



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 Faculty of Paediatrics and the Programme of Specialist Training in General Paediatrics**

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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](http://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 Faculty of Paediatrics on the 10<sup>th</sup> October 2012. Council's remit was to assess the College, and the Programme of Specialist Training in General Paediatrics against the '*Medical Council Accreditation Standards for Postgraduate Medical Education and Training*' (approved 1<sup>st</sup> June 2010) and to subsequently formulate a recommendation in respect of each to the Medical Council's Professional Development Committee (PDC).

### **2. The Team**

The Medical Council Accreditation Team is listed in Appendix 1 of this Report. The Council particularly appreciates the contribution of external assessors Dr Simon Newell, Dr Hemal Thakore, Professor Peter Cantillon and Professor Dermot Power; they brought additional expertise in quality assurance of medical education to the accreditation process, and the Medical Council very much appreciates their contribution.

The Medical Council also thanks the representatives from the Faculty of Paediatrics for their co-operation. 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 Faculty was asked to complete and document a self-evaluation process based upon the '*Medical Council Accreditation Standards for Postgraduate Medical Education and Training*' (approved 1<sup>st</sup> June 2010). In addition, the Faculty 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 3 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 representing the different stages of training in General Paediatrics and an in-depth discussion between the Team and representatives from the Faculty.

### **5. Appendices**

The agenda for the Accreditation Session is attached as Appendix 1. Relevant correspondence with the Faculty is attached as Appendix 2. The accreditation standards which were applied throughout this process are attached as Appendix 3.

### **6. The Report**

The '*Medical Council Accreditation Standards for Postgraduate Medical Education and Training*' formed the basis of the evaluation of both the Faculty and the Programme of Specialist Training in General Paediatrics; the observations, comments and recommendations contained in this Report are grouped under the relevant section of these standards.

## B. Summary and General Assessment

### 1. Conclusion and Main Recommendations to Professional Development Committee

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

- 1. The Programme of Specialist Training in General Paediatrics** should be approved by Council 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 five years from the date of approval by Council.

- 2. The Faculty of Paediatrics** should be approved by Council 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 Paediatrics approved under 1. above. This recommendation is made on the grounds of the Faculty of Paediatrics' 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, with the caveat of the condition as set out below.

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

### 2. Priority Recommendations to the Body

The Team makes ten priority recommendations to the Faculty of Paediatrics as follows:

- (a) The Faculty should provide the Medical Council with details of the specific anticipated impact of the RCPI Exemplar Programme on the Faculty and the Programme.
- (b) The Faculty should ensure that opportunities for trainees to become involved in the governance of their training are well signposted.
- (c) The Faculty should seek to increase the level of lay involvement within its governance structures.
- (d) The Faculty should provide the Medical Council with a full copy of the Professor Norcini report
- (e) The Faculty should provide the Medical Council with details of its engagement with patient and community groups, and examples of how these engagements have contributed towards quality improvements within the Faculty.
- (f) The Faculty should provide the Medical Council with a significant update in relation to the review of the Registrar Training Programme.

- (g) The Faculty should investigate a means to support trainees who have indicated a geographical training preference.
- (h) The Faculty should ensure that the use of Multisource Feedback is not confined to the assessment of underperforming trainees.
- (i) The Faculty should ensure that an appropriate and independent focus is placed on the assessment of trainees, trainers and training sites.
- (j) The Faculty should provide the Medical Council with a progress report in relation to the quality developments arising from examination reviews.

### **3. Other Recommendations to the Body:**

- (a) The Faculty should document the outputs of its collaborative relationships, both within and outside the State.
- (b) The Faculty should ensure that its multidisciplinary ethos is fully reflected in Faculty documentation and training literature.
- (c) The Faculty should continue to engage with the Health Service Executive to influence the number of consultant opportunities for trainees.
- (d) The Faculty should continue to ensure that trainees availing of research opportunities continue to develop a broad set of competencies.
- (e) The Faculty should consider the introduction of a formal career advisory service for trainees.
- (f) The Faculty should continue to ensure that 'standalone' training posts in BST are providing similar experience to other BST posts in Paediatrics.
- (g) The Faculty should continue to ensure that assessment methods are robust and capable of identifying underperformance at the earliest opportunity.
- (h) The Faculty should update Council in relation to the quality review of admission and selection policies.
- (i) The Faculty should update Council in relation to the development of a trainer competency framework.
- (j) The Faculty should ensure that trainees receive a consistent induction at each training site.
- (k) The Faculty should clarify the impact upon the recognition of training completed at training sites from which approval has been withdrawn.

