

Doctors' Education, Training and Lifelong Learning in 21st Century Ireland



Comhairle na nDochtúirí Leighis
Medical Council

**A roadmap for the Medical Council's role in safeguarding
standards and fostering improvement 2015-2020**

ACKNOWLEDGEMENTS

This report was prepared by Strategy and Policy Subcommittee, chaired by Dr John Jenkins, of the Medical Council's Education, Training and Professional Development Committee, and subsequently approved by the Medical Council.

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PRESIDENT'S FOREWORD

I am pleased to introduce this roadmap for the Medical Council's role in doctor's education, training and lifelong learning.

While the Medical Council is well-known for our important function in responding to concerns about doctors' practise, our role is much wider. In particular, our role in the education of doctors enables us to take a positive and proactive role in preventing concerns and in ensuring the public experience good professional practice when they access medical care from doctors.

Currently, in an average year in Ireland, there are almost 6,000 students studying across 9 programmes of basic medical education delivered across 6 medical schools; some 3,000 interns and specialist trainees participate in programmes of intern training and specialist training delivered by 6 Intern Training Networks and 13 Postgraduate Training Bodies; and, more recently, all doctors who are not in training are now supervised by the Medical Council in their lifelong learning. The system of medical education and training is complex with various different organisations playing roles at different stages of doctors' professional lives; however, the single organisation that overarches this system is the Medical Council.

Recent years have seen significant change in the medical education and training sector and new legislation commenced under the last term of the Medical Council saw our role develop and expand. At the same time, we are conscious that the needs of the population are evolving and our health system is engaged in an ambitious programme of reform. A strong and effective systems for doctors' education, training and lifelong learning is a key priority for the Medical Council, and as the single body with a role at all stages in a doctors' professional life, it is important that we set out a clear direction for this role in the interests of doctors, the health system and ultimately, the public. It is for this reason that we have developed and published this roadmap for the Medical Council's role in doctor's education, training and lifelong learning.

I would like to thank Dr John Jenkins for leading the Strategy and Policy Subcommittee that developed and proposed the ideas set out in this document to the Medical Council. This roadmap will guide our role in doctor's education, training and lifelong learning into the medium term and is an important document, not just for the Medical Council, but for all organisations that we work with to support good professional practice among doctors in the interests of patient safety.



A handwritten signature in black ink that reads "Freddie Wood." The signature is written in a cursive, slightly slanted style.

Prof. Freddie Wood
President

ABOUT THE MEDICAL COUNCIL

Through the regulation of doctors, the Medical Council enhances patient safety in Ireland. In operation since 1979, it is an independent statutory organisation, charged with fostering and ensuring good medical practice. It ensures high standards of education, training and practice among doctors, and acts in the public interest at all times. The Medical Council is noteworthy among medical regulators worldwide in having a non-medical majority. It comprises of 13 non-medical members and 12 medical members, and has a staff of approximately 70.

The Medical Council's role focuses on four areas:



MAINTAINING THE REGISTER OF DOCTORS

The Medical Council reviews the qualifications and good standing of all doctors and makes decisions about who can enter the register of medical practitioners. In December 2014, approximately 19,000 doctors were registered, allowing them to practise medicine in Ireland.

SAFEGUARDING EDUCATION QUALITY FOR DOCTORS

The Medical Council is responsible for setting and monitoring standards for education and training throughout the professional life of a doctor: undergraduate medical education, intern and postgraduate training and lifelong learning. It can take action to safeguard quality where standards are not met.

SETTING STANDARDS FOR DOCTORS' PRACTICE

The Medical Council is the independent body responsible for setting the standards for doctors on matters related to professional conduct and ethics. These standards are the basis to good professional practice and ensure a strong and effective patient-doctor relationship.

RESPONDING TO CONCERNS ABOUT DOCTORS

Where a patient, their family, employer, team member or any other person has a concern about a doctors' practice, the Medical Council can investigate a complaint. When necessary, it can take appropriate action following its investigation to safeguard the public and support the doctor in maintaining good practice.

Through its work across these four areas, the Medical Council provides leadership to doctors in enhancing good professional practice in the interests of patient safety. You can find out more about the Medical Council at www.medicalcouncil.ie

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SECTION 1

DOCTORS' EDUCATION, TRAINING AND LIFELONG LEARNING IN 21ST CENTURY IRELAND – CONTEXT, CHALLENGES AND OPPORTUNITIES

1.1 THE MEDICAL COUNCIL'S ROLE IN DOCTORS' EDUCATION, TRAINING AND LIFELONG LEARNING

The Medical Council's role is to ensure that the care the public receive is provided by good doctors. Its purpose is defined in the Medical Practitioners Act 2007 as being "to protect the public by promoting and better ensuring high standards of professional conduct and professional education, training and competence" among doctors".

1.1.1 Education, training and lifelong learning that support good professional practice

While the Medical Council is well known for its role regarding professional standards for practising doctors, it is also responsible for overseeing doctors education, training and lifelong learning in Ireland. The Council ensures that these programmes, the bodies that deliver them and clinical sites where learning takes place are fit-for-purpose.

