciated.

- The Team were very impressed with the level of commitment from trainers in GUH and noted the number of trainers in attendance at the meeting with the Assessor Team was encouraging.

4. Supervision	**Level of compliance: PC**
Description of evidence of compliance with this Standard during the inspection visit	

- The Team was satisfied that Interns were being supervised at SHO level but unclear if Interns were also being supervised by their consultants.

- The Team would like to have sight of the data being collated and evaluated by GUH regarding the level of supervision as per their compliance submission. This should be submitted to the Medical Council as part of the Hospital Groups action and implementation plan, due 3 months following receipt of this report.

Compliance

- The clinical training site indicated in their self-evaluation that they are fully complying with this Standard, the Team found that this site, in practice, is complying.

Observation (s) and Recommendation (s)

- The Team requests that the data being collated and evaluated by GUH regarding the level of supervision (as per their compliance submission) be provided to the Medical Council.

Commendation (s)

- The Team noted the Nanny Intern System using previous year Interns at the start of the programme for one month with no on call duties was very useful a supportive initiative to the Interns.

- The Intern Co-ordinator was committed, highly motivated and very accessible to Interns.

5. Assessment	**Level of compliance: PC**

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

- Based on the feedback received from Interns at GUH, the Team are concerned that on many teams there is no regular feedback in GUH, only at the three month or end of rotation assessments.

- It was noted Interns have to be proactive with their consultant in order to receive feedback.

Compliance

- Although the clinical training site indicated in their self-evaluation that they were fully complying with this Standard, the Team found that the site is only partially complying. The Team is concerned with lack of feedback Interns are receiving, and recommend this issue be addressed and formalised.

Observation (s) and Recommendation (s)

- The Team recommends that the clinical site addresses the lack of feedback reported by Interns and ensures that a formal process for providing and receiving feedback is in place.

Commendation (s)

No additional commendations made.

6. Professionalism	Level of compliance: PC

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

(i) The Team noted the Intern Induction addresses all aspects of Professionalism, and the three pillars of Professionalism forms part of the Intern Logbook.

(ii) The Team are concerned with Interns taking consent. The Team was advised that Interns are given instruction on the taking of consent at the time of induction and also have a 2. 5 hour mandatory session on the medico legal aspect of intern practice from a dual qualified lawyer/physician on the importance of and requirements for informed consent is one of the topics. However, on interviewing interns, one Intern expressed concern in taking consent from a patient, the intern presented the Medical Council's guidelines for consent to their supervisor but the guidelines were dismissed by the Registrar.

Compliance

- The clinical training site indicated in their self-evaluation that they are fully complying with this Standard, the Team found that this site, in practice, is complying.

Observation (s) and Recommendation (s)

- As mentioned earlier, the Team have significant concerns about the practice of note taking. On occasion some Interns were asked to write clinical notes on a patient they themselves had not seen. This is not good or safe practice as well as educationally unacceptable. The team recommends this form practice ceases with immediate effect.

- During the Teams discussion with Interns, one Intern recalled an episode of inappropriate behaviour by a nurse towards an intern. On reporting the incident, the Intern stated that, while the CNM offered to support the intern, the CNM was unwilling to take direct action. The Intern was coming to the end of their rotation and decided not to proceed with the escalation process, but was well aware of the correct procedure, if required.

Commendation (s)

- No additional commendations made.

7. Resources	Level of compliance: FC

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

(i) The Team was satisfied that Interns have access to a sufficient number of patients and case mix and have exposure to a broad range of clinical cases appropriate to the rotation.

(ii) The Team was satisfied that Interns had space and opportunity for private study as well as access to a library with adequate and up to date books and journals, including online access to Standard library databases for journal access and literature searches.

(iii) The Team is concerned that there is no extra staff to cover holiday, sick leave or unexpected leave. Interns are regularly put under pressure to fill vacant slots themselves as additional work.

(iv) The Team was satisfied that Interns were encouraged to raise ethical issues and have an appropriate 'go-to' person available to raise such with, such as the Intern Co-Ordinator and they are also have access to Occupational Health, if required.

(v) The Team was satisfied health and supports are available.

Compliance

- The clinical training site indicated in their self-evaluation that they are fully complying with this Standard, the Team found that this site, in practice, is complying.

Observation (s) and Recommendation (s)

- Locker space which was a challenge has now been addressed.

- The Doctors Residence is un-optimal, but the Team were informed a new building is under construction.

- I.T. facilities were criticised by the intern group in general. Issues raised included systems freezing, access to systems, and multiple pass codes. This may constitute a patient safety issue. The Team recommends better IT supports should be put in place for Interns to prevent the abovementioned issues from reoccurring.

- Interns noted they have difficulty accessing blood results. Interns suggested it would be more efficient if they had electronic blood forms. The Team supports this suggestion. Electronic order forms should be available to Interns to make their post ward round and post "take" activities more efficient.

Commendation (s)

- The clinical training site is to be commended for the quality of its Resilience Programme.

- The Team commended the clinical training site on the quality of its simulation centre which combines undergraduate and postgraduate medical and multi- disciplinary training. It involves training on simulated mannequins and team work. As well as the education role there is an ongoing research programme collaborating with other centres nationally and internationally.

Compliance with Specialist Training Standards – Galway University Hospital

A. Clarity of educational governance arrangements	Level of compliance: PC

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

i. The Assessor Team was satisfied that compliance with this criterion was confirmed in the meetings with the Senior Management Team (SMT) and Trainers. However, it was noted from discussions with the postgraduate Trainees that it was variable in practice.

ii. The Team was satisfied that compliance with this criterion was confirmed in the documentation provided by the site (sample minutes of meetings), but many of the Trainees were unaware of the reporting arrangements and they need to be better informed.

iii. The Team was satisfied from meetings with the Trainees that there were clear lines of communication with the training sites. They were also satisfied that this was confirmed in the documentation provided by the sites (PGTB inspection and interim progress reports and list of onsite representatives).

Compliance

- The clinical training site indicated in their self-evaluation that they are partially complying with this Standard, the Team found that this site, in practice, is partially complying.

Observation (s) and Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

- No additional commendations made.

B. Clarity of clinical governance arrangements	Level of compliance: PC

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

i. The Team was satisfied from the documentation provided (NCHD contract, induction programme, training lead role, emails, governance document) and discussions at the meeting with Trainees that they were able to clearly describe their responsibilities, level of authority and lines of accountability, at both BST and HST levels.

ii. The Team was satisfied that Trainees were aware of local procedures for reporting clinical incidents but they did not use it. The Trainees feel that Q-Pulse is not user friendly and the process takes too long.

iii. The Team was informed that the CRISBAR system was a major undertaking to enhance handover and is apparently unique in Ireland. The Team was satisfied from the documentation provided (information on CRISBAR system, Bleep Policy) and meetings with the SMT, Trainers and postgraduate Trainees that there is some form of handover in every Department but there

are inconsistent systems and handover is inconsistently applied, ranging from very good to poor.

Compliance

- The clinical training site indicated in their self-evaluation that they are partially complying with this Standard, the Team found that this site, in practice, is partially complying.

Observation (s) and Recommendation (s)

- The Team recommends the development of general policies, protocols and procedures for clinical handover across the entire Hospital Group. This should be addressed as a priority, as it is a patient safety concern. GUH should detail how they plan to address this Standard and submit their response to the Medical Council as part of the Hospital Groups action and implementation plan, due 3 months following receipt of this report..

Commendation (s)

- No additional commendations made.

C. Accountability	**Level of compliance: FC**

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

i.-iv. The Team is satisfied from the documentation provided (Job specifications and descriptions for Chief Academic Officer, Associate Academic Officers, Saolta Academic Administrator, NDTP Training Leads and Medical Manpower Manager, Minutes of meetings, correspondence, training organisation structure, schedule of meetings with relevant clinical and academic leads) and discussions with the postgraduate Trainees that the clinical training site is complying with this Standard.

Compliance

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

Observation (s) and Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

- No additional commendations made.

D. Induction arrangements for Trainees	Level of compliance: PC

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

i. The Team is satisfied from the documentation provided (HSE induction Policy document, Induction documents) that there is a national HSE induction policy which meets the required criteria. Although no local policy has been developed, the Team is satisfied most departments have specialty-specific inductions for new Trainees.

ii. The Team noted from the site's compliance form that monitoring the implementation of the policy is a challenge and that the online portal developed in GUH, together with the establishment of an induction workshop will facilitate the requirement criteria being met.

iii. The Team noted from the site's compliance form and documentation provided that a Health and Safety talk is scheduled at every hospital induction, which is given to all Trainees on the first day of changeover. This was later confirmed with the postgraduate Trainees.

iv. The Team noted from the site's compliance form and the documentation provided (including departmental induction checklists) that there is a programme-specific induction for each specialty in the clinical training site.

v. The Team is satisfied from discussion with the Trainees and the documentation provided (induction schedule, presentation slides and sample emails) that Trainees are made aware of policies which apply at their site.

vi. The Team did not probe this issue and does not have any concerns in this regard as the NERS system is in place.

Compliance

- The clinical training site indicated in their self-evaluation that they are partially complying with this Standard, the Team found that this site, in practice, is partially complying. The Team notes the challenges GUH faces in achieving full implementation of this Standard.

Observation (s) and Recommendation (s)

- At GUH the Team were advised that checklists were not consistently used for induction at local sites. Uniform induction checklists for each specialty and audit of use would help. The Team recommends that specialty specific 'checklists' for key elements of 'unit' induction are available – these could be used as a starting point in ensuring consistent specialty induction.

Commendation (s)

- The Team commends GUH for the development of its online portal which has helped to develop and improve clinical induction.

E. Clear supervisory arrangements for Trainees	**Level of compliance: PC**

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

i. The Team is satisfied from the discussions with the Trainers and postgraduate Trainees that the clinical training site is complying with the required criteria and noted that consultants are accessible by telephone during on-call periods. The Team, however, was informed by trainees of an incident where Trainees were left unsupervised when the Consultant was absent for the week.

ii. The Team is satisfied from the discussions with the Trainers and postgraduate Trainees that the clinical training site is complying with the required criteria.

iii. The Team is satisfied from the discussions with the Trainers that the site is complying with the required criteria. Trainer's tailor their supervision based on Trainee experience and demonstrated skills.

iv. The Team is satisfied from discussions with Trainers and Trainees that that the site is complying with the required criteria. The Trainees were satisfied that they were not being asked to act beyond their competence.

Compliance

- The clinical training site indicated in their self-evaluation that they are partially complying with this Standard, the Team found that this site, in practice, is partially complying. The evidence regarding compliance with **i.** leads the Team to conclude that the clinical training site is not consistently fully compliant with this Standard.

Observation (s) and Recommendation (s)

- The Team recommends that the clinical training site consistently provides appropriate supervision for all Trainees, regardless of annual leave arrangements for consultants. Saolta should audit supervision - on paper and in action- to assess gaps in supervision during annual leave.

Commendation (s)

- No additional commendations made.

F. Opportunities for training through clinical practice for Trainees	**Level of compliance: PC**

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

i-ii. The Team noted in discussions with Trainers and Trainees that, although Trainees are not required to participate in clinical practice at a level above their competence, some opportunities for training are being lost due to the requirement to do educationally unproductive tasks e.g. ECG, Phlebotomy, Cannulation.

Compliance

- Although the clinical training site indicated in their self-evaluation that they were fully complying with this Standard, the Team found that the site is only partially complying, due to engagement of Trainees in unproductive tasks.

Recommendation (s)

- The Team recommends that the clinical training site fully implements their Transfer of Tasks policy, in order to free up Trainee time for educational opportunities. GUH should detail how they plan to address this Standard and submit their response to the Medical Council as part of the Hospital Groups action and implementation plan, due 3 months following receipt of this report.

Commendation (s)

- No additional commendations made.

G. Access to formal and informal education and training for Trainees	**Level of compliance: PC**

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

i. Despite training body reports which confirm adequate coverage of their respective curricula, the Team found from the discussions with the postgraduate Trainees that there were clear examples where specific training programme requirements were not catered for in their work schedules and it was not clear whether their curriculum was being covered e.g. Trainees in some specialties do not get adequate feedback and it is sometimes left to them to pursue completion of their curriculum.

ii. The Team found from discussion with the postgraduate Trainees that formal teaching time was not protected in all specialties.

iii. The Team found from discussion with the postgraduate Trainees that informal teaching varied by specialty department, ranging from excellent to poor.

Compliance

- The clinical training site indicated in their self-evaluation that they are partially complying with this Standard, the Team found that this site, in practice, is partially complying.

Observation (s) and Recommendation (s)

- The postgraduate training body inspection reports were collated for review and in all cases the reports demonstrate consistent delivery of the curriculum for each Trainees. However, on interviewing trainees, the Team found inconsistencies in the approach for the delivery of the curriculum. The training site must ensure consistent delivery of the curriculum for every Trainee through workplace supervised learning and feedback combined with protected formal

curriculum matched teaching. GUH should detail how they plan to address this Standard and submit their response to the Medical Council as part of the Hospital Groups action and implementation plan, due 3 months following receipt of this report.

Commendation (s)

- No additional commendations made.

H. Opportunities for trainers to train through protected training time	**Level of compliance: PC**

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

i. The Team found from discussions with Trainers that their role is not reflected in their work schedules or through protected time.

ii & iii. The Team was satisfied from discussions with Trainers they were encouraged to develop in their role as trainers and supported by the hospital to attend 'Train the trainer' courses and Faculty meetings.

Compliance

- Although the clinical training site indicated in their self-evaluation that they were not complying with this Standard, the Team found that the site is partially complying, although not complying with **i.**

Observation (s) and Recommendation (s)

- The Team noted that trainers provide training outside of contracted hours.
- While the Team acknowledges that the clinical training site does not have the resources to fully comply with this Standard, the Team recommends that the Medical Council notifies the HSE, Forum of Postgraduate Training Bodies and Department of Health, with a view to enabling the site to comply.

Commendation (s)

- The Team wishes to commend the trainers for their commitment to provide training outside of contracted hours.

I. Access to resources which support directed and self-directed learning	**Level of compliance: FC**

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

i. & ii.

The Team noted from the documentation that the site has developed a hot-desk office space for Trainees with a dedicated computer room with Wi-Fi. The Team noted from the documentation that there are good library facilities with 24-hour access and access to national and international guidelines.