#### 4. Commendations:

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

- (a) The contribution of the trainees who met with the Team and whose professionalism reflected very well on the Faculty.
- (b) The professionalism demonstrated by the Faculty, both during the self-evaluation stage of the process and also throughout the accreditation meeting.
- (c) The high quality of the documentation which was submitted by the Body as part of the accreditation process.
- (d) The integration of the Medical Council's *'Eight Domains of Good Professional Practice'* into the training programme.
- (e) The commitment to hosting the 2014 Annual Scientific Conference on behalf of the European Society for Paediatric Endocrinology.

#### 5. Recommended Further Action:

Ongoing engagement with the Faculty will be a key part of this quality assurance process. In support of this process, the Faculty 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 content of the submission which described the establishment of the Faculty, its stated aims and full range of responsibilities which includes promotion of the highest standards within the discipline of Paediatrics, and acting as principal advisor to national stakeholders on matters relating to Paediatrics.

The Faculty operates within the wider structure of the Royal College of Physicians of Ireland as one of six constituent training bodies. Each training body has access to a number of shared resources including operational, administrative, financial and educational resources. The RCPI is constituted in such a way that its Council and core committees include representation from the training bodies. Based on the information provided by the Faculty, and the many references to the RCPI within the document, the Team were unclear of some of the boundaries between the Faculty and the RCPI in relation to strategy development, ownership of intellectual property and financial autonomy. The Team agreed that it was important that the Faculty's independence as a training body, and the associated responsibility to meet the Medical Council's standards in this area, is supported by an appropriate degree of authority and autonomy. The Team recognised that there are likely to be advantages to the Faculty's current arrangements with the RCPI, but agreed that these advantages must be underpinned by a clarification of boundaries, responsibilities and independence. The Faculty acknowledged that certain aspects of these governance arrangements could be strengthened and this had led to the recent development of the Faculty's Education and Training Committee. It was acknowledged that the above issues are likely to be common to each of the six training bodies operating within the RCPI structure. The Team recommended that the Medical Council clarifies the Faculty's arrangements with the RCPI, in order to clarify the Faculty's autonomy and accountability as a training body. *[Note entered Sept 2013: The Medical Council engaged with the Royal College of Physicians of Ireland in March 2013 to evaluate the suitability of the governance arrangements in place between the College and its constituent training bodies, and to address any related concerns arising from the accreditation process. Following this engagement, the Medical Council agreed that current governance arrangements are satisfactory, and meet Council's expectations of training bodies in this area. This decision led to the removal of a common governance-related condition which had previously been attached to approval of the Faculty].*

The Team discussed the range of committees operating within the Faculty and were satisfied that the range of committees was sufficient to provide appropriate focus to the Faculty's key objectives. Based on the documentation provided, the extent to which trainees are facilitated to contribute towards the development and direction of the Faculty through committee membership was not immediately evident to the Team. As the 'consumer' of specialist training,

the Team agreed that trainee inputs in this area are invaluable and must be reflected accordingly in Faculty governance arrangements.

This issue was raised with both the Faculty and the trainees who met with the accreditation team. From the Faculty's perspective, trainees contribute enormously to the overall quality assurance of training, and this contribution is always encouraged and facilitated. While this was not fully evident from the documentation, the trainees confirmed that their opinions are always valued and that there are number of routes through which they can contribute. The Team were updated on the proposal to establish a trainee committee, which was suggested by the trainees themselves, which will formalise the current arrangements, and which will report to the Education and Training Committee. The trainees felt that this was evidence of the high value which is placed on their views, and this was acknowledged by the Team. The Team agreed that the Faculty should ensure that opportunities for Faculty involvement are fully sign-posted for the benefit of all trainees, and that the importance of trainee involvement is documented in the Faculty's training literature.

The Team were of the opinion that there were opportunities for the Faculty to increase the lay representation within its committee structure as such externality is a key component towards ensuring that Faculty and programme development is fully reflective of the views of key stakeholders, including patients and the public. The Faculty acknowledged that there was room to strengthen committee membership in this way.