Another a key focus for the Medical Council's role in doctors' professional development, is to ensure that the knowledge, skills, attitudes and behaviours which are developed and maintained equip the doctor to engage in Good Professional Practice and to apply the Guide to Professional Conduct and Ethics in day-to-day practice.^{1, 2} Good Professional Practice identifies and describes the range of competencies which the Medical Council expects a doctor to develop and maintain throughout practice. The Guide to Professional Conduct and Ethics provides guidance to doctors on matters related to professional conduct and ethics, responsibilities to patients, medical records and confidentiality, consent to medical treatment and professional practice. Together, these key references express what is expected of a good doctor practising medicine in Ireland today.

Figure 1: Medical Council standards for good professional practice among doctors

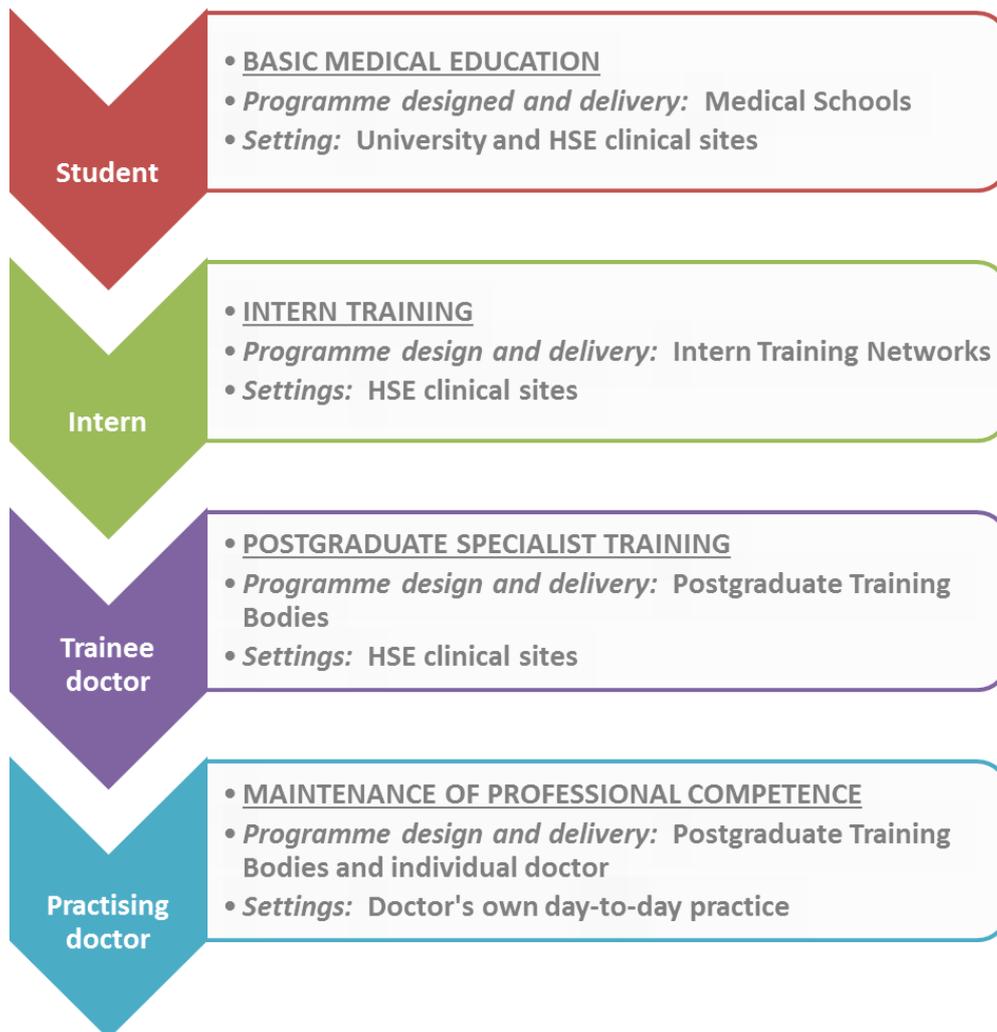


1.1.2 From Student to Doctor – a continuum of education, training and lifelong learning

The Medical Council’s role in doctors’ education, training and lifelong learning begins when they enter medical school as students and continues through to when a doctor retires from medical practice and exits the Register of Medical Practitioners.

A key feature of the role of the Medical Council is that it oversees a continuum of medical education, training and lifelong learning for doctors (Figure 2). While different individuals and organisations play different roles at different stages in this continuum, the Medical Council is unique in having a continuing relationship with doctors throughout their professional lives. Traditionally, this has focussed on the journey from medical student, through intern to specialist trainee. The relationship with the doctors as a learner now continues when doctors move beyond formal medical education and training since all doctors now have a duty to engage in lifelong learning. This helps to ensure they are supported in developing and maintaining good professional practice throughout their professional lives: as students, as interns, as trainee doctors and as practising doctors. See Appendix 1 for a full list of Medical Council roles at each stage of this continuum.

Figure 2: The continuum of education, training and lifelong learning



1.1.3 National and International Legal Framework

Medicine is a profession regulated by national and international legal frameworks. The Medical Practitioners Act 2007, in particular Parts 10 and 11, define the role, responsibility and accountability of the Medical Council in doctors' education, training and lifelong learning.³ It also defines a role for the HSE. That Act set out the specific relationship between qualifications arising from education and training and registration as a doctor. The Medical Council is also designated as the competent authority for the purposes of the Directive 2005/36/EC (Professional Qualifications Directive).⁴ This European legal framework shapes how the Medical Council registers doctors and how it oversees medical education and training since Ireland must meet European requirements.

