Comhairle na nDochtúirí Leighis
Medical Council

Accreditation of Postgraduate Training Bodies Under Part 10 of the Medical Practitioners Act 2007

Report on the Accreditation of The College of Anaesthetists of Ireland and The Programme of Specialist Training in Anaesthesia

Contents

MEDICAL COUNCIL ACCREDITATION TEAM

Professor William Powderly (Chairperson, Council Member)
Professor David Barlow (External Assessor)
Mrs Griselda Cooper (External Assessor)
Dr Siún O'Flynn (External Assessor)
Dr Hemal Thakore (External Assessor)
Mr Daragh Moneley (External Assessor)
Ms Angela Carragher (External Assessor)

IN ATTENDANCE

Professor Kieran Murphy (President, Medical Council)
Ms Caroline Spillane (Chief Executive Officer, Medical Council)
Dr Anne Keane (Head of Education and Training, Medical Council)
Mr Paul Lyons (Medical Council Executive)
Ms Rebecca Lonsdale (Medical Council Executive)

Statement with regard to the Freedom of Information Acts, 1997 and 2003

The Medical Council currently makes information routinely available to the public in relation to its functions and activities and, in line with that practice, a summary of this report will be available on the Council's website, www.medicalcouncil.ie in due course.

The Freedom of Information Act is designed to allow public access to information held by public bodies which is not routinely available through other sources and access to this document may be sought in accordance with that Act. The Medical Council complies fully with the terms of the Freedom of Information Act. It should be noted that access to information under the Freedom of Information Act is subject to certain exemptions and one or more of those exemptions may apply in relation to some or all of this report.

A. Preface

1. Context of the Accreditation Session

The Medical Council Accreditation Team met with the College of Anaesthetists on the 11th July 2011. Its remit was to assess the College, the Programme of Specialist Training in Anaesthesia against the 'Medical Council Accreditation Standards for Postgraduate Medical Education and Training' (approved 1st June 2010) and to subsequently formulate a recommendation in respect of each to the Medical Council's Professional Development Committee (PDC).

2. The Team

The Medical Council Accreditation Team is listed on the title page of this Report. The Council particularly appreciates the contribution of external assessors Professor David Barlow, Mrs Griselda Cooper, Dr Siún O'Flynn, Dr Hemal Thakore, Mr Daragh Moneley and Ms Angela Carragher. They brought additional expertise in quality assurance of medical education to the accreditation process, and the Medical Council very much appreciates their contribution.

The Medical Council also thanks the representatives from the College of Anaesthetists for their co-operation. In addition, the Medical Council wishes to thank the trainees who met the Team on the day, whose feedback was most helpful in formulating this Report.

3. Documentation

As part of the accreditation process, the College was asked to complete and document a self-evaluation process based upon the 'Medical Council Accreditation Standards for Postgraduate Medical Education and Training' (approved 1st June 2010). In addition, the College was asked to provide details of the process and associated timescale by which consideration is given to and recommendations made to Council arising from assessment of applications to the Specialist Division of the Register in accordance with Section 47(1)(f) of the Medical Practitioners Act 2007 and Rules of Registration 2011. This documentation was reviewed by the Team. Full details of the material which was requested from the College is included in Appendix 3 of this report.

4. Schedule

The accreditation session included a private morning meeting of the Medical Council Accreditation Team, a meeting with a number of trainees representing the different stages of training in Anaesthesia and an in-depth discussion between the Team and representatives from the College.

Following the meeting on 11th July 2011, the College of Anaesthetists were provided with an opportunity to provide the Team with an updated submission to include information which was relayed verbally by the College during the accreditation session but which was not evident from the College's original documentation. Full details of the additional information which was requested from the College is included in Appendix 2 of this report. The Team reviewed the updated submission and a teleconference was held to discuss the revised documentation.

5. Appendices

The agenda for the Accreditation Session is attached as Appendix 1. Correspondence with the College in relation to this activity is attached as Appendix 2. The accreditation standards which were applied throughout this process are attached as Appendix 3.

