Report on the Accreditation of the Programme of Specialist Training in General Practice

2019

Approved by ETC 02.12.19

Comhairle na nDochtúirí Leighis
Medical Council

About the Medical Council

The Medical Council is the regulatory body for doctors. It has a statutory role in protecting the public by promoting the highest professional standards amongst doctors practising in the Republic of Ireland.

The Council has a majority of non-medical members. The 25-member Council consists of 13 non-medical members and 12 medical members. The Council receives no State funding and is funded primarily by doctors' registration fees.

The Medical Council maintains the Register of Medical Practitioners - the Register of all doctors who are legally permitted to carry out medical work in Ireland. The Council also sets the standards for medical education and training in Ireland. It oversees lifelong learning and skills development throughout doctors' professional careers through its professional competence requirements. It is charged with promoting good medical practice. The Medical Council is also where the public may make a complaint against a doctor.

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Statement with regard to the Freedom of Information Act, 2014, General Data Protection Regulation ('GDPR') and the Data Protection Acts 1988 - 2018

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.

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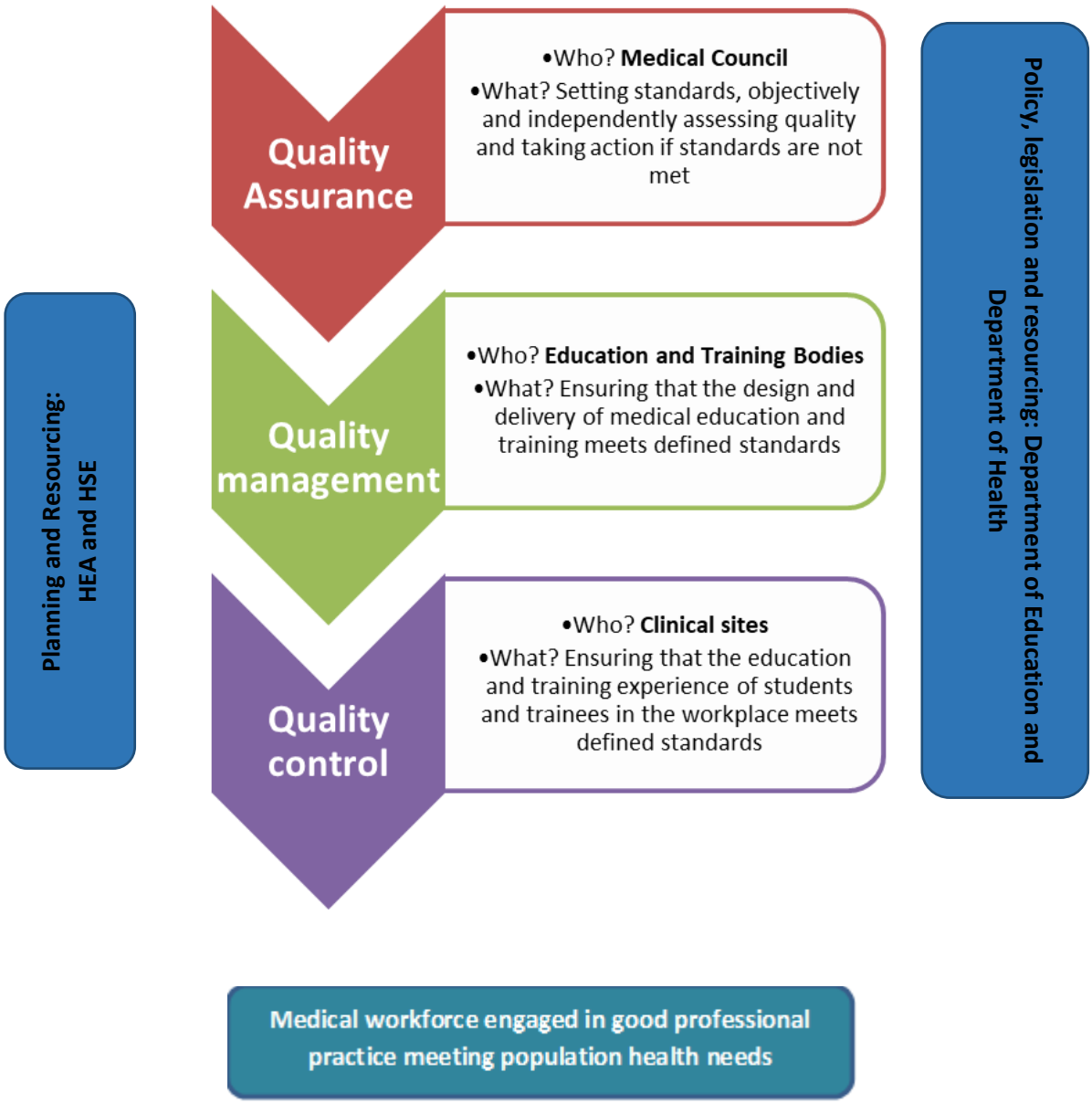
Executive Summary

Ensuring the quality of medical education and training in Ireland is a collaborative effort between the various bodies responsible for quality assurance, quality management and quality control:



The Medical Council is responsible for quality assuring medical education and training in Ireland across the continuum, which spans the undergraduate, intern and specialist training stages of professional development[1]. This includes the approval of programmes of medical education leading to the award of

[1] Part 10 of the Medical Practitioners Act 2007 as amended (MPA 2007)

a basic medical degree, specialist training programmes and the medical schools and postgraduate training bodies which deliver those programmes. Included in the Medical Council's responsibilities for quality assuring medical education and training, is the inspection of places with approved posts for intern and specialist training. The aim of these inspections is to monitor compliance with Council's standards and guidelines for training and experience.

Hereinafter any reference to "accreditation" of a programme and / or body, means approval by the Medical Council of a programme / body within the provisions of sections 89(3)(a)(i) and (ii) of the MPA 2007.

A body which was recognised under the previous Medical Practitioners Act 1978 for the purpose of granting evidence of satisfactory completion of specialist training[2] was, on commencement of the 2007 Act, deemed to be a body approved under the 2007 Act for the same purposes. The Medical Council now undertakes a process of formal accreditation of such bodies under section 89 (3) of the 2007 Act. The aforementioned accreditation standards are used as the benchmark to determine whether a body and its associated programmes of specialist training are fit for purpose and of the requisite quality.

In 2011, amendments made to the Medical Practitioners Act 2007 initiated an accreditation process involving 13 postgraduate.

Under Section 89(3) of the MPA 2007, following an accreditation and after consideration of the recommendation(s) contained in the report by the Assessor Team, and with the consent of the Minister, Council has a number of options available to it in respect of accreditation:-

I. approve;
II. approve subject to conditions attached to the approval of;
III. amend or remove conditions attached to the approval of or
IV. Withdraw the approval of –

- programmes of specialist training in relation to that medical specialty, and
- the bodies which may grant evidence of the satisfactory completion of specialist training in relation to that medical specialty.

[2] MPA 2007, Section 89(3)(a)(ii)

The programme of specialist training in General Practice was accredited on 25 June 2019. The visiting Assessor Teams comprised Council members, Council Executive and External Assessors with a relevant background/interest in medicine and/or medical education/training; and included medically-qualified and non-medically-qualified persons, representing public/patient interests. The agendas for the accreditation, including details of the visiting Assessor Teams, are attached as Appendix one.

The compliance of the Irish College of General Practitioners and the programme of specialist training in General Practice with the "*Medical Council's Accreditation Standards for Postgraduate Medical Education and Training*" was assessed.

Assessor Teams met with the training body management and programme directors of the specialist training programme of General Practice and interviewed trainee specialists participating in specialist training programmes. The Assessors rated the Body to be either non, partially or fully complying with the Medical Council's standards.

In this report, there are a number of commendations of the ICGP, and a number of recommendations have been made to ensure that Body complies, improves compliance and/or continues to comply with all training standards. The Body will be requested to develop an Action and Implementation Plan to address these recommendations and report back to the Medical Council with the proposed Plan within three months of the issue date of the final Accreditation Report.

Overview of compliance rating for the programme of specialist training in General Practice.