1.1.4 The Medical Council's progress in education, training and lifelong learning.

The Medical Council has a long role in medical education in Ireland and a recent report on progress defined achievements to-date, as well as setting out future directions.⁵

1.2 UNDERSTANDING THE CURRENT STATE OF MEDICAL EDUCATION, TRAINING AND LIFELONG LEARNING

A number of features of the Medical Council's internal and external operating environment present opportunities and challenges for its work in education, training and lifelong learning

1.2.1 Overseeing a continuum of professional development

The role of the Medical Council is defined by national legislation under the Medical Practitioners Act 2007. While the Medical Council has had a long role in medical education and training, under this Act, it is now the single body responsible for overseeing doctors' medical education, training and lifelong learning. This role across the continuum of doctors professional development, coupled with the Medical Council's focus on defining what it means to be a good doctor, means that the Medical Council is positioned to provide leadership in relation to doctors education, training and lifelong learning throughout their professional life.

1.2.2 Medical Council strategy and structure

A new term of the Medical Council commenced in 2013 and a Statement of Strategy 2014-2018 was launched.⁶ The strategy sets a vision for the organisation of "*providing leadership to doctors in enhancing good professional practice in the interests of patient safety*". In particular, the strategy sets the objective of creating a supportive learning environment for doctors that enables good professional practice. To achieve this goal, the Medical Council is linking its work in defining and communicating what it means to be a good doctor with its work in shaping high quality learning environments. In support of that strategy, the Medical Council has organised its work in education and training, registration and maintenance of competence into a single Professional Development and Practice Directorate. This is to ensure a strong, integrated and coherent approach is taken in delivering that Medical Council strategy.

1.2.3 Public needs and health system reform

Doctors provide medical care to patients and it is critical that doctors' education, training and lifelong learning is oriented and aligned with changing population health needs. Like most developed countries, Ireland is experiencing an emergence of chronic diseases; however, compared with other

developed countries, it still has a relatively young population and high birth rate. A programme of health system reform has been designed and is at various stages of implementation.⁷ This will see, for example, a focus on performance improvement, an emphasis on prevention and primary care and reconfigure of structures for service delivery and a move to universal health insurance. The professional development of doctors must be sensitive to changes in health service delivery; similarly, reform must take into account the professional development needs of doctors. For example, changes in the configuration of the healthcare system may impact on how doctors learn in the workplace. Plans to establish the role of Chief Academic Officer within new Hospital Group structures are important.⁸ The Medical Council has already recognised this in its work to support improvement to the learning environment at clinical sites. The role of the private sector in education and training is also to be considered. Other changes include the implementation of clinical strategy and clinical programmes and changing role of members of the healthcare team. The Medical Council must be agile and take account of these changes. It is also important to recognise that a robust system of medical education, training and lifelong learning, which effectively contributes to a strong health system for the benefit of patients, must be properly resourced and supported at a political level.

1.2.4 Recognising learner needs and expectations

While medical education and training should be oriented to the health system and population health, the needs, expectations and experience of individual learners must also be recognised. The Medical Council has long sought to involve the voice of students and trainees in its work in overseeing medical education and training; for example, its accreditation procedures routinely include dialogue with students and trainees to understand their experiences. There is a global shortage of doctors, and Irish doctors are highly mobile.⁹ It is important that the experience of education and training in Ireland contributes to retention of medical talent in Ireland. The shape of the medical workforce is changing and it is important that the career development and work-life balance of all doctors is considered across the professional development continuum.

1.2.5 Focus on medical professionalism

In the last two decades there has been an increased focus on the issue of medical professionalism. In a rapidly changing and increasingly globalised context, the question of what it means to be a good doctor has become more complex but remains at the heart of medical education, training and lifelong learning.¹⁰ The Medical Council is unique in that it both defines expectations for what it means to be a medical professional, as well as, overseeing professional development. The relationship between these functions presents a significant opportunity which needs to be carefully managed and fully realised. Internationally, many organisations have sought to support this relationship by better structuring professional standards to make them useful for doctors' education, training and lifelong learning, e.g. CanMEDS and GMC Good Medical Practice.^{11, 12}

1.2.6 The global context of medical education and the medical workforce

There is a global context to medical education. This global connection is evident in a number of ways. Bodies involved in medical education, training and lifelong learning in Ireland also contribute to medical education in other countries. In addition, students and trainees move to Ireland to begin or continue their training as a doctor. Quality assurance must demonstrate that standards in Ireland are comparable to international standards. In this global context, medical education and training in Ireland must take account of international innovations and good practises. The delivery of medical education and training must have regard for the European legislative framework including the Professional Qualifications Directive and the European Working Time Directive. Ireland is unique among developed countries, having a high proportion of international medical graduates in the medical workforce.⁹ This is a factor to be considered in supporting doctors in good professional practice through medical education. Irish medical graduates also move to other countries for medical education and practice. Assuring quality is a factor in ensuring that retention in Ireland for continuing medical education and training is attractive for Irish graduates.

