



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 Irish College of Ophthalmologists and the Programme of Specialist Training in Ophthalmology

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Statement with regard to the Freedom of Information Acts, 1997 and 2003

The Medical Council currently makes information routinely available to the public in relation to its functions and activities and, in line with that practice, a summary of this report will be available on the Council's website, www.medicalcouncil.ie in due course.

The Freedom of Information Act is designed to allow public access to information held by public bodies which is not routinely available through other sources and access to this document may be sought in accordance with that Act. The Medical Council complies fully with the terms of the Freedom of Information Act. It should be noted that access to information under the Freedom of Information Act is subject to certain exemptions and one or more of those exemptions may apply in relation to some or all of this report.

FINAL

A. Preface

1. Context of the Accreditation Session

The Medical Council Accreditation Team met with the Irish College of Ophthalmologists on 27th February 2013. The Team's remit was to assess the College and the Programme of Specialist Training in Ophthalmology against the '*Medical Council Accreditation Standards for Postgraduate Medical Education and Training*' (approved 1st June 2010 and revised 25th 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 Dr Hemal Thakore, Dr Jason Last, Ms Mairead Boohan, Dr Dermot Power, Ms Fiona O'Sullivan and Ms Carmel Noonan; 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 Irish College of Ophthalmologists 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 College was asked to complete and document a self-evaluation process based upon the '*Medical Council Accreditation Standards for Postgraduate Medical Education and Training*'. In addition, the College was asked to provide details of the process and associated timescale by which consideration is given to and recommendations made to Council arising from assessment of applications to the Specialist Division of the Register in accordance with Section 47(1)(f) of the Medical Practitioners Act 2007 and Rules of Registration 2011. This documentation was reviewed by the Team. Full details of the material which was requested from the College is included in Appendix 2 of this report.

4. Schedule

The accreditation session included a private morning meeting of 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 College.

5. Appendices

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

6. The Report

The '*Medical Council Accreditation Standards for Postgraduate Medical Education and Training*' formed the basis of the evaluation of both the College 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 PDC

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

1. **The Programme of Specialist Training in Ophthalmology** 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 Irish College of Ophthalmologists** should be approved by Council under Section 89(3) (a) (ii) of the Medical Practitioners Act 2007 as the body which may deliver the Programme of Specialist Training in Ophthalmology approved under 1. above. This recommendation is made on the grounds of the College's ongoing compliance with the rules, criteria, guidelines and standards approved by Council as specified in Sections 87(3), 88(1)(a), 88(4)(b), 88(4)(d) and 89(3) of the Medical Practitioners Act 2007, with the caveat of the condition as set out below.

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

2. Priority Recommendations to the Body:

The Team makes nine priority recommendations to the College as follows:

- (a) The College should ensure that the scope of practice of community-based ophthalmologists is fully reflected in the College's documentation, the programme curriculum and the competencies which the College are seeking to develop in its trainees.
- (b) The College should introduce community-based training into the programme, and maximise the use of community-based trainers.
- (c) The College must revise its documentation and processes to consolidate all exit criteria into the award of a single certificate on completion of training, to be called a Certificate of Satisfactory Completion of Specialist Training (CSCST).
- (d) The College should clarify the purpose of the fourth year of training, and address the other concerns regarding the fourth year of training which are expressed in this report.
- (e) The College must prioritise the introduction of curriculum content and specific training to develop relevant commercial and practice-management skills in its trainees.

- (f) The College should provide Council with an update in relation to the current curriculum blueprinting, including a timetable for completion. The College should also provide a map of the full range of assessment activities at different stages of training.
- (g) The College should seek to maximise formal opportunities for patient and lay involvement within the College's governance structure, and ensure that these opportunities are formally reflected through the terms of reference.
- (h) The College should provide Council with full details of previous efforts to develop and establish a HST programme, and clarify how or if this programme was intended to broaden the scope of practice of medical ophthalmologists.
- (i) The College should ensure that trainees receive detailed feedback if assessments raise concerns during training.