Levels of compliance

Compliance ratings are determined based on each Assessor Teams appraisal of evidence provided for each standard. Documentary evidence considered included, self-evaluation submissions from the Body prior to accreditation and evidence obtained through meetings on the day of accreditation with management, trainees and programme directors.

The compliance ratings are:

- **Full compliance** (FC) – All requirements of a standard are adhered to
- **Partial compliance** (PC) – Parts but not all requirements of a standard are adhered to
- **Non-compliance** (NC) – No requirements of a standard are adhered to

The Medical Council has nine specialist training standards under the following headings:

1. Context of Training
2. The Outcomes of the Training Programme
3. The Education and Training Programme – Curriculum Content
4. The Training Programme – Teaching and Learning
5. The Curriculum - Assessment and Learning
6. The Curriculum – Monitoring and Evaluation
7. Implementing the Curriculum -Trainees
8. Implementing the Training Programme and Delivery of Educational Resources
9. Continuing Professional Development

The table presented below compares the overall compliance ratings of the programme of specialist training against the Medical Council's Postgraduate Medical Education and Training standards:

Standards		Full Compliance	Partial Compliance	Non-Compliance
1 - Context of Education & Training				
1.1.	Governance	√		
1.2.	Programme Management		√	
1.3.	Educational Expertise and Exchange	√		
1.4.	Interaction with the Health Sector		√	
1.5.	Continuous Renewal	√		
2 - The Outcomes of the Training Programme				
2.1.	Purpose of the Training Organisation	√		
2.2.	Graduate Outcomes		√	
3 - The Education & Training Programme - Curriculum Content				
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	√		
4 - The Training Programme - Teaching & Learning		√		
5 - The Curriculum - Assessment of Learning				
5.1.	Assessment Approach	√		
5.2.	Feedback & Performance		√	
5.3.	Assessment Quality	√		
5.4.	Assessment of Specialists Trained Overseas	√		
6 - The Curriculum - Monitoring & Evaluation				
6.1.	Ongoing Monitoring		√	
6.2.	Outcome Evaluation		√	
7 - Implementing the Curriculum – Trainees				
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		√	
8 - Implementing the Training Programme and Delivery of Educational Resources				
8.1.	Supervisors, Assessors, Trainers and Mentors		√	
8.2.	Clinical and other Educational Resources		√	
9 - Continuing Professional Development				
9.1.	Continuing Professional Development Programmes	√		
9.2.	Retraining	√		
9.3.	Remediation			√

Preface

1. Context of the Accreditation Session

The Medical Council Assessor Team met with the Irish College of General Practitioners on 25 June 2019. The Assessor Team's remit was to assess the Programme of Specialist Training in General Practice 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 to the Medical Council's Education and Training Committee (ETC).

2. The Team

The Medical Council Assessor Team is listed in Appendix One of this Report. The Council particularly appreciates the contribution of the assessors. The Team comprised of Professor Mary O'Sullivan (Chair, Council Member), Dr Barry Lewis, Dr Neil Reddy and Professor Gloria Kirwan. They brought additional expertise in quality assurance of medical education to the accreditation and generously gave of their time and expertise to help with the accreditation process.

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

3. Documentation

As part of the accreditation process, the ICGP 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 and revised 25th October 2011). This documentation along with supporting evidence was reviewed by the Team.

4. Schedule

The accreditation session included a private meeting of the Medical Council Assessor Team, and in-depth discussions between the Team and representatives from the Irish College of General Practitioners and Trainees. Topics covered included: the General Practice syllabus; training methods; formative and summative assessment tools; standards; outcome measures; workforce planning consideration; flexible training; learners in difficulty; mentorship, and lifelong learning including Continuous Professional Development. Discussions with the Body were audio-recorded and documented through real-time stenography.

5. Appendices

The list of supporting documentary evidence that was provided to support the self-evaluation under each standard is attached as Appendix Two. The agenda for the Accreditation Session is attached as Appendix One. The accreditation standards which were applied throughout this process are attached as Appendix Three.

6. The Report

The '*Medical Council Accreditation Standards for Postgraduate Medical Education and Training*' formed the basis of the evaluation of both the Body and Programme of Specialist Training in General Practice. The observations, comments and recommendations contained in this Report are grouped under the relevant section of these standards.

Summary and General Assessment

1. Conclusion and Main Recommendations to Council's Education and Training Committee

The Medical Council's assessor team's main recommendations to the Medical Council's Education and Training Committee (ETC) are that:

i. The Programme of Specialist Training in General Practice should be approved by the 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's 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.

ii. The Irish College of General Practitioners in Ireland should be approved under section 89(3)(a)(ii) of the Medical Practitioners Act as the body which may grant evidence of the satisfactory completion of Specialist Training in General Practice approved under 1 above. These recommendations are made on the grounds of the College's on-going 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 ETC as set out in Statutory Instrument 529 of 2010.

2. Recommendations to the Body

The Team reviewed the Body's responses to the recommendations made by Council at the previous accreditation in 2013. The Team notes that these recommendations have been attended to by the ICGP and the Teams reflections' are addressed in the recommendations and commendations below.

The Team makes the following recommendations to the ICGP:

Standard(s)	Recommendations
1.2.2, 1.2.3	The HSE and ICGP move swiftly to complete the Transfer Project.
1.4.2	The Body continues to strive to ensure the engagement levels with non-GP specialists Trainers to enhance educational expertise and programme development.
2.2.4, 6.2.1	The Team recommends: • the ICGP establish a formal line of communication with graduate members to gather relevant data. • anonymised data of aggregate graduate outcomes be made publicly available.
3.2.3	The Body should source funding for the academic fellow to ensure research is encouraged and facilitated for those who wish to partake in it. A funding mechanism should be sourced to facilitate those who wish to participate.
3.4.1	The Team noted the limitations inherent in a fixed six year training timeline, and recommend the ICGP review this policy to facilitate completion of training for all

	approved aspects of time out from training. As part of this the ICGP should consider allowing the clock to be "stopped" for a period of time where trainee has approved leave.
4.1.2	The pressures of service provision in hospitals during years 1 and 2 creates significant attendance challenges for trainees in years 1 and 2. The ICGP must continue to actively engage with hospital training sites to alleviate this problem and thereby ensure all trainees have access to essential training to fulfil the learning outcomes of the GP programme.
4.1.3	The Team encourages the ICGP's development of an e-portfolio as it would align with international best practice.
5.2.1	The Team would urge the ICGP to complete their work on an earlier identification process for trainees underperforming in years 1 and 2 and include details of the remedial programme of work required for them noting the responsibilities of hospital staff in this process.
6.1.1	The Body implements and evaluates the utility of the revised annual report. The Body should then submit a final version to the Medical Council.
6.1.2, 7.2.1	The Body reviews and improves their video communications system to facilitate Trainers and Trainees to participate remotely at NCCT meetings as a key element opportunity for trainer and supervisor feedback.
6.1.3	The Body should progress swiftly the national process of gathering anonymous feedback.
6.2.2	The Body to seek formal input from all relevant consumers and other stakeholders (including patients) to enhance the evaluation process pf the programme.
7.3.3	The Body completes the development of the e-portfolio over the next year to enhance the feedback mechanism for Trainees.
7.4.4	The Body formalise the process for evaluating de-identified appeals and complaints to determine any system problems or opportunities.
8.1.2	The Body pursue the development of processes to ensure the identification and development of the educational standards of non-GP specialist Trainers and that all consultants engaged with GP training understand the core mission and their role in such training.
8.1.3	The Body continues to pursue the monitoring and development of the educational standards of non-GP specialist Trainers.
8.2.1	The Body's criteria to select and recognise hospitals posts and sites for training purposes is made publicly available to facilitate greater awareness of potential of hospital sites for GP training posts.
8.2.2	The Body need to continue to engage with Trainees and Trainers in hospital sites to ensure high quality teaching and learning.
8.2.5	The Body develop and implement a formal anonymised process to gather Trainee feedback.
9.3.1	The Team recommends the Body to commence discussion with the Medical Council on the appropriate process and funding mechanism to explore the establishment of a programme of remediation for doctors who have difficulties.