Compliance

- The clinical training site indicated in their self-evaluation that they are fully complying with this Standard, the Team found that this site, in practice, is complying.

Observation (s) and Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

- The Team wishes to commend the GUH on the quality of the on-site simulation and skills laboratory.

J. Access to pastoral and health supports for Trainees	**Level of compliance: FC**

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

i & ii The Team found in discussions with the Senior Management Team that the Occupational Health Department is on site at GUH. It was not clear whether the Trainees were made aware of it.

(iii) The Team found in discussion with the Management Team that Trainees with disabilities are met by Occupational Health the week before induction and a plan of action is put in place to support the Trainees.

Compliance

- The clinical training site indicated in their self-evaluation that they are fully complying with this Standard, the Team found that this site, in practice, is complying.

Observation (s) and Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

- No additional commendations made.

K. Access to resources to maintain close contact with parent training bodies	Level of compliance: FC

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

i. The Team found in discussion with Trainees and the documentation provided that that they are facilitated to maintain close contact with their parent training body and a Royal College of Physician of Ireland (RCPI) administration office is being set up.

ii. The Team found in that Trainees are made aware of their primary point of contact with their Training Body and Trainees are provided with administrative support on site to facilitate contact with training bodies.

Compliance

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

Observation (s) and Recommendation (s)

- Some specialties had local training committees, but not all. This should be implemented across the board. The clinical training site is encouraged to expand the development of local postgraduate training body administration offices across all specialties.

Commendation (s)

- The Team commends and encourages the initiative to devolve administration supports from postgraduate training bodies to clinical sites.

L. Promotion of Medical Council guidance on professionalism, including promotion of current ethical guidance	Level of compliance: PC

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

i. The Team was satisfied from the documentation provided (induction programme, dissemination of the Guide to Professional conduct & Ethics book to Trainees, on site delivery of relevant course in professionalism by PGTBS) and the discussions with the SMT and postgraduate Trainees that professionalism is being actively promoted.

ii. The Team was satisfied from the discussions with SMT, Trainers and Trainees that this criterion is being complied with. However, the Team felt there were missed opportunities in not linking up clinical incidents with learning.

iii. The Team was satisfied from the documentation provided (example of a Memorandum of an incident of unprofessional behaviour which was swiftly and appropriately addressed by the clinical training site) that this criterion is being complied with, although the matter was not further discussed with the Trainees.

iv. The Team was satisfied from the documentation provided that clear pathways exist for the referral of concerns to the Medical Council, although the matter was not further discussed with the SMT, Trainers or Trainees.

Compliance

- The clinical training site indicated in their self-evaluation that they are partially complying with this Standard, the Team found that this site, in practice, is partially complying.

Observation(s) and Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

- No additional commendations made.

M. Safe working environment	**Level of compliance: PC**

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

i. The Team noted that no issues were raised either in discussions or from the national Trainee survey data (Your Training Counts) and the matter was not probed during discussions with Trainees.

ii. The Team found in discussion with the Trainees that, despite assurance from the SMT and the objective time sheets submitted by NCHDs which report 96% compliance, compliance with EWTD varied from specialty to specialty, ranging from good to poor. Trainees described regular breaches and a lack of willingness at the clinical training site to improve compliance. Post call arrangements often lead to poor EWTD compliance.

Compliance

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

Observation (s) and Recommendation (s)

- GUH informed the Team that they led the national development of compliant rosters. The Team recommends that the clinical training site puts appropriate measures in place to ensure that the EWTD and other applicable employment legislation is applied.

Commendation (s)

- No additional commendations made.

N. Specialty-specific supports	Level of compliance: PC

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

i. The Team was satisfied from their discussions with the Trainees that there was appropriate coverage of the required curriculum in the specialties represented at the meeting, but noted from their discussions with the Trainers and SMT that not all specialties are sufficiently resourced.

ii. Although evidence of the clinical training site's compliance with this criterion was light, the Team is satisfied that there are no concerns with regard to compliance with this criterion.

Compliance

- The clinical training site indicated in their self-evaluation that they are partially complying with this Standard, the Team found that this site, in practice, is partially complying.

Observation (s) and Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

- No additional commendations made.

O. Participation in on-call duty rota	Level of compliance: PC

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

i. The Team was satisfied from their discussions with the SMT, Trainers and Trainees that this criterion is being mostly applied, with minimal exceptions.

ii. The Team was satisfied from their discussion with the SMT, Trainers and Trainees that there is appropriate supervision, with a Consultant always available by phone.

iii. The Team noted from their discussion with the Trainees that post call leave arrangements varied by specialty, ranging from good to poor.

iv. The Team did not inspect the on-call accommodation. A later visit to the clinical training site will include an inspection of these facilities.

Compliance

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

Observation (s) and Recommendation (s)

- Post call arrangements often lead to poor European Working Time Directive (EWTD) compliance. The Team recommends GUH to conduct a formal review of rotas, including post call work schedules.

Commendation (s)

- No additional commendations made.

P. Support for assessment of Trainees	**Level of compliance: FC**

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

i.-ii. The Team was satisfied from discussion with Trainees and the documentation supplied (PGTB guidelines, programme summaries, portfolios, NCHD contract, sample emails) that there is support for the assessment of Trainees in line with explicit learning outcomes and participation in PGTB assessments is facilitated.

Compliance

- The clinical training site indicated in their self-evaluation that they are fully complying with this Standard, the Team found that this site, in practice, is complying.

Observation(s) and Recommendation (s)

No additional observations or recommendations made.

Commendation (s)

No additional commendations made.

Q. Opportunities for multi-disciplinary teamwork	**Level of compliance: PC**

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

i. The Team noted that GUH provides opportunities for multidisciplinary teamwork. Variability may reflect the nature of the service but there are robust multidisciplinary teams and meetings; there are opportunities to engage in team based learning, and participate in multidisciplinary quality improvement projects. However, following discussion with the SMT and Trainees, the Team noted that multi-disciplinary teamwork is variable according to specialty department but there is a clear intention to develop this.

ii. The Team following discussion with Trainees and trainers noted that compliance with this criterion was variable by speciality.

Compliance

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

Observation (s) and Recommendation (s)

- The variability in delivery of multi-disciplinary learning and opportunities to work in overtly multi-disciplinary teams was very apparent. Development of multi-disciplinary teamwork needs to be prioritised by the clinical training site to enhance patient care and improve specialty curriculum coverage. An interdisciplinary checklist for use across all specialties would assist this as would reviewing by specialty which could uncover opportunities for improvement and highlight quality improvement work ethos.

- Good opportunities for Trainee interaction and collaboration with clinical colleagues needs to be replicated across all specialties and monitored via an interdisciplinary checklist.

Commendation (s)

- No additional commendations made.

R. Opportunities for Trainees to provide feedback to employing authority	**Level of compliance: PC**

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

i. The Team through discussion with Trainees and trainers noted that trainees felt there was no opportunity for individual Trainees to provide feedback on their training experience to the management of the clinical site, despite involvement of Trainee representatives at SMT meetings. There did not appear to be further communication with Trainees beyond directly with their representative. Trainees indicated that they are not communicating with their representative.

ii. The Team noted that trainee representatives bring trainee feedback to the SMT and there are established Trainee Groups providing input. However, through discussion with Trainees, the Team noted that their feedback is neither sought nor encouraged.

Compliance

- The clinical training site indicated in their self-evaluation that they are partially complying with this Standard, the Team found that this site, in practice, is partially complying.

Observations and Recommendation (s)

- It was noted that Trainees felt that the Emergency Department was not fit for purpose, but there was no opportunity to inform management. There are no private consulting and examination facilities for ante-natal patients, which not only negatively impacts on the patient's experience at the hospital, but can also cause early or premature transfer to a gynaecology or ante-natal ward. Furthermore, whilst the Team observed that fora are in pace to enhance communication between Trainees and management, this situation demonstrates that the fora are not functioning adequately or effectively.

- The Team recommends formalising the structures for Trainee feedback. Trainee representatives need guidance on gathering Trainee views and on feedback mechanisms. "Meet the Management" meetings have been shown to be effective in improving Trainee-Management communication.

Commendation (s)

- No additional commendations made.

Clinical training site: Letterkenny University Hospital

Compliance with Intern Training Standards

1. Rotations	Level of compliance: FC

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

- The Team met with 13 / 16 Interns at Letterkenny University Hospital (LUH).

- There are 5 posts in General Surgery, 9 Interns in Medicine, 1 General Practice Intern on a 3 month rotation, 1 Anaesthetics Intern on a 3 month rotation , 1 Emergency Department Intern on a 3 month rotation, whilst an additional 1 Intern rotations through Medicine for a 3 month rotation..

- The Team was satisfied that LUH is fully compliant with the required criteria.

Compliance

- The clinical training site indicated in their self-evaluation that they are fully complying with this Standard, the Team found that this site, in practice, is complying.

Observation (s) and Recommendation (s)

- There is currently one intern in General Practice and the Psychiatry rotation was removed in 2015 due to concerns over supervision. The Team understands that the Medical Council was notified of this action at the time.

- There is one intern completing full year of Internship in LUH and was satisfied with the training being provided.

Commendation (s)

- No additional commendations made.

2. Accreditation	Level of compliance: FC

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

- LUH is affiliated with National University of Ireland, Galway, and The Royal College of Surgeons in Ireland and the College of Physicians in Ireland.
- The HSE Intern Network is West / North-West and Coordinator is Dr Dara Byrne.
- The Team met with Mr Muyiwa Aremu who is the on-site Intern Coordinator for LUH.
- The Team noted that the Management team in LUH felt stronger ties with the Dublin sites than with Galway.

Compliance

- The clinical training site indicated in their self-evaluation that they are fully complying with this Standard, the Team found that this site, in practice, is complying.

Observation (s) and Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

No additional commendations made.

3. Content of training	Level of compliance: PC

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

i. The Team was satisfied that the Interns felt part of a multi-disciplinary team.

ii. The Team is concerned with Interns taking consent particularly within the Surgery rotation.

iii. The Team was satisfied that there are regular opportunities for the intern to exercise responsibility and clinical decision making appropriate to their competency level through on-call rotas and house calls.

iv. The Team was satisfied that the new ward-based system in situ in LUH allows Interns to work as an integral part of a team.

v. The Team was satisfied that there is regular education and training sessions.
- Video link teaching takes place twice a week.
- Clinical skills training Level 1 and 2 is carried out in LUH by the Intern Coordinator with assistance provided by relevant Advanced Nurse Practitioners. Clinical Skills level 3 takes place in Galway

vi. The Team was ensured by the Management team that the training is consistent with the Eight Domains of Good Professional Practice, however, when probing the Interns on their knowledge of the Medical Council's guidelines, they were not familiar with them.

Compliance

- Although the clinical training site indicated in their self-evaluation that they were fully complying with this Standard, the Team found that the site is only partially complying as Standards **(ii)** under content of training do not meet this Standard. The Team is concerned with the issues raised under these Standards and recommends these be addressed as soon as possible. LUH should detail how they plan to address this Standard and submit their response to the Medical Council as part of the Hospital Groups action and implementation plan, within 3 months of receiving this report.

Observation (s) and Recommendation (s)

- The Team was concerned with the Interns participating in end-of-life care without supports in place. The Team recommends that supports for Interns participating in end of life care must be put in place.
- The Interns have one hour, two days a week, of bleep free time for study.

Commendation (s)

No additional commendations made.

4. Supervision	**Level of compliance: FC**

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

- The Team was satisfied that there is effective supervision of intern training and clinical practice in LUH.

Compliance

- The clinical training site indicated in their self-evaluation that they are fully complying with this Standard, the Team found that this site, in practice, is complying.

Observation (s) & Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

- Interns commended LUH for the level of exposure and opportunities to prepare patients compared to other rotations.

5. Assessment	Level of compliance: PC

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

- The trainers expressed their concerns over the lack of support and time given to them to provide teaching within LUH, leading to lack of informal feedback.

- The Team was satisfied that assessments are carried out on a regular basis.

Compliance

- Although the clinical training site indicated in their self-evaluation that they were fully complying with this Standard, the Team found that the site is only partially complying. LUH informed the Team that Consultants meet with Interns to fill out their assessment forms on a 3 monthly basis where they discuss their assessment with the Intern. These forms are then assessed by the Intern Co-Ordinator in conjunction with the Intern in formal feedback meeting which takes place every 6 months. Where there are concerns about an Interns' performance, Medical Manpower and the Supervising Consultant hold performance management meetings with the Intern which may also involve the Intern Co-ordinator if deemed necessary. However, on interviewing interns, the Team was concerned with the lack of formal feedback Interns report they are receiving. Although performance management appraisals are taking place, LUH need to ensure that formal educational feedback remains a separate process in order to comply with this Standard The Team recommends LUH addresses this concern and ensures that arrangements are formalised and implemented.

Observation (s) & Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

- No additional commendations made.

6. Professionalism	Level of compliance: PC

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

i. The Team noted the Intern Induction addresses all aspects of Professionalism, and the Three Pillars of Professionalism forms part of the Intern Logbook.

ii. The Team was assured by the Management team that the training is consistent with the 'Guide to Professional Conduct and Ethics for Registered Medical Practitioners, however, when probing discussion with the Interns on their knowledge of the Medical Council's guidelines, they were not familiar with them.

Compliance

- Although the clinical training site indicated in their self-evaluation that they were fully complying with this Standard, the Team found that the site is only partially complying. The Team recommends this issue be addressed and formalised.

Observation (s) & Recommendation (s)

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

Commendation (s)

- No additional commendations made.

7. Resources	**Level of compliance: FC**

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

i. The Team was satisfied that Interns have sufficient exposure to a broad range of clinical cases and patients appropriate to their rotations.

ii. The new Postgraduate Medical Learning Centre within the hospital provides space for private study, there is access to the library.

iii. The Team was satisfied that the number of Interns are appropriate for the resources of the training site.

iv. The Team was satisfied that the NCHD lead is available for Interns to raise any ethical concerns with, this is then fed back into the NCHD Committee.

v. The Team was satisfied that Interns were aware of the occupational health facilities within LUH.

Compliance

- The clinical training site indicated in their self-evaluation that they are fully complying with this Standard, the Team found that this site, in practice, is complying.

