# Improving Intern Training in Ireland, 2015

Comhairle na nDochtúirí Leighis
Medical Council

*A consultation on supporting the transition from medical student through intern training to fully registered doctor.*

# Acknowledgements

This review of Intern Training in Ireland, 2015, was conducted by the Medical Council's Strategy and Policy Subcommittee of the Education, Training and Professional Development Committee. Membership of these committees is listed below.

*Strategy and Policy Subcommittee*
Dr John Jenkins, CBE (external and Chair)
Dr Anthony Breslin (Council member)
Dr Aine Hyland (external)
Professor Pauline McAvoy (external)
Dr Siun O' Flynn (external)
Dr Dermot Power (external)
Professor Sean Tierney (external)
Prof Freddie Wood (Council member)

*Education, Training and Professional Development Committee*
Professor Colm O'Herlihy (Council member and Chair)
Ms Katharine Bulbulia (Council member)
Mr Declan Carey P.C. (Council member)
Dr Anna Clarke (external)
Dr Audrey Dillon (Council Member)
Dr Ruairi Hanley (Council member)
Dr John Jenkins (external)
Professor Alan Johnson (Council member)
Dr Jacinta Morgan (external)
Dr Siun O' Flynn (external)
Ms Marie Kehoe O' Sullivan (Council member)
Professor W. Arthur Tanner (external)
Professor Freddie Wood (Council member)

# 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, the Medical Council 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.

# Table of contents

# Executive summary and consultation questions

Intern training is the first year of supervised practise for doctors who have graduated from medical school with a basic medical qualification. It is a step change for recent medical graduates since, for the first time, they become registered medical practitioners, they hold clinical responsibility for patient care under appropriate supervisory arrangements, they are employees in the health service, they are full members of the clinical team and they continue to train and develop as doctors. Following successful completion of intern training, the intern is awarded a certificate of experience by the Medical Council, which, in conjunction with their basic medical qualification provides the new doctor with formal qualifications in basic medical training.

Intern training is a critical stage in doctors' professional development. There have been significant improvements with reforms in intern training in Ireland in the last decade to bring about improvements for the benefits of trainees, health services and ultimately for the public.

Activity undertaken by the Medical Council to review the current status of intern training has confirmed that the improvements are positively perceived by various stakeholders. However, the review has also identified that there are some aspects of intern training which would now benefit from further development.

As a lever for change, the Medical Council is proposing an outcomes-based approach to intern training in Ireland and has developed a draft framework describing what interns are expected to achieve at the end of intern training using an Entrustable Professional Activity (EPA) model. Implementation of this new framework, in conjunction with other recommendations, is intended to drive further improvements in intern training in Ireland.

At this stage, your views are sought on a range of questions that will help the Medical Council complete its review and set out recommendations for implementation in 2016. In total, this document proposes 6 questions for consideration:

- What aspects of intern training do you think are working well at the moment?
- What aspects of intern training do you think could be improved?
- Do you agree that defined competencies should be established for successful completion of intern training and award of a certificate of experience?
- Do you agree with an EPA approach being used to describe what doctors are expected to achieve at the end of intern training?
- Do you agree with each EPA proposed?
- What considerations do you think arise for implementation of EPAs in the intern year in Ireland?

The Medical Council will consider all feedback received. The consultation remains open until Friday the 22nd January 2016. A set of recommendations for improvement of intern training in Ireland will be proposed in 2016.

# Introduction

This consultation aims to support the transition from medical student to new doctor by reviewing intern training in Ireland and identifying steps to improve that experience for interns.

## *What is intern training?*

Intern training is the first year of supervised practise for doctors who have graduated from medical school with a basic medical qualification. Doctors pursuing intern training are commonly referred to as interns and the year is sometimes called internship.

Workplace learning through supervised clinical practise is at the heart of intern training.[1] It is a step change for recent medical graduates since, for the first time, they become registered medical practitioners, they hold clinical responsibility for patient care under appropriate supervisory arrangements, they are employees in the health service, they are full members of the clinical team and they continue to train and develop as doctors.

Following successful completion of intern training, the intern is awarded a certificate of experience by the Medical Council, which, in conjunction with their basic medical qualification provides the new doctor with formal qualifications in basic medical training. The new doctor can then progress to pursue postgraduate specialist training to become a specialist doctor. This is illustrated in Figure 1 and further detail is provided in the next section.

**Figure 1: Progress along the continuum of medical education and training from medical graduate through intern training to specialist**


Most graduates of medical schools in Ireland proceed to intern training in Ireland; however, some travel overseas to complete basic medical training and pursue postgraduate specialist training. Under European law, intern training in Ireland is also accessible to graduates of medical schools in the European Union.

## *Why is the Medical Council reviewing intern training in Ireland?*

There are a number of factors driving the current review of intern training in Ireland by the Medical Council.

Compared with other aspects of the continuum of doctors' professional development, the intern year has undergone significant reform and development in recent years. This is discussed further in

[1] Mann KV. Theoretical perspectives in medical education: past experience and future possibilities. *Medical Education* 2011: 45: 60–68

the next section. Following any process of change, a review is a timely opportunity to understand what has been successful and to determine opportunities for further development.

A new term of the Medical Council commenced in 2013, and the new Medical Council launched a *Statement of Strategy 2014-2018*.[2] That strategy commits the Medical Council to creating a supportive learning environment for doctors to enable good professional practice. To further develop its work in this important area, in 2015, the Medical Council also published *Doctors' Education, Training and Lifelong Learning in 21st Century Ireland* which sets out a roadmap for its work 2015-2020 in supporting doctors to develop and maintain good professional practice.[3] Through this roadmap, the Medical Council will focus on three areas:

1. A coherent approach to outcomes across professional lives of doctors;
2. Focus on content, context and culture;
3. Proportionate use of an intelligent, integrated and instrumental regulatory model.

Under focus area 1, the Medical Council is committed to supporting safer and smoother progression between different stages of doctors' professional development, including clarifying the learning outcomes which we expect a doctor to have achieved at stages of progress. Thus, a focus on the intern year fits with the current strategic direction of the Medical Council.

Finally, in 2014, the Medical Council published the results of its first annual national trainee experience survey, *Your Training Counts*.[4] This report, for the first time, provided a comprehensive insight into the views of doctors in training regarding their experience of internship and postgraduate specialist training in Ireland. Various themes emerged, and amongst them were various challenges reported by interns compared with trainees at other stages:

- Poorer views of the clinical learning environment (see Figure 2);
- Poorer views of induction, especially discussion of educational objectives with an educational supervisor;
- More frequent experience of bullying and undermining behaviours in the workplace;
- More frequent experience of challenges with health and wellbeing;
- Challenges with preparedness for the role of intern, especially with regard to administrative tasks, physical/emotional demands of intern training, and clinical procedures (see Figure 3).

