



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 Institute of Obstetricians and Gynaecologists and the Programme of Specialist Training in Obstetrics and Gynaecology**

#### **Contents**

A. Preface .....	3
B. Summary and General Assessment .....	5
1. Conclusion and Main Recommendations to the Professional Development Committee.....	5
2. Priority Recommendations to the Body: .....	6
3. Other Recommendations to the Body: .....	6
4. Commendations: .....	7
5. Recommended Further Action: .....	7
C. Evaluation of the Body and the Programme.....	8
D. Appendices .....	18
Appendix 1- Agenda .....	18

### **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 the Institute of Obstetricians and Gynaecologists on 6<sup>th</sup> June 2012. Its remit was to assess the Institute and the Programme of Specialist Training in Obstetrics and Gynaecology 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, Professor Wendy Reid, Dr Sinead Murphy, Dr Dermot Power 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 Institute of Obstetricians and Gynaecologists 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 Institute 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 Institute 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 Institute is included in Appendix 2 of this report.

### **4. Schedule**

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

### **5. Appendices**

The agenda for the Accreditation Session is attached as Appendix 1. Correspondence with the Institute 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 Institute and the Programme of Specialist Training; the observations, comments and recommendations contained in this Report are grouped under the relevant section of these standards.

FINAL

## 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 Obstetrics and Gynaecology** should be approved *with conditions* 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.

**Condition:**

- (i) **The structure of specialist training in obstetrics and gynaecology is reviewed in order that graduates of Basic Specialist Training may directly access Higher Specialist Training, subject to typical entry criteria.**
2. The **Institute of Obstetricians and Gynaecologists** 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 Obstetrics and Gynaecology 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.

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

**Condition:**

- (i) The Institute must address the condition attached to the programme to the satisfaction of Council by the end of the first year of approval *with conditions* by Council.

**Note:**

In making the main recommendation under 1. above, the Team assessed the full training pathway from Basic Specialist Training through to Higher Specialist Training in Obstetrics and Gynaecology. The Team also assessed the role and impact of the Registrar Training Programme.

## 2. Priority Recommendations to the Body:

The Team makes six priority recommendations to the Institute of Obstetricians and Gynaecologists as follows:

- (a) The structure of specialist training in obstetrics and gynaecology should be reviewed in order that direct access to Higher Specialist Training (HST) is feasible upon completion of Basic Specialist Training (BST).
- (b) The Institute should provide the Medical Council with a copy of the agreement which was signed with the RCPI on the date of establishment of the Institute.
- (c) The Institute should provide the Medical Council with details of the specific anticipated impact of the RCPI Exemplar Programme on the Institute of Obstetricians and Gynaecologists.
- (d) The Institute should seek to develop independent relationships with other training bodies in Ireland beyond general engagement *via* its association with the Royal College of Physicians in Ireland (RCPI) and the Forum of Irish Medical Postgraduate Training Bodies.
- (e) The Institute should seek to develop, or provide Council with satisfactory evidence of, collaborative relationships with allied health professionals in areas such as nursing and midwifery.
- (f) The Institute should develop a robust method of quality assuring trainer effectiveness.

## 3. Other Recommendations to the Body:

- (a) The Institute should seek to increase opportunities for public and patient representation within its committee structure.
- (b) The Institute should clarify the operation of the alternate pathway through specialist training which is referenced in this report.
- (c) The Institute should make explicit reference to the Medical Council's '*General Principles of a Registrar Training Programme*' in the review and documentation of its Registrar Training Programme.
- (d) The Institute should ensure that any anticipated changes to training requirements are fully communicated to all trainees at the earliest opportunity.
- (e) Trainee performance in Objective Structured Assessment of Technical Skills (OSATS) assessments should be monitored against trainee progression in other areas of the training.
- (f) The Institute should roll-out the use of Multi-Source Feedback to all trainees.
- (g) The Medical Council should be kept updated on developments within the Institute arising from Professor John Norcini's report, in particular developments in the area of standard-setting.

