FINAL - Report on the Accreditation of The Programme of Specialist Training in Radiation Oncology 2021

APPROVED BY ETC 31 MAY 2022

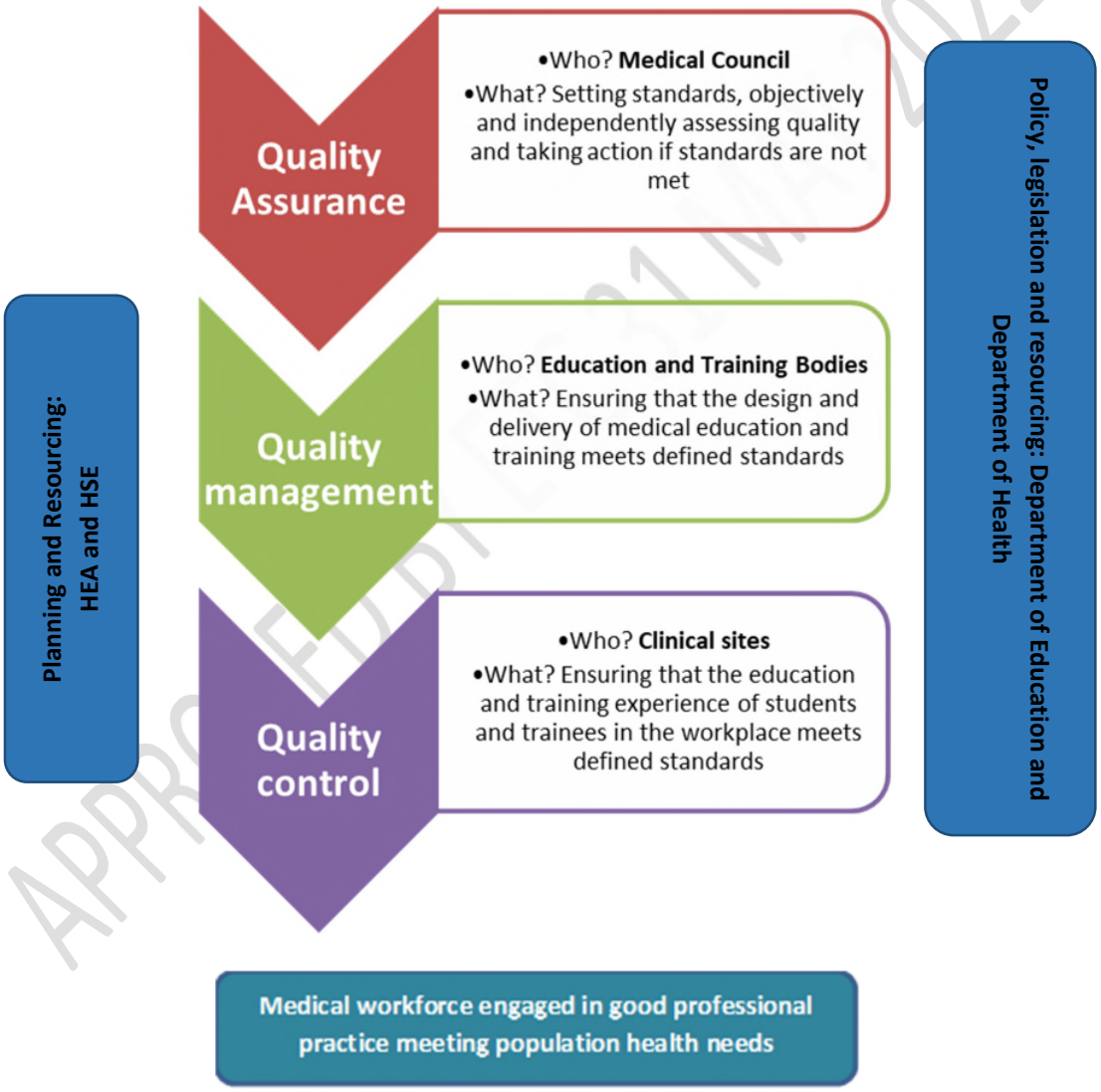
APPROVED BY MINISTER 28 JUNE 2022

Comhairle na nDochtúirí Leighis
Medical Council

Contents

1. Role of the Medical Council under Part 10 of the Medical Practitioners Act 2007 (as amended)

Ensuring the quality of medical education and training in Ireland is a collaborative effort between the various bodies responsible for quality assurance, quality management and quality control:



The Medical Council is responsible for quality assuring medical education and training in Ireland across the continuum, which spans the undergraduate, intern and specialist training stages of

professional development[1]. This includes the approval of programmes of medical education leading to the award of a basic medical degree, specialist training programmes and the medical schools and postgraduate training bodies which deliver those programmes. Included in the Medical Council's responsibilities for quality assuring medical education and training, is the inspection of places with approved posts for intern and specialist training. The aim of these inspections is to monitor compliance with Council's standards and guidelines for training and experience.

Hereinafter any reference to "accreditation" of a programme and / or body, means approval by the Medical Council of a programme / body within the provisions of sections 89(3)(a)(i) and (ii) of the MPA 2007.

A body which was recognised under the previous Medical Practitioners Act 1978 for the purpose of granting evidence of satisfactory completion of specialist training[2] was, on commencement of the 2007 Act, deemed to be a body approved under the 2007 Act for the same purposes. The Medical Council now undertakes a process of formal accreditation of such bodies under section 89 (3) of the 2007 Act (as amended). The aforementioned accreditation standards are 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.

In 2011, amendments made to the Medical Practitioners Act 2007 initiated an accreditation process involving 13 Postgraduate Training Bodies.

Under Section 89(3) of the MPA 2007, the Council, with consent of the Minister has a number of options available to it in respect of accreditation:-

I. "approve;
II. approve subject to conditions attached to the approval of;
III. 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.

[1] Part 10 of the Medical Practitioners Act 2007 as amended (MPA 2007)
[2] MPA 2007, Section 89(3)(a)(ii)

The Medical Council's Team's finding is based on the programme and Body's adherence 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 (as amended).

Freedom of Information Act 2014 and General Data Protection Regulation (GDPR) and Data Protection Acts 1988-2018.

The Medical Council is subject to requirements of the Freedom of Information Act and of the General Data Protection Regulation ('GDPR') and the Data Protection Acts 1988 – 2018. Further information on both Freedom of Information and Data Protection legislation is available on our website at: https://www.medicalcouncil.ie/FOI-Data-Protection/

2. Preface

1. Context of the Accreditation Session

The Medical Council Assessor Team (the Assessor Team) met with representatives of Radiation Oncology on 7 September 2021. The Assessor Team's remit was to assess the Programme of Specialist Training in Radiation Oncology against the '*Medical Council Accreditation Standards for Postgraduate Medical Education and Training*' (approved 1st June 2010 and revised 25th October 2011) ("Standards") and to subsequently formulate a recommendation to the Medical Council's Education and Training Committee (ETC).

