



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 Public Health Medicine and the Programme of Specialist Training in Public Health Medicine**

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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.

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## **A. Preface**

### **1. Context of the Accreditation Session**

The Medical Council Accreditation Team met with the Faculty of Public Health Medicine on the 24<sup>th</sup> April 2012. Its remit was to assess the Faculty and the Programme of Specialist Training in Public Health Medicine against the '*Medical Council Accreditation Standards for Postgraduate Medical Education and Training*' (approved 1<sup>st</sup> June 2010 and revised 25<sup>th</sup> October 2011), 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 Professor David Barlow, Dr Brendan Mason, Dr Colm Quigley and Dr Hemal Thakore. 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 Public Health Medicine 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 Faculty is included in Appendix 3 of this report.

### **4. Schedule**

The accreditation session included a private morning meeting of Medical Council Accreditation Team, a meeting with a number of trainees representing the different stages of training in 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. Correspondence with the Faculty 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 '*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; 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 the 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 Public Health Medicine 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 Public Health Medicine should be approved under Section 89(3)(a)(ii) of the Medical Practitioners Act 2007 as the body which may deliver the Programme of Specialist Training in Public Health Medicine approved under 1. above. This recommendation is made on the grounds of the 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.

### **2. Priority Recommendations to the Body:**

The Team makes six priority recommendations to the Faculty of Public Health Medicine as follows:

- (a) The Body should clarify the scope, timelines and specific anticipated impact of the RCPI Exemplar Programme on the Faculty.
- (b) The Body should seek to develop specific Public Health Medicine educational expertise within the Faculty.
- (c) The Body should prioritise the capture and detailed analysis of data relating to graduate outcomes.
- (d) The Body should provide the Medical Council with a final copy of the programme curriculum.
- (e) The Body should consider the use of 360° feedback as part of the evaluation of trainer performance and effectiveness.
- (f) The Body should take a strong lead in advising trainees of experience deficits and recommending appropriate training posts to address these deficits.

### 3. Other Recommendations to the Body:

- (a) The Body should ensure that its governance structures fully reflect the high value which it places on trainee inputs.
- (b) The Body should clarify the details of the non-governmental agencies and communities groups which are consulted with in order to inform policy development.
- (c) The Body should consider facilitating all Faculty members to complete the Diploma in Leadership and Quality.
- (d) The Body should be consistent in the communication of its policy for recognising periods of training spent overseas.
- (e) The Body should seek to further develop its own individual relationships with providers of undergraduate education.
- (f) The Body should ensure that the range of assessment methods currently employed take full account of the unique elements of training in Public Health Medicine.
- (g) The Body should investigate whether there is an information and communications technology (ICT) solution which would facilitate trainees to participate in Faculty meetings etc.
- (h) The Body should advise Council of the outcome of the Part II membership exam review and the associated timelines for the implementation of changes arising from this review.
- (i) The Body should keep Council informed of progress made in the area of curricula blueprinting and advise of any resultant changes to assessment methods employed by the Faculty.

### 4. Commendations:

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

- (a) The contribution of the Public Health Medicine 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 initiative demonstrated by the Body in supporting overseas training placements.

## **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.

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## 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 noted the information provided by the Faculty in relation to its governance arrangements and were largely satisfied that the structures in place were appropriate and conducive to delivering medical education and training in Public Health Medicine to a high standard. The standing orders and stated aims of the Faculty are very clear, and the range of Faculty committees was viewed by the Team as supporting the necessary focus in key areas.

The Team discussed the stated opportunities for trainees to become involved at senior Faculty level and to contribute to the overall quality development of training in Public Health Medicine. While such opportunities were not immediately apparent to the Team on review of the documentation provided by the Faculty, both the Faculty representatives and the trainees who participated in the accreditation process confirmed that a praiseworthy range of opportunities existed for trainees to engage with the Faculty. At the forefront of these opportunities is the Training Forum, which is unique amongst the six training bodies operating within the RCPI structure. This group has been in existence for five years and is co-chaired by a trainee. The primary focus of the group is to support the introduction of an ePortfolio and also to review entry criteria into the training programme – areas which the Team felt would benefit greatly from the input of trainees. The trainees both recognised and appreciated the unique opportunities afforded by the existence of this group.