3. Commendations

Standard(s)	The Team commends:
1.3.1	The Body for their educational expertise and their ambition in the development, management and improvement of medical education. The team specifically note their engagement with international experts and their commitment to CPD of their staff and to best practice.
2.2.1	The ICGP for the clarity and detail of their curriculum programming document that clearly outlines the learning outcomes for programme graduate's roles in the delivery of general practice.
2.2.3	The Body for the way in which the Medical Council's Eight Domains of Good Professional Practice have been mapped to the curriculum.
3.1.1, 3.2.1	The ICGP on the clarity, relevance, quality, and utility of the curriculum document.
5.1.1	The ICGP on the assessment framework.
5.1.2	The ICGP on the recruitment and development of new examiners for the summative element of the assessment framework.
7.1.2	The Body for the rigorous approach to reviewing applications for short listing.
7.3.3	The positive relationships between Trainers and Trainees in a GP setting.
8.1.5	The Body for having a well thought out objective monitoring scheme for examiners.
9.1.2	• The Body for the use of webinars to assist GPs learn to use the online system. • The Body for the creating two new posts to support the CME programme.
9.1.4	For the creation and use of the e-portfolio as a standardised and efficient way to gather CPD activity.
9.1.6	The Body for their approach in monitoring and supporting doctors who have been unable to fulfil their PCS requirements due to sick / maternity leave and in supporting them to do so.
9.2.1	The quality and longevity of the SCALES course.

Next steps

The Training Body is to develop an Action and Implementation Plan (AIP) to address all recommendations made in the Medical Council's ICGP Accreditation Report. The AIP should be submitted to the Medical Council within three months of receipt of the Accreditation Report. On receipt of the Action and Implementation Plan, key personnel from the Training Body will be requested to present the Plan to Medical Council representatives. This meeting will also provide the Training Body with an opportunity to give feedback on the accreditation process. The Medical Council reserves the right to:

(a) share the Action and Implementation Plan with the Health Service Executive, Forum of Irish Postgraduate Medical Training Bodies and/or Department of Health, as it sees fit; and

(b) recommend additional or alternative measures be taken to address the recommendations made in the Report.

It is recommended that the Training Body publishes this Accreditation Report and subsequent Action and Implementation Plan on their website.

Evaluation of compliance with Medical Council Standards

Accreditation report

The accreditation report prepared by the Medical Council's Assessor Team post-visit is presented below.

Documentary evidence considered included, self-evaluation submissions from the Training Body prior to accreditation, and evidence obtained through meetings on the day of accreditation, with management, programme directors and trainees. Appendix three details an overview of documentary evidence provided by the Body as documentary evidence of compliance with each standard.

Evaluation of Compliance with Medical Council Standards

Compliance level rating

Level of compliance with each Standard:

Non- compliance (NC)	Partial compliance (PC)	Full compliance (FC)

Training Body: Irish College of General Practitioners (ICGP)
Programme of Specialist Training: General Practice

Compliance with the Medical Council's Postgraduate Medical Education Standards

1.1 Governance
1.1.1 The training organisation's governance structures and its education and training, assessment and continuing professional development functions are defined.
Description of evidence of compliance with this Standard during the accreditation process The Medical Council's Assessor Team (the "Team") noted that since 2013, the Irish College of General Practitioners (ICGP, the "Body") has reorganised its governance structures. The ICGP Board is now the executive of the ICGP advised by the ICGP Council. Governance structures are now described in the College Bye Laws, Memorandum and Articles of Association, Terms of Reference of Postgraduate Training Committee (PGTC) and Sub-Committees and in the composition of PGTC and Criteria for Postgraduate Training Programmes in General Practice. The Team had sight of the Body's organogram and various terms of reference of the above-mentioned committees, which demonstrated clear lines of accountability and reporting structures for the Body. The Team were satisfied that the Body has good governance structures in place which was also corroborated in the meeting with Trainees. The Team felt the Body has good quality control measures in place and the functions are defined. The Body informed the Team that 14 General Practice (GP) training schemes evolved organically but the structure that is in place promotes a combined and consistent vision across the schemes.
Compliance The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.
Recommendation (s) No recommendations made.
Commendation (s)

No commendations made.

Level of compliance: FC

1.1.2 The governance structures describe the composition and terms of reference for each committee, and allow all relevant groups to be represented in decision-making.

Description of evidence of compliance with this Standard during the accreditation process

The Body provided detailed description of the governance structures and the compositions for each committee. The Team noted that the formal governance structure comprises the Board, which is the Executive, Council, Standing Committees and Task Groups which is represented at a local level. The work of the Body is carried out through the eight Standing Committees and all committees publish a report based on their activities, which is included in the ICGP annual report.

The Standing Committees include, a Finance Committee, Postgraduate Training Committee, Membership Service Committee, Education and Governance Committee, Quality and Standards Committee, Research Committee, Communications Committees Audit and Risk Committee and a Nominations Committee.

The Team also noted that each of the 14 training schemes for General Practice is governed by a local Steering Committee. The ICGP is represented on each of these Steering Committees. Terms of Reference (ToR) for each of the Steering Committees was provided in the supporting documentary evidence, document 9 Criteria for Postgraduate Training Schemes.

The Team was satisfied with the description of the governance structures, the TOR for each committee and the representation of each scheme at the national level.

Compliance

The Body's self-evaluation submission indicated partial compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

1.1.3 The training organisation's internal structures give priority to its educational role relative to other activities.

Description of evidence of compliance with this Standard during the accreditation process

The Body outlined in their self-evaluation that it has two distinct roles in education.

1. The provision of high-quality specialist training in General Practice.

2. The provision of Professional Competence Scheme and programme of continuing education.

The Team noted the post of Medical Director has been filled.

The Education and Governance Committee and the Quality Standards Committee now report directly to the Board.

The Body has a Training Unit headed by the National GP Director of Training. The GP Training unit is answerable to the Post Graduate Training Committee (PGTC) which has a number of sub-committees which include:

- MICGP Examination Subcommittee
- GP Training Certification Subcommittee
- Curriculum Development Subcommittee
- Accreditation Subcommittee
- National Committee for the Co- Ordination of Training (NCCT)
- Recruitment Subcommittee

The Body provided ToR for all of the PGTC Subcommittees as part of their supporting documentary evidence. The Team were pleased with the appointment of the Medical Director and the evidence provided of the internal structures prioritising medical education.

Compliance

The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.

Recommendation (s)

No recommendation made.

Commendation (s)

No commendations made.

Level of compliance: FC

1.2 Programme Management

1.2.1 The training organisation has established a committee or committees with the responsibility, authority and capacity to direct the following key functions:

- **planning, implementing and reviewing the training programme(s) and setting relevant policy and procedures**
- **setting and implementing policy and procedures relating to the assessment of overseas-trained specialists**
- **setting and implementing policy on continuing professional development and reviewing the effectiveness of continuing professional development activities.**

Description of evidence of compliance with this Standard during the accreditation process

As outlined in standards 1.1.1 to 1.1.3 sufficient evidence was provided for all three elements of GP specialist training, including a National Committee with authority for planning, policy and Continuous Professional Development (CPD) and each of the schemes are represented on that committee.

In addition, the Body noted in their self –evaluation that polices and training supports are prepared by the NCCT and ratified now by the PGTC since the Medical Council's previous accreditation in 2013. These policies include:

- Trainee Grievance Policy.
- Policy for Managing the Trainee in Difficulty
- Policy for supporting a Trainee with a Disability
- Policy on support of a Trainee who is subject to a Medical Council Complaints.
- Policy on Educational Leave.
- Policy on Out of Hours experience for the GP Registrar.
- Flexible Training Policy
- Policy on Inter Scheme Transfer
- Registrars working in situations remote from the training practice

Documentary evidence for the above mentioned polices were reviewed by the Team.

The Body has also reviewed the Handbook for General Practice Trainees and the curriculum for GP Training, both of which are now interactive website publications. The Guidelines for recording patient consultations were updated in 2017 and revised in 2018.

The MICGP Examination Subcommittee reports directly to the PGTC three times per year, in line with the assessment cycle.

Compliance

The Body's self-evaluation submission indicated partial compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

1.2.2 The training organisation's education and training activities are supported by appropriate resources including sufficient administrative and technical staff.