The Faculty has established a significant number of collaborative relationships, both within and outside the State, through which the Faculty is involved on an ongoing basis in the development of the discipline of Paediatrics. The Team agreed that the Faculty should document the full range of outputs of these collaborations, for the benefit of the Faculty itself, its members and other stakeholders including the Medical Council.

Specialist training in Paediatrics incorporates a basic training (BST) and higher training (HST) element. There is also an opportunity for trainees to access a Registrar Training Programme (RTP) in instances where HST entry criteria have not yet been met, or where trainees have otherwise been unsuccessful in their application for a HST training post.

As part of the Faculty and RCPI's ongoing commitment to the quality assurance of its training programmes, Professor John Norcini of the FAIMER Institute was commissioned to undertake a full review of the Membership examination in General Medicine (MRCPI). While this review was not undertaken with a specific focus on the Faculty's examinations, the recommendations contained within Professor Norcini's report are being reviewed to support the development of the Faculty's examinations. The Team agreed that the Faculty should provide Council with the full Professor Norcini report, as a prime example of how RCPI-wide initiatives can be of specific benefit to its constituent training bodies, including the Faculty of Paediatrics.

The Team discussed the frequent reference within the Faculty's submission to the RCPI Exemplar Programme. The Exemplar Programme is a series of initiatives being undertaken on a College-wide basis which will drive significant positive change throughout the RCPI and its constituent training bodies. It was acknowledged that it may take a number of years to fully assess the impact of these initiatives; however, the Team recommended that the Faculty confirm with Council the specific impact which it is anticipated the Exemplar Programme will have on the Faculty and its training programmes.

Under discussion of the information provided by the Faculty in relation to the requirement for training bodies to operate within an environment of continuous renewal, the Team noted the recent development of the Diploma in Leadership and Quality in Healthcare. This was viewed by the Team as being the main evidence of the Faculty's commitment towards promoting a



multidisciplinary ethos. The Team felt that while such an ethos was undoubtedly promoted and nurtured by the Faculty, it was not fully reflected in their submission. The Faculty should continue to promote a multidisciplinary outlook throughout all of its activities, and ensure that this is accurately reflected in training literature and other Faculty documentation.

## **2) THE OUTCOMES OF THE TRAINING PROGRAMME**

Standard (2) incorporates the following elements:

### **2.1 PURPOSE OF THE TRAINING ORGANISATION**

### **2.2 GRADUATE OUTCOMES**

The Team were satisfied that the purpose of the Faculty, as reflected in the objects of the Faculty, demonstrates an appropriate commitment to the promotion and development of Paediatrics. As mentioned earlier in this report, the Faculty collaborates and engages with a wide range of stakeholders on an ongoing basis, and these engagements help to shape the development of the Faculty and its training programmes. However, the Team were concerned at the absence of any reference to engaging with patient and community groups. The Team agreed that inputs from these stakeholders should be systematically sought and considered at committee level, and are of particular significance within the discipline of Paediatrics. It was acknowledged that it may have been the case that the documentation did not accurately reflect engagements in this area. For this reason, the Faculty should be asked to provide Council with details of engagements with community and patient groups, and provide some examples of how these interactions are contributing towards quality improvements within the Faculty.

The Team noted with interest the information provided regarding the academic partnership being considered between the RCPI and Trinity College Dublin (TCD) in relation to a Clinical Scientist Programme. RCPI is also supporting TCD on a research project to identify the key determinants and outcomes of the work experience of doctors during the course of BST, and the implications of this experience for doctors' long-term careers. The RCPI should be requested to provide Council with further details on these collaborations which were viewed by the Team as evidence of a significant commitment by RCPI, and its constituent training bodies, to raising standards in medical training and practise.

The Team discussed the information provided in relation to defined graduate outcomes, and the requirement for these outcomes to be appropriate to the nature of each discipline, and to the role of doctors in the delivery of care in these disciplines. At HST level, trainees are expected to achieve a range of competencies, as indicated in the HST curriculum. In order to achieve these competencies, trainees are required to complete a range of procedures, with each trainee required to complete each procedure a number of times. The Team would encourage the Faculty to impress upon trainees the need to focus upon competencies, and that the completion of a certain number of procedures does not necessarily infer that a particular competency has been achieved. In addition, the Team were agreed that the completion of a minimum number of procedures must also be validated by an assessment of the patient outcomes linked to those procedures.