- (h) The Institute should explore information technology solutions to help maximise opportunities for trainees to participate in the Institute at committee level.
- (i) The Institute should clarify whether candidate's interview scores are transferrable between interview sites.
- (j) The Institute should ensure that the extent to which trainees are expected to perform routine, administrative tasks at clinical sites is fully taken into account as part of the ongoing accreditation of clinical sites involved in the delivery of the programme.
- (k) The Institute should consider the potential benefits of engaging with the private sector to develop training opportunities in obstetrics and gynaecology.

#### 4. Commendations:

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

- (a) The enthusiasm and overall contribution of the trainees throughout the accreditation process which reflected very well on the Institute.
- (b) The professionalism of the Institute and its representatives throughout the accreditation process.
- (c) The establishment and contribution of the Institute's Clinical Advisory Group.
- (d) The high profile afforded to the Medical Council's '*Eight Domains of Good Professional Practice*' at all stages of training.
- (e) The establishment and operation of training hubs, which will help to maintain consistency throughout the delivery of training.

#### 5. Recommended Further Action:

Ongoing engagement with the Institute will be a key part of this quality assurance process. In support of this process, the Institute 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 Institute.

## 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 welcomed the information provided by the Institute in relation to its governance arrangements. The Institute sits alongside five other constituent postgraduate training bodies within the RCPI structure. The current arrangements whereby constituent training bodies have access to a number of shared services were viewed by the Institute as being an effective use of resources which ultimately benefits the Institute and its trainees.

The Team were satisfied that an appropriate range of committees and forums exist within the Institute to support the delivery of specialist training in obstetrics and gynaecology to the highest standards. However, taking an overall view of the Institute's positioning within the RCPI structure, the Team were keen to explore the extent to which the Institute maintains its independence in core areas such as programme delivery and educational development.

The Institute confirmed that it could not be viewed as being financially independent due to the centralised nature of funding allocation within the RCPI structure. Similarly, fees raised by the Institute's examinations and courses are managed centrally by RCPI. Under such arrangements, the Team queried what access the Institute has to external educational expertise in the development of the training programme. The Institute confirmed that while there was no impediment to securing such external expertise, the current arrangements with RCPI, specifically the Education and Professional Development Committee are fit for purpose and enable access to the necessary expertise. The Team agreed that the Institute should consider the development of a service-level agreement with the RCPI to clarify the options available to the Institute in the pursuit of external expertise. [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 Institute].

The Institute confirmed that the agreement which was signed with the RCPI in 1976 on the Institute's establishment defined the roles, boundaries and relationship between the two bodies. The Team felt that the Institute should be requested to forward a copy of this agreement to the Medical Council to help address concerns in the area of independence.

The Team noted the information provided by the Institute in relation to the RCPI Exemplar Programme, a series of quality assurance initiatives and undertakings which, the RCPI



anticipates will drive significant improvement within the RCPI structure as a whole. An important component of the Exemplar Programme will be a review of training body governance arrangements. The Team felt it was noteworthy that, through a exercise of self-analysis, the RCPI had identified concerns with arrangements in this area. The Team acknowledged that while the Exemplar Programme carried the potential to drive broad improvements throughout the RCPI structure, the Medical Council should be provided with details of the specific anticipated impact of the Exemplar Programme on the Institute of Obstetricians and Gynaecologists.

The Team noted the extent to which the Institute collaborates with educational institutions and external agencies in the promotion and development of specialist training in obstetrics and gynaecology. In many instances, the information provided referred to the broad engagement of the RCPI as opposed to the specialty-specific engagements of the Institute. The Team acknowledged that the Institute is also a member of the Forum of Irish Postgraduate Medical Training Bodies and that this arrangement is likely to facilitate the discussion of broad themes common to all training bodies in Ireland.

However, the Team were agreed that the Institute should seek to develop its own independent relationships with other training bodies in Ireland, outside of the RCPI or Forum structure, to explore common areas of training, to facilitate trainees who may wish to move between training programmes and to otherwise further the aims of the Institute through direct engagements.