Observation (s) & Recommendation (s)

- There is no Wi-Fi access within the hospital for Interns to access library databases and literature searches, LUH management team has confirmed that Wi-Fi will be in place by July 2017. The Team expects that this matter will have been addressed by the time the action and implementation plan is submitted to the Medical Council by the Saolta University Healthcare Group.

- The Team would like to see minutes of the NCHD leads committee meetings and the committees Terms of Reference. This should be submitted to the Medical Council as part of the Hospital Group's action and implementation plan, due 3 months following receipt of this report.

- The Team was concerned with Interns being asked to obtain consent (working above grade) especially within the Surgery rotation. The Team recommends that this practice ceases with immediate effect.

Commendation (s)

- No additional commendations made.

Compliance with Specialist Training Standards – Letterkenny University Hospital

A. Clarity of educational governance arrangements	**Level of compliance: PC**

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

i. The Team was provided with two copies of the organisational chart upon request from the Chair. A proposed chart was provided highlighting the hierarchical overview of what the envisaged training management system will look like once posts are filled and new areas such as the Simulation area are complete. The current organisational chart was also provided.

ii. The Management team is currently recruiting for Trainee representatives to sit on the Medical Education Committee (MEC) for the training site. The Team was informed by LUH that NCHDS are represented on the Medical Education Committee (MEC). The Lead NCHD and a nominated SpR attend the MEC meetings. Minutes of the December 2016 Medical Education Committee were provided to the Team and noted that 2 NCHDs were present at that meeting. However, on interviewing trainees, the Team heard that currently no Trainees have joined the Committee and Trainees were unaware of participation of NCHDS at those meetings. Trainees also informed the Team that they have the opportunity to submit suggestions to the Medical Education Committee via a suggestion box.

iii. The Team was satisfied that there are transparent arrangements with the Postgraduate Training Bodies which clarify the relevant responsibilities and expectations of each party involved in the delivery of specialist training. However when meeting with the trainers they expressed their concerns for not having protected time for training days or meetings.

Compliance

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

Observation (s) and Recommendation (s)

- Although the Terms of Reference was available at site inspection, the visiting team request sight of the Terms of Reference for the Medical Education Committee for our records. This should be submitted to the Medical Council as part of the Hospital Groups action and implementation plan, due 3 months following receipt of this report.

Commendation (s)

- No additional commendations made.

B. Clarity of clinical governance arrangements	**Level of compliance: PC**

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

i. 3 out of the 20 Trainees who met with the Team explained that they have not been assigned a Trainer since January 2017. It was also noted that teams are very busy and can on occasions find it difficult to find the time to meet with their supervisor. This is varying across specialties. There was collective praise for Dr Keating's for being very approachable. Introduction of the new ward based rota system has led to difficulty in communication as sometimes a Trainee may be working across two teams.

ii. There was an awareness of local procedures for reporting clinical incidents and Trainees made reference to using the 'Guide to Professional Conduct and Ethics for Registered Medical Practitioners' for guidance. There is also an Amber Alert System (email) within the Emergency Department (ED) which alerts all staff at 8pm each day within the ED of any incidents that may have occurred.

iii. The Team noted that that the handover policy within each department needs to be improved as post take rounds have not been taking place.

Compliance

The clinical training site indicated in their self-evaluation that they are partially complying with this Standard, the Team found that this site, in practice, is partially complying as**.** The Team is concerned with the issues raised under Standards **i**. and **iii**. (clarity of clinical governance arrangements) and recommend these be addressed as soon as possible. LUH should detail how they plan to address improve their compliance with this Standard and submit their response to the Medical Council as part of the Hospital Groups action and implementation plan, due 3 months following receipt of this report.

Observation (s) and Recommendation (s)

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

Commendation (s)

- No additional commendations made.

C. Accountability	**Level of compliance: PC**

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

i. The Team met with the accountable Managers responsible for training at specialist level; the Associate Academic Officer and the Director of Postgraduate Medical Education.

ii. As above

iii. The Team met with the Medical Manpower Manager, who is the individual responsible for communication and collaboration with the HSE's education and training function.

iv. Trainees described the relatively new arrangements of a 'ward based' rota system to impact negatively on their educational opportunities by disrupting their opportunities for team based learning and reducing senior supervision of clinical decisions.

Compliance

- The clinical training site indicated in their self-evaluation that they are partially complying with this Standard, the Team found that this site, in practice, is partially complying. The Team is concerned with the issues raised under Standard C **iv.** (accountability) and suggest that the educational impact/ effects of such changes in care organisation are monitored and acted upon by Management.

Observation (s) and Recommendation (s)

- The Team is concerned with the issues raised under Standard C **iv.** (accountability) and recommend that the educational impact/ effects of such changes in care organisation are monitored and acted upon by management.

Commendation (s)

- No additional commendations made.

D. Induction arrangements for Trainees	Level of compliance: PC

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

i. There is no formal induction policy however, a generic induction programme is in place for all NCHDS. The Lead NCHD has played a role in inputting into this programme.

ii. Induction takes place in both January and July. Packs containing local and national policy documents are issued to all NCHDS and the receipt of such must be signed.

iii. NCHDS receive H&S training during induction including, fire safety and hand hygiene.

iv. Self-evaluation documentation notes that the majority of departments have departmental inductions. During the visit, Trainees indicated that specialty specific induction is either informal or not taking place at all. One Trainee explained that they themselves had provided induction to three doctors who only previously trained outside of Ireland.

v. Local and National policies are provided in induction packs although there is no shared space/intranet for ease of access to policies. It is noted in the self-evaluation documentation that discussions are ongoing in relation to the development of an online induction portal which will also assist in the monitoring of access to such documentation.

vi. As outlined in the self-evaluation documentation, LUH are fully compliant with the National Employment Record system, as developed by the HSE NDTP Unit.

Compliance

- The clinical training site indicated in their self-evaluation that they are partially complying with this Standard, the Team found that this site, in practice, is partially complying.

Observation (s) and Recommendation (s)

- The Team is concerned with the issues raised under Standard D.**i. iv.** and **v.** (induction arrangements for Trainees) and recommend these be addressed as soon as possible. LUH should detail how they plan to address this Standard and submit their response to the Medical Council as part of the Hospital Groups action and implementation plan, due 3 months following receipt of this report..

Commendation (s)

- No additional commendations made.

E. Clear supervisory arrangements for Trainees	Level of compliance: PC

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

i. The Team was informed by LUH that the Medical Department changed from a team based system to a ward based system in April 2017 resulting in a change to working systems previously in place. This decision was taken due to a number of factors, mainly to enhance patient care whilst also to promote better training for the Trainee and equal distribution of

patients among consultants. However, on interviewing trainees, the Team heard that the ward based system is creating issues in that there is no named consultant assigned to Trainees, resulting in a lack of supervision and eliminating the opportunity for constructive feedback. The ward based system was noted by Trainees to be best suited to managing the distribution of patients as opposed to prioritising the training experience for Trainees.

ii. As noted previously not all Trainees are made aware of who their clinical supervisor is and it was also reported that a Trainer wasn't aware that they had a Trainee.

iii. The Team noted that the quality of training differed depending on the Trainer and the business of the hospital (in terms of busyness). The amount of time Trainees spent with consultants varied depending on consultant availability (busyness of consultant, if a consultant was in post) and Speciality. In the absence of more senior staff, Trainees have reported having to act 'above grade' as they have been the only professional available to do so.

iv. As above. The self-evaluation documentation makes reference to intern training as opposed to specialist training under this Standard criterion.

Compliance

- Although the clinical training site indicated in their self-evaluation that they were fully complying with this Standard, the Team found that the site, is in fact, partially complying. Standards **(i) (ii)** and **(iii)** (clear supervisory arrangements for Trainees) are not fully complying. The Team recommend that Management should either review this process or take steps to ensure that restriction of access to ordering urgent on-call tests and procedures to Registrar grade doctors does not carry a patient safety risk.

Observation (s) and Recommendation (s)

- During the Team's discussion with Trainees, it was noted that, SHO level Trainees are required to observe hierarchical protocols in order to request certain tests or procedures on call, namely that the registrar on call must corroborate the need for the test or procedure when it is identified by the SHO. A concern was raised (with specific example given) that in order for this system to operate safely for patients, Registrars must be available to review patients in a timely fashion on request by SHOs. Where Registrars refused to see patients, potentially serious adverse events could ensue. The Team recommends that Management should either review the supervision arrangements for Trainees or take steps to ensure that restriction of access to ordering urgent on-call tests and procedures to Registrar-grade doctors does not carry a patient safety risk.

Commendation (s)

- No additional commendations made.

F. Opportunities for training through clinical practice for Trainees	Level of compliance: PC

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

i. The Team was informed by LUH that all Trainees are assigned to trainers and all Trainees meet with their trainer at the start of rotations and are encouraged to do so at induction by the Associate Clinical Director. However, on interviewing trainees, not all Trainees who met with the Team agreed that they were assigned a Trainer. Theatre time was reported to be limited in Obstetrics and Gynaecology. A lot of submissions of emergency cases means that patients can be deemed too ill to be seen by a Trainee resulting in reduced learning opportunities in elective surgery.

ii. Trainees felt that the training site gave them a great experience working with patients with interesting clinical presentations that may not be seen in areas such as Dublin as health issues may be picked up at earlier stages.

Compliance

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

Observation (s) and Recommendation (s)

- The Team recommends that the clinical site monitor the learning opportunities in Departments where there may be a reduction in learning opportunities as noted above.

Commendation (s)

- No additional commendations made.

G. Access to formal and informal education and training for Trainees	Level of compliance: PC

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

i, ii & iii inclusive.

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

Compliance

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

Observation (s) and Recommendation (s)

- The Team is concerned with the issues raised under Standards **(i) (ii) and (iii)** –(access to formal and informal education and training for Trainees) and recommend these be addressed as soon as possible. LUH should detail how they plan to address this Standard and submit their response to the Medical Council as part of the Hospital Groups action and implementation plan, due 3 months following receipt of this report.

Commendation (s)

- No additional commendations made.

H. Opportunities for trainers to train through protected training time	**Level of compliance: NC**

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

i. This site is non-compliant with this Standard criterion. Currently there is no protected time for training as it is not built into Consultant contracts.

ii. At a local level it was noted that Clinicians may be approached by the training coordinators to become Trainers in their area of specialty. Trainers are recognised locally for the value they bring to the hospital as a Training site and the additional workload they take on in addition to heavy clinical work.

iii. It was noted that the level of training to be a Trainer differed amongst specialities. All Trainers claimed to have the 'Train the Trainer' certificate as the most basic/baseline qualification (around three Trainers had this and this alone) whereas other trainers had more formal qualifications in teaching and/or education. Assessment of trainers varies again across specialties e.g. Emergency medicine trainers are to take part in annual two day assessment in UL.

Compliance

- The clinical site indicated in their self-evaluation that they are not complying with this Standard, the Team found that this site, in practice, is not complying. Standards **(i) (ii)** and **(iii)** (opportunities for trainers to train through protected training time) were not complying. The Team is concerned that there was no evidence presented of genuine or real support for the roles of the trainers from management, however, there was evidence of much dedicated work being done. The Team recommend this be addressed as soon as possible. LUH should detail how they plan to address this Standard and submit their response to the Medical Council as part of the Hospital Groups action and implementation plan, due 3 months following receipt of this report..

Observation (s) & Recommendation (s)

- The Team recommends that the Medical Council notifies the HSE, Forum of Postgraduate Training Bodies and Department of Health, with a view to enabling the site to comply with Standard H – opportunities for trainers to train through protected training time.

Commendation (s)

- No additional commendations made.

I. Access to resources which support directed and self-directed learning	**Level of compliance: PC**

- *Please describe the evidence provided to demonstrate compliance with this Standard*

Wi-Fi is currently unavailable in the hospital (resulting in PC rating). Management assured us that this is scheduled to be in place July 2017.

i. A walk around inspection of the library facilities was conducted. These facilities are based adjacent to the main hospital campus in the Education Centre building, attached to the building that houses the Medical Rehabilitation Unit and Physio and OT Outpatient services. There are sufficient library facilities with 12 fixed computers in the main suite, private study areas/rooms and access to both hard copy and electronic journal material. The Team met the Librarian (Pamela) who assists students and Trainees in learning how to conduct effective literature reviews.

ii. Specialist software 'UpToDate' – (an evidence based, peer-reviewed system) is installed for access in the library.

Compliance

- The clinical site indicated in their self-evaluation that they are partially complying with this Standard, the Team found that this site, in practice, is partially complying. The Team noted that access to resources which support directed and self-directed learning is not fully complying.

Observation (s) and Recommendation (s)

- The Team recommend that Wi-Fi access be installed in the hospital as soon as possible and the Medical Council be updated of the progress when the Hospital Group submits its action and implementation plan.

Commendation (s)

- No additional commendations made.

J. Access to pastoral and health supports for Trainees	Level of compliance: PC

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

i. During induction, the Medical Manpower team and Occupational Health representatives provide talks on the supports available to Trainees. Advertisements for such are placed around the building in public areas such as the Canteen and the Residential area.

ii. Regular emails are sent to all staff regarding managing stress in the workplace (a policy has recently been developed) and a Mindfulness Programme is run in-house. LUH (via video-link) piloted resilience training during grand rounds, as noted by Trainees. Trainees advised that they were not aware of mental health supports available and expressed how they would consult colleagues if they needed mental health/emotional support. The NCHD committee plays an important role in the current Trainee experience where Trainees feel that their voice is listened to and the Chair of the Group is viewed as a 'go to' support.

iii. As noted in the self-evaluation documentation, to date the site has not worked with a Trainee with a significant disability and posed this as the reason for not having any policy/adjustment plans in place.

Compliance

- The clinical site indicated in their self-evaluation that they are partially complying with this Standard, the Team found that this site, in practice, is partially complying. Standard **(iii)** (access to pastoral and health supports for Trainees) is not fully complying. The Team noted that the library facility is only accessible via stairs which would not be suitable for Trainees with physical disablements/access issue and recommend this be addressed as soon as possible. LUH should detail how they plan to address this Standard and submit their response to the Medical Council as part of the Hospital Groups action and implementation plan, due 3 months following receipt of this report..

