



Comhairle na nDochtúirí Leighis
Medical Council

Accreditation of Postgraduate Training Bodies Under Part 10 of the Medical Practitioners Act 2007

Report on the Accreditation of The College of Psychiatry of Ireland and The Programme of Specialist Training in General Psychiatry

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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.

FINAL

A. Preface

1. Context of the Accreditation Session

The Medical Council Accreditation Team met with The College of Psychiatry of Ireland on the 28th July 2011. Its remit was to assess the College and the Programme of Specialist Training in General Psychiatry against the 'Medical Council Accreditation Standards for Postgraduate Medical Education and Training' (approved 1st June 2010), hereafter referred to as 'the Standards', and to formulate a recommendation in respect of the College and the Programme to the Medical Council's Professional Development Committee (PDC).

2. The Team

The Medical Council Accreditation Team is included in Appendix 1 of this Report. The Council particularly appreciates the contribution of external assessors Professor David Barlow, Professor Peter Cantillon, Dr Dermot Power, Dr Josanne Holloway and Ms Angela Carragher. They brought additional expertise in quality assurance of medical education to the accreditation process, and the Medical Council very much appreciates their involvement.

The Medical Council also thanks the representatives from the College of Psychiatry for their co-operation throughout the process. In addition, the Medical Council wishes to thank the trainees who met the Team on the day, whose feedback was most helpful in formulating this Report.

3. Documentation

As part of the accreditation process, the College was asked to complete and document a self-evaluation process based upon the Standards. In addition, the College was asked to provide details of the process and associated timescale by which consideration is given to and recommendations made to Council arising from assessment of applications to the Specialist Division of the Register in accordance with Section 47(1) (f) of the Medical Practitioners Act 2007 and Rules of Registration 2011. This documentation was reviewed by the Team. Full details of the material which was requested from the College is included in Appendix 2 of this report.

4. Schedule

The accreditation session included a private morning meeting of the Medical Council Accreditation Team, a meeting with a number of trainees from the different stages of training in General Psychiatry and an in-depth discussion between the Team and representatives from the College.

Following the meeting on 28th July 2011, the College was requested to submit additional documentation in support of information which was relayed verbally by the College during the accreditation session but which was not evident from the College's original submission. Full details of the additional information which was requested from the College is included in Appendix 2 of this report. The Team reviewed this additional documentation and a teleconference was held to finalise report content and recommendations.

5. Appendices

The Agenda for the accreditation session is included as Appendix 1. Correspondence with the College in relation to this activity is attached as Appendix 2. The accreditation standards which were applied throughout this process are attached as Appendix 3.

6. The Report

The Standards formed the basis of the evaluation of both the College and the Programme of Specialist Training in General Psychiatry; the observations, comments and recommendations contained in this Report are grouped under the relevant section of these standards.

EVAL

B. Summary and General Assessment

1. Conclusion and Main Recommendations to PDC

The Team's main recommendations to the Medical Council's Professional Development Committee are that:

1. The Programme of Specialist Training in General Psychiatry should be approved by Council *with conditions* under the terms of Section 89(3) (a) (i) of the Medical Practitioners Act 2007. This recommendation is made on the grounds of the Medical Council Team's finding that the programme adheres to the rules, criteria, guidelines and standards approved by Council, as specified in Sections 87(3), 88(1)(a), 88(4)(b), 88(4)(d) and 89(3) of the Medical Practitioners Act 2007.

This approval should be for an initial period of 3 years from the date of approval by Council.

Condition:

- (i) **Council is provided with, and subsequently approves, updated documentation in relation to Higher Specialist Training.**
2. The College of Psychiatry of Ireland should be approved by Council *with conditions* under Section 89(3)(a)(ii) of the Medical Practitioners Act 2007 as the body which may deliver the Programme of Specialist Training in General Psychiatry approved under 1. above. This recommendation is made on the grounds of the College of Psychiatry of Ireland's ongoing compliance with the rules, criteria, guidelines and standards approved by Council as specified in Sections 87(3), 88(1)(a), 88(4)(b), 88(4)(d) and 89(3) of the Medical Practitioners Act 2007.

This approval should be for an initial period of 3 years from the date of approval by Council.

Condition:

- (ii) **Approval of the Body is contingent upon compliance with the condition above.**

Note:

In making the recommendation under 1. above, the Team assessed the full training pathway from Basic Specialist Training through to Higher Specialist Training in General Psychiatry.