6. The Report

The 'Medical Council Accreditation Standards for Postgraduate Medical Education and Training' (approved 1st June 2010) formed the basis of the evaluation of both the College and the Programme of Specialist Training in Anaesthesia; the observations, comments and recommendations contained in this Report are grouped under the relevant section of these standards.

B. Summary and General Assessment

1. Conclusion and main recommendations to the Professional Development Committee

The Team's main recommendations to the Medical Council's Professional Development Committee are that:

1. The Programme of Specialist Training in Anaesthesia should be approved by Council under the terms of Section 89(3)(a)(i) of the Medical Practitioners Act 2007. This recommendation is made on the grounds of the Medical Council Team's finding that the programme adheres 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.

   This approval should be for an initial period of five years from the date of approval by Council.

2. The College of Anaesthetists of Ireland should be approved under Section 89(3)(a)(II) of the Medical Practitioners Act 2007 as the body which may deliver the Programme of Specialist Training in Anaesthesia approved under 1. above. This recommendation is made on the grounds of the College of Anaesthetists of Ireland's ongoing compliance with 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.

   This approval should be for an initial period of five years from the date of approval by Council.

2. Priority Recommendations to the Body

The Team makes four priority recommendations to the College of Anaesthetists of Ireland as follows:

a) The College should seek to further develop its policy on flexible training and to make this policy readily available to trainees.

b) The College should define, document and publish the process by which training disputes are resolved.

c) The process by which trainers and tutors are selected, trained, assessed and supported in their respective roles should be fully documented.

d) The process by which training sites are accredited by the College should be standardised.

3. Other Recommendations to the Body:

a) The College should collate and publish data in relation to trainee attrition rates.

b) The College should be supported in seeking to have the role and time commitments of tutors and trainers formally acknowledged by employers and reflected in the respective work schedules.

c) Trainees should be further facilitated and supported to become involved in the governance of their training.

d) The College should seek to expand the representation of the public, lay organisations and patient groups in its governance structures.

e) The College should standardise the assessment processes applied to trainees throughout the College's network of affiliated sites.

f) The College should seek to enhance its individual collaborations with the other training bodies in Ireland, independent of the existing framework provided by membership of the Forum of Irish Postgraduate Medical Training Bodies.

g) The College should be supported in addressing its concerns regarding the under-representation of the College at a senior academic level in a number of medical schools.

4. Commendations:

The Team would like to commend the College for the following:

a) The obvious effort which has been put into developing an effective and highly-accessible virtual environment for trainees and supervisors.

b) The support and encouragement provided by the College to trainees in relation to research opportunities.

c) The trainees, a very competent group of doctors who gave a very positive reflection of the College.

5. Recommended Further Action:

Ongoing engagement with The College of Anaesthetists will be a key part of this quality assurance process. In support of this process, the College will be required to engage in a process of annual declaration with the Medical Council.

In addition, a progress report on all the issues highlighted in this document, in particular those issues relating to priority recommendations, should be requested of the Body

C. Evaluation of the Body and the Programme

The evaluation of the Body and the Programme is based on the Medical Council Accreditation Standards for Postgraduate Medical Education and Training (Appendix 3)

1) CONTEXT OF EDUCATION AND TRAINING

Standard (1) incorporates the following elements:

1.1 GOVERNANCE
1.2 PROGRAMME MANAGEMENT
1.3 EDUCATIONAL EXPERTISE AND EXCHANGE
1.4 INTERACTION WITH THE HEALTH SECTOR
1.5 CONTINUOUS RENEWAL

The College's governance arrangements are appropriate and provide good support to the educational priorities of the College. However, the Team felt that the College could strengthen these supports by increasing the scope of representation on each of its committees, subcommittees and working groups. The Team acknowledge that trainees are represented at Council meetings via the Training Committee. The College have also held discussions with trainees with a view to increasing trainee involvement in other areas of the College and this development is welcomed. The College have committed to reviewing mechanisms by which lay and public representation on its committees could be increased. The Team were updated by the College that this review would form part of the College's planned five-year strategy.