2. The Team

The visiting Assessor Team comprised of one Council member, one External Assessor with a relevant background in medicine; and also included medically qualified and non-medically qualified persons, representing public/patient interests and Council Executive. The Assessor Team is listed in Appendix One of this Report. The Medical Council particularly appreciates the contribution of the Assessors. The Team comprised of Dr Ailis ní Riain (Chair), Mr Declan Ashe, Ms Teresa Bulfin and Dr Mick Button. They brought additional expertise in the quality assurance of medical education to the accreditation and generously gave of their time and expertise to help with the accreditation process.

The Medical Council also thanks the representatives from the Faculty of Radiologists for their co-operation. In addition, the Medical Council wishes to thank the Trainers and Trainees who met the Team on the day, and whose feedback was most helpful in formulating aspects of this report.

The Assessor Team met with the Training Body management including the Dean and Honorary Treasurer of the specialist training programme in Radiation Oncology and interviewed Trainers and Trainee specialists participating in the specialist training programme. The invitation to attend the accreditation interviews went out to all Trainers and Trainees.

3. Documentation

As part of the accreditation process, the Faculty of Radiologists was asked to complete and document a self-evaluation process based upon the Standards. This documentation along with supporting evidence was reviewed by the Team.

4. Schedule

The accreditation session included an in-depth discussion between the Assessor Team and representatives from the Faculty of Radiologists, Trainers and Trainees.

5. Appendices

The attendance record for the accreditation session, including details of the visiting Assessor Team, are attached in Appendix One. The list of supporting documentary evidence that was provided to support the self-evaluation under each standard is attached as Appendix Two. The accreditation standards which were applied throughout this process can be found here: *Medical Council Accreditation Standards for Postgraduate Medical Education and Training.*

6. The Report

The Standards formed the basis of the evaluation of both the Faculty of Radiologists and the Programme of Specialist Training in Radiation Oncology. The observations, comments and recommendations contained in this Report are grouped under the relevant sections of these standards.

3. Summary and General Assessment

1. Conclusion

Approval Status

I. **The Programme of Specialist Training in Radiation Oncology** is approved for a period of five years with three conditions, by the Council under the terms of Section 89(3)(a)(i) of the Medical Practitioners Act 2007 (as amended).

II. **The Faculty of Radiologists** is approved for a period of five years by the Council under section 89(3)(a)(ii) of the Medical Practitioners Act as the body which may grant evidence of the satisfactory completion of Specialist Training in Radiation Oncology approved under (i) above subject to the compliance with the conditions outlined below.

III. A certificate of satisfactory completion in specialist training (CSCST) in Radiation Oncology is the title and designation of qualification granted in the State, by the Medical Council, to enable a medical practitioner to secure registration in the Specialist Division of the register, under the terms of Section 89(2) of the Medical Practitioners Act 2007

This approval is from the date of approval by the Education and Training Committee on 31 May 2022 of the Medical Council and the Minister of Health on 28 June 2022 as set out in Statutory Instrument 529 of 2010.

Conditions

a. Develop a formal mechanism to monitor graduate outcomes and make publicly available.

Condition (a) is consistent with findings in "The Outcome of the Training Programme – Graduate Outcomes of the report under standard 2.2.4. This should be addressed within twelve months and reported to the Education and Training Committee.

b. Develop a disability policy to support the specialty.

Condition (b) is consistent with findings in "The Curriculum – Assessment of Learning – Assessment Approach" of the report under standard 5.1.3. This is to be addressed within six months and reported to the Education and Training Committee

c. Enabling trainers to spend time undertaking activities that are essential to the long-term maintenance of the quality of the health service through supporting the education of our future medical practitioners should form part of agreements between postgraduate bodies and training sites.

The Faculty of Radiologists, RCSI is required to advocate (to the Health Service Executive and other relevant employers/organisations) with appropriate stakeholders such as individual specialty organisations or other postgraduate bodies and the Medical Council for protected time for Training Programme Directors and Trainers to enable high quality delivery of the training programme.

Condition (c) is consistent with findings in "Context of Training – Interaction with the Health Sector and "Implementing the Training Programme – Delivery of Educational Resources" of the report under standards 1.4.2 and 8.1.6.

4. Overview of compliance ratings for the Programme of Specialist Training in Radiation Oncology

In this report, a number of recommendations and commendations have been made to ensure that the Faculty of Radiologists complies, improves compliance and/or continues to comply with all training standards. The Body will be requested to develop an Action and Implementation Plan to address these recommendations and report back to the Medical Council with the proposed Plan within three months of the issue date of the final Accreditation Report.

Levels of compliance

Compliance ratings are determined based on each of the Assessor Team's appraisal of evidence provided for each standard. Documentary evidence considered includes the self-evaluation submission from the Body submitted prior to accreditation, together with evidence obtained through meetings on the day of accreditation with Management, Trainees and Trainers.

The compliance ratings are:

- **Full compliance** (FC) – All requirements of a standard are adhered to
- **Partial compliance** (PC) – Parts but not all requirements of a standard are adhered to
- **Non-compliance** (NC) – No requirements of a standard are adhered to

The Medical Council has nine specialist training standards under the following headings:

1. Context of Training
2. The Outcomes of the Training Programme
3. The Education and Training Programme – Curriculum Content
4. The Training Programme – Teaching and Learning
5. The Curriculum - Assessment and Learning
6. The Curriculum – Monitoring and Evaluation
7. Implementing the Curriculum -Trainees
8. Implementing the Training Programme and Delivery of Educational Resources
9. Continuing Professional Development. *

*Standard 9 is no longer assessed as part of the postgraduate accreditation process. It is now monitored by the Medical Council's Professional Competence Directorate.

Please note standards rated as fully compliant for the Faculty of Radiologists and the programme of specialist training in Radiation Oncology contained in this report are based on the documentary evidence provided (listed in Appendix 2) and discussions with the Faculty of Radiologists Executive, Trainers and Trainees. In some instances, it was considered that the speciality is meeting the standard and has been rated as fully compliant, however a recommendation may have been added to encourage improvement.

The table presented below compares compliance ratings of the Faculty of Radiologists against the Medical Council's Postgraduate Medical Education and Training standards. The table provides a summary overview of the compliance rating for each sub-standard. Where a specialty is partially or non-compliant with a standard, the lowest compliance rating allocated by the Team is presented as the overall rating.

