



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 Radiologists and The Programme of Specialist Training in Diagnostic Radiology**

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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 Radiologists on 21<sup>st</sup> November 2011. Council's remit was to assess the College, the Programme of Specialist Training in Diagnostic Radiology 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 Hemal Thakore, Dr Siún O'Flynn, Dr Stephen Davies and Dr Margaret O'Connor; 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 Radiologists 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 Diagnostic Radiology 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 in Diagnostic Radiology; 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 Council

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

- 1. The Programme of Specialist Training in Diagnostic Radiology** should be approved by Council *with conditions* under the terms of Section 89(3) (a) (i) of the Medical Practitioners Act 2007.

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

**Conditions:**

- (i) The Faculty must revise its processes in order to proactively assess the fifth year of specialist training, upon its completion by each trainee in order to make a decision to award or otherwise a Certificate of Satisfactory Completion of Specialist Training.**
- (ii) Where the Faculty makes a decision to award a Certificate of Satisfactory Completion of Specialist Training to a trainee, the Faculty must issue a physical certificate to that trainee in order that the trainee may proceed to register in the Specialist Division of the Medical Council's Register.**

- 2. The Faculty of Radiologists** should be approved by Council *with conditions* under Section 89(3) (a) (ii) of the Medical Practitioners Act 2007 as the body which may deliver the Programme of Specialist Training in Diagnostic Radiology approved under 1. above. This recommendation is made on the grounds of the Faculty of Radiologists' ongoing compliance with the rules, criteria, guidelines and standards approved by Council as specified in Sections 87(3), 88(1)(a), 88(4)(b), 88(4)(d) and 89(3) of the Medical Practitioners Act 2007.

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

**Condition:**

- (iii) The Body must address the above conditions to the satisfaction of Council by the end of the first year of approval *with conditions* by Council.**

This should be assessed by Council *via* an Annual Returns process.

**Note:**

The Faculty of Radiologists delivers specialist training in the recognised medical specialty of 'Diagnostic Radiology' at Specialist Registrar level only ie. trainees will have completed their 'Basic Specialist' element of their training under the auspices of another postgraduate training body.

In addition to the Programme in Diagnostic Radiology, the Faculty currently delivers a programme of specialist training in one other recognised medical specialty; this specialty is

- Radiation Oncology

This programme will continue to be recognised by the Medical Council until such time as it has been formally *accredited*.

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

- a) The Faculty should revise its processes to actively assess the fifth year of specialist training of each of its trainees with a view to issuing Certificates of Satisfactory Completion of Specialist Training (CSCSTs) directly to eligible trainees.
- b) The Faculty should develop and fully document a robust quality assurance process for the selection and appraisal of trainers.
- c) The Faculty should review its quality assurance processes for training sites to include a metric for gauging the academic contribution of each site.

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

- a) The Faculty should revise and publicise its process documentation in relation to the assessment of trainees to fully reflect the process already in place.
- b) The Faculty should provide Council with the Terms of Reference of each committee within the Faculty's committee structure.
- c) The Faculty should endeavour to map the training curriculum onto the trainee assessment process.
- d) The Faculty should clarify the process by which anonymous feedback received from trainees is reviewed and used as an agent of positive change within the Faculty.
- e) The Faculty should fully document its procedures around dispute resolution and fully communicate this procedure to all trainees.

## **4. Commendations:**

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

- a) The personal dedication and enthusiasm of the Faculty staff which was very apparent in both the documentation submitted and from the accreditation meeting.
- b) The trainees, whose enthusiasm and extensive involvement in the Faculty are helping to raise training standards for the benefit of current and future trainees.
- c) The Faculty's Practice-Based Learning course which is led by Professor Dermot Malone.

- d) The development and implementation of the Faculty's Quality Assurance Guidelines for Diagnostic Radiology.
- e) The integration of the American Institute of Radiologic Pathology Course into the training programme.

## **5. Recommended Further Action:**

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

In addition, a progress report on all the issues highlighted in this document, in particular those issues relating to priority recommendations, should be requested of the Faculty as part of this annual declaration process.

## 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 considered the information which had been provided by the Faculty in relation to its governance structures. The Team felt that the governance arrangements including the operation of its committee structure were supportive of, and appropriate to, the aims of the Faculty which are to advance the science, art and practice of radiology and its allied sciences, and to promote education, study and research in radiology.