3. Other Recommendations to the Body:

- (a) The College should increase its focus on the development of research skills throughout the programme.
- (b) The College should provide Council with a copy of its Articles of Association.
- (c) The College should provide Council with the full report which was issued by the European Board of Ophthalmologists to the College following its 2007 inspection.
- (d) The College should provide Council with full details of the independent strategy review which was completed in 2012.
- (e) The College should develop a clear process to consider and implement recommendations arising from external reviews.
- (f) The College should provide Council with full details of graduate numbers and attrition rates, and an indication of the numbers of its graduates who typically access the HST programme in ophthalmic surgery. The College should also clarify the number of trainees who typically have already completed a period of specialist training in other disciplines.
- (g) The College should confirm the circumstances which would trigger an unanticipated assessment of a trainer or a training post.
- (h) The College should provide Council with further details of the nature and outcomes of its interactions with domestic and European stakeholders.
- (i) The College should provide details of trainees who have availed of flexible training opportunities.
- (j) The College should consider the benefits of introducing a period of mandatory committee participation for trainees

- (k) The College should continue to ensure that its process for resolving training disputes is transparent, and takes account of the relatively small size of the organisation.
- (l) The College should provide Council with specific content details of the ePortfolio.
- (m) The College should reflect on its current policy which currently does not limit the number of times which trainees may take the MRCSI (Ophthalmology) exams.
- (n) The College should maximise the use of external assessors on assessment panels.
- (o) The College should consider increasing the frequency of DOPS assessments.

4. Commendations:

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

- (a) The contribution of the trainees who met with the Team and whose Professionalism reflected very well on the College
- (b) The professionalism demonstrated by the College, both during the self-assessment stage of the process and throughout the accreditation meeting.
- (c) The high value which is placed on trainee inputs by the College, although the College must continue to ensure that this is fully reflected in the College's documentation, training literature and formal opportunities to participate in College governance.
- (d) The human factors assessments which are used throughout training.
- (e) The high degree of support and supervision which trainees confirmed was in place throughout training.

5. Recommended Further Action:

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

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

C. Evaluation of the Body and the Programme

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

1) CONTEXT OF EDUCATION AND TRAINING

Standard (1) incorporates the following elements:

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

The Team wished to clarify the distinctions between postgraduate training/clinical practice in medical ophthalmology and surgical ophthalmology. Both specialities are accredited by the Medical Council, with responsibility for *medical* ophthalmology resting with the Irish College of Ophthalmologists (ICO) and responsibility for *surgical* ophthalmology resting with the Royal College of Surgeons of Ireland (RCSI). The documentation supplied had created some confusion about respective roles and responsibilities.

The Team noted the reference to the RCSI in the terms of reference of several ICO committees, most notably in the Manpower, Education and Research Committee. This committee, which is the College's principal committee, has overall responsibility for training in medical ophthalmology. However, the Team noted the reference to shared responsibility for training at HST level in conjunction with the RCSI. There followed a considerable discussion of the *de facto* positioning of the College within the delivery of specialist training in the broad discipline of ophthalmology. It was not evident to the Team from the documentation review, or from the Team's subsequent interactions with the College during the meeting, whether the College could be viewed as an independent training body which is preparing doctors to practice independently as medical ophthalmologists, or as a body whose function it is to prepare doctors for specialist training and practice in ophthalmic surgery. The Team agreed at the outset of the meeting that this concern should be a common reference point throughout the accreditation process.

The College delivers a programme of specialist training in ophthalmology of four years' duration. Upon successful completion of this programme, graduates are eligible to receive a Certificate of Completion of Basic Specialist Training (CCBST), and access the Specialist Division of the Medical Council's Register under the specialty of 'Ophthalmology'. The Team noted that training has recently been extended to four years duration but is still entitled 'Basic Specialist Training (BST)'. The HSE has not established consultant posts in medical ophthalmology. Numbers of specialists in medical ophthalmology are taking up positions in the community which may have contractual funding arrangements with the HSE for some portion of their work and private practice arrangements for other portions.