MEDICAL COUNCIL'S ACCREDITATION STANDARDS FOR POSTGRADUATE MEDICAL EDUCATION AND TRAINING	AND COMPLIANCE RATING PER STANDARD												
1. Context of Training	*1.1.1*	*1.1.2*	*1.1.3*	*1.2.1*	*1.2.2*	*1.2.3*	*1.3.1*	*1.3.2*	*1.4.1*	*1.4.2*	*1.5.1*		
2. The Outcomes of the Training Programme	*2.1.1*	*2.1.2*	*2.2.1*	*2.2.2*	*2.2.3*	*2.2.4*							
3. The Education and Training Programme – Curriculum Content	*3.1.1*	*3.2.1*	*3.2.2*	*3.3.1*	*3.3.2*	*3.4.1*	*3.4.2*	*3.5.1*					
4. The Training Programme – Teaching and Learning	*4.1.1*	*4.1.2*	*4.1.3*										
5. The Curriculum - Assessment and Learning	*5.1.1*	*5.1.2*	*5.1.3*	*5.2.1*	*5.2.2*	*5.2.3*	*5.3.1*	*5.4.1*					
6. The Curriculum – Monitoring and Evaluation	*6.1.1*	*6.1.2*	*6.1.3*	*6.2.1*	*6.2.2*								
7. Implementing the Curriculum -Trainees	*7.1.1*	*7.1.2*	*7.1.3*	*7.1.4*	*7.1.5*	*7.2.1*	*7.3.1*	*7.3.2*	*7.3.3*	*7.4.1*	*7.4.2*	*7.4.3*	*7.4.4*
8. Implementing the Training Programme and Delivery of Educational Resources	*8.1.1*	*8.1.2*	*8.1.3*	*8.1.4*	*8.1.5*	*8.1.6*	*8.2.1*	*8.2.2*	*8.2.3*	*8.2.4*	*8.2.5*		

Fully Compliant
Partially Compliant
Non-Compliant

Commendations

The Faculty is to be commended for:

- **Trainees spoke very highly of their Trainers' dedication to training.**
- **Maintaining its link with the Royal College of Radiologists UK.**
- **The Trainee Newsletter as a particularly good example of communication by the Faculty with its Trainees.**
- **The level of participation of their Trainers in the Train the Trainers course.**

The following standards were found to be non-compliant for the programme of specialist training in Radiation Oncology.

STANDARD 5 – THE CURRICULUM – ASSESSMENT OF LEARNING – ASSESSMENT APPROACH - 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*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
5.1.3 During discussions with the Faculty, it was stated that there was no policy in place for Trainees with a disability. The Faculty reported that they were in the process of drafting such a policy. It was reported that a Trainee with a disability had completed the programme several years ago.	The Faculty must develop a disability policy to support all specialities. Trainees and Trainers need to be made aware of the disability policy and implementation of same, complete within six months.	**Non-Compliant WITH CONDITION**

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS – 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.*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
8.1.6 In its self-evaluation documentation, the Faculty stated that the work schedules of Trainers and Trainees all contained protected time for radiotherapy planning skills. It described the challenges in integrating training, assessment, and educational supervision duties for Trainers with their service demands. At the Accreditation interview, the Faculty stated that the workload was increasing due to the increasing incidence of cancer, and because radiotherapy treatments were becoming more complicated. As a result, this had a marked impact on both Trainees and Trainers. The	Protected time as far as possible should be provided for Tutors, Trainers and Training Programme Directors. This is not criticism for work being carried out, but to be fully able to deliver effectively in their roles, the Tutors, Trainers and Training	

Faculty stated that there were times when clinical service demands encroach on the protected time that exists for Trainers. There was no stipulated protected time each week. The Trainers stated that the main challenge was to obtain protected training time while maintaining the number of working hours within the acceptable limit, because they did not want to exceed the number of working hours for the Trainers and Trainees. A certain amount of outsourcing was undertaken due to COVID-19 and the HSE cyber-attack, which had the effect of easing the Trainees and Trainers workloads somewhat. In the Trainee survey, there was some suggestion that not everybody was finding it easy to get released for formal training sessions on Friday afternoons. However, the Trainees reported at the accreditation that, although preference was given to those who were sitting exams, generally all Trainees were released, with a few exceptions. The Trainees stated that their supervisors would not restrict them from attending Friday training sessions, but that from time to time, their workload would preclude them from leaving in the middle of attending to a patient.	Programme Directors require adequate protected time.	**Non-Compliant** **WITH CONDITION**

The following standards were found to be partially compliant for the programme of specialist training in Radiation Oncology

STANDARD 1.CONTEXT OF TRAINING – INTERACTION WITH THE HEALTH SECTOR - 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.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
1.4.2 It was found all elements of this standard were being fulfilled with the exception of protected time. Please refer to the finding in standard 8.1.6.	There should be provision in the Consultant contract for protected time for training activities and sufficient time should be put aside for Consultant	**Partially Compliant** **WITH CONDITION**

	Trainers in their weekly job plan to undertake the role.	

STANDARD 2. THE OUTCOMES OF THE TRAINING PROGRAMME - PURPOSE OF THE TRAINING ORGANISATION –2.1.2 *In defining its purpose, the training organisation has consulted fellows and trainees, and relevant groups of interest*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
2.1.2 It was detailed in the self-evaluation submission that the Faculty maintained close relationships with multiple stakeholders and interest groups, including, Trainees; Fellows; other healthcare professionals who interacted with radiation oncology; the Department of Health; NDTP; the National Cancer Control Programme (NCCP); and the HSE. It was also stated in the self-evaluation that as part of the next strategy review, the Faculty hoped to engage with Allied Health Professionals to gain feedback through a consultative process in order to and shape the training programme. Although evidence of engagement with Faculty fellows and members was provided, the outcome of the initial engagement was not clear in the documentation or at the Accreditation interview. The Faculty stated that some of their milestones had not been reached due to COVID-19 and the cyber-attack. The Faculty stated that the alumni database was at an advanced stage of implementation. See recommendation under 6.2.1.	The Faculty should consult widely in updating its purpose, including patient and public interest groups, allied health professionals and healthcare managers and should formally document the results of those consultations.	**Partially Compliant**

It was noted in the presentation by the Faculty that, of the ten Trainees who graduated before 2018, all have permanent Consultant appointments, of which three are permanent Consultants in cancer centres of excellence in North America. The Trainees reported that their voice was heard in the development of the new Curriculum. They undertook a survey about which courses in Human Factors they found valuable and which they did not. The Faculty have since changed the Curriculum based on Trainees' feedback.		