The Team agreed that the suite of committees in operation within the Faculty provided adequate focus in the core areas of the Faculty's remit. However, the Team felt that the individual terms of reference of each of these groups, including membership opportunities for trainees and members of the public, should be fully documented and provided to Council.

The Faculty's principal sources of income were identified as being subscriptions from Members and Fellows, funding from the Health Services Executive (HSE) and income from the Faculty's overseas training programme. The Team acknowledged that these income streams are likely to be indicative of the income streams of other postgraduate training bodies in the State. The Team also acknowledged that funding received from HSE-Medical Education and Training unit does not fully cover the total costs of the Faculty's education and training activities and that the deficit is subsidised by the Faculty's other sources of income. The Faculty should be encouraged to engage with the HSE to address any shortfall in funding in relation to education and training activities.

The Faculty have demonstrated their commitment to an ongoing quality assurance process for each of its main areas of focus. Prior to the Medical Council's current accreditation process for programmes of specialist training and the bodies which deliver these programmes, the Faculty had engaged with an international inspection team to objectively review the structure and operation of the Faculty. The Faculty confirmed that all recommendations stemming from previous external assessment have been implemented. The recent establishment (in 2011) of a new Academic Committee and a new Curriculum Review Committee was viewed by the Team as further evidence of the Faculty's commitment to driving positive change throughout the discipline of Radiology.

The Team noted the scope of the Faculty's collaboration and interaction within the health sector, both within and outside the State and agreed that the range of interaction was praiseworthy. The Faculty should ensure that ongoing participation in these forums is leading to innovation and modernisation within the Faculty and throughout the training programme.

The significance of the launch of QA Guidelines for Diagnostic Radiology in 2010 was noted by the Team, as was the range of contribution and support for these guidelines from other relevant

stakeholders. The guidelines themselves, and the effort to which the Faculty has gone to implement these guidelines on a countrywide basis were singled out by the Team as being highly commendable.

## 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 agreed that the purpose of the Faculty was well-defined and that this purpose was well-supported *via* the Faculty's governance structure. The Education Committee was seen as the primary mechanism through which trainees can involve themselves in matters relevant to their training and to the further review and development of the Faculty's aims.

The establishment of a new Academic Committee represents an increased opportunity for the Faculty to consider the views of medical students and postgraduate doctors who are not undertaking specialist training with the Faculty.

The Team were satisfied that the outcomes of the training programme are fully compatible with the Medical Council's '*Eight Domains of Good Professional Practise*'. The College should continue to ensure that the domains are explicitly referred to throughout the duration of specialist training so that they form a constant reference point for trainees.

The Team noted that, following successful completion of the Final Fellowship of the Faculty of Radiologists Royal College of Surgeons in Ireland exam at the end of the fourth year of training, the fifth and final year of specialist training in Diagnostic Radiology is predominantly completed outside the State, typically but not exclusively in the United Kingdom, USA and Canada. Trainees are required to research and organise their own training position subject to the Faculty *prospectively* approving the post for both the nature and quality of the training to be completed. Upon completion of this fifth year, if trainees proceed to apply for specialist registration with the Medical Council, the Faculty makes a recommendation to the Medical Council on a case-by-case basis in respect of the applicant's eligibility for specialist registration under Section 47(1)(f) of the Medical Practitioners Act (MPA) 2007.

However a Certificate of Satisfactory Completion of Training (CSCST) **should** be awarded under Section 47(1)(b) of the MPA and presented by the trainee to the Medical Council for registration following award of the CSCST to the trainee by the Faculty. For this reason, the Faculty is not meeting a fundamental Medical Council expectation and in addition, is not operating within the Medical Practitioners Act's definition of a training body as a body 'which may grant evidence of the satisfactory completion of specialist training in relation to that medical specialty' (Section 89(3)(a)(ii) of MPA 2007).

The Team agreed that the Faculty must revise its processes in this area to actively review and assess each trainee's fifth year of training and make a decision in respect of awarding a Certificate of Satisfactory Completion of Specialist Training directly to the trainee which would then be automatically recognised by the Medical Council. The Team believe that this issue warrants a condition being placed on the approval of the programme and the body, as specified in Part B of this report.