Under discussion of the background to the current reference to ophthalmology being delivered at BST level, the Team was advised that completion of training in medical ophthalmology is a pre-requisite for doctors who wish to pursue specialist training in ophthalmic surgery. Specialist training in ophthalmic surgery is provided by the RCSI, the training body with responsibility for the delivery of surgical training in the State. The College confirmed that it enjoyed a constructive and collaborative relationship with the RCSI, and is confident that

arrangements between the two bodies supported the independence of their respective functions. The College is satisfied that the cross-representation between the Colleges at committee level helps to ensure that this articulation and continuity exists. The College also confirmed that many ophthalmic physicians contribute towards training in ophthalmic surgery. The Team agreed that the relationship between the two Colleges, and the articulation between training in medical ophthalmology and ophthalmic surgery, should be addressed thoroughly as part of this accreditation process.

In addition, the Team recommends that the Medical Council makes direct reference to this accreditation report in any future assessment of the programme of specialist training in ophthalmic surgery. This recommendation is made on the basis that entrants to the RCSI's training programme in ophthalmic surgery are required to have already completed specialist training in medical ophthalmology. This issue is explored in greater detail elsewhere in this report.

The Team identified a significant opportunity for the College to increase the formal lay and patient representation within its committees. The College confirmed that it was strongly committed to reflecting the opinions, concerns and needs of the public in the development of the College, and within the delivery of the training programme. However, the College agreed that this commitment was not fully reflected in committee membership in or terms of reference.

The Team agreed that the College should seek to maximise formal opportunities for patient and lay involvement, as this would greatly complement the College's involvement in areas such as the National Diabetic Strategy, and the College's relationship with the National Council of the Blind of Ireland.

The trainees who met with the Team confirmed that the College actively sought their views and opinions, and that this trainee input was very highly valued. There is a trainee representative on the Manpower, Education and Training Committee, and trainees are encouraged to participate in full and open discussion at the start of each meeting of this committee. The trainees confirmed that the relatively small size of the College, coupled with the positive individual relationships between trainees and College representatives, ensures that the 'trainee voice' is very well-reflected in the College. The Team welcomed this confirmation, and commended the College on its obvious commitment in this area.

The Team acknowledged that it was possible to view the College, and the training programme, as meeting the basic standard of preparing doctors to practice independently as medical specialists. However, the Team agreed that it was necessary to view the operation of specialist training in medical ophthalmology in a wider context. This was in order to ensure that Council's postgraduate accreditation standards, and Council's expectations of training bodies and programmes are being met.

The Team were keen to explore with the College representatives whether they considered the training programme to be equally appropriate for producing specialists in medical ophthalmology, *and* for preparing doctors for further specialist training in ophthalmic surgery. The College confirmed that it felt these two outcomes were fully compatible, and should not be viewed as being mutually exclusive. The Team agreed that for this to be a valid assertion, there must be strong evidence of an outcomes and competency-based approach to training in ophthalmology, and a clear articulation between the training programmes provided by ICO and RCSI. The Team agreed that this evidence was not apparent.

The College confirmed that it had previously explored a HST programme for medical ophthalmology. This process led to the establishment of a four year training programme in

medical ophthalmology. The Team agreed that the College should provide Council with full details of previous efforts to develop and establish a HST programme, and to clarify how or if this programme was intended to broaden the scope of practice of medical ophthalmologists.

The Team agreed that details of the future training and career aspirations of the trainees would greatly assist the Team's understanding of the College's role, and the role of the programme of specialist training in ophthalmology. The majority of the trainees who engaged with the Team confirmed that they viewed themselves as being on a training pathway which they hoped would lead to practice in ophthalmic surgery. However, the trainees expressed concern at the significant "bottleneck" faced by those doctors who wish to access the programme of specialist training in ophthalmic surgery. Given this bottleneck, it was the Team's perception that many doctors who had originally hoped to pursue careers in ophthalmic surgery may have ended up pursuing an alternative, albeit affiliated, career path.

While the Team recognised that bottlenecks between different stages of training are evident in other training bodies, and in most specialties, the College were not in a position to exert much influence due to fact that the further training, which most of its graduates wish to pursue, is being provided entirely by another institution. For those graduates who continue to pursue the HST programme in ophthalmic surgery, the Team queried what advice is given by the College to support its graduates in this area. The trainees confirmed that they are encouraged to persevere, continue to publish etc. The trainees also confirmed that many trainees elect to continue their training in other jurisdictions, and in some cases pursue specialist training in disciplines not related to ophthalmology. The Team agreed that many of the challenges currently being faced by the College, including those faced by graduates wishing to become ophthalmic surgeons, is being compounded by the lack of a national strategy in the broad discipline of ophthalmology. On this point, the Team acknowledged the significant challenge being faced by the College in aligning the training programme, and graduate numbers, to the national requirement for medical ophthalmologists.