Observation (s) & Recommendation (s)

- During the library inspection, the Team was informed that the facility is only accessible via stairs which would not be suitable for Trainees with physical disablements/access issue. There is however a disabled toilet in the library area. It is intended for the library facilities to eventually be based over in the new Postgraduate Medical Learning Centre.

- There is a strategic vision to include the library as part of the Donegal Clinical Research Academy Facility attached to Post Graduate Medical Education Centre but no current capital programme or funding to deliver this vision.

Commendation (s)

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

K. Access to resources to maintain close contact with parent training bodies	Level of compliance: FC

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

i. As noted previously, IT facilities are available although there is no Wi-Fi at present (due July 2017). It is outlined in the self-evaluation documentation that Training Body representatives are appointed in the Hospital (representatives can include Trainees) and there is the NCHD Committee where Training Body representatives are also members.

ii. As outlined in the self-evaluation documentation this information is received by Trainees directly from the Training Body and Medical Manpower are required to forward all relevant emails from the training bodies to Trainees.

Compliance

- The clinical training site indicated in their self-evaluation that they are fully complying with this Standard, the Team found that this site, in practice, is complying.

Observation (s) & Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

- No additional commendations made.

L. Promotion of Medical Council guidance on professionalism, including promotion of current ethical guidance	Level of compliance: NC

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

i. It was noted that Trainees have on occasion been expected to take consent in surgery. Trainees noted that they referred to the 'Guide to Professional Conduct and Ethics for Registered Medical Practitioners' to highlight that this should not happen unsupervised.

ii. Flyers for open disclosure days are received by Trainees on a regular basis although Trainees reported feeling that consultants are not explicit enough in demonstrating/explaining what actions should take place following an adverse event, in particular stressing that debriefing after an adverse event does not take place. However, trainees reported a case where open disclosure was not practised and the trainees felt that a more explicit approach when discussing/teaching real-life cases would be beneficial. When discussing adverse events, trainees discussed cases highlighting the emotional impact of adverse events and how this subsequently translates to training. The Team would encourage LUH to emphasis a need to demonstrate a supportive culture for trainee with regards to open disclosure, debriefing and emotional impact of dealing with adverse events as a direct consequence of their clinical training.

iii. There are ongoing issues with NCHD's being unable to access the Radiology department for necessary scans/information. Management claim to be aware of the issues and are hopeful for such to be resolved once vacant posts in Radiology have been filled, easing the pressures in the department. The Team noted that there is no local anti-bullying/dignity at work policies.

iv. Pathways for Medical Council referrals regarding Professionalism to the Medical Council Health Committee and Professional Standards department are reported in the self-evaluation documentation but it is noted that a clear pathway for referrals need to be developed in association with the Saolta Hospital Group.

Compliance

- Although the clinical training site indicated in their self-evaluation that they were partially complying with this Standard, the Team found that the site, is in fact, not complying. The Promotion of Medical Council guidance on professionalism, including promotion of current ethical guidance is not complying. The Team is concerned with the issues raised under these Standards and recommend these be addressed as soon as possible. LUH should detail how they plan to address this Standard and submit their response to the Medical Council as part of the Hospital Groups action and implementation plan, due 3 months following receipt of this report..

Observation (s) and Recommendation (s)

- The Team recommends that the clinical training site ceases the current practice of requiring Trainees to take consent for procedures when they are not suitably trained and qualified. The clinical training site should note the provisions of paragraph 13 of the Guide to Professional Conduct and Ethics for Registered Medical Practitioners.

- The Team recommends that the clinical training site develops and implements a policy and strategy for appropriately managing adverse events within clinical teams, including open disclosure procedures. The Team further recommends that the clinical training site develops and delivers a training programme to adequately brief and prepare Trainees for adverse events.

- The Team recommends that a clear pathway for referrals to the Medical Council Health Committee and Professional Standards department regarding professionalism must be developed for the Hospital Group.

- During discussions with the Trainees, allegations of bullying taking place in certain Departments were made. Furthermore, in discussion with the Team, Trainees reported witnessing a lack of professionalism between consultants, particularly when speaking of other consultant colleagues. The Team recommends that the clinical training site develops and implements a strategy to address the issue of professionalism and, in particular, bullying and undermining behaviour and respect for colleagues.

- Reports were made of signs on the Radiology department door saying 'No NCHD's'. The Team recommends that these signs be removed immediately.

- In discussions with the trainees, they highlighted issues they encountered when accessing the Radiology department. There is an awareness and acknowledgement from management of the current issues in the Radiology department. Management stressed that this is currently being addressed at a local level. The Team recommends that the clinical training site develops and

implements a strategy to address the issues outlined regarding the Radiology department, in a timely fashion.

- The hospital does not appear to have a clear policy on the upper age ceiling for paediatric admissions from the A&E Department. Trainees report that this lack of clarity results in conflict and promotes difficult working relationships amongst specialty Trainees and between Trainees and the ED. They also note that this lack of clarity may result in delayed medical decision-making. The Team recommends that the clinical training site provides clarity for hospital personnel on the definitive policy regarding the upper age ceiling for paediatric admissions from the A&E Department.

- As previously detailed, Trainees describe the morning clinical handover of patients as an exercise in 'distribution' rather than as an integral component of safe medical care. They additionally note that post-call ward rounds have largely been displaced by the handover process and regret the loss of learning opportunity previously available in the post call ward round. The Team recommends that the clinical training site reinstates post call ward rounds which exploit opportunities for education and training.

- Trainees report a lack of Standardisation of practice in the investigation and management of common presentations of acute illness between supervising consultants in the Paediatric Department and report that this may compromise patient care and impacts negatively on their learning. The Team recommends that this practice be consistently applied.

Commendation (s)

- No additional commendations made.

M. Safe working environment	**Level of compliance: PC**

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

i. The self-evaluation documentation details the relevant Health and Safety training, referencing the safety statement, the occupational health department, that there is security onsite 24/7, monthly meetings of the quality and safety executive group and the presence of a Health and Safety helpdesk. LUH informed the Team that the risk manager is present at induction and provides information on incident reporting. However, on interviewing trainees, they did not appear to be aware of the site Risk Manager and presented an overall view of the Management Team not being 'visible' to Trainees.

ii. The self-evaluation documentation details full compliance with the European Working Time Directive (EWTD) and monitoring of such is reported on a monthly basis by the Medical Manpower Team. Trainees reported that on occasion they may work over the maximum number of hours as set out in the EWTD, should they be asked on late notice due to leave/busyness of the hospital.

Compliance

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

Observation (s) and Recommendation (s)

- The Team is concerned with the issues raised under Standard M - safe working environment - and recommends these be addressed as soon as possible. The Team recommends that the clinical site raises the profile of its Risk Manager. LUH should detail how they plan to address this Standard and submit their response to the Medical Council as part of the Hospital Groups action and implementation plan, due 3 months following receipt of this report.

Commendation (s)

- No additional commendations made.

N. Specialty-specific supports	**Level of compliance: PC**

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

i. The Postgraduate Medical Learning Centre is still under development. The clinical skills lab and information discussion room are complete but the simulation lab is still under development. Final materials and Simulation Directorate staff will be required before this section is complete and available for use. There are difficulties in filling vacancies for Consultants, which is impacting on the delivery of training. As previously mentioned, training is also impacted in a number of departments where no Trainer is assigned to a Trainee. Trainees noted that there is no full implementation of transfer of tasks, i.e. cannulation, a lack of multi-disciplinary meetings and issues with a GP Trainer and that the Management team were aware of this issue.

ii. The self-evaluation documentation outlines how the Training Bodies conduct inspections to ensure resources are fit for purpose for specialty specific training. The Team had sight of three training body reports; two from the RCPI (Geriatric training and General Internal Medicine) and one from the Joint Committee on Surgical Training (General Surgery). Posts referenced in these reports were approved with recommendations, Doctors residence should all be en-suite and post-call round during handovers need to be implemented.

Compliance

- The clinical training site indicated in their self-evaluation, that they are partially complying with this Standard, the Team found that the site, is in practice, partially complying.

Observation (s) and Recommendation (s)

- LUH is not fully complying with Standard N**(i)** (specialty specific supports). The Team agree that there is not sufficient resources in terms of Consultant availability as Trainers as outlined above. The Team recommends that this issue be addressed as a priority.

Commendation (s)

- No additional commendations made.

O. Participation in on-call duty rota	Level of compliance: PC

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

i. The Team was informed that the Medical Department changed from a team based system to a ward based system in April 2017 resulting in a change to working systems previously in place. This decision was taken due to a number of factors, mainly to enhance patient care whilst also to promote better training for the Trainee and equal distribution of patients among consultants. As detailed in the self-evaluation, new NCHDs to Ireland take part in a settling in period prior to joining the on call rota. GPs are released to attend their weekly training. Trainees in some specialties organise the NCHD rota. However, on interviewing trainees, the Team heard that the Ward based rota has raised serious issues in how it has impacted on training at the site. Some Trainees are left to organise the rota design and organise annual leave cover. During discussions with Trainees, allegations were made of bullying by the Consultant in relation to difficulty organising the rota. A Trainee felt very upset and undermined by the Consultant for asking for assistance in organising the rota.

ii. It is reported that there is not appropriate supervision in place for all Trainees during the on-call period. An example to support this was given where a call for assistance was made to the Registrar who refused to attend the site to assist as they were in the Res (see Standard E)

iii. Appropriate post-call leave arrangements are in place as per the new ward-based rota. The Team was advised that, on very odd occasions, Trainees are asked to remain on duty post call e.g. sick leave. It is stated in the National NCHD contract "The NCHD will be expected to cover for occasional unplanned absence of colleagues". However, on occasion, Trainees may be asked on late notice to cover an additional shift.

iv. The Team heard that Management have suggested to move some of the rest/accommodation areas for sleeping as the new ward-based rota is designed to offer 12 hour shifts at a time, resulting in theory, for there to be no sleep/rest breaks. The suggestion is to convert some of these rooms/areas to management offices. Trainees strongly disagree with the suggestion made and have voiced their feelings to Management. Inspection of the Doctor's residence highlighted poor accommodation facilities. The Team was informed that the res (including the kitchen area) are cleaned on a daily basis. This did not look to be the case. Bathrooms had no paint, crumbling walls and the bed bases were heavily stained. New mattresses were however evident, with new ones present in packaging in the hallways. Some rooms but not all had en-suite facilities. The Doctor's residence area as a whole is very poor and a lack of funds is argued to be the reason for not improving these facilities.

Compliance

- The clinical training site indicated in their self-evaluation that they are partially complying with this Standard, the Team found that the site, is in practice, partially complying. Standards **(i) (ii)** and **(iv)** (participation in on-call duty rota) is not fully complying.

Observation (s) and Recommendation (s)

- The Team is concerned with the issues raised under Standard O – participation in on call duty rota - and recommends these be addressed as soon as possible. LUH should detail how they

plan to address this Standard and submit their response to the Medical Council as part of the Hospital Groups action and implementation plan, due 3 months following receipt of this report..
Commendation (s) • No additional commendations made.

P. Support for assessment of Trainees	**Level of compliance: PC**
Description of evidence of compliance with this Standard during the inspection visit **i.** The assessment of training is compliant with training body guidelines as detailed in the self-evaluation document. The Team was informed by LUH that all trainees are assigned to trainers. All Trainees meet with their trainer at the start of rotations and are encouraged to do so at induction by the Associate Clinical Director. However, as previously stated, some Trainees reported that they have not have been assigned trainers. **ii.** Self-evaluation documentation details that all Trainees are supported in attending training when required by the parent training body.	
Compliance • Although the clinical training site indicated in their self-evaluation that they were fully complying with this Standard, the Team found that the site, is in fact, partially complying. Standard **(i)** (support for assessment of Trainees) is not fully complying.	
Observation(s) and Recommendation (s) • The Team is concerned with the issues raised under Standard P – support for assessment of Trainees - and recommend these be addressed as soon as possible. LUH should detail how they plan to address this Standard and submit their response to the Medical Council as part of the Hospital Groups action and implementation plan, due 3 months following receipt of this report.	
Commendation (s) • No additional commendations made.	

Q. Opportunities for multi-disciplinary teamwork	**Level of compliance: PC**
Description of evidence of compliance with this Standard during the inspection visit **i.** The self-evaluation documentation details how local courses such as ACLS and CPR are open to Nurses and NCHDS, multidisciplinary grand rounds are held quarterly and a multidisciplinary research day is held annually. Regular multidisciplinary meetings take place across multiple specialities and once completed, the Simulation centre will assist multidisciplinary teaching.	

ii. The Team was informed that LUH provides opportunities for multi-disciplinary teamwork. This is intrinsic to medical care in hospitals. As stated in the Self Evaluation Report, LUH promotes local multi-disciplinary teamwork and provides opportunities for Trainees to benefit from interaction and collaboration with clinical colleagues in the hospital. This includes Lung MDT, Breast MDT, GI MDT, Stroke MDT, Rehabilitation Unit MDT, Multi-disciplinary Grand Rounds and Peer Teaching. However, on interviewing trainees, the Team noted that Trainees reported a lack of opportunities for multidisciplinary teamwork .

Compliance

- The clinical training site indicated in their self-evaluation that they are partially complying with this Standard, the Team found that the site, is in practice, partially complying. The Standard (opportunities for multi-disciplinary teamwork) is not fully complying.

Observation (s) and Recommendation (s)

- The Team recommend the issues raised under Standard Q – opportunities for multi-disciplinary teamwork - be addressed as soon as possible. LUH should detail how they plan to address this Standard and submit their response to the Medical Council as part of the Hospital Groups action and implementation plan, due 3 months following receipt of this report..

Commendation (s)

- No additional commendations made.

R. Opportunities for Trainees to provide feedback to employing authority	**Level of compliance: PC**

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

i. The Team was informed by LUH that they provide opportunities for Trainees to provide feedback of their experience in LUH. This has been done in recent times via an NCHD Survey, NCHD Committee which is attended by Medical Manpower Manager / alternative rep attends these meetings, Face to Face Meetings with Medical Manpower Department and an open door policy. The NCHD Committee plays a key role in this area. A Registrar has been appointed to assist in the development of the rota in collaboration with Medical Manpower and a good relationship has been reported by LUH between Medical Manpower and Trainees however, this conflicts with what the Assessor Team was informed at meetings with Trainees particularly as outlined under Standard O.

ii. Trainees have the opportunity to submit suggestions via the NCHD Committee and via The Medical Education Committee.

