



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 Committee on Higher Medical Training (ICHMT) and the Programme of Specialist Training in Endocrinology & Diabetes Mellitus**

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

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

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

FINAL

## **A. Preface**

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

The Medical Council Accreditation Team met with the Irish Committee on Higher Medical Training (ICHMT) on the 15<sup>th</sup> March 2012. Its remit was to assess the ICHMT, the Programme of Specialist Training in Endocrinology and Diabetes Mellitus 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 Mr Daragh Moneley, Dr Sinead Murphy, Professor Davinder Sandhu, Dr Peter Selby 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 Irish Committee on Higher Medical Training 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 Body 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 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 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 Body.

### **5. Appendices**

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

## B. Summary and General Assessment

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

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

1. The **Programme of Specialist Training in Endocrinology and Diabetes Mellitus** 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 Committee on Higher Medical Training** should be approved *with one condition* under Section 89(3)(a)(ii) of the Medical Practitioners Act 2007 as the body which may deliver the Programme of Specialist Training in Endocrinology & Diabetes Mellitus 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) Council is provided with details of the Exemplar Programme including the full scope of the programme and the associated timelines. Council should also be advised which elements of the Exemplar Programme will be generic to all Training Bodies within the RCPI structure and which will be specific to the Irish Committee on Higher Medical Training.

#### **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 Endocrinology and Diabetes Mellitus.

In addition to the Programme of Specialist Training in Endocrinology and Diabetes Mellitus, the College currently delivers programmes of specialist training in a number of additional recognised medical specialties. These are:

1. Cardiology
2. Clinical Pharmacology & Therapeutics
3. Dermatology
4. Gastroenterology
5. General (Internal) Medicine

6. Genito-Urinary Medicine
7. Geriatric Medicine
8. Infectious Diseases
9. Medical Oncology
10. Nephrology
11. Neurology
12. Palliative Medicine
13. Rehabilitation Medicine
14. Respiratory Medicine
15. Rheumatology

These programmes will continue to be recognised by the Medical Council until such time as they have been formally *accredited*.

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

The Team makes seven priority recommendations to the Irish Committee on Higher Medical Training as follows:

- (a) The Body should clarify the role of the Registrar Training Programme (RTP) within the overall training path and the options available to trainees on completion.
- (b) The Body should update and modernise the RTP curriculum.
- (c) The Body should explore opportunities for the mutual recognition of core elements of specialist training delivered by training bodies.
- (d) The Body should undertake a review of BST training to ensure that it is meeting the same high standards with which HST is being delivered.
- (e) The Body should seek to implement a rigorous quality assurance process through which consistency of trainer inputs can be achieved.
- (f) The Body should seek to increase the scope for trainees and the public to contribute towards delivering the Body's core objectives.
- (g) The Body should continue to promote the value of research throughout the training programme.

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

- (a) The Body should undertake to analyse programme attrition rates at all levels of training.
- (b) The Body should ensure that its policy in relation to flexible training applies equally to trainees at all stages of training.
- (c) The Body should endeavour to incorporate a range of modules into the programme which will equip trainees with the skills and competencies required to undertake roles as senior managers within a health service.

- (d) The Body should ensure that trainees are facilitated to attend teaching and training opportunities.
- (e) The Body should map its assessment forms to the competencies required of trainees at different stages of training.
- (f) The Body should ensure that doctors are fully aware of their personal, professional and ethical responsibilities throughout training with specific reference to the Medical Council's '*Guide to Professional Conduct and Ethics for Registered Medical Practitioners, 7<sup>th</sup> Edition 2009*'.
- (g) The Body should seek to have its hospital site accreditation criteria reflected in the formal arrangements it holds with training sites.

#### 4. Commendations:

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

- (a) The trainees, whose enthusiasm and commitment reflected very well on the ICHMT.
- (b) The obvious commitment of the Body towards the delivery of high quality training.
- (c) The strong leadership role demonstrated by the Body in its interactions with the wider health sector.
- (d) The high profile afforded to the Medical Council's '*Eight Domains of Good Professional Practice*' throughout training.

#### 5. Recommended Further Action:

Ongoing engagement with the Body will be a key part of this quality assurance process. In support of this process, the ICHMT 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 welcomed the information provided by the ICHMT in relation to its governance arrangements and in relation to the Body's position within the overarching governance structure of the Royal College of Physicians of Ireland (RCPI).