Based on the information provided by the Institute, it was not clear what emphasis is placed by the Institute on the promotion and development of interprofessionalism. In particular, there was little evidence provided of a relationship between the Institute and those bodies responsible for the education, training and professional development in nursing and midwifery. The Team agreed that dialogue and engagement with such bodies should be fully explored for the educational and professional benefit of trainees.

The Team noted the details provided by the Institute in relation to the structure of training in obstetrics and gynaecology which includes periods of training spent in a BST programme and a HST programme. The Institute also delivers a Registrar Training Programme (RTP) which was first introduced in 2010. In the planning, review and implementation of the above programmes, the Institute are supported by a number of general and specialty-specific committees, both within the Institute and the RCPI. The observations and comments of the Team on the training pathway in obstetrics and gynaecology are included later in this report.

Under discussion of the Institute's general engagement with the health sector in areas not specifically related to specialist training, the Team discussed the recent establishment of a Clinical Advisory Group within the Institute. The purpose of this group is to work with the Health Services Executive and the National Director for Obstetrics and Gynaecology to develop national clinical guidelines through the provision of professional support, advice and input to the training programme. The guidelines developed to date under the auspices of this group were viewed by the Team as significant and the general contribution of the Institute in this area was considered noteworthy.

The Team discussed the extent to which the Institute engages with the general public and patient groups in the overall development of policy. The Institute is committed to a praiseworthy schedule of public engagements but it was not evident to the Team if or how this engagement has led to formal executive or committee involvement by these groups. The Institute confirmed that there was scope for improvement in this area and that it would consider creating further opportunities for public / patient involvement. The Team agreed that Council should encourage and monitor developments in this area.

## **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 noted the information provided by the Institute in support of the requirement for training bodies to define their purpose with explicit reference to setting and maintaining high standards of practice, training, research, professional competence and social responsibility. The Team were satisfied that the stated aims and objectives of the Institute were in keeping with this requirement and appreciated the effort made by the Institute to describe the academic and healthcare context within which the Institute operates. As mentioned earlier in this report, the Team noted that a considerable level of information was provided which detailed the collective efforts of the RCPI on behalf of its constituent training bodies. To complement general RCPI efforts, the Team would again encourage the Institute to separately promote its own aims and objectives and to forge individual relationships with relevant stakeholders in the maintenance of high standards in obstetrics and gynaecology.

Under discussion of graduate and training outcomes, the Team discussed the information provided in relation to minimum requirements around training activities. Included in these training activities were a large number of outpatient clinics, each of which should be attended by trainees ten times throughout the training programme. In the absence of detail around the expected competences which trainees should achieve as a result of attendance at clinics, the Team agreed that such a measurement of training progression could be viewed as being overly-simplistic and quantitative rather than qualitative. The Team felt that requirements to attend clinics should be underpinned by clear communication of the associated competences which will be developed as a result of participation. Such communication will benefit trainees by encouraging them to focus on the development of their competence throughout training and not concentrate solely on attendance at training and educational opportunities. Under a general discussion of mandatory courses and clinics, the Team agreed that trainees should be supported to shape and influence the direction of their training.

The Team agreed that the Medical Council's *Eight Domains of Good Professional Practice* were very well referenced throughout the training curriculum and aligned to the training outcomes. In addition, the Institute confirmed that the programme curriculum is reviewed on an annual basis against these domains. The Team commended the Institute's efforts in this area as doctors at all stages of development should be mindful of this behavioural and performance framework.

The Institute confirmed that it was not currently in a position to make information of graduate outcomes publicly available. However, as part of the RCPI's overall ICT strategy, which will consolidate a number of administrative processes into a single management system, the Institute will shortly be in a position to capture, analyse and publish data in this area. In addition, the recent establishment of a dedicated research function within RCPI's Education and Professional Development section will support analysis of data in this area.

