ACCREDITATION OF POSTGRADUATE TRAINING BODIES UNDER THE MEDICAL PRACTITIONERS ACT 2007

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1. INTRODUCTION

The Medical Council’s primary statutory responsibility, under the Medical Practitioners Act 2007 (MPA 2007), is to protect the interests of the public. As part of this role, it sets standards for undergraduate and postgraduate education and training and monitors compliance with those standards.

Its remit includes responsibility for approving or otherwise the bodies which may grant evidence of the satisfactory completion of specialist training in relation to medical specialties recognised by Council.¹

The Medical Council approved its ‘Accreditation Standards for Postgraduate Medical Education and Training’ in June 2010 and amended in October 2011. These standards were adapted from the Australian Medical Council’s postgraduate standards.²

A body which was recognised under the previous Medical Practitioners Act 1978 for the purpose of granting evidence of satisfactory completion of specialist training³ was, on commencement of the 2007 Act, deemed to be a body approved under the 2007 Act for the same purposes. However, the Medical Council intends to undertake a process of formal accreditation of such bodies under the 2007 Act. The aforementioned accreditation standards will be used as the benchmark to determine whether a body and its associated programmes of specialist training are fit for purpose and of the requisite quality.

2. PROCESS FOR THE ACCREDITATION OF A POSTGRADUATE TRAINING BODY (PGTB)

The accreditation process is summarised in steps A-I below.

A. The PGTB will be asked to consider and complete, where requested, a range of documentation as part of an initial self-evaluation process. This documentation will include the ‘Medical Council’s Accreditation Standards for Postgraduate Education and Training’. A copy of these standards is appended to this document (Appendix A).

¹ MPA 2007, Section 89 (3)(a)(ii)
² Australian Medical Council’s ‘Accreditation Standards for Specialist Medical Education and Training’
³ MPA 2007, Section 89 (7)(b)
These standards should be addressed on a point-by-point basis demonstrating how the PGTB adheres to the Council’s standards across a range of themes including governance, programme management and learning outcomes. The PGTB will return all requested documentation to the Medical Council within an agreed timeframe.

B. As part of the accreditation process, Council may, at its discretion, decide to concurrently accredit the training programmes which are delivered by the PGTB. It should be noted that the ‘Medical Council’s Accreditation Standards for Postgraduate Education and Training’ are the standards to be applied to both programmes of specialist training and to the bodies which deliver them.

C. A timetable and agenda for the accreditation process will be prepared in consultation with the PGTB (outline agenda included as Appendix B).

D. In advance of the accreditation process, the completed documentation will be assessed by an Accreditation Team comprising member(s) of the Medical Council and external assessors. The Accreditation Team will then identify issues they wish to discuss with the PGTB. Where necessary, the Accreditation Team may request clarification or additional information from the PGTB in relation to their submitted documentation.

E. The Accreditation Team will meet with the PGTB as per the agreed timetable and agenda although the Team reserves the right to vary the agenda within reasonable limits.

F. Following the accreditation process, a draft report will be prepared and agreed by the Team. This report will be shared with the PGTB for correction of factual inaccuracies.

G. The report will then be considered by the Professional Development Committee (incorporating Education and Training) (PDC) of the Medical Council in conjunction with any response or comments from the PGTB. The Committee will then make a formal recommendation to the Medical Council.

H. The Medical Council will then consider the recommendation of the PDC before making its decision on accreditation.
I. The PGTB will be provided with a copy of the final report. The PGTB may be asked to provide a plan of action to meet any conditions or recommendations in the report and future quality assurance arrangements will be determined.

A flow chart of the accreditation process is appended to this document (Appendix C).

3. OPTIONS AVAILABLE TO THE MEDICAL COUNCIL IN RESPECT OF ACCREDITATION

Under Section 89(3) of the MPA 2007, following the accreditation visit and after consideration of the recommendation(s) contained in the report by the PDC, Council has a number of options available to it in respect of accreditation:

I. Council may approve;
II. Council may approve subject to conditions attached to the approval of;
III. Council may amend or remove conditions attached to the approval of or
IV. Withdraw the approval of –

- programmes of specialist training in relation to that medical specialty, and
- the bodies which may grant evidence of the satisfactory completion of specialist training in relation to that medical specialty.