Overall, the Team were satisfied that there are appropriate mechanisms in place through which the Body can drive quality assurance, maintain standards and otherwise support the Body's objectives *via* dedicated committees and forums. However, the Team noted ample scope for the Body to ensure that the contributions from the public and patients in this area are facilitated.

Following discussion of the composition of the Body's principal committees and forums, the Team were concerned that trainees appear to be under-represented throughout. The Team were of the opinion that trainees, as principal stakeholders who hold a unique and invaluable 'consumer' perspective, should be better supported to contribute to the overall quality of training. In addition, the Team were agreed that it would be appropriate for the Body to create additional opportunities for patient groups to contribute to policy development within the Body and, in line with earlier comments relating to trainees, provide added perspective. The Body confirmed that patient groups have an opportunity to contribute towards curriculum development *via* membership of the ICHMT's Ethics Working Group. The Body also confirmed that the issue of increasing the range of external inputs throughout the ICHMT would be discussed at the RCPI Annual Review Day in late 2012.

The Team noted that the Body is developing an ambitious 'Exemplar Programme' which will serve as the foundation for extensive reform within the Body and which will seek to provide a framework for addressing concerns within the RCPI structure, both self-identified and identified through external reviews. The Exemplar Programme, which was referenced widely throughout the Body's submission, was viewed by the Team as being a praiseworthy initiative. However, the Body did not include specific details of this programme as part of its accreditation submission. Accordingly, the Team were not aware of specific timelines or details of the full scope of the Exemplar Programme. For this reason, the Team agreed that such details should be submitted to the Medical Council at the earliest opportunity. In addition, the Body should identify which elements of the Exemplar Programme will be generic for all training bodies within the RCPI structure and which elements would be specific to the ICHMT. The importance of this is reflected in the condition to approval which the Team has recommended.

The Team were agreed that the Body places an appropriate emphasis on its educational remit which was evident through confirmation from the Body that approximately half of its annual budget is allocated to educational and training activities. This resource commitment was viewed

by the Team as being praiseworthy, especially in light of budgetary constraints which the Body is operating under.

The Body's primary source of funding is *via* the training agreements which the Body holds with the Medical Education and Training unit of the Health Services Executive (HSE). The Body is also the beneficiary of Fellows' / Members' subscriptions, course fees and donations / awards. The Team noted that funding received from the HSE does not fully cover the costs borne by the Body in the delivery of training and that this shortfall creates a sizeable challenge for the Body. The issue of funding shortfall is compounded by the current arrangements whereby funding levels are negotiated with the HSE on an annual basis. The Body confirmed that, for reasons of planning and financial necessity, the ICHMT sets its own budgets on a 3-5 yearly basis. The Team were agreed that the current HSE funding model is one which is likely to pose a serious challenge for all training bodies; the ICHMT should be supported by the Medical Council in its aspiration to secure long term block funding. Stability in the area of funding arrangements was viewed by the Team as being essential for future planning and for maintaining the standard of training delivered.

In addition, a number of the trainees who met with the Team queried whether the Body may be in a position to introduce Fellowship funding as an integral part of the training scheme.

With specific reference to the Body's stated difficulties in securing funding for academic trainers, the Body should be supported in its efforts to raise the role and profile of academic specialists working within and on behalf of the organisation. The Team agreed that, on a national level, the lack of funding available for such appointments was an ongoing concern. The Body confirmed that it was endeavouring to align each of its trainers to nearby academic centres; this was viewed by the Team as being a positive development.

The Team noted the extent of the Body's collaboration with other providers of Medical Education and Training and were satisfied that the documentation provided by the Body was evidence of commitment to best national and international practise in this area. In addition, the Team were satisfied that the Body, through its interactions with the health sector in general, is making a contribution towards the development of medical education and training which is appropriate to the Body's relative size within the specialist training sector.