Albeit that interns graduate from different medical schools and train in different areas, we found that these issues were systemic and did not appear to be specific to a particular medical school or

[2] Medical Council, 2014. Statement of Strategy 2014-2018. https://www.medicalcouncil.ie/News-and-Publications/Reports/Statement-of-Strategy-2014-2018-pdf.pdf

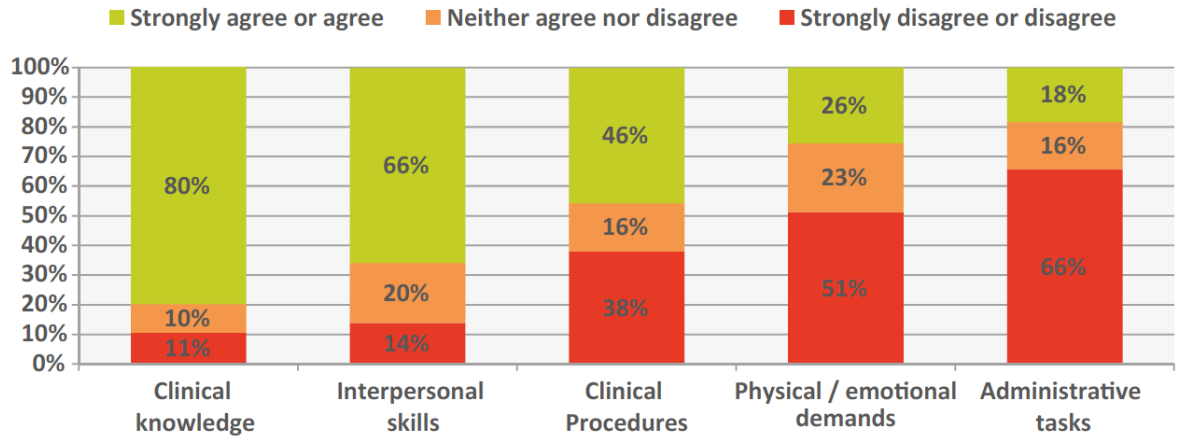
[3] Medical Council, 2015. Doctors' Education, Training and Lifelong Learning in 21st Century Ireland: A Roadmap for the Medical Council's role in Safeguarding Standards and Fostering Improvements 2015-2020. https://www.medicalcouncil.ie/News-and-Publications/Reports/Doctors-Education-Training-and-Lifelong-Learning-in-21st-Century-Ireland.pdf

[4] Medical Council, 2014. Your Training Counts – Results of the National Trainee Experience Survey, 2014. http://www.medicalcouncil.ie/News-and-Publications/Reports/Your-Training-Counts-Survey.pdf

intern training network, implying that they would best be addressed through review and development of the intern year at a national level.

**Figure 2: Variation in views of the clinical learning environment (D-RECT score), by training stage.**


**Figure 3: "My previous medical education and training prepared me well" – domain responses**




## *How is intern training in Ireland being reviewed?*

A review of intern training in Ireland is being undertaken by the Medical Council through the Strategy and Policy Subcommittee of its Education, Training and Professional Development Committee (members are listed above under acknowledgements). A number of steps were completed:

- Data from *Your Training Counts* 2014 were examined, including conduct of specific more detailed analyses;
- The current arrangements for intern training in Ireland were analysed, and the strengths and weaknesses were appraised;
- Reform of equivalent arrangements for intern training in other health systems were reviewed;
- A stakeholder study was commissioned and was undertaken by *Amárach Research* to collect and qualitatively analyse the views of current interns (those commencing and those

completing intern training), trainees who recently completed intern training, those involved in undergraduate education, intern training and postgraduate training and those involved in the funding and regulation of medical education and training. A full draft of that report is available here which should be read in conjunction with this document.

- A research group led by Dr Dara Devitt, Director of Simulation Saolta University Health Care Group, Senior Lecturer in Medical Education, NUI Galway and Intern Network Coordinator, were commissioned to examine and appraise models for learning outcomes and to develop a draft set of learning outcomes for intern training in Ireland. A full draft of that report is available here which should be read in conjunction with this document.
- An Education and Training Symposium was hosted by the Medical Council in September 2015, which was designed to bring together relevant stakeholders to discuss issues related to intern training in Ireland. A report of that Symposium is available here which should be read in conjunction with this document.

## *What is the purpose of this document?*

This document, in conjunction with the associated reports, is intended to summarise findings from a review of intern training in Ireland. It is being made available to everyone who is interested in medical education and training in Ireland and comments are sought on a set of important questions that emerge from the review.

Specifically, we are seeking feedback on:

- The current strengths and opportunities for improvement of intern training;
- A draft set of expectations (or learning outcomes) for the new doctor completing intern training.

The Medical Council will consider the responses to this document before it finalises its review and sets out recommendations for intern training in Ireland.

# Recent developments and current arrangements for intern training in Ireland

Before discussing the strengths and potential opportunities for development of intern training, this section of the document describes changes that have recently taken place and how intern training currently operates in Ireland.

## *What changes have taken place in intern training in Ireland?*

In 2001, the Medical Council implemented changes to the education and training experience of interns. These changes included the development of a generic job description, a logbook to monitor training activities and a national network of supervisors (Intern Coordinator and Tutor Network (ICTN)) to plan and oversee intern training. An evaluation subsequently conducted by the Medical Council found the impact of these changes was positive.[5]

In 2006, the Report of the Postgraduate Medical Education and Training Group, "*Preparing Ireland's Doctors to meet the Health Needs of the 21st Century*" set out direction for postgraduate medical education and training in Ireland.[6] The group endorsed developments of intern training already underway; it also recommended that the HSE should ensure that there are a sufficient number of intern places to meet service needs and facilitate graduate retention, and that the HSE should continue to support the ICTN.

In 2007, a new Medical Practitioners Act was enacted and it established a new statutory framework for the regulation of doctors, and their education and training, which underpins the current operation of intern training. This is now described.

## *How does intern training currently operate in Ireland?*

An overview of intern training is provided at Figure 4.

