Comhairle na nDochtúirí Leighis
Medical Council

Accreditation of Programmes of Specialist Training
Part 10 of the Medical Practitioners Act 2007

Report on the Accreditation of

The Programme of Specialist Training in Emergency Medicine

as delivered by

The Royal College of Surgeons in Ireland

Contents

Statement with regard to Freedom of Information

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.

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A. Preface

1. Context of the Accreditation Session

The Medical Council Accreditation Team met with the Royal College of Surgeons in Ireland (RCSI) on 14th December 2015. Its remit was to assess the Programme of Specialist Training in Emergency Medicine against the '*Medical Council Accreditation Standards for Postgraduate Medical Education and Training*' (approved 1st June 2010 and revised 25th October 2011), and the RCSI as the body delivering that programme, and to subsequently formulate a recommendation in respect of each to the Medical Council's Education, Training and Professional Development Committee (ETPDC).

2. The Team

The Medical Council Accreditation Team was chaired by Prof Alan Johnson, Medical Council member. The Council particularly appreciates the contribution of external assessors Dr Kevin Reynard and Prof Alastair McGowan; 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 RCSI 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*'. This documentation formed the basis of engagement with the College and with its trainees.

4. Schedule

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

5. The Report

The '*Medical Council Accreditation Standards for Postgraduate Medical Education and Training*' formed the basis of the evaluation of the training programme, and the body delivering that programme. 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 ETPDC

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

1. **The Programme of Specialist Training in Emergency 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 a period of five years from the date of approval by Council.

2. **The Royal College of Surgeons in Ireland** should be approved by Council under Section 89(3)(a)(ii) of the Medical Practitioners Act 2007 as the body which may grant evidence of satisfactory completion of the Programme of Specialist Training in Emergency Medicine approved under '1.' above. This recommendation is made on the grounds of the Royal College of Surgeons in 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 a period of five years from the date of approval by Council.

Note:

In making the main recommendation under (1.) above, the Team considered the full training pathway which typically follows completion of intern training and which ultimately leads to the award of a Certificate of Completion of Specialist Training **(CCST)** in Emergency Medicine.

2. Priority Recommendations to the Body

The Team makes seven priority recommendations to the Royal College of Surgeons in Ireland as follows:

a) The College should manage current and potential trainee expectations by ensuring that descriptions of the training pathway, currently described as being 'run-through' and 'seamless', are as meaningful as possible.

b) The College should strive to align the trainee numbers at each stage of training to take appropriate account of attrition rates, and the availability of future consultant opportunities.

c) The College should provide the Medical Council with an update on its revised standards for the selection and monitoring of training sites and training posts, including the specific emergency medicine requirements, once available. The College should also explore the possibility of incorporating into these standards the requirement for sites to facilitate exam preparation by trainees.

d) The College should provide an update to Council regarding the development of the role and responsibilities of trainers, including any action plan which has been devised to promote and embed the College's expectations in this area. The College should also explore the possibility of incorporating the requirement for trainers to facilitate exam preparation by trainees.

e) The College should continue to provide a feedback loop to trainees in order to demonstrate the high value which the College places on the trainee perspective, and the impact that trainee feedback can have.

f) The College should analyse the attrition rates within the training programme to identify the underlying factors, and consider the means to address same.

g) The College should explore opportunities with training sites through which safety and clinical incidents impacting trainees are automatically brought to the attention of the College.

3. Other Recommendations to the Body:

a) The College should continue to ensure that its processes for trainees to raise concerns provide the necessary safeguards for trainees.

b) The College should continue to maximise opportunities for lay involvement in College activities, and provide an update to Council as these opportunities are identified.

c) The College should continue to explore opportunities to provide and develop training alongside colleagues from other health disciplines.

d) The College should explore the merits of introducing a degree of flexibility in the operation of mandatory training courses to accommodate trainees who may experience genuine difficulty in attending such courses.

e) The College should continue to support research within the National Emergency Medicine Training Programme, and provide Council with updates in relation to the development of a formal academic track within the programme.

f) The College should explore opportunities to enhance current arrangements in the area of 'intern shadowing', particularly given the trainees' view that potential applicants to the programme should ideally experience the emergency medicine working environment before applying to the programme.