1.2.7 National and international trends in medical education

Nationally, reports by Hanley, Fotrell and Buttimer have all shaped the current state of medical education and training in Ireland.¹³⁻¹⁵ Recently, the Strategic Review of Medical Training and Career Structure, led by Prof MacCraith, has brought a focus to national policy on medical education and training.¹⁶ At the same time, a number of medical education and training bodies have been active in reviewing – individually and collectively – their role and future direction. This attention on medical education and training is welcome, especially in the context of health system reform. This reflects the international landscape, where a number of jurisdictions have undertaken significant reviews of medical education and training. While some issues are highly context specific, common trends emerge from these reviews including:¹⁷⁻²⁸

- Responding to individual, population and health system needs, including striking an appropriate balance between generalism and specialism;
- An appropriate focus on outcomes in medical education;
- Assuring progression along a coherent continuum ;
- Focusing on clinical sites as learning environments;
- Fostering clinical teachers and educational leadership;
- Diverse and evolving maintenance of competence models;
- The need for intelligence informed, risk based, coherent and outcome-focused approach to sectoral oversight by regulatory bodies.

1.2.8 The need for effective collaboration

There are multiple parties involved in medical education and training including the policy makers (e.g. Department of Health, Department of Education), funders (e.g. Higher Education Authority, Health Service Executive), education and training bodies (e.g. universities, postgraduate training bodies) and workplaces where learning takes place (e.g. Health Service Executive). This creates a need for coherence and collaboration; bodies, like the Medical Council, which have an overarching role in the sector, have a particular responsibility to foster a common approach.

1.2.9 Minimising the burden and maximising the impact of regulatory oversight

Like other regulatory bodies, the Medical Council must ensure that its approach is not needlessly burdensome. At the same time, there is a need to maximise the impact of regulatory oversight, especially in a sector which is complex and dynamic. This demands a judicious, intelligence-informed and risk-based model to regulation – a so-called “right touch” approach.²⁹ It also requires regulatory bodies to identify effective and sustainable business models and to make good use of research and evaluation. The Medical Council must be cognisant of other oversight bodies, such as Qualification Quality Ireland (QQI).

SECTION 2

SAFEGUARDING STANDARDS AND FOSTERING IMPROVEMENT – OUR APPROACH AND WORKING TOGETHER

2.1 THE PURPOSE OF THE MEDICAL COUNCIL'S OVERSIGHT OF MEDICAL EDUCATION AND TRAINING

Before setting how the Medical Council's medium term aims and objectives in medical education, training and lifelong learning, it is useful to clarify the purpose of the Medical Council's oversight role.

The Medical Council does not fund or commission medical education and training; this responsibility resides with organisations such as the Higher Education Authority and the Health Service Executive. These bodies have a responsibility to ensure that they fund quality medical education and training, and that their funding approach fosters quality improvement.

Neither is the Medical Council directly involved in the management or delivery of medical education and training. This responsibility resides with organisations that are involved in the design and delivery of learning curricula (e.g. medical schools, intern training networks, and postgraduate bodies). Since the learning curricula for doctors are delivered in the workplace, healthcare organisations are also involved in the delivery of medical education and training. All such organisations have a responsibility to manage the quality of the learning curriculum, to control its delivery in healthcare organisations and to manage the quality of learning environments at clinical sites.

The Medical Council oversees medical education, training and lifelong learning in Ireland and is responsible for safeguarding standards and fostering improvement. In safeguarding standards, it must ensure that basic requirements are met, such that the professional development of doctors is fit-for-purpose. Given its role and remit, the Medical Council pays particular focus to how systems for doctors' professional development align with its expectations for what it means to be a good doctor. The Council also has a unique role in safeguarding the standards of clinical sites where workplace-based learning occurs.

In safeguarding standards, the Medical Council also seeks to foster improvement. It is crucial to ensure that basic requirements in the design and delivery of medical education, training and lifelong learning are met. However, in safeguarding standards the Medical Council must acknowledge, share and promote good practice so as to foster quality improvement.

2.2 ASSESSING QUALITY AND SUPPORTING IMPROVEMENT

The Medical Council is both assessing quality and supports the bodies it assesses to improve quality on a continuing basis. A number of complementary approaches to assess quality of medical education, training and lifelong learning including:

- Scheduled, routine inspections: the Medical Council has a programme of regular reviewing education and training bodies and clinical sites. Knowledgeable and skilled assessors review the standards of medical education and training through document review, direct observation, interviews with staff, and interviews with students and trainees.
- Triggered inspections in response to issues: While most inspections are programmes and routine, the Medical Council may trigger an inspection earlier than scheduled to explore a specific issue.
- Regular reports from education and training bodies and clinical sites: Regular information is provided to the Medical Council on the quality of medical education and training.
- Regular surveys of trainee experience: In addition to interviews of students and trainees, the Medical Council now surveys all interns and trainee doctors to gather their feedback on their experience of training at clinical sites.
- Other sources of information: The Medical Council may gather insights into the quality of medical education and training from other sources, for example, national reports.