*The role of an intern*

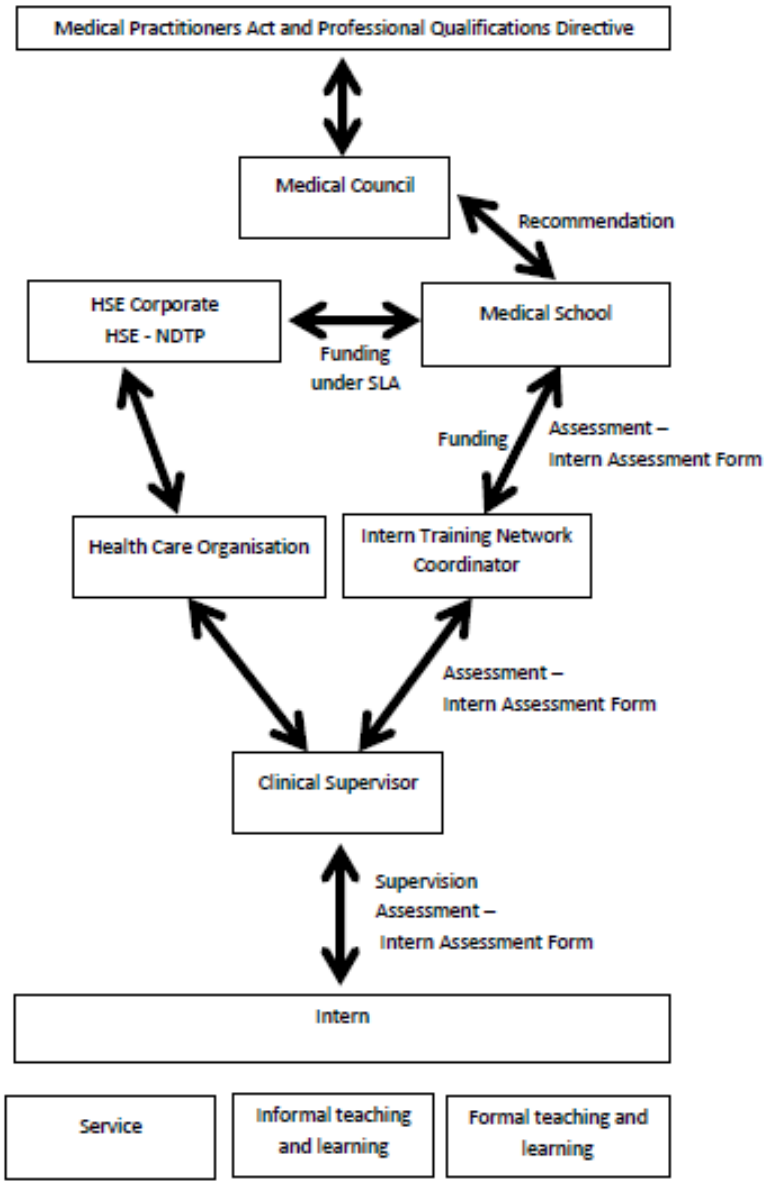
Interns are recent medical graduates who commence what is usually a 12 month period of workplace learning and practise under clinical supervision, known as intern training, in July each year. Interns are employed by healthcare organisations directly operated or funded by the HSE, and final year medical students apply to the HSE for intern training through a process commonly known as "the match". Stage 1 of this process established applicant eligibility for intern training and is followed by Stage 2, in which eligible applicants identify preferences for intern positions across the country. A process of matching applicants to available position is then undertaken based on centile rankings provided by medical schools and applicants are then offered a position as an intern. Applicants from medical schools outside Ireland but within the European Economic Area are eligible

[5] Finucane P and O'Dowd T (2005). Working and training as an intern: a national survey of Irish interns. Medical Teacher, 27(2): pp. 107–113

[6] Department of Health (2006). Preparing Ireland's Doctors to meet the Health Needs of the 21st Century (Buttimer Report). http://health.gov.ie/blog/publications/preparing-irelands-doctors-to-meet-the-health-needs-of-the-21st-century-buttimer-report/

to apply for internship and complete an intern eligibility test in conjunction with their application that assesses elements of the basic medical curriculum specific to Ireland.

**Figure 4: Overview of the current operation of intern training in Ireland**




Interns pursue a National Intern Training Programme,[7] a document agreed between relevant stakeholders describing the teaching and learning activities to be completed so that the intern can achieve a Certificate of Experience. Intern training must be structured in line with a framework specified by the Medical Council (see appendices for relevant standards and guidelines); that is, a minimum of a total of twelve months, which should normally be consecutive, of which at least three months must be spent in Medicine in general and at least three months in Surgery in general.

[7] Medical Council, 2012. National Intern Training Programme (NITP): Education and Training in the Intern Year. http://www.medicalcouncil.ie/Education/Career-Stage-Intern/National-Intern-Training-Programme-.pdf

As part of this twelve-month period, an intern may also be employed for not less than two months and not more than four months in the following specialties:

- Emergency Medicine
- General Practice
- Obstetrics and Gynaecology
- Paediatrics
- Psychiatry
- Anaesthesia (to include perioperative medicine)
- Radiology

Interns are overseen on a day-to-day basis by a clinical supervisor, who reports on their progress through an Intern Assessment Form (See Appendix 3) to an Intern Training Network Coordinator. The oversight of intern training involves various stakeholders.