The trainees confirmed that they perceived a 'lack of parity of esteem' issue between surgeons and physicians in the discipline of ophthalmology. The Team agreed that this was a significant concern which the College must address. The College confirmed that the image and reputation of medical ophthalmology is set to improve over the coming years, due in part to the ongoing development of the role of hospital-based medical ophthalmologists.

The Team were keen to explore the issue of funding and resource allocation within the College. As is the case with each of its sister training bodies in the State, the primary source of training funding is *via* a service-level agreement with the Health Service Executive (HSE). Given the relationship between the College and the RCSI, the Team sought clarification on the movement of funds, and the commercial arrangements between the two organisations. The College confirmed that HSE funding comes directly to the College, and that it has a relationship with the HSE which is independent of the RCSI. The College is physically located in property which is owned by the RCSI, for which rent and rates are payable to the RCSI by the College. It was noted that all examination fees (MRCSI ophthalmology) are payable directly to the RCSI. It was also noted that the College does not run its own examination. This last observation is raised elsewhere in this report. In order to clarify the legal distinctiveness of the College from the RCSI, the Team agreed that the College should be requested to submit a copy of its Articles of Association to the Medical Council.

The Team noted the College's commitment to educational exchange, and noted the College's representation and involvement with a number of national and European stakeholders with responsibilities in the development and maintenance of standards in ophthalmology. The Team agreed that the College should be asked to provide some further details of the nature and outcomes of these interactions.

Under discussion of the standards relating to continuous renewal, the Team noted the information provided in relation to an independent review conducted in 2012 of the College's strategy in support of surgical training, surgical practice and professional development. However, the Team were disappointed at the lack of detail provided in relation to what was likely to have been a significant and worthwhile endeavour. The College should provide Council with full details of this review, including the specific outputs of the review. Given the reference to support ophthalmic surgery, the Team agreed that this review may provide greater insight into the articulation between training in medical ophthalmology and ophthalmic surgery. The College should also develop a clear process to implement recommendations which may come about from external review. Such a process will allow the College to assure itself, the Medical Council and relevant stakeholders, that the College's commitment to continuous renewal is fully supported by a formal implementation process.

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 in relation to the stated purpose of the College. In defining its purpose, the Team agreed that the College places a commendably high value on inputs from trainees in this area, a particular strength of the College which is mentioned elsewhere in this report. The College should continue to ensure that this commitment to trainees is supported through formal opportunities at committee level. The College may wish to consider the potential benefits of introducing a degree of mandatory committee participation by trainees.

Under discussion of graduate outcomes, the Team returned to the theme of the preparedness of graduates to practice as independent specialist in medical ophthalmology. The Team agreed that it was essential to clarify the current scope of practice of medical ophthalmologists, and to fully understand the role of medical ophthalmologists within the Irish health system. The trainees and College representatives confirmed that medical ophthalmologists primarily provide a community-based service, in a manner which parallels the scope of practice of general practitioners in many respects. However, the Team were concerned at the absence of any detail of the scope of practise of community-based medical ophthalmologists in the College's documentation. This information was requested of the College following the meeting and circulated to the Team for consideration. The Team agreed that the reality of community-based practise must be reflected in the College's documentation, and embedded fully in the curriculum, in the anticipated competencies which the College are seeking to develop in its graduates, and in the assessments which the College uses to assure itself that graduates of the training programme have been fully prepared for independent, community-based practice. The Team acknowledged that this significant concern would be a consistent reference point throughout the accreditation process. The College confirmed that the practice of hospital-based medical ophthalmology is being developed in Ireland, and that the College expects opportunities for graduates to practice in hospital settings to increase over the coming years.