4. OPTIONS AVAILABLE TO A BODY FOLLOWING A DECISION BY COUNCIL

Following a decision regarding the accreditation of a body, Council shall notify the body in writing as soon as is practicable as to (a) the decision made by Council, (b) the date on which the decision was made and (c) the reasons for this decision. Upon receipt of this notification, the body may choose to appeal the decision. The body must make its appeal to the High Court within 21 days of receipt of notification by Council.

The documentation in relation to the appeals process is currently being developed and will be published shortly. The relevant section of the MPA 2007 is Section 90.
5. DURATION OF APPROVAL

Approval of a body will be for no longer than five years. Any significant alterations to the status and/or structure of an approved body will require the prior approval of the Medical Council.
APPENDIX A

MEDICAL COUNCIL ACCREDITATION STANDARDS
FOR POSTGRADUATE MEDICAL EDUCATION AND TRAINING

Please note:

1) As part of the self-evaluation process, each section and subsection of these standards should be addressed individually by the Body. There should be evidence and relevant documentation to support the submission by the Body in each instance and this information should be presented to Council for consideration. An unqualified “yes” or “no” will not be considered an adequate response.

2) The detailed submission should be accompanied by a concise summary addressing the nine headings of the standards (‘Context of Education and Training’, ‘The Outcomes of the Training Programme’ etc).

3) In the event that the Body cannot confirm adherence to a particular section or subsection of the standards, the Body should provide an explanation along with details of the course of action with the Body is taking to address the situation.

4) The Body should ensure that the following information is provided as part of its submission:

- The curriculum and syllabus for both the Primary and Final Membership examinations
- Examination outcomes, attrition rates and remediation statistics
- Details of the process by which applications to the Specialist Division of the Register are assessed along with the associated timescale
- A brief history of the Body including dates of establishment and initial recognition as a Training Body
- A chart of the Body’s committee structure
- A schematic outline of the training structure
5) The Body should ensure that all material submitted to Council throughout this process is as relevant and current as possible.

6) The Body’s submission should be presented to Council in a clear, thorough and sequential manner. If acronyms are included in the Body’s submission, a glossary should be included.

7) The Body’s submission (including any appendices) should be numbered for ease of reference.

8) The ‘Domains of Professionalism’ referred to under 2.2.3 of these standards are the ‘Eight Domains of Good Professional Practice as devised by the Medical Council’ and are attached to these standards.

Accreditation Process approved by the Medical Council

18th January 2011

Introductory note accompanying Appendix A

Revised 20th September 2011
1. CONTEXT OF EDUCATION AND TRAINING

1.1 GOVERNANCE

1.1.1 The training organisation’s governance structures and its education and training, assessment and continuing professional development functions are defined.

1.1.2 The governance structures describe the composition and terms of reference for each committee, and allow all relevant groups to be represented in decision-making.

1.1.3 The training organisation’s internal structures give priority to its educational role relative to other activities.

1.2 PROGRAMME MANAGEMENT

1.2.1 The training organisation has established a committee or committees with the responsibility, authority and capacity to direct the following key functions:
   o planning, implementing and reviewing the training programme(s) and setting relevant policy and procedures
   o setting and implementing policy and procedures relating to the assessment of overseas-trained specialists
   o setting and implementing policy on continuing professional development and reviewing the effectiveness of continuing professional development activities.

1.2.2 The training organisation’s education and training activities are supported by appropriate resources including sufficient administrative and technical staff.

1.2.3 Funding and Resource Allocation - there must be a clear line of responsibility and authority for budgeting of training resources. The training bodies must be adequately funded in order to plan and deliver the programme.

1.3 EDUCATIONAL EXPERTISE AND EXCHANGE

1.3.1 The training organisation uses educational expertise in the development, management and Continuous improvement of its education, training, assessment and continuing professional development activities, as required.