The Team agreed that the Faculty may wish to revisit its governance structure to fully reflect the high value which is obviously placed on trainee inputs.

Under discussion of the range of external stakeholders which the Faculty engages with in order to inform policy development and decision-making, the Team were unclear which non-governmental agencies or community groups are currently inputting in this area. External representation appeared to be largely confined to State sub-committees and working groups. Given the nature of Public Health Medicine and the discipline's focus on wider population issues, the Team agreed that the range of State involvement was appropriate and anticipated. However, the Team felt that there were opportunities for the Faculty to broaden its external involvement to engage directly with independent representative groups. The Team agreed that such activity was likely to be already taking place and that the Faculty may simply have omitted to include these details when preparing its final submission to Council.

The Faculty, as one of six training bodies operating within the RCPI structure, is supported by a range of centralised RCPI functions, including Education and Professional Development, Operations, Human Resources and Finance. The Team acknowledged that there were likely to be a number of advantages in such sharing of supports and expertise between training bodies.

In support of the Faculty's commitment to placing a high priority on its educational role in relation to other activities, the Team noted the percentage of RCPI expenditure which is typically allocated to training and educational activities. While the percentage was commendably high, the Team were unclear how these figures related to the Faculty. Under discussion of resourcing, the Faculty confirmed that it does not have access to a devolved budget and that funding requirements are discussed with the RCPI.

The Team agreed that the relatively small size of the Faculty carried with it the potential for Public Health Medicine priorities to be somewhat overshadowed by other RCPI activity. In response, the Faculty confirmed that it was well represented at College level through the Dean of the Faculty, who sits on the College Council. The College representatives who were in attendance at the meeting confirmed that all RCPI training bodies are equally well supported and that there is no question of the level of supports being driven by the relative size of a training body within the broader structure.

The Body were asked to clarify where final authority would rest if the Faculty pursued the development of a policy which was contrary to the policies of other RCPI training bodies. In such circumstances, the Team were advised that such authority rests with the College Council and not with the Faculty.

Following this confirmation, the Team engaged in a wider discussion of the Faculty's independence and autonomy in a more general sense. Given the very close administrative and other ties between the Faculty and the College, the Team felt that the Medical Council should give some consideration to the level of independence, strategic and otherwise, which it expects training bodies to be able to demonstrate in order to meet Council's standards. The Team were of the opinion that the issue of independence was likely to be a recurring theme throughout the accreditation of the six constituent RCPI training bodies. *[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 noted a number of Faculty initiatives which would explore opportunities for improving the overall experience of Public Health Medicine trainees. These initiatives include a review of assessment processes, the development of a new Clinical Scientist Programme, the introduction of a new training manual for trainees, and the rollout of the Exemplar Programme.

In relation to the latter, the Team were keen to explore the scope and associated timelines of the Exemplar Programme, which was referenced frequently throughout the Faculty's submission to the Medical Council. The Team were advised that the Exemplar Programme encompassed a wide range of initiatives which would drive quality improvements throughout the RCPI structure as a whole. The principle and ambition of such a programme was viewed by the Team as being noteworthy; however, in the absence of timelines or indeed details of how the Faculty would individually benefit from these initiatives, it was difficult to fully account for the Exemplar Programme in this accreditation process. Accordingly, the Team recommend that Council engages with the RCPI to clarify the specifics of the Exemplar Programme.

With reference to the development of educational expertise within the Faculty, the Team were keen to explore whether such expertise existed independently of the expertise which was available within the RCPI. The Faculty confirmed that it relied heavily on the shared resources within the College structure in this regard. The Team agreed that it would be advisable for the



Faculty to seek to develop specific Public Health Medicine educational expertise which would reside within the Faculty itself. There are a number of unique elements to Public Health Medicine training which the Team felt would justify such an independent educational focus by the Faculty.