In relation to the resources which are required to support the College's education and training activities, the College have acknowledged that the present outsourcing of the College's IT function is sub-optimal and would appear to be at odds with the excellent developments made by the College in the area of web-based functionality for its trainees and trainers.

The Team shared the College's concern at the decreasing representation of the College in senior academic posts at a number of Medical Schools.

The Team acknowledge the College's concerns in relation to funding arrangements with the Health Service Executive and the resultant uncertainty which is making forward planning increasingly difficult. Without timely resolution of this issue, a potential exists for the quality of training to be adversely affected. This issue has been raised by the College with the HSE via the Forum of Postgraduate Training Bodies. The Team anticipates that the issue of uncertainty in funding is likely to be one which is also impacting upon other training bodies in Ireland.

The Team noted the College's existing collaborations with other educational institutions through which common issues such as curricula, programmes and assessments are discussed. Although reference was made to collaboration with other training bodies in Ireland via the College's involvement with the Forum of Irish Medical Postgraduate Training Bodies, the College should seek to strengthen individual relationships with other training bodies in Ireland. This 'local' engagement should be encouraged to explore areas of mutual interest which might otherwise not be highlighted via the Forum. In particular, the College should explore how experience in closely allied disciplines could be mutually recognised as contributing to training, to facilitate trainees who may change career direction.

During discussions in relation to the element of Council's accreditation standards which relate to 'Continuous Renewal', the Team were updated on the College's programme of simulation training and members of the Team were invited to inspect this programme in greater detail by visiting 22 Merrion Square. Although the Team were not in a position to avail of this opportunity on this occasion, the invitation was welcomed and it is hoped that future quality assurance arrangements with the College would include a future visit to these facilities.

2) THE OUTCOMES OF THE TRAINING PROGRAMME

Standard (2) incorporates the following elements:

2.1 PURPOSE OF THE TRAINING ORGANISATION
2.2 GRADUATE OUTCOMES

The team noted Council's statutory responsibility to provide overarching standards for postgraduate education and training, with the specialty-specific content of education and training to be determined by the relevant training bodies.

During the course of discussion with the College in respect of the College's purpose, the Team sought clarification in respect of how the College explicitly reflects its relationship with the Medical Council. The Team felt that the College should actively promote that element of its role which implements the specificity of standards as set by the Medical Council.

The Team welcomed the emphasis which is placed by the College on integrating the Medical Council's 'Eight Domains of Good Professional Practice' into the outcomes of specialist training. In particular, the mandatory status of the MSc module in Medical Professionalism in SpR training is noteworthy. However, the Team felt that explicit reference could be made by the College to other domains of professionalism in graduate outcomes.

With reference to attrition rates, the College are encouraged to collate and publish details in this area.

3) THE EDUCATION AND TRAINING PROGRAMME - CURRICULUM CONTENT

Standard (3) incorporates the following elements:

3.1 CURRICULUM FRAMEWORK
3.2 CURRICULUM STRUCTURE, COMPOSITION AND DURATION
3.3 RESEARCH IN THE TRAINING PROGRAMME
3.4 FLEXIBLE TRAINING
3.5 THE CONTINUUM OF LEARNING

The Team welcomed the clarification contained in the College's updated submission in relation to the curriculum framework, structure, composition and duration. The Team encourages the College to make this information readily available *via* its website so that any member of the public can satisfy themselves as to what is expected of a trainee anaesthetist and a trained anaesthetist.

With reference to the possibilities to undertake research throughout the training programme, the Team noted the strong emphasis placed by the College on such activities and the support

and encouragement afforded by the College to trainees in this regard. The strong support of the College in this area was raised by a number of the trainees who attended the accreditation session on 11th July 2011 as being one of the highlights of the training programme and the team commends the College for this.

The Team noted that the College supported the possibility of flexible training as part of the HSE METR-funded flexible training programme but that the College was not aware of any further mechanism to support this training option. In acknowledgement of the changing demographic of trainees, the College should seek to develop its policy in this area and to fully communicate this policy to trainees. For trainees who wish to avail of flexible training, the process by which trainees pursue this option should not be regarded as a deterrent.