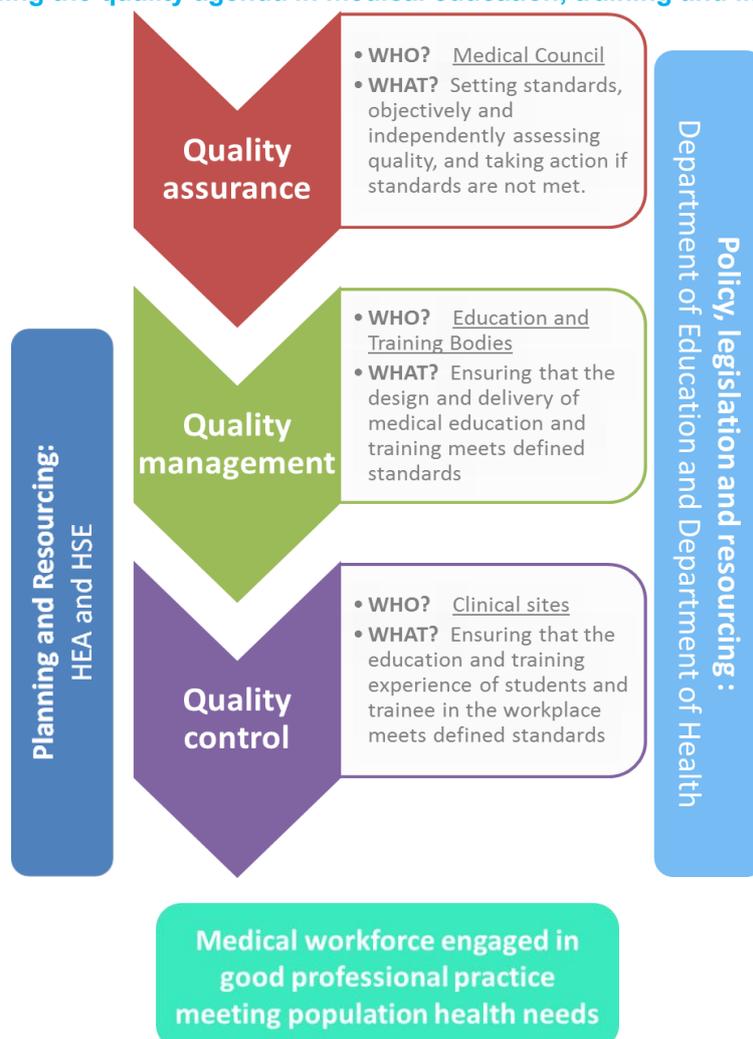
Improvement in medical education and training quality is supported in a number of ways:

- The Medical Council has legal power to approve programmes, bodies and clinical sites that are involved in medical education and training;
- Guidance and feedback can be provided on good practice and this can be shared across the sector;
- Recommendations can be made on areas for improvement;
- Where prioritised and time-bound action is required to address quality, the Medical Council can issue conditional approval;
- Where medical education and training associated with a programme, body or clinical site does not meet proper standards, approval can be withdrawn or refused.

2.3 WORKING TOGETHER TO GOVERN THE QUALITY AGENDA

There are multiple organisations involved in doctors’ education, training and lifelong learning in Ireland and these plays some role in safeguarding standards and fostering improvement. Bodies must work together to govern the quality agenda in medical education and the clarity of role and function is working together. Borrowing from the GMC’s “*Quality Improvement Framework*”,¹⁷ we now identify these various roles in Ireland. While these roles are described as distinct, management of interface and collaboration is recognised as vital to the overall governance of the quality agenda in medical education, training and lifelong learning. This is illustrated in Figure 3.

Figure 3: Governing the quality agenda in medical education, training and lifelong learning



2.3.1 Policy, planning and resources for medical education, training and lifelong learning

Responsibilities for policy and legislation regarding doctors' education, training and lifelong learning are shared between the Department of Health and Department of Education. Ultimately, planning responsibilities also rest with these government departments. Planning and resourcing functions are delegated to the Higher Education Authority for higher education in Ireland. The Health Service Executive has a number of important and statutorily defined roles in postgraduate training including: medical workforce planning; defining the number and type of training posts required by the system; promoting the development of specialist training in Ireland; and commissioning and funding specialist training based on its assessments and plans. With respect to doctors' lifelong learning, the Health Service Executive and other employers of doctors are responsible for ensuring that this is facilitated. For a system of medical education, training and lifelong learning to be effective and to contribute in a sustainable way to safe, high quality care, it is crucial that strong planning is in place and that implementation is supported with requisite resources. Policy, planning and resource allocation all influence the quality agenda.

2.3.2 Quality assurance

Quality assurance safeguards the standard of medical education and training and supports quality improvement. It provides an independent and objective basis for stakeholder confidence in quality. The Medical Council is the independent statutory body responsible for quality assurance of doctors' medical education, training and lifelong learning across their professional lives. It has powers to hold bodies delivering medical education, training and lifelong learning accountable and is designed and delivered to standards defined by the Medical Council through their quality management structures and systems.

There are other bodies responsible for related but distinct quality assurance roles.

Quality Qualifications Ireland (QQI) is responsible for the external quality assurance of further and higher education and training (including English language provision), validates programmes and makes awards for certain providers in these sectors. It is also responsible for the maintenance, development and review of the National Framework of Qualifications (NFQ). QQI has a distinct but complementary quality assurance role with many of the education and training bodies which are overseen by the Medical Council.

