



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 Faculty of Occupational Medicine and the Programme of Specialist Training in Occupational Medicine

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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.

FINAL

A. Preface

1. Context of the Accreditation Session

The Medical Council Accreditation Team met with the Faculty of Occupational Medicine on the 6th September 2012. Its remit was to assess the Faculty and the Programme of Specialist Training in Occupational Medicine against the '*Medical Council Accreditation Standards for Postgraduate Medical Education and Training*' (approved 1st June 2010 and revised 25th October 2011), 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 in Appendix 1 of this Report. The Council particularly appreciates the contribution of external assessors Ms Angela Carragher, Professor Davinder Sandhu and Dr John Harrison. 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 Faculty of Occupational Medicine 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 Faculty was asked to complete and document a self-evaluation process based upon the '*Medical Council Accreditation Standards for Postgraduate Medical Education and Training*'. In addition, the Faculty 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 Faculty is included in Appendix 3 of this report.

4. Schedule

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

5. Appendices

The agenda for the Accreditation Session is attached as Appendix 1. Correspondence with the Faculty 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*' formed the basis of the evaluation of both the Faculty and the Programme of Specialist Training; 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 Occupational Medicine** 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 **Faculty of Occupational Medicine** 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 Occupational Medicine approved under 1. above. This recommendation is made on the grounds of the 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.

2. Priority Recommendations to the Body:

The Team makes eight priority recommendations to the Faculty of Occupational Medicine as follows:

- (a) The Faculty should provide the Medical Council with details of the specific anticipated impact of the RCPI Exemplar Programme on the Faculty and the Programme.
- (b) The Faculty should ensure that the ePortfolio is accessible and user-friendly, and the Medical Council should be kept updated as the system develops.
- (c) The Faculty should consider introducing a particular focus within the training programme on treating medical practitioners as patients.
- (d) The Faculty should develop the capability for the training programme to produce M.D. and Ph.D. graduates.
- (e) The Faculty should continue to promote the specialty of occupational medicine at undergraduate level.
- (f) The Faculty should consider increasing the level of formal teaching throughout the training programme.

- (g) The Faculty should consider introducing more specialty-specific content to the training programme.
- (h) The Faculty should formalise arrangements it has with its accredited training sites.

3. Other Recommendations to the Body:

- (a) The Faculty should continue to ensure that Members and Fellows based outside the State are facilitated to contribute towards Faculty and Programme development.
- (b) The Faculty should ensure that trainees are fully supported to make informed decisions when assessing back-to-work referrals.
- (c) The Faculty should explore opportunities for increasing group learning throughout the training programme.
- (d) The Faculty should ensure that trainees have uninterrupted electronic library access for the duration of the training programme.
- (e) The Faculty should seek to develop training logs which reflect the individuality of the discipline of occupational medicine.
- (f) The Faculty should clarify its policy regarding the provision of feedback to candidates who have unsuccessfully applied to enter the training programme.
- (g) The Faculty should ensure that policies supporting conflict resolution are sufficiently robust to protect trainees in all circumstances.
- (h) The Faculty should develop and introduce a policy to support doctors who wish to re-enter training and practice.

4. Commendations:

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

- (a) The contribution of the trainees who met with the Team and whose professionalism reflected very well on the Faculty.
- (b) The professionalism demonstrated by the Faculty, both during the self-evaluation stage of the process and also throughout the accreditation meeting.
- (c) The high quality of the documentation which was submitted by the Body as part of the accreditation process.
- (d) The wide range of collaborative relationships which the Faculty has established, both nationally and internationally.
- (e) The Faculty's successful bid to host the 2018 International Commission on Occupational Health (ICOH) Congress in Dublin.

- (f) The integration of the Medical Council's '*Eight Domains of Good Professional Practice*' into the training programme.
- (g) The opportunities which have been extended to trainees to participate in Faculty governance.

5. Recommended Further Action:

Ongoing engagement with the Faculty will be a key part of this quality assurance process. In support of this process, the Faculty 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 Team welcomed the information provided by the Faculty in relation to the history of the Faculty, its stated purpose and positioning within postgraduate training in Ireland. The Faculty operates within an established committee structure, with each committee providing the necessary focus across key areas of activity.