The Team welcomed the evidence provided in the College's updated submission in relation to the common standardised approach between the College and Medical School Departments of Anaesthesia in relation to the teaching of perioperative medicine in the intern year.

4) THE TRAINING PROGRAMME - TEACHING AND LEARNING

The Team noted the strong emphasis on closely-supervised and practice-based training throughout the programme and this was supported by the views of the trainees who engaged with the Team.

Training rotations are structured in a way which supports an appropriate mix of practical and theoretical instruction. However, the amount of teaching can vary between training sites and consistency in this area should be a priority for the College.

The trainees who attended the accreditation session provided very favourable feedback to the accreditation Team in relation to the degree to which trainees are encouraged and supported to accept an increasing level of responsibility as they progress through the training programme.

It was highlighted to the Team that a very high percentage of procedures to which trainees were exposed related to elective procedures and this was acknowledged by the Team as being an unusual situation as compared to trainees on other programmes of specialist training. The College should continue to ensure appropriate access to core emergency procedures in recognition of the invaluable experience gained through such activities.

5) THE CURRICULUM - ASSESSMENT OF LEARNING

Standard (5) incorporates the following elements:

5.1 ASSESSMENT APPROACH
5.2 FEEDBACK AND PERFORMANCE
5.3 ASSESSMENT QUALITY
5.4 ASSESSMENT OF SPECIALISTS TRAINED OVERSEAS

The assessment programme and range of assessment formats in place across the training network are appropriate. However, the process by which assessments are completed and reported should be fully documented and made publicly available. In addition, the College should seek to ensure that assessments are clear, consistent and defensible.

With reference to policies on supporting disadvantaged and disabled trainees, the Team welcomed the confirmation from the College that it was reviewing its policies in these areas. The College should be encouraged to fully document its policies and procedures by which such trainees are facilitated throughout the training programme and not just for those sitting examinations.

Difficulty was noted by the Team in linking assessment forms to the training curriculum or specific competencies. These links should be formalised and reflected in assessment forms.

The Team agreed that the consistency and robustness of trainee assessments was a priority for the College. However, there is an inconsistency and lack of documented process in relation to the selection, support and quality assurance of trainers which the College should address immediately. The Team were informed that every training site has a trainer but that these doctors work in the capacity of trainer on a voluntary basis and as such, it can be difficult to secure protected time. In recognition of the impact which individual trainers have on the overall training experience, the College should be supported in its attempts to have secure funding and protected time reflected in the work schedules of trainers by the HSE / other employers.

The Team were also informed that the College does not have a process to evaluate trainers outside of the training site accreditation process. The Team regarded this situation as being unsatisfactory and an issue which should be addressed at the earliest opportunity. The College should also seek to ensure that trainers do not feel isolated from the College and that there should be a forum through which trainers can share their experiences and discuss common issues. The Team acknowledged that protected time and secure funding will increase the profile of trainers and may serve as additional incentive and motivation for trainers. The Team welcomed the confirmation from the College that all trainers will be required to complete a 'training the trainers' course.

The Team welcomed the information provided by the College on the process and timeframe by which the College's Credentials Committee assesses applications to the specialist division. The Team noted that the Medical Council is currently reviewing existing guidance and developing new guidance in this area and there will be an ongoing process of engagement with all training bodies in this regard.

6) THE CURRICULUM - MONITORING AND EVALUATION

Standard (6) incorporates the following elements:

6.1 ONGOING MONITORING
6.2 OUTCOME EVALUATION

The Team noted details on the mechanism by which the College evaluates and reviews its training programme. The Team recommends that the Medical Council should have access to the College's hospital accreditation reports as part of an ongoing quality assurance process with the College.