The Team noted the absence of detail in relation to the numbers of doctors completing the training programme, the numbers who proceed to pursue further training in ophthalmic surgery, or the attrition rates within the programme. The College should provide the Medical Council with full details of graduate numbers, attrition rates and the number of graduates who access the HST programme in ophthalmic surgery. The College should also clarify the status

of doctors entering the medical ophthalmology training programme and in particular the numbers who have completed BST in other disciplines and the nature of those disciplines.

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 variability of the information provided in the College's documentation in relation to the duration of the training programme. It was not evident whether the programme could be viewed as being of three, or four years' duration. The College confirmed that it is possible to access the RCSI's HST programme in ophthalmic surgery after three years of training. However, the European Board of Ophthalmology Diploma (EBOD) is required in order for trainees to register and practice as medical ophthalmologists. Doctors who complete training in ophthalmic surgery are entitled to register as medical ophthalmologists, and as ophthalmic surgeons. The Team expressed some concerns at the potential knowledge gap faced by those doctors who have not been required to complete the fourth year of training in order to achieve specialist registration in medical ophthalmology.

The fourth year of training which is available to trainees is a Registrar Training Programme (RTP), although this was not evident from the documentation submitted. As already stated, a fourth year of training is required for those trainees who wish to register and practice as medical ophthalmologists. The Team agreed that it did not seem appropriate to continue to refer to the fourth year of training as a RTP, as the current requirements for a fourth year of training in certain circumstances does not appear to be compatible with the general principles of registrar training programmes. The College confirmed there were significant developments underway within the fourth year of training, and that in particular the College would be providing greater definition to the outcomes of this year of training. The Team agreed that the College should clarify the purpose of the fourth year of training, and define the anticipated outcomes operation of the RTP. The College must also address the Team's concerns regarding the variable length of specialist training in medical ophthalmology as described above.

Subject to the College addressing the above concerns, the Team agreed that there were no inherent concerns with the duration of training, nor with the prospect of doctors becoming medical specialists within a comparatively short training period when compared with other medical and surgical specialties. In this regard, a favourable comparison was drawn with the duration of specialist training in General Practice.

The Team agreed that the learning outcomes of the training programme should be better defined and recommend that the College addresses this concern. As mentioned earlier in this report, the Team were concerned at the possible mismatch between the training curriculum, and the reality of the scope of practise of community-based specialists in medical ophthalmology. As examples, there appear to be no community-based trainers in medical ophthalmology and trainees have no placements within the community. These deficits should be addressed.

Similarly the Team saw no evidence of a significant focus on equipping trainees with the commercial or management skills necessary to establish, and operate, a private, community-

based practice. The College confirmed that there are some presentations on practice management at the College's annual conference but acknowledged this deficit in the programme. The trainees were very aware of the absence of such training and preparation in the programme, and shared these concerns with the Team. However, the trainees' advised that such training is available within the RCSI HST programme in ophthalmic surgery. The Team agreed that, given the community-based delivery of medical ophthalmic treatment and practice, the College must prioritise the introduction of curriculum content and specific training to develop relevant commercial and practise management skills.

Under discussion of the opportunities for trainees to avail of flexible, or less than full time, training opportunities, the College confirmed that it was committed to supporting trainees in such circumstances. The Team noted that the HSE operate a national flexible training scheme which is common to all postgraduate training bodies, and that there is limited availability on the scheme. The trainees confirmed the appeal of flexible training, but their perception of the scheme was that it was complex to avail of. The Team agreed to request information from the College in relation to the number of trainees who have availed of flexible training opportunities.

Under discussion of the curriculum content relating to research, the College indicated that the training programme includes components on research methodologies, critical appraisal, data interpretation and evidence-based practice. The College also confirmed that trainees who are undertaking research degrees in combination with part-time clinical work receive training recognition as appropriate. However, trainees indicated that research support is absent from the curriculum and that trainees receive no formal training in relation to the publication of papers. The Team noted that this seemed incompatible with the encouragement to publish offered to those trainees who are attempting to access the RCSI's HST programme in ophthalmic surgery. Research courses do become available although it was the experience of the trainees that these courses are generally not highlighted to trainees. The College confirmed that research achievements are viewed favourably when doctors apply for specialty training in ophthalmic surgery. However, the trainees confirmed that there was very little time within the training programme to undertake research. This was acknowledged by the College who confirmed that the majority of trainees' protected time in the early stages of training is spent on exam preparation. It was also the view of the College that it is the responsibility of trainees to allocate their protected time appropriately. The Team agreed that the College should incorporate more formal research teaching into the training programme. The Team felt that it was important for a programme which trains specialist physicians to equip these physicians with core research skills.