The Medical Council's '*Eight Domains of Good Professional Practise*' are firmly embedded in the Faculty's delivery of training and the programme curriculum. The Team agreed that such an explicit reference to Council's Domains was both appropriate and noteworthy.

Under discussion of the requirement for training bodies to publish information on graduate outcomes, the Team noted that the Faculty are not currently compliant in this area. However, there are a number of recent developments which will enable to Faculty to meet this

requirement shortly. The RCPI's ICT Strategy will support each of its six training bodies to capture, measure and interpret data relating to graduate outcomes. A dedicated research function was established within the RCPI in 2011 and a key priority of this function will be to measure graduate outcomes. Another significant development has been the introduction of the RCPI ePortfolio, an online portal which trainees and trainers will use to maintain records of training and assessments. The above research and IT developments will greatly support the Faculty's requirements 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

Specialist training in Paediatrics comprises a BST and HST component, and some trainees may also elect, or be required, to complete a period of training on the RTP in order to progress to the HST stage. The Team discussed the structure and operation of the RTP stage which allows successful applicants a maximum of two years of training. This training can be accrued as training credit against HST requirements at a ratio of 6 months credit per year spent in the RTP. The Team noted that for the 2011-12 training year, there were 18 trainees on the RTP, a figure which was viewed as being relatively high in comparison to the numbers in training at other stages of the programme. The Faculty confirmed that these high numbers were due to the lack of competition for RTP posts in 2010, the first year of the programme. The trainees who met with the Team confirmed that it was the overall view of trainees that the introduction of the RTP was a positive development. However, the trainees confirmed that, due to MRCPI examination timing issues, some trainees were unable to apply directly for a HST post as MRCPI is one of the entry requirements for HST posts. For these trainees, the RTP was a means to continue in structured training pending completion of the MRCPI examination. The Faculty acknowledged that there are opportunities to review the timing of examinations, and confirmed that a number of other quality improvements in this area were being considered as part of an overall review of the RTP. The Team recommended that the Faculty provides Council with regular updates in relation to their RTP review.

In terms of numbers accessing training, and the maximum capacity within the existing training framework to accommodate trainees at different stages of training, the Team discussed the mismatch between the numbers of HST and BST posts. The Faculty is understandably keen to maintain a competitive aspect to the HST application process. However, the Team were concerned that an annual cohort of doctors who have met BST exit criteria and therefore successfully completed BST, are nevertheless in the unenviable situation of having no further training opportunities available to them. The Faculty should clarify what role, if any, it has in supporting these doctors to continue their medical training and careers.

The Team discussed the need for specialist training programmes to be aligned to service requirements, and the importance of trainees being fully prepared to fill consultant posts on completion of training. While consultant post availability is not within the Faculty's gift to determine, the Team agreed that the Faculty had a responsibility and an obligation to continue to engage with the HSE to influence the number of consultant opportunities available.

During the course of general discussion with trainees about their overall training experiences, and the quality of training at the different stages of training, the trainees highlighted their perception that the later years of HST were weaker in structure and content than BST and early HST. The early stages of HST are dedicated to completing core curriculum requirements, while the later stages are less prescriptive, and allow for a degree of inconsistency in the training experiences of doctors. However, the trainees confirmed that the Faculty had made significant improvements in this area recently, and had committed to continue to strengthen the HST experience.

Research, and formal learning about research methodology, is actively encouraged by the Faculty. Research courses are mandatory for all BST and RTP trainees, and further research training is available on a non-mandatory basis for HST trainees. At HST level, it is Faculty policy to encourage trainees to pursue prospectively-approved research opportunities. Trainees who express an interest are encouraged to pursue several years of training leading to an MSc, MD, or PhD. A maximum of one year's training credit towards HST requirements can be accrued through the completion of approved research. The Team agreed that the completion of research may lead to the development of a particular set of competencies; however, the Faculty should continue to ensure that trainees availing of research opportunities are developing the full range of competencies required to operate as independent, specialist practitioners.