Description of evidence of compliance with this Standard during the accreditation process

The Body confirmed they are a registered charity and publishes its accounts with the Companies Registration Office annually. There is a financial governance structure, which meets the requirements of the Companies Act 2003. A full audit is conducted on an annual basis; financial

statements are published in the Body's Annual Report. The Body's Audit and Risk Committee of the College ensures compliance with international best practice and governance. The Team reviewed the ToRs of the Audit and Risk Committee and the supporting documentary evidence.

The Team noted the ICGP's income is largely funded through membership fee income (membership, professional competence scheme and education programme); the Body also receives funding from many projects from external agencies such as HSE, NDTP and Healthcare Industry. The Body outlined some challenges around resourcing such as:

- Membership subscriptions
- ICGP training activities subsidized by ICGP membership fee
- Delays with the Transfer project and negotiating a Service Level Agreement with the HSE.

The Team also noted the appointment of four new GP clinical leads with clinical programmes to assist in continuing professional development in line with nation co-ordinated care pathways.

The Team was satisfied that the ICGP have sufficient resources currently but noted the finalisation of the transfer project is a matter of urgency.

Compliance

The Body rated their compliance with this standard as partially compliant. The Team concluded that the Body is partially compliant with this Standard.

Recommendation (s)

The Team recommends that the HSE and ICGP move swiftly to complete the Transfer Project.

Commendation (s)

No commendations made.

Level of compliance: PC

1.2.3 Funding and Resource Allocation - there must be a clear line of responsibility and authority for budgeting of training resources. The training bodies must be adequately funded in order to plan and deliver the programme.

Description of evidence of compliance with this Standard during the accreditation process

It was noted that the Body received a moderate sum to fund the central training activity and support the post of National Director of GP Training. The Body's membership fee supplements this sum. 13 of the 14 GP Training Programmes are currently funded through the HSE and one is funded by the National Doctors in Training and Planning (NDTP). The ICGP currently has no jurisdiction over allocation of these funds.

The Team requested an update on the Transfer Project, which impacts the funding issues. The Body advised the Team they established a "task force" made up of representative of the GP community to develop a model of training to be implemented once the transfer from HSE had taken place. However, this model of training cannot be implemented until such time industrial relations issued

are resolved. The Body noted some momentum recently with engagement at a very senior level between the HSE, the Irish Medical Organisation (IMO) and Ministerial personnel and there is support for the transfer to occur.

The Team inquired into the difference the transfer project will make to the delivery of GP training when completed. The Body advised that the implementation of the transfer project will bring consistency across the country to GP training. As it currently stands, the 14 schemes currently in place evolved organically and once the transfer project is completed, there will be a shared vision of training which will provide programme consistency. The Body noted such consistency is required for the assessment of exams and work place assessments in GP training.

In summary, the Team identified the fragmentation of budgeting authority across the different schemes. There is a level of uncertainty of employment and working arrangements for the Programme Directors which is adversely effecting programme planning and development.

Compliance

The Body's self-evaluation submission indicated non-compliance with this Standard. The Team concluded that the Body is partially compliant with this Standard.

Recommendation (s)

The Team recommends that the HSE and ICGP move swiftly to complete the Transfer Project.

Commendation (s)

No commendations made.

Level of compliance: PC

1.3. Educational Expertise and Exchange

1.3.1 The training organisation uses educational expertise in the development, management and continuous improvement of its education, training, assessment and continuing professional development activities, as required.

Description of evidence of compliance with this Standard during the accreditation process

The Team is satisfied with evidence provided in relation to the nature of the educational expertise in the development, management and improvement of medical education. In summary the Body outlined in their self-evaluation that:

- The large number of staff who have medical education qualifications up to and including doctoral degree in Medical Education.

- The regular and active engagement (presenters) of GP trainers at national and international conferences on teaching and assessment in General Practice. A number of important networking and learning opportunities have accrued from this investment of GP time.

- The appointment of an external examiner to oversee the quality of assessments and use of best practice in training GPS as well regular engagement with the World Federation for Medical Education Standards and international experts in GP.

The Team were advised that the National Director of GP Training also consults with key experts in the field of e-learning (i.e. Canada with regards to Entrustable Professional Activities (EPAs) and is currently mapping the e-learning assessment to the required competencies and curriculum.

Compliance

The Body's self-evaluation submission indicated partial compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

The Team commend the Body for their educational expertise and their ambition in the development, management and improvement of medical education. The Team specifically note their engagement with international experts and their commitment to CPD of their staff and to best practice.

Level of compliance: FC

1.3.2 The training organisation collaborates with other educational institutions and compares its curriculum, training programme and assessment with that of other relevant programmes.

Description of evidence of compliance with this Standard during the accreditation process

The Body demonstrated collaboration and membership with a host of national and international organisations such as Forum of Postgraduate Training Bodies (FPGTB), Irish Network of Medical Educators (INMED), World Organisation of National Colleges and Academies and Academic Associations of General Practice (WONCA), European Academy of Teachers in General Practice / Family Medicine (EURACT) and Union of European Medical Organisations (UEMO). WONCA and RCGP.

The ICGP has contributed to a number of external policies including:

- Flexible Training (FPGTB)
- Managing the Difficult Trainee (FPGTB)
- Towards 2026. A vision for patients, hospitals and doctors". (RCPI)

The Body has collaborated with the RCPI for a project on recognition of prior learning for BST in General Internal Medicine, Emergency Medicine, Paediatrics, Obstetrics and Gynaecology and General Surgery.

The Body advised the Team they are also in collaborative relationships with a number of institutions; Faculty of Sports and Exercise Medicine of the Royal College of Physicians in Ireland & Royal College of Surgeons in Ireland; and the Faculty of Occupational Medicine of the Royal College

in Physicians in Ireland collaborating on courses in Medical Education, Musculoskeletal Examination & Injury and Occupational Medicine.

There is ongoing communication with the Royal Colleges in the UK, Europe, Canada, Australia and New Zealand.

The Body noted that their external examiner to the MICGP is from outside this jurisdiction and the extern for the accreditation process is from another training body.

Compliance

The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

1.4 Interaction with the Health Sector
1.4.1 The training organisation seeks to maintain constructive working relationships with relevant health departments and government, non-government and community agencies to promote education, training and ongoing professional development of medical specialists.
Description of evidence of compliance with this Standard during the accreditation process The Team noted adequate evidence of the ICGP's constructive working relations including representation on the Health Service Executive (HSE) and the Department of Health and Children (DoHC). The Body also engages with the Medical Council of Ireland and the Health Information and Quality Authority (HIQA) as well as other non-government and community agencies. The Body are also maintaining significant working relationships with the HSE and National Doctors Training and Planning (NDTP) with regards to the transfer project.
Compliance The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.
Recommendation (s) No recommendations made.
Commendation (s)

No commendations made.

Level of compliance: FC

1.4.2 The training organisation works with healthcare institutions to facilitate clinicians employed by them to contribute to high quality teaching and supervision, and to foster peer review and professional development.

Description of evidence of compliance with this Standard during the accreditation process

The Body provided documentary evidence of "Criteria for Postgraduate Training Schemes" which outlines the contribution to teaching and supervision, which is expected in hospital posts that have been approved for GP Training. The Team noted that the National Survey of GP Training 2012 reports that Trainees were either satisfied or very satisfied with their hospital posts in terms of experience gained and its relevance for their future careers.

The Body advised that each hospital training post is accredited every two years and on occasion hospital posts have been de-accredited. The Body stated there is curriculum matching of the day-to-day job and the trainee's job description. There is a hospital log for each discipline and the expected exposures and abilities of the Trainee are collated in the experience described. The Body informed the Team that Trainees must attend 75% of the half-day release for GP training and this time is protected.

The Body informed the Team that Trainees have two mandatory exposures in Paediatrics and Medicine. Over the duration of the four year training programme, the Trainees will receive exposure in the relevant areas and this is monitored and supervised. Each trainee meets with their educational supervisor twice a year, and assessment of exposure and attainment of competencies is monitored throughout the four year training path. The training path is adjusted, if necessary, in line with this continuous assessment. Specialist skills modules are additional modules which are present in many, but not all schemes as a means to complement the clinical exposures as the trainee gains competence.