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

Standard (3) incorporates the following elements:

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

The Team noted the detail provided by the Institute in relation to the curriculum framework and agreed that the framework, which the Team were advised was a standard framework utilised by each training body within the RCPI structure, was well presented and accessible.

As referenced earlier in this report, the Team discussed the overall training path which doctors follow towards receipt of a Certificate of Satisfactory Completion of Satisfactory Training (CSCST) and eligibility to be registered with the Medical Council in the Specialist Division of the Register. BST is of two years duration on completion of which, doctors are awarded a Certificate of Basic Specialist Training. There is no exit exam at BST level. The RTP was introduced in 2010, primarily for the purpose of supporting doctors who wish to advance to HST. The RTP is between one and two years in duration and upon completion, trainees may progress to HST by competitive entry. Trainees may apply for HST on completion of one year at RTP level but, if unsuccessful, may apply for a second year of RTP *via* competitive entry. The HST programme is five years in duration and applicants must have completed BST and achieved the postgraduate qualification of MRCPI (O&G) or equivalent. As stated above, the Team noted that the MRCPI examination was not an exit requirement for successful completion of basic specialist training but was an entry requirement for higher specialist training. The rationale behind this, based on the information provided by the Institute, is that trainees require further registrar training in order to acquire the necessary skills to pass Part II of the examination. Functionally, trainees cannot therefore access HST without completing a period of registrar training which indicates a minimum total period of training of eight years.

The Team had a large number of concerns in relation to the above which was compounded by the feedback of trainees. In the first instance, the Team were disappointed that the Institute's literature in this area was misleading in that it did not reflect the fact that it is practically impossible for BST trainees to directly access the higher programme due to the mismatch between exit competencies at BST level and entry requirements at HST level. Due to the competitive nature of accessing the second year of RTP and the general operation of the registrar programme, trainees may find themselves having to move between divisions on the Medical Council's Register in their pursuit of a HST post. The Team acknowledged that this situation was likely to place additional pressures on trainees in an already challenging situation.

The trainees confirmed that their assumption at the outset of specialist training is that further registrar training would be required to progress to HST and the trainees further confirmed that this is atypical for physicians in training.

The Institute confirmed that training has been structured in this way based on the view that the membership examinations should follow completion of two years of basic training. The timing of examinations was acknowledged as being an issue which is driving a number of trainees towards the registrar programme. The Institute confirmed that part of the rationale behind developing the registrar programme was to facilitate those doctors who could not access the HST programme to remain on the Trainee Specialist Division of the Register. The Institute confirmed that it could consider arrangements whereby the membership exam was completed from within the higher programme but that such a proposal would need to be ratified by RCPI. During the

course of discussion, the Institute confirmed that it had originally intended for BST to be three years in duration but this conflicted with other the overall direction of training within the RCPI structure. This again prompted the Team to reflect upon the governance arrangements between the Institute and the College which could influence such a fundamental aspect of training access and duration.

The Team discussed the implications for RTP trainees who do not manage to secure a HST post and it was acknowledged that such doctors were likely to revert to the General Division, outside of structured training. The prospects for such doctors were also a source of concern for the trainees who contributed to the meeting and who shared their experiences with the Team. In response, the Institute updated the Team on a parallel training pathway by which such trainees could work in relevant service posts, maintain documentation and otherwise chart their professional development (which would also support their obligations as non-training doctors to maintain professional competence under Part 11 of the Medical Practitioners Act) with a view to making an application to the Specialist Register. The Team agreed that this alternate pathway towards the award of a CSCST should be clarified for the benefit of the Medical Council and ultimately, the benefit of trainees who may be depending on this route to effectively complete specialist training.

On conclusion of discussions around the training pathway, with particular focus on the concerns the Team had in relation to the registrar programme, the Team agreed that the Institute must immediately review the training structure in order to make it possible for BST trainees to access higher specialist training directly. Ultimately, the preferred solution will be a matter for the Institute but it may take the form of extending basic training to a third year and/or incorporating membership exams into the HST programme. The Team did not feel that a solution would necessitate the registrar programme being effectively subsumed into another programme, or being discontinued entirely. By way of observation, the Team noted that the information provided in relation to registrar training made no reference to the Medical Council's '*General Principles for a Registrar Training Programme*' and agreed that the Institute should revisit this document as part of its review of the training structure.