The Team noted the Faculty's commitment towards supporting those trainees who may wish to avail of flexible training opportunities. These opportunities are accessed through the Health Service Executive (HSE) Flexible Training Scheme. The Team agreed that this explicit commitment to supporting trainees who may wish to avail of less-than-full-time training was commendable. The Team would encourage the Faculty to ensure that these opportunities are well sign-posted for trainees, and can be discussed with individuals who are not directly involved in their training. The Team felt that it was important for advice and opinion in this area to be provided independently of any service delivery concerns. The trainees indicated to the Team that the flexible training arrangements did not provide an opportunity for trainees to indicate their geographical preference for posts, in a way which might support family or other commitments. While acknowledging the obvious logistical challenge which this would present, the Team would encourage the Faculty to investigate opportunities to support trainees in this way.

Following the discussion in relation to flexible training, the Team discussed the role with training bodies to advise trainees on career development, and where appropriate, career alternatives. The trainees confirmed that there was no formal or structural career guidance on offer throughout training. However, depending on individual relationships between trainers and trainees, such advice is often available. The Team agreed that the Faculty should consider the introduction of a formal career advisory service, a service which may be best supported by individuals without formal ties to the Faculty.

The Team noted the Faculty's commitment towards ensuring a continuum of education and training which supports doctors as they progress and develop towards the competence to practise as specialist doctors. The Faculty is well-represented in each of the six medical schools in the State, and it was noted that the RCPI is seeking to formalise its relationships with medical schools. The Faculty also benefits from the ongoing engagement between the RCPI and the HSE in the promotion of training opportunities within the RCPI structure to undergraduates and interns. The Team noted that the Dean of the Faculty, Professor Hoey, is due to host a 2014 Annual Scientific Conference in Dublin on behalf of the European Society for Paediatric Endocrinology. The Team agreed that these arrangements reflected well on the Faculty's commitment towards international collaboration and leadership within the discipline of Paediatrics.

#### **4) THE TRAINING PROGRAMME - TEACHING AND LEARNING**

The Team were satisfied that the Faculty is committed to delivering specialist training with an appropriate emphasis on clinical experience, personal participation and patient care. Trainees are facilitated to accept increasing responsibility as they progress through training, and the Faculty's supervisory and assessment arrangements are structured in a way to protect patients and support trainees. Specialist training in Paediatrics is delivered through structured rotations, across a number of approved clinical sites, in a manner which enables trainees to meet the requirements of the training curriculum. The subspecialty interests of trainees are supported where possible from the third year onwards within HST.

The Team noted that there are a number of standalone posts still existing in Paediatrics BST and time spent in these posts is recognised towards BST certification. The Team were uncertain what the Faculty's future intentions for these posts are but while trainees are receiving credit for time spent in these posts, the Faculty should continue to ensure that all trainees are receiving a consistent degree of supervision, clinical exposure and overall training quality.

The training programme incorporates a mix of generic and specialty-specific components, and the development of competencies is referenced against the Medical Council's *'Eight Domains of Good Professional Practice'*. As mentioned earlier in this report, this reference to the Eight Domains is commendable.

#### **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

The Faculty assesses trainees using a range of summative and formative assessment methods. Formative methods include the use of the recently-introduced ePortfolio, and a number of workplace-based assessment methods including Directly Observed Procedural Skills (DOPS), Case-Based Discussions and Multi-Source Feedback (MSF). The Team acknowledged that it is quite common for MSF to be used *solely* to assess doctors who have been identified as being a cause for concern or in need of remediation. The Team strongly encourages that the Faculty expands its use of this valuable assessment tool to support the Faculty's overall assessment strategy, and to protect underperforming trainees from being identified through its use.

There are a number of summative assessments in use throughout the programme including quarterly/end-of-post assessments, annual assessments and a penultimate year assessment (PYA). The PYA occurs before entry into the final year of HST training and is attended by the trainee, trainers, the National Specialty Director (NSD) and importantly, an external assessor. The PYA is a crucial assessment as it clarifies any gaps in training which need to be addressed by the trainee in their final year. External assessors are usually identified within the UK and are selected on the basis of having sufficient experience of specialist training in Paediatrics to be able to identify training shortfalls or competencies which need to be further developed. The Team agreed that it was essential for trainees to be given an opportunity to address training deficits, but queried whether in all cases there was enough time for trainees to address these deficiencies, or for the Faculty to introduce remedial measures, at this late stage of training.