The Team concluded that the ICGP are putting in significant effort to meet this standard, however, service provision pressures in the hospitals limit the effectiveness of this process. This was also confirmed with Trainees. The Team found that the ICGP was not in control of the educational expertise of non-GP specialists involved in the training of Trainees in years 1 and 2.

Compliance

The Body's self-evaluation submission indicated partial compliance with this Standard. The Team concluded that the Body is partially compliant with this Standard.

Recommendation (s)

The Team recommends the Body to continue to strive to ensure the engagement levels with non-GP specialists Trainers to enhance educational expertise and programme development.

Commendation (s)

No commendations made.

Level of compliance: PC

1.5 Continuous Renewal
1.5.1 The training organisation renews and updates structures, functions and policies relating to education, training and continuing professional development to rectify deficiencies and to meet changing needs.
Description of evidence of compliance with this Standard during the accreditation process The Body outlined in their submission they use a number of modalities including eLearning, workshops and courses to deliver education. These activities are evaluated and reviewed annually and changes are introduced when needed. The Body provided the Team with a Sample QIP Quick reference guide – text-messaging 2018, GP Training Policy documents and ICGP curriculum. The self-evaluation detailed a number of other new initiatives in Education, Training and Continuous Professional Development. The Team is satisfied with the evidence that policies are reviewed on a 2-year rolling basis.
Compliance The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.
Recommendation (s) No recommendations made.
Commendation (s) No commendations made.
Level of compliance: FC

2. THE OUTCOMES OF THE TRAINING PROGRAMME

2.1 Purpose of the training organisation
2.1.1 The purpose of the training organisation includes setting and promoting high standards of medical practice, training, research, continuing professional development, and social and community responsibilities.
Description of evidence of compliance with this Standard during the accreditation process Based on the documentary evidence provided by the Body included "*Beyond 2020 – Statement of Strategy 2016 – 2021*", the Team was satisfied that the statement of strategy includes setting and promoting high standards of medical practice, training, research, continuing professional development, and social and community responsibilities**.** The core values of the Body, are quality, leadership, service and care, and were clearly outlined in the statement of strategy documentation.
Compliance

The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

2.1.2 In defining its purpose, the training organisation has consulted Fellows and Trainees, and relevant groups of interest.

Description of evidence of compliance with this Standard during the accreditation process

In the Team's discussion with representations of the ICGP and Trainees, it was confirmed that there is involvement of Trainees in defining the Body's purpose. Trainees are represented on the Steering Committee and regularly provide feedback to the Body through this structure.

The Body noted two strong networks within the GP training framework. The Network for GP Trainees (NGTs) and the Network of Establishing GP Trainees (NEGs). Each local committee within the Colleges structure encourages a Trainee representative be part of both networks and provide feedback to the Body. Both networks have three formal meetings per annum. Representatives from both networks sit on the ICGP Council. The ICGP Council reports into the Board of the College. This structure allows for reciprocal sharing of feedback and information across Faculties in support of high-quality training.

Compliance

The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

2.2 Graduate Outcomes

2.2.1 The training organisation has defined graduate outcomes for each training programme including any sub-specialty programmes. These outcomes are based on the nature of the

discipline and the practitioners' role in the delivery of health care. The outcomes are related to community need.
Description of evidence of compliance with this Standard during the accreditation process The Body outlined in their self-evaluation that the graduate outcomes are defined as six core competencies and three essential skills (attitude, science and context) of the framework. The content of the WONCA framework has also been mapped against the Medical Council's Eight Domains of Good Professional Practice. The Team felt that the GP Curriculum 2018 document is very clear and thorough. The curriculum maps very well to the major skills, knowledge of attitudes required by a GP and meets international standards.
Compliance The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.
Recommendation (s) No recommendations made.
Commendation (s) The Team commends the ICGP for the clarity and detail of their curriculum programming document that clearly outlines the learning outcomes for programme graduates' roles in the delivery of general practice.
Level of compliance: FC

2.2.2 The outcomes address the broad roles of practitioners in the discipline as well as technical and clinical expertise.
Description of evidence of compliance with this Standard during the accreditation process The Body summarised the six core competencies described in the GP Curriculum, which are further subdivided into 11 characteristics and three core skills. The Team noted the outcomes are well thought out and are clearly mapped to the ICGP's stated purpose. They are also consistent with the WONCA framework, while also meeting international best standards.
Compliance The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.
Recommendation (s) No recommendations made.
Commendation (s) No commendations made.

Level of compliance: FC

2.2.3 Outcomes must reflect domains of professionalism as defined by the Medical Council with particular reference to patient safety.

Description of evidence of compliance with this Standard during accreditation process

As referenced in standard 2.2.1 and 2.2.2, the Team is satisfied that the ICGP curriculum details how the ICGP core competencies and essential skills are mapped to the Medical Council's Eight Domains of Good Professional Practice. The Team noted that chapter four of the curriculum is dedicated to patient safety. Patient safety is also a consistent theme throughout the curriculum.

Compliance

The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

The Team commend the Body for the way in which the Medical Council's Eight Domains of Good Professional Practice have been mapped to the curriculum.

Level of compliance: FC

2.2.4 The training organisation makes information on graduate outcomes publicly available.

Description of evidence of compliance with this Standard during the accreditation process

The Team reviewed the ICGP Annual Report, which is published in the public areas of the College website, the Annual Statistical Report which analyses outcomes by region and by level for Trainees, MICGP Exam Report, Core Knowledge Test (CKT) Questions 2018 Item Analysis and Attrition Rates.

In the discussion with the Team, the Body identified a gap in knowledge of graduate outcomes, which they are working to address via the NEGs and the continual educational activity programme. The Body does not make this information publicly available.

The Body could consider the adaption of the continuous assessment and work place-based assessment tool for use in particular cases after graduation. This could be helpful to assist in remedial training or for a GP who wishes to return to the workforce after a career break.

The Body informed the Team that they are in the process of encouraging young members who recently graduated (within a five-year period) to get involved in local faculties. The aim is to create a representative structure for their induction phase, which is the first five years of graduation in order to meet them regularly and receive their feedback at a local level. Feedback is also captured through the Continuing Medical Education (CME) structures as the learning needs of GPS in the community and those recently qualified.

Compliance

The Body's self-evaluation submission indicated partial compliance with this Standard. The Team concluded that the Body is partially compliant with this Standard.

Recommendation (s)

The Team recommends that:

- the ICGP establish a formal line of communication with graduate members to gather relevant data.
- anonymised data of aggregate graduate outcomes be made publicly available.
-

Commendation (s)

No commendations made.

Level of compliance: PC

3. THE EDUCATION AND TRAINING PROGRAMME – CURRICULUM CONTENT

3.1 Curriculum Framework

3.1.1 For each of its education and training programmes, the training organisation has a framework for the curriculum organised according to the overall graduate outcomes. The framework is publicly available.

Description of evidence of compliance with this Standard during the accreditation process

The ICGP Training curriculum document comprises 28 clinical and 5 non-clinical chapters arranged around the six core competencies and three essential skills of the graduate outcome's framework. The Team reviewed the ICGP Curriculum and a sample PGTC Newsletter as documentary evidence to demonstrate compliance with this standard. The Team were impressed with the quality and relevance of the curriculum document and noted its excellence and how clearly it described the curriculum content (knowledge, skills, and professional qualities) to be learned.

Compliance

The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.

Recommendation (s)

No recommendation made.

Commendation (s)

The Team would like to commend the ICGP on the clarity, relevance, quality, and utility of the curriculum document.

