



Comhairle na nDochtúirí Leighis  
Medical Council

## **Accreditation of Postgraduate Training Bodies Under Part 10 of the Medical Practitioners Act**

### **Report on the Accreditation of The Royal College of Surgeons in Ireland and The Programme of Specialist Training in General Surgery**

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

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

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

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## **A. Preface**

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

The Medical Council Accreditation Team met with the Royal College of Surgeons in Ireland on the 10<sup>th</sup> October 2011. Its remit was to assess the College and the Programme of Specialist Training in General Surgery against the '*Medical Council Accreditation Standards for Postgraduate Medical Education and Training*' (approved 1<sup>st</sup> June 2010) and to subsequently formulate a recommendation in respect of each to the Medical Council's Professional Development Committee (PDC).

### **2. The Team**

The Medical Council Accreditation Team is listed at the beginning of this Report. The Council particularly appreciates the contribution of external assessors Professor David Barlow, Dr Hemal Thakore, Mr Chris Morran, Dr Dermot Power and Professor George G Youngson. 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 Royal College of Surgeons in Ireland 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*' (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 General Surgery 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*' (approved 1<sup>st</sup> June 2010) formed the basis of the evaluation of both the College and the Programme of Specialist Training in General Surgery; the observations, comments and recommendations contained in this Report are grouped under the relevant section of these standards.

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## 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 General Surgery should be approved by Council under 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 Royal College of Surgeons in Ireland 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 General Surgery approved under 1. above. This recommendation is made on the grounds of the Royal College of Surgeons in Ireland'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.

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

**Note:**

In making the main recommendation under a) above, the Team assessed the full training pathway from Basic Specialist Training through to Higher Specialist Training in General Surgery.

In addition to the Programme in General Surgery, the College currently delivers programmes of specialist training in nine other recognised medical specialties. These are:

- Cardiothoracic Surgery
- Neurosurgery
- Ophthalmic Surgery
- Oral and Maxillo-Facial Surgery
- Otolaryngology
- Paediatric Surgery
- Plastic, Reconstructive and Aesthetic Surgery
- Trauma and Orthopaedic Surgery
- Urology

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 six priority recommendations to the Royal College of Surgeons in Ireland as follows:

- a) The College should provide an early update to Council in relation to the objectives and operation of the recently-introduced third year of the BST Programme.
- b) The College should ensure that feedback is delivered consistently to trainees throughout the training programme, both in terms of frequency and quality.
- c) The College should ensure that all trainees receive a full induction at the start of each training post.
- d) The College should analyse its attrition rates, which were considered to be significant by the Team, and provide feedback to Council.
- e) The College should continue to monitor training posts to ensure that all trainees are achieving standard competencies.
- f) The College should engage with the private health sector to explore opportunities for increasing the range of surgical experience available to trainees.

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

- a) The College should ensure that the process and opportunities for involvement in College governance are fully communicated to all stakeholders, in particular to trainees and the general public.
- b) The College should continue to develop additional sources of funding.
- c) The College should ensure that its policy in relation to flexible training is fully communicated to existing and prospective trainees.
- d) The College should provide a progress report to the Medical Council in relation to the 'Qualitrain' process.
- e) The College should ensure that its policy for the assessment of applications to the Specialist Division of the Register meets with Council's expectations in this area.
- f) The College should develop its remediation policy to clarify the circumstances under which the Medical Council would be notified of concerns with a trainee.

#### 4. Commendations:

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

- a) The quality of the College's submission and level of engagement by the College throughout the accreditation process.
- b) The enthusiasm and insight of the trainees which has strengthened this process.
- c) The development of the 'Qualitrain' process, which demonstrates the College's commitment to maintaining a high standard of surgical training.
- d) The degree to which the Medical Council's '*Eight Domains of Good Professional Practice*' have been integrated into the training programme.
- e) The introduction of the College's Mobile Skills Unit, an innovative method of supporting surgical training.
- f) The level of engagement demonstrated by the College in the wider health arena.
- g) The introduction of the *Colles Portal*, an important resource supporting the competency, development and assessment of trainees.

#### 5. Recommended Further Action:

Ongoing engagement with The Royal College of Surgeons in Ireland 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 as part of this annual declaration process.

## C. Evaluation of the Body and the Programme

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

### 1) CONTEXT OF EDUCATION AND TRAINING

Standard (1) incorporates the following elements:

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

The Team noted the information provided by the College in relation to its governance structures and were satisfied that these arrangements were appropriate and well-defined. The Team were also satisfied that the governance structures, which were revised in 2010, reflected the College's commitment to delivering high-quality surgical training at both basic and higher levels. Every committee within the College, with the exception of the College Council, includes external assessors, lay representation, trainees and College staff in its membership. The College should continue to ensure that this wide representation is facilitated, not only through supporting access to these committees through terms of reference, but also by full communication of the process through which membership could be sought by eligible parties.