Pursuing this concern with trainees, the Team were advised that it was the trainees' perception that the PYA was the most significant assessment during their training, and this perception was validated by the involvement of external assessors. The trainees observed, and this was agreed by the Team, that other assessment methods utilised by the Faculty are being used to simultaneously appraise trainees, trainers and training sites. The Faculty should ensure that its obligations to separately evaluate trainees, trainers and sites are fully supported by distinct assessment processes.

A key summative assessment, the Membership Examination (MRCPI) for Paediatrics, is taken in three stages. The Team noted the very low pass rates over the last number of sittings of Part 1 of the examination, averaging 33% based on the last four sittings of the Part 1, as per the documentation supplied. The Faculty acknowledged these figures and updated the Team that a number of quality improvements have been made, including a change to the format of the examination and a greater availability of preparatory courses. The timing and operation of the MRCPI examinations are being reviewed, including the positioning of the examinations within the training programme. The Faculty are considering a number of options in this area, including the re-positioning of the MRCPI as an exit requirement for BST certification, as opposed to an entry requirement for HST. These options will be examined as part of an overall review of the effectiveness and operation of examinations within the RCPI. This review will be supported by the findings of Professor John Norcini who, as mentioned previously, was commissioned to conduct a review of the general medicine examinations in 2011. The Team agreed that the Medical Council should be kept informed of developments in this area, and this could be done through the Medical Council's annual return process.

The Team acknowledged that an Assessment Strategy Development group was established in 2011 to focus on the quality assurance of assessment methodologies within the RCPI, including those in use by the Faculty. The Team agreed that assessments must be appropriate to the discipline being assessed and the focus of the Faculty's assessment approach must be to measure competencies.

In addition to the scheduled, regular assessments which are described above, the Faculty are committed to monitoring and supporting trainees on an ongoing basis. A significant development within the RCPI and the Faculty which greatly supports this monitoring is the aforementioned ePortfolio. As the ePortfolio fully embeds into the training experience, the opportunities for intervention and mentoring will increase. Concerns which are identified through assessments are recorded by trainers and escalated as appropriate. The nature of the concerns will dictate the appropriate action to be taken, some of which may take the form of corrective feedback, whereas others may require a more formal approach. The relationships between trainees and those involved in the delivery of training was identified by the Team as being a crucial determinant of the effectiveness of the monitoring and feedback structure.

Formal annual assessments are held with trainees at all stages of training. Where issues have been identified relating to underperforming trainees at HST, the resultant process is the PeTRA (Progression in Training and Record of Assessment) System. On completion of the annual HST assessment, the assessment panel issues one of four possible PeTRA forms. Based on the information provided by the Faculty, the Team were surprised that none of the HST trainees in the 2011/2012 training year were in receipt of a PeTRA form which indicated underperformance. When raised with the Faculty, the Team were advised that this reflected on the high calibre of the trainees. While the Team did not doubt that this was the case, the Faculty are encouraged to ensure that assessment methods continue to be robust and capable of identifying underperformance in trainees at the earliest opportunity.

The Team noted that there is a process in operation whereby the Faculty assists the Medical Council in determining eligibility for entry to the Specialist Register for doctors who have

completed specialist training outside the European Union. Such assessment arrangements between the Medical Council and postgraduate training bodies are under review to ensure that a standardised approach is adopted in all cases; however, the Team were satisfied that the Faculty is already meeting its obligations in this area.

## **6) THE CURRICULUM - MONITORING AND EVALUATION**

Standard (6) incorporates the following elements:

### **6.1 ONGOING MONITORING**

### **6.2 OUTCOME EVALUATION**

The Faculty is committed to an ongoing quality assurance regime to ensure that each aspect of the support and delivery of specialist training remains fit-for-purpose. The curriculum is reviewed on an annual basis by the Associate Dean of BST and the National Specialty Directors for RTP and HST. This review is conducted in tandem with the RCPI's Education and Professional Development section. Once the proposed changes have been approved by the Specialty Training Committee (STC) and ratified by the Faculty Board, the revised curriculum is circulated to trainers and trainees.

The quality of teaching and supervision is assessed by the Faculty on a regular basis in a number of ways. The RCPI policy, which applies to the Faculty, is that all educational courses are required to be fully evaluated. The feedback and outcomes of these evaluations feed directly into the refinement of course content and delivery. The accreditation of training sites incorporates an opportunity for trainees to provide feedback on the quality of training and supervision they have experienced in particular posts. The introduction of the ePortfolio coupled with the RCPI ICT strategy and the development of an RCPI research function, will allow patterns of feedback relating to individual sites, trainers and courses to be fully assessed. As trainees complete training posts, they are asked to complete a confidential 'assessment of post' form. The anonymised feedback in these forms is reviewed as part of the hospital inspections process.