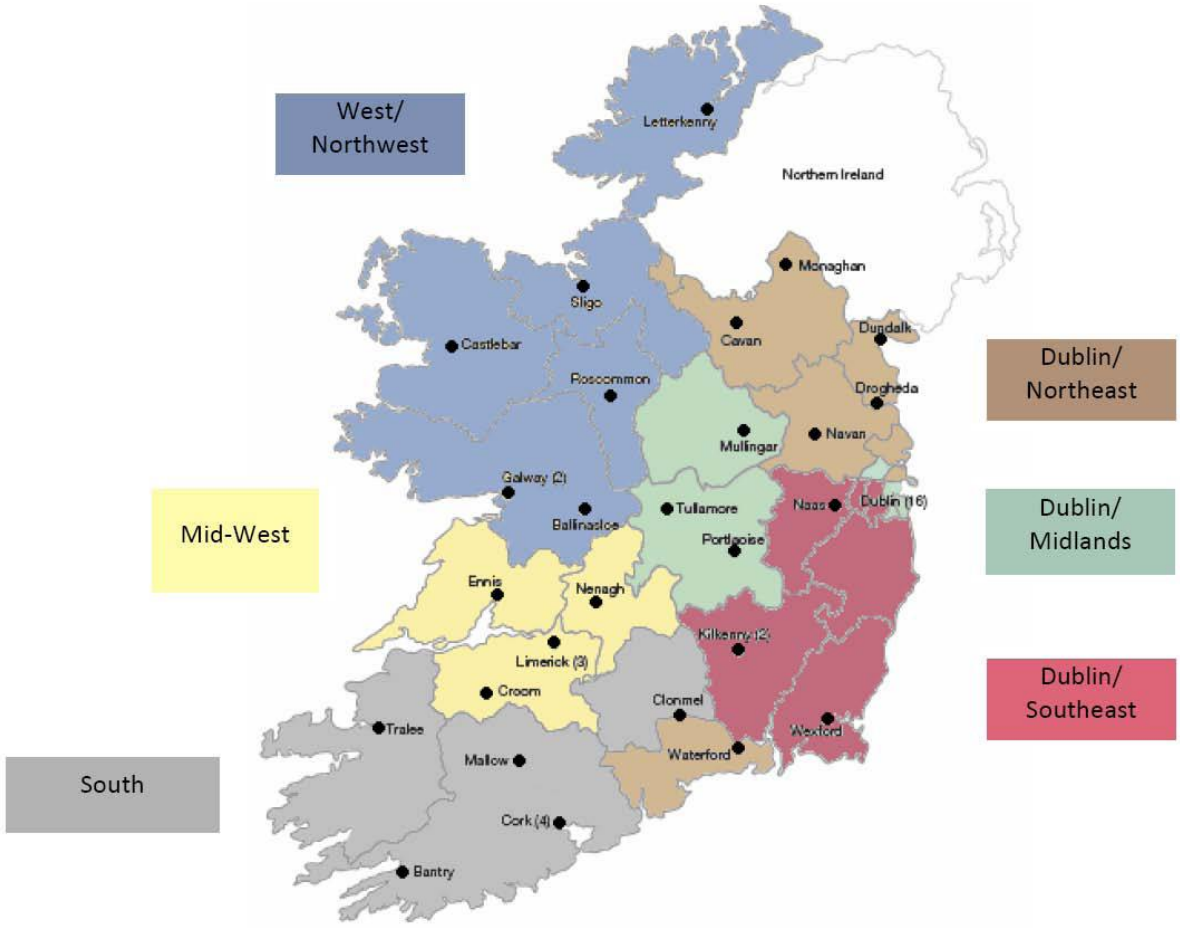
*The role of the clinical supervisor*
The clinical supervisor is usually a specialist – either a hospital consultant or General Practitioner – who is responsible for overseeing both the clinical practise and the training of interns on a day-to-day basis. In general, the clinical supervisor leads a clinical team involving other doctors at different grades, and direct day-to-day supervision of intern's clinical practise may be delegated to another doctor, albeit the clinical supervisor retains ultimate responsibility and accountability and is responsible for reports on intern progress through an Intern Assessment Form (See Appendix 3) to an Intern Training Network Coordinator. This clinical supervision role is undertaken in conjunction with other duties.

*The role of the healthcare organisation*
The healthcare organisation where the intern works and learns is responsible for controlling the quality of the clinical learning environment at the clinical site and to ensure that the intern benefits from teaching and learning activities, as well as delivering clinical care. Sites providing intern training are inspected and approved by the Medical Council.

*The Intern Network and Intern Network Coordinator*
Intern Networks, led by an Intern Network Coordinator, are the entities responsible for delivering formal teaching and learning activities to interns; they also quality manage workplace learning at clinical sites under the supervision of a clinical supervisor, receive reports on intern progress and ultimately make recommendations to the Medical School on whether or not an intern can be notified to the Medical Council as having satisfactorily completed intern training for the award of a Certificate of Experience.

Intern Networks are associated with Medical Schools, who are contracted by the HSE through Service Level Arrangements (SLAs) to deliver intern training in line with National Intern Training Programme to meet Medical Council Standards for Certificate of Experience. Figure 5 illustrates the organisation of Intern Networks in Ireland.

**Figure 5: Intern Networks**




*The role of Medical Schools*

Intern Networks are associated with Medical Schools who are ultimately responsible under legislation supervision of intern training and for recommendation to Medical Council on issuance of certificate of experience.

*The role of the HSE*

Through its National Doctors Training and Planning units, the HSE is responsible for funding intern training through service level arrangements with each Medical School. The HSE plans capacity for intern training and proposes intern posts to the Medical Council based on anticipated medical graduate numbers. The HSE also direct employs interns [or funds organisations that employ interns] and is responsible for the recruitment of medical graduates into these posts.

*The role of the Medical Council*

The Medical Council has responsibility for quality assurance of intern training. It has the power to specific minimum entry requirements for intern posts and approves these based on HSE proposals. Inspects all sites for intern training are undertaken by the Medical Council and it approves them for this purpose. It registers doctors pursuing intern training and is responsible for the issuance of certificates of experience based on recommendations from Medical Schools. Its quality assurance role is underpinned by standards and guidelines for Certificate of Experience [Appendix 2 and 3]

*The legal framework governing intern training in Ireland*
Intern training in Ireland is governed by the Medical Practitioners Act 2007 which specifies roles for the Medical Council and the HSE as described above.

In addition, the Professional Qualifications Directive specifies supervisory arrangements for intern training, requiring this to be discharged by a Medical School such that the doctor completing intern training is eligible for recognition and free movement across Europe.[8] That requirement is transposed in Medical Council rules.[9] The role of the Medical School is operationally discharged by the Intern Training Network, which are structures recognised by the Medical Council for the purpose of organising intern training.

*Successful completion of intern training and issuance of a certificate of experience*
In summary, to successfully complete intern training and be issued with a certificate of experience, a medical graduate must:

- Hold a basic medical qualification having completed their medical studies in Ireland or an EU Member State;
- Be recruited into intern training by the HSE through its matching process;
- Complete training in posts proposed by the HSE to the Medical Council, and inspected and approved by the Medical Council, which are associated with an Intern Training Network linked with a Medical School;
- Pursue the National Intern Training Programme, completing formal and workplace learning activities in specified disciplines, to standards set by the Medical Council [see appendices];
- Be positively assessed through the Intern Assessment Form at the end of each rotation and, thus, recommended by the medical school associated with the Intern Training Network for issuance by the Medical Council of a certificate of experience.