STANDARD 2 – THE OUTCOMES OF THE TRAINING PROGRAMME - THE PURPOSE OF THE TRAINING ORGANISATION – 2.2.3. *Outcomes must reflect domains of professionalism as defined by the Medical Council with particular reference to patient safety*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
2.2.3 The Faculty stated in their submission that satisfactory progression across all domains of good professional practice forms part of the annual assessment of all trainees in the Faculty of Radiologists Specialist Training Programme in Radiation Oncology and will lead to progression to the next year of training. It was noted that informed consent was not specifically mentioned in the syllabus and the Faculty reported at the meeting that consent was not covered under the Human Factors course. The Faculty also reported that the Scholarship domain was not covered in the Human Factors course. They stated that scholarship happens through experiential learning.	There should be greater emphasis on and awareness of the Eight Domains of Good Professional Practice for both trainers and trainees. Training in the Medical Council's Eight Domains of Good Professional Practice should be made mandatory for all Trainees. This needs to be explicit and embedded into learning agreements and be part of everyday teaching and learning during clinical rotations.	**Partially compliant**

STANDARD 2. THE OUTCOMES OF THE TRAINING PROGRAMME - GRADUATE OUTCOMES – 2.2.4 *The training organisation makes information on graduate outcomes publicly available.*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
2.2.4 In its self-evaluation submission, the Faculty advised and demonstrated via a link to the website that the Curriculum/Curriculum map, including graduate outcomes, were available on the Faculty's website. In discussion with the Faculty it was noted that not all areas of the website were publicly accessible.	Anonymised data of aggregate graduate outcomes should be made publicly available.	**Partially Compliant** **WITH CONDITION**

STANDARD 3 – THE EDUCATION AND TRAINING PROGRAMME – CURRICULUM CONTENT - 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.*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
3.2.1 The Faculty in its self-evaluation submission stated that the Curriculum specified the educational objectives and outcomes, detailed the nature and range of clinical experience required to meet those objectives, and outlined in detail the knowledge, skills, and professional qualities to be acquired. It was noted from the Curriculum that while levels of skill were outlined across major and minor tumour sites, the description of expectations of when each level would be reached by Trainees were somewhat vague. Brachytherapy and unsealed sources were mentioned but there was little detail provided for formal expectations of Trainees.	The Faculty should incorporate formal mechanisms into the WBA and ARP processes to demonstrate developmental progress in knowledge, skills and professional qualities over time. Specific requirements/expectations for trainees around training in	**Partially Compliant**

As referenced under 2.2.3 consent was not specifically mentioned in the syllabus and the Faculty reported that consent was not covered under the Human Factors course.	brachytherapy and unsealed source should be clearly described. The process of obtaining informed consent from patients should be added to the curriculum and syllabus and should be evaluated via appropriate workplace-based assessments	

STANDARD 3 – THE EDUCATION AND TRAINING PROGRAMME – CURRICULUM CONTENT – 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.*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
3.5.1 It was reported in the self-evaluation submission that members of the Radiation Oncology Committee and Consultant Trainers were developing initiatives to integrate Radiation Oncology into the undergraduate Curriculum in medical schools throughout Ireland. At the Accreditation interview, the Faculty stated that they had input into a Careers Day, where representatives from Radiation Oncology were present in order to give information about the specialty to people who were potentially interested in a career in that area. The event was open to all interns and final-year medical students. It was noted that undergraduate medical student training in Radiation Oncology was one of the areas that has been identified as a priority for improvement.	The Faculty should actively promote Radiation Oncology within undergraduate and prevocational training.	**Partially Compliant**

STANDARD 5 – THE CURRICULUM – ASSESSMENT OF LEARNING - ASSESSMENT APPROACH - 5.1.1. *The assessment programme, which includes both summative and formative assessments, reflects comprehensively the educational objectives of the training programme*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
5.1.1 In the self-evaluation submission and in discussion with the Faculty there was good evidence across an appropriately wide spectrum of professional attributes. As referenced under 6.2.2, the Faculty described the mandatory Multi-Source Feedback (MSF) which must be undertaken during Year 2 of training. However, it was reported that there is no patient input into this process. The Trainees stated that they find MSF involving other healthcare and administration staff beneficial, but that it currently only happens once during the course of their training. The Trainees expressed a degree of frustration around the pharmacology module of their training. They advised that as their exams are based on those in the UK they are required to do an exam in pharmacology. They stated that their training is slightly different from the UK in that their training is in Radiation Oncology as opposed to Clinical Oncology so they felt it unfair to have to study pharmacology in such in detail as it less applicable to their day- to-day practice.	The Faculty should review the pharmacology element of the scientific knowledge underpinning the Curriculum and syllabus and develop an appropriate pharmacology syllabus, relevant to the needs of a radiation oncology training scheme.	**Partially Compliant**

STANDARD 5 – THE EDUCATION AND TRAINING PROGRAMME – CURRICULUM CONTENT – FLEXIBLE TRAINING – 5.1.2 *The training organisation uses a range of assessment formats that are appropriate aligned to the components of the Training Programme.*		
FINDING	REQUIREMENT/RECOMMENDATION	COMPLIANCE

5.1.2 A wide range of assessment formats were described in the self-evaluation submission: • E-portfolio (MedHub) • Appraisal forms (PDPs) • Direct Observation of Radiotherapy Planning Skills (DORPS) • Multisource Feedback (MSF) • Six-Monthly Local Assessments • Human Factors • PBL • Audit module • Self-Assessment and Reflection • Summative assessments • Mandatory Fellowship exams • Faculty Annual Assessments The Trainers reported that the logbook was very helpful. They stated that, as a quantitative assessment, the logbook brought some objectivity to the training process. The Trainers stated that there was informal patient feedback at a local level, but that it was not structured. There was no detail in the Curriculum of how many workplace-based assessments were required and when, or how, these were mapped to the Curriculum. There was a chance that this lack of detail could lead to ambiguity in Trainees understanding what was needed for successful progression. It was noted that there was a narrow spectrum of assessment criteria in practice (relating to DORPS only).	The Faculty should continue to work to introduce the range of workplace-based assessments in the Curriculum into day-to-day clinical practice and training. Greater value should be made of the logbook to incorporate reflective practice. Structured patient feedback should be incorporated into Multi-Source Feedback (MSF). Specific progression criteria should be developed and shared with Trainees and Trainers to ensure equity of decision making at each annual assessment	**Partially Compliant**

The Trainers reported that they expected to do at least two forms of DORPS every six months for direct observation of the Trainees' planning skills, and to increase the volume to five forms of DORPS to match with international curricula. The Trainers stated that as DORPS was a relatively new process for the Trainees, it was decided it would be introduced gradually.		