g) The College should engage with the HSE to identify some bespoke or modified training opportunities for emergency medicine trainees which would attract HSE funding.

h) The College should explore the feasibility of delivering a number of training sessions online in order to facilitate access to training courses for trainees at different geographical locations.

i) The College should provide the Medical Council with updates regarding the ongoing rollout of Workplace Based Assessments within the emergency medicine training programme.

j) With reference to the establishment of focus groups as an additional means to solicit trainee feedback, the College should provide a detailed description of previous focus groups and the circumstances which led to their establishment.

k) The College should continue to engage with other training bodies to collectively maximise the value of prior learning for trainees who may leave the training programmes before completion. The College should provide updates to Council on this matter once available.

l) The College should provide an update on the development and rollout of the mentorship programme as it becomes available.

m) The College should provide updates to the Medical Council as and when the EMSTAT system's capabilities are developed.

n) The College should provide the Medical Council with a courtesy copy of the ICEMT Training Guide.

o) The College should provide a summary of the quality enhancement office's activities to date in order that the Medical Council can take full account of achievements in this area.

p) The College should provide the Medical Council with a copy of the specific emergency medicine post evaluation form once available.

4. Commendations:

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

a) The quality of the College's submission and level of engagement by the College throughout the accreditation process.

b) The enthusiasm and insight of the trainees which has strengthened this process.

c) The development of the EMSTAT and EMNOW online facilities.

d) The strong sense of identity and collegiality which has been developed amongst NEMTP trainees and other representatives of the emergency medicine community.

5. Recommended Further Action:

Ongoing engagement with The Royal College of Surgeons in Ireland 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. A progress report on all the issues highlighted in this document, in particular those issues relating to priority recommendations, should be requested of the College.

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*.

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 considered the context of this accreditation activity in relation to the programme of specialist training in emergency medicine. The Royal College of Surgeons in Ireland (RCSI) first underwent formal accreditation by the Medical Council in 2011. During that engagement, the programme of specialist training in general surgery was concurrently evaluated alongside the RCSI as the delivering body – the format of Council's postgraduate accreditation standards supports such an approach. During that earlier engagement, the Medical Council had an opportunity to consider both the College's broad approach to the delivery of specialist training as well as speciality-specific content related to general surgery. The resultant Medical Council report following that accreditation contained a number of general and specialty-specific recommendations which the College have since acted upon and factored into their ongoing quality review and enhancement activity.

Given the range of shared and generic policies and procedures adopted by the College across each of its programme offerings, the observations and recommendations of the 2011 accreditation Team, and the College's response to same, will have impacted upon trainees on each of the College's training programmes. In support of the current focus on the emergency medicine programme, the College was invited to submit documentary evidence of adherence to each of Council's postgraduate standards while taking particular note to highlight the specialty-specific content of the submission. The Team agreed that it would place most of the focus of the current accreditation activity on the specialty-specific content of the submission, but acknowledged that it would be absolutely appropriate to discuss the relevance of any generic content for its applicability to the emergency medicine (EM) context.

The Team discussed the governance structure operating within the College and the means by which each specialty is developed and supported within this structure. Within the College, it is the Irish Surgical Postgraduate Training Committee (ISPTC) which is the overarching committee with responsibility for matters relating to surgical education, training and assessment. The Irish Committee for Emergency Medicine Training (ICEMT) is a subcommittee of ISPTC and is responsible for the oversight and implementation of the national programme of specialist training in emergency medicine, hereafter referred to as the National Emergency Medicine Training Programme (NEMTP).

The Team agreed that the governance structure was well-defined and provides appropriate oversight of specialty-specific and training matters within the College's broad remit. However, some opportunities to enhance the range of inputs and expertise within the governance structure were identified.

The Team explored the opportunities for trainee participation in the College's governance structures with the trainees and, separately, with the College. There are a number of such opportunities in operation through which the trainee 'voice' can be heard and which facilitate trainee input in curriculum and programme development. Examples of these opportunities include trainee representation on the Committee for Surgical Affairs, the ICEMT and on the College's Surgery and Postgraduate Faculties Board. It was the trainees' perception that their involvement was both sought and facilitated, and trainees were aware of their local trainee representatives.