With reference to increasing the public / lay involvement in the College's governance structure, the Team welcomed the confirmation from the College that it had recently placed advertisements in the national press to increase its pool of such external assessors.

The Team acknowledged the innovative approach adopted by the College in the development of its Mobile Skills Unit (MSU). Amongst its other advantages, the MSU minimises the disruption to training which would otherwise be caused by trainees having to travel to a centralised skills unit.

During the course of discussions with the College in relation to funding and the College's current funding model, the Team noted the heavy reliance on the funding provided by the Medical Education and Training unit of the Health Services Executive (HSE). The College were cognisant of its vulnerabilities in this regard to any future cuts in public spending and for this reason, are committed to developing other sources of funding. The College should be encouraged to continue to explore alternative sources of funding so as to minimise the potential for the quality of surgical training to be adversely affected. In addition, the Team felt that it would be appropriate for the College to notify the Medical Council if and when funding levels are affected. The Team anticipates that the issue of uncertainty in funding is likely to be one which is also impacting upon other training bodies in Ireland.

The Team noted the College's strong association with other bodies involved in medical education and training both within and outside the State. This collaboration includes ongoing formal exchange with the Surgical Royal Colleges in the UK *via* their intercollegiate structures. The College is also a member of the Forum of Irish Postgraduate Medical Training Bodies, an alliance



of the thirteen recognised postgraduate training bodies in Ireland. The Team felt that although the College is well-placed to provide strong leadership in many areas of the Forum's remit, the College should continue to develop its *individual* working relationships with postgraduate training bodies, independently of the framework for collaboration provided by membership of the Forum. The Team welcomed confirmation that the College regularly interacts with the Royal College of Physicians in Ireland *via* a Conjoint Board on common matters relating to education and training.

The Team noted the information provided by the College in support of the Medical Council standard requiring training bodies to fully engage with other stakeholders in the health sector in the areas of healthcare planning, regulation and delivery. The Team were of the opinion that the level and range of engagement demonstrated by the College in these areas was commendable. The Team sought to clarify the statement provided by the College that it was 'represented' on the Medical Council and a number of Council's committees. It is important to note that this participation is *via* a nominee of the College as provided for in the Medical Practitioners Act 2007. The primary responsibility of all members of the Medical Council and its constituent committees, sub-committees and working groups is to protect the interests of the public and not to promote any individual bodies or organisations. While the Team were satisfied that the College recognises this priority, it is important that it is reflected in the terminology which the College uses.

The College are committed to keeping their structures, functions and policies under review to reflect changing needs as evidenced by the engagement of McKinsey & Company Management Consultants in 2010 to co-ordinate a full review of the College's strategies across training, practice and professional development. The Team noted that this review has led to the development of a blueprint document which is being used to implement positive changes in this area.

## **2) THE OUTCOMES OF THE TRAINING PROGRAMME**

Standard (2) incorporates the following elements:

### **2.1 PURPOSE OF THE TRAINING ORGANISATION**

### **2.2 GRADUATE OUTCOMES**

The Team noted the information provided by the College in respect of its purpose and stated aims. In relation to promoting community responsibilities, the College has demonstrated its commitment in this area at both a local and global level through its involvement in both the REACH and OUTREACH programmes. The College has also consulted appropriately with the relevant stakeholders in defining its purpose. This thorough consultation was a key component of the strategy review conducted on behalf of the College in 2010 as mentioned previously in this report.

The College has developed, in conjunction with its sister colleges in the UK, the Intercollegiate Surgical Curriculum Programme (ISCP). This programme defines the syllabus and curriculum for each surgical specialty and also provides clarity in relation to the outcomes of each programme of specialist training. The Team noted the degree to which the College has refined its graduate outcomes to incorporate the Medical Council's '*Eight Domains of Good Professional Practice*' into each aspect of its training programmes; this commitment to promoting good professional practice throughout surgical training is very appropriate.

### **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

Under discussion of the information provided by the College in relation to Curriculum Content, the Team were satisfied that the College, through its ongoing engagement with its sister surgical colleges and other international institutions, has developed a curriculum consisting of the best elements of a number of international models. In addition, the College's commitment to the development of complementary, non-surgical skills in its trainees places the College in a position of leadership in this area.

The Team noted the strong encouragement given to trainees to avail of research opportunities throughout the entire surgical training process.