The Team discussed the relationship between the Faculty and the Royal College of Physicians of Ireland (RCPI). The Faculty is one of six constituent postgraduate training bodies operating within a college structure. The Team's understanding of the current arrangements is that, through their relationships with the College, each training body benefits from a range of shared resources and educational expertise which would otherwise be unavailable if the training bodies were to operate as fully independent organisations.

The Faculty is represented on a number of standing RCPI committees, including the College Council. Based on the Faculty's submission, the Council of the RCPI is the most senior decision-making body of the RCPI. Faculty involvement on this Council was presented by the Faculty as evidence of its ability to protect and promote the Faculty's interests and minimise the risk that the Faculty's priorities could be compromised in any way as a result of competing interests or divergent views at College level. Notwithstanding this assertion, the Team were agreed that there was a considerable degree of ambiguity around the boundaries of authority and decision-making arising from the current governance arrangements. For this reason, the Team were agreed that the Faculty, in collaboration with the RCPI, must clarify the governance arrangements in place to assure the Medical Council that the Faculty has sufficient authority and influence to fully discharge its obligations as a training body. *[Note entered Sept 2013: The Medical Council engaged with the Royal College of Physicians of Ireland in March 2013 to evaluate the suitability of the governance arrangements in place between the College and its constituent training bodies, and to address any related concerns arising from the accreditation process. Following this engagement, the Medical Council agreed that current governance arrangements are satisfactory, and meet Council's expectations of training bodies in this area. This decision led to the removal of a common governance-related condition which had previously been attached to approval of the Faculty].*

The Team noted the details provided in relation to the shape and structure of specialist training in Occupational Medicine. The Faculty delivers specialist training at Higher Specialist Training (HST) level only, with the programme duration being four years. As would be typical of specialist training, the programme is delivered through structured rotations at training sites which have been formally recognised by the Faculty for such purposes. There are currently six trainees on

the HST programme but there are three further approved training posts which remain unoccupied.

Programme funding is primarily provided through a Service Level Agreement (SLA) between the Faculty and the Health Service Executive (HSE) with a series of criteria and deliverables agreed between both parties. The Team discussed the financial challenges which must face the Faculty given the low number of trainees and the pressures to sustain high-quality training given such low numbers. The Faculty confirmed that these were ongoing challenges which are being addressed in collaboration with the RCPI. In the overall context of Medical Council expectations of training bodies, in particular training bodies with low numbers of trainees, the Team noted the difficulty which is likely to be faced by such bodies in demonstrating financial independence and security. However, the Team were agreed that these financial challenges and lack of full funding independence should be considered alongside the wider concerns around governance which were expressed earlier in this report.

Under discussion of the information provided relating to educational expertise and exchange, the Team noted the range of collaborative relationships which the Faculty has established both nationally and internationally. The Team regarded the Faculty's strong ties with the UK, Australasian, American and Canadian Royal Colleges as being extremely significant and praiseworthy. In terms of positioning within the Irish health sector, the Faculty are the primary consultative and advisory body on matters relating to Occupational Medicine and are committed to engaging with Government and other bodies to promote health and education on an ongoing basis. Given the role of occupational physicians within the workplace and the particular workforce pressures that may arise from the current economic climate, the Team acknowledged the significance of the Faculty's national advisory role at this time.

The Team were agreed that the Faculty is committed to an ongoing process of continuous renewal to ensure that the Faculty remains fit-for-purpose as an organisation and that best practice is maintained throughout all aspects of programme development and delivery. As part of the evidence submitted in support of this aspect of Council's accreditation standards, the Team were advised of an ambitious series of quality initiatives which are underway throughout the RCPI structure, collectively referred to as the Exemplar Programme. The Team agreed that such a focus on quality improvement was commendable but were keen that the Faculty should be asked to indicate the specific anticipated impact of the Exemplar Programme on the Faculty and the programme of specialist training in Occupational Medicine. In addition, as part of the annual returns process which all training bodies will be required to engage in with the Medical Council, the Faculty should be asked to provide Council with an individual update against Exemplar-related initiatives.