The Team was keen to discuss the extent of lay representation within the College. It was confirmed with the Team that there is an ongoing focus within the College and across all specialties to enhance opportunities in this area. Lay input has been introduced gradually within the College and currently there are lay representatives on two boards which report directly to the College Council. The College confirmed the significant impact to date of lay members in College activities which have actually exceeded the College's expectations, including in their capacity to contribute to committees which heretofore have been comprised primarily of clinicians. As yet there are no lay representatives on ISPTC, nor are there lay representatives involved in training site inspections. The College confirmed that this is an evolving area which will continue to develop as part of the College's ongoing governance review. The Team recommend that the College should continue to maximise opportunities for lay involvement in College activities and to provide an update to Council as these opportunities are identified.

The Team enquired about the extent of multi-professional involvement in the College's training committees. It was confirmed that there is no such representation on specialty-specific boards but that there was representation from allied professions on the College's Surgery and Postgraduate Faculties Board. The Team acknowledged that the College was currently building a significant training facility in Dublin city centre, part of the aim of which was to facilitate multidisciplinary training. The Team agreed that this development, coupled with the introduction of health roles such as advanced nurse practitioners, and the increase in nursing colleagues taking on duties such as cannulation, underpinned the need for the College to continue to explore opportunities to provide and develop training alongside colleagues from other health disciplines.

The curriculum which underpins the NEMTP is that of the Royal College of Emergency Medicine (RCEM) in the UK, and the RCEM membership and fellowship exams are the main summative assessments used throughout the NEMTP in Ireland. The Team noted the extent of educational exchange and interaction between ICEMT and the RCEM including ICEMT representation on key RCEM committees. The Team agreed that there was evidence of a constructive and proactive approach to these collaborations which was appropriate given the prominence of the UK curriculum within the Irish training programme.

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 discussed the scale of the NEMTP including the number of trainees involved and the range of clinical sites which support its delivery. The programme is delivered over seven years, the first three of which are referred to as Core Specialist Training in Emergency Medicine (CSTEM), and years four and up referred to as Advanced Specialist Training in Emergency Medicine (ASTEM). The programme is delivered across 13 training sites, and trainee intake is currently 26 per year at CSTEM which is based on two new trainees per site per year.

The Team agreed that the purpose of the College was clear and had been well articulated, and the synopsis of the College's activities, including those relating to emergency medicine, was appreciated.

The Team noted the process by which the College developed and refined its strategic direction, and noted the extent of stakeholder engagement which underpins activity in this area.

The Team appreciated the extent to which the Medical Council's Eight Domains of Good Professional Practice had been mapped to the curriculum, and agreed that this provided appropriate and increased awareness of the Domains amongst trainees.

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

As mentioned elsewhere in this report, the NEMTP is based on the UK curriculum and has been augmented and adapted for delivery in Ireland. Included in this customised approach is the inclusion of an extensive Human Factors course which trainees confirmed to the Team they were highly appreciative of. The trainees confirmed to the Team that, on occasion, it can be difficult to attend these courses arising from unanticipated and personal circumstances, and queried whether the College might consider a degree of flexibility in the provision of human factors training to take account of such circumstances. The Team agreed that such a focus on human factors training was to be commended. The Team also agreed that the College should explore the merits of introducing

a degree of flexibility in the operation of mandatory training courses to accommodate trainees who may experience genuine difficulty in attending such courses.

The Team discussed the description within the documentation to the operation of a run-through training programme. Such an approach to the delivery of specialist training was introduced by the College following a period of consultation with stakeholders, including with the Medical Council. The historic mismatch between training numbers at basic and higher levels of specialist training, and the difficulties experienced by trainees who were unsuccessful in their application for higher training posts, led the College to introduce a more streamlined training pathway. The Team acknowledged that the current system presents a significant improvement over the previous pathway by creating an opportunity for trainees to progress seamlessly from CSTEM to ASTEM and towards the award of a CSCST. There is no longer a need for trainees to seek out-of-programme or extracurricular experience before progressing to ASTEM, and the previous requirement for a research qualification for entry to ASTEM has been revised in such a way that trainees can gain the necessary experience during ASTEM. At the CSTEM stage, the trainees confirmed that they welcomed the degree of certainty which the new pathway provided for the first three years of EM training. However, the Team expressed concern at the some of the terminology used to describe this revised training pathway which was neither run-through nor seamless in that there was still a degree of competition for ASTEM places and, depending on demand for posts, it was still possible that an eligible CSTEM trainee would simply be unable to access further training due to the unavailability of ASTEM posts. The Team agreed that it was important for the College to manage current and potential trainee expectations in this area, and to ensure that descriptions of the training pathway are as meaningful as possible.