The Health Information and Quality Authority (HIQA) is the statutory body responsible for driving continuous improvement in Ireland's health and social care services. It assesses the quality of health and social care services. HIQA has a distinct but complementary quality assurance role as it scrutinises the quality of services at clinical sites. These are also assessed by the Medical Council from the perspective of delivering education and training.

2.3.3 Quality Management

Quality management refers to the mechanisms through which medical schools and postgraduate medical education and training bodies satisfy themselves that medical education and training is designed and delivered to the Medical Council's standards. Quality management is concerned with the delivery as well as the design of the curriculum. Workplace-based learning in medical education and training means that much of the curriculum is delivered outside the body which is responsible for its design. Nevertheless, these bodies must have systems and processes in place to provide assurance that delivery meets expected standards and must have ways of taking action if this is not the case.

2.3.4 Quality Control

Quality control is the means through which clinical sites where medical education and training takes place, satisfy themselves and other bodies that they are providing good quality learning experience for medical studies and trainees. As the organisation which funds and manages most health services where doctors learn, the Health Service Executive has a critical role to play in quality control of the clinical learning environment. Educational governance is “*the systems and standards through which organisations control their educational activities and demonstrate accountability for continuous improvement of quality and performance*”.³⁰ For healthcare organisations, these systems are closely related to the systems they require from the perspective of healthcare quality and safety and good human resource management practices.³¹ It is recognised that different arrangements may operate in different types of clinical services, e.g. hospital versus mental health service.



SECTION 3
SAFEGUARDING STANDARDS AND
FOSTERING IMPROVEMENT –
A ROADMAP FOR OUR WORK 2015-2020

3.1 VISION AND GUIDING PRINCIPLES

This strategy flows from the Medical Council's Statement of Strategy 2014-2018 and that its vision and guiding principles in education, training and lifelong learning reflect the overall path charted for the organisation.

The Medical Council's vision

"Providing leadership to doctors in enhancing good professional practice in the interests of patient safety."

The Medical Council's vision for its role in medical education, training and lifelong learning

"Supporting doctors to develop and maintain good professional practice throughout their professional lives by, safeguarding standards and fostering improvement in education, training and lifelong learning in the interests of safe, high quality patient care."

Medical Council values

- We encourage diversity, engagement and learning to help us be a better organisation
- We strive to further enhance trust between patients, doctors and the Medical Council
- We make independent, informed and objective decisions and are accountable for them
- We act in a respectful, fair, empathetic and consistent manner
- We lead by example, setting high standards for ourselves and for the doctors and organisations we regulate

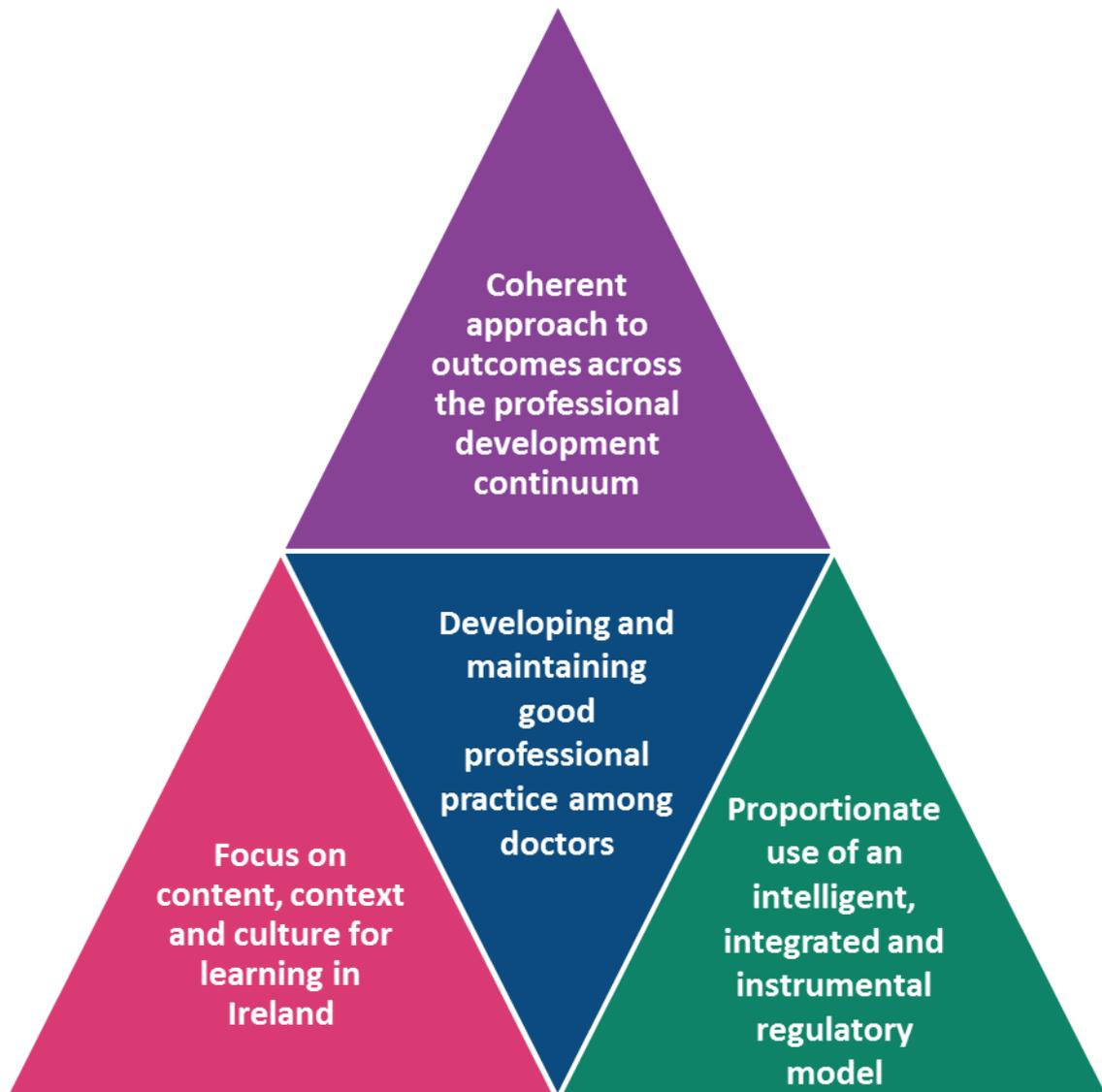
Medical Council guiding principles for its role in medical education, training and lifelong learning