In relation to the support offered by the College to trainees wishing to avail of flexible training opportunities, the Team welcomed confirmation from the College that it recognises and supports less-than-full-time (LTFT) training. The Team felt that the policy documentation provided by the College in this area could benefit from a degree of modernisation to reflect the changing demographics of trainees. Whilst acknowledging the fact that the College has not experienced a large demand for LTFT training, the College should ensure that its policy in this area is widely communicated to existing and prospective surgical trainees so that they are aware of the opportunities that are available.

During discussion of this section of the College's submission, the Team noted the information provided by the College in relation to the General Surgery Training Pathway. In 2011, the duration of BST was extended to include a third year which is intended to give trainees an introduction to the specialty in which they ultimately intend to practice. However, the relevant criterion for accessing the HST Programme does not appear to require applicants to complete this third year of basic training. The Team felt that Council should engage with the College to clarify the purpose and operation of this third year and in addition, to clarify whether this was a measure intended to address the mismatch between BST and HST numbers which is mentioned later in this report.

The Team noted some difficulty in fully applying Council's standard relating to opportunities for trainees to pursue studies of choice. However, this difficulty was due to a change in the HSE funding model which previously saw funds being allocated directly to the trainee but which now sees funds being held by the College. The College confirmed that it would have preferred to see the *status quo* maintained in this regard as it was happy for trainees to have direct input into their own training. The Team urges that the opportunities for studies of choice be maximised.

The Team discussed the strong emphasis placed within the curriculum content on working in the public health sector. In recognition of the rapid expansion of the private sector and the increasing attractiveness of surgical careers in the private sector, the College confirmed that it was in the process of examining its curriculum to ensure that graduates of its training programme remain fit-for-purpose. The trainees who engaged with the Team confirmed that the College places a strong emphasis on providing career advice to trainees at an early stage in the BST programme. The Team felt that it would be appropriate for the College to integrate practical advice on working in the public sector into its overall career guidance for trainees.

Under discussion of the standard relating to the Continuum of Learning, the Team noted that the College was quite uniquely placed within Irish medical education through its involvement at both undergraduate and intern / postgraduate levels. The College confirmed that this perspective across the spectrum of medical education provides the College with a number of benefits, including increased research opportunities for trainees and inter-professional training.

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

The Team were satisfied that the College is meeting the Medical Council's standards in this area and that training is delivered with an appropriate blend of practical and theoretical instruction which involves personal participation and direct patient care where appropriate. In addition, trainees are encouraged and supported to accept increasing levels of independent responsibility.

The College has adapted its training model to reflect a growing number of external pressures which have impacted upon the traditional apprenticeship model of surgical training. The College's response to these challenges has led to the development of a comprehensive training programme which addresses the principal domains of 'Core Knowledge', 'Technical Skills' and 'Personal Skills'. As mentioned previously in this report, the College's commitment towards the Council's *'Eight Domains of Good Professional Practice'* and in addition, the continued emphasis placed on the development of 'non-technical' skills were viewed by the Team as being noteworthy.

#### **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 were satisfied that overall the College has placed great emphasis on an assessment programme which comprehensively reflects the educational objectives of the training programme. The CAPA (Competence Assessment and Performance Appraisal) process incorporates both workplace-based assessments and College-based assessments.

During discussion of the material provided by the College in relation to 'Feedback and Performance', the Team noted that trainees are '*encouraged*' to have an initial meeting with their consultant trainer at the beginning of a rotation. The Team felt that it would be appropriate for the College to make these initial meetings mandatory in recognition of the importance for

trainees to have thorough induction and a clear understanding of what is expected of them by their trainer.

The Team noted that trainees are fully informed in writing of any areas of concern identified in a CAPA process meeting. Trainees are also given clear guidance on the remedial action which needs to be taken to address concerns. The College should give consideration to the possibility of also formalising *positive* feedback by providing written confirmation to trainees where progress is satisfactory.

During discussions with trainees on this issue, the trainees confirmed that they had experienced a degree of inconsistency between training posts in relation to the quality and quantity of feedback received from trainers. The Team acknowledged that at times there may be different perceptions by trainers and trainees as to whether feedback had been communicated effectively. The College should be encouraged to monitor consistency in this area.

The College's *Colles Portal* was regarded by the Team as being a very valuable resource for collating and storing information gathered throughout the assessment process. The College's commitment to developing and promoting this web-based resource contributes towards ensuring a standardised assessment of trainees in addition to providing other functionality to the College.