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 Faculty has a clearly-defined purpose which can be summarised as setting and promoting the highest standards for the practice of occupational medicine. As mentioned earlier in this report, the Faculty's collaboration at national and international level with other health service providers and stakeholders greatly supports the stated aims of the Faculty.

The Team noted that the Faculty had successfully won its bid to host the 2018 International Commission on Occupational Health (ICOH) Congress, a global event which is held every three

years. The Team were agreed that the Faculty should be commended in this considerable achievement which will serve to raise the profile of both the Faculty and the profession, and create further opportunities for international collaboration. The Faculty confirmed the significant contribution made by trainees in the preparation of this bid. The Team viewed this collaboration as being a good example of trainee input being sought and implemented.

There is a well-defined process through which the RCPI refines and reviews its purpose and this process supports input from a range of stakeholders, including Fellows, trainees and other groups of interest. Much of the evidence provided in the Faculty's submission related to the College's consultations, such as through the RCPI annual stated meeting and regional college meetings. However, the Faculty is represented at College level and ultimately is accessing a wide range of stakeholder inputs. The Faculty Board is made up of Officers, Fellows, Members, Licentiates and a trainee representative, all of whom are elected from the Faculty membership. The Faculty confirmed that it regularly canvasses its Members for suggestions and feedback on Faculty activities. In addition, Licentiate Members were canvassed for the first time in this regard in 2012. While the Team was satisfied that Faculty members are consulted on matters of policy and faculty development, the Faculty should consider an objective means by which it can demonstrate the specific outputs of such consultations. Evidence that consultations are demonstrably leading to positive change within the Faculty will encourage trainees, Members and Fellows to continue to contribute towards the overall direction of the Faculty. Due to the relatively low number of trainees in occupational medicine, the Team were agreed that Members and Fellows based overseas should be fully encouraged to continue to participate in Faculty development.

Under discussion of graduate outcomes, the Team commended the extent to which the Medical Council's '*Eight Domains of Good Professional Practice*' is promoted by the Faculty and referenced within the training curriculum. These domains will continue to be relevant to medical practitioners throughout their careers and as such, the Faculty's promotion of the domains is praiseworthy.

The Medical Council's accreditation standards require training bodies to make information on graduate outcomes publicly available. The Faculty confirmed that it was not currently in a position to comply with this standard but that a College-wide ICT strategy, which will significantly improve capabilities around recording and analysing graduate data, will enable the Faculty to meet this standard shortly. In addition, the RCPI has recently established a research function, one of whose priorities will be to measure graduate outcomes as well as progression and attrition rates.

The RCPI has recently introduced an ePortfolio system which, among other benefits, will enable trainees to electronically log their training records. As the system fully embeds into the training programme, it will also support the requirement to record and report on graduate outcomes. The Team asked the trainees to summarise their experience to date with using the ePortfolio. The Team were advised that only one trainee is currently using the ePortfolio and that their experience to date with the system has not been a consistently positive one, with examples given of a slow interface and some loss of inputted data. The Faculty confirmed that this system was still in its infancy and that over the course of a five-year cycle, the system will become increasingly robust. The Team were agreed that the Faculty should be requested to provide updates to Council in this area as part of the monitoring phase which follows accreditation.

The Team observed that, given low numbers of trainees and the relative size of the specialty, there may be challenges faced by the Faculty in publishing graduate outcomes without compromising the privacy of individual doctors.

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 training curriculum is well-defined and presented against a clear framework which identifies generic training components, specialty-specific elements of training, minimum training requirements and assessment methods. The expected outcomes of each stage of training are defined and, as mentioned earlier in this report, are also mapped to the *'Eight Domains of Good Professional Practise'*, a commendable undertaking.