The Medical Council has an expectation of training bodies that those directly responsible for the delivery of training and support of trainees are facilitated to contribute to programme development. There are a number of opportunities for trainers to contribute in this regard, primarily through attendance at curriculum review meetings and through membership of the STC. The Faculty confirmed that, *via* the Exemplar Programme, a series of initiatives aimed at maximising and standardising the input of trainers throughout the programme will be considered. One of the aims of these initiatives is to maximise the opportunities for trainers and supervisors to contribute to the programme.

The Team discussed the opportunities which exist for trainees to contribute towards programme development. The Faculty confirmed that a number of opportunities exist for trainees to contribute in this area, including membership of a number of committees. In addition, all feedback received from trainees throughout the programme is assessed with a view to identifying opportunities for improvement throughout training. The Faculty confirmed that they have identified additional opportunities for improvement in this area, which will be conducted through the Exemplar Programme. These improvements will include a revision of the Faculty's trainee communications policy, and a review of governance arrangements to strengthen trainee involvement in the Faculty and to facilitate additional mechanisms for feedback.

## **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 Faculty confirmed their commitment towards basing admission policies and selection decisions upon principles of fairness and equality, and the policy statements relating to recruitment and selection at BST, RTP and HST are underpinned by this commitment. The Team welcomed this confirmation and were agreed that the Faculty should endeavour to ensure that the operation and application of these policies is as transparent as possible. The Team noted that the entire selection process is entirely managed within a relatively small group of individuals. The Team queried whether there might be an opportunity to broaden the numbers and representation within these panels to provide external oversight of the application of admission and selection policies. The Team noted that the Faculty have already considered this possibility, as part of the RCPI's Quality Assurance Programme. The Team agreed that Council should be kept informed of developments in this area, in addition to other developments within the Faculty's admissions and selection policy.

As mentioned earlier in this report, the Faculty have identified additional opportunities for trainees to become involved in the governance of their training. These opportunities will be explored as part of the RCPI Exemplar Programme.

The Faculty is well-positioned to communicate effectively with trainees. The involvement of trainee representatives at committee level allows for decisions and developments within these committees to be communicated quickly between trainees. The RCPI's online services, which include the RCPI/Faculty website and the ePortfolio, provides a number of additional opportunities to keep trainees up-to-date on matters relating to the Faculty and their training.

The Team discussed the information provided by the Faculty in relation to the processes through which the Faculty addresses training disputes. Where concerns are raised in relation to underperforming trainees, these trainees are supported through remedial activities. All trainees are encouraged to develop a positive working relationship with the designated Paediatrics administrator working within the RCPI medical training team. The administrator is well-positioned to lend perspective on concerns which have been raised, and to escalate concerns as necessary in a confidential fashion. Where remedial activities have not yielded the desired results, the Faculty have developed a grievance policy so that concerns can be addressed in a structured and consistent manner. The Team raised the issue of dispute resolution and remediation with the trainees to ensure that their experiences, perception and understanding of arrangements in this area supported the documentation provided to the Team by the Faculty. It was the trainees' perception that the Faculty is committed to ensuring best practise in this area, and the trainees' experience that their consultants are generally very approachable; however, there was a degree of uncertainty in relation to the formal complaints process. This uncertainty was one of the factors which led to the recent establishment of the Trainee Committee, one of whose goals was to support the introduction of a more transparent complaints process. The Faculty should ensure that their arrangements in this area fully support trainees, and overcome any deterrents to raising concerns which could be faced by trainees experiencing difficulties with senior Faculty representatives.

The Faculty confirmed that they have experienced a very low incidence of concerns or disputes during training, and this is supported by the absence of any PeTRA C1 or C2 forms for the

2011/2012 training year. As mentioned earlier in this report, the Faculty must ensure that these figures cannot be linked to a natural reluctance of trainers and assessors to fail trainees. This reluctance is well-documented throughout medical training in most jurisdictions, and would in no way be unique to the Faculty and its representatives. However, the Faculty must strive to ensure that its trainers are assessing trainees in a robust and consistent manner. There is an obligation on training institutions to intervene in instances where it is felt that trainees are not suitable or safe to practise. Such intervention benefits trainees in the longer term and, more importantly, promotes patient safety.