The Team sought clarification on the extent to which trainees are involved in curriculum design and development. The College confirmed that this was an area in which the College would need to improve, and acknowledged that international best practice would actively seek out trainee inputs in this area.

Successful completion of the training programme leads to the award of a Certificate of Completion of Basic Specialty Training (CCBST). As mentioned elsewhere in this report, the College does not provide a distinct HST programme of training. In order to clarify this fact, and to distinguish the programme from the programme of specialist training in ophthalmic surgery, the College should revise its nomenclature and begin to issue Certificates of Satisfactory Completion of Specialist Training (CSCST) in medical ophthalmology.

The Team noted the information provided by the College in which the College stated that trainees need to hold the European Board of Ophthalmology Diploma (EBOD) before they are eligible to access the Specialist Division of the Medical Council's Register. The Team were advised that the Medical Council's sole dialogue on matters relating to specialist registration is

with postgraduate training bodies in Ireland, and that the Medical Council has no other relationship with external agencies in registration matters, other than with national medical regulatory authorities. It is a basic requirement of training bodies to provide a single certificate on completion of training which will allow trainees to automatically register as medical specialists. The College must revise its documentation and processes to take full account of this requirement, and to consolidate all exit criteria into the award of a single certificate.

4) THE TRAINING PROGRAMME - TEACHING AND LEARNING

The Team appreciated the detail provided by the College which confirmed the practice-based nature of medical ophthalmology training, and which also confirmed the trainees' personal participation in relevant aspects of the health service, including in hospital settings. The College confirmed that all trainees are required to participate in on-call rotas. The trainees confirmed that there were variable expectations at different training sites of trainees in the context of on-call participation. Some training sites require a significant contribution from trainees in this area, whereas the volume of on-call activity at other training sites can be relatively modest. The Team acknowledge that there will always be some clinical sites whose patient throughput and general clinical activity will exceed those of other clinical sites. However, the Team agreed that the College should continue to ensure that all trainees are having as equivalent an overall training experience as possible in this particular area. In addition, the College must ensure that the level of supervision of trainees, particularly during on-call, continues to be appropriate.

The Team acknowledged that the nature of medical ophthalmology means that training is centred on participation in clinics, where the level of supervision is a key determinant of patient safety and of the quality of training. The trainees confirmed that they felt very well-supervised, and that there was strong consultant report before and after procedures. It was the perception of the trainees that they receive among the highest levels of supervision in specialty training.

The Team were keen to explore the range of opportunities which may exist for trainees to gain experience away from main hospital sites. This discussion was of particular significance given the apparent mismatch between the programme curriculum, and the community-based practice of many ophthalmic physicians. The Team were advised that the training programme provides no community-based training experience, although community-based practitioners were confirmed as contributing to the teaching programme, albeit in hospital settings. The Team were very concerned at the lack of opportunities for trainees to complete any significant portion of their training in locations which would be indicative of their future practice settings. As mentioned earlier in this report, trainees expressed concern at the lack of curriculum content in the area of practice management. Lack of relevant curriculum content in this area, coupled with the lack of training opportunities in community settings, carries with it the potential to produce medical specialists who are not fully prepared for independent practice. The Team agreed that the College must address these concerns as a matter of urgency.

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 College's confirmation that the assessment approach and methodology in operation is mapped to the programme curriculum, and also to the Medical Council's '*Eight Domains of Good Professional Practice*'. The formative and summative assessments are intended to gauge trainee development and performance throughout training, and to identify shortfalls or concerns in order that targeted training or remedial measures can be arranged. Assessment outcomes feed into the trainees' Competence Assessment and Performance Appraisal (CAPA) process, a process which sees each trainee undergoing a significant appraisal after every six months during training. The College confirmed that the high ratio of trainers to trainees strengthens the overall assessment regime, and provides enhanced opportunity for concerns to be identified as early as possible.