In relation to the above comments regarding collaboration and interaction, the Team were cognisant of the fact that the significant contributor in many cases was the Royal College of Physicians of Ireland (RCPI), on behalf of its six constituent training bodies of which the ICHMT is one. This observation formed part of a wider discussion by the Team in relation to the degree to which the ICHMT could be viewed as a distinct training entity from the RCPI. The team were agreed that this issue of independence was likely to recur as part of the accreditation of the remaining five RCPI constituent bodies. While the Team did not identify any element of the current arrangements between the ICHMT and the RCPI as negatively affecting the core remit to deliver high quality training, the Team agreed that the issue of independence and autonomy of training bodies, and Council's expectations in this area, may be one which requires further exploration by Council. *[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].*



At HST level, the Body confirmed that there are numerous opportunities for trainees to train and study abroad. The Team commended the range of opportunities available in this area; however, it was not apparent to the Team how the Body supports trainees to maintain their clinical competencies throughout a period of research or training which is delivered outside of the Body's network of trainers and training sites.

## **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 range of regular consultations which the ICHMT undertakes to ensure its defined purpose continues to be appropriate. These consultations include input from Members, Fellows and trainees across a number of forums. In addition, the Team noted a number of regular collaborations with its key stakeholders which has helped to ensure adherence to the mission statement of the RCPI, which applies to each constituent training body.

During scrutiny of the Body's submission against the standards which relate to graduate outcomes, the Team noted that these outcomes are aligned to the aims of the training programme. Required competencies and measures of professionalism are specific to the specialty of Endocrinology and Diabetes Mellitus. The Medical Council's 'Eight Domains of Good Professional Practise' are widely referenced in the context of outcomes and competencies and the Team regarded this as being praiseworthy. In addition, there is a commendably strong reference to patient safety throughout the documentation, with the Body confirming that there is a mandatory eLearning programme on patient safety at BST level.

The Team were disappointed that the Body was not yet in a position to measure and publish data in the area of outcomes. However, the Body confirmed that its current ICT strategy will support the collation and publication of data. In addition, the Body have recently established a research function whose priorities will include measurement of outcomes and progression/attrition rates. The RCPI ePortfolio will also greatly support developments in this area as the system fully embeds into the training programme. The Body suggested that there may be an opportunity for collaboration with the Medical Council to collate data regarding graduate outcomes and the Team agreed that this possibility could be explored.

## **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 appreciated the information provided by the Body which clarified the formal awards receivable on completion of each stage of specialty training and which, in addition, outlined the entry / membership requirements for progression between Basic (BST), Registrar Training (RTP) and Higher (HST) training.

Under discussion of the number of trainees who received certification at the end of each of the three levels of training in 2011, the Team noted the overall attrition rates between basic specialist training and higher specialist training. Whilst acknowledging that the information provided by the Body in this regard was not confined solely to those trainees who sought to pursue higher training in Endocrinology, the data highlighted a considerable attrition rate. The Team agreed that the Body should be requested to undertake an analysis of its attrition rates to identify the full range of issues which may be involved.

The Team regarded the educational goals of the BST programme as being less well-defined than those at HST level. The lack of clarity in this area, when taken into account along with the other observations of the Team in relation to the BST training experience, would indicate significant scope for development at BST level.

The Team noted the information provided in relation to the Registrar Training Programme (RTP) but were unclear of the specific operation and purpose of this programme. Acknowledging that the RTP allows for a maximum of two years training, there appeared to be an element of uncertainty around the prospects for RTP trainees who do not manage to progress to HST after two years have been completed. The RTP curriculum was also viewed as being in need of expansion and updating. The Team were cognisant of the fact that the Medical Council has defined its 'General Principles for a Registrar Training Programme' and were keen that the Body should explicitly confirm that the RTP is being delivered in accordance with these principles. The trainees echoed a number of these concerns, particularly those in relation to the exit strategy and prospects for those trainees who are not successful in their application to the HST programme.

At HST level, the Team queried whether opportunities exist for trainees to pursue dual specialty certification. The ICHMT should be asked to clarify whether such dual certification is currently supported by the Body or has previously been considered.

With reference to the emphasis placed on research throughout the training programme, the ICHMT confirmed that formal training on research is mandatory for all BST and RTP trainees through the mandatory course series. In addition, there are a number of optional opportunities available to trainees and HST trainees are encouraged and facilitated to undertake prolonged periods of full-time research. Research topics are prospectively assessed by the Body for both the appropriateness of the topic and suitability of the topic for individual trainees. Up to one year's credit can be accrued by trainees against training requirements as a result of completing approved research. The Team agreed that the ICHMT should continue to promote the value of research throughout training and in addition, should strive to create opportunities for trainees to become academic and research specialists. In a broader context, the ICHMT should ensure that the individual needs, goals and aptitudes of trainees are taken into account when considering research opportunities; this point was raised in the acknowledgement that not all trainees are equally well-suited to undertaking lengthy periods of research. The ICHMT has already demonstrated significant progress in this area through the recent establishment of a research department.