In addition to the Programme in General Psychiatry, the College currently delivers programmes of specialist training in three other recognised medical specialties. These are:

- Child and Adolescent Psychiatry
- Psychiatry of Old Age
- Psychiatry of Learning Disability

These programmes will continue to be recognised by the Medical Council until such time as they have been formally *accredited*.

2. Priority Recommendations to the Body

The Team makes three priority recommendations to the College of Psychiatry of Ireland as follows:

- a) The College should provide the Medical Council, as a matter of urgency, with updated information in relation to HST training delivered by the College.
- b) The College should seek to develop and implement a robust quality assurance process through which a uniformly high standard of training is delivered consistently at all training *sites*.
- c) The College should provide evidence to the Medical Council that it has developed and implemented a robust quality assurance process through which a uniformly high standard of training is delivered consistently across all training *schemes*, and ensures that similar competencies and outcomes are achieved across all schemes.

3. Other Recommendations to the Body

- a) The College should seek to fully define and publish the Terms of Reference of each of its Pillars and Committees to a consistent level of detail.
- b) The College should continue to keep its plans for development under review with direct reference to the potential adverse impact of reduced funding on the quality of training delivered by the College.

4. Commendations

The Team would like to commend the College for the following:

- a) The personal dedication and enthusiasm of the College staff which was very apparent in both the documentation submitted and from the accreditation meeting.
- b) The trainees, whose enthusiasm and extensive involvement in the College are helping to raise training standards for the benefit of current and future trainees.
- c) The degree to which lay and public involvement in the College's activities has been encouraged and facilitated by the College.

5. Recommended Further Action

Ongoing engagement with The College of Psychiatry will be a key part of this quality assurance process. In support of this process, the College will be required to engage in a process of annual declaration with the Medical Council.

In addition, a progress report on all the issues highlighted in this document, in particular those issues relating to priority recommendations, should be requested of the Body.

C. Evaluation of the Body and the Programme

The evaluation of the Body and the Programme is based on the Medical Council Accreditation Standards for Postgraduate Medical Education and Training (Appendix 3)

1) CONTEXT OF EDUCATION AND TRAINING

Standard (1) incorporates the following elements:

- 1.1 GOVERNANCE
- 1.2 PROGRAMME MANAGEMENT
- 1.3 EDUCATIONAL EXPERTISE AND EXCHANGE
- 1.4 INTERACTION WITH THE HEALTH SECTOR
- 1.5 CONTINUOUS RENEWAL

The Team discussed the information provided by the College in relation to its governance and committee structure and also in relation to the three constituent pillars (see below) which support the aims and objectives of the College. The Team felt that the committee structure and the terms of reference within which each committee operated was not clear from the documentation provided. In particular, the information provided in relation to the activities of the 'Policy and External Relations Pillar' and the 'Professional Competence Pillar' was not viewed by the Team as providing the same insight as was afforded into the activities of the 'Postgraduate Training Pillar'. The College was asked to provide additional documentation to address this issue; this information was subsequently received in response to the correspondence included as Appendix 3. The Team also felt that the College should give consideration to how it might measure the individual effectiveness of its committees and working groups.

The Team were advised that the College is currently exploring opportunities to increase public representation at committee level and is considering, *via* its Public Affairs Pillar, the best mechanism through which this increased involvement could be achieved. It was acknowledged that lay involvement could be increased on a gradual basis before additional membership of working groups and committees is considered. The Team felt that the College's intentions in the area of public and lay representation were noteworthy and should have the full support of the Medical Council.

In relation to current lay involvement in the College, the Team noted the broad range of combined expertise of recent appointees to the College's Advisory Board. These appointees include representatives from the judiciary and the voluntary sector whose involvement in an advisory capacity is very appropriate to the aims and focus of the College.

The Team noted the heavy reliance by the College on funding received from the Health Services Executive (HSE). Although the College is currently financially sound, there are very few other sources of funding available. In addition, the College confirmed that it accepts no funding from the pharmaceutical industry which the Team felt was consistent with the provisions of Council's '*Guide to Professional Conduct and Ethics for Registered Medical Practitioners, 7th Edition 2009*'. Included in its short-term objectives, the College intends to develop its own examination which would be more culturally significant to the health service in Ireland and which would take account of local legal issues. The Team were concerned that limited funding levels coupled with the relatively low number of College staff may impact upon the College's expansion and development plans. In the context of the College's aspirations, which the Team felt were commendable, the Team felt that the College should clarify its business plans and give thought to how its various goals would be prioritised in the event of funding and resource constraints. The Team were

informed that a Strategy Day was scheduled to take place in September 2011 which the College felt would be a useful impetus to drive this review process forward.