The Team discussed the size of the training programme with reference to the number of trainees involved, the number of available training posts and the potential number of consultant posts available to each graduating ASTEM cohort. The Team was advised of a trainee intake of 26 each year which corresponded to two doctors for each of the thirteen training sites involved in the delivery of the programme. The Team were advised that the College is involved in ongoing discussions with HSE-NDTP to identify five and 10 year training number forecasts, as is the case with each of the other postgraduate training bodies, and the College acknowledged that the programme is not yet in a steady state given that the forecast discussions with HSE-NDTP are at a relatively early stage. The College clarified its aspiration to match its ASTEM intake to the number of consultant posts becoming available. The Team recommend that the College continues to engage in this process to align trainee numbers at each stage of training to take appropriate account of attrition rates, and the availability of future consultant opportunities.

The College confirmed the high value which is placed on research within the NEMTP, and that it was exploring the possibility of creating a formal academic pathway for EM trainees. At present, out-of-programme research opportunities are facilitated, and time spent in full-time research posts can accrue training credit for trainees when they formally re-enter the programme. EM research was confirmed as primarily taking place at a local hospital level, but there is ongoing dialogue and exchange between this informal research network within the EM fraternity. In terms of a strategic direction for EM research, the Team was advised the College liaises closely with the National Emergency Medicine Clinical Programme to keep abreast of national requirements and

developments. In addition, the Irish Association of Emergency Medicine incorporates a professional wing which also facilitates and supports EM research. The College should continue to support research within the NEMTP and provide Council with updates in relation to the development of a formal academic track within the programme.

The Team noted the College's commitment to flexible training which is primarily transacted through participation in the HSE Flexible Training Scheme but also includes a number of other options for out-of-programme time and exceptional leave. The College confirmed that all such opportunities are well signposted for trainees and are included in the ICEMT training guide. The Team recommend that a courtesy copy of this guide, which was unintentionally omitted from the College's accreditation documentation, should be provided to the Medical Council. Trainees confirmed that, while they were aware of the training guide, it was not a resource they availed of often.

The Team noted the information provided by the College in relation to the College's broad engagement with earlier stages of medical education and training at undergraduate and intern level. The Team welcomed the description of the RCSI MiniMed lecture series and the participation of the NEMTP in the annual National Medical Careers Day, which is jointly promoted by postgraduate training bodies, the HSE and the Medical Council. The Team noted the establishment of the Emergency Medicine Medical Students Association which was acknowledged as providing a useful forum for highlighting EM matters amongst students. The trainees confirmed that there are some opportunities during training to engage with undergraduate colleagues, including via 'shadowing' arrangements, and these arrangements can vary between hospitals. The Team agreed that the College should explore opportunities to enhance current arrangements in this area, particularly given the trainees' view that potential applicants to the programme should ideally experience the EM working environment before applying to the programme.

4) THE TRAINING PROGRAMME - TEACHING AND LEARNING

The Team discussed the range of formal education activities which complement the workplace-based clinical training, and the extent to which trainees are facilitated to attend these activities. In addition to the human factors courses which are mentioned elsewhere in this report, there are a range of workshops and courses available to EM trainees. The trainees confirmed with the Team that the practical supports necessary to attend these courses can vary between training sites, and in some instances trainees are left to manage their own rota swaps in order to attend formal education activities. The College confirmed that the degree of local support for trainees to attend courses is addressed during site inspections, and that training sites have previously had trainees removed as a result of shortcomings in this area. The College should continue to reflect this requirement in its site selection and evaluation regime.

The trainees also confirmed that the financial burden of attending some mandatory courses could be offset by the introduction of a travel bursary. The trainees confirmed that there is a central list of reimbursable HSE training courses which is available to EM trainees, but that this list could be expanded to increase the relevance of reimbursable training courses to the NEMTP. The Team identified a role for the College to engage with the HSE in this regard to identify some bespoke or

modified training opportunities for EM trainees. In terms of facilitating access to training courses to trainees at different geographical locations, the College should explore the feasibility of delivering a number of training sessions online.