Following the reference made earlier in this report to the maintenance of competencies throughout periods of research completed abroad, the Team were agreed that the Body should continue to ensure that researchers maintain their clinical skills throughout extended research periods. This point was raised in the overall context of ensuring there were minimal disincentives for trainees who may be considering the pursuit of research opportunities.

In relation to the ICHMT's submission regarding flexible training opportunities, the Team appreciated the confirmation that less-than-full-time training is supported by the Body. In addition, the Team acknowledged that the Body approaches each application for such training

on a case-by-case and individual needs basis. Under discussion of opportunities for trainees to directly input to their own training path and pursue of studies of choice, the Team noted that the Body's policy was consistent with its policy regarding research opportunities. Such studies must be approved prospectively by the Body for compatibility with the training programme outcomes.

However, the Team queried why flexible training supports were not in place for trainees at BST level. The Team agreed that the circumstances which might give rise to a trainee pursuing flexible training were not unique to trainees on the HST programme and for this reason the Body should seek to expand support in this area to all its trainees. In addition, the Body should provide Council with details of the number of trainees who are currently availing of flexible training opportunities.

The Team discussed the information provided by the Body confirming its commitment towards regular, ongoing and constructive dialogue between undergraduate and postgraduate education. The extent to which the Body promotes opportunities within the RCPI structure to undergraduates and interns was regarded as being commendable, as was the Body's participation in regular dialogue between training bodies *via* membership of the Forum of Irish Postgraduate Medical Training Bodies.

The Team agreed that such regular dialogue between training bodies provided an excellent opportunity to compare core elements between BST programmes and to use the outputs of these discussions as a basis for awarding retrospective credit to trainees who may wish to move between training programmes. Taking into account the number of BST and HST programmes delivered by the ICHMT (and within the RCPI structure as a whole), the Team suggested that the ICHMT could contribute significantly to these discussions. The Team also suggested that the Medical Council could formally encourage discussions in this area.

Under discussion of the curriculum content at HST level, which the Team felt was quite comprehensive, it was agreed that the Body should place a high priority on preparing trainees to become future managers of a national health service; this requires the development of an additional set of competencies to those required of a specialist doctor. The Team acknowledged that the Body has introduced significant recent change in this area including improvements in its Leadership Programme. In addition, trainees are encouraged to participate in community-based initiatives during their penultimate training year. Trainees are also expected to become more involved at ICHMT committee level as they progress through training; this involvement will also help to raise awareness of broader issues within the wider health service.

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

The Team noted the detail provided by the Body in relation to the structure of its training programmes at BST, RTP and HST levels. At BST level, the Body recently incorporated all stand-alone medical SHO posts into structured programmes for the purposes of training consistency and increased exposure to practice-based training. The Team viewed this as being a very positive development.

The Team were keen to discuss with the trainees who attended on the day their experiences in relation to levels of supervision and the general supports provided by the Body throughout the full training pathway. Whereas the trainees were broadly pleased with their experiences to date, they highlighted a difference in the levels of support and supervision at BST and HST levels; support and supervision at BST level was perceived as being less effective and this situation was affecting morale amongst BST trainees. In addition, the trainees identified scope for improvement in the level of career guidance on offer.

Some trainees identified service delivery pressures as being a major obstacle to accessing teaching opportunities. The Team, while acknowledging that these pressures exist, were agreed that it is the responsibility of the ICHMT to engage effectively with the management of training sites to ensure that trainees are fully supported to attend teaching opportunities. Feedback in this area from trainees as part of the ICHMT's hospital accreditation process should be considered as a significant factor in a hospital's continued approval status.

The Team noted that there are new legal obligations on employers to facilitate doctors in the maintenance of their professional competence arising from the introduction of Part 11 of the Medical Practitioners Act 2007 and this relatively recent development may support the Body in striving to secure protected teaching time on behalf of trainees.

Trainees highlighted that a number of mandatory courses at BST level are held in Dublin which can make attendance difficult for those trainees who are completing rotations outside of Dublin. The Team felt that the ICHMT should review these arrangements to ensure that trainees who are geographically furthest from the College are fully supported to attend mandatory courses.