1.3.2 The training organisation collaborates with other educational institutions and compares its curriculum, training programme and assessment with that of other relevant programmes.
1.4 INTERACTION WITH THE HEALTH SECTOR

1.4.1 The training organisation seeks to maintain constructive working relationships with relevant health departments and government, non-government and community agencies to promote the education, training and ongoing professional development of medical specialists.

1.4.2 The training organisation works with healthcare institutions to facilitate clinicians employed by them to contribute to high quality teaching and supervision, and to foster peer review and professional development.

1.5 CONTINUOUS RENEWAL

1.5.1 The training organisation reviews and updates structures, functions and policies relating to education, training and continuing professional development to rectify deficiencies and to meet changing needs.

2. THE OUTCOMES OF THE TRAINING PROGRAMME

2.1 PURPOSE OF THE TRAINING ORGANISATION

2.1.1 The purpose of the training organisation includes setting and promoting high standards of medical practice, training, research, continuing professional development, and social and community responsibilities.

2.1.2 In defining its purpose, the training organisation has consulted fellows and trainees, and relevant groups of interest.

2.2 GRADUATE OUTCOMES

2.2.1 The training organisation has defined graduate outcomes for each training programme including any sub-specialty programmes. These outcomes are based on the nature of the discipline and the practitioners’ role in the delivery of health care. The outcomes are related to community need.

2.2.2 The outcomes address the broad roles of practitioners in the discipline as well as technical and clinical expertise.

2.2.3 Outcomes must reflect domains of professionalism as defined by the Medical Council with particular reference to patient safety.

2.2.4 The training organisation makes information on graduate outcomes publicly available.

3. THE EDUCATION AND TRAINING PROGRAMME - CURRICULUM CONTENT

3.1 CURRICULUM FRAMEWORK

3.1.1 For each of its education and training programmes, the training organisation has a framework for the curriculum organised according to the overall graduate outcomes. The framework is publicly available.
3.2 CURRICULUM STRUCTURE, COMPOSITION AND DURATION

3.2.1 For each component or stage, the curriculum specifies the educational objectives and outcomes, details the nature and range of clinical experience required to meet these objectives, and outlines the syllabus of knowledge, skills and professional qualities to be acquired.

3.2.2 Successful completion of the training programme must be certified by a diploma or other formal award.

3.3 RESEARCH IN THE TRAINING PROGRAMME

3.3.1 The training programme includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, and encourages the trainee to participate in research.

3.3.2 The training programme allows appropriate candidates to enter research training during specialist education and to receive appropriate credit towards completion of specialist training.

3.4 FLEXIBLE TRAINING

3.4.1 The programme structure and training requirements recognise part-time, interrupted and other flexible forms of training.

3.4.2 There are opportunities for trainees to pursue studies of choice, consistent with training programme outcomes, which are underpinned by policies on the recognition of prior learning. These policies recognise demonstrated competencies achieved in other relevant training programmes both here and overseas, and give trainees appropriate credit towards the requirements of the training programme.

3.5 THE CONTINUUM OF LEARNING

3.5.1 The training organisation contributes to articulation between the specialist training programme and prevocational and undergraduate stages of the medical training continuum.

4. THE TRAINING PROGRAMME - TEACHING AND LEARNING

4.1.1 The training is practice-based involving the trainees’ personal participation in relevant aspects of the health services and, for clinical specialties, direct patient care.

4.1.2 The training programme includes appropriately integrated practical and theoretical instruction.

4.1.3 The training process ensures an increasing degree of independent responsibility as skills, knowledge and experience grow.

5. THE CURRICULUM - ASSESSMENT OF LEARNING

5.1 ASSESSMENT APPROACH

5.1.1 The assessment programme, which includes both summative and formative assessments, reflects comprehensively the educational objectives of the training programme.

5.1.2 The training organisation uses a range of assessment formats that are appropriately aligned to the components of the training programme.