The Team discussed the prevalence of research and research training within the training programme. Research training is available to trainees on an elective basis and trainees are actively encouraged by the Faculty and their trainers to pursue research opportunities. To ensure compatibility with training outcomes, research topics must be prospectively approved by the Faculty. The Faculty confirmed that trainees can accrue up to one year's training credit for prospectively approved research within training. It is also possible for trainees to take time out of the programme in order to work in approved research positions while remaining under the supervision of their trainer. The trainees highlighted that their typical working week could fully accommodate any research projects which trainees may wish to undertake; there are no disincentives to pursuing research opportunities in this regard. However, trainees do not always have steady access to dedicated library facilities throughout training as this is largely dependent on individual training sites. For this reason, there is a heavy reliance on remote-access to online libraries at different stages of training. The Team were concerned to learn that the Athens passwords which are issued to trainees expire after 12 months. The Faculty should be encouraged to address this situation to minimise any disruption to training arising from such access difficulties. The Team agreed that it would be appropriate for the Faculty to update Council on developments in relation to library access.

The Faculty updated the Team on previous difficulties experienced by a trainee who had been pursuing a Doctor of Medicine qualification but whose progress had been hindered due to the lack of the employer's acknowledgement of the trainee's protected research time. The Team were agreed that the Faculty should ensure that protected time is fully respected by the management of recognised training sites. This should be factored into any formal arrangements made between the Faculty and training sites, an issue which is explored further in this report. The Faculty confirmed that no trainees have pursued a Ph.D. to date during training and acknowledged that it would be challenging to complete a Ph.D. from within the programme. The Team agreed that the Faculty should place a high priority on developing the capability for the programme to produce M.D. and Ph.D. graduates.

The Team noted the confirmation from the Faculty that less-than-full-time training is fully supported at Faculty level, with applications to avail of such opportunities made through the HSE Flexible Training Scheme. In addition, the Faculty confirmed their full support for trainees who, through personal circumstances, are required to step outside the programme for a time.

The Team were keen to discuss the extent to which the Faculty has promoted and supported the discipline of occupational medicine at earlier stages of medical education and training. The Faculty confirmed that there is ongoing engagement by the RCPI with the HSE, in particular the HSE Medical Education and Training unit, to promote the training opportunities available within

the RCPI structure as a whole. This engagement includes the regular circulation of information on training opportunities to undergraduates and interns.

The Team were advised that the Faculty finds it an ongoing challenge to promote the speciality of occupational medicine at undergraduate level and that while modules were developed and proposed to medical schools, the uptake and integration of these modules into the undergraduate syllabus varied between schools. The Faculty should continue to promote the specialty in this area.

The trainees described their individual backgrounds to the Team and gave some insight to their reasons behind pursuing a career in occupational medicine. The specialty was viewed as being extremely family-friendly and one which is likely to increase in appeal to the evolving demographic of medical students. The trainees present at the meeting confirmed that each trainee on the programme was committed to raising the profile of occupational medicine amongst medical students and interns. Trainees informed the Team that they were organising a careers night for interns and this initiative was viewed by the Team as one which reflected very well on the trainees themselves and also on the Faculty.

4) THE TRAINING PROGRAMME - TEACHING AND LEARNING

Training in Occupational Medicine is predominantly practice-based with trainees working within the Irish health system or organisations involved in the delivery of occupational health services. The Team acknowledge the unique aspects of the discipline which, in addition to training at clinical sites such as in the occupational health departments of hospitals, involves trainees working and training in a variety of industrial and corporate settings.

Trainees are also given opportunities to visit a variety of employment settings to broaden their appreciation of the variety of challenges faced by different sectors of the workforce. However, the trainees confirmed that they were not always in a position to appreciate the full context of 'back to work' referrals. The Team agreed that the Faculty should reflect on a means of supporting trainees whose lack of first-hand experience may create difficulties when considering whether a referral should return to a particular work setting.

Training is delivered using the standard specialist training model of rotations completed at approved training sites under the supervision of a trainer and within a multi-disciplinary team. Training is delivered with reference to programme outcomes and successful completion of training means that graduating doctors are capable of comprehensive, independent, and unsupervised practice.

The Team queried the trainees as to how well-supported and supervised they felt throughout training, and whether there were ever instances where they were required to take decisions without adequate support. The Team were advised that the nature of occupational medicine meant that such circumstances would be rare but that trainers were always contactable. In addition, the trainees confirmed that occupational health nurses would typically be available at short notice at industrial settings if assistance was required.

