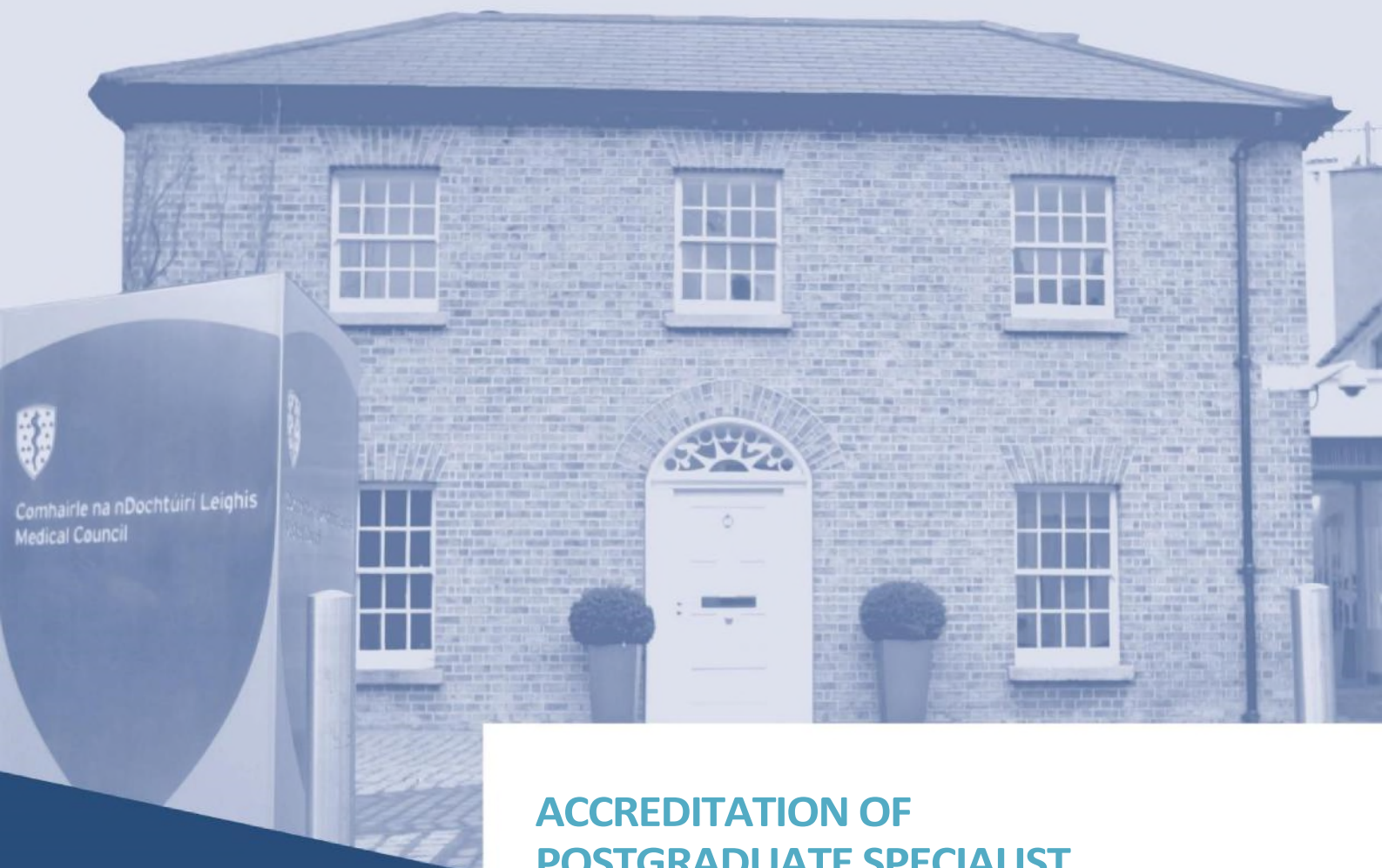




ACCREDITATION OF POSTGRADUATE SPECIALIST TRAINING PROGRAMME UNDER THE MEDICAL PRACTITIONERS ACT 2007 (as amended)

AN INFORMATION GUIDE FOR TRAINEES

Approved by ETC 01.06.21



**Comhairle na nDochtúirí Leighis
Medical Council**

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INFORMATION FOR TRAINEES

*A Medical Council Accreditation Team is conducting an accreditation of the PROGRAMME OF [**INSERT Programme, Body**] to evaluate the programme(s) that it delivers.*

The Council will meet trainees from all years of the programme, in private and in confidence. This is your opportunity to discuss your education and training with us. We are the quality assurance regulator for medical education and training in Ireland at both undergraduate and postgraduate levels. One of these responsibilities is to accredit programmes of specialist training and the bodies which deliver them.