7) IMPLEMENTING THE CURRICULUM – TRAINEES

Standard (7) incorporates the following elements:

7.1 ADMISSION POLICY AND SELECTION

7.2 TRAINEE PARTICIPATION IN TRAINING ORGANISATION GOVERNANCE
7.3 COMMUNICATION WITH TRAINEES
7.4 RESOLUTION OF TRAINING PROBLEMS AND DISPUTES

It was noted that admissions to the training programme for both BSTs and SpRs is *via* a standardised selection process. Due to the strong emphasis placed on the performance of the applicant at the interview stage, the College should continue to ensure that this element of the admission process is clear and transparent. The Team were updated by College that the use of interview panels is envisaged. The College should give consideration to both lay and external involvement in the make-up of such panels.

As per the section of this report under 1) 'Context of Education and Training', the College should seek to widen trainee representation in the governance of training beyond the existing framework of the Training Committee, Education Committee and College Council. In addition, in instances where trainee involvement at committee level is largely attributable to historical reasons, the relevant terms of reference should be amended to formalise arrangements.

During discussion of the process and structures in place by which trainees are kept informed of developments relating to their training and their training status, the Team commended the development of the College's E-Portfolio which enables all trainees to easily monitor their training progress.

In relation to the handling of training disputes, the Team recommended that further clarity is provided by the College around the process by which such disputes are addressed.

8) IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES

Standard (8) incorporates the following elements:

8.1 SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS
8.2 CLINICAL AND OTHER EDUCATIONAL RESOURCES

As per the section of this report which relates to '5. The Curriculum – Assessment of Learning', there is an inconsistency and lack of documented process in relation to the selection, support and quality assurance of trainers. The Team noted that the College is already developing these processes and the College are encouraged to complete and publish these processes at the earliest opportunity.

In relation to the evaluation of supervisor and trainer effectiveness, the Team reiterated their concern regarding the inappropriateness of assessing trainers solely as part of the hospital accreditation process.

The College's formal processes by which hospitals are selected and monitored for effectiveness in the overall context of specialty training were viewed by the Team to be suboptimal. In addition, it was not clear to the Team how a hospital might lose its status as a training site and which factors might constitute a 'tipping point' which would lead to a decision by the College to remove approval from a site. The College should strive to ensure that a consistent training experience is maintained throughout its training network and that trainees are in no way disadvantaged by rotating through smaller hospitals at which the appropriate balance between service delivery and training needs can be challenged.

9) CONTINUING PROFESSIONAL DEVELOPMENT

Standard (9) incorporates the following elements:

9.1 CONTINUING PROFESSIONAL DEVELOPMENT PROGRAMMES
9.2 RETRAINING
9.3 REMEDIATION

Under discussion of this element of Council's accreditation standards, the Team noted that the College of Anaesthetists of Ireland has already entered into arrangements with the Medical Council under Part 11 of the Medical Practitioners Act 2007 in relation to the establishment of Professional Competence Schemes.

The Team noted that the College had invested considerable resources into the development of its IT structure in support of online accessibility for trainees and trainers alike and that. In addition, the Team were satisfied that developments in this area were capable of supporting the College's obligations and undertakings in the area of the maintenance of professional competence.

END REPORT

Report approved by Council 14th December 2011

D. Appendices

Appendix 1 Agenda

Comhairle na nDochtúirí Leighis
Medical Council

The College of Anaesthetists of Ireland
Accreditation Session, Kingram House
11th July 2011

Accreditation Team

Professor William Powderly (Chairperson, Council Member)
Professor David Barlow (External Assessor)
Mrs Griselda Cooper (External Assessor)
Dr Siun O'Flynn (External Assessor)
Dr Hemal Thakore (External Assessor)
Mr Daragh Moneley (External Assessor)
Ms Angela Carragher (External Assessor)

Agenda

9.30- 10.15am	Initial accreditation Team discussion
10.15-11.30am	Review of documentation specifically relating to the Body
11.30-11.45am	Break
11.45-1.00pm	Review of documentation specifically relating to the Programme
1.00-1.30pm	Lunch
1.30-2.30pm	Meeting with Trainees
2.30-4.00pm	Meeting with College Representatives
4.00-4.30pm	Private session
4.30-4.45pm	Clarification Session with College Representatives