## **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 Body confirmed that its assessment philosophy was that 'assessment drives learning' and the Team viewed this statement as being a very positive commitment to robust assessment throughout training. The RCPI is currently implementing curricula blueprinting for the purposes of ensuring that training programmes are meeting programme objectives. In addition, blueprinting will provide for appropriate and timely assessments of trainees at different stages of training.

The Body uses a range of formative and summative assessment methods in keeping with best international practise. As a formative assessment tool, the ICHMT makes use of Workplace Based Assessments (WBAs) at each stage of training. The Team noted that the use of WBAs is a relatively recent development within medical training in the State and as such, it was important that this tool is used effectively, appropriately and consistently. The Body confirmed that its Education and Professional Development Committee has proposed the establishment of an education and training subcommittee to the Forum of Irish Postgraduate Medical Training Bodies. The issue of WBAs and validation of WBA in the Irish context will be prioritised by this subcommittee.

Summative assessments include the use of the Logbook/ePortfolio, quarterly assessments, annual assessments and membership examinations (MRCPI). In relation to the MRCPI and since July 2011, entrants to BST (in General Internal Medicine) have been required to pass all parts of the MRCPI examination in order to qualify for a BST certificate of completion. This requirement is a departure from previous expectations of trainees.

In relation to the role of external assessors in the assessment process, the Body confirmed the significant role of external assessors in HST assessments. External assessors lead the

assessment of penultimate year trainees and in addition, are used intermittently throughout the remainder of HST training.

Across the RCPI network of training bodies, an Assessment Strategy Development group has been established whose aim is to identify and address any shortcomings in current assessment methods as measured against international best practise. The Team viewed this as being a very worthwhile undertaking.

The Team noted the information provided in relation to the process by which underperforming trainees are identified and supported throughout the ensuing remediation process. The Body acknowledged that early identification of concerns with trainees is key to successful remediation and the relationship between trainees and their trainer was viewed as being a key element of this vigilance. The Body has a defined escalation procedure which trainers are equipped to follow when concerns are first identified with trainees. Trainees are also encouraged to raise their own concerns throughout training with Programme and National Specialty Directors. This channel of communication is also available to trainers who may require advice in relation to specific trainees.

In its submission, the Body listed the range of opportunities through which trainees can receive direct feedback on their performance throughout training. Some of the principal methods are *via* annual assessments, feedback on performance in membership examinations and in the logbook/ePortfolio record of performance at end of posts.

The RCPI has committed to monitor and analyse the performance of trainees at different training levels on different programmes throughout its constituent training bodies. The outputs of such analysis may enable the Body to anticipate difficulties or underperformance in particular cohorts of trainees and this initiative was commended by the Team.

In relation to feedback provided to trainees both within and across training sites, the Team were agreed that the Body must continue to focus on achieving consistency in this area. The trainees who input to the discussion articulated the difficulty which some trainees encounter when trying to organise assessment meetings with consultants. Compounding this issue was the confirmation that, at times, the consultant conducting an individual assessment may not be familiar with the trainee being assessed. In these circumstances, it is unlikely that trainees will receive any specific feedback; the Team felt that the effectiveness of such assessments is likely to be well below the standard which trainees should expect.

The Team also agreed that the assessment forms used by the Body should be mapped to the competencies expected of trainees relevant to their stage of training. The aforementioned undertaking to blueprint curricula throughout the RCPI structure will greatly support enhanced assessment. In addition, the Team suggested that assessment forms could be linked in some way to the assessment forms used throughout intern training. This suggestion may help to improve consistency in trainees' experiences of assessments.

Under discussion of the *quality* of assessments undertaken by the Body, the Team noted the difficulty in relying too heavily on the outputs of WBAs due to their recent introduction to the Irish setting. Further use and analysis will allow the Body to fully integrate these assessment methods into its assessment framework.

In support of its commitment to external review, the Body confirmed that a 2011 external review of the MRCPI examination was conducted by Professor John Norcini, President and Chief Executive Officer of FAIMER (Foundation for Advancement of International Medical Education and Research). The Team acknowledged that, while the outputs of this review were currently feeding into a work plan, the Terms of Reference of the review had not been made available as

part of the Body's submission to Council. For this reason, it was difficult for the Team to fully appraise what was most likely to be a significant agent of change within the Body. On request, a copy of Professor Norcini's report was made available *following* the accreditation session.