Compliance

- Although the clinical training site indicated in their self-evaluation that they were fully complying with this Standard, the Team found that the site, is in fact, partially complying. The Standard under opportunities for Trainees to provide feedback to employing authority is not fully complying.

Observation (s) and Recommendation (s)

- The Team recommends the issues raised under Standard R - opportunities for Trainees to provide feedback to employing authority - be addressed as soon as possible. LUH should detail how they plan to address this Standard and submit their response to the Medical Council as part of the Hospital Groups action and implementation plan, due 3 months following receipt of this report..

Commendation (s)

- No additional commendations made.

Clinical training site:
Portiuncula Hospital

Compliance with Intern Training Standards

1. Rotations	**Level of compliance: FC**

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

- The Assessor Team (The Team) welcomed the opportunity to meet with a large number of Interns at Portiuncula University Hospital (PUH).
- The Team was satisfied that all Interns present had completed a minimum rotation of three months in Medicine and three months in Surgery.

Compliance

- The clinical training site indicated in their self-evaluation that they are fully complying with this Standard, the Team found that this site, in practice, is complying.

Observation(s) and Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

- No additional commendations made.

2. Accreditation	**Level of compliance: FC**

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

- The Team is satisfied the West Northwest Intern Training Network is affiliated with NUI Galway School of Medicine.

- The Team met with a number of Interns who had completed their undergraduate and / or graduate entry medical education in National University of Ireland, Galway (NUIG) and University Limerick (UL).

- The Team met with recently appointed Intern Tutor Dr Kieran Govender for PUH.

Compliance

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

Observation (s) and Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

- No additional commendations made.

3. Content of training	**Level of compliance: PC**

Please describe the evidence provided under each required criterion for this Standard

(i) The Team was satisfied that all Interns felt part of a multi-disciplinary team.

(ii) After meeting with the Interns the Team have concerns with Interns taking consent and the frequency in which Interns are asked to seek consent on behalf of their superior.

(iii) The Team was satisfied that Interns at this site had the opportunity to exercise their responsibility and clinical decision making appropriate to their competency level.

(iv) Although the Interns confirmed they work as part of a multi-disciplinary team, at times the Interns gave the team the impression that team work was dysfunctional e.g. sharing of tasks, or being bleeped to perform task during the day that could have perhaps addressed by other trained disciplines, poor communication and lack of respect.

(v) The Team noted although there is regular and scheduled formal education and training sessions provided for Interns, this is often prevented or interrupted due to non-bleep free time.

- Interns on the majority of teams are not receiving feedback on their performance and therefore not learning, with the exception of three month or end of rotation assessment
- Aware of the Q-pulse system but not used consistently or effectively
- No learning at handover

(vi) The Team is satisfied training is consistent with the eight domains of good professional practice, Interns noted they felt reasonably well prepared entering the intern year.

Compliance

- Although the clinical training site indicated in their self-evaluation that they were fully complying with this Standard, the Team found that the site is only partially complying as Standards **(iv)** and **(v)** under content of training do not meet this Standards. The Team is concerned with the issues raised under these Standards and recommend they be addressed as soon as possible. PUH should detail how they plan to address this Standard and submit their response to the Medical Council as part of the Hospital Groups action and implementation plan, due 3 months following receipt of this report..

Observation (s) and Recommendation (s)

- The Team noted medical development is being curtailed as Interns are involved in basic administrative and medical procedures such as ECG and Phlebotomy.

- In general, in the discussion with Interns, they spoke constructively about how their workload could be improved, such as improving working relationships with other disciplines, in particular nursing. It was clear to the Team from their discussion that on some wards there was a breakdown in working relationships and a lack of multi- disciplinary team working, which junior doctors had attempted to address. An example. Cited was an intern being telephoned by a nurse who did not identify themselves, did not address the doctor by name and simply stated "ECG needs to be done now". Multi-disciplinary working requires a level of respect on both sides and this aspect needs to be stressed in training.

- The Intern Network Coordinator should verify that all intern Trainees are receiving adequate training in each specialty.

Commendation (s)

- Nanny Intern Service and Boot camp, where applicable, was of great value to Interns and much appreciated.

- Interns found the learning from handover in Paediatrics valuable in PUH.

4. Supervision	**Level of compliance: FC**

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

- The Team was satisfied that Interns were being supervised at SHO level but unclear if Interns are also being supervised by their consultants.

Compliance

- The clinical training site indicated in their self-evaluation that they are fully complying with this Standard, the Team found that this site, in practice, is complying.

Observation (s) and Recommendation (s)

- The Team noted that in one Medical speciality there was clearly good supervision in training.
- Although the ACD in Surgery attended the Senior Management Team meeting with the Assessor Team, at the meeting with Trainers there was no representation for Surgery which would have allowed us to triangulate other information. The Team acknowledges that Mr Garvin was delayed due to work commitments.

Commendation (s)

- The Team noted the lunch time sessions (twice weekly) in the above mentioned speciality of Medicine was hugely valued by the Interns.
- The Team noted the Intern Tutor was committed to Interns and highly motivated with a very "open door" policy and should be commended. The Team also noted as the intern tutor was not directly supervising Interns he felt he could take a more objective and independent role.

5. Assessment	**Level of compliance: PC**

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

- Based on the feedback received from Interns at PUH, apart from one Medical team, the Team is concerned there is no regular feedback in PUH, only at the three month or end of rotation assessments.

Compliance

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

Observation (s) and Recommendation (s)

- The Team is concerned with lack of feedback Interns are receiving, and recommend this issue be addressed and formalised. PUH should detail how they plan to address this Standard and submit their response to the Medical Council as part of the Hospital Groups action and implementation plan, due 3 months following receipt of this report..

Commendation (s)

- No additional commendations made.

6. Professionalism	**Level of compliance: FC**

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

(i) The Team noted the Intern Induction addresses all aspects of Professionalism, and the three pillars of Professionalism forms part of the Intern Logbook.

(ii) The Team is concerned with Interns taking consent. They noted Interns would take consent for most procedures. Interns noted it was team dependant but felt it was difficult to say no.

Compliance

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

Observation (s) & Recommendation (s)

- The Team have some concerns about the practice of note taking. On occasion some Interns were asked to write clinical notes on a patient they themselves have not seen. The Team recommends that this practice ceases with immediate effect.
- After discussions with hospital staff, the Interns and a walk through the facilities, the Team found it difficult to understand where concerns about personal safety expressed in the Council's annual Your Training Counts (YTC) survey is an issue.
- It was felt by hospital staff that there was very little investment in postgraduate education and that where Saolta policies existed – they should be extended to all regional sites.

Commendation (s)

- The Team noted from the level of discussion with Interns indicated good level of Professionalism in work practices and attitudes.

7. Resources	**Level of compliance: FC**

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

(i) The Team was satisfied that Interns have access to a sufficient number of patients and case mix and are exposed to a broad range of clinical cases appropriate to the rotation.

(ii) The Team was satisfied that Interns had space and opportunity for the private study as well as access to a library with adequate and up to date books and journals, including online access to Standard library databases for journal access and literature searches.

(iii) The Team was informed by PUH that the intern numbers were increased significantly to provide better cover and better working hours. Where there is long term sick leave i.e. greater than a week, they liaise with the relevant consultant and provide cover (usually an Agency SHO).
It is not possible to provide cover for short term sick leave but sick leave is infrequent with Interns. The taking and planning of leave is covered at induction. However, on interviewing interns, the Team was concerned at reports that there is no extra staff to cover holiday, sick leave or unexpected

leave. Interns stated that they are regularly put under pressure to fill vacant slots themselves as additional work.

(iv) The Team was satisfied that Interns are encouraged to raise ethical issues and have an appropriate 'go-to' person available to raise such with, such as the Intern Tutor and they are also have access to Occupational Health, if required. It was noted Occupational Health services are located in the same building as doctor's residence.

(v) The Team was satisfied health supports are available

Compliance

- The clinical training site indicated in their self-evaluation that they are fully complying with this Standard, the Team found that this site, in practice, is complying.

Observation (s) and Recommendation (s)

- The Team noted the doctor's residence has been recently refurbished in PUH. Catering staff ensure there is daily provisions of food for doctors on call.
- ICT Systems – the Team noted there is a shortage of computer terminals – e.g. Interns cited trying to complete discharge letter is difficult as they are constantly being interrupted to check blood results.
- The Team noted the TV and Prayer rooms were valued by Interns.
- Computer facilities on the floor are valued by Interns.

Commendation (s)

- No additional commendations made.

Compliance with Specialist Training Standards – Portiuncula University Hospital

A. Clarity of educational governance arrangements	**Level of compliance: PC**

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

i. The Team was satisfied that this criterion was addressed in the paperwork provided (Organogram Saolta Training Organisation Chart, job descriptions, Training Lead list, Lead NCHD appointment process, List of GP Trainees*)* and confirmed verbally in the meetings with Senior Management Team (SMT) and Trainers. Generally Clinical Directors come from Galway.

ii. The Team found some evidence in the paperwork provided (MDT Academic Committee Terms of Reference, sample Minutes of relevant committee meetings, Academic Committee Plan, job descriptions).

iii. The Team was satisfied that this criterion was addressed in the paperwork provided (sample PGTB reports*)*.

Compliance

- The clinical training site indicated in their self-evaluation that they are partially complying with this Standard, the Team found that this site, in practice, is partially complying.

Observation (s) and Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

- No additional commendations made.

B. Clarity of clinical governance arrangements	**Level of compliance: PC**

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

i. The Team was satisfied from the documentation provided (BST training documents, Clinical Directorate list, NCHD job descriptions, rotas, intern training contract, study leave application forms) and discussions at the meeting with Trainees that they clearly described their responsibilities, level of authority and lines of accountability, at both BST and HST levels.

ii. The Team was satisfied from the documentation provided (screenshots from Q-pulse, Q&S induction presentation, SIMT agenda, calendar for Q-pulse training) and meetings with the SMT, Trainers and postgraduate Trainees that Trainees are being made aware of the Q-Pulse system, however, it was also evident that the Trainees do not use the system. Although SMT were of the view that feedback was given to those involved in clinical incidents, the Trainees stated that they generally did not receive feedback.

iii. Although The Team was satisfied from the documentation provided (handover policy and audit of handover policy) and meetings with the SMT, Trainers and postgraduate Trainees that there is some form of handover in most Departments, there are inconsistent systems and handover is inconsistently applied.

Compliance

- The clinical training site indicated in their self-evaluation that they are partially complying with this Standard, the Team found that this site, in practice, is partially complying.

Observation (s) and Recommendation (s)

- The Team recommends the development of general policies, protocols and procedures for clinical handover across the entire Hospital Group. This should be addressed as a priority, as it is a patient safety concern.

Commendation (s)

- No additional commendations made.

C. Accountability	**Level of compliance: FC**

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

i.-iv inclusive.

- The Team is satisfied from the documentation provided (attendance sheets, sample postgraduate training body inspection reports, letters and emails notifying of educational sessions, event programmes, sample Minutes of meetings with Lead NCHD, bleep list) that the clinical training site is in compliance with these required criteria.

Compliance

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

Observation (s) & Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

- No additional commendations made.

D. Induction arrangements for Trainees	**Level of compliance: PC**

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

i. The Team is satisfied from the documentation provided (induction programme, attendance sheets, NCHD employment pack) that the clinical training site is in compliance with the required criteria

ii. The Team is satisfied from the documentation provided (see i above) and from discussions with the Trainees that the clinical training site is in compliance with the required criteria.

iii. The Team is satisfied that this criterion is being met via the comprehensive, structured induction programme at the clinical training site.

iv. The Team noted that programme-specific / specialty-specific induction varies in quality from one programme/specialty to another.

v. The Team did not find sufficient evidence from the documentation provided or discussions with the postgraduate Trainees that the clinical training site is complying with this criterion. Trainees did not appear to be aware of the various policies.

vi. The Team did not find sufficient evidence from the documentation provided (Medical Manpower Manager job description) that the clinical training site is complying with this criterion.

Compliance

- The clinical training site indicated in their self-evaluation that are partially complying with this Standard, the Team found that this site, in practice, is partially complying.

Observation (s) & Recommendation (s)

- The Team is concerned at the inconsistencies regarding the quality of specialty-specific induction and recommends that the clinical training site takes measures to ensure a more consistent approach across all specialties.

Commendation (s)

- No additional commendations made.

E. Clear supervisory arrangements for Trainees	**Level of compliance: PC**

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

i.-iv inclusive.

The Team found, from the discussions with the Trainers and postgraduate Trainees that the clinical training site is partially complying with the required criteria. The new appointments referred to in discussions with the Trainers will serve to strengthen supervision. Trainees were clear that they knew who their clinical supervisor was, but Trainees were generally dissatisfied with the level of supervision, with the exception of Obstetrics and Gynaecology, where supervision appeared to be exemplary.

Compliance

- The clinical training site indicated in their self-evaluation are partially complying with this Standard, the Team found that this site, in practice, is partially complying, due to inconsistencies across the various specialty departments.

Observation (s) & Recommendation (s)

- The Team recommends that the clinical training site should disseminate exemplars of best practice and good compliance as a source of advice to other, non-compliant specialty departments, to facilitate full compliance with Standard E – clear supervisory arrangements for Trainees.

Commendation (s)

- No additional commendations made.

F. Opportunities for training through clinical practice for Trainees	**Level of compliance: PC**

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

i.-ii. Inclusive.

The Team is satisfied from the discussions with the Trainers and postgraduate Trainees that, in the main, Trainee participation in clinical practice was appropriate for their competence. However, clear examples were given by the Trainees where they were not working at their level of competence, with much of their time being spent on menial tasks, not utilising the skills they have acquired, nor upskilling.

Compliance

- Although the clinical training site indicated in their self-evaluation that they were fully complying with this Standard, the Team found that the site is only partially complying, as some examples of Trainees not working at their level of competence.

Observation (s) and Recommendation (s)

- The Team recommends that the transfer of tasks policy be prioritised so that Trainees' time could be better utilised.

Commendation (s)

- No additional commendations made.