Level of compliance: FC

3.2 Curriculum Structure, Composition and Duration
3.2.1 For each component or stage, the curriculum specifies the educational objectives and outcomes, details the nature and range of clinical experience required to meet these objectives, and outlines the syllabus of knowledge, skills and professional qualities to be acquired.
Description of evidence of compliance with this Standard during the accreditation process The Body noted in their self-evaluation that the curriculum has undergone significant evolution since the 2013, with the launch of the ICGP curriculum for GP Training in May 2016. The curriculum is designed to be used and completed over a period of four years and in a number of different learning environments, providing different learning opportunities to address many of the same outcomes from different perspectives, emphasising that it is spiral in nature. Guidance is given in the introduction to the curriculum about how to map any case which presents to the Trainee to the graduate outcome's framework. The Team were satisfied with the curriculum and noted that it clearly specifies key objectives and outcomes. The use of vignettes was a useful pedagogical strategy to allow the trainees to connect the learning to real issues of patient care. The Teams discussion with Trainees confirmed that the completion of the learning outcomes for each of the core competencies and essential skills is achieved through recording and validating their logbooks at all stages of training.
Compliance The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.
Recommendation (s) No recommendations made.
Commendation (s) The Team would again like to commend the ICGP on the clarity, relevance, quality, and utility of the curriculum document.
Level of compliance: FC

3.2.2 Successful completion of the training programme must be clarified by a diploma or other formal award.
Description of evidence of compliance with this Standard during the accreditation process The Body provided the Team with a copy of the Certificate of Satisfactory Completion of Specialist Training (CSCST) as documentary evidence. The Body outlined in their self-evaluation, successful completion of GP training is a two stage process requiring the Trainee to pass all modules of the MICGP exam and receive a Certificate of Satisfactory Completion of Training (CSCT). Eligibility for specialist registration in General Practice requires both.

The ICGP now issues a single certificate of satisfactory completion of training to Trainees as they graduate from the ICGP Training Programme. The ICGP requires success in the MICGP exams and a nomination of satisfactory completion of training from the relevant scheme in order to issue this certificate.

Compliance

The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

3.3 Research in the Training Programme

3.3.1 The training programme includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, and encourages the Trainee to participate in research.

Description of evidence of compliance with this Standard during the accreditation process

The ICGP Curriculum clearly sets out the learning outcomes for evidence-based practice, critical thinking and research. Trainees are also encouraged to submit a poster presentation to the ICGP AGM and for the ICGP annual quality initiative award. There is an annual research prize for GP Trainee research awarded at the RCGP Irish faculty winter meeting. The ICGP Strategy also supports research through its strategic goals.

The Team were interested to learn more about the External Research Review by Professor Mike Pringle commissioned by the ICGP to enhance GP training in research and on the recommendations made as well as the Body's engagement with medical schools. The Body advised the Team that they have a good working relationship with the Association of University Departments in General Practice (AUDGP) with regards to research opportunities in medical education suggesting positive collaboration with universities. A number of schemes have strong ties with these universities with the sharing of both academic personnel between the university and the Body. This provides a platform to promote research in General Practice as GP as a career. It was noted that 44% of training practices currently take in undergraduate students for placement.

Compliance

The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

3.3.2 The training programme allows appropriate candidates to enter research training during specialist education and to receive appropriate credit towards completion of specialist training.

Description of evidence of compliance with this Standard during the accreditation process

The Body's self-evaluation indicates that the programme supports interested candidates to enter research training through the support of the academic fellowship scheme. The Team noted from the discussion with the Body that the uptake for the academic fellowship is minimal. The Body implied there is a challenge for Trainees to combine the balance of service, education and research and that the academic fellowship as currently structured has not been attractive to GP trainees. The Body also advised the Team that the funding for the academic fellow was withdrawn from the HSE in 2015.

Compliance

The Body's self-evaluation submission indicated partial compliance with this Standard. The Team concluded that the Body is partially compliant with this Standard.

Recommendation (s)

The Team recommends the Body sources funding for the academic fellow to ensure research is encouraged and facilitated for those who wish to partake in it. A funding mechanism should be sourced to facilitate those who wish to participate.

Commendation (s)

No commendations made.

Level of compliance: PC

3.4 Flexible Training

3.4.1 The programme structure and training requirements recognise part-time, interrupted and other flexible forms of training.

Description of evidence of compliance with this Standard during the accreditation process

The Body provided the Team with the ICGP Flexible Training Policy 2016, as documentary evidence to support this standard. The Flexible Training policy has led to the development of Inter Scheme Transfer policy. It was noted in the self-evaluation that:

- 10% of GP Trainees are on leave at any one time and this is mostly maternity,
- 2-3 GP Trainees per year avail of the formal NDTP approved flexible training, ,
- 15 or more Trainees per year avail of parental leave of one day a week,
- on average 50 – 60 GP Trainees take prolonged leave, with the expectation that all training is completed within six years.

In discussion with both the representatives of ICGP and their Trainees, the Team learned about the details of the flexible training policy. The Body advised that the training must be completed within six years, though requests for extensions can be brought to the PGTC for their consideration. This option is granted on a case-by-case basis. The Body advised that the criteria for flexible training is clear in the handbook and the letter of acceptance a Trainee receives.

The Team inquired as to how the flexible training interfaces with the exam timetable and when do the Body expect a Trainee to complete the mandatory part of the exam? The Body informed the Team that the exams are modularised with three specific assessments. Trainees have five years from the time they first take their exams to complete all assessments. The majority of Trainees commence their exams in year two, CKT in year two, Modified Easy Questions (MEQ) and Clinical Competency Test (CCT) in year three. There is currently an 85% - 91% pass rate for the summative assessment.

The Team noted that the six-year cap appears to be quiet inflexible and this could inhibit the uptake of other academic opportunities.

Trainees noted they are aware of the documentation and policy for flexible training but noted that they associate it with maternity or parental leave only. Trainees advised the Team it would beneficial if it could be extended to Trainees who wished to take a year out between hospital and GP years to allow the trainees develop an area of special interest that would complement General Practice.

Compliance

The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is partially compliant with this Standard.

Recommendation (s)

The Team noted the limitations inherent in a fixed six year training timeline, and recommend the ICGP review this policy to facilitate completion of training for all approved aspects of time out from training. As part of this the ICGP should consider allowing the clock to be "stopped" for a period of time where trainee has approved leave.

Commendation (s)

No commendations made.

Level of compliance: PC

3.4.2 There are opportunities for Trainees to pursue studies of choice, consistent with training programme outcomes, which are underpinned by policies on the recognition of prior learning. These policies recognise demonstrated competencies achieved in other relevant training programmes both here and overseas, and give Trainees appropriate credit towards the requirements of the training programme.

Description of evidence of compliance with this Standard during the accreditation process

The Body outlined in their submission that the ICGP was successful, through the support of NDTP educational development funding in launching GP training posts which Recognised Prior Learning (RPL) in the 2017 GP training intake. The RPL pathway was provided to the Team as documentary evidence to support this standard.

A comprehensive competency-based application structure was devised to include the comparison of curricula and logbooks of the BST of five specialties: General Internal Medicine, Paediatrics, Emergency Medicine, Obstetrics and Gynaecology and General Surgery. Of these specialties, General Internal Medicine was found to have the best commonality in training competencies with General Practice Training.

An adaption pathway was devised which allowed for credit of one year of GP training. 7 doctors commenced GP training in 2017 receiving one year of credit. The RPL pathway was offered again in 2018 and 13 doctors were approved for RPL credit. Recruitment resulted in 8 of the 13 doctors taking up this offer.

Compliance

The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

3.5 The Continuum of Learning

3.5.1 The training organisation contributes to articulation between the specialist training programme and prevocational and undergraduate stages of the medical training continuum.

Description of evidence of compliance with this Standard during the accreditation process

As demonstrated in standard 3.3.1 the Team is satisfied from the discussions with the Body that they engage with medical schools in promoting GP experience at an undergraduate level and have expressed willingness to support intern posts in GP training practices. In addition it was noted that there is ICGP representation on:

- Executive Committee of the Association of University Departments of General Practice;
- Royal College of Surgeons;
- Forum of Postgraduate Training Bodies and
- Irish Network of Medical Educators.

In addition, the Body has commenced engagement with the NDTP to increase the number of intern posts in General Practice, funding dependant. The Body indicated that they are trying to increase the capacity for interns in Ireland by 25%.

Compliance

The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made

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Level of compliance: FC

4. THE TRAINING PROGRAMME – TEACHING AND LEARNING

4.1 Teaching & Learning

4.1.1 The training is practice-based involving the Trainee's personal participation in relevant aspects of the health service and, for clinical specialties, direct patient care.