The Team noted the details provided in relation to the Diploma in Leadership and Quality in Healthcare. Given the national and international involvement of the Faculty in matters relating to the development and promotion of Public Health Medicine, and coupled with the low numbers working within the specialty, the Team agreed that it may be appropriate for all Faculty members to complete this Diploma

## **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 Faculty is working within a defined purpose which promotes high standards of practice, training, research and professional development. As mentioned earlier in this report, the Team recommends seeking clarification from the Faculty in relation to its interactions with non-government agencies and community groups. In its submission to Council, the Faculty confirmed that the business plans developed alongside the RCPI Executive fully reflect the stated purpose of the Faculty. The Team queried whether the Faculty are currently using a series of key performance indicators in this area to assess how well individual commitments in this area are being met.

As already mentioned, the Team were satisfied that trainee input is both highly regarded and encouraged by the Faculty and that trainees are well placed to contribute towards policy development, programme and curriculum review etc.

The Team appreciated the information provided by the Faculty in relation to the extent to which the Medical Council's *Eight Domains of Good Professional Practice* have been integrated into the graduate and training outcomes and throughout the curriculum. The Team felt that such explicit reference to these domains was praiseworthy and was a prime example of the Faculty's commitment to the development of its trainees.

The Faculty confirmed that it was not currently in a position to provide a detailed analysis of graduate outcomes and subsequently, such information was not publicly available. However, the Faculty confirmed that, informally, it was very well placed to monitor graduate outcomes, career progression and professional development of Faculty members due to the relatively small size of the specialty. The Team were updated on a number of developments within and on behalf of the Faculty which will drive significant improvements in this area. These include the current RCPI ICT strategy which will consolidate a number of administrative processes into a single data management system. In addition, the RCPI has developed a dedicated research function which will prioritise the measurement of graduate outcomes, along with career progression and attrition rates. The introduction of a new ePortfolio system throughout the RCPI structure will also support the Faculty's obligations in this area. The Team acknowledge that these planned developments represent an expensive commitment by the RCPI but one which will drive significant positive change throughout its constituent training bodies.

### **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 curriculum which was presented by the Faculty was still at draft stage which led the Team to question how productive their analysis of the current document might be, given the potential for amendments to be made to it. The Faculty confirmed that the Public Health Medicine curriculum is reviewed annually in conjunction with the education function of the RCPI. While the current document was at draft stage, it was due back from consultation shortly and no major changes were envisaged. The Team recommends that Council be provided with a copy of the final curriculum once it has been signed off within the Faculty. The Team also recommend that consideration be given to how the Medical Council annual return process, which all training bodies will be required to engage in, might identify significant changes to a curriculum.

The Team noted the entry requirements to Higher Specialist Training (HST) require applicants to have already completed a programme of Basic Specialist Training (BST) or to have completed an approved training course with the Irish College of General Practitioners. Previously there had been a requirement for entrants to have already passed Part 1 of the examination for Membership of the Faculty of Public Health Medicine of Ireland (MFPHMI). This requirement has now been removed and trainees who have not already completed their Part 1 will be supported to complete this exam within the training programme. The RCPI have committed to ensuring that the costs of the membership exam are not borne by trainees and the Team regarded this commitment as being noteworthy.

The Team discussed the extent to which research is incorporated into the training programme and the value placed by the Faculty on research. Trainees are encouraged to undertake structured research throughout their training and the individual research interests of trainees are supported by the Faculty wherever possible. Training in research methodologies is available for HST trainees on a non-mandatory basis. Up to one year's training credit can be accrued by trainees upon completion of prospectively approved research, which the Team felt was appropriate. The Team were disappointed to learn that the National SpR/SR Academic Fellowship Programme had been suspended for the 2012/13 training year due to funding issues. The Faculty confirmed that it was hopeful this programme would recommence for the 2013/14 training year.