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

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

Standard (6) incorporates the following elements:

### **6.1 ONGOING MONITORING**

### **6.2 OUTCOME EVALUATION**

The Team were satisfied that the ICHMT is committed to a process of continuous renewal in respect of its training programmes. On an annual basis, all curricula are reviewed for continued appropriateness, taking into account feedback and input from a range of informed sources at BST, RTP and HST level and in addition, input from RCPI's Department of Education and Professional Development. The review process also supports input from education specialists and National Specialty Directors (NSDs).

It was noted that, following a recent curriculum review, the Medical Council's '*Eight Domains of Good Professional Practice*' were further integrated into the generic elements of the Body's training programmes. The reference to Council's domains of professionalism was viewed by the Team as being very appropriate.

The Body has adopted a number of initiatives which it uses to monitor the quality of teaching and supervision across its training programmes including a range of opportunities for trainees to provide feedback on their training experiences. In recognition of the range of circumstances which on occasion can make it difficult for trainees to provide full and open feedback, the Body facilitates trainees to leave anonymous feedback at the end of each training year. This anonymous feedback is then reviewed by the Dean of Hospital Inspections.

The Team noted that the Body has committed to a cycle of external QA review of HST programmes over a five-year period; these reviews will tie in with the annual assessment process and be conducted by the external assessors leading the penultimate year assessment of trainees. The Body should continue to encourage the broadest range of third party inputs into processes and procedures to ensure appropriate 'externality'.

The Team were keen to explore the role of supervisors and trainers in the context of programme development. The information provided by the Body in support of this area of Council's standards indicated that trainer inputs are facilitated through curricula meetings, programme evaluations, involvement in specialty training committees etc. The Body confirmed that it had committed to clarifying the roles and responsibilities of its trainers and this initiative, which will be undertaken as part of the aforementioned Exemplar Programme, will also incorporate a review of the reporting / feedback mechanisms which support the inputs of trainers around programme development.

The Team were equally keen to discuss the mechanisms in place which encourage and facilitate trainees to contribute to programme monitoring and development. The primary input of trainees in this area is *via* trainee representation in the 'greater' RCPI committee structure including

representation on the ICHMT. In addition to the opportunities afforded by committee membership, there are a number of other mechanisms to solicit trainee feedback in place during training; these include annual trainee surveys, confidential feedback forms as part of annual assessments and trainee evaluations of educational events and courses. The Team appreciated the candid admission of the Body that there was significant scope to improve upon the current system of trainee engagement. The Team were again referred to the Exemplar Programme which will explore a number of new initiatives in this area.

In relation to maintaining records and otherwise measuring graduate outcomes, the Body confirmed that a number of data management systems are currently used by the Body to store graduate information. As part of its ICT strategy, the RCPI is currently implementing a central management system across its constituent training bodies which will greatly support the requirement to collect qualitative information on graduate outcomes.

Under discussion of the mechanisms which the Body has in place to support stakeholder inputs into the Body's evaluation processes, the Team were satisfied that the Body places a high value on these inputs and that such inputs were facilitated. The RCPI's programme of public meetings / public engagements was viewed as playing an important role in this area.

## **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 discussed the details provided by the Body in relation to its admission policies and selection criteria.

The Body implements individual policies for BST, RTP and HST selection which are underpinned by a commitment to consistency and transparency. The Team were agreed that the Body should consider the possibility of adding increased externality to these processes through involvement of external assessors and panel members. This added degree of impartial scrutiny would help to ensure that policies in this area are applied consistently and equitably. The Team noted that the introduction of independent assessors is being considered as part of the RCPI's internal quality assurance programme.

The information provided by the Body in relation to its requirements for mandatory experience was noted, as too was the information provided in relation to possible exemptions from mandatory experience.

Under discussion of the opportunities for credit to be awarded retrospectively against BST training requirements, the Team noted that this form of credit is considered in exceptional circumstances only and appeared to be limited to experience gained in other jurisdictions or within the national General Practice or Emergency Medicine BST training programmes. As mentioned earlier in this report, the Team strongly encourage a dialogue with other training bodies in Ireland to discuss the issue of core training elements. Such discussions may lead to greater opportunities for movement between BST programmes, particularly in instances where trainees feel drawn towards alternative career paths within medicine. In light of the significant attrition rates at BST level, these discussions should be given a high priority. In addition, the

Team felt that such discussions between training bodies are consistent with training bodies' responsibilities to provide career advice and guidance to trainees.