It was not evident from the documentation provided whether trainees received copies of their CAPA forms. The Team recommend that trainees systematically receive detailed feedback if the CAPA process raises concerns. In addition, the College should introduce a system which systematically records and reflects upon all trainee feedback received throughout training, including any feedback which may be solicited through the CAPA process. This process must be clearly communicated to trainees in order to reinforce the high value which the College places on trainee inputs.

All trainees are subject to human factors assessments which use professional actors in Objective Structured Clinical Examination (OSCE)-type assessments, the purpose of which is to assess development of interpersonal skills and conflict management skills. The Team agreed that this was a praiseworthy model of assessment of a range of skill-sets which can sometimes be under-represented in medical training.

The Team noted the frequency with which workplace based assessments (WBAs) are undertaken. The Team agreed that the frequency of Direct Observation of Procedural Skills (DOPS) should be increased from the current minimum of two DOPS per six-month rotation. The Team acknowledged that the minimum requirement may not fully reflect the actual frequency of such assessments. WBAs are not currently in operation although the College and trainees confirmed that they are being used on a trial basis initially, before being fully introduced.

The Team identified significant opportunities for improvements in broad area of assessment and agreed that the College must ensure that its assessment methods are fully aligned and appropriate for the learning outcomes being assessed. The College confirmed that it was currently revising the training curriculum, and is committed to undertaking a robust mapping and blueprinting process, which will work backwards from training outcomes. The College should provide Council with full details of the progress being made in this area, along with a clear timetable for completion. The College should also provide Council with a map of the full range of assessment activities at different stages of training.

Under discussion of external benchmarking and referencing, the Team noted that the College does not operate its own exam and that some of the principal summative assessments which trainees will undergo are examinations of the RCSI and the European Board of Ophthalmology. The College confirmed its curriculum content is based on the RCSI exams, and that these exams are as clinically relevant as possible. The Team noted that there is no current limit on the number of times which trainees may sit the MRCSI (ophthalmology) exams. The College should be asked to reflect on whether this policy has the potential to undermine the effective training time of those doctors who repeat these exams on a number of occasions. The College should also be cognisant of trainees who are repeatedly unsuccessful in exams in its curriculum and assessment blueprinting.

The Team noted the absence of externs on assessment panels, and that the programme is constructed, delivered and assessed by College representatives. The Team agreed that there was considerable scope in this area for the College to widen its panel of assessors to capitalise on the expertise of external and independent assessors.

The Team noted the recent introduction of an electronic surgical logbook, in collaboration with the RCSI. The Team acknowledged the many practical advantages which electronic logbooks can have, and how their effective use can help to standardise many elements of an assessment process. Although the Team did not have access to the electronic portfolio before or during the meeting, the College agreed to provide specific content details if requested. The College should be asked to provide Council with these specific details, either through electronic access or through printed means.

6) THE CURRICULUM - MONITORING AND EVALUATION

Standard (6) incorporates the following elements:

6.1 ONGOING MONITORING

6.2 OUTCOME EVALUATION

The College confirmed that it regularly evaluates and reviews the training programme, and that the principal committee involved in this activity is the Manpower, Education and Training Committee. This committee meets four to five times per year to assess the ongoing validity of, *inter alia*, the curriculum, assessment methods and CAPA appraisals. The Team noted a range of quality improvements which have been introduced in recent years arising from the work of this committee. These include the addition of an on-line learning programme, and the development of a surgical skills simulation lab. The College confirmed that its Dean and Vice-Dean are members of the RCSI's BST committee, and the SubForum Committee on Education. These interactions help to inform best practice within the College, and enable the College to keep abreast of best national and international practice.

The Team noted that the College is currently introducing the RCSI's 'Qualitrain' process, a process which is intended to improve the quality and consistency of trainer inputs. The Team acknowledged the impact which individual trainers can have on the quality of training, and agreed that it was appropriate for the College to place a high value on the quality assurance of these trainers.