In relation to the quality of assessment methods, the Team were satisfied that the necessary structures are in place to evaluate the College's assessment methodologies. In addition, the College has confirmed its commitment to trialling, and where appropriate introducing, new assessment methodologies on a regular basis.

The College provided information describing the process by which specialists who are trained overseas are assessed by the College for the purposes of making a recommendation to the Medical Council in respect of Specialist Registration. The College confirmed that there is definite scope for improvement in its current processes, especially in relation to working within specified timelines. This is an area which Council has rightly prioritised in its accreditation engagement with each training body. The College is currently revising its policies in this area in line with Council's expectations.

## **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 there is a process in place whereby the College regularly evaluates its training programmes at both BST and HST level. The Irish Surgical Postgraduate Training Committee (ISPTC) is the overarching committee with responsibility for this monitoring process. Specific responsibility for monitoring specialties at HST level is devolved to individual specialty sub-committees. These specialty sub-committees include representation from training sites, trainees and academic surgical departments which the Team felt was appropriate and in keeping with best practice.

The input of trainers and supervisors into programme development is provided through representation on the ISPTC and its monitoring committees. The input of trainees is provided through trainee representation at RCSI committee level, course feedback forms and trainee surveys. In addition, the 'Qualitrain' process, which forms part of the College's quality assurance controls around trainer inputs, seeks feedback from trainees on an ongoing basis in relation to the quality of trainers. The Team were satisfied that the 'Qualitrain' process has the potential to make significant improvements to the quality and consistency of trainer inputs and supports the objective evaluation of trainer and training post performance. The College should provide Council with a progress report in this regard.

The College has been maintaining electronic records of its graduates through the *Colles Portal* since 2010. Before this, records were maintained in paper format. The Team were satisfied with the College's current arrangements for collecting and storing both qualitative and quantitative data, *via the Colles Portal*, in relation to graduate outcomes. In addition, the Team welcomed the confirmation received from the College that it intended to explore opportunities for lay input into the evaluation of programme outcomes. It is envisaged that this lay involvement would be facilitated through expansion of the membership of a number of training committees.

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

Standard (7) incorporates the following elements:

7.1 ADMISSION POLICY AND SELECTION

7.2 TRAINEE PARTICIPATION IN TRAINING ORGANISATION GOVERNANCE

7.3 COMMUNICATION WITH TRAINEES

7.4 RESOLUTION OF TRAINING PROBLEMS AND DISPUTES

The Team noted the information provided by the College in respect of its admission policies and selection criteria and in addition, welcomed the confirmation that this information was widely available. The selection process was viewed by the Team as being innovative and rigorous and clearly benefitted from the external scrutiny which forms part of the process at both BST and HST level. The underpinning selection principles and criteria are widely-available *via* the RCSI website and trainee documentation. The Team were satisfied that there are sufficient controls in place throughout the selection process to support Council's expectation for consistency in this area across different training sites / regions.

The information provided by the College in respect of numbers accessing BST and HST training on an annual basis confirmed that there are currently approximately twice as many trainees entering BST training than can be accommodated at HST level. The Team were keen to explore this issue with the College to ascertain their views on this disparity. The College advised that a primary reason behind this apparent bottleneck is to encourage competition amongst trainees. The Team were advised that there is a large cohort of international graduates undertaking basic training who are unlikely to pursue higher training in the State; for this reason, the competition for HST posts is reduced. In instances where trainees do not successfully access HST training, the College confirmed that these trainees can apply for an additional year of BST training but that after the additional year has been completed, it becomes increasingly difficult to further accommodate these trainees within the existing programme structure. The Team were

concerned that this mismatch between BST and HST numbers carries with it the potential to create a cohort of semi-trained doctors whose careers would most likely need to continue under general registration and outside of a structured training setting. The Team also noted that doctors working under general registration are required to align with a training body for the purposes of maintaining their professional competence. The Team's understanding was that, in these cases, the most appropriate body with whom doctors would align is the Royal College of Surgeons in Ireland.

Discussed in parallel with the above issue were the attrition rates as submitted by the College, which were as high as 30% in 2008-2009 at BST level. The College confirmed that it has completed a number of surveys to fully investigate the possible explanations behind the significant attrition rates. The College suggested, and this was confirmed by the trainees who met with the Team, that one reason behind people leaving the training programme was related to spending more time working in Emergency Departments than originally anticipated. Another reason suggested by the trainees which may explain the significant numbers leaving the training programme was in relation to the reality of some posts differing with trainee expectations. The Team agreed that if a significant determining factor in attrition rates was an academic shortfall in trainees; this would be an area of concern. The College should be encouraged to analyse attrition rates and feedback to Council on this issue. The College should also explore possibilities for sharing early training experiences with other postgraduate training bodies.