[8] European Council. Directive 2013/55/EU of the European Parliament and of the Council of 20 November 2013 amending Directive 2005/36/EC on the recognition of professional qualifications and Regulation (EU) No 1024/2012 on administrative cooperation through the Internal Market Information System ( 'the IMI Regulation' ). http://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:32013L0055&from=EN
[9] S.I. No. 588/2012 - Medical Council Rules in Respect of the Duties of Council in Relation to Medical Education and Training (Section 88 of the Medical Practitioners Act 2007).
http://www.irishstatutebook.ie/eli/2012/si/588/made/en/print

# Strengths and opportunities for development

This section summarises some of the current strengths of intern training in Ireland as well as identifying some possible opportunities for development. This is based on views collected through a stakeholder study undertaken by Amárach Research, which you can view here.

## *What is working well?*

When we asked stakeholder their views, we heard that many aspects of intern training in Ireland are currently working well:

- Changes in the structure and process of intern training in Ireland have been perceived as having a positive impact on the quality of intern experience.
- In general, trainees felt that intern training prepared them well for subsequent training and practise.
- The overall structure of intern training and the blend of experiences across different specialties are perceived as positively contributing to intern experience.
- Information about intern training is provided to medical students by their Medical School which, together with informal information from clinical placement, enables them to understand what to expect.
- The intern matching process is recognised as being an easy to understand, fair and objective method for allocation of posts.
- Interns recognise that intern training will present a significant challenge and step change as they assume clinical responsibility for the first time; the transition from medical student to intern is perceived as an exciting phase of professional development.
- Interns benefit from various initiatives through their Medical Schools and Intern Networks to prepare them for this challenge, with practical learning opportunities – such as shadowing a doctor completing intern training – recognised as being especially valuable.
- Supervision and support are also recognised by interns as being available to them through intern training and, while formal supports are identified by interns, including the role of the Intern Network Coordinator, peers are seen as an important and valuable source of support.
- Interns generally report good support in preparing for and practising prescribing skills.
- Interns understand that intern training is focussed on experiential learning.
- Protected time for formal teaching and learning is valued by interns.
- Interns recognise that different facilities will offer different types of experience; smaller facilities are valued by interns as offering richer opportunity to become embedded in a clinical team.

**CONSULTATION QUESTION 1:**

*What other aspects of intern training do you think are working well at the moment?*

## *What can be improved?*

- Provision of information about and approaches to preparedness for intern training vary across Medical Schools.
- There is an opportunity to increase experiential learning in the undergraduate medical programme to strengthen intern preparedness for clinical practise.
- While interns felt there was good preparedness and support for their role in prescribing, given the patient safety implications, this is an area which may benefit from further development and consistency.
- The volume of administrative tasks facing interns is a challenge for which they feel less prepared and while some tasks are relevant to their clinical roles, the value of other tasks is questionable.
- While the intern matching process was perceived an easy to understand, fair and objective method for allocation of posts, breaking of links with clinical settings which are known to medical graduates and where they are known may present some challenges as they assume clinical responsibility for the first time. This breakage in links can present a challenge in identifying and supporting the trainee in difficulty.
- There is variability in induction for new interns. While local innovations are to be supported, consistent delivery of a core induction programmes should be assured.
- The induction programmes needs to meet the needs of all stakeholders, and while it is important that key employer responsibilities are discharged through formal teaching sessions, it is also important that induction provides sufficient experiential learning to support interns in assuming clinical responsibilities.
- While on-call experience is recognised as a rich learning opportunity for interns, greater support could be provided for early on-call duties.
- Intern training should address work-life balance and health/wellbeing issues since some interns find these challenging aspects of personal and professional development as they transition from student to doctor. This should include career planning.
- There is opportunity to ensure more appropriate consistency in relation to the training experience offered by certain specialities and clinical sites.
- There is a need for greater clarity regarding what interns are expected to achieve at the end of intern training.
- Assessment of interns is variable as is the quantity and quality of feedback provided.
- Clinical supervisors and teachers should benefit from greater training and support.
- There are multiple stakeholders involved in delivery of intern training and governance can be unclear and disjointed.

**CONSULTATION QUESTION 2:**

*What other aspects of intern training do you think could be improved?*

# Clarifying expectations what we expect interns to achieve by the end of intern training

Intern training is a key stage in the professional development of doctors. A key trend in medical education and training, supported by the Medical Council through its recent Education, Training and Professional Development Roadmap 2015-2020,[10] is an outcomes-based approach in which decisions about what learners do and how their learning is assessed are driven by the outcomes the learners are expected to achieve.[11] Using this approach, teaching, learning assessment activities can be carefully selected and planned to support learner achieve define outcomes.

### *What do we currently expect of doctors completing intern training in Ireland?*

The Medical Council currently specifies standards for the issuance of a certificate of experience following successful completion of intern training. These standards underpin what is best described as an apprenticeship model for intern training. They do not describe the outcomes which the Medical Council expects doctors complete intern training in Ireland to achieve.

While the Medical Council is reviewing intern training in Ireland, an early decision has been made to address the lack of defined outcomes for intern training so that an outcome-based approach can be taken to any reform. Without a description of these outcomes, it is difficult to make informed decisions about how intern training should be improved since the overall goal for interns is not well described. It will also seek to link these defined outcomes with the award of a certificate of experience to doctors completing intern training.

**CONSULTATION QUESTION 3:**

*Do you agree that defined competencies should be established for successful completion of intern training and award of a certificate of experience?*

*Yes/No*

*If yes, describe the benefits you perceive with this approach*

*If no, why not and what do you propose instead?*

[10] Medical Council, 2015. Doctors' Education, Training and Lifelong Learning in 21st Century Ireland: A Roadmap for the Medical Council's role in Safeguarding Standards and Fostering Improvements 2015-2020. https://www.medicalcouncil.ie/News-and-Publications/Reports/Doctors-Education-Training-and-Lifelong-Learning-in-21st-Century-Ireland.pdf

[11] Harden J R, Crosby M H, Davis M, Friedman RM. AMEE Guide No. 14: Outcome-based education: Part 5-From competency to meta-competency: a model for the specification of learning outcomes. Med Teach. 1999;21(6):546-52.

## *How can we clarify these expectations?*

The Medical Council commissioned a project to examine how best to clarify the outcomes to be achieved by doctors completing intern training in Ireland. Specifically, the objectives of the project were to:

- Establish and appraise the current approach to definition of learning outcomes for intern training in Ireland;
- Appraise approaches to outcomes for intern training in a small set of named "reference" health systems (UK, New Zealand, Australia, Canada and the US), including the merits (or otherwise) of Entrustable Professional Activities [EPAs];
- Devise a draft framework of outcomes for intern training in Ireland and make recommendations for implementation including reasonable assurance that defined outcomes have been achieved leading to issue of certificate of experience by the Medical Council.