- We focus on good professional practice as the ultimate outcome of doctors' education, training and lifelong learning
- We are centred on the learner and their needs, their experience of learning and the outcomes they achieve
- We seek assurance that defined outcomes are consistently achieved, however, we value diversity in approaches and settings
- We are concerned with the content, context and culture of doctors' learning experience and coherence along the professional development continuum
- We promote informed decision-making and the best use of available resources
- We listen to, learn from, and work with patients, individuals and organisations involved in doctor's education, training and lifelong learning.

3.2 AREAS FOR FOCUS AND KEY OBJECTIVES

By 2020, the Medical Council's oversight of medical education, training and lifelong learning will:

- bring a coherent approach to outcomes throughout doctors professional lives
- through proportionate use of an intelligent, integrated and instrumental regulatory model which
- focuses on content, context and culture of learning
- to enable doctors to develop and maintain their potential in providing safe, high quality patient care.



AREA 1: A COHERENT APPROACH TO OUTCOMES ACROSS PROFESSIONAL LIVES OF DOCTORS

The Medical Council is unique in the medical education and training sector in Ireland in that it is the only body with a role across the continuum of doctor's professional development. Furthermore, in addition to its role in overseeing education, training and lifelong learning, it is responsible for defining what it means to be a good doctor. The first area for focus 2015-2020 is to build from our unique perspective, in order to bring a coherent approach to education, training and lifelong learning outcomes across the professional lives of doctors. This will ensure a more consistent and integrated approach to professional development and will better enable smoother transitions for doctors between stages of learning. In this area, we will seek to understand and support development, rather than replace, existing approaches to outcomes and curricula. Our focus will not seek to promote an overly "fine-grained" or "atomised" approach to specification of multiple individual competencies but rather will seek to promote a professionally authentic approach to outcomes in medical education, training and lifelong learning which values tacit knowledge, which recognises the importance of integrating competencies and which is ultimately concerned with performance in practice.

Key objectives

- We will review the Domains of Good Professional Practice as a framework for organising learning outcomes across the professional development continuum.
- We will continue to foster an outcome-based approach to medical education, training and lifelong learning in Ireland. In further developing this, we will bring a focused approach to the achievement of integrated, holistic and professionally meaningful milestones, which are situated in the context of everyday clinical practice. We will also emphasise the importance of generic capabilities and professionalism of doctors.
- We will examine how we can support safer and smoother progression between different stages of doctors' professional development. This will include clarifying the learning outcomes which we expect a doctor to have achieved at stages of progress. We will begin by focusing on the transition in the intern year.
- To provide greater assurance on achievement of outcomes, we will thematically review assessment across professional development continuum so that we can identify good practice for promulgation and understand where further action is needed.

AREA 2: FOCUS ON CONTENT, CONTEXT AND CULTURE

The curricula which are designed to facilitate doctors' learning are complex and dynamic. Through our oversight of doctors' education, training and lifelong learning, our second area of focus will be key aspects of curricula which will foster the development of good doctors. We need to ensure that the design of learning meets – is flexible and adaptable to continue to meet – current and future health system needs. Learning needs to be guided by skilled and motivated teachers. Their role needs to be supported in the context of multiple competing demands and change in the academic and clinical sector. Doctors' learning is workplace based and any work on the curriculum for learning must consider the context of the clinical site and how this shapes doctors' development. Learning to be a doctor is also about socialisation into the profession of medicine. We must concern ourselves with how doctor's form and maintain their professional identify across the professional development continuum.