G. Access to formal and informal education and training for Trainees	**Level of compliance: PC**

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

i. The Team found from the discussions with the postgraduate Trainees that, in general, there were clear examples provided where specific training programme requirements were catered for in their work schedules.

ii. The Team found that formal morning and lunchtime E&T opportunities are provided. However, the morning sessions are held out of working hours and, as such, not covered under the EWTD. These sessions are bleep protected, but lunchtime sessions are not bleep protected.

iii. The Team found that opportunities for informal E&T varies by Department, with some departments, such as Obstetrics and Gynaecology and Paediatrics, complying with this requirement and others not complying.

Compliance

- The clinical training site indicated in their self-evaluation that they are partially complying with this Standard, the Team found that this site, in practice, is partially complying.

Observation (s) and Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

- No additional commendations made.

H. Opportunities for trainers to train through protected training time	**Level of compliance: NC**

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

i. The Team found from discussions with the Trainers that the clinical training site is not complying with this criterion. The clinical training site is heavily reliant on the goodwill of trainers to provide training.

ii. The Team found from discussions with the trainers that there is very little structured support provided to them.

iii. The Team found from discussions with the trainers that they are facilitated to participate in activities that support them in their Trainerroles, where possible. It is not always possible for trainers to be released from their clinical duties to attend such activities.

Compliance

- As indicated in the clinical training site's self-evaluation, the Team found that the site is not complying with this Standard.

Observation (s) and Recommendation (s)

- While the Team acknowledges that the clinical training site does not have the resources to comply with Standard H – opportunities for trainers to train through protected training time -

the Team recommends that the Medical Council notifies the HSE, Forum of Postgraduate Training Bodies and Department of Health, with a view to enabling the site to comply.
Commendation (s) • The Team would like to commend the trainers who were found to be providing training to Trainees outside their normal working hours (unpaid), as the training site is not currently providing protected training time to trainers.

I. Access to resources which support directed and self-directed learning	**Level of compliance: FC**
Description of evidence of compliance with this Standard during the inspection visit **i.** The Team found from their discussions with the postgraduate Trainees and the tour of the facilities that the training site is complying with this criterion. **ii.** The Team inspected the library facilities and met library staff.	
Compliance • The clinical training site indicated in their self-evaluation that they are fully complying with this Standard, the Team found that this site, in practice, is complying.	
Observation (s) and Recommendation (s) • No additional observations or recommendations made.	
Commendation (s) • The clinical training site should be commended for their efforts to provide good study space including IT facilities for Trainees and encouraged to continue with their ongoing upgrades to the facilities. The Team would also like to commend the clinical training site for their library facilities.	

J. Access to pastoral and health supports for Trainees	**Level of compliance: FC**
Description of evidence of compliance with this Standard during the inspection visit **i.-iii. Inclusive.** The Team was satisfied from the documentation provided (information, induction presentation, Occ Health job description) and their discussions with the SMT and inspection of the facilities that occupational health supports are available to the Trainees. The Team noted that the Occupational Health office had been recently moved to increase accessibility and privacy. The Team did not have sufficient time to discuss this issue with the Trainees, but no concerns were raised during discussions and The Team is satisfied with the clinical training site's compliance with this requirement.	

Compliance

- The clinical training site indicated in their self-evaluation that they are fully complying with this Standard, the Team found that this site, in practice, is complying.

Observation (s) and Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

- No additional commendations made.

K. Access to resources to maintain close contact with parent training bodies	**Level of compliance: FC**

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

i. The Team was satisfied from their discussions with the postgraduate Trainees that there is very close contact maintained with their parent training body and the Trainees are satisfied with the IT facilities.

ii. The Team was satisfied from their discussions with the postgraduate Trainees that they all knew their primary point of contact with their training body.

Compliance

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

Observation (s) and Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

- No additional commendations made.

L. Promotion of Medical Council guidance on professionalism, including promotion of current ethical guidance	**Level of compliance: PC**

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

i.-ii. The Team noted the documentation provided (induction programme, Trust in Care policy, QI Plan), however, there was no evidence from the discussions with the postgraduate Trainees that professionalism is being actively promoted, centred on patient safety and quality of care. The

Trainees do not use the critical incident system; and there is a lack of commitment to auditing and Quality Improvement.

iii.-iv. The Team was satisfied with the documentation provided (Dignity at Work Policy, patient services manager, quality service manager, Trust in Care investigations) but did not find further evidence of compliance from the discussions with the postgraduate Trainees.

Compliance

- The clinical training site indicated in their self-evaluation that they are partially complying with this Standard, the Team found that this site, in practice, is partially complying. The interviews with Trainees clearly did not corroborate the evidence provided.

Observation (s) and Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

- No additional commendations made.

M. Safe working environment	**Level of compliance: PC**

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

i. The Team was satisfied from the documentation provided (Safety Statement, Health and Safety Report and other regulatory reports), their discussions with the Trainers and the postgraduate Trainees and inspection of the facilities that this criterion is being complied with. The YTC 2015 finding, that 27% of Trainees did not feel physically safe at this clinical training site, was not backed up by the Trainees at the site, who seemed surprised at this data.

ii. The Team noted the documentation provided (EWTD compliance report). However, discussions with the postgraduate Trainees revealed that the clinical training site had run out of breach forms. There was evidence that a proposal from the Trainees to improve compliance had not been accepted by the SMT, citing lack of resources.

Compliance

- The clinical training site indicated in their self-evaluation that they are partially complying with this Standard, the Team found that this site, in practice, is partially complying.

Observation(s) and Recommendation (s)

- The Team recommends that the clinical site works with Trainees on ideas for implementation of changes, in order to meet Standard M – safe working environment.

Commendation (s)

- No additional commendations made.

N. Specialty-specific supports	**Level of compliance: PC**

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

i. The Team noted from their discussions with the postgraduate Trainees that coverage of the required curriculum varied from specialty to specialty, ranging from poor to excellent. In one specialty, a Trainee was not being provided with training in a particular procedure because their Trainerdid not have the required skills themselves, in order to train them. There were a number of specialties where Trainees perceived a lack of willingness to train them.

ii. Although evidence of the clinical training site's compliance with this criterion was light (PGTB reports and consultant appointments), The Team is satisfied that there are no concerns with regard to compliance with this criterion.

Compliance

- The clinical training site indicated in their self-evaluation that they are partially complying with this Standard, the Team found that this site, in practice, is partially complying.

Observation (s) and Recommendation (s)

- The Team recommends that the clinical training site takes measures to address the inconsistencies in covering the required curriculum, across the various specialty departments.
- The Team also recommends each training body should verify with their own Trainees that they are getting adequate training and the clinical site should review and implement changes according to postgraduate training bodies' advice.

Commendation (s)

- No additional commendations made.

O. Participation in on-call duty rota	**Level of compliance: PC**

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

i. The Team noted from their discussions with the postgraduate Trainees that this criterion is not being consistently met. There was evidence of very experienced Trainees spending much of their time clerking patients, not maintaining the skills they had acquired in their specialty and not learning any new skills.

ii. The Team was satisfied from their discussions with the postgraduate Trainees that there is adequate-to-strong supervision of Trainees during the on call period.

iii. The Team noted from their discussions with the postgraduate Trainees that this criterion is not being consistently met. There was evidence of inconsistencies across the various specialty departments.

iv. The Team was satisfied from their inspection of the on-call accommodation and discussions with the postgraduate Trainees that this criterion is being met. The facilities were very good and the Trainees were satisfied with them.

Compliance

- The clinical training site indicated in their self-evaluation that they are partially complying with this Standard, the Team found that this site, in practice, is partially complying. This is due to inconsistencies across the various specialty departments.

Observation (s) and Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

- No additional observations or recommendations made.

P. Support for assessment of Trainees	**Level of compliance: PC**

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

i. The Team noted from their discussions with the postgraduate Trainees that this criterion is not being met in all specialties. Formal assessment did not appear to be in place for most of the specialties represented at the meeting.

ii. The Team noted from their discussions with the Trainers that this criterion is being met, but there was no discussion about this criterion with the postgraduate Trainees.

Compliance

- The clinical training site indicated in their self-evaluation that they are partially complying with this Standard, the Team found that this site, in practice, is partially complying.

Observation (s) & Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

- No additional commendations made.

Q. Opportunities for multi-disciplinary teamwork	Level of compliance: PC

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

i. The Team heard in their discussions with the SMT and Trainers that multi-disciplinary, team-work occurs. The Team did not have sufficient time during discussions with the postgraduate Trainees to confirm this.

ii. The Team heard in their discussions with the postgraduate Trainees that opportunities for interaction and collaboration with clinical colleagues across the spectrum do not exist.

Compliance

- Although the clinical training site indicated in their self-evaluation that they were fully complying with this Standard, the Team found that the site is only partially complying, based on the discussions with Trainees which indicated that criterion ii is not being met.

Observation (s) and Recommendation (s)

- The Team recommends that the site puts measures in place to ensure that there are opportunities for Trainees to work within multi-disciplinary teams in order to improve compliance with this Standard.

Commendation (s)

- No additional commendations made.

R. Opportunities for Trainees to provide feedback to employing authority	Level of compliance: NC

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

i.-ii. Inclusive

The Team noted that the SMT state that a QI Programme is in development and Trainees are provided with an evaluation form in their induction programme and adjustment to induction training have been made, based on feedback received from trainees. However, the Team heard an allegation in their discussions with the postgraduate Trainees that an attempt had been made to provide the SMT with feedback and their suggestions were rejected. Trainees stated that they are now feeling dejected and do not feel that they can or should provide feedback.

Compliance

- Although the clinical training site indicated in their self-evaluation that they were partially complying with this Standard, the Team found that the site is, in practice, not complying.

Observation (s) and Recommendation (s)

- The Team recommends formalising the structures for Trainee feedback. Trainee representatives need guidance on gathering Trainee views and on feedback mechanisms. Meet the management meetings have been shown to be effective in improving Trainee-management communication.

Commendation (s)

- No additional commendations made.

Clinical training site: Sligo University Hospital

Compliance with Intern Training Standards

1. Rotations	Level of compliance: FC

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

- The Assessor Team (The Team) welcomed the opportunity to meet with a large number of Interns at Sligo University Hospital (SUH).
- The Team was satisfied that all Interns present had completed a minimum rotation of three months in Medicine and three months in Surgery.

Compliance

- The clinical training site indicated in their self-evaluation that they are fully complying with this Standard, the Team found that this site, in practice, is complying.

Observation (s) and Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

- No additional commendations made.

2. Accreditation	Level of compliance: FC

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

- The Team is satisfied the West Northwest Intern Training Network is affiliated with NUI Galway School of Medicine.
- The Team met with a number of Interns who had completed their undergraduate and / or graduate entry medical education in National University of Ireland, Galway (NUIG), University

Limerick (UL), University College Dublin (UCD), Trinity College Dublin (TCD) and Royal College of Surgeons of Ireland (RCSI).

- The majority of Interns present had completed six months in Galway and six months in Sligo.
- The Team noted the Intern Tutor at SUH was newly appointed this year.

Compliance

- The clinical training site indicated in their self-evaluation that they are fully complying with this Standard, the Team found that this site, in practice, is complying.

Observation (s) and Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

- No additional commendations made.

3. Content of training	**Level of compliance: FC**

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

(i) The Team was satisfied that all Interns felt part of a multi-disciplinary team.

(ii) The Team have concerns with Interns taking consent and the frequency in which Interns are asked to seek consent on behalf of their superior. Another issue of concern is where one Medical Registrar refuses to write notes in patients charts and it is left to the Interns to complete regardless if they have seen the patient or not.

(iii) The Team was satisfied that Interns at this site have the opportunity to exercise their responsibility and clinical decision making appropriate to their competency level.

(iv) Again, the Team was satisfied that Interns felt part of a multidisciplinary team and it was working well.

(v) The Team noted although there is regular and scheduled formal education and training sessions provided for Interns, this is often prevented or interrupted due to non-bleep free time. The bleep policy presented to the Team from SUH does not mention protected bleep free time and it was indicated there was no signage on the wards.

- Formal teaching twice a week and grand rounds every Friday were welcomed by the Team and valued by Interns.
- The Team noted teaching sessions can be rostered outside of normal working hours.
- The Team noted the Interns at SUH enjoyed the fun and interactive journal club which are held regularly and have good attendance from the Interns.
- Regular feedback is provided.

- The Team noted there is no learning at handover.
- Interns are aware of the Q-Pulse system but not used consistently or effectively. Interns are not aware of feedback being provided to Management it does not appear to be communicated to junior doctors and NCHD staff. In addition the Interns at SUH thought to system to be adversarial.

vi) The Team was satisfied training is consistent with the eight domains of good professional practice.

Compliance

- The clinical training site indicated in their self-evaluation that they are fully complying with this Standard, the Team found that this site, in practice, is complying.

Observation (s) and Recommendation (s)

- The Team noted medical development is being curtailed as Interns are heavily involved in basic administrative and medical procedures such as ECG, cannulation and phlebotomy.

- The Team noted there is no Nanny Intern Service in SUH and recommend it might be useful to extend this service to all training sites within the Saolta Hospital Group, however the Team did note the SHO's provide a similar level of service for the Interns for the first two weeks with no on call duty and provide extra support during the day, if required. This was of great value to Interns and much appreciated.

- The Team noted the sharing of duties between Interns and Nursing staff appears better in SUH than on other sites visited, however, the Team noted there still appears to be tension between Interns and Nursing Staff to the extent that the Interns felt nurses did not regard them as doctors but as staff employed to carry out certain tasks. The Team recommends leadership in nursing directorate could address this issue.

- The Team noted where possible "taster sessions" were offered to Interns who were interested in exploring other specialities such as Anaesthesia, Emergency Medicine, Palliative Care, Psychiatry and Paediatrics.

- The Team noted the bleep policy at SUH is a guideline for bleeping doctors where there are concerns about serious deterioration of a patient's condition. The Team recommend SUH review this policy to include general guidelines for bleeping and mention bleep protected time and who is to be called during this time.

Commendation (s)

- The Team noted the policy for all cases being discussed with consultants is valued by Interns in the Emergency Department.

- The team were very impressed with the level of commitment from trainers in SHO.