You can read the full report of that project here.

The project had recommended that the Medical Council adopt an EPA model for defining what it expects doctors to achieve by the end of intern training. Outcomes-based approaches have traditionally used competencies to describe what learners are expected to achieve, discrete and observable abilities that rely on knowledge, skills and attitudes. Limitations to use of competencies have been identified:

- Competencies are often very broadly defined;
- Sub-competence descriptions are too analytical;
- Risk of tick-box approach to assessment;
- Risk of instrumentalist learning;
- Onerous level of paperwork and bureaucracy;
- Disconnectedness from clinical practice.

As a consequence, EPAs have emerged as a way of overcoming these limitations and are becoming increasing used in medical education and training. An EPA is a core unit of professional practice that can be fully entrusted to a trainee as soon as he or she has demonstrated the necessary competence to execute the activity unsupervised.[12] EPAs are related to competencies since they are concerned with the integration and application of multiple competencies in day-to-day practice; furthermore, EPAs introduce the concepts of supervision, proficiency and entrustment which are integral to the training process.

**CONSULTATION QUESTION 4:**

*Do you agree with a EPA approach being used to describe what doctors are expected to achieve at the end of intern training?*

*Yes/No*

[12] ten Cate, O., Chen, H. C., Hoff, R. G., Peters, H., Bok, H., & van Der Schaaf, M. (2015). Curriculum development for the workplace using Entrustable Professional Activities (EPAs): AMEE Guide No. 99. *Medical Teacher*, 1-20.

*If Yes, describe the benefits you perceive with this approach*

*If No, why not and what do you propose instead?*

Through the method described in the report, a draft list of EPAs have been identified and is now being considered by the Medical Council as the framework for describing what doctors are expected to achieve at the end of intern training. This EPA framework will become central to all decisions about planning, organising, delivering and evaluating intern training in Ireland and will be used to assess individual interns so as to determine if they can be issued a certificate of experience.

Here is a list of the EPAs:

1. Admit a patient
2. Request and interpret investigations
3. Perform basic procedural skills
4. Manage the work of in-patient care
5. Prescribe and monitor drugs and fluids
6. Recognise and manage the deteriorating/acutely unwell patient
7. Transition and discharge patient care
8. Engage in personal and professional development
9. Identify compromises to patients' care

The associated reports describes each proposed EPA in detail, links it with associated competencies, maps it against the Medical Council's Domains of Good Professional Practice, and proposes the level of proficiency which a doctor completing intern training in Ireland is expected to demonstrated for that EPA.

You are now advised to review each EPA in detail here.

**CONSULTATION QUESTION 5:**

*Do you agree with each EPA proposed?*

*Yes/No*

*Do you want to make any comments on each EPA?*

## *What will this mean for intern training?*

The proposed EPA model will be used to revise the National Intern Training Programme and to devise a strengthened system for assessment and feedback to interns on their progress through intern training; that assessment system will underpin and inform the decision to award a certificate

of experience to doctors who have successfully completed intern training and who can demonstrate that they have achieved what is expected by the Medical Council.

This will have significant implications for a range of different stakeholders.

Before making a final decision on the proposed EPA framework, the Medical Council now invites comments on what you think this will mean for intern training in Ireland.

**CONSULTATION QUESTION 6:**

*What considerations do you think arise for implementation of EPAs in the intern year in Ireland?*

*For teaching and learning*

*For clinical learning environment*

*For clinical teachers*

*For administration of intern training*

*For assessment*

*For ICT*

*For interns*

*For patients and the public*

*For Medical Schools*

*For Postgraduate Training Bodies*

# Conclusion

There have been significant improvements made to intern training in Ireland in the last decade.

Activity undertaken by the Medical Council to review the current status of intern training has confirmed that the improvements are positively perceived by various stakeholders.

However, the review has also identified that there are some aspects of intern training which would now benefit from further development.

As a lever for change, the Medical Council is proposing an outcomes-based approach to intern training in Ireland and has developed a draft framework describing what interns are expected to achieve at the end of intern training using an EPA model.

Implementation of this new framework, in conjunction with other recommendations, are intended to drive further improvements in intern training in Ireland.

At this stage, your views are sought on a range of questions that will help the Medical Council complete its review and set out recommendations for implementation in 2016.

## *What are the consultation questions?*

In total, this document proposes 6 questions for consideration:

**CONSULTATION QUESTION 1:**

*What aspects of intern training do you think are working well at the moment?*

**CONSULTATION QUESTION 2:**

*What aspects of intern training do you think could be improved?*

**CONSULTATION QUESTION 3:**

*Do you agree that defined learning outcomes should be established for successful completion of intern training and award of a certificate of experience?*

**CONSULTATION QUESTION 4:**

*Do you agree with an EPA approach being used to describe what doctors are expected to achieve at the end of intern training?*

**CONSULTATION QUESTION 5:**

*Do you agree with each EPA proposed?*

**CONSULTATION QUESTION 6:**

*What considerations do you think arise for implementation of EPAs in the intern year in Ireland?*

## *What will happen next?*

The Medical Council will consider all feedback received. The consultation remains open until Friday the 22nd January 2016. A set of recommendations for improvement of intern training in Ireland will be proposed in 2016.

# Appendices

## 1: STANDARDS FOR TRAINING AND EXPERIENCE REQUIRED FOR THE GRANTING OF A CERTIFICATE OF EXPERIENCE TO AN INTERN

These standards have been drawn up in fulfilment of the Medical Council's responsibilities under Part 10 of the Medical Practitioners Act 2007 to specify and publish in the prescribed manner the standards for training and experience for interns which is required for the granting of a certificate of experience (section 88 (3) (d)).

**Standard 1: Rotations**
Training and experience must comply with the Medical Council's policy on length of internship and approved rotations; that is, a minimum of a total of twelve months, which should normally be consecutive, of which at least three months must be spent in Medicine in general and at least three months in Surgery in general. As part of this twelve-month period, an intern may also be employed for not less than two months and not more than four months in the following specialties:

- Emergency Medicine
- General Practice
- Obstetrics and Gynaecology
- Paediatrics
- Psychiatry
- Anaesthesia (to include perioperative medicine)
- Radiology

**Standard 2: Accreditation**
The training site must be affiliated with a medical school and/or a postgraduate training body/network and/ or health system which is accredited by the relevant regulator. The responsible body for organising, coordinating, managing and assessing the training setting and the training process on the site must be clearly identified.