Given the low numbers in Public Health Medicine training, the Team were keen to explore the opportunities which existed for trainees to pursue flexible training or avail of interrupted training supports. The Faculty confirmed that it was fully supportive of trainees whose personal circumstances may require them to undertake less-than-full-time training. This issue was also discussed with the trainee who confirmed that, despite the low number of trainees in the programme, they felt fully supported in this area by the Faculty.

The Team discussed the information provided in support of the standard which requires training bodies to support the individual study choices of its trainees, provided that the proposed courses of study are compatible with programme outcomes. Such studies must be prospectively approved by the Faculty and will contribute up to one year's training credit. The Team would like to commend the arrangements which the Faculty has made with the World Health Organisation (WHO) which enables trainees to undertake a six-month placement in WHO's Geneva headquarters. This type of training opportunity was regarded by the Team as being quite unique

amongst medical training. For other training opportunities outside of the State, the trainees perceived that funding issues may limit future opportunities in this area.

With regard to retrospective training credits, the Body confirmed that time spent in Public Health Medicine training outside the State can be recognised by the Body. While this is evident from the process whereby the Faculty assesses overseas specialists who wish to pursue specialist registration with the Medical Council, it was less clear from the Faculty's submission that this was the case. The Faculty should ensure that it is clear and consistent in the communication of this policy.

The Team noted the extent to which the Faculty has forged links with medical schools and intern training networks, and it was acknowledged that many academic leads of Medical Schools in Ireland sit on the RCPI Council. The significant contributor in each of the examples provided in the Faculty's submission was the RCPI; however, the Team agreed that the Faculty should be encouraged to continue to develop its own independent relationships with providers of undergraduate education to mitigate against the possibility of a relatively small discipline being over-shadowed by more populous disciplines.

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

Public Health Medicine trainees work in a number of State departments and agencies such as the Department of Health and the Health Protection Surveillance Centre. The delivery and structure of training is quite typical in that trainees occupy full-time training posts and complete rotations at different training locations. While the Team agreed that most elements of the curriculum could be completed at most training sites, it was good practise that trainees should rotate geographically during the programme, as was currently the case.

The Faculty confirmed that it has approximately 10 approved HST training posts but that there was close to 50% post occupancy at present. 19 applications were received by the Faculty in relation to the July 2012 trainee intake and the Team hope that the calibre of applicants would allow for a greater post uptake. The Team acknowledged that funding issues are also likely to be affecting post occupancy.

The Team were satisfied that the delivery of training incorporates an appropriate blend of practical and theoretical instruction and this view was echoed by the trainees who were very happy with the balance.

#### **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 Team noted the range of validated assessment methods, both formative and summative, which are currently employed by the Faculty.

The Faculty confirmed that curricula blueprinting is currently underway, whereby curriculum components are mapped against learning and assessments, including knowledge-based exams. Such a process was viewed by the Team as being best practise which will help to support the

validity of assessments by directly relating them to training outcomes and competences. The Team were unclear of the extent to which the Faculty was taking the lead in the blueprinting of the Public Health Medicine curriculum but were of the opinion that the Faculty should have final sign-off of this mapping process. The Team agreed that progress in the area of blueprinting, and any resultant changes to assessment methods, should be requested as part of the Annual Return process.

Under further discussion of examinations, the Team recognised the difficulty faced by the Faculty in standard-setting and comparing annual results, when considering the low numbers of trainees taking the exams.

The Faculty are committed to working closely alongside trainees in order that any concerns or difficulties are quickly identified and acted upon. Trainers are required to initiate a meeting with trainees at the outset of training and subsequently engage in quarterly assessments. In addition, the use of case-based discussions, and anticipated real-time monitoring of trainee progress through the ePortfolio, will support the early identification of underperforming trainees.

The trainees confirmed that the low numbers in training, coupled with the close relationships between trainers and trainees, supports a positive atmosphere of constant feedback. However, the Team identified the low numbers in training as having the potential to create difficulties in circumstances where a trainee may be having difficulties with their trainer. In these circumstances, it is extremely difficult to see how anonymous feedback could remain anonymous. For this reason, the Team agreed that the Faculty should consider the use of 360° feedback which could effectively insulate a trainee against issues with their trainer.