Under discussion of the emphasis on research throughout the training programme, the Team were satisfied that training on research methodologies is provided all levels of training. Formal research training is mandatory throughout RTP and is available on a non-mandatory basis throughout HST. HST trainees can accrue up to one year's credit towards training requirements for prospectively approved research within training.

The Team discussed the information provided in relation to the supports offered by the Institute to doctors who wish to avail of flexible or less-than-full-time training opportunities. Applications for such options are processed through the Health Service Executive (HSE) and are supported by the Institute, following consideration of requests on an individual basis. The Institute should ensure that any proposed changes to training requirements which are likely to affect those availing of, or considering, flexible training should be fully communicated to all trainees.

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

The Team welcomed the information provided by the Institute which described the practise-based nature of specialist training in obstetrics and gynaecology. Trainees progress training with increasing responsibilities and decreasing supervision, as would be typical of the general model of specialist medical training. All approved training posts are organised into rotations which are completed at clinical sites which have been approved for such purposes by the Institute.

At BST level, trainees complete their rotations in one of five training hubs, each of which is aligned to a major hospital. Each training hub has a dedicated BST hub co-ordinator. The Team felt that having a hub co-ordinator with particular responsibility for ensuring the consistent application of policies throughout basic training was an excellent idea which would doubtless benefit trainees at this level. In addition, the Team were advised that a number of 'standalone' SHO posts had been incorporated into the BST programme. The Team agreed that this was likely to support the goal of providing a consistent training experience to trainees.

Based on the documentation provided, the Team were satisfied that there was an appropriate blend of practical and theoretical emphasis throughout training. Practical experience is provided in a supervised hospital setting and is supported by approved trainers along with other team members and hospital staff. The availability of appropriate study space and the associated opportunity to avail of same is an integral part of the Institute's hospital accreditation process, which is mentioned later in this report. The Institute's assessment policy and methodology supports the safe progression of trainees through training and ensures that trainees are working to an appropriate degree of independence.

## **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 confirmation from the Institute that the underlying ethos of the training programme is that assessment drives learning, with a combination of formative and summative assessment methods employed throughout training.

The information provided in relation to the use of OSATS was welcomed by the Team who agreed that this objective assessment tool can be an extremely useful determinant of technical ability if used correctly. The ePortfolio, which was recently introduced by the RCPI in each of its constituent training bodies, can be used by trainees to request a OSATS assessment in keeping with the requirements of the curriculum. The Team agreed that trainee performance in OSATS should be closely monitored alongside trainee progression in other areas of the programme. There may be instances where trainees are underperforming in OSATS while otherwise progressing in training and any such anomalies should be investigated as part of the ongoing validation of OSATS as an assessment tool.

The Team were concerned that Multi-source Feedback (MSF) is currently only employed by the Institute as a means of assessing trainees who have already been identified as underperforming or otherwise experiencing difficulty in training. In this way, MSF can almost be viewed as a means to identify a trainee in difficulty. The Institute confirmed that it intended to roll-out the use of MSF for all its trainees and this was welcomed by the Team.

The Institute confirmed that a process of blueprinting was underway throughout the RCPI structure. The Team were agreed that the mapping of curriculum components against assessment and learning was a worthwhile exercise and one which will underpin the Institute's commitment and obligation to appropriate assessment of trainees.

The Team noted that the RCPI established an Assessment Strategy Development Group in 2011 which will review assessment policies and methodologies to ensure that its constituent training

bodies are benchmarked against best international practice in this area. The Team welcomed this confirmation on the basis that high quality assessment throughout training is of paramount importance in the development of highest quality medical practitioners. The Team discussed the importance of validating assessment methods against their suitability for the specialty in question and agreed that some assessment methods may be neither useful nor appropriate to measure competence in obstetrics and gynaecology. The Institute confirmed that it was fully responsible for determining the specialty-specific aspects of assessment methods such as Case-Based Discussions (CBD) and Workplace Based Assessments (WBA).