The Team queried the level of local supports which are made available to trainees in their preparation for examinations. The trainees confirmed that such supports varied between sites, ranging from excellent and consultant-led, to a somewhat passive approach taken at other sites. The Team agreed that the active support of sites generally and trainers specifically in relation to examination preparation could be formalised in the College's requirements for training sites and trainers respectively. This recommendation should be considered alongside the other references to trainer responsibilities and site selection criteria within this report.

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 College confirmed that it was in the process of rolling out Workplace Based Assessments (WBAs) within the NEMTP and at its training sites. Given that the NEMTP is a relatively new programme when compared with some of the more established surgical training programmes, the Team were advised the WBAs will be introduced incrementally and in such a way that they are given time to embed within the assessment regime. The Team recommend that the College should provide the Medical Council with updates regarding the ongoing rollout of WBAs within the NEMTP.

WBAs at the CSTEM stage commenced in September 2015, and the trainees reported positive experiences of these assessments so far. WBAs have been supported via the development of an online system called EMSTAT. The EMSTAT system provides for trainees and trainers to record WBAs electronically within a training portfolio. The Team viewed the development of the EMSTAT resource very positively and commend the College on facilitating assessments in this manner. The Team queried the reporting functionality of the EMSTAT system and its potential to, for instance, identify training sites might not be providing particular curriculum coverage. The Team acknowledge that, as a new system, EMSTAT is primarily being used to collect and store data. However, the Team agreed that the system provided a range of opportunities to augment existing quality measures within the programme. The College should provide updates to the Medical Council as and when the EMSTAT system's capabilities are developed.

The Team also commends the College on the development of the EM-NOW online resource which provides a range of information and supports for the EM community, including trainees. The trainees confirmed that although the EM-NOW resource was relatively new, they already regarded it very highly.

The Team acknowledged that the College had relatively recently established a Quality and Process Transformation Office, the responsibilities of which include oversight of the quality of assessments within the NEMTP and across other surgical specialties. The Team viewed this as additional evidence of a commitment to quality monitoring and improvement within the College. The Team agreed that the College should be requested to provide a summary of the quality enhancement office's activities to date in order that the Medical Council can take full account of achievements in this area.

The trainees confirmed their perception that the broad assessment regime underpinning the NEMTP was robust, and that there are a number of triggers which would highlight to the programme office whether a trainee had missed an assessment or a structured training course.

The College agreed with the Team that it was vital for a training body to ensure consistency in the assessment of trainees and confirmed the measures which have been and are being taken to achieve this goal. Assessments are conducted by consultant trainers who are well placed to lead in this area. The range of summative assessments, which include examinations, is complemented by formative assessments including the aforementioned CSTEM WBAs. The College confirmed that it was committed to developing its NEMTP trainers and acknowledged the significant impact that individual trainers can have on the quality and consistency of assessments. The College should provide the Medical Council with updates in relation to the development of trainers.

The Team discussed the range of opportunities for trainees to provide and receive feedback as they progress through training. The Team were satisfied that there were sufficient formal opportunities for trainees to receive feedback throughout training, including at mid-year and year-end assessments. These interactions provide a number of opportunities for the College to identify strengths and shortfalls in trainees, and to arrange remedial action where appropriate. The Team were keen to explore the opportunities for trainees to provide upwards feedback. Trainees confirmed that in principle the Competence and Performance Appraisal (CAPA) process and the Annual Review of Competence and Progression (ARCP) process provided opportunities for upwards feedback, including via completion of a pre-ARCP questionnaire. It was the experience of the trainees that the ARCP and CAPA meetings are relatively short and are not always conducive to providing upwards feedback. In addition, the trainees confirmed that it might be difficult to provide full and open feedback in a questionnaire in the event that the feedback might relate to colleagues involved in the ARCP process itself. The College confirmed that it was developing an anonymous feedback process which would work in tandem with the end-of-post evaluation forms which the College uses as a means to gauge the strengths and weakness of particular training posts. The Team recommend that College reviews the range of opportunities for trainees to provide upward feedback to ensure that they are appropriate, accessible and sensitive to potential conflicts. Trainees previously cited an example of how trainee feedback had led to a training site being removed temporarily from the NEMTP. The College should continue to provide a feedback loop to trainees in order to demonstrate the high value which the College places on the trainee perspective, and the impact that trainee feedback can have.