Description of evidence of compliance with this Standard during the accreditation process

The Team noted that in the "*Criteria for Postgraduate Training Schemes*" Chapters 4 and 5 describes a Trainee's involvement in their training and the Trainer's responsibilities are clearly defined. This was further clarified in the discussion with the Body where they informed the Team that from the outset learning is Trainee driven. Trainees must ensure they work with their assigned Consultant who though primarily in a service post are committed to teaching. Trainees must maintain their learning log. Trainees have an initial meeting within their first six weeks of taking up their post, identify their learning needs and ask their Trainer how they will meet the learning objectives.

The Body informed the Team that professional development meetings are held twice yearly between the Trainee and their Programme Director, to review their learning log and identify any gaps in their learning objectives / competency skills.

Every local scheme has a Steering Committee and Consultants and Trainees are represented. Should there be a deficiency in a particular training post and as a result a Trainee is not receiving the

essential skills expected/required for that post, it is addressed by the local Steering Committee, including the de-accreditation of that post if necessary.

The Body noted they currently have no mechanism to ensure the equality of delivery of training across the entire country. It is envisioned completion of transfer project will assist in rectifying this, as well as moving to a competency based medical education system with significant emphasis on the abilities a GP must obtain by the time they qualify.

Compliance

The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

No recommendations made.

Level of compliance: FC

4.1.2 The training programme includes appropriately integrated practical and theoretical instruction.

Description of evidence of compliance with this Standard during the accreditation process

The Body through their self-evaluation advised the Team that Trainees spend two years in a range of hospital posts and two years in diverse general practice posts involving direct patient care under the supervision of a nominated Trainer throughout the four years of the programme. Day release is provided for a weekly half day during the hospital based years and for a full day in the GP based years. The ICGP Criteria for Postgraduate Training Programmes in General Practice 2016 outlines the education and experiential requirements of their training in both learning environments.

The Body advised Trainees have a half-day release from their hospital post to attend GP training. They noted there is a strong network across the country. The Day Release course is learner centred, problem based and self-resourced in small group settings. All work place training is primarily centred on managing patients under the supervision of a designated Trainer, with protected time for tutorials to deal with theoretical aspects and review of patient cases. The GP Training Handbook also provides practical instruction to Trainees.

As part of their self-evaluation the Body provided sample logbooks showing detailed checklists of practical and theoretical instruction. This was corroborated with Trainees during the Team's discussion with them. The Trainees also confirmed that they consistently achieve the 75% attendance requirement for day release training. The majority of Trainees noted they were accommodated to attend the mandatory day release. However, Trainees informed the Team that on occasion it had be difficult to attend day release particularly when rostered for a week of night

duty. Trainees reported coming off night duty, having to attend day release and going back to their night duty.

The Team heard good examples from Trainees where if Trainees were struggling to attend day release they felt comfortable to meet with the Programme Directors who were very supportive in assisting Trainees in meeting the 75% mandatory requirement. The Team were also advised that in some sites, two training days would be scheduled in one week to accommodate GP Trainees attend their training days.

Compliance

The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.

Recommendation (s)

The pressures of service provision in hospitals during years 1 and 2 creates significant attendance challenges for trainees in years 1 and 2. The ICGP must continue to actively engage with hospital training sites to alleviate this problem and thereby ensure all trainees have access to essential training to fulfil the learning outcomes of their GP programme.

Commendation (s)

No commendations made.

Level of compliance: FC

4.1.3 The training process ensures an increasing degree of independent responsibility as skills, knowledge and experience grow.

Description of evidence of compliance with this Standard during the accreditation process

The Body informed the Team that the apprenticeship model of the Trainee and Trainer, the one to one overview of the training by the Programme Directing Team and the hard work of the programme staff supports Trainees progress. However, the Body would like to move towards a formalised process for recording Trainees' competencies. The Body confirmed that they are piloting an electronic assessment tool that will facilitate this process.

The Trainees confirmed their satisfaction with the progression of responsibility provided to them over the course of their training. For example, in GP Practice base training, Trainees advised during their first week of training the Trainer provides an orientation and patient appointments scheduled for 20-minute slots. As Trainee progressed the appointment slots were reduced to 15 minute slots to reflect reality of most GP practices. Trainees noted a significant increase in reasonability from hospital training posts to GP practice training post but advised they feel very well supported and protected by their Trainers on a formal and informal basis in this transition.

Compliance

The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.

Recommendation (s)

The Team encourages the ICGP's development of an e-portfolio as it would align with international best practice.

Commendation (s)

No commendations made.

Level of compliance: FC

5. THE CURRICULUM – ASSESSMENT OF LEARNING

5.1 Assessment Approach

5.1.1 The assessment programme, which includes both summative and formative assessments, reflects comprehensively the educational objectives of the training programme.

Description of evidence of compliance with this Standard during the accreditation process

As outlined in the self-evaluation, the MICGP summative assessments (Core Knowledge Test, Modified Essay Question and Clinical Competency Test), blueprinting to the Core Curriculum for GP Training is completed annually. Summative assessments occur at key points in training – years 1/2 and year 3 and each summative assessment is mapped to both the curriculum and the appropriate stage in training under assessment.

The Team is satisfied that summative and formative assessments are comprehensive while also meeting international norms.

Compliance

The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

The Team commend the ICGP on the assessment framework.

Level of compliance: FC

5.1.2 The training organisation uses a range of assessment formats that are appropriately aligned to the components of the training programme.

Description of evidence of compliance with this Standard during the accreditation process

As per standard 5.1.1. The Team is satisfied that summative and formative assessments are comprehensive. The Body confirmed the Clinical Competencies Tests (CCT) are calibrated between

examiners involved in CCTs. Some Trainees were aware of calibration between Trainers at examiner meetings and Trainers' conference which take place twice every six months. The team noted that recruitment of new examiners is from participants in the new question and scenario piloting groups required for validation of new assessments. The team also noted trainee awareness of local calibration of trainers relating to WBAs at trainer workshops within programmes and at national conferences.

Compliance

The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

The Team commend the ICGP on the recruitment and development of new examiners for the summative element of the assessment framework.

Level of compliance: FC

5.1.3 The training organisation has policies relating to disadvantage and special consideration in assessment, including making reasonable adjustments for Trainees with a disability.

Description of evidence of compliance with this Standard during the accreditation process

The Body provided the Team with documentary evidence of the "*ICGP Policy on Managing a Trainee with a Disability*" and the "*MICGP Exam Handbook*". On review of this supporting documentation, the Team is satisfied that the Body has demonstrated compliance with this standard.

Compliance

The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

5.2 Feedback and Performance

5.2.1 The training organisation has processes for early identification of Trainees who are under performing and for determining programmes of remedial work for them.

Description of evidence of compliance with this Standard during the accreditation process

The Body developed a policy for "*Managing a Trainee in Difficulty*" and provided it as supporting documentary evidence for this standard. In the Teams discussion with the Body, they advised the first assessment takes place in year 2. The SBA is not an equal judgement exam performance; the Body has found that Trainees tend to fail this assessment due to lack of time management techniques. The majority of Trainees will sit the GP linked assessment MEQ and CCT in year 3 and it is here where deficits in knowledge base about the ability to manage effective consultation or general attitudes and communications skills will be identified. This is the earliest point the Body can see a pattern that represents an issue and where they can intervene through structured feedback.

The Body noted the issues they are seeing through the MEQ and CCT with embedded workplace base assessments throughout the full duration of training, those issues are now going to be flagged at a much earlier stage. It is envisioned that this will be captured in the clinical hospital posts and in the practice, which will give the Body the ability to identify patterns occurring in years one and two and intervene? at that earlier stage of training.

The Team concluded that the evaluation of the need for remediation currently happens in years 3 and 4 the ICGP recognized the limitations with this process and are now working towards earlier identification in years one and two.

Compliance

The Body's self-evaluation submission indicated partial compliance with this Standard. The Team concluded that the Body is partially compliant with this Standard.

Recommendation (s)

The Team would urge the ICGP to complete their work on an earlier identification process for trainees underperforming in years 1 and 2 and include details of the remedial programme of work required for them noting the responsibilities of hospital staff in this process.

Commendation (s)

No commendations made.

Level of compliance: PC

5.2.2 The training organisation facilitates regular feedback to Trainees on performance to guide learning.

Description of evidence of compliance with this Standard during the accreditation process

Throughout the discussions with the Body, Trainees and the review of the self-evaluation the Team was satisfied that there was lots of evidence of formative and summative feedback. Such as:

- Trainees confirmed interviews at the start of placements.
- Steering committee minutes reflected attention to trainee feedback.
- Trainees confirmed hospital placement consultant meetings and recording in learning portfolios.