STANDARD 5 – THE CURRICULUM – ASSESSMENT OF LEARNING – 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*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
5.2.1 A number of mechanisms and supports were outlined in the self-evaluation submission to identify underperformance (annual assessments, supervisor reports, examinations). The Faculty stated that at the annual assessment of a Trainee who was underperforming, a plan for progression would be agreed and put in place. Extra tuition or time would be provided in order to assist the Trainee in passing their exam. The Faculty stated that each individual's circumstances would be reviewed to see what supports could be put in place for that Trainee. The Faculty does not have a formal process in place for early identification of Trainees who are underperforming and for determining programmes of support and remedial work for them.	The Faculty should develop formal process for early identification of Trainees who are underperforming and for determining programmes of support for them.	**Partially Compliant**

STANDARD 5 – THE CURRICULUM – ASSESSMENT OF LEARNING - 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.*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
5.3.1 The Faculty in its self-evaluation stated that it reviews the reliability and validity of assessment methods on an ongoing basis. Evaluation of formative and summative assessments occurs primarily through the Radiation Oncology Committee, which meets five times per year. There were two Radiation Oncology Trainees on the Committee, providing an opportunity for Trainees to relay feedback to the Committee directly. The programme Curriculum is periodically reviewed. Trainee exam performance is reviewed. Exam results are reviewed by the Radiation Oncology Committee after each exam sitting and are a standing item on the Committee's agenda. The Faculty reported that DORPS were introduced within the last year after a successful pilot in the programme's three training sites. The Faculty hosted a webinar, a recording of which was made available on the Trainer page of the website, and a Train the Trainer programme for the Radiation Oncology Trainers, who were taught how to complete a DORPS.	The Faculty should develop an explicit policy on the evaluation of the reliability and validity of assessment methods.	**Partially Compliant**

STANDARD 6 – THE CURRICULUM – MONITORING AND EVALUATION – ONGOING MONITORING - 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.*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**

6.1.2 In the Faculty's self-evaluation submission, it was noted that there was representation from all three training sites at the Radiation Oncology Committee meeting via the Local Training Co-ordinators. They provide feedback from Consultant Trainers at their respective training sites. While Trainers and supervisors did contribute to monitoring, no evidence was provided indicating that the seeking of feedback had been systematised or formalised. The Faculty reported that they had established focus groups as part of their continuing review of the Curriculum which includes multidisciplinary professionals. The Trainees were given an opportunity to provide feedback. The Faculty stated that they actively tracked the outcomes of their Trainees, including where they are employed, and their achievements at fellowship. The Chief Examiner provided each Trainee with a report after their Part 2 exam, highlighting any areas of weaknesses. The Chief Examiner's reports also fed back into the teaching programme, focusing on any common areas of deficit. The Faculty also reported that no public interest or patient groups contribute to monitoring in the training programme or in evolving the Curriculum.	Implement a process to systematically gather, analyse and use Trainers' feedback in programme development.	**Partially Compliant**

STANDARD 6 – THE CURRICULUM – MONITORING AND EVALUATION – 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.*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
6.2.1 In its self-evaluation, the Faculty stated that it retains a list of graduates and that an alumni database was under construction that it would be available to Trainees. Alumni were regularly invited back to speak at national Radiation Oncology meetings. The Faculty stated that it offered exit interviews to any Trainee who left before completion of training. The Faculty stated that there was no formal record of the research output of programme graduates in place at present.	The Faculty should complete the development of, and implement, the Alumni and Research Outcomes Database.	**Partially Compliant**

The Faculty advised at the Accreditation interview that the alumni database had traditionally existed informally, where people had known the graduates from the programme and knew what location they are in. However, this was due to the commonality of paths to the same centres of excellence abroad, and due to the relatively small number of graduates each year, rather than due to any formal structure put in place by the Faculty.		

STANDARD 6 – THE CURRICULUM – MONITORING AND EVALUATION – OUTCOME EVALUATION - 6.2.2. *Supervisors, Trainees, health care administrators, other health care professionals and consumers contribute to evaluation processes.*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
6.2.2 In its self-evaluation submission and at the Accreditation interview, the Faculty described the mandatory MSF which must be undertaken during Year 2 of training. There was no patient input into this process. The Faculty stated that patients at the three training sites were encouraged to provide feedback on their experiences and, where this relates to Trainees, it was almost invariably positive. However, this process had not been formalised. The Trainees stated that they found MSF involving other healthcare and administration staff beneficial but that it currently only happens once during the course of their training.	The Faculty should develop a mechanism to incorporate feedback from health care professionals, administrators and consumers/cancer community as part of the Curriculum and monitoring evaluation process.	**Partially Compliant**

STANDARD 7 – IMPLEMENTING THE CURRICULUM – TRAINEES – ADMISSION POLICY AND SELECTION – 7.1.2 *The processes for selection into the training programme* *o are based on the published criteria and the principles of the training organisation concerned* *o are evaluated with respect to validity, reliability and feasibility* *o are transparent, rigorous and fair*

o are capable of standing up to external scrutiny
o 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.

FINDING	REQUIREMENT/RECOMMENDATION	COMPLIANCE
7.1.2 From the self-evaluation submission and the supporting documentation provided, it was evident that the processes for selection into the training programme: • Were based on the published criteria and principles of the training organization. However, there was no evidence of what the selection process was or whether it was evaluated. • The shortlisting criteria were very clear, transparent, rigorous and fair. • The interview process was perhaps less transparent as the areas being assessed/marked appeared to be open to individual interpretation. There was a Senior Faculty Officer on the interview panel to ensure that there was consistency in questioning of candidates. The Faculty reported that interviews were competency based and they circulated information to interviewers before the process, in terms of the structure of questions that should be asked and what was being looked for in the answer. The interviewers asked open-ended questions, designed to get answers from Trainees that would satisfy suitability criteria. The Trainers stated that they were all experienced in interviewing, with some having done formal training including the HSelanD Recruitment Interviewer Sills e-learning module and others having learned from experience only	All interviewers should undergo formal interview training. The Faculty should undertake regular and formal evaluation of their selection process and amend the existing selection process to reflect any learning. The appeals process should be clearly identified, implemented, documented and reflected in practice. The process should also be made known to prospective applicants at the outset of the selection process	**Partially Compliant**

The Faculty stated that there was no formal appeals process in Radiation Oncology following the interview process. A number of candidates who were not successful in getting on the programme and wished to reapply were provided with feedback. The Trainees found the admissions and selection process to be clear and transparent. It was felt that the existing guiding documentation did not give sufficient information to international candidates.		

STANDARD 7 – IMPLEMENTING THE CURRICULUM – TRAINEES – RESOLUTION OF TRAINING PROBLEMS AND DISPUTES – 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.*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
7.4.3 In its self-evaluation submission, the Faculty advised that the Fellowship Advisory Committee manages the processes for reconsideration, review, and appeal of training-related decisions. A detailed Dispute Resolution Policy was provided which outlined the routes, including HR in training sites, appropriate for use in cases of dispute. This policy covered Radiation Oncologists at all levels, from first year Trainees to experienced Consultants. However, it was a general policy and did not specify resolution of training-related disputes between Trainees and supervisors. There is a reference to "arbitration" but not specifically to "appeal(s)". The Faculty stated that if a Trainee appealed a decision or had an issue with progression, the appeal could be escalated from local level (local Trainer and local Training Co-ordinator) to the Radiation Oncology Committee and to the Fellowship Advisory Committee.	There should be greater clarity around the appeals pathway, and it should be ensured that the Fellowship Advisory Committee has appropriate information relating to appeals included in its Terms of Reference. The Faculty should ensure that Trainees are aware of the Disputes Resolution Policy.	**Partially Compliant**

The Faculty advised that it could invoke the RCSI appeals process to address a difficult situation with a Trainee, where the Faculty's internal measures had proven to be inconclusive. The Trainees stated that they were aware that there were processes in place to allow certain decisions to be appealed. However, no reference was made by Trainees to the Dispute Resolution Policy.		