At BST level, trainees apply for posts which have already been structured in such a way that mandatory experience will be achieved which is consistent with the curriculum. By comparison, training posts at RTP and HST level do not appear to *automatically* provide mandatory experience for every trainee and there appears to be a significant role for trainees in this regard to ensure that each post applied for is compatible with individual training requirements.

While the Team agreed that it was important for trainees to have the opportunity to pursue studies of choice and to have a hand in steering their own career paths, the Team queried whether the Body should take a stronger lead in this area by proactively suggesting training posts to its trainees which have already been assessed against individual training needs.

As previously mentioned in this report under programme development, the Team noted the range of formal opportunities which exist for trainees to contribute towards the governance of their training. This is primarily facilitated through trainee involvement at committee level. The trainees who met with the Team commented that while such opportunities may exist, the Body should strive to ensure that all trainees are made equally aware of them. The Body has committed to increasing the quality and quantity of such opportunities for trainees as part of its Exemplar Programme.

The Team noted the range of mechanisms employed by the Body to keep its trainees informed of policy changes, training updates, faculty development and other such material developments likely to be of direct interest. The recent introduction of the ePortfolio and the planned integration of this platform into each aspect of training was viewed by the Team as being likely to create significant improvements in this area.

In relation to the resolution of training problems and disputes, the Body has in place a formal policy through which such issues are addressed. Through a network of specialty administrators who operate within the Medical Training Team, there exists an opportunity for trainees to discreetly raise any concerns with their training. Trainees are encouraged to build an early relationship with the relevant administrator to overcome the natural reluctance which some trainees may feel when considering if and how to raise concerns.

Under a general discussion of trainees' experience with the conflict resolution process and the effectiveness of the College's communications in this area, the trainees were unclear as to their individual roles when it came to identifying concerns with junior colleagues. The Team were agreed that as doctors, the trainees had a responsibility to highlight any concerns they might have with their supervisors and that this should be highlighted to trainees on a regular basis throughout training. This responsibility should be reinforced by the Body with direct reference to the Medical Council's *'Guide to Professional Conduct and Ethics for Registered Medical Practitioners, 7<sup>th</sup> Edition 2009'*.

De-identified appeals and complaints are systematically reviewed by the ICHMT and this review has led to a number of positive developments within the Body such as an external review of recruitment and selection policies and BST induction days.



## **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**

There are currently in excess of 600 physicians who are currently recognised as trainers across the RCPI and its constituent training bodies. There is a defined process through which clinical supervisors involved in the delivery of training programmes may apply to become trainers. All applicants for recognition as a trainer for RTP/HST purposes must meet a number of criteria which include holding specialist registration with the Medical Council, enrolment on an accredited Professional Competence Scheme and completion of the 'Physicians as Trainers: Essential Skills' course.

The Team noted the information provided which outlines the key responsibilities and expectations of trainers. It was agreed that further definition was required in these areas as under-specification of the role of trainer was seen as having potential to create an array of difficulties for both trainers and trainees alike. Consistency around the area of trainer inputs was acknowledged as being a significant contributor to consistent training outcomes. The Team were again advised that the Exemplar Programme would lead to significant improvements in this area from July 2012. The current process for approval of trainers applies to HST in the first instance, and then to RTP and BST training. The Team were advised that a specific approval process for BST trainers is under development.

Under discussion of the co-ordination and delivery of training at a national level, the Team were unclear as to the distinction between NSDs and Programme Directors; the Team would appreciate clarification from the ICHMT in this area.

The Team acknowledged the difficulties faced throughout medical training as a whole arising from the pressures of service delivery and also in light of budgetary constraints. In this context, the Team recognise the challenges faced in trying to secure protected time for trainers. The Body should be supported to have the responsibilities of its trainers reflected in work schedules. In addition, the Body confirmed that it will be proposing the use of a 'trainer matrix' of activity and responsibility within departments and across clinical sites on a national scale.