The College was asked to provide additional documentation to address concerns in this area; this information was subsequently received in response to the correspondence included as Appendix 3. In the event of financial constraints, The Team were advised that the College would continue to prioritise the implementation of its BST and HST programmes and that the development of a College examination would be delayed. However, the College anticipates that, once established, the examination would be self-financing.

The Team noted the College's interaction with the other training bodies in Ireland *via* the College's involvement with the Forum of Irish Medical Postgraduate Training Bodies. The Team also welcomed confirmation from the College that it has developed individual relationships with other training bodies such as the Irish College of General Practitioners to discuss overlaps in training and to collaborate on the development of modules, particularly in the area of e-learning.

The Team noted the determination of the College to further develop its interaction in the undergraduate arena. The current opportunities for student membership of the College and the recent approval of psychiatry as an intern rotation were seen by the Team as being very positive developments in this area. In addition, the Team noted the continued high profile of the 'Spike Milligan Public Speaking Competition' which has raised the profile of mental health issues with medical students and the public alike.

Given the nascent status of the College, the Team were keen to gauge the level of involvement of the psychiatric community and educationalists in the development of the College. Additional evidence was sought and received from the College in support of Council's expectation that the College would draw upon such expertise in the furtherance of the College's aims and objectives. The Team felt that the College should seek to increase the contribution of the wider psychiatric community and this point is made with direct reference to the possibility of the College's objectives being hindered by relatively low levels of staff and other resources.

2) THE OUTCOMES OF THE TRAINING PROGRAMME

Standard (2) incorporates the following elements:

2.1 PURPOSE OF THE TRAINING ORGANISATION

2.2 GRADUATE OUTCOMES

Under discussion of the standards relating to graduate outcomes, the Team noted that no formal exit assessment exists at present for trainees who are due to complete their higher specialist training. Progression through training and, ultimately, award of a CSCST is dependent upon the combination of the assessment of a trainee's logbook, sign-off sheets, periodic assessments and meeting with a National Training Scheme Co-ordinator. The College are currently developing a formal exit assessment at HST level which the College intends to be seen as an exemplar. The Team noted the College now has a tracking database for trainees which could be used to analyse the performance of its trainees in the UK exams. This data could be further analysed to compare the relative success in the UK exams of trainees from diverse cultural backgrounds. Ultimately, any relevant information gathered should be considered as an opportunity to address any imbalances in this area.

3) THE EDUCATION AND TRAINING PROGRAMME - CURRICULUM CONTENT

Standard (3) incorporates the following elements:

- 3.1 CURRICULUM FRAMEWORK
- 3.2 CURRICULUM STRUCTURE, COMPOSITION AND DURATION
- 3.3 RESEARCH IN THE TRAINING PROGRAMME
- 3.4 FLEXIBLE TRAINING
- 3.5 THE CONTINUUM OF LEARNING

The Team appreciated the high level of detail provided by the College in its *Basic Specialist Training* Blueprint. This document very clearly described the core competencies around which the College's new curriculum was based. The document also set out very clearly the BST training pathway, syllabus, assessment methods and the programme learning outcomes. However, the Team were very concerned that the material which had been provided by the College in relation to higher training, and which had been reviewed by the Team, was largely obsolete and due to be replaced by a forthcoming document, similar to the BST document. The Team felt that, although the material which had been provided by the College in the *National Higher Training Scheme Training Handbook January 2010* provided assurance that HST training was being delivered to high standards, full approval of the Programme in General Psychiatry should be contingent upon receipt and full review of the updated document.

The Team noted that the College is fully supportive of trainees who may wish to avail of flexible training opportunities. The College confirmed that every trainee who has requested flexible training has been accommodated and the College has negotiated with the HSE and individual training sites to support each trainee in this regard.

4) THE TRAINING PROGRAMME - TEACHING AND LEARNING

The Team were satisfied that the College is committed to delivering specialist training which is practice-based and ensures personal participation by trainees, with an increasing degree of independent responsibility appropriate to trainees' skills, knowledge and experience. The College should ensure that the degree to which this commitment is realised at different sites and between different schemes is monitored, and that corrective action is taken where necessary. This issue is further explored in this report under 8) *Implementing the Training Programme – Delivery of Education Resources*.

