



24/01/2014

Mr Tony McNamara,  
CEO,  
Cork University Maternity Hospital,  
Wilton,  
Co. Cork

**Report Letter relating to the inspection of the Obstetrics and Gynaecology department of Cork University Maternity Hospital and South Infirmar Victoria University Hospital**

Dear Mr McNamara,

The Irish Committee on Higher Medical Training (ICHMT) last inspected Cork University Maternity Hospital and South Infirmar-Victoria University Hospital on the 10<sup>th</sup> of January regarding its suitability for the Obstetrics and Gynaecology Higher Specialist Training (HST) programme.

The purpose of a hospital inspection is to determine the ability of an institution to deliver Higher Specialist Training in a specialty, according to the requirements as defined by the curriculum of training. The inspection panel advises on the suitability after a detailed interview with consultant trainers, trainees and management representatives, with an inspection of the facilities.

The inspection committee commended on the commitment of the trainers to the Higher Specialist Training programme, the education and training infrastructure, quality of the library and support staff and the support of the management team.

On the basis of the inspectors' recommendations, this unit is approved for Higher Specialist Training in Obstetrics and Gynaecology for:

- Number of Posts – 6 SHO posts and 6 SpR posts
- Length of Approval: 5 years
- Trainers: Dr Suzanne O'Sullivan, Dr Keelin O'Donoghue
- Next Inspection Due: 2018
- **Interim Progress Report:** due January 2016

Inspection Panel:

- Dr Seosamh O'Coigligh- Chairman of Hospital Inspections Committee
- Prof John Morrison- IOG Representative
- Professor Tom Clarke- Chairman

The education and training observations as confirmed by the Institute on advice from the Inspection Panel follow. Major issues are those that impact on the accreditation status or are critical for training approval. Minor issues are areas that could be improved but are not critical for training approval.

### ***Educational Opportunities:***

1. Busy and varied workload in Obstetrics and Gynaecology
2. Specialised service provision in Gynae Oncology, urogynaecology, colposcopy, pregnancy loss, robotic surgery, pelvic floor dysfunction, early pregnancy assessment
3. Cross disciplinary clinics and meetings
4. M.Sc programme for BSTs
5. Linkage with UCC and involvement with medical student training
6. SpRs appointed to management committees
7. PROMPT courses run locally
8. Regular Departmental and multidisciplinary meetings- Grand Rounds, CTG meetings, Pregnancy loss MDTs, Oncology MDTs, Colposcopy MDTs etc
9. Departmental teaching timetabled for all on Friday Afternoons

### ***Strengths of the Department:***

1. Excellent organisation and oversight of training by committed trainers
2. Flexibility built into the system to enable trainees to obtain the training and experience they require
3. Good exposure to a wide variety of specialised services, many including cross specialty working experience
4. Strong academic interest in the department
5. Excellent working environment with good working and on-call facilities
6. Protected time built into timetables
7. Committee work/management experience incorporated into training

### ***Major Issues:***

1. Anomaly scanning not offered universally
2. Use of the protected half day

### ***Recommendations:***

1. Try to expand existing provision of anomaly scans to all
2. Monitor the utilization of the protected time by individual trainees

### ***Conclusions:***

1. The inspection panel were extremely impressed with the organisation of the training programme in CUMH/SIVUH. The feedback from trainees at all levels was highly complimentary. The trainers, Dr Suzanne O'Sullivan, and Dr Keeling O'Donoghue are to be commended for their achievement.
2. The reconfiguration of services since the last inspection, moving Gynae oncology into CUMH, and general Gynae surgery out to SIVUH has resulted in a much improved training experience for the SpRs. Rotating SpRs into the SIVUH for 6 months and having an SpR doing Gynae oncology for 6 months is giving more SpRs valuable operative training.
3. Anomaly scanning is provided for some 40% of the antenatal population. It is expected that this percentage will increase following the introduction of Domino midwifery care. Some trainees had encountered having to deal with patients for

whom a diagnosis of fetal abnormality was made late. For a tertiary referral unit, it is recommended that anomaly scanning should be offered to all antenatal patients. This would be expected to improve the training experience of the SpRs.

4. Despite having identified the designated “teaching” time on Friday afternoon in their timetables a number of SpRs responded “No” to the question “Are you able/encouraged to take your protected time (i.e. bleep free)?”. This suggests that some regard the protected time as another structured educational event. The organized teaching at this time is now being distated by the trainin needs. The full utilization of their protected time by the SpRs in pursuing academic and research achievements should be monitored.

A progress report is required by **January 2016** addressing progress towards introduction of offering anomaly scanning to all patients.

It is recommended to give approval to the unit for 6 SHO posts & 6 SpR posts for a period of 5 years, with Dr O’Sullivan, Dr O’Donoghue et al.

Thank you for the hospitality extended to the visiting inspection team and your continuing commitment to the Higher Specialist Training Programme.

Yours sincerely,

Dr Seosamh O’Coigligh,

Chairman of the Hospital Inspections Committee