The College confirmed that the European Board of Ophthalmology (EBO) visited and inspected the College, and the College's training sites, in 2007. The outcome of this inspection process was that the College's training programme received EBO approval for five years, with EBO re-accreditation currently underway. The Team agreed that this external accreditation would be a prime opportunity for the College to demonstrate its ability and willingness to react to external quality assurance. The College should provide Council a copy of the final accreditation report which was issued by the EBO on completion of the 2007 inspection, including full details of the EBO recommendations which have been implemented by the College.

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 College's admission and selection policies. The principles underpinning these processes were viewed as being very appropriate, and are publicly available. There is a dedicated working group within the College which reviews the selection process each year, and the Team were subsequently assured that the College places a high value on the transparency and fairness of arrangements in this area.

The Team noted some inconsistency in the College's documentation in relation to the extent to which trainees are involved in the governance of training. This point is raised elsewhere in the report. The Team agreed that the College is fully committed to maximising the role of trainees within the College, and recommend that the College ensure that this commitment is fully evident in its documentation and training literature.

The trainees confirmed that, in general, they are kept very-well informed of developments within the College, and on matters impacting upon training. The College are proactive in this area, and make good use of its website and email facilities to keep in touch with trainees. In addition, the College is a relatively small organisation which fosters strong relationships between College representatives and trainees. By and large, the trainees viewed this situation very positively but expressed some concern at the potential for difficulty should training disputes or grievances arise. The trainees confirmed that it can be difficult to raise concerns or provide feedback in a truly anonymous fashion, and this has the potential to affect the quality of feedback from trainees. However, the trainees feel very well-respected and supported by the College in this area. This confirmation was viewed by the Team as being a significant strength of the College. The College should continue to ensure that there are transparent and appropriate mechanisms for raising concerns, and that these mechanisms take account of the size of the organisation.

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

As mentioned earlier in this report, the College have introduced a process which will quality assure and standardise the inputs of trainers throughout the training programme. The College currently recognises all hospital-based consultant ophthalmologists, and requires all training supervisors to hold specialist registration with the Medical Council. There are seven teaching hospitals involved in the delivery of on-site training. As discussed elsewhere in this report, the Team were very concerned at the absence of community-based training in the programme, as this did not reflect the high likelihood of trainees ultimately working in community-based settings.

The College confirmed that it was introducing a 'train the trainers' course later this year. The College is also considering the development of a bespoke course in this area. The Team commended the College's initiative and would encourage the College to provide an update on developments in this area. In addition, the College should be asked to confirm whether they intend to provide training in the theory and practice of WBAs to trainers. The Team were uncertain whether it is mandatory for recognised trainers to complete the 'train the trainers'

course. The Team emphasised that there should be compulsory training in this area, and agreed that the College should be asked to confirm the implementation of this requirement.

Training posts and training supervisors are re-assessed every five years. Given the duration of the College's training programme is less than five years, the Team considered whether this interval was appropriate. In addition, the Team were uncertain of the circumstances which might lead to earlier re-assessments, and whether trainee feedback is viewed as a key factor in this area. The College should consider revising the frequency of assessments in this area. The College should also confirm the circumstances which would trigger an unanticipated assessment of a training post or supervisor.

9) CONTINUING PROFESSIONAL DEVELOPMENT

Standard (9) incorporates the following elements:

9.1 CONTINUING PROFESSIONAL DEVELOPMENT PROGRAMMES

9.2 RETRAINING

9.3 REMEDIATION

Under discussion of this element of Council's accreditation standards, the Team noted that the College 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 College confirmed its commitment to meeting Council's requirements in the areas of retraining and remediation.

END REPORT

D. Appendices

Appendix 1- Agenda



Comhairle na nDochtúirí Leighis

Medical Council

Irish College of Ophthalmologists
Accreditation Session, Kingram House
27th February 2013

Accreditation Team

Professor Gerry Bury (Chairperson, Council Member)
Dr Hemal Thakore (External Assessor)
Dr Jason Last (External Assessor)
Dr Dermot Power (External Assessor)
Ms Margaret Boohan (External Assessor)
Ms Fiona O'Sullivan (External Assessor)
Ms Carmel Noonan (External Assessor)

Agenda

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