Key objectives

- We will work with bodies that design and deliver programmes of medical education, training and lifelong learning to ensure orientation to population health needs in a changing health system which depends on inter-disciplinary working.
- We will review our approach to the recognition of specialities and ensure that the number and type of specialties in Ireland meet population health needs. We will examine other options for supporting doctors to practice in specific areas of medicine.
- We will thematically review the approach to faculty development across the professional development continuum so that we can, identify good practice for promulgation and understand where further action is needed.
- We will continue to shape high quality learning environments for doctors, focusing on the context of learning at clinical sites. In this way, we will examine how the workplace environments – including leadership, cultures, systems and processes – are aligned with our expectations about what it means to be a good doctor.
- We will develop our Maintenance of Competence model so that it provides greater assurance about doctors' continuing fitness to practice. Through supporting doctors in practice review – including peer review, data and outcomes –we will examine how different approaches can better support the needs of different doctors. We will begin by examining the needs of doctors in the general division and the specialist division of the register. We will also recognise the needs of doctors who encounter difficulty with maintenance of competence and will work with other stakeholders to ensure appropriate support is available.
- We will thematically review teaching and learning professionalism so we can identify good practice for promulgation and understand where further action is needed.
- We will work with bodies that design and deliver programmes of medical education, training and lifelong learning to find ways to address the structures and cultures of the “hidden curriculum” which shapes doctors' professional identify formation. .

AREA 3: PROPORTIONATE USE OF AN INTELLIGENT, INTEGRATED AND INSTRUMENTAL REGULATORY MODEL

The Medical Council's role in education, training and lifelong learning is to ensure regulatory oversight. For this reason, we must be confident that our regulatory model and approach is robust and effective. It is through this that we safeguard standards, drive change and support doctors to fulfil their potential in professional development. Our third area of focus is proportionate use of an intelligent, integrated and instrumental regulatory model. We must ensure we use this model in a proportionate manner, which requires us to use information and understand risk. Information is powerful and can support informed decision-making. As the body overseeing the continuum of doctors' professional development, the Medical Council is uniquely placed to understand the challenges doctors face. Working in a coordinated manner with other bodies enables our effectiveness in contributing to the overall system for healthcare quality and patient safety in Ireland.

Key objectives

- We will increase engagement of students, trainees and doctors in our work in medical education, training and lifelong learning.
- We will review our framework of standards, criteria and guidance. This will be done to ensure an appropriately integrated approach to regulation across the continuum of professional development and are outcome oriented.
- We will insure that a robust system of inspections, which recognising the need to confirm quality "on the ground" at the quality control, quality management and quality assessment levels is in place. We will review our approach own approach to inspection as a means to assuring quality so that this continues to be used effectively and efficiently, in conjunction with other quality-assessment activities.
- We will continue to develop the sources of insightful intelligence to inform our work across the continuum of professional development. We will also establish linkages across the full spectrum of our regulatory activity.
- We will strengthen communication, engagement and information-sharing, to support our regulatory model and to enable us to contribute to the wider system for healthcare quality and patient safety.
- We will review our approach to the accreditation of medical education delivered outside the State.
- We will secure and maintain external accreditation in regulating medical education, training and lifelong learning.
- We will ensure capacity and capability is in place, in order to effectively operate a robustly designed regulatory model in order to achieve our strategic objectives
- We will build a framework to evaluate the impact and outcome of our regulatory oversight of medical education, training and lifelong learning.
- We will develop a research framework to better inform our own work in medical education, training and lifelong learning and, will foster the medical education research agenda in Ireland.

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APPENDIX: THE ROLE OF THE MEDICAL COUNCIL AT DIFFERENT STAGES OF THE CONTINUUM OF MEDICAL EDUCATION, TRAINING AND LIFELONG LEARNING

... At basic medical education stage

- a. To approve (or otherwise) programmes of basic medical education and the bodies which deliver these;
- b. To establish guidelines on curriculum and content, and standards for the award of a basic medical qualification;
- d. To monitor adherence to guidelines and standards in basic medical education, including inspecting programmes, bodies that deliver these, and the associated clinical sites;
- e. To establish guidelines to bodies delivering programmes of basic medical education on ethical standards and behaviour.

... At intern training stage

- a. To specify the number of training posts approved for intern training, on the proposals made by the Health Service Executive (HSE);
- b. To establish guidelines on intern training;
- c. To advise the HSE on minimum entry requirements for intern posts;
- d. To establish standards for granting a certificate of experience (which is granted by the Medical Council to interns upon completion of intern training);
- e. To inspect places with intern posts to ensure adherence to guidelines and standards, and take action wherein standards are not met including, removal of approval as a place for intern training.

... At postgraduate specialist training stage

- a. To specify the number of training posts approved for specialist training, on the proposals made by the HSE;
- b. To establish guidelines on specialist training;
- c. To advise the HSE on minimum entry requirements for specialist training posts;
- d. To establish standards for granting specialist medical qualifications;
- e. To inspect places with specialist training posts to ensure adherence to guidelines and standards, and take action wherein standards are not met including, removal of approval as a place for specialist training;
- f. To approve (or otherwise) specialist training programmes and the bodies which may grant evidence of satisfactory completion of specialist training in that medical specialty.
- g. To arrange careers information.
- h. To determine new medical specialities.

... At maintenance of competence stage

- a. To ensure doctors are maintaining professional competence through establishing professional competence schemes;
- b. To recognise bodies approved for the purposes of medical education and training (basic medical education and specialist training bodies). For the purpose of making arrangements to assist, in relation to maintenance of professional competence;
- c. To take action through the form of a complaint if doctors do not carry out their duty to maintain professional competence;



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