As another opportunity for trainees to provide feedback, and to support trainees generally, the College confirmed that it was developing a mentorship programme which would place trainees in contact with experienced colleagues in a position to offer support and advice as and when necessary. The College confirmed that a decision had yet to be taken on whether it would be mandatory for trainees to engage with a mentor, or whether it would be optional. The Team agreed that the mentorship programme was commendable and would rely heavily on developing the right person specification, and clarifying the role of the mentor as being distinct from other training and academic roles. The Team recommend that the College provides an update on the development and rollout of the mentorship programme as it becomes available.

In relation to the assessment of doctors seeking specialist registration in EM with the Medical Council, and who had trained overseas, the Team noted that the College is actively engaged in this area with the Medical Council via a Service Level Agreement. It was acknowledged that the current system has brought about a standardised and defensible approach to such assessments for the benefit of applicants and postgraduate training bodies alike.

6) THE CURRICULUM - MONITORING AND EVALUATION

Standard (6) incorporates the following elements:

6.1 ONGOING MONITORING
6.2 OUTCOME EVALUATION

The Team noted the College's description of the processes in place to drive an ongoing focus on quality enhancement and continuous renewal within the NEMTP and across the College's activities generally. As acknowledged elsewhere in this report, the establishment of a Quality and Process Transformation office and a Quality Enhancement Office was viewed positively by the Team and a clear indication of the College's commitment in this area. The EM inputs to this quality activity include NEMTP representation on College committees, trainee feedback, trainer feedback, feedback on training courses, and training post evaluation forms. The Team was advised that a specific EM post evaluation form was being developed, and a copy of same should be provided to the Medical Council once available.

The Team noted the reference to the establishment of focus groups as an additional means to solicit trainee feedback. The Team would welcome a more detailed description of these trainee engagements, along with some examples of previous focus groups and the circumstances which led to their establishment.

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 Team noted the details provided regarding the admission policies and entry criteria for each stage of EM training. The Team agreed that these details were transparent, as were the associated review and appeals processes. While the ASTEM entry criteria were explicit, and as mentioned elsewhere in this report, there is a significant opportunity for the College to engage with trainees to signal the number of ASTEM posts available and to provide an indication, insofar as possible, of the degree of competition which might exist for ASTEM posts.

Based on feedback received from the trainees and from the College, attrition rates within the programme were considered to be significant, particularly so at CSTEM. The trainees voiced some concerns regarding the future availability of Specialist Registrars to support their training given the attrition rates, and the Team shared these concerns. The College confirmed that work is ongoing to analyse the EM attrition rates in order to identify the factors behind trainees leaving the programme. The Team agreed that such analysis should be viewed as a priority by the College and progressed in tandem with the efforts to align trainee numbers at the different stages of training, and with future consultant posts.

The Team discussed the future training opportunities which may exist for trainees who exit the NEMTP prematurely, including those who successfully complete CSTEM but for whom there may not be an available ASTEM post. The College confirmed that it had begun to explore opportunities in the area to recognise prior learning but that some challenges exist, particularly in light of the development of the run-through training model. The Team agreed that the College should continue to explore opportunities to support trainees in this area, and to continue to engage with other training bodies to collectively maximise the value of prior learning and training for trainees. The College should provide updates to Council on this matter once available.

The strengths of the College in relation to its communications with trainees, and the transparency of training requirements etc. are acknowledged elsewhere in this report. In summary, trainees agreed that communications are ongoing and sufficient, and the introduction of EMSTAT and EMNOW has been extremely well received.

The Team noted the description provided of the means by which trainee concerns and disputes are received, managed and reviewed. The trainees confirmed that they were fully aware of the pathways to raising concerns and did not identify any disincentives to raising concerns. The trainees also confirmed with the Team that they had full confidence in the NEMTP and in the College that disputes would be appropriately managed, even if the disputes related to their trainers. It was very much the perception of trainees that they felt part of an EM community which would actively

support their interests, including in the event of conflict with other specialties or allied health professionals. The Team commend the EM leadership Team and the College for the development of such a strong identity within trainees, and view this identity as being a particular strength of the training programme. The Team acknowledged that one of the unfortunate downsides of working and training within a close-knit community is the potential difficulty of raising concerns, notwithstanding the assertion by the trainees that they felt fully supported to do so. The College should continue to ensure that their processes for raising concerns provide the necessary safeguards for trainees.