The Faculty confirmed that the performance of trainees at different stages of training would be monitored, analysed and subsequently published on the Faculty's website. In addition, the Faculty intends to introduce a form of longitudinal mentoring into the programme. The Team agreed that progress in each of these areas should be monitored through the annual return process.

The Team were updated on the establishment of a RCPI working group which will review assessment methodologies on behalf of all RCPI training bodies. Individual bodies will then be asked if they wish to incorporate any or all of the reviewed. The intention is to implement any changes in this area from Sept 2012 on a phased basis.

The Faculty intends to introduce workplace based assessments (WBAs) into the programme but the trainees were unclear how prevalent these would be. In general, the trainees felt that some assessment methods were not well-suited to Public Health Medicine and their perception was that the RCPI were keen to retain traditional / generic assessment methods for all specialties for consistency's sake. The Team recommends that this issue is fully explored by the aforementioned assessment working group.

Included in summative assessments is Part II of MFPHMI examination, which is mandatory in order for trainees to be eligible to receive a Certificate of Satisfactory Completion of Specialist Training (CSCST). This part of the examination incorporates a thesis along with a number of oral examinations. The trainees updated the Team on the high-stakes nature of the thesis and the impact it can have on their training progression. Trainees are required to identify a suitable topic for their thesis and then seek approval of the topic by the Faculty. Trainees will then meet on a regular basis with their trainer to monitor progress. The trainees were concerned that there was no obvious linkage between the completion of a thesis and the competencies which have been achieved as a result; this is despite the trainees being asked at the outset to identify the competencies which they *hope* to achieve. The trainees were also concerned that their theses are only assessed by a single reviewer who may not be particularly familiar with the relevant

topics. Based on the feedback received from the trainees, the Team agreed that the present arrangements around Part II of the membership examination appeared to place an inordinately high value on completion of a thesis and that perhaps a number of smaller bodies of work could be considered as an alternative.

The Faculty advised that the present arrangements had already been identified as being in need of review. Accordingly, Part II is currently being reviewed by the Education and Examinations Committee of the Faculty with a view to implementing changes in Spring 2013.

The Team noted the information provided in relation to the process by which the Faculty assesses doctors who have trained overseas and who are seeking specialist registration with the Medical Council. The Team were advised that the Medical Council is currently revising its arrangements with training bodies in this area.

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

Standard (6) incorporates the following elements:

### **6.1 ONGOING MONITORING**

### **6.2 OUTCOME EVALUATION**

The Team were satisfied that the curriculum is appropriately monitored, evaluated and revised and, as mentioned earlier in this report, this is done by the Faculty in association with the RCPI on an annual basis. Trainers and trainees are afforded an opportunity to input during such reviews. Trainees were recently involved in a curriculum review in line with the proposed move to the use of the ePortfolio. In addition, the Medical Council's *Eight Domains of Good Professional Practice* were recently introduced to the curriculum as a result of this ongoing quality assurance.

The Faculty confirmed a number of proposed developments in relation to evaluation and review of the training programme and these include a clarification of the roles of the National Specialty Director (NSD) and the Specialty Training Committee (STC). In addition, a full external QA review of RCPI HST programmes has been proposed to take place over a 5 year cycle. The impact of these developments upon the Faculty should be monitored through the annual return process.

The mechanisms which will facilitate the input of trainers to curriculum monitoring and programme development are due to be developed as part of the Exemplar Programme. As mentioned earlier in this report, the Team recommend that clarification is sought from the Faculty as to the full anticipated impact of the Exemplar Programme on the Faculty.

Under discussion of the opportunities for trainees to contribute in the areas of monitoring and evaluation, the trainees highlighted some difficulties in attending committee meetings due to service demands. While the Faculty fully encourages trainees to become involved at Faculty level, the Team agreed that there may be an ICT solution which would facilitate trainee attendance at meetings and minimise service disruption. In a broader sense, it was acknowledged that it is not always in a training body's gift to organise cross-cover between doctors to support attendance and involvement in training body activities. However, it remains an obligation on all training bodies to continue to engage with individual training sites in this regard.