### **3) THE EDUCATION AND TRAINING PROGRAMME - CURRICULUM CONTENT**

Standard (3) incorporates the following elements:

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

The Team noted that trainees are appointed at specialist registrar (SpR) level and that the specialist training curriculum for Diagnostic Radiology is divided into preparation for the Primary and Final FFRRCSI examinations. The Faculty's Curriculum Review Committee is responsible for monitoring the curriculum to ensure it keeps pace with international best practise and relevant technological developments.

The Team agreed that the Faculty should be encouraged to continue to directly map the training curriculum onto its assessment of trainees as this will help to drive positive change in both the curriculum and the assessment process.

The Faculty confirmed that it was gradually moving towards a system of modular training and the Team agreed that this would significantly support the Faculty's aspiration to ensure standard competencies are achieved throughout training. The Faculty confirmed that the use of a number of web-based, commercially-available educational software tools ('Stat Dx' and 'Rad Primer') will support the development of modular assessments.

Under discussion of the relative value placed by the Faculty on research in the training programme, the Team were agreed that the Faculty strongly emphasises this element of training. In addition, the Faculty places a high value on trainee involvement in research as part of its end-of-year assessments. The Faculty runs a Practice-Based Learning (PBL) course within the second year of specialist training which is led and designed by Professor Dermot Malone. Professor Malone is highly-regarded within the field of evidence-based medicine and his involvement with the Faculty in this area has led to the commendable and appropriate integration of research into specialist training.

In relation to flexible training, the Faculty confirmed that it actively supports this training option and always facilitates those trainees who wish to avail of it. The trainees who met with the Team confirmed that it was their understanding that requests for flexible training would be accommodated and that there were no overt or implicit barriers to accessing this form of training.

The Team were satisfied that the Faculty is engaging with trainees in other disciplines at prevocational and higher levels to support the exchange of information and to generally promote the discipline throughout the medical continuum. In addition, the recent establishment of the Academic Committee will further serve to promote an appropriate interface between training institutions at all levels.

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

The Team were satisfied that the consultant-led nature of specialist training in radiology ensures that training is very much practise-based and also that trainees are directly involved in supervised patient care at the earliest stage.

The Team noted that a review group was established in 2005 to evaluate the fifth year of specialist training. The Team agreed that the recommendations made by this review group and their subsequent implementation have led to significant positive change in this area. However, the Team were of the opinion that there was still a significant degree of ambiguity around the operation and necessity of the fifth year of training. The Team recommends the Faculty clarify the duration of specialist training in Diagnostic Radiology. This recommendation should be considered in the context of previous comments in relation to the issue of CSCSTs and the definitions contained within the MPA 2007 of both programmes of specialist training and the bodies which deliver them.

In relation to the ethos of trainees accepting increasing degrees of independent responsibility as they progress through the training programme, the Team were satisfied that the consultant-delivered nature of the training strongly supports this ethos, at a rate of increase appropriate to individual trainees.

The Faculty has appropriate measures in place regarding the access of trainees to on-call opportunities and in addition, ensures that experience gained while working on call is reviewed and discussed with trainees to maximise its educational opportunities and ensure patient safety.

## **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 uses both summative and formative methods of trainee assessment. The summative methods involve the Fellowship examinations whereas the formative assessments take the form of daily interaction between trainers and trainees in addition to a formal, end-of-year assessment. The use of the 'Stat Dx' and 'Rad Primer' software tools greatly supports self-directed learning by trainees but also provides opportunities for both self-assessment and formal assessments by trainers.

The Team agreed that the Faculty was committed to ensuring a robust assessment process for trainees but noted that the documentation provided by the Faculty in relation to the process did not provide sufficient details or clarity around the procedures in place. The Faculty should clarify its assessment process through the revision of its documentation in this area. The revised documentation should be submitted to Council and communicated to all trainees.

The trainees confirmed that their work was under constant scrutiny by trainers and that the service-delivery, consultant-led nature of the work ensured that they received constant assessment and feedback throughout their training. As a factor of the frequency with which trainees receive ongoing feedback, the feedback can be viewed as being largely informal but sufficient for minor deficiencies to be addressed.

The Team noted that trainees are assessed regularly using such tools as Mini-Clinical Examinations (Mini-CEX) and Direct Observation of Procedural Skill (DOPS). The Team felt that it would be appropriate for the outcomes of these assessments to be formally recorded and fed into the end-of-year assessment.

The Team welcomed the information provided by the Faculty on the process by which the Faculty assesses applications to the specialist division. The Team noted that the Medical Council is currently reviewing existing guidance and developing new guidance in this area and there will be an ongoing process of engagement with all training bodies in this regard.