STANDARD 7 – IMPLEMENTING THE CURRICULUM – TRAINEES – RESOLUTION OF TRAINING PROBLEMS AND DISPUTES – 7.4.4 *The training organisation has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
7.4.4 While the Faculty did have a disputes resolution process in place, no evidence was provided in the self-evaluation submission to demonstrate that it had a process for evaluating de-identified appeals and complaints to determine if there was a systems problem or recurring theme emerging from complaints brought forward. Although the Faculty made reference to the Fellowship Advisory committee as responsible for/having a role in the appeals process, there was no reference to appeals in the responsibilities of the Fellowship Advisory Committee in the governance document provided. The Faculty reported at the accreditation interview that they had the option of using the RCSI appeals process.	Expand and formalise the process for evaluating de-identified appeals and complaints to determine if there is a systems problem.	**Partially Compliant**

As referenced under 7.4.3, the Trainees stated that they were aware that that there were processes in place to allow certain decisions to be appealed.		

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS – 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.*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
8.1.2 It appeared from the self-evaluation submission that all Consultant Radiation Oncologists at the three training sites are recognised as Consultant Trainers. There was no description of a process for selecting supervisors. The Faculty stated that the Local Training Co-ordinator must complete a Train the Trainer (TTT) course and keep up to date with developments in training. There were no specific requirements provided which related to Consultant Trainers. During the accreditation interview, the Faculty outlined that, due to it being a small and highly-specialised specialty, every Consultant is designated as a Trainer. 19 of a total 26 Consultant Radiation Oncologists are active Trainers assigned to the current 19 Trainees. It was stated that the attendance of Trainers at the TTT course (Train the Trainer) was recorded. The TTT course encompassed a joint session with the Radiology specialty and attendance by Radiation Oncology Consultants had been poor, as it was felt that the day was oriented more towards Radiology. In October 2020, the meeting was condensed into a	The Faculty should develop and implement eligibility criteria for the selection of Trainers and Supervisors. The Faculty should ensure that all trainers and supervisors complete Train the Trainer courses	**Partially Compliant**

morning meeting, which was equally applicable to both specialties. A second half day TTT session was organised for Radiation Oncology Consultants only. The Faculty reported that 19 of the 26 Trainers attended a recent TTT course, and that the feedback was positive. The Faculty advised that every Consultant should be trained as they all have contact with Trainees. The Trainees reported that they received an email before the start of each rotation informing them of who their Consultant Trainer would be.		

STANDARD 8 – IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – 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.*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
8.1.3 In its self-evaluation, the Faculty described the process whereby feedback was sought from Trainees at six-monthly reviews, which were jointly signed off by the Trainer and Trainee. Trainees were surveyed each year and their feedback was reviewed by the Radiation Oncology Committee, with suggestions being taken into consideration going forward. At the Accreditation interview, the Faculty stated that the annual survey for Trainees and the Faculty asked questions about the amount of teaching they received, and how satisfied they were with the instruction. At six-monthly local assessments in the three training sites, the Trainees were questioned on how they felt the rotation had gone, any particular highlights during the six-month period, and also any areas that they would raise for improvement.	The Faculty should formalise their evaluation of Supervisor and Trainer effectiveness.	**Partially Compliant**

The Trainers reported that, after the final exam, Trainees provided formal written feedback, highlighting areas where they felt that they were not fully prepared, and areas where Trainers could improve to help them pass that exam. The Trainees were not aware of any formal complaints process if there was a problem at a site or with a Trainer, but they were aware of the informal process. The Trainees reported that if the issue they had was with their Trainer, they could speak to another Consultant or go directly to the Faculty. However, they stated that they would go the Trainer first.		

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS – 8.1.4 *The training organisation has processes for selecting assessors in written, oral and performance-based assessments who have demonstrated relevant capabilities.*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**

8.1.4 In its self-evaluation, the Faculty described the criteria and Terms of Office for its four examiners (Chief Examiner, Internal Examiner, Senior External Examiner and External Examiner). It also described the training and initial observer roles of new examiners. No specific detail was provided relating to the training of those who undertake Workplace Based Assessments (Consultant Trainers). No evidence was provided either in the self-evaluation submission or during the Accreditation interview to suggest that assessors were selected using written, performance-based assessments. All Trainers need the support of a formation which assures the validity, reliability and feasibility of their assessment processes. This is to ensure that good quality Trainers are doing good quality work.	Trainers should receive training on undertaking workplace-based assessments.	**Partially Compliant**

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS – 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.*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**

8.1.5 In its self-evaluation submission, the Faculty detailed its processes to evaluate the effectiveness of its assessors and examiners. • Examiner effectiveness was evaluated by analysing their performance in standard-setting using SBA examinations and by comparing their performance to their paired examiner in the clinical and oral examinations. • Examiners were continually assessed by their examiner colleagues during clinical examinations. • Examination candidates were provided with a questionnaire following completion of Part 2B. This addresses issues related to the conduct of the examiners, issues that may have arisen during the two components, and logistical aspects. • Following each sitting of the Part 2B examination, a report was presented by the Chief Examiner to the Radiation Oncology Committee of the Faculty of Radiologists and any recommendations contained therein were followed up on. The self-evaluation submission also detailed the feedback provided to examiners and included a copy of a recent Senior External Examiner's report. There was no specific detail provided as to how Consultant Trainers' assessment role was evaluated.	The Faculty should develop processes to evaluate the effectiveness of Trainers in undertaking workplace-based assessment and provide subsequent feedback to the trainers	**Partially Compliant**

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – CLINICAL AND OTHER EDUCATIONAL RESOURCES – 8.2.5 *The training organisation should monitor the working environment to ensure it is a safe environment for training.*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**

8.2.5 In its self-evaluation submission, the Faculty described the opportunities provided to Trainees to address the safety of their working environment during the six-monthly and annual reviews. They stated that the training body monitored the three training sites in order to ensure that they were safe for training. Regular feedback from Trainees was raised as being essential in ensuring that they were training safely at any training site. Local and national assessment meetings between Trainees and Local Training Coordinators/ Consultant Trainers formally discuss Trainee satisfaction and safety within the training sites. At the Accreditation interview, the Faculty reported that if a Trainee had concerns about any element of their training or working environment being unsafe, they should approach their Consultant Trainer, their Local Training Coordinator, and finally the National Training Coordinator. The Team indicated that they were planning to inspect their individual training sites starting with their Galway site. This had been delayed due to COVID.	The Faculty should undertake the planned accreditation visits to its clinical training sites in Cork, Galway and SLROH and provide updates to the Medical Council on progress.	**Partially Compliant**

The following standards were found to be fully compliant for Radiation Oncology. Although Radiation Oncology is complying with these standards, recommendations have been made for further improvement.