The Team were satisfied that the training programme incorporates an appropriate combination of theoretical and practical instruction while the curriculum includes an adequate balance of generic and specialty-specific components. The trainees were keen to highlight to the Team that they were being fully facilitated to attend educational events, both mandatory and non-mandatory, and that study time was fully protected throughout training.

However, the trainees felt that there were opportunities to increase the level of formal academic teaching within the programme, including opportunities to participate in group learning with fellow trainees. The Team acknowledge that the low number of trainees will make this a significant challenge for the Faculty but is one which will maximise opportunities for group learning and collaboration between trainees.

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 Faculty uses a range of assessment methods throughout the training programme. The assessment methodology and frequency is sufficient that trainee progression and growing competence is suitably appraised and reflected in training records and on the ePortfolio system which is mentioned earlier in this report.

The Faculty uses a range of validated assessment methods in line with international best practice, both formative and summative. The ePortfolio, which is accessible by both trainees and trainers, is used in both formative and summative assessments. Workplace-based assessments of trainee are completed using a combination of case-based discussions, mini-clinical evaluation exercises, multi-source feedback, direct observation and Sheffield Assessment Instrument for Letters (SAIL). The use of the latter reflects the high value which is placed throughout training on a trainee's ability to communicate effectively through correspondence and report-writing. While assessment of communication skills should be a high priority throughout all programmes of medical training, as reflected in the '*Eight Domains of Good Professional Practice*' the Team acknowledged the particular importance of this skill-set within occupational medicine.

The Team discussed the evidence provided by the Faculty in response to the requirement for training bodies to ensure that trainees with disabilities are appropriately accommodated during assessments. This led to a discussion around the practical supports available to occupational medicine trainees and practitioners who may be required to access the occupational health service themselves as patients. In the first instance, the Team anticipated that there may be particular challenges faced by the Faculty and the profession in ensuring the independence and impartiality of occupational health assessment of doctors in this area. In addition, the Team were keen to explore whether particular training was provided to trainees in the event of the trainees being required support colleagues in a doctor-patient relationship. The Faculty confirmed that it did not expect graduates to be fully competent in treating colleagues as patients without further specific training. The Team were advised that incorporation of such training into the curriculum would be to the detriment of other areas of the curriculum. However, the Team agreed that the Faculty should consider introducing a specific focus on treating doctors as patients into the programme.

The trainees who met with the Team confirmed that feedback was provided on an ongoing basis to trainees throughout the training programme. Trainers are viewed as being very committed to the specialty and to the training programme and the Team acknowledged that this cannot be taken for granted. The high ratio of trainers to trainees, and the positive relations between trainers and trainees was viewed by the Team, and the trainees, as being a very positive aspect of the training programme. The training programme is delivered under the stewardship of a single National Specialty Director (NSD), Dr Blanaid Hayes. Dr Hayes is very well-regarded by

the trainees, who were keen to highlight the significant personal contribution of Dr Hayes to both the programme and the general training experience.

The Faculty are committed to an ongoing quality review of assessment methods to ensure that validity and best practice is maintained. Under discussion with the trainees of assessment methods and their experience to date with these methods, the trainees highlighted that not all assessment methods are appropriate for all specialties. In addition, the trainees queried the effectiveness of the use of generic logbooks by the Faculty which do not accurately reflect the assessment methods used within occupational medicine. The Team noted that, for instance, Direct Observation of Procedural Skills (DOPS) is not prevalent in Faculty assessments despite the inclusion of DOPS in trainee logbooks. The Faculty should endeavour to provide trainees with logbooks which accurately reflect the individuality of the discipline.

The Team were advised that a thorough examination review was commissioned by the RCPI and completed in 2011 by Professor John Norcini, President and Chief Executive of FAIMER (Foundation for Advancement of International Medical Education and Research). Professor Norcini's primary remit was to focus on the General Medicine examinations; however, it is envisaged that this review will raise examination standards for all RCPI training bodies, including the Faculty's membership exam.

The Team noted that there is a process in operation whereby the Faculty assists the Medical Council in determining eligibility for entry to the Specialist Register for doctors who have completed specialist training outside the European Union. Such assessment arrangements between the Medical Council and postgraduate training bodies are under review to ensure that a standardised approach is adopted in all cases; however, the Team were satisfied that the Faculty is already meeting its obligations in this area.