The integration of the American Institute of Radiologic Pathology Course into the training programme and the degree to which the Faculty facilitates its trainees to attend this course was viewed by the Team as being noteworthy.

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

Standard (6) incorporates the following elements:

### **6.1 ONGOING MONITORING**

### **6.2 OUTCOME EVALUATION**

The group were satisfied that the Faculty is committed to monitoring the programme curriculum on an ongoing basis and this responsibility lies with the Curriculum Review Committee. As mentioned earlier in this report, the Team recommends that the Terms of Reference of this Committee be provided to the Medical Council. Subject to receipt of the details of the membership of this committee, the Faculty should be encouraged to maximise the role of external stakeholders in the review and ongoing development of the curriculum.

The Team were satisfied that there are appropriate mechanisms for trainers to contribute towards the review and development of the curriculum and that this is facilitated *via* the involvement of the National Training Coordinator and local hospital coordinators on the Faculty Education Committee.

The Faculty confirmed that a trainee from each of its training programmes (Diagnostic Radiology and Radiation Oncology) sits on the Faculty Education Committee and this is the main vehicle by which trainees can input to programme development. The trainees confirmed that they were satisfied with these arrangements and that these two trainee representatives were actively raising issues on their behalf with the Faculty. The trainees also confirmed that due to their relatively low numbers, and the subsequent high ratio of consultants to trainees, there is an ongoing and open forum whereby their views can be heard.

The Team noted that was an opportunity for trainees to provide anonymous feedback to the Faculty on annual basis and that this questionnaire is submitted prior to the assessment interview. The Team would welcome clarification from the Faculty as to how this anonymous feedback is reviewed and used as an agent to address concerns and drive improvements within the Faculty and the delivery of the programme.

With reference to the involvement and input of other disciplines in the evaluation process, the Faculty should be encouraged to fully document the process and mechanisms by which this external input is encouraged and supported.

## **7) IMPLEMENTING THE CURRICULUM – TRAINEES**

Standard (7) incorporates the following elements:

### **7.1 ADMISSION POLICY AND SELECTION**

### **7.2 TRAINEE PARTICIPATION IN TRAINING ORGANISATION GOVERNANCE**

### 7.3 COMMUNICATION WITH TRAINEES

### 7.4 RESOLUTION OF TRAINING PROBLEMS AND DISPUTES

The Team noted the information provided by the Faculty in relation to how prospective trainees access the programme. The trainees confirmed that the application process is clear and that a lot of information is provided on the Faculty's website. Although the trainees were aware that there was a ranking system in operation, the points allocation which underpins the system was not obvious to applicants. The Faculty expressed concern that if the points allocation was fully publicised, there existed the potential for applicants to tailor their applications accordingly and that this would not *necessarily* guarantee a high calibre of candidate. The Faculty highlighted for the Team the fact that no candidate has ever challenged the outcome of the selection process and that the Faculty fully supports, by way of guidance and highlighting deficits, those wishing to re-apply at a later date.

The Faculty operates a centralised selection process for each of its programmes of specialist training and the Team agreed that this approach greatly supports a consistent application of selection policies.

In relation to trainee participation in the Faculty's governance and as addressed previously in this report, the main conduit for trainee participation in this area is *via* membership of the Faculty Education Committee. The Faculty confirmed that it was expanding its membership in this area from two to three trainee representatives. This was acknowledged as being a significant opportunity for maximising the 'trainee voice' throughout the Faculty.

Under discussion of communications with the Faculty, the trainees confirmed that the present methods of communication are effective and that the Faculty are quite proactive in their communications with trainees. The Faculty also confirmed that communications will be further supported through the use of new training software.

The Team were agreed the Faculty is fully committed to delivering specialist training of the highest calibre and in addition, that trainees are fully supported throughout the programme. In relation to resolving training disputes, the Team acknowledged that the relative size of the speciality coupled with the close supervision of trainees greatly supports the early resolution of concerns with training supervision and requirements.

Trainees work with a number of trainer consultants and as such, the potential for interpersonal difficulties between a trainee and any individual trainer is reduced. The Faculty confirmed that it has had a very low incidence of disputes and acknowledged that the Faculty has been very fortunate in this regard. The Faculty updated the Team on the steps which would be taken in order to satisfactorily address concerns with a trainee, including the envisaged use of external, impartial assessors as necessary. The Team recommend that the Faculty fully documents and communicates its procedures in this area to all trainees.