5) THE CURRICULUM - ASSESSMENT OF LEARNING

Standard (5) incorporates the following elements:

- 5.1 ASSESSMENT APPROACH
- 5.2 FEEDBACK AND PERFORMANCE
- 5.3 ASSESSMENT QUALITY
- 5.4 ASSESSMENT OF SPECIALISTS TRAINED OVERSEAS

Following discussion of the documentation provided in relation to feedback systems and taking into account the observations of some of the trainees who were interviewed, it was felt that the College should seek to formalise the process by which feedback from trainees is received, reviewed and actioned where appropriate. In addition, this process should be fully communicated to trainees so that feedback is viewed as an opportunity to implement change and to improve the training experience for current and future trainees.

The Team discussed the College's submission in the context of underperforming trainees and the processes by which such doctors would be identified and then supported through programmes of remedial action. The Team were satisfied that the College is committed to addressing potential issues at the earliest possible opportunity as this allows the greatest scope

for successful remediation. However, the College should seek to ensure that trainers are fully supported to achieve consistency in their assessment of trainees. In addition, the College should be encouraged to quality assure this process on an ongoing basis to ensure consistency and defensibility of decisions. The College should also consider a mechanism whereby feedback from such an ongoing quality assurance process could be used to strengthen activities in this area.

6) THE CURRICULUM - MONITORING AND EVALUATION

Standard (6) incorporates the following elements:

- 6.1 ONGOING MONITORING
- 6.2 OUTCOME EVALUATION

With reference to attrition rates, the Team noted the relatively small percentage of trainees who proceeded to HST training and were keen to raise this issue with the College. Such attrition rates would seem to indicate an inefficient use of manpower and resources and also carry with it a risk of affecting trainee morale. The Team were advised that the current 'bottleneck' ratio of 1.5:1 was consistent with the HSE's expectations in this area. However, the purpose of specialist training is to produce specialists and *not* to fill consultant posts; there is and should be a difference between these two aspirations.

7) IMPLEMENTING THE CURRICULUM – TRAINEES

Standard (7) incorporates the following elements:

- 7.1 ADMISSION POLICY AND SELECTION
- 7.2 TRAINEE PARTICIPATION IN TRAINING ORGANISATION GOVERNANCE
- 7.3 COMMUNICATION WITH TRAINEES
- 7.4 RESOLUTION OF TRAINING PROBLEMS AND DISPUTES

The Team noted the process by which prospective trainees apply to the BST and HST programmes. Under discussion of the admission policy, it was not clear to the Team if or how the College is achieving a consistent selection process throughout the thirteen schemes currently in operation. For BST recruitment in July 2011, the College recommended that the BST schemes used the HSE Guide for applicants for NCHD posts in BST (Psychiatry). The use of this Guide is evidence of the College's commitment to streamlining its admissions policy. In addition, the College advised that it was moving towards a central application system and the Team agreed that such a development would also help to mitigate against potential imbalances in this area.

Trainees are well-represented throughout the College's governance structure and have a very strong voice in matters relating to their training. Trainees feel very fortunate to have such involvement in the College and are of the opinion that they receive greater opportunity to effect change than is perhaps the case in other training bodies. Professor Greg Swanwick and Ms. Liz Kavanagh were singled out by the trainees for facilitating trainee involvement in the College and for their dedication to improving the overall trainee experience with the College. Trainees were unclear whether trainee involvement in certain committees was largely due to historical factors or *via* terms of reference. The College should seek to clarify this issue for trainees.

In relation to attendance at meetings by trainees and the opportunities afforded to trainees on different schemes, the Team noted a *de facto* bias towards Dublin-based trainees. The College should address this geographical issue as part of its commitment to standardising the training experience in all schemes. The Team were informed that, in addition to inputting directly into the development of the HST blueprint, the College's new examination and the College's e-learning tools, trainees had developed a Summer scheme for medical students. The trainees

should be commended for this initiative as it further supports the interaction of the College with the undergraduate arena.

8) IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES

Standard (8) incorporates the following elements:

8.1 SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS

8.2 CLINICAL AND OTHER EDUCATIONAL RESOURCES

The Team noted the potential for inconsistency in relation to the selection, support and quality assurance of trainers. The College confirmed that all trainers are approved by the College but that it has not established specific criteria by which such individuals would be assessed for suitability. The College should establish these criteria at the earliest possibility and develop a system whereby all individuals with responsibility for assessing the development of trainees are provided with the same training and supports. In recognition of the impact which individual trainers have on the overall training experience, the College should be supported in its attempts to secure funding and to have protected time reflected in the work schedules of trainers by the HSE / other employers.

Under discussion of the process by which the College accredits clinical sites for the purposes of specialist training, the Team noted that the College has placed considerable emphasis on the quality assurance of such sites for both BST and HST accreditation. The principles and standards by which such quality assurance activities are undertaken were evident to the Team but the specific process being applied throughout was not. The College has previously placed conditions on the approval of training sites and on occasion, has removed accreditation from training sites. The College should seek to clarify this process and in addition, confirm the relevant escalation points or concerns which would lead to a training site being brought to the attention of the Medical Council. The College acknowledged that it had not previously considered notifying Council of concerns it held in relation to sub-standard training sites and confirmed that consideration would be given to a mechanism by which Council would automatically be alerted to concerns relating to patient safety or quality of training at a site.

In addition to accrediting individual training sites, the College should seek to redress any imbalances between training schemes. Trainees identified 'protected teaching', 'level of supervision' and 'regular feedback / assessment' as being the most valued elements of training in any particular scheme and the College acknowledged the degree to which the delivery of these elements can vary between schemes. The role of individual consultants was seen as being crucial in this area. When the issue of imbalances between schemes was raised with trainees, the Team were concerned at the perception that certain schemes were likely routes to higher training with the corollary that involvement in other training schemes was less likely to lead to higher training opportunities. The Team was concerned that such imbalances between schemes might reflect differences in quality of training. The team therefore felt that the College should fully develop the process by which it assures itself, its trainees and the public of the consistency of its schemes and the quality of outcomes. The College advised that it fully intends to merge certain training schemes to address concerns in this area.

9) CONTINUING PROFESSIONAL DEVELOPMENT

Standard (9) incorporates the following elements:

9.1 CONTINUING PROFESSIONAL DEVELOPMENT PROGRAMMES

9.2 RETRAINING
9.3 REMEDIATION

Under discussion of this element of Council's accreditation standards, the Team noted that the College of Psychiatrists of Ireland has already entered into arrangements with the Medical Council under Part 11 of the Medical Practitioners Act 2007 in relation to the establishment of Professional Competence Schemes. The Team also noted that the College was committed to developing processes to respond to requests from the Medical Council for retraining and remediation of doctors.

END REPORT

Report approved by Council 26th January 2012

D. Appendices

Appendix 1 Agenda



Comhairle na nDochtúirí Leighis Medical Council

**The College of Psychiatry of Ireland
Accreditation Session, Kingram House
28th July 2011**

Accreditation Team

Professor William Powderly (Chairperson, Council Member)
Professor David Barlow (External Assessor)
Dr Josanne Holloway (External Assessor)
Ms Angela Carragher (External Assessor)
Dr Peter Cantillon (External Assessor)
Dr Dermot Power (External Assessor)

Agenda

9.30- 10.00am	Initial accreditation team discussion
10.00-11.30am	Review of documentation specifically relating to the Body
11.30-11.45am	Break
11.45-1.00pm	Review of documentation specifically relating to the Programme
1.00-1.30pm	Lunch
1.30-2.30pm	Meeting with Trainees
2.30-4.30pm	Meeting with College Representatives
4.30-5.00pm	Private session
5.00-5.15pm	Clarification Session with College Representatives

Notes in relation to the Agenda

- The initial team discussion will provide an opportunity for the team to introduce themselves, decide on issues which individual team members may wish to raise with the College or its trainees.
- For scheduling purposes, the proposed discussions regarding the College and its programmes have been listed separately. However, due to the interrelated nature of some elements of Council's postgraduate accreditation standards, the team may choose to combine these discussions into a single session.
- At the outset of the 2.30pm session, the College will be given an opportunity to update the team on any issues which they feel may be relevant to this activity and which have not already been raised as part of the College's original submission to Council. Following this brief update, the team will have an opportunity to discuss in private any issues which have been brought to their attention by the College.
- The clarification session will provide an opportunity for the Chairperson to confirm the next steps in the accreditation process (consideration at PDC level, then Council etc). This stage will also be an opportunity for the team to provide limited feedback to the College.