Regular assessment of trainees is the primary means by which trainees who are experiencing difficulty throughout training are identified by the Institute. When concerns are identified, it is the responsibility of trainers to instigate remedial action. Such remedial action may take the form of repeated OSATS assessments, the introduction of targeted training or another intervention which will be designed to address the concern. Trainees at all levels are subject to a formal annual assessment with a panel of assessors. At RTP and HST levels, the panels of assessors will include the Associate National Specialty Director or National Specialty Director, the trainer and another consultant. Such annual assessments are an opportunity for concerns to be highlighted which may impact upon the documentary evidence issued to trainees which is required to progress in training. The requirement for trainees to hold the appropriate documentation in order to progress in training was regarded by the Team as being a valuable safeguard.

Under discussion of the quality of assessments, the Team noted that an external review of MRCPI exams took place in 2011 by Professor John Norcini of the Foundation for Advancement of International Medical Education and Research (FAIMER). Professor Norcini's more general recommendations are in the process of being applied to all exams throughout the RCPI structure, following which there will be an analysis of the specialty-specific aspects of the Institute's membership exam. The Team agreed that Council should be kept updated on developments in this area as part of ongoing quality assurance arrangements with the Institute following this review. Council should also receive an update in relation to the impact of the Norcini Report on the Institute's exam standard-setting policies as external review and validation in this area was viewed by the Team as being of high importance.

The Team considered the information provided in relation to the Institute's assessment of specialists trained overseas who wish to register with the Medical Council as specialists in obstetrics and gynaecology. The Team noted that contractual arrangements between the Medical Council and the Institute are under consideration which will seek to formalise arrangements in this area.

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

Standard (6) incorporates the following elements:

- 6.1 ONGOING MONITORING
- 6.2 OUTCOME EVALUATION

As part of its commitment to the ongoing quality assurance and evaluation of its training programmes, the Institute engages on an annual basis in a curriculum review alongside the Education and Professional Development function within the RCPI. It is the responsibility of the Institute to approve changes to the curricula, following which the revised curricula are communicated to trainers and trainees. Curricula were recently updated to better reflect the importance of both patient safety and the Medical Council's '*Eight Domains of Good Professional Practise*' and this initiative was viewed by the Team as being noteworthy.

In terms of seeking and facilitating trainee inputs to programme development, the Team noted the range of opportunities which exist in this area. The primary means of soliciting and facilitating input to programme development is *via* the RCPI committee structure, in which the Institute is represented. However, the Team were unclear how well trainees in obstetrics and gynaecology were represented in this way, considering the number of trainees and programmes of specialist training within the wider RCPI structure. Feedback is facilitated in a number of other ways including through the Junior Obstetric and Gynaecological Society, through feedback sought from trainees as part of the annual assessment process and as a result of the recent introduction of the RCPI ePortfolio. The Trainees confirmed that while they were aware of the existing opportunities to become involved at committee level in the Institute, the extent to which trainees can avail of these opportunities is affected by location of training sites and the service demands at those sites. The Team agreed that there may be information technology solutions available which could maximise opportunities in this area, such as the use of video-conferencing to attend meetings.

Following a process of self-analysis, the RCPI and Institute are of the opinion that current arrangements in this area could be strengthened and that opportunities to better engage with trainees will be explored as part of the Exemplar programme, which is mentioned earlier in this report.

As mentioned previously, the Institute, along with other bodies within the RCPI structure, are due to benefit from an ambitious ICT strategy which *inter alia*, will support the quantitative and qualitative measurement of graduate outcomes. The Team also noted that the RCPI have recently established a research department, one of whose priorities will be to oversee the research of graduate outcomes including career tracking.