6) THE CURRICULUM - MONITORING AND EVALUATION

Standard (6) incorporates the following elements:

6.1 ONGOING MONITORING

6.2 OUTCOME EVALUATION

As confirmed earlier in this report, the Team were agreed that the Faculty is committed to a process of continuous review and improvement of each aspect of the training programme, including revision of the programme curriculum. This review is conducted by the Education and Professional Development Department of the RCPI in conjunction with the NSD. Trainees are encouraged to contribute to the programme review through their regular interaction with trainers and ongoing assessments. The Faculty has recently added a business module to the curriculum at suggestion of trainees. The Team agreed that a particular focus on business and financial acumen during training is very appropriate to the discipline of occupational medicine and reflects the private sector opportunities for graduates. In general, it was the view of the Team that trainees are encouraged and facilitated to contribute to the review and monitoring process through the College and Faculty committee structure. The Faculty confirmed that a trainee representative sits on the Faculty board, the Specialist Training Committee (STC), the Education Committee and the Communications Committee. Accordingly, and in the context of low trainee numbers, the Team agreed that trainees can be regarded as being very well-represented at Faculty level.

The Team were informed by the trainees that they felt the specialty-specific elements of the curriculum were very appropriate and of obvious benefit to medical practitioners working within the discipline of occupational medicine. However, the trainees queried the appropriateness of

some of the more generic content of the programme which they felt could be replaced with more speciality-specific elements. The trainees have engaged with the Faculty to consider opportunities for revision in this area to which the Faculty have been very receptive.

The Medical Council has an expectation of training bodies that those directly responsible for the delivery of training and support of trainees are facilitated to contribute to programme development. There are a number of opportunities for trainers to contribute in this regard, primarily through attendance at curriculum review meetings and through membership of the STC. The Faculty confirmed that, *via* the Exemplar Programme, a series of initiatives aimed at maximising and standardising the input of trainers throughout the programme will be considered. One of the aims of these initiatives is to be to maximise the opportunities for trainers and supervisors to contribute to the programme.

The Team discussed the information provided by the Faculty in relation to gathering qualitative data on graduate outcomes. As mentioned earlier in this report, the Faculty are expected to benefit from the current RCPI ICT strategy which will enable graduate outcomes to be recorded and published. In addition, the recent establishment of an RCPI research department will benefit the Faculty and greatly support requirements to analyse graduate outcomes and formally track the career paths of trainees.

The Team engaged in a lengthy discussion with the Faculty to explore the anticipated career paths of doctors who complete the training programme. There has been a shift in recent years which has seen opportunities to practise occupational medicine in the public service decrease, while opportunities in the private sector have increased considerably. The Team acknowledged the role which occupational medicine practitioners play in the assessment of fitness-to-work and in the analysis of workforce absence through sickness. With increasing pressures on employers to minimise payroll costs while simultaneously maximising productivity, demand for occupational physicians is likely to remain high. The Faculty confirmed that the employment prospects for programme graduates are considerably higher than for those in other specialties.

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

The Faculty has a clear recruitment and selection policy which is underpinned by an explicit commitment to fairness, equity and transparency. Short-listing criteria and interview guidelines are reviewed on an annual basis by the Specialty Training Committee and the Faculty. In instances where an applicant is unsuccessful at the application or interview stage, and where this is for reasons *other* than programme capacity issues, the Team were unsure whether applicants are provided with thorough feedback. The Faculty should be asked to clarify its policy in this area.

As mentioned earlier in this report, the Team were satisfied that there are considerable opportunities for trainees to participate in the governance of their training, primarily through representation at committee level. The trainees confirmed that their involvement was sought and encouraged and that there were no barriers to participation. The trainees confirmed with the Team that they felt trainee opinions were sought and valued throughout training.

Communication between the Faculty and trainees is constructive and ongoing. The low number of trainees coupled with the positive relationships between trainees and trainers greatly supports the requirements for training bodies to keep trainees informed of Faculty decisions and developments. The introduction of the ePortfolio will help to ensure that trainees are kept fully abreast of matters relating to their training. The ePortfolio was also viewed by the Team as being a valuable asset which will facilitate trainees and trainers to identify training requirements.