5.1.3 The training organisation has policies relating to disadvantage and special consideration in assessment, including making reasonable adjustments for trainees with a disability.
5.2 **FEEDBACK AND PERFORMANCE**

5.2.1 The training organisation has processes for early identification of trainees who are under performing and for determining programmes of remedial work for them.

5.2.2 The training organisation facilitates regular feedback to trainees on performance to guide learning.

5.2.3 The training organisation provides feedback to supervisors of training on trainee performance, where appropriate.

5.3 **ASSESSMENT QUALITY**

5.3.1 The training organisation has a policy on the evaluation of the reliability and validity of assessment methods, the educational impact of the assessment on trainee learning, and the feasibility of the assessment items. It introduces new assessment methods where required.

5.4 **ASSESSMENT OF SPECIALISTS TRAINED OVERSEAS**

5.4.1 The processes for assessing of specialists trained overseas are in accordance with the principles outlined by the Irish Medical Council

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**6. THE CURRICULUM - MONITORING AND EVALUATION**

**6.1 ONGOING MONITORING**

6.1.1 The training organisation regularly evaluates and reviews its training programmes. Its processes address curriculum content, quality of teaching and supervision, assessment and trainee progress.

6.1.2 Supervisors and trainers contribute to monitoring and to programme development. Their feedback is systematically sought, analysed and used as part of the monitoring process.

6.1.3 Trainees contribute to monitoring and to programme development. Their confidential feedback on the quality of supervision, training and clinical experience is systematically sought, analysed and used in the monitoring process. Trainee feedback is specifically sought on proposed changes to the training programme to ensure that existing trainees are not unfairly disadvantaged by such changes.

**6.2 OUTCOME EVALUATION**

6.2.1 The training organisation maintains records on the graduates of its training programme, is developing methods to measure outcomes of training and is collecting qualitative information on outcomes.

6.2.2 Supervisors, trainees, health care administrators, other health care professionals and consumers contribute to evaluation processes.

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**7. IMPLEMENTING THE CURRICULUM – TRAINEES**

**7.1 ADMISSION POLICY AND SELECTION**

7.1.1 A clear statement of principles underpins the selection process, including the principle of merit-based selection.
7.1.2 The processes for selection into the training programme
   - are based on the published criteria and the principles of the training organisation concerned
   - are evaluated with respect to validity, reliability and feasibility
   - are transparent, rigorous and fair
   - are capable of standing up to external scrutiny
   - include a formal process for review of decisions in relation to selection, and information on this process is outlined to candidates prior to the selection process.

7.1.3 The training organisation documents and publishes its selection criteria. Its recommended weighting for various elements of the selection process, including previous experience in the discipline, is described. The marking system for the elements of the process is also described.

7.1.4 The training organisation publishes its requirements for mandatory experience, such as rotation through a range of training sites. The criteria and process for seeking exemption from such requirements are made clear.

7.1.5 The training organisation monitors the consistent application of selection policies across training sites and/or regions.

7.2 Trainee Participation in Training Organisation Governance

7.2.1 The training organisation has formal processes and structures that facilitate and support the involvement of trainees in the governance of their training.

7.3 Communication with Trainees

7.3.1 The training organisation has mechanisms to inform trainees about the activities of its decision-making committees, in addition to communication by the trainee organisation or trainee representatives.

7.3.2 The training organisation provides clear and easily accessible information about the training programme, costs and requirements, and any proposed changes.

7.3.3 The training organisation provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.

7.4 Resolution of Training Problems and Disputes

7.4.1 The training organisation has processes to address confidentially problems with training supervision and requirements.

7.4.2 The training organisation has clear impartial pathways for timely resolution of training-related disputes between trainees and supervisors or trainees and the organisation.

7.4.3 The training organisation has reconsideration, review and appeals processes that allow trainees to seek impartial review of training-related decisions, and makes its appeals policies publicly available.