## **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**

Of the 600 physicians recognised as trainers within the overall RCPI structure, 108 of these trainers are recognised by the Faculty. The Faculty have defined its requirements for trainers, and these requirements provide for trainers to be recognised for BST purposes only, or for all levels of training, depending on which criteria have been met by those trainers. The RCPI's 'Role of the Trainer' document defines the generic role of trainers, and in addition trainers must complete the '*Physicians as Trainers: Essential Skills*' course. The Team agreed that the consistency of trainer inputs throughout specialist training is a key determinant of the overall quality of specialist training and as such, the Faculty must continue to drive quality improvements in this area, from initial selection through to trainer performance through to monitoring of individual trainer effectiveness. The Faculty should also differentiate between its expectations of trainers, National Specialty Directors and other Faculty representatives in a way which recognises the different inputs and responsibilities of these representatives. The Faculty confirmed that, as a result of the Medical Council's accreditation process, a policy document which addresses underperforming trainers has been developed; this update was received very positively by the Team. The Faculty confirmed that both the College and the Faculty are strengthening overall arrangements in this area as part of the Exemplar Programme. The Team recommend that the Faculty provides Council with an update on developments in this area, including the development of the trainer competency framework which the Faculty referred to in its documentation.

There followed a discussion in relation to the development of trainers, and the challenges which are faced by the Faculty and its trainers in the face of ongoing service demands. In many cases, the work schedules of trainers do not reflect the full range of their obligations and commitments as trainers. The Team agreed that the Faculty should be encouraged to continue to research solutions in this area, including the formal reflection of trainer obligations in work schedules. In addition, the Faculty should update Council on the development and implementation of Professor Mary Horgan's 'Trainer Matrix', a mechanism to formalise the responsibility for delivering different instructional activities in the context of a clinical work environment.

The Faculty have defined criteria for recognising clinical sites which support the delivery of specialist training in Paediatrics. These criteria are sufficiently robust to differentiate between sites which should be approved for BST, RTP and HST purposes. Hospital accreditation visits are regular, and the outcomes of these visits can either result in continued accreditation for a fixed period, or removal of accreditation. The Team were advised that those sites which



receive accreditation for the longest periods are predominantly those which place the greatest emphasis on the teaching and training. The Team felt that this was a commendable approach but encouraged the Faculty to continue to strive for consistency between all training sites.

There followed a further discussion in relation to the potential for inconsistencies in many aspects of training between sites. In relation to trainees being asked for their feedback throughout training, and having opportunities to raise any concerns, the trainees reported a large variance in their experiences between training sites. Another example where there were notable differences between sites was in the area of inductions. The trainees advised that certain sites placed a large emphasis on 'stepping out of service' for inductions, while at other sites there was a greater emphasis on inductions being carried out during service commitments. The Team agreed that there should be consistency in this area and that the thoroughness of inductions should be evaluated as part of the Faculty's site accreditation processes.

As has been mentioned earlier in this report, as part of the assessment approach adopted by the Faculty, there are many opportunities for trainees to provide feedback and raise concerns about aspects of the training programme, including the individuals and the training sites which support the delivery of the programme. The trainees advised that training sites have previously had their approval withdrawn as a result of trainee concerns. The Team agreed that in these instances, the nature of the concerns raised may undermine the effectiveness of the training received at those sites. The Faculty should be asked to clarify its policy in this area, and to clarify whether training experience has ever been retrospectively 'de-recognised' as a result of a site losing its accreditation status.

## **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 Faculty 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 (PC Schemes).

## **END REPORT**

## **D. Appendices**

### **Appendix 1- Agenda**



## **Comhairle na nDochtúirí Leighis**

### **Medical Council**

**Faculty of Paediatrics**  
**Accreditation Session, Kingram House**  
**10<sup>th</sup> October 2012**

#### **Accreditation Team**

Dr Anna Clarke (Chairperson, Council Member)  
Dr Hemal Thakore (External Assessor)  
Dr Dermot Power (External Assessor)  
Professor Peter Cantillon (External Assessor)  
Dr Simon Newell (External Assessor)

#### **Agenda**

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