The Team discussed the information provided by the Faculty in relation to how training problems and disputes are resolved. There are a number of mechanisms in place through which issues can be raised in relation to concerns with trainers and trainees, including during year-end assessments. Inspections of training facilities also include opportunities for training concerns to be identified and escalated as appropriate. The Faculty and trainees confirmed that such training disputes were rare and that the specialty was characterised by the positive relationships between trainers and trainees. As mentioned earlier in this report, the NSD is well-regarded by trainees and in the context of training disputes, the trainees confirmed that they would feel very comfortable approaching the NSD with any concerns in this area. Although the Team recognise and appreciate that the training environment in occupational medicine is a supportive one, the Faculty should continue to ensure that there is adequate provision in its grievance policies and procedures to protect trainees in instances where training relationships have broken down or been otherwise compromised.

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

The RCPI and the Faculty currently recognise 12 occupational physicians as trainers, each of whose responsibilities are defined and discussed with the trainer. The trainees confirmed that the personal commitment of their trainers is a significant contributor to the effectiveness of the training programme. In an effort to ensure consistency of trainer inputs throughout all specialist training delivered under the auspices of the RCPI, the Exemplar Programme will focus on defining trainer responsibilities in greater detail, including generic and specialty-specific responsibilities. The Team acknowledge that this greater definition can only strengthen the training experience, for both trainers and trainees. In addition, the RCPI and the Faculty have committed to establishing a competency and performance management framework for trainers. The Team agreed that this development will enable the Faculty to measure and evaluate individual trainer effectiveness, which is required by the Medical Council's standards.

The Team noted that the recent review of examinations by Professor Norcini has led to the standardisation of RCPI clinical examinations resulting in fewer exams coupled with higher throughput of doctors. This information was submitted in support of the standards requiring an evaluation of assessors and examiners and was regarded by the Team as being a very positive development.

The Faculty has defined criteria for the selection, evaluation and ongoing accreditation of training sites which support specialist training in occupational medicine. Within the RCPI structure, there is a strong focus on site inspections and there are a suite of options available to the RCPI and its constituent training bodies on completion of a site inspection, including removal of approval where standards are not being met. Training sites are inspected on a regular five-yearly basis unless concerns are identified at an early stage, through trainee feedback or other sources. The

Faculty confirmed that it has previously removed approval of a training post due to inadequate facilities.

The Team were concerned at the confirmation from the Faculty that there are no formal arrangements in place between the Faculty and its recognised training sites. However, the Team were satisfied that the Faculty are making progress in this area and are working towards formalising arrangements with training sites in the near future.

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 Faculty 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 (PC Schemes).

The Team discussed with the Faculty how trainees who wish to re-enter training or practice after a period of absence are facilitated. The Faculty confirmed that it did not have protected training or service posts which were specifically reserved for this purpose but that the Faculty had supported such doctors to date through mostly informal means, including mentoring. The Team were agreed that, as part of initiatives to increase the general appeal of the specialty to prospective trainees, the Faculty should develop and introduce a policy to support doctors who wish to re-enter training and practice.

END REPORT

D. Appendices

Appendix 1 Agenda



Comhairle na nDochtúirí Leighis

Medical Council

Faculty of Occupational Medicine
Accreditation Session, Kingram House
6th September 2012

Accreditation Team

Dr John McAdoo (Chairperson, Council Member)
Ms Angela Carragher (External Assessor)
Dr Dermot Power (External Assessor)
Professor Davinder Sandhu (External Assessor)
Dr John Harrison (External Assessor)

Agenda

9.30- 10.00 am	Initial accreditation team discussion
10.00-11.30 am	Review of documentation specifically relating to the Body
11.30-11.45 am	Break
11.45-1.00 pm	Review of documentation specifically relating to the Programme
1.00-1.30 pm	Lunch
1.30-2.30 pm	Meeting with Trainees
2.30-4.30 pm	Meeting with College Representatives
4.30-5.00 pm	Private session
5.00-5.15 pm	Clarification Session with College Representatives