## **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 in relation to the Institute's admission policy and selection process. The information in relation to the application numbers and success rates at HST level for the last number of years was also considered. The Team were unclear whether current arrangements within the Institute supported the transfer of candidates' interview scores between training sites. The Team agreed that this clarification would be very helpful in the context of the requirement for equitable and transparent selection policies. The Institute confirmed that the RCPI's internal quality assurance programme will drive a significant review of standards in this area.

The Team discussed the range of opportunities which exist for trainees to participate in the governance of their training body. The Institute's ambitions to improve opportunities in this area have already been mentioned in this report but the Team were satisfied that the training body places a high value of trainee inputs. The Institute should continue to engage with trainees in this area to reaffirm that trainee inputs are valued and are a fundamental component of the Institute's quality assurance arrangements.

The trainees felt that communications and information-flow within the Institute was generally strong but that there was some room for improvement. The Team agreed that the ePortfolio, and the strong focus on the development of online services within RCPI, should help to address shortfalls in this area.

The Team were keen to explore the processes which are in place to resolve training problems and in particular, the extent to which trainees are supported throughout the resolution process. The Team agreed that the Institute should be cognisant of the inherent dilemma faced by trainees when considering if and how to voice concerns about individual trainers or supervisors. As part of the overall feedback mechanism, the Team agreed that while opportunities existed to raise concerns in an anonymous manner, the Institute should reflect on the challenges of supporting trainee anonymity in the context of a relatively small specialty. However, the Team were satisfied that Hub Co-ordinators and other senior training co-ordinators can be approached informally in the first instance by trainees, and that trainees feel comfortable to do so.

## **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 that the Institute recognises over eighty physicians as trainers and that the key responsibilities of these trainers are set out in the relevant literature which is provided to trainers. One of the objectives of the Exemplar programme is to provide further definition on the roles and responsibilities of trainers and the Team welcomed this confirmation as consistency in trainer inputs is vital to achieving consistent programme and graduate outcomes. This review will also consider a range of measures by which trainer effectiveness is measured and where deficiencies are identified, supported through further professional development. Ultimately, the Institute must continue to satisfy itself that its trainers are appropriately prepared, supported, resourced and monitored in order to maintain the integrity of specialist training provided by the Institute.

The Team also discussed the policies and procedures in place whereby the Institute monitors the ongoing effectiveness of the training sites which it recognises for the purposes of specialist training at BST, RTP and HST levels. The Team were satisfied that approval criteria and quality assurance measures are being applied to these sites, which are inspected on a regular, cyclical basis. In addition, there are mechanisms in place to identify concerns with the standards of training at a site which may trigger a re-inspection outside of the regular schedule. Trainees highlighted to the Team that clerical or routine administrative tasks form part of their daily routine, to varying degrees depending on the training site, and that such tasks could be better performed by other hospital staff. While the Team acknowledge that this situation is not unique to trainees in obstetrics and gynaecology, nonetheless the Institute are obliged to take these concerns into account as part of its accreditation of training sites.

The Team discussed the opportunities which exist for trainees to gain experience in the private sector. There is currently only one private clinical facility which is approved by the Institute for the purposes of training and the Institute confirmed that it had received no other representations from the private sector in order to become a training hospital. The Team agreed that further consideration could be given to developing opportunities in this area on the understanding that there may be potential to broaden the range of clinical opportunities for trainees.



## **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 Institute 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).

FINAL

## **D. Appendices**

### **Appendix 1- Agenda**



## **Comhairle na nDochtúirí Leighis**

### **Medical Council**

**Institute of Obstetricians and Gynaecologists**  
**Accreditation Session, Kingram House**  
**6<sup>th</sup> June 2012**

#### **Accreditation Team**

Professor William Powderly (Chairperson, Council Member)  
Professor David Barlow (External Assessor)  
Dr Sinead Murphy (External Assessor)  
Dr Dermot Power (External Assessor)  
Professor Wendy Reid (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