## **8) IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES**

Standard (8) incorporates the following elements:

### 8.1 SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS

### 8.2 CLINICAL AND OTHER EDUCATIONAL RESOURCES

The Team noted the information provided by the Faculty in relation to the selection, support and assessment of its trainers. Due to the size of the profession in relation to other medical

disciplines, there is a relatively small cohort of consultants who may be considered as potential trainers. The Faculty confirmed that there is a degree of 'self-selection' of trainers in many cases and this dynamic would not be seen as best practise from a quality assurance perspective.

In order to standardise the contribution of trainers to the training programme, the Faculty confirmed that it planned to hold a 'Training the Trainers' course in mid-late 2012. Similar courses have been held previously by the Faculty but these have been at infrequent intervals.

There is an opportunity, as part of the annual assessment process, for trainees to provide anonymous feedback on their training experience and this would include feedback on individual trainers. This feedback is used as a quality measure but in the absence of a documented process, there is a potential for the anonymous feedback to be used inconsistently in an ad-hoc manner. As mentioned previously in this report, the Faculty are encouraged to provide details as to how this feedback is systematically reviewed and used to drive improvements within the organisation.

The Faculty should be encouraged to introduce a robust quality assurance system in the area of assessor selection and appraisal, as variability in trainer inputs can have an immediate effect on the quality and consistency of the training experience. The Faculty acknowledged that improvements in this area will be given a high priority in 2012.

In relation to consistency in formal examinations, the Team were satisfied that the pairing of examiners and the high degree of scrutiny throughout the marking process is satisfactory.

The Team appreciates that, whereas the Faculty has expectations of its trainers in relation to allocating protected time to trainees, the work schedules of trainers can often present challenges in this area. The Team believes that the Faculty should be supported by the Medical Council in any dialogue with employers in relation to having trainer commitments reflected in consultant work schedules.

The Team were keen to explore the impact of the European Working Time Directive (EWTD) on the training experience and in particular, the "trade-off" between service delivery and the provision of structured training. The trainees confirmed that not all sites could be viewed as being EWTD-compliant and that, in many instances, compliance with the EWTD was largely affected by the on-call rota. The Faculty should be encouraged to monitor these discrepancies and engage with the employing authority to standardise the training experience throughout the training network.

With specific reference to the potential for service provision pressures negatively impacting upon the educational aspect of training, the Team were satisfied that the consultant-led nature of training and constant interaction between trainers and trainees minimises this pressure.

The Faculty has clearly-defined criteria for selecting suitable clinical training sites and these criteria include but are not limited to appropriate staffing levels, opportunities for accessing clinical activities and opportunities to access educational facilities. In addition, for sites wishing to become involved in training for Diagnostic Radiology SpRs, there are a number of additional criteria involving funding and relevant approval by HSE-MET. The Team noted that the criteria for approval and continuing approval of training sites did not include a metric for gauging the outcomes and overall effectiveness of training delivered at each site. The Faculty should consider a mechanism by which the academic contribution of sites would become a fundamental element of continued approval.

## **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 of Radiologists has already entered into arrangements with the Medical Council under Part 11 of the Medical Practitioners Act 2007 in relation to the establishment of Professional Competence Schemes.

The Team welcomed the information provided by the Faculty regarding the suitability of the Faculty's validation procedures in instances where doctors have been absent from practice for a period of time.

The Team noted the remediation methodology which had been developed through the Forum of Irish Postgraduate Medical Training Bodies and which had been accepted by the HSE. The Medical Council's expectations in the areas of remediation will be supported by operational procedures due for publication in 2012 and the Faculty should continue to engage fully with the Medical Council in this regard.

**END REPORT**

**Report approved by Council 25<sup>th</sup> April 2012**

## **D. Appendices**

### **Appendix 1- Agenda**



## **Comhairle na nDochtúirí Leighis Medical Council**

**Faculty of Radiologists in Ireland  
Accreditation Session, Kingram House  
21<sup>st</sup> November 2011**

### **Accreditation Team**

Dr John McAdoo (Chairperson, Council Member)  
Dr Hemal Thakore (External Assessor)  
Dr Siun O'Flynn (External Assessor)  
Dr Stephen Davies (External Assessor)  
Dr Margaret O'Connor (External Assessor)

### **Agenda**

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