4. Supervision	Level of compliance: FC

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

- The Team was satisfied that Interns were being supervised at SHO it was also noted supervision is being conducted by Consultants.
- The Team noted even in Surgery that Interns had daily contact consultants and did not feel isolated when difficult clinical situations arose. This was a common theme /practice highlighted amongst all specialties seen on the day and should be commended.
- The Team noted although Medical Registrars are easily contactable and assessable, the level of supervision was variable and at times Interns noted a level of indecision and a reluctance to come and review the patients. This appeared to apply to a number of Medical Registrars.

Compliance

- The clinical training site indicated in their self-evaluation that they are fully complying with this Standard, the Team found that this site, in practice, is complying.

Observation (s) and Recommendation (s)

- The Team recommends that the clinical training site should ensure that all Registrars are made aware that they must respond in a timely fashion to calls from junior staff. All Registrars must also be informed that their job requires them to review patients when asked to do so. The clinical training site should consider putting in place a mandatory training session for all Registrars to address these issues.

Commendation (s)

- No additional observations or recommendations made.

5. Assessment	Level of compliance: FC

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

- The Team is satisfied regular feedback and assessment is being provided.
- The Team noted at induction Interns were trained in I.V. cannulation and further training was provided, if required.
- The Team noted Interns received workshops on open disclosure, this was welcomed by the Team, however, it was felt by the Interns the video example used was not appropriate to their needs.
- The Team was satisfied and commend the trainers at SUH who are committed to providing regular feedback, assessment and further personal development for all junior doctors.

Compliance

- The clinical training site indicated in their self-evaluation that they are fully compliant with this Standard, the Team found that this site, in practice, is complying.

Observation (s) and Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

- The Team was satisfied and commend the trainers at SUH who are committed to providing regular feedback, assessment and further personal development for all junior doctors.

6. Professionalism	**Level of compliance: PC**

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

(i) The Team noted the Intern Induction addresses all aspects of Professionalism, and the three pillars of Professionalism forms part of the Intern Logbook. Also the discussion with Interns indicated good level of Professionalism in work practice and attitudes.

(ii) The Team are concerned with Interns taking consent.

Compliance

- The clinical training site indicated in their self-evaluation that they are fully complying with this Standard, the Team found that this site, in practice, is complying.

Observation (s) & Recommendation (s)

- The Team noted a good level of Professionalism in work practices and attitudes.
- The Team have some concerns about the practice of note taking. On occasion some Interns were asked to write clinical notes on a patient they themselves have not seen. In particular one directorate where the Registrar appears unwilling to write clinical notes. The Team recommends that the practice of requiring Interns to take notes on patients they themselves have not seen ceases with immediate effect.

Commendation (s)

- No additional commendations made.

7. Resources	Level of compliance: FC

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

(i) The Team was satisfied that Interns have access to a sufficient number of patients and case mix have exposure to a broad range of clinical cases appropriate to the rotation.

(ii) The Team was satisfied that Interns had space and opportunity for private study as well as access to a library with adequate and up to date books and journals, including online access to Standard library databases for journal access and literature searches. The Team highly commend the librarian's interest and commitment. Providing very good online access to a wide range of journals and weekly email updates of new developments. Also adequate computer access in the library, the library is located in quite part of the hospital with the main teaching room adjacent.

(iii) The Team was satisfied with staffing levels and have no concerns. The Team noted gaps in out of hour's service are generally covered by locums, although the Team did identify there are some gaps in cover, on occasion, at the weekends.

(iv) The Team was satisfied that Interns are encouraged to raise ethical issues and have an appropriate 'go-to' person available to raise such with, such as the Intern tutor, the Medical Manpower Manager and they are also have access to Occupational Health services, if required.

(v) The Team was satisfied that health and supports are available and noted Occupational Health staff were onsite once a week. It was noted, at induction all junior doctors are provided with contacts for relevant supports. The Medical Manpower Manger has an open door policy and meets with every junior doctor at induction and identifies any health and or disabilities issues that requires adjustments.

Compliance

- The clinical training site indicated in their self-evaluation that they are fully complying with this Standard, the Team found that this site, in practice, is complying.

Observations (s) and Recommendation (s)

- ICT facilities were criticised by the Interns in general, this included systems freezing frequently and limited access to computer terminals at ward level. This was compounded by doctors losing access to ward base offices.

- The Doctors Residence is situated directly adjacent to the hospital. The on call room has recently been refurbished and has all on suites facilities. Security could be enhanced by the implementation of a swipe card system on the main entrance.

- Lockers are provided in the residence, however, the female Interns felt that this was difficult to access during the working day, it appears that the ward based lockers which used to be available are no longer available to the doctors.

Commendation (s)

- The Team highly commends the librarian's interest and commitment to providing very good online access to a wide range of journals and weekly email updates of new developments.
- The Team would like to commend Dr McHugh, the Associate Academic Officer, for demonstrating outstanding leadership qualities and a comprehensive grasp of education and training issues for junior medical staff. Dr McHugh's commitment to the education activity in SUH has been built up with very little resources. The Team strongly recommend that administrative support be provided and more protected sessions allocated to enhance this role further.

Compliance with Specialist Training Standards – Sligo University Hospital

A. Clarity of educational governance arrangements	**Level of compliance: FC**

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

i. The Assessor Team was satisfied that this criterion was addressed in the paperwork provided (job descriptions for academic posts*)* and confirmed verbally in the meetings with Senior Management Team (SMT) and Trainers.

ii. The Team was satisfied that this criterion was addressed in the paperwork provided (sample Minutes of meetings) and confirmed verbally in the meetings with the SMT, Trainers and postgraduate Trainees. The clinical training site's NCHD representative confirmed that she attends SMT meetings.

iii. The Team was satisfied that this was addressed in the paperwork provided (PGTB role descriptions*)*.

Compliance

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

Observation (s) and Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

- No additional commendations made.

B. Clarity of clinical governance arrangements	Level of compliance: PC

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

i. The Team was satisfied from the documentation provided (NCHD contract, induction programme, training lead role, emails, governance document) and discussions at the meeting with Trainees that they were able to clearly describe their responsibilities, level of authority and lines of accountability, at both BST and HST levels.

ii. The Team was satisfied from the documentation provided (screenshots from Q pulse, attendance sheets) and meetings with the SMT, Trainers and postgraduate Trainees that Trainees are being made aware of the Q-Pulse system, however, it was also evident that the Trainees do not use the system. Trainees stated that the system is not user friendly, the process is lengthy and, although SMT were of the view that feedback was given to those involved in clinical incidents, the Trainees stated that they generally did not receive feedback.

iii. The Team was satisfied from the documentation provided (national HSE Handover Policy) meetings with the SMT, Trainers and postgraduate Trainees, and inspection of the whiteboard system example given that there is some form of handover in every Department, but there are inconsistent systems and handover is inconsistently applied.

Compliance

- The clinical training site indicated in their self-evaluation that they are partially complying with this Standard, the Team found that this site, in practice, is partially complying.

Observation (s) & Recommendation (s)

- The Team recommends the development of general policies, protocols and procedures for clinical handover across the entire Hospital Group. This should be addressed as a priority, as it is a patient safety concern and should be submitted to the Medical Council as part of the Hospital Groups action and implementation plan.

Commendation (s)

- No additional observations or recommendations made.

C. Accountability	Level of compliance: FC

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

i.-iii inclusive.

The Team is satisfied from the documentation provided (sample job descriptions, Trainerrole and relevant personnel job descriptions, sample attendance certificates at college training sessions, sample letters and emails) that the clinical training site is in compliance with these required criteria.

iv. The Team is satisfied from the documentation provided (HSE policy on change management) and discussions with the postgraduate Trainees that the clinical training site is in compliance with the required criteria. The NCHD representative also gave clear examples of suggested changes which were given consideration by the SMT from an educational perspective.

Compliance

- Although the clinical training site indicated in their self-evaluation that they are partially complying with this Standard, the Team found that this site, in practice, is fully complying.

Observation (s) and Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

No additional commendations made.

D. Induction arrangements for Trainees	Level of compliance: PC

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

(i.-iii.) inclusive.

The Team is satisfied from the documentation provided (induction programme and audit of attendance sheets) that the clinical training site is in compliance with these required criteria, with the exception of a formal policy document. There is a comprehensive, structured induction programme at the clinical training site.

iv. The Team noted that programme-specific / specialty-specific induction varies in quality from one programme/specialty to another. For example, there was no evidence in the documentation provided that Trauma and Orthopaedic Surgery has such an induction; and only generic induction is provided for all medical and surgical specialties.

- The Team is satisfied from the documentation provided (policies) and discussions with the postgraduate Trainees that Trainees are made aware of the various policies.

- The Team is satisfied from the documentation provided (memorandum) that the clinical training site is complying with this criterion.

Compliance

- The clinical training site indicated in their self-evaluation that they are partially complying with this Standard, the Team found that this site, in practice, is partially complying.

Observations(s) and Recommendation(s)

- The clinical training site is urged to formalise its induction policy in order to fully comply with Standard D – induction arrangements for Trainees.

Commendation (s)

No additional commendations made.

E. Clear supervisory arrangements for Trainees	**Level of compliance: PC**

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

i.-iv inclusive.

The Team is satisfied from the discussions with the Trainers and postgraduate Trainees that the clinical training site is complying with the required criteria. Trainees were clear that they knew who their clinical supervisor was, they were very satisfied that the level of supervision was appropriate (Registrars and/or Consultants always available to them) and according to their individual capabilities and limitations (*One Trainee described a delayed start as first on call because the Trainee felt unprepared. The Trainee shadowed a senior SHO and commenced soon after*). SpRs confirmed they felt they were being prepared to become consultants by broadening their training to include managerial skills and increasing their responsibilities.

Compliance

- The clinical training site indicated in their self-evaluation that they are fully complying with this Standard, the Team found that this site, in practice, is fully complying.

Observation (s) and Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

- The level of supervision received high praise from the Trainees and was described by some Trainees as unparalleled.

F. Opportunities for training through clinical practice for Trainees	Level of compliance: FC

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

i. The Team is satisfied from the discussions with the Trainers and postgraduate Trainees that Trainee participation in clinical practice was appropriate for their competence. An example was given by one Trainee raising concerns about their readiness for a particular element of clinical practice and adjustments were made to the roster to cater for their needs. Clear examples were given of graded supervision.

ii. The Team is satisfied from the discussions with the Trainers and postgraduate Trainees that opportunities for learning were maximised during clinical practice, particularly during handover and ward rounds.

Compliance

- The clinical training site indicated in their self-evaluation that they are fully complying with this Standard, the Team found that this site, in practice, is complying.

Observation (s) and Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

- No additional commendations made.

G. Access to formal and informal education and training for Trainees	Level of compliance: FC

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

i. The Team is satisfied from the discussions with the postgraduate Trainees that there were clear examples provided where specific training programme requirements were catered for in their work schedules.

ii. The Team is satisfied from the discussions with the Trainers and postgraduate Trainees that Trainees were being facilitated and encouraged to attend the various education and training opportunities provided.

iii. The Team is satisfied from the discussions with the Trainers and postgraduate Trainees that Trainees were being facilitated and encouraged to avail of informal education and training opportunities during post-take ward rounds where Trainees are encouraged to attend and exam preparation during bedside teaching.

Compliance

- The clinical training site indicated in their self-evaluation that they are fully complying with this Standard, the Team found that this site, in practice, is complying.

Observation (s) and Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

- The Team congratulates the clinical training site its high rate of delivery of timetabled teaching events.

H. Opportunities for trainers to train through protected training time	**Level of compliance: NC**

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

i. The Team found from the documentation provided and discussions with the trainers that the clinical training site is not complying with this criterion. The clinical training site is heavily reliant on the goodwill of trainers to provide training.

ii. The Team found from discussions with the trainers that they rely mainly on peer support and the support of the Associate Academic Officer and there is very little structured support provided to them.

iii. The Team found from discussions with the trainers that they are not being facilitated to participate in activities that support them in their Trainer roles. Trainers experience difficulty getting released from their clinical duties to attend such activities.

Compliance

- The clinical training site, as stated in their self-evaluation, is not complying with this Standard.

Observation (s) and Recommendation (s)

- While the Team acknowledges that the clinical training site does not have the resources to comply with Standard H – opportunities for trainers to train through protected training time, the Team recommends that the Medical Council notifies the HSE, Forum of Postgraduate Training Bodies and Department of Health, with a view to enabling the site to comply.

Commendation (s)

- The Team would like to commend the trainers who were found to be providing training to Trainees outside their normal working hours (unpaid), as the training site is not currently providing protected training time to trainers.

I. Access to resources which support directed and self-directed learning	Level of compliance: PC

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

i. The Team found from their discussions with the postgraduate Trainees that, although computers are provided on the wards, they are insufficient in number and frequently crash, sometimes several times during a single procedure. This was a source of frustration for the Trainees and needs to be addressed by the clinical training site.

ii. The Team inspected the library facilities and met library staff. The clinical training site provides new journals online, a good range of online and hard copy books and the librarian is very supportive to the Trainees and sends tailored weekly emails to the Trainees, notifying them of additional resources which they may be interested in.

Compliance

- Although the clinical training site indicated in their self – evaluation that they are fully complying with this Standard, the Team found that this site is, in practice, partially complying.

Observation (s) and Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

- The Team would like to commend the clinical training site for their library staff and facilities.

J. Access to pastoral and health supports for Trainees	Level of compliance: FC

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

i. The Team was satisfied from their discussions with the postgraduate Trainees that they are made aware of occupational health supports during induction, when the Hospital Group Occ Health professional meets with them, gives them a contact card and is available to them on a weekly basis.

ii. The Team was satisfied from their discussions with the postgraduate Trainees that they are given a presentation during induction and are made aware that there is a free, confidential counselling service and face to face sessions are available to them.

iii. The Team was satisfied from their discussions with the Trainers that clear examples were given of adjustments being made for Trainees with disability.

Compliance

- The clinical training site indicated in their self-evaluation that they are fully complying with this Standard, the Team found that this site, in practice, is complying.

Observation (s) and Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

- No additional commendations made.

K. Access to resources to maintain close contact with parent training bodies	**Level of compliance: FC**

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

i. The Team was satisfied from their discussions with the postgraduate Trainees that there is very close contact maintained with their parent training body.

ii. The Team was satisfied from their discussions with the postgraduate Trainees that they all knew their primary point of contact with their training body.

Compliance

- The clinical training site indicated in their self-evaluation that they are fully complying with this Standard, the Team found that this site, in practice, is complying.