Trainee participation in the accreditation process is essential and highly valued by the Medical Council. The Medical Council appreciates trainees' central role in the quality assurance of medical education and training. Please make your voice heard. Some information about the accreditation and trainees' role in it is outlined below.

1.THE ROLE OF THE MEDICAL COUNCIL

The Medical Council regulates the medical profession in Ireland. The [25-member Council](#) consists of 13 non-medical members and 12 medical members. It has a statutory role to protect the public, including by promoting high quality medical education and training by setting standards and monitoring their implementation. The Medical Council is therefore the quality assurance body for medical education at undergraduate, intern and postgraduate medical education in Ireland.

The Medical Practitioners Act 2007 (as amended) sets out the Medical Council's responsibility for accrediting specialist training programmes and the postgraduate training bodies that deliver the programmes. The Medical Council evaluates programmes using the '[Medical Council Accreditation Standards for Postgraduate Medical Education and Training](#)' (approved 1st June 2010 and revised 25th October 2011)("Standards").

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.

2.THE ACCREDITATION MEETING OF [insert programme name,]

An accreditation meeting has been scheduled for **[insert date]**. A Medical Council Team of experienced assessors comprising of at least 1 Medical Assessor, at least 1 non-medical Assessor (at least one of whom will be a current or former member of Council/ETC member), at least 1 External Assessor, with expertise in medical education and/or quality assurance (preferably from outside the jurisdiction) and a senior member of the Executive (of Senior Executive Officer grade or higher) will evaluate the programme of **[insert name of programme]**.

The Medical Council accreditation will last 1 day and includes virtual meetings with senior management, consultant trainers and trainees.

The Team will assess compliance of the **[insert PGTB]** and the programme of specialist training in **[insert name of programme]** with the Medical Council's Postgraduate Medical Education Standards;

- Context of Training
- The Outcomes of the Training Programme

- The Education and Training Programme – Curriculum Content
- The Training Programme – Teaching and Learning
- The Curriculum - Assessment and Learning
- The Curriculum – Monitoring and Evaluation
- Implementing the Curriculum -Trainees
- Implementing the Training Programme and Delivery of Educational Resources
- 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

Some components of the accreditation are described below.

Documentation Review

The Medical Team review a self-evaluation document submitted by the body demonstrating how the PGTB adheres to the Council's standards across a range of themes including governance, programme management and learning outcomes. Documentary evidence of compliance in support of the submission is also provided. This data (and all other information available*) is used to inform the assessors in advance of the accreditation.

*Third Party information which directly relates to the standards or criteria must be received by the Medical Council no later than close of business on the second-last day of the Medical Council accreditation/inspection visit. For accreditation/inspections that are one day or less in duration, information will not be taken into account if it is not received in sufficient time to be fully considered in advance of the close-out meeting with the subject of the accreditation.

The information provided by the Third Party is subject to Freedom of Information Act 2014.

Information will not be attributed to a Third Party by the Medical Council in its report to the body/site.

Dialogue with management and consultant trainers

The Medical Council Team will have meetings with PGTB management and consultant trainers/tutors. The Team will discuss relevant issues with academic leaders including the Dean/Chair; with other academic staff involved in medical education, including consultants from hospitals linked with the **[insert PGTB]** and with senior support staff, e.g. senior managers and administrators, educationalists.

Meetings with Trainees

The Medical Council meets trainees at all postgraduate accreditations. Meetings of approximately an hour are normally scheduled to take place at the Medical Council offices Kingram House, however on this occasion these meetings will take place virtually [Attached as appendix 2 is the Medical Council's virtual meetings etiquette]. All trainees within a programme are invited to attend the accreditation. The Team aim to meet with a representative of trainees across all stages of the training programme and training sites. Trainees will also be surveyed on their training programme experience ahead of the accreditation.

The discussion that takes place between trainees and the Medical Council Team is **confidential**. Comments are never attributed to a particular trainee by the Medical Council. The contents of the report produced by the Medical Council highlight those issues that are common to the trainee group, not those specific to an individual. The assessor team will take contemporaneous note throughout the accreditation. There will also usually be a stenographer present to record discussions to inform the drafting of the accreditation report.

The Medical Council believes that this confidential approach encourages **frankness**. The Medical Council wants to hear about the positives and any negatives that trainees experience, and trainees should not feel inhibited in expressing their views freely.

The views that trainees express are **taken seriously**. Real changes which have benefited trainees have resulted from the Medical Council's accreditation processes. Trainees' views can confirm that the current provision or situation in a particular area is satisfactory or can act as a lever for change.

Some potential questions that may be asked by the Medical Council Team are provided in Appendix 1. There may not be time to discuss all these issues, and others not on the list may be raised either by the Team or by trainees. The Team will also be guided by the areas that trainees are most keen to discuss.