The Team noted that, in relation to governance issues, trainees are represented on each of the College's training committees. In addition, there is trainee representation on the Surgery and Postgraduate Faculties' Board. However, the Team noted a degree of uncertainty amongst the trainees in relation to the process by which they might become involved in the College's governance structure. The trainees were of the opinion that, if a trainee did not actively seek to become involved in governance affairs at committee level, that that trainee might progress through the entire training programme without their involvement being sought by the College. The College should ensure that opportunities to become involved in governance are fully communicated to all trainees. Overall, the Team appreciated the strong commitment demonstrated by the College in relation to communicating with its trainees.

The Team noted the information provided by the College in relation to the resolution of training problems and disputes. The mechanisms through which issues are resolved are appropriate and there is a clear means for escalating issues as necessary. In addition, there is an appropriately high level of external scrutiny built into the process.

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

Standard (8) incorporates the following elements:

- 8.1 SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS
- 8.2 CLINICAL AND OTHER EDUCATIONAL RESOURCES

The Team were satisfied that the College has clearly articulated its expectations for medical practitioners involved in the delivery of the training programme. There are well-defined selection

criteria in place at both BST and HST level and the College has demonstrated its commitment to providing full training to supervisors and trainers.

The Team were keen to discuss, however, the variability of trainer inputs and the potential impact upon the quality of the training experience in different posts. This issue was raised by trainees as being an area of significant concern and a factor which would clearly lead to a post being identified amongst trainees as being less attractive than others. The College confirmed that addressing this issue was a priority for the College and that it was committed to eliminating any imbalances in training posts, especially those attributable to trainers. As mentioned previously, the College's 'Qualitrain' process was regarded by the Team as being a praiseworthy initiative and one which could significantly address the issue of trainer consistency. The intention of the Qualitrain process is to ensure that trainees are assigned to those trainers who have demonstrated the greatest capacity and willingness to deliver on the College's, and the Medical Council's, expectations in this area.

The Team were cognisant of the fact that neither trainer responsibilities nor protected time to exercise these responsibilities are reflected in the employment contracts of medical practitioners involved in the delivery of surgical training programmes. The College should be supported by the Medical Council in any future attempts to have trainer commitments reflected in employment contracts with the HSE or other employing authorities.

The documentation provided by the College in relation to the selection and ongoing assessment of clinical training sites was thorough and it highlighted a robust and defensible process. The wide involvement of external assessors in these inspections was viewed as being very appropriate from a quality assurance perspective. During discussions with trainees, the Team were informed that, in addition to the impact of individual trainers on the training experience, the degree of access to theatre and elective procedures was a determining factor in trainees' perceptions about individual training posts. Due to increasing demands on the Irish health service and the migration of routine elective procedures away from the public health system, the College should continue to explore opportunities for collaborating with the private health sector to widen the range of surgical opportunities available to trainees.

## **9) CONTINUING PROFESSIONAL DEVELOPMENT**

Standard (9) incorporates the following elements:

### **9.1 CONTINUING PROFESSIONAL DEVELOPMENT PROGRAMMES**

#### **9.2 RETRAINING**

#### **9.3 REMEDIATION**

Under discussion of this element of Council's accreditation standards, the Team noted that the Royal College of Surgeons in Ireland has already entered into arrangements with the Medical Council under Part 11 of the Medical Practitioners Act 2007 in relation to the establishment of Professional Competence Schemes. The Team identified the *Colles Portal* as being a significant resource to the College in this area.

In relation to Council's standards regarding remediation, the Team agreed that the College had demonstrated its commitment to standard assessments of trainees and that these assessments should be supported by a robust remediation policy. The College confirmed that arrangements

in this area were currently made on an ad-hoc basis but that a policy was currently under development by the recently-appointed Dean of Professional Practise, the College's Professional Development Committee and the Quality and Risk Group. The Team welcomed this confirmation and felt it would be appropriate for this developing policy to clarify the circumstances under which the Medical Council would be notified of concerns with a trainee.

**END REPORT**

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



## **D. Appendices**

### **Appendix 1- Agenda**



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

**Royal College of Surgeons in Ireland  
Accreditation Session, Kingram House  
10<sup>th</sup> October 2011**

### **Accreditation Team**

Professor William Powderly (Chairperson, Council Member)  
Professor David Barlow (External Assessor)  
Dr Hemal Thakore (External Assessor)  
Dr Dermot Power (External Assessor)  
Professor George G. Youngson (External Assessor)  
Mr. Chris Morran (External Assessor)

### **Agenda**

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