**Standard 3: Content of training**
The intern year must comprise a combination of formal and informal training in an integrated manner, including theoretical learning, and practical training during service delivery. There must be:

- Practice-based training involving the intern's personal participation, at an appropriate level, in the services and responsibilities of patient-care activity, in the training institution
- Personal participation by the intern at a level appropriate to their growing competence in all medical activities relevant to their training, including on-call duties
- Regular opportunities for the intern to exercise responsibility and clinical decision-making appropriate to their growing competency, skills, knowledge and experience
- Regular opportunities for the intern to work as an integral part of a team composed of a variety of disciplinary backgrounds
- Regular, pre-arranged/scheduled formal education and training sessions
- Evidence that the content of training and syllabus / curriculum is consistent with the eight domains of good professional practice as adopted by the Medical Council.

**Standard 4: Supervision**
There must be effective overarching supervision of the intern's training and clinical practice by an identified clinician(s) of appropriately senior level, normally a specialist doctor who is recognised as a specialist by the relevant regulatory authority of the host country. The intern's clinical practice should always be appropriately supervised by a medical practitioner of at least SHO level or equivalent.

**Standard 5: Assessment**
There must be evidence of regular and constructive feedback and assessment by the supervisor/trainer who has knowledge of the intern's development and performance and can verify their satisfactory progress. The supervisor/trainer must meet any requirements set by the Medical Council regarding the policy and process of final assessment and sign-off.

The intern must achieve a satisfactory performance in any assessment required by or administered by Council. This includes any assessment of communication skills required by or administered by Council. If, in a jurisdiction outside Ireland, there is an exit examination or other summative assessment at the end of the intern year, the intern must pass it.

**Standard 6: Professionalism**
The training environment must emphasise professionalism and the development and maintenance of the relevant knowledge, skills, attitude and behaviour, including communication skills, integrity, compassion, honesty, adherence to professional codes, respect for patients and their families, colleagues and self-care. The intern must be aware of, and comply with, the Medical Council's *"Guide to Professional Conduct and Ethics for Registered Medical Practitioners"*, and the training should support these ethical standards.

**Standard 7: Resources**
The training site must have:

- Access to a sufficient number of patients and case mix so as to provide exposure to a broad range of clinical cases appropriate to the rotation.
- Space and opportunity for private study and access to a library with adequate and up to date books and journals, including on-line access to standard library databases for journal access and literature searches.

The number of interns on a site should be appropriate to the resources of that site, including its staffing at all levels while at the same time having due regard for patient care and comfort.

The training site must emphasise the primacy of patient safety, and interns must be encouraged to raise concerns about ethical issues, should they arise, with their mentor, clinical supervisor and/or the hospital authorities. The intern must have access to appropriate advice and counselling should it be required.

**Approved by the Medical Council**
**9th September 2010**
and
**Revised by the Medical Council**
**14th April 2011**

## 2: GUIDELINES ON MEDICAL EDUCATION AND TRAINING FOR INTERNS

### 1. Statutory Context

These guidelines have been drawn up in fulfilment of the Medical Council's responsibilities under Part 10 of the Medical Practitioners Act 2007 to prepare and publish in the prescribed manner guidelines on medical education and training for interns (section 88(3) (b)).

These guidelines should be read in conjunction with the Medical Council's *"Standards for Training and Experience Required for granting of a Certificate of Experience"* and *"Part 10 rules in respect of the duties of Council in relation to Medical Education and Training (Section 88)"* (please note that Rule 3 is the relevant rule for intern training).

### 2. Type of rotation

Intern rotations must comply with the Medical Council's policy on duration of internship and approved rotations. That is, internship must comprise a minimum of twelve months, which should normally be consecutive, of which at least three months must be spent in Medicine in general and at least three months in Surgery in general. As part of this twelve-month period, interns may also be employed for not less than two months and not more than four months in the following specialties:

- Emergency Medicine
- General Practice
- Obstetrics and Gynaecology
- Paediatrics
- Psychiatry
- Anaesthesia (to include perioperative medicine)
- Radiology.

### 3. Accreditation

The intern training site must be affiliated with a medical school and/or a postgraduate training body/network and/ or health system which is accredited by the relevant regulator; in Ireland, this is the Medical Council. The responsible body for organising, coordinating, managing and assessing the training setting and the training process on the site must be clearly identified.

### 4. Education and Training

***(a) Ethos***

The intern year must comprise a combination of formal and informal training in an integrated manner, including theoretical learning, and practical training during service delivery.

***(b) Training through clinical practice***

Interns must:

- Participate in practice-based training, at an appropriate level, in the services and responsibilities of patient-care activity in the training institution
- Be exposed to a broad range of clinical cases appropriate to the rotation
- Participate in all appropriate medical activities relevant to their training, including on-call duties at an appropriate level
- Exercise the degree of responsibility and clinical decision-making appropriate to their growing competency, skills, knowledge and experience
- Work as an integral part of a team composed of a variety of disciplinary backgrounds.

***(c) Formal education and training***
Interns must have regular, pre-arranged/scheduled formal education and training sessions, with learning opportunities that may include lectures, small group teaching, tutorials, case presentations and case-based discussions, participation in clinical audit, and attendance at relevant external courses.

Formal training for interns must include instruction in:

- The development of clinical judgement
- Elements of safe practice, including but not limited to, infection control, prescribing, awareness of pregnancy when prescribing and informed consent.

A programme for personal professional development must be part of the intern's training year.

***(d) Self-directed learning***
Interns must have, and utilise, appropriate resources and opportunities for self-directed learning.

***(e) Eight Domains of Good Professional Practice***
The content of intern training and an intern syllabus / curriculum must be consistent with the "*Eight Domains of Good Professional Practice*" approved by the Medical Council.

## 5. Supervision
There must be effective overarching supervision of the intern by an identified clinician(s) of an appropriately senior level, normally a specialist doctor who is registered as a specialist or otherwise recognised as a specialist by the relevant regulatory authority.