3.REPORT, DECISION AND FOLLOW UP

Following the visit, the subsequent report of the Medical Council Team and its recommendations will be put in turn before the:

- Medical Council Education and Training Committee

The process includes consultation with the Minister for Health. With respect to bodies and programmes, the 2007 Act gives Council the options to approve; approve subject to conditions attached to the approval of; amend or remove conditions attached to the approval of; or withdraw the approval of. With respect to bodies only, there is an additional option to refuse to approve.

The PGTB will be notified of the decision and a final report will be issued by the Medical Council. It will be published on the Medical Council website in due course.

Thank you in advance for contributing to this process

APPENDIX 1: POTENTIAL ISSUES TO BE RAISED WITH TRAINEES

NOTE: THE FOLLOWING IS INDICATIVE ONLY

Context of Training

Can trainees participate in the governance of the training organisation? /Do you feel your voice is heard in the training organisation?

The Outcomes of the Training Programme

Do you believe that the graduate outcomes for your programme will make you fit for purpose in your specialty at the end of your training?

The Education and Training Programme

Are you familiar with the curriculum/Are your training opportunities allowing you to attain your learning outcomes?/Do you feel the curriculum is assessed properly?/Can you participate in part-time / flexible or other similar forms of training?

Teaching and Learning

Do you get to do a wide range of activities at your training site?/Is there is an appropriate balance in clinical and non-clinical activities?/Are you seeing the right kind/number of clinical presentations for training purposes?/Are you able to act independently within your scope and level of practice?/Are you adequately supervised by your trainer?/ Do you feel out of your depth performing clinical work?

The Curriculum – Assessment and Learning

Are you prepared for assessments?/Are you released for formal assessments?/Are you familiar with the regulations about assessments?/Are you assessed by independent assessors at high stakes exams?/Do you know what to do if you are not satisfied with an assessment result?/Are you given feedback about your assessments in an appropriate and timely manner?/Can you feedback about your assessments?

The Curriculum – Monitoring and Evaluation

Can you contribute to the monitoring and development of the training programme?

Implementing the Curriculum

Is the selection process to become a trainee fair and transparent?/Does your training organisation keep you informed in a timely manner about decisions in relation to your training?/Are you able to challenge a decision made in relation to your training? Do you believe the redress process is fair, transparent and time efficient?/ Can you approach the training organisation in a confidential manner about any aspect of your training?

Resources

Can you easily contact your trainer?/Does your trainer take an interest and actively participates in your training activities?/Do you feel supported by your trainer?/Can you give confidential feedback to your training body about your trainer and training site?/Do you have the resources available to you at your clinical training site to allow you to fully participate in training activities?/Do you have adequate facilities when on call in the clinical site?/Is there is an appropriate balance between providing service work and training?/ Is your training site a safe place to work?

APPENDIX 2: Medical Council Video Conference Etiquette

Hosting a Medical Council meeting via a remote meeting platform will have its challenges, given the potential for a large number of attendees.

With co-operation and by following meeting etiquette, Video Conference Services (VCS) are a vital resource for the Medical Council and Committees in continuing carrying out their statutory duties. With this in mind, please see below etiquette expected of participants of VCS within the Medical Council. This will assist all users having increased positive user participation.

Meeting & Scheduled Times

While VCS is a virtual meeting, meetings should be treated the same as a face-to-face meeting and you should conduct yourself as you would if you were all present in the same room. Join early – up to 5 minutes before the meeting start time.

Familiarisation

Participants should familiarise themselves with the technology prior to the meeting. You should be familiar with basic functions on how to mute/unmute microphone, stop/start video, screenshare etc. If you don't feel comfortable with the software please contact the host in advance of the meeting in order to get guidance on how to ensure the meeting is a technical success.

Internet Connection

It is imperative that participants have a stable internet connection.

Video and Audio

It is generally good practice to have your video on and your microphone set to mute when not talking. Attendees are not permitted to make recordings, video or audio video, or take pictures of Zoom.

Meeting Place

Ideally find a quiet space without interruptions / background noise. During the meeting, if you are interrupted, it is essential that you mute your own microphone to avoid impacting other participants. If you need to leave temporarily, you can stop your video and mute the microphone to avoid distracting others. If possible, have a plain background – avoid backlight from bright windows, and have good lighting on your face so you can be seen clearly. Adjust your camera to be at around eye level if possible – especially take note of the angle of your laptop screen if using the built-in camera.

Distraction

Be aware, you are on camera and try to avoid doing other tasks, checking emails, texting on phone. If you need to take a call, ensure your microphone is muted and if appropriate, pause your video.

It is important to note, the Medical Council has an **additional security validation** step to ensure the participant invited to your meeting is the person attending the meeting. The participant must validate their email address with Zoom prior to attending the meeting

Please feel free to contact us with any questions or comments at:

educationandtraining@mcirl.ie



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