7.4.4 The training organisation has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.

8. Implementing the Training Programme – Delivery of Educational Resources

8.1 Supervisors, Assessors, Trainers and Mentors

8.1.1 The training organisation has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the training programme and the responsibilities of the training organisation to these practitioners.
8.1.2 The training organisation has processes for selecting supervisors who have demonstrated appropriate capability for this role. It facilitates the training of supervisors and trainers.

8.1.3 The training organisation routinely evaluates supervisor and trainer effectiveness including feedback from trainees and offers guidance in their professional development in these roles.

8.1.4 The training organisation has processes for selecting assessors in written, oral and performance-based assessments who have demonstrated relevant capabilities.

8.1.5 The training organisation has processes to evaluate the effectiveness of its assessors/examiners including feedback from trainees, and to assist them in their professional development in this role.

8.1.6 Organisation and development of trainers – instructional activities must be included as responsibilities in the work schedules of trainers and their relationship to work schedules of trainees must be described.

8.2 CLINICAL AND OTHER EDUCATIONAL RESOURCES

8.2.1 The training organisation has a process and criteria to select and recognise hospitals, sites and posts for training purposes. The accreditation standards of the training organisation are publicly available.

8.2.2 The training organisation specifies the clinical and/or other practical experience, infrastructure and educational support required of an accredited hospital/training position in terms of the outcomes for the training programme. It implements clear processes to assess the quality and appropriateness of the experience and support offered to determine if these requirements are met.

8.2.3 The training organisation’s accreditation requirements cover: orientation, clinical and/or other experience, appropriate supervision, structured educational programmes, educational and infrastructure supports such as access to the internet, library, journals and other learning facilities, continuing medical education sessions accessible to the trainee, dedicated time for teaching and training and opportunities for informal teaching and training in the work environment.

8.2.4 The training organisation works with the health services to ensure that the capacity of the health care system is effectively used for service-based training, and that trainees can experience the breadth of the discipline. It uses an appropriate variety of clinical settings, patients and clinical problems for training purposes, while respecting service functions.

8.2.5 The training organisation should monitor the working environment to ensure it is a safe environment for training.

9. CONTINUING PROFESSIONAL DEVELOPMENT

9.1 CONTINUING PROFESSIONAL DEVELOPMENT PROGRAMMES

9.1.1 The training organisation’s professional development programmes are based on self-directed learning. The programmes assist participants to maintain and develop knowledge, skills and attitudes essential for meeting the changing needs of patients and the health care delivery system, and for responding to scientific developments in medicine as well as changing societal expectations.

9.1.2 The training organisation determines the formal structure of the CPD programme in consultation with stakeholders, taking account of the requirements of relevant authorities such as medical boards.

9.1.3 The process and criteria for assessing and recognising CPD providers and/or the individual CPD activities are based on educational quality, the use of appropriate educational methods and resources, and take into consideration feedback from participants.

9.1.4 The training organisation documents the recognised CPD activities of participants in a systematic and transparent way, and monitors participation.
9.1.5 The training organisation has mechanisms to allow doctors who are not its Members and/or Fellows to access relevant continuing professional development and other educational opportunities.

9.1.6 The training organisation has processes to counsel fellows who do not participate in ongoing professional development programmes.

9.2 RETRAINING
9.2.1 The training organisation has processes to respond to requests from the Medical Council for retraining of doctors who have been absent from practice for a period of time.

9.3 ASSESSMENT AND REMEDIATION
9.3.1 The training organisation has processes to respond to requests from the Medical Council for assessment and remediation of doctors where concerns have been identified that these doctors may be under-performing.

Approved by the Medical Council
1st June 2010

and

Revised by the Medical Council
25th October 2011
Eight Domains of Good Professional Practice as devised by the Medical Council in Ireland
Eight Domains of Good Professional Practice
as devised by the Medical Council in Ireland

Patient Safety and Quality of Patient Care
Patient safety and quality of patient care should be at the core of the health service delivery that a doctor provides. A doctor needs to be accountable to their professional body, to the organisation in which they work, to the Medical Council and to their patients thereby ensuring the patients whom they serve receive the best possible care.