Notwithstanding these difficulties, the Body should continue to develop measures of trainer effectiveness as part of its commitment to ensuring a consistent training path for each of its trainees. The recently-introduced ePortfolio was viewed by the Team as an opportunity to significantly raise standards in this area. The trainees who met with the Team confirmed the significant influence which individual supervisors and mentors can have on the training experience and for this reason, consistency of trainer inputs was viewed by the Team as being a fundamental element of consistency between posts.

Under discussion of the experiences of trainees with their clinical and educational supervisors, some of the trainees highlighted that they did not know who their trainers were. This issue was raised, not in the context of the adequacy of supervision or supports, but in the recognition that all trainees should be aware of a focal point throughout the training experience, with whom concerns and queries can be raised as and when necessary.

At BST level, the Team were advised that educational supervisors are appointed on an annual basis. The Team queried whether the ICHMT might give consideration to a process whereby a nominated individual would remain as a trainee's educational supervisor throughout the course

of basic training. The Body acknowledged that there was a mismatch between the level of training supervision between the BST and HST programmes and that this may be contributing towards the high attrition rates at the BST level. There is a commendably strong interest in trainees at HST level which includes the National Specialty Director taking a very proactive role in following individual trainee career paths. The Team agreed that there should be a corresponding high level of engagement with trainees throughout basic training as the current situation was affecting morale amongst this more vulnerable group of doctors. In addition, the introduction of mentorship at BST level and of the ePortfolio was acknowledged by the Team as having the potential to help address this situation.

In relation to the selection and evaluation of assessors, the Body confirmed that its primary source of assessors is its pool of approved trainers. Depending on the activity to which the assessors will be invited to contribute, specific training is available to support the assessor. As the majority of assessors are also approved trainers, their effectiveness is measured in much the same way as Trainers. For this reason, improvements in the process by which trainer effectiveness is measured will benefit quality assurance activity around assessors.

Under discussion of the selection and monitoring of clinical training sites, the Team noted that the RCPI has defined criteria for sites in relation to BST, RTP and HST training. There are a series of generic criteria which are applied to all sites with responsibility for adding specialty-specific criteria falling to the RCPI's Hospital Accreditation for Training Committee. The Team noted that the infrastructural requirements which the Body applies in accrediting training sites are not formally reflected in the arrangements / memoranda of understanding with these sites. This disconnect between accreditation criteria and contractual arrangements was viewed by the Team as being a significant concern and one which the Body must address at the earliest opportunity. The Team were satisfied that the Body has already identified this vulnerability in an otherwise robust hospital accreditation process and that the issue was due to be addressed in the near future.

The statistics provided in relation to hospital accreditation visits undertaken by the RCPI in 2011, of which 45.6% related to ICHMT specialties, were discussed by the Team. The Team were satisfied that the outputs of these inspections, in particular the varying periods of approval between hospitals, cast a very positive light on the accreditation process. The Team commended the proposed introduction of a hospital inspections course, the first of which is due to take place in early 2012. On request, and subsequent to the accreditation meeting, the Team were provided with an overview of the hospital inspections course which indicated a very positive development in this aspect of the Body's quality assurance responsibilities.

## **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 ICHMT 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).

As part of a general discussion around the operation of schemes, the Team noted that the Medical Council's framework for the maintenance of professional competence activities appeared to place

a relatively low value on research and teaching activities when compared to other professional development activities. The Team observed that the current framework could be misinterpreted as Council under-valuing the role of academic development and research within the continuum of medical education and training in Ireland. In addition, the framework could also be viewed as being at variance with the element of Council's postgraduate standards which relates to promoting research within curricula content. It was agreed that this issue be flagged in the report so that Council could consider it.

## **END REPORT**

FINAL

## **D. Appendices**

### **Appendix 1 Agenda**



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

**Accreditation Session**  
**Irish Committee Higher Medical Training, Kingram House**  
**15<sup>th</sup> March 2012**

### **Accreditation Team**

Dr Anna Clarke (Chairperson, Council Member)  
Mr Daragh Moneley (External Assessor)  
Dr Sinead Murphy (External Assessor)  
Professor Davinder Sandhu (External Assessor)  
Dr Peter Selby (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
2.30-4.30pm	Meeting with ICHMT Representatives
4.30-5.00pm	Private session of the Accreditation Team
5.00-5.15pm	Clarification Session with ICHMT Representatives