STANDARD 1. CONTEXT OF EDUCATION AND TRAINING - GOVERNANCE – 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.*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
1.1.2 The Faculty in its self-evaluation and the documentary evidence provided details relating to the constitution of the Faculty and its Committees. During the Accreditation interview, the Faculty reported that there is a Radiation Oncology Trainee Representative on each of the Committees relevant to Radiation Oncology. The Trainees reported that they have one representative on the Trainee Subcommittee. However, it was noted that the Trainee Subcommittee focused entirely on the Radiology programme, with little to no airtime given to Radiation Oncology. As of 2021, there were two representatives on the Radiation Oncology Committee for the first time this year as previously there was only one. There was also Trainee representation on the Education Subcommittee. It was heard that the Trainees in general provided feedback through their two Trainee representatives to the Radiation Oncology Committee.	The Faculty should ensure the agenda of the Trainee sub-committee includes a fair and balanced attention to the Radiation Oncology programme and its Trainees.	**Fully Compliant**

1. CONTEXT OF EDUCATION AND TRAINING - PROGRAMME MANAGEMENT - 1.2.3. *Funding and Resource Allocation – there must be a clear line of responsibility and authority for budgeting of training resources. The training body must be adequately funded in order to plan and deliver the programme.*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
1.2.3 It was detailed in the self-evaluation submission that the Programme's financial and resource affairs were managed through the Finance and General Purposes Committee. The main sources of income that supported the training programme were subscriptions from annual membership fees and funding allocation from the HSE NDTP. The NDTP funding and the scope of delivery of training and education are the subject of annual discussion and agreement with the HSE NDTP. In response to a request for an income and expenditure Statement for Radiation Oncology at the accreditation interview, the Faculty advised that they do not have separate budgetary arrangements for Diagnostic Radiology and Radiation Oncology.	The Faculty should continue to work with relevant authorities to ensure future funded expansion of the training programme to meet workforce needs.	**Fully Compliant**

STANDARD 1. CONTEXT OF EDUCATION AND TRAINING – 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.*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
1.3.1 In its self-evaluation submission, the Faculty detailed that it worked within a supportive established infrastructure, including a network of the three hospital training coordinators, the Radiation Oncology Committee, the Radiation Oncology Education Subcommittee, the Education Committee and the Fellowship Advisory Committee.	To support continuous learning it may be beneficial to consider looking outside Radiation Oncology to seek opportunities for continuous improvement based on experiences of other training schemes.	**Fully Compliant**

The National Training Co-ordinator works with the Chief Examiner for Part 2 examinations in order to maintain existing standards and further develop assessment and training within the Faculty of Radiologists Specialist Training Programme in Radiation Oncology. There was little evidence provided that the Faculty consults outside of its own structures in developing its training programme.		

STANDARD 3 – THE EDUCATION AND TRAINING PROGRAMME – CURRICULUM CONTENT - 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.*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
3.1.1 It was reported in the self-evaluation submission that the Faculty of Radiologists Specialist Training Programme in Radiation Oncology's curriculum clearly defines the selection process, the training pathway, a detailed syllabus, appraisal processes, counselling and support mechanisms, quality assurance processes, and in-training assessments and examinations. The Faculty stated that that there was no particular section in the syllabus on palliative radiotherapy. A few specific emergency palliative situations were noted in the syllabus. The Faculty went on to state that the Trainees did, nonetheless, have considerable exposure to palliative radiotherapy, and that roughly 50% of Radiation Oncology Trainees' workload was related to palliation.	A clear description of palliative radiotherapy training needs would support Trainees and Trainers in attaining appropriate training experiences related to the breadth of palliative radiotherapy.	**Fully Compliant**

Trainees stated that, usually at the end of their first year, before they are signed off, they would undertake an assessment on simple palliative cases such as spinal cord compression. This was confirmed by the Trainers.		

STANDARD 3 – THE EDUCATION AND TRAINING PROGRAMME – 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.*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
3.3.1 In its self-evaluation submission, the Faculty stated that the programme placed major emphasis on research methodology, critical appraisal of the literature, interpretation of scientific data, and evidence-based practice. It was heard at the Faculty's Accreditation interview that Good Clinical Practice in Research (GCP) is mandated for Trainees, however, this requirement was not noted in the syllabus, Curriculum or progression grids. The Trainers stated that they actively encouraged Trainees to take part in research and audit. There are two annual meetings, one in Spring and one in Autumn, where the Trainees have presented research and audit projects. The Trainees reported that they were made aware of the availability of research bursaries and there was a clear pathway to apply for them.	The Faculty should ensure that Trainees have a clear understanding of the GCP requirements.	**Fully compliant**

Appendix One - Attendance Record

Medical Council Postgraduate Accreditation

Faculty of Radiologists

Programme of Specialist Training in Radiation Oncology

Tuesday, 7 September 2021

Virtual Accreditation

Team in attendance:

- Dr Ailis ní Riain, Chair of Accreditation Team
- Ms Teresa Bulfin, Assessor & Medical Council member
- Mr Declan Ashe, Assessor for the Medical Council
- Dr Mick Button, Specialist Assessor for the Medical Council
- Ms Lucie Heseltine, Accreditation Manager, Medical Council
- Ms Elizabeth Molloy (Accreditation Executive, Medical Council
- Ms Colette Costello, (Zoom host) Accreditation Executive, Medical Council
- Ms Hannah McGrath, (Zoom co-host) Inspection Executive, Medical Council

Faculty of Radiologists Representation in attendance:

- Dr Peter Kavanagh, Dean, Faculty of Radiologists
- Dr Moya Cunningham, Consultant Radiation Oncologist
- Dr Jerome Coffey, Honorary Treasurer
- Dr Nazmy ElBeltagi, National Training Coordinator,
- Dr Charles Gillham, Chief Examiner
- Ms Jennifer O'Brien, Executive Officer

Number of Trainers in attendance: 7 Trainers in attendance.