Relating to Patients
Good medical practice is based on a relationship of trust between doctors and society and involves a partnership between patient and doctor that is based on mutual respect, confidentiality, honesty, responsibility and accountability.

Communication and Interpersonal Skills
Medical practitioners must demonstrate effective interpersonal communication skills. This enables the exchange of information, and allows for effective collaboration with patients, their families and also with clinical and non-clinical colleagues and the broader public.

Collaboration and Teamwork
Medical practitioners must co-operate with colleagues and work effectively with healthcare professionals from other disciplines and Teams. He/she should ensure that there are clear lines of communication and systems of accountability in place among Team members to protect patients.

Management (including Self Management)
A medical practitioner must understand how working in the health care system, delivering patient care and how other professional and personal activities affect other healthcare professionals, the healthcare system and wider society as a whole.

Scholarship
Medical practitioners must systematically acquire, understand and demonstrate the substantial body of knowledge that is at the forefront of the field of learning in their specialty, as part of a continuum of lifelong learning. They must also search for the best information and evidence to guide their professional practice.

Professionalism
Medical practitioners must demonstrate a commitment to fulfilling professional responsibilities by adhering to the standards specified in the Medical Council’s “Guide to Professional Conduct and Ethics for Registered Medical Practitioners”.

Clinical Skills
The maintenance of Professional Competence in the clinical skills domain is clearly specialty-specific and standards should be set by the relevant Post-Graduate Training Body according to international benchmarks.
APPENDIX B

OUTLINE AGENDA FOR ACCREDITATION SESSIONS

Accreditation Session

Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>9.30-10.00am</td>
<td>Initial accreditation team discussion</td>
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<tr>
<td>10.00-11.30am</td>
<td>Review of documentation specifically relating to the Body</td>
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<tr>
<td>11.30-11.45am</td>
<td>Break</td>
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<tr>
<td>11.45-1.00pm</td>
<td>Review of documentation specifically relating to the Programme</td>
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<tr>
<td>1.00-1.30pm</td>
<td>Lunch</td>
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<td>1.30-2.30pm</td>
<td>Meeting with Trainees</td>
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<td>2.30-4.30pm</td>
<td>Meeting with College Representatives</td>
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<td>4.30-5.00pm</td>
<td>Private session</td>
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<tr>
<td>5.00-5.30pm</td>
<td>Clarification Session with College Representatives</td>
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APPENDIX C

FLOW CHART FOR THE POSTGRADUATE ACCREDITATION PROCESS
UNDER THE MEDICAL PRACTITIONERS ACT 2007
Flow chart for the Accreditation of a PGTB under the MPA 2007

1. Self Assessment
   The Medical Council requests documentation form the Postgraduate Training Body (PGTB) to be returned within a specified timeframe.

2. Date and Time
   A timetable and an agenda for the day(s) of the accreditation session are drawn up.

3. The Accreditation Team
   The Medical Council convenes an Accreditation Team comprising member(s) of the Council and external assessors.

4. Review of Documentation
   The Accreditation Team assess the documentation and identify issues they wish to raise with the PGTB (either in advance, or on the day of the accreditation session).

5. Accreditation Session
   As part of the accreditation session the Team engages with representatives of the PGTB and trainees on a programme of specialist training that is delivered by the PGTB.

6. Report of Accreditation Team
   The Team agrees a report that summarises their findings and their recommendations. The report is shared with the PGTB for any factual inaccuracies.

7. Committee Stage
   The Professional Development Committee (PDC) considers the Accreditation Team’s report, and any response from the PGTB. The PDC makes a formal recommendation to the Council.

8. Medical Council Decision
   The Council considers the Accreditation Team’s report; any response from the PGTB and the recommendation of the Committee(s). It then makes its decision on accreditation.

9. Final Report and Monitoring
   The PGTB is provided with a copy of the final report. The PGTB may be asked to provide an action plan for meeting conditions and/or recommendations, and future quality assurance arrangements will be determined.