## 6. Assessment
Interns must:

- Have regular and constructive feedback and assessment by a trainer / supervisor who has knowledge of the intern's development and performance and can verify their satisfactory progress
- Pass all obligatory examinations, including any exit examination or other summative assessment at the end of the intern year.
- Achieve a satisfactory performance in any assessment required by or administered by Council. This includes any assessment of communication skills, required by or administered by Council.
- Pass any exit examination or other summative assessment at the end of the intern year, which is or may be set in a jurisdiction outside Ireland.

## 7. Professionalism
Interns must:

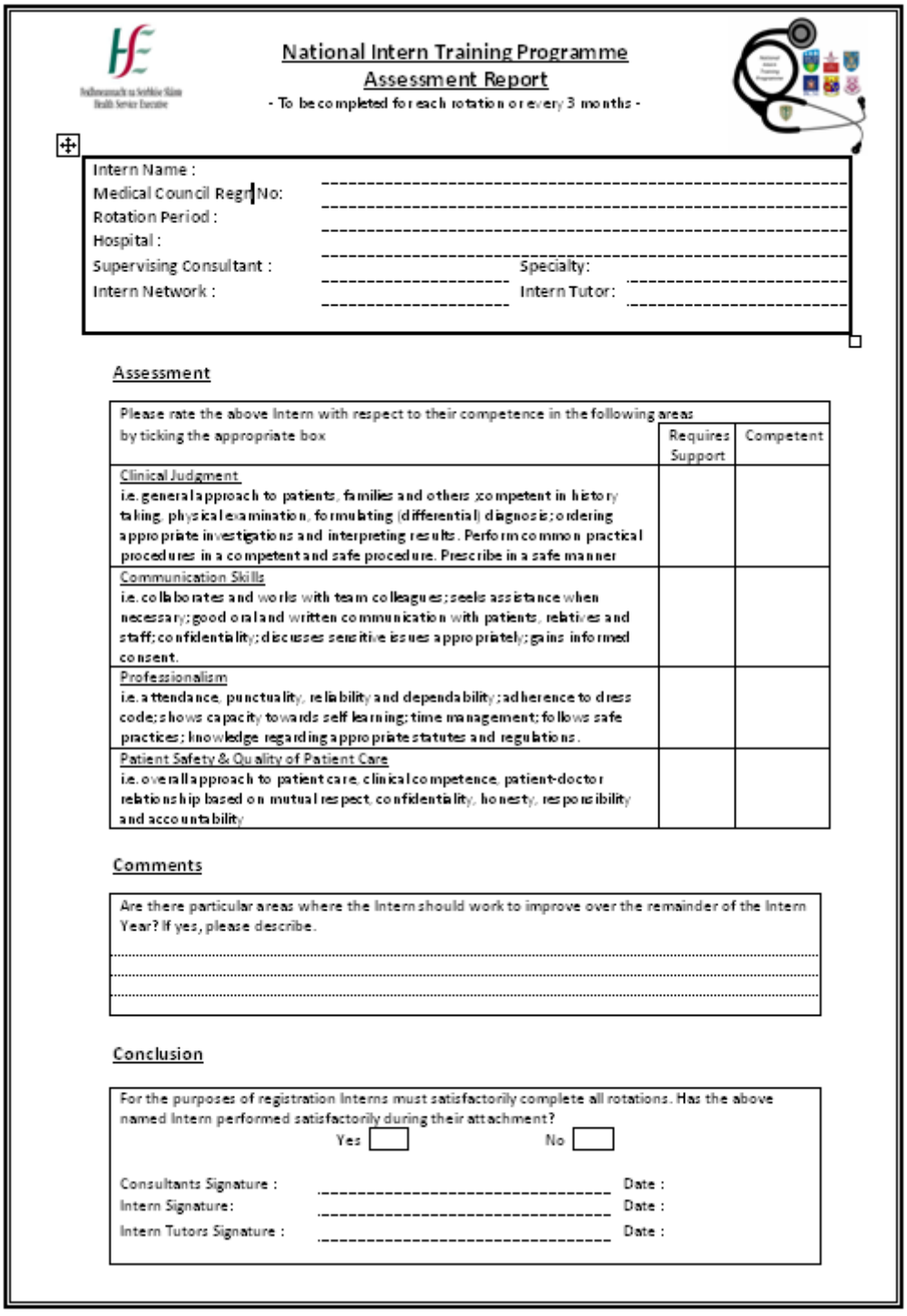
- Respect the primacy of patient safety
- Be aware of, and comply with, the Medical Council's "*Guide to Professional Conduct and Ethics for Registered Medical Practitioners"*, available on the Council's website.
- Raise with their supervisor or other appropriate person any ethical / personal issues that may impact on the intern's personal performance and / or patient interests and / or safety
- Adhere to the rules and regulations, policies and procedures governing the training site.

## 8. Resources

Intern training sites must have the resources to support the education and training requirements specified in these guidelines.

**Approved by the Medical Council**
**19th October 2010**
and
**Revised by the Medical Council**
**14th April 2011**

## 3: National Intern Training Programme Assessment Report



National Intern Training Programme
Assessment Report
- To be completed for each rotation or every 3 months -

Intern Name :
Medical Council Regn No:
Rotation Period :
Hospital :
Supervising Consultant : Specialty:
Intern Network : Intern Tutor:

Assessment

| Please rate the above Intern with respect to their competence in the following areas by ticking the appropriate box | Requires Support | Competent |
|---|---|---|
| Clinical Judgment<br>i.e. general approach to patients, families and others ;competent in history taking, physical examination, formulating (differential) diagnosis; ordering appropriate investigations and interpreting results. Perform common practical procedures in a competent and safe procedure. Prescribe in a safe manner | | |
| Communication Skills<br>i.e. collaborates and works with team colleagues; seeks assistance when necessary; good oral and written communication with patients, relatives and staff; confidentiality; discusses sensitive issues appropriately; gains informed consent. | | |
| Professionalism<br>i.e. attendance, punctuality, reliability and dependability; adherence to dress code; shows capacity towards self learning; time management; follows safe practices; knowledge regarding appropriate statutes and regulations. | | |
| Patient Safety & Quality of Patient Care<br>i.e. overall approach to patient care, clinical competence, patient-doctor relationship based on mutual respect, confidentiality, honesty, responsibility and accountability | | |

Comments

Are there particular areas where the Intern should work to improve over the remainder of the Intern Year? If yes, please describe.

Conclusion

For the purposes of registration Interns must satisfactorily complete all rotations. Has the above named Intern performed satisfactorily during their attachment?

Yes ☐ No ☐

Consultants Signature : Date :
Intern Signature: Date :
Intern Tutors Signature : Date :