Number of Trainees in attendance: 12 Trainees in attendance

Appendix Two – Overview of Documentation

List of documentation submitted by the Faculty of Radiologists

1	Faculty of Radiologists Mission Statement
2	Faculty of Radiologists Governance Document
3	Faculty of Radiologists Specialist Training Agreement 2020–2021
4	Royal College of Surgeons in Ireland Annual Report 2019–2020
5	Faculty of Radiologists Accounts YTD February 2021
6	Faculty of Radiologists Job Description of National Training Coordinator (NTC) in Radiation Oncology
7	CV of Dr M. Nazmy Elbeltagi, National Training Coordinator, Radiation Oncology
8	Faculty of Radiologists Human Factors Course Programme 2019– 2020
9	Royal College of Radiologists Agreement with Royal College of Surgeons in Ireland (RCSI)
10	Faculty of Radiologists Radiation Oncology Train the Trainers Meeting Programme 2021
11	Faculty of Radiologists Annual Scientific Meeting Radiation Oncology Programme 2020
12	Faculty of Radiologists Specialist Training Programme in Radiation Oncology Summary Table of Documents Required to Support Verification of Training Year
13	Faculty of Radiologists Specialist Training Programme in Radiation Oncology SpR Progression Criteria
14	Faculty of Radiologists Specialist Training Programme in Radiation Oncology Multisource Feedback Sample 2nd Year Trainee Feedback Report 2021
15	Faculty of Radiologists Trainee in Difficulty Policy
16	HSE National Supernumerary Flexible Training Scheme, v.7, July 2020
17	Faculty of Radiologists Annual Scientific Meeting Radiation Oncology Programme 2018 (session 9: 28 September)
18	Royal College of Surgeons in Ireland Dignity at Work Policy
19	Faculty of Radiologists Reference Guide: Contacts for Wellbeing
20	IPA/RCSI Study: Consumer Perception of Radiation Therapy Services (pp.195-260 of the *Development of Radiation Oncology Services in Ireland*, HSE, 2003)
21	Faculty of Radiologists Specialist Training Programme in Radiation Oncology Needs Assessment
22	Faculty of Radiologists Statement of Research Practice Within Training
23	Faculty of Radiologists Fellows and Members Survey re: Faculty Strategic Plan 2020
24	Faculty of Radiologists Specialist Training Programme in Radiation Oncology Curriculum rev. March 2021
25	Faculty of Radiologists Specialist Training Programme in Radiation Oncology Curriculum Map

26	Faculty of Radiologists Specialist Training Programme in Radiation Oncology Radiation Oncology Syllabus
27	Faculty of Radiologists Specialist Training Programme in Radiation Oncology Trainee Journey Map
28	Faculty of Radiologists Specialist Training Programme in Radiation Oncology Sample CSCST Certification
29	Faculty of Radiologists Specialist Training Programme in Radiation Oncology Syllabus for the First Part Underpinning Scientific Knowledge – Medical Statistics
30	Faculty of Radiologists Specialist Training Programme in Radiation Oncology Out of Programme Training Policy
31	Faculty of Radiologists Specialist Training Programme in Radiation Oncology List of Trainees with Extended Maternity Leave and Those on 4/5 Training (Parental Day) 2021
32	Faculty of Radiologists Specialist Training Programme in Radiation Oncology Leave Document
33	The Current Elective Radiation Oncology Programme for Third Year Students in Trinity College Dublin
34	Faculty of Radiologists Specialist Training Programme in Radiation Oncology Sample Trainee Logbook
35	Faculty of Radiologists Specialist Training Programme in Radiation Oncology Part 1 and Part 2 Lecture Schedules 2020–2021
36	Faculty of Radiologists Specialist Training Programme in Radiation Oncology Sample Appraisal (PDP) Form
37	Faculty of Radiologists Specialist Training Programme in Radiation Oncology Sample DORPS Form
38	Faculty of Radiologists Specialist Training Programme in Radiation Oncology Anonymised Trainee Survey Results 2020
39	Faculty of Radiologists Specialist Training Programme in Radiation Oncology Sample Six Monthly Local Assessment Form
40	Faculty of Radiologists Specialist Training Programme in Radiation Oncology Summary Table of Required Documents for Annual Assessment of Trainees
41	Faculty of Radiologists Specialist Training Programme in Radiation Oncology Sample Trainee Self-Assessment Form
42	Faculty of Radiologists Specialist Training Programme in Radiation Oncology Sample Annual Trainee Assessment Form
43	Review of Examination Royal College of Radiologists UK 2014
44	Report of Number and Percentage of Radiation Oncology Trainees who Passed the FFRRCSI Part 2a Exam on their First, Second, Third and Subsequent Attempts 2017–2021
45	Report of Number and Percentage of Radiation Oncology Trainees who Passed the FFRRCSI Part 2b Exam on their First, Second, Third and Subsequent Attempts 2016–2020
46	Report of Number and Percentage of Radiation Oncology Trainees who Withdrew from the Training Programme Before Completion and Summary of Reasons for Withdrawal 2015–2020

47	Trainee Feedback on Faculty of Radiologists Specialist Training Programme in Radiation Oncology Part 1 and Part 2 Lecture Series 2019-2020 (presented at Radiation Oncology Committee Meeting May 2021)
48	Redacted Minutes of Radiation Oncology Committee Meeting where Trainee Survey was Discussed
49	Faculty of Radiologists Specialist Training Programme in Radiation Oncology Accreditation Report Cork University Hospital 2012
50	Faculty of Radiologists Specialist Training Programme in Radiation Oncology University Hospital Galway Accreditation Report 2008
51	Accreditation Report of SLH from the Medical Council Inspection of DMHG November 2018
52	Faculty of Radiologists Specialist Training Programme in Radiation Oncology Sample Site Accreditation Self-Assessment Form
53	Faculty of Radiologists Specialist Training Programme in Radiation Oncology SLRON Site Accreditation Self-Assessment Submission May 2021
54	Feedback from Faculty of Radiologists Radiation Oncology Train the Trainers Meeting 2021
55	Faculty of Radiologists Specialist Training Programme in Radiation Oncology Selection Process and Shortlisting Guidance for Applicants 2021
56	Faculty of Radiologists Trainee Newsletter October 2020
57	Faculty of Radiologists Trainee Newsletter March 2021
58	Faculty of Radiologists Dispute Resolution Policy
59	Faculty of Radiologists Specialist Training Programme in Radiation Oncology Examination Candidate Questionnaires November 2020
60	Faculty of Radiologists Specialist Training Programme in Radiation Oncology Chief Examiners Report November 2020
61	Faculty of Radiologists Specialist Training Programme in Radiation Oncology Accreditation Standards and Criteria for Training Sites
62	Faculty of Radiologists Specialist Training Programme in Radiation Oncology Specialty Induction Document April 2021
63	Faculty Board minutes 25.11.19
64	Terms of Reference Board of the Faculty of Radiologists

Comhairle na nDochtúirí Leighis
Medical Council