Observation (s) and Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

- No additional commendations made.

L. Promotion of Medical Council guidance on professionalism, including promotion of current ethical guidance	**Level of compliance: FC**

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

i. The Team was satisfied from the documentation provided (induction programme, lecture documentation, attendance sheets, course outline on ethics and professionalism) and the discussions with the postgraduate Trainees that professionalism is being actively promoted.

ii. The Team was satisfied from the discussions with SMT, Trainers and postgraduate Trainees that this criterion is being complied with. In particular, there is a strong emphasis on audit and research at the clinical training site.

iii. The Team was satisfied from the documentation provided (example of a Memorandum of an incident of unprofessional behaviour which was swiftly and appropriately addressed by the clinical training site) that this criterion is being complied with.

iv. The Team was satisfied from discussions with the SMT and Trainers that clear pathways exist for the referral of concerns to the Medical Council.

Compliance

- The Team were satisfied that the clinical training site is fully compliant with this Standard.

Observation (s) and Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

- No additional commendations made.

M. Safe working environment	**Level of compliance: FC**

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

i. The Team was satisfied from their discussions with the Trainers and the postgraduate Trainees that this criterion is being complied with. It was evident from the Trainees that the NCHD representative could raise issues from the NCHD forum with senior management and the Trainees were very clear that an open door policy exists for raising issues with the Assistant Academic Officer and HR Staff.

ii. The Team was satisfied from the documentation provided (copy EWTD compliance reports and rosters) and discussions with the postgraduate Trainees that this criterion is largely being met.

Compliance

- The clinical training site indicated in their self-evaluation that they are fully complying with this Standard, the Team found that this site, in practice, is complying.

Observation (s) and Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

- The Associate Academic Officer and HR staff received high praise from the Trainees. The Team commends both Dr Catherine McHugh and Ms Martha Saba for their hard work and strong commitment.

N. Specialty-specific supports	**Level of compliance: PC**

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

i. The Team was satisfied from their discussions with the postgraduate Trainees that there was appropriate coverage of the required curriculum in all specialties represented at the meeting, but noted from their discussions with the Trainers and SMT that not all specialties are sufficiently resourced.

ii. Although evidence of the clinical training site's compliance with this criterion was light, The Team is satisfied that there are no concerns with regard to compliance with this criterion

Compliance

- The clinical training site indicated in their self-evaluation that they are partially complying with this Standard, the Team found that this site, in practice, is partially complying.

Observation (s) and Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

- No additional observations or recommendations made.

O. Participation in on-call duty rota	**Level of compliance: FC**

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

i. The Team was satisfied from their discussions with the SMT, Trainers and postgraduate Trainees that this criterion is being addressed. Due to the highly collegial culture at the clinical training site, there was sufficient support available where gaps in rotas arose.

ii. The Team was satisfied from their discussions with the Trainees that there is strong supervision of Trainees during the on call period. Supervision is done remotely from 2-8 a.m.

iii. The Team noted the documentation provided (sample rosters and compliance reports) and evidence of audit.

iv. The Team was satisfied from their inspection of the on-call accommodation and discussions with the postgraduate Trainees that this criterion is being met. The facilities were good and the Trainees were satisfied with them.

Compliance

- The clinical training site indicated in their self-evaluation that they are fully complying with this Standard, the Team found that this site, in practice, is complying.

Observation (s) and Recommendation (s)

- The Team recommends that computer facilities be provided in the on-call residence.

Commendation (s)

- No additional observations or recommendations made.

P. Support for assessment of Trainees	**Level of compliance: FC**

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

i. The Team was satisfied from their discussions with the Trainers and postgraduate Trainees that this criterion is being met. Trainers and Trainees both separately described initial, mid- and end-point meetings where learning outcomes were identified, plans agreed and progress discussed throughout their rotations.

ii. The Team was satisfied from their discussions with the Trainers and postgraduate Trainees that this criterion is being met. Trainers also provide exam preparation and bedside teaching.

Compliance

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

Observation (s) and Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

- No additional observations or recommendations made.

Q. Opportunities for multi-disciplinary teamwork	**Level of compliance: PC**

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

i. The Team heard in their discussions with the postgraduate Trainees that multi-disciplinary, team-based handover occurs in the Emergency Department, Obstetrics and Gynaecology and Intensive Care Unit. The Team did not hear evidence of similar multi-disciplinary teamwork in other specialties.

ii. The Team heard in their discussions with the postgraduate Trainees that opportunities exist in some specialties, but not in others.

Compliance

- Although the clinical training site indicated in their self-evaluation that they were fully complying with this Standard, the Team only found evidence that the site is partially complying, due to inconsistencies across the various specialty departments.

Observation (s) and Recommendation (s)

- The Team recommends that opportunities for multi-disciplinary teamwork are available and consistent across the various specialty departments.

Commendation (s)

- The Team would like to commend the Emergency Department for their simulation sessions which include the whole team.

R. Opportunities for Trainees to provide feedback to employing authority	**Level of compliance: FC**

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

i. The Team heard in their discussions with the postgraduate Trainees that the NCHD representative provides the SMT with feedback and that there is an active Trainee forum.

ii. The Team found in the documentation provided that a pro forma exists for end of post feedback and returns of these forms are audited.

Compliance

- The clinical training site indicated in their self-evaluation that they are fully complying with this Standard, the Team found that this site, in practice, is complying.

Observation (s) and Recommendation (s)

- No additional observations or recommendations made.

Commendation (s)

- No additional observations or recommendations made.

Back to Table of Contents

Appendices

APPENDIX ONE (a)

Medical Council visit – Thursday 4th May

Galway University Hospital

VISITING TEAM

Prof Alan Johnson (Chair of the visiting team and Medical Council member)
Dr Anna Clarke (External member)
Dr Andrew Gilliland (External member)
Dr Barry Lewis (External member)
Ms Úna O'Rourke, Head of Education, Training and Professionalism
Ms Aoife Fitzsimons, Accreditation Manager
Ms Elizabeth Molloy, Accreditation Executive

TIME		VENUE
07.30 am	Depart Maldron Hotel, Sandy Road Galway Travel by minibus to University Hospital, Galway **Meeting the team when they arrive:** Siobhán Murphy	
08.00 am	Private meeting of Medical Council team	Boardroom, Ground Floor, Nurses Home
08.30 am	Meeting with Interns _____ Meeting with Trainees (Concurrent meetings)	IT Training Room, Nurses Home _____ Classroom 1, 1st Floor, Nurses Home
09.30 am	Meeting with the Trainers	Classroom 1, 1st Floor, Nurses Home
10.00 am	Meeting with Hospital Group management team **In attendance: -** **GUH** Ms Chris Kane, GM Mr Brian Mullin, MMM Prof Tim O'Brien, Dean, CoM, NUIG Dr Dara Byrne, Dir of Sim/Intern Coordinator **Group** Mr Maurice Power, CEO Dr Pat Nash, CCD Prof Anto O'Regan, CAO Dr Catherine Fleming, NDTP Training Lead **Group Clinical Directors** Dr Donal Reddan, CD Medicine	Boardroom, Ground Floor, Nurses Home

	Dr Una Conway, CD W&C Dr Clare Roche, CD Radiology Dr Margaret Murray, CD Labs Dr Kevin Clarkson, CD Perioperative	
11.00 am	Private round-up meeting for Medical Council Team *To include tea/coffee.*	Boardroom, Ground Floor, Nurses Home
11.30 am	Departure of team Travel by minibus to Portiuncula University Hospital	

Back to Table of Contents

APPENDIX ONE (b)

MEDICAL COUNCIL

INSPECTION LETTERKENNY UNIVERSITY HOSPITAL

THURSDAY, 4TH MAY 2017

VISITING TEAM

Ms Katharine Bulbulia (Chair of the visiting team and Medical Council member)
Ms Angela Carragher (External member)
Dr Suzanne Donnelly (External member)
Dr Dermot Power (External member)
Ms Aoise O'Reilly, Accreditation Manager
Ms Chloe Ryder, Accreditation Executive

TIME		VENUE
07.30 am	Depart Radisson Blu Hotel Travel by taxi to University Hospital, Letterkenny Nominated person to meet the team when they arrive: Madge Toye Temple	
08.00 am	Private meeting of Medical Council team	Post Graduate Medical Education Centre – **Informal Discussion Room**
08.30 am	Meeting with management team In attendance: Dr Eamonn Coyle, Director of Post Graduate Medical Education Dr Vera Keatings, Associate Academic Officer Mr. Muyiwa Aremu, Intern Co-ordinator & Dean of Undergraduate Medical Education, NUIG Dr Paul O'Connor, Associate Clinical Director, Perioperative Directorate Dr Eddie Aboud, Associate Clinical Director, Women's & Children Directorate Dr Chris Steele, Consultant Gastroenterologist, Medical Directorate Mr Sean Murphy, General Manager Madge Toye Temple, Medical Manpower Manager	Post Graduate Education Centre – **Clinical Skills Lab**
09.00 am	Meeting with the Trainers (All Consultants should be asked to attend this)	Post Graduate Education Centre – **Clinical Skills Lab**
09.30 am	Meeting with Interns	Post Graduate Education Centre

		– Clinical Skills Lab
10.30am	Meeting with Trainees	Post Graduate Education Centre **– Clinical Skills Lab**
11.30 am	Inspection of facilities including clinical teaching areas, IT and library facilities Nominated person to facilitate this: Dr Eamonn Coyle, Director of Post-Graduate Medical Education	
12.15 pm	Private round-up meeting for Medical Council Team *To include Tea/Coffee*	Post Graduate Medical Education Centre – **Informal Discussion Room**
1.00pm	Lunch *Management Team invited to be in attendance*	**LUH Canteen – First Floor – Table Reserved**
1.30 pm	Departure of team	

Back to Table of Contents

APPENDIX ONE (c)

MEDICAL COUNCIL

INSPECTION PORTIUNCULA UNIVERSITY HOSPITAL

THURSDAY, 4TH MAY 2017

VISITING TEAM

Prof Alan Johnson (Chair of the visiting team and Medical Council member)
Dr Anna Clarke (External member)
Dr Andrew Gilliland (External member)
Dr Barry Lewis (External member)
Ms Úna O'Rourke, Head of Education, Training and Professionalism
Ms Aoife Fitzsimons, Accreditation Manager
Ms Elizabeth Molloy, Accreditation Executive

TIME		VENUE
12.30 pm	Arrive Portiuncula University hospital Private lunch meeting of Medical Council team **Person to meet the team when they arrive:** **Mr James Keane GM** **Ms Marita Fogarty DON AAO**	Reception GM office
1.00 pm	Meeting with management team **In attendance: -** Full Management Team Have been invited James Keane, GM Marita Fogarty, DON, AAO Pauline McEvoy, HR Manager and Medical Manpower Laura Bandut, A. Clinical Director Medicine Aine Ni Chonchubhair, A.Clinical Director Peri-op Marie Christine DeTavernier, A.Clinical Director Obs and Gynae Máire Kelly, Clinical Support Services Director Anita Carey, IT Manager Denis Minton, Finance Manager	Board Room
1.30pm	Meeting with the Trainers (All Consultants should be asked to attend this)	Board Room
2.00 pm	Meeting with Interns Meeting with Trainees (Concurrent meetings)	Venue 1- Boardroom Venue 2 – Meeting Room 2
2.45 pm	Inspection of facilities including clinical teaching areas, IT and library facilities; **Person to facilitate this:** Mr James Keane and Ms Marita Fogarty	
3.30 pm	Private meeting for Medical Council Team	Boardroom

	To include tea/coffee.	
4.15 pm	Departure of team	

APPENDIX ONE (d)

MEDICAL COUNCIL

INSPECTION SLIGO UNIVERSITY HOSPITAL

FRIDAY, 5TH MAY 2017

VISITING TEAM

Prof Alan Johnson (Chair of the visiting team and Medical Council member)
Dr Anna Clarke (External member)
Dr Andrew Gilliland (External member)
Dr Barry Lewis (External member)
Ms Úna O'Rourke, Head of Education, Training and Professionalism
Ms Aoife Fitzsimons, Accreditation Manager
Ms Elizabeth Molloy, Accreditation Executive

TIME		VENUE
07.00 am	Depart Sheraton Hotel, Athlone Travel by minibus to University Hospital, Sligo **Meeting the team when they arrive:** Dr Cathy McHugh, Associate Academic Officer & Consultant Endocrinologist Ms Martha Saba, Medical Manpower Manager	*Ask at reception*
09.00 am	Private meeting of Medical Council team	Level 6 board room
9.30 am	Meeting with management team	Level 6 board room
10.00am	Meeting with the Trainers *(All Consultants should be asked to attend this)*	Level 6 board room
10.30 am	Meeting with Trainees Meeting with Interns (Concurrent meetings)	Level 6 lecture theatre Level 6 lecture board room -
11.30am	Break	
11.45 am	Inspection of facilities including clinical teaching areas, IT and library facilities **Nominated person to facilitate this:** Dr Cathy McHugh, Associate Academic Officer & Consultant Endocrinologist Ms Martha Saba, Medical Manpower Manager	Cathy Martha
12.30 pm	Private round-up meeting for Medical Council Team *To include Tea/Coffee/Light Lunch (inc. coeliac option)*	Consultants coffee room level 3

1.30pm	Meeting with Saolta Management Team **In attendance: -** Chief Academic Officer - Prof Anthony O'Regan NDTP Training Lead – Dr Michael O'Neill Director of Quality and Safety, Saolta – Dr Fergal Hickey Medical Manpower Manager – Ms Martha Saba Associate Academic Officer – Dr Cathy McHugh CAO admin – Ms Siobhan Murphy	Consultants coffee room level 3
2.00 pm	Departure of team *Hospital to book taxis for transfer to Sligo train station*	
3.00 pm	Train from Sligo to Dublin Connolly arriving 6pm	

Back to Table of Contents

APPENDIX TWO

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 indentified 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/Trainerwho has knowledge of the intern's development and performance and can verify their satisfactory progress. The supervisor/Trainermust 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

Back to Table of Contents

APPENDIX THREE

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. 2

(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*" 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

Back to Table of Contents

APPENDIX FOUR

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 Trainerwork 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

Back to Table of Contents

Standards Approved by the Medical Council on 17th July 2014