## **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 trainees confirmed that previous entry requirements had been extremely challenging with the requirement for applicants to hold Part 1 of the membership exam. As mentioned earlier in this report, this requirement has been removed and the exam can now be completed from within the programme. The Faculty confirmed that some incoming trainees have undertaken the membership exam at their own expense which demonstrated a commendable level of enthusiasm and commitment.

Under discussion of the requirements for mandatory experience, there appeared to be an onus on trainees to identify the training posts which will provide them with the experience necessary to progress in their training. The Team were of the opinion that this constituted an unfair expectation on trainees and that the Faculty should review arrangements in order that trainees are fully advised of experience deficits, and of training posts which would address these deficits.

The trainees confirmed that there was constant communication between trainees and the Faculty and that this would be further enhanced with the proposed introduction of the RCPI ePortfolio.

As mentioned earlier in this report, the Team appreciated that the low number of trainees in Public Health Medicine may make it difficult to confidentially resolve training problems and disputes. Despite this, the trainees confirmed that previous issues and conflicts with trainers have been quickly addressed and that trainees have been reassigned to new trainers. The trainees were very aware of the process to follow in the event of disputes and felt fully supported by the Faculty in this area.

In relation to trainees who may encounter academic difficulties during training, the Faculty confirmed that the Director of Examinations directly supports trainees who are experiencing such difficulties. In these circumstances, trainees receive written reports and one-to-one supports. In addition, trainees are also supported by practical arrangements such as study leave.

## **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 were informed that the full complement of Faculty trainers, of which there are currently 42, have completed the mandatory 'Train the Trainer' course. The Faculty confirmed that trainers operate largely on a goodwill basis but despite this, non-compliance with mandatory training requirements will lead to trainers losing their trainer status.

The Faculty, and trainees, confirmed the enormous impact which individual trainers can have throughout the training programme and as such, the Faculty must continue to place a high value

on measuring and monitoring trainer-effectiveness. The primary means of quality assuring trainers is through feedback obtained from trainees during end-of-year assessments, and through anonymous feedback. As addressed earlier in this report, difficulties may arise, due to the low number of trainees, in providing fully anonymous feedback but the Faculty must strive to overcome this concern.

The Team agreed that the development of trainers should be a priority for the Faculty and it was confirmed that this would be addressed in the Exemplar Programme.

Under discussion of training sites, the Faculty confirmed that there are currently ten approved clinical sites in the State which support the delivery of specialist training in Public Health Medicine; in many cases, these sites have been historically approved. The Faculty has defined strict criteria for the continued approval of training sites and while it has not yet had cause to do so, the Faculty confirmed that it reserves the right to remove approval from a training site where it perceives standards of training to be sub-optimal. The Faculty acknowledged that service commitments at certain training sites may affect its relative popularity amongst trainees as expressed through post preferences. However, the Faculty remains committed to ensuring a standard training experience at each of its training sites.

## **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).

Under discussion of retraining, the Team queried whether the Faculty had the resources to respond to Medical Council requests in this area. It was acknowledged that Council had recently revised its criteria in this area and as such, it may be too early to fully anticipate the impact on the Faculty's resources arising from this obligation.

## **END REPORT**

## **D. Appendices**

### **Appendix 1 - Agenda**



## **Comhairle na nDochtúirí Leighis**

### **Medical Council**

**Faculty of Public Health Medicine**  
**Accreditation Session, Kingram House**  
**24<sup>th</sup> April 2012**

#### **Accreditation Team**

Dr John McAdoo (Chairperson, Council Member)  
Professor David Barlow (External Assessor)  
Dr Brendan Mason (External Assessor)  
Dr Colm Quigley (External Assessor)  
Dr Hemal Thakore (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  |
| 2.30-4.15pm   | Meeting with Training Body Representatives                     |
| 4.15-4.45pm   | Private session of the Accreditation Team                      |
| 4.45-5.00pm   | Clarification Session with Training Body Representatives       |