- Trainees confirmed they received feedback post examination.

Compliance

The Body's self-evaluation submission indicated partial compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

5.2.3 The training organisation provides feedback to supervisors of training on Trainee performance, where appropriate.

Description of evidence of compliance with this Standard during the accreditation process

The Body noted in their self-evaluation that the process of feedback on the performance of Trainees to their supervisors occurs at the scheme level rather than training body level. All schemes have a continuous assessment process system in place to ensure early identification and remediation of issues during each aspect of training.

Each Trainee receives a one to one review to discuss progress and performance with a member of the programme directing team twice a year. This information informs the programme directors about the clinical supervision of the Trainee and is used in the accreditation visit of the training site.

The Trainers workshop is a confidential form in which the performance of the Trainees is discussed by the educational supervisors. A further source of feedback to supervisors is the performance in the MICGP Examination of their Trainees. Trainees confirmed that their performance in exams and clinically is shared with and discussed by trainers.

The Team was satisfied that feedback to supervisors on Trainee performance is facilitated by completion of Trainee logbook and peer referencing in day release programmes. The Body identifies poor performance in examinations and seek to rectify that the following year.

Compliance

The Body's self-evaluation submission indicated partial compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

5.3 Assessment Quality

5.3.1 The training organisation has a policy on the evaluation of the reliability and validity of assessment methods, the educational impact of the assessment on Trainee learning, and the feasibility of the assessment items. It introduces new assessment methods where required.

Description of evidence of compliance with this Standard during the accreditation process

The Body provided the "*Quality Assurance Manual*" and the "*MICGP Handbook*" as documentary evidence to support this standard. In particular the Body highlighted section 4.2 which describes procedures for the assessment of learners.

The Body advised the Team that they will continue their current assessments and allow some calibration to come through the application in terms of performance.

Clinical competencies tests have been introduced into the summative assessment. Statistical analysis is conducted after each MICGP exam sitting and cumulatively on an annual basis. Statistics are prepared by the Examinations Manager and independently by External Examiner in advance of ratification of each result by the Examinations Sub-Committee summative assessment. The Body notes confidence in their assessment structures in terms of safety and the validity of their exam.

CKT and MEQ written papers are marked anonymously. CKT is computer marked with manual crosschecks. The MEQ is marked by two experienced, calibrated examiners. The CCT and the OSCE style examinations are assessed by examiners who do not have any prior working or familial relationship with the trainees. It was also noted that all assessments are piloted prior to use in an exam setting by the MICGP Examination Piloting Group.

The Body advised that Trainers calibrate themselves at Trainer workshops. The Body noted if a Trainers does not attend 75% of the Trainer workshops, they de-accredit themselves as a Trainer.

There is a formal assessment of Trainees communications skills completed by Trainers other than a Trainees own Trainer. Formal assessment of Trainee communications skills occurs in two ways – it is an essential component of the CCT, and in this situation it is assessed by an Examiner other than a Trainee's own Trainer. It is also assessed in the mandatory analysis of the videoed patient consultation. The trainee's own Trainer can be the assessor in this situation, but it is more usually the scheme based educational supervisor.

In summary, the Team found that summative exams were used as an opportunity for calibration of the examiners as well as for assessing the reliability and validity of assessments. There was also evidence of calibration of assessors in work-based settings.

Compliance

The Body's self-evaluation submission indicated partial compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.

Recommendation (s) No recommendations made.
Commendation (s) No commendations made.
Level of compliance: FC

5.4 Assessment of Specialists Trained Overseas
5.4.1 The processes for assessing of specialists trained overseas are in accordance with the principles outlines by the Irish Medical Council
Description of evidence of compliance with this Standard during the accreditation process There was evidence of "*assessment of specialist trained overseas*" provided to the Team by the Body. General Practitioners who have trained in another jurisdiction can gain MICGP via Membership by Equivalent Qualifications. Applications are made via an online portal. Application assessment is completed by experienced General Practitioners who sit on the Certification Sub-Committee, a sub-committee of the PGTC. All requirements must be fully satisfied prior to election to ICGP membership.
Compliance The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.
Recommendation (s) No recommendations made.
Commendation (s) No recommendations made.
Level of compliance: FC

6. THE CURRICULUM – MONITORING AND EVALUATION

6.1 Outgoing Monitoring
6.1.1 The training organisation regularly evaluates and reviews its training programmes. Its processes address curriculum content, quality of teaching and supervision, assessment and Trainee progress.
Description of evidence of compliance with this Standard during the accreditation process The Team noted that the Body continue to review and develop the ICGP Criteria for Postgraduate Training Programmes in General Practice. The most recent iteration was launched in 2016. The Accreditors Sub-Committee of which Terms of Reference were provided in the Accreditation Sub-Committee Handbook oversees this. The Programme Directors have the responsibility to ensure a

continuous review and evaluation of all elements, of teaching, assessment and training of the programme and are required to submit a brief Annual Report to the Body's National Directors of Specialist training in General Practice.

Since 2017, each of the training programmes must undergo a ICGP re-accreditation every three years. This includes self-evaluation, an extensive site visit by a trained ICGP evaluation panel, report on findings, and consideration of report by PGTC (Postgraduate Training Committee).

The Annual Report, which is referenced by the Body, gathers information on hospital rotations, information for NGTP, HSE and the Medical Council. They are currently developing a new Annual Returns template and seeking feedback from each of the schemes. However, the Body advised that annual reporting back from all schemes can be challenging.

Compliance

The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is partially compliant with this Standard.

Recommendation (s)

The Team recommends the body implements and evaluates the utility of the revised annual report. The Body should then submit a final version to the Medical Council.

Commendation (s)

No commendations made.

Level of compliance: PC

6.1.2 Supervisors and Trainers contribute to monitoring and to programme development. Their feedback is systematically sought, analysed and used as part of the monitoring process.

Description of evidence of compliance with this Standard during the accreditation process

The Team noted that membership of the Steering Committee at each training site consists of hospital consultant supervisors, GP Trainers, Trainees and Programme Directing team. The feedback from the Clinical teachers is systematically sought in monitoring the Programme at the teaching site. There is a National Co-ordinating Committee for Training (NCCT) that has a representative from each of the training scheme teams as well as the network of GP trainees. Recommendations are sent from the NCCT to the Postgraduate Training Committee. Each local scheme has at least two Trainee representatives and Trainers the Steering Committee. The Team noted these are the two formal ways the Body gathers and collate feedback.

The Body advised the Team they always have quorum at the NCCT of at least 80% from each of the 14 schemes and there is a number of active sub-committees and working groups from the NCCT.

The Body noted that Trainee and Trainer representation in attendance at these meetings can be a challenge and it does vary from site to site. The Body are making plans to invest in "*Zoom*" technology to allow Trainers and Trainees attend committee meetings remotely, and ICGP envision this will increase attendance at NCCT.

Compliance

The Body's self-evaluation submission indicated partial compliance with this Standard. The Team concluded that the Body is partially compliant with this Standard.

Recommendation (s)

The Team recommends the Body to review and improve their video communications system to facilitate Trainers and Trainees to participate remotely at NCCT meetings as a key element opportunity for trainer and supervisor feedback.

Commendation (s)

No commendations made.

Level of compliance: PC

6.1.3 Trainees contribute to monitoring and to programme development. Their confidential feedback on the quality of supervision, training and clinical experience is systematically sought, analysed and used in the monitoring process. Trainee feedback is specifically sought on proposed changes to the training programme to ensure that existing Trainees are not unfairly disadvantaged by such changes.

Description of evidence of compliance with this Standard during the accreditation process

The Team was advised that the Trainees have representation on all relevant committees such as NCCT, ICGP PGTC, EDIC, College Council and Steering Committee for each of the GP training schemes. The views of Trainees expressed at this meeting are kept strictly confidential but do inform the accreditation process. The re-accreditation visits every 3 years provides for confidential meeting with Trainees, which informs the national programme development process. The Trainees provide a report of