The College confirmed its reliance on objective and anonymised data in order to take action in the case of disputes, and confirmed its commitment to capturing relevant data at assessment waypoints and through other feedback fora.

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 College confirmed that it was continuing to develop and articulate the role and responsibilities of its trainers, and confirmed that this activity was due for completion by the end of 2015. The College are requested to provide an update to Council on this matter, including the supporting documentation which is likely to have been developed, and the action plan to promote and embed the College's expectations of trainers.

The Team agreed that the development of the role of the trainer must also be supported locally at training sites, and reflected in trainers' work schedules. The Team acknowledged that supports for trainers are likely to vary between hospitals arising from, among other factors, staffing levels and service pressures. However, the Team agreed that the College is well placed to lobby on behalf of trainers in this regard, and to reflect shortcomings in local supports via the College's own site selection and evaluation approach.

The trainees confirmed that certain training rotas and training sites can operate outside of the provisions of the European Working Time Directive. In addition to the potential safety implications of such transgressions, the trainees confirmed that these rotas can have an adverse effect on opportunities for self-directed learning, despite the trainees' view that long work-shifts can provide significant learning opportunities. It was the trainees' perception that the volume of work combined with long hours and understaffing collectively factor into the NEMTP attrition rates, which are referenced elsewhere in this report. The Team agreed that such factors must be addressed in the College's training site selection and evaluation criteria.

The College confirmed that it was in the process of revising its standards for the selection of training sites and training posts to take account of inter alia the Medical Council's annual trainee survey

"Your Training Counts" and inputs from trainees, trainers and evaluation forms. The College should provide the Medical Council with an update on these revised standards, including the specific EM requirements, once available.

The Team noted the description of the site inspection methodology including the underpinning documentation and curriculum blueprinting which is used to confirm each site's contribution towards covering the EM curriculum. Trainees confirmed that, of the 13 emergency departments involved in the delivery of the NEMTP, there was a clear sense amongst trainees of which training posts were most desirable. This perception amongst trainees was derived from a combination of local training opportunities, local service pressures and their impact on educational opportunities, and other quality indicators. While trainees felt that some relatively inferior training posts existed, particularly at CSTEM, they felt that measures were in place to ensure standard training experiences overall. The College agreed with the trainee view that the order of preference for training posts as articulated by trainees in their post selections should be viewed as a significant indicator of the quality of individual posts. The Team agreed that the College should continue to strive to deliver a consistent training quality experience at each of its training sites, and to take full account of indirect training post feedback such as training post preferences in the furtherance of this aim.

Given the nature of the specialty of EM, and the challenging environment within which trainees are developed, the Team was keen to explore the College's measures to ensure trainee safety. The College confirmed that it maintained a high focus on safety matters as part of its ongoing scrutiny of training sites and posts. In addition, close attention is paid to potential safety issues which may emerge through assessment forms, evaluation forms, and other feedback mechanisms. The Team queried whether the College was formally notified if and when any clinical or safety incidents occurred at training sites. While there is no formal process to automatically report such incidents to the College, the College confirmed that it is always made aware of such incidents by colleagues and local NEMTP representatives. The Team agreed that the College should explore opportunities with training sites through which safety and clinical incidents are automatically brought to the attention of the College.

9) CONTINUING PROFESSIONAL DEVELOPMENT

Standard (9) incorporates the following elements:

9.1 CONTINUING PROFESSIONAL DEVELOPMENT PROGRAMMES
9.2 RETRAINING
9.3 REMEDIATION

The Team welcomed the information provided by the College regarding the management of its obligations in the area of continuing professional development. The Team noted that the College has entered into formal arrangements with the Medical Council under Part 11 of the Medical Practitioners Act 2007 regarding the establishment and operation of professional competence schemes. The College's online Professional Competence Scheme system is providing the necessary infrastructure to support doctors to engage with these schemes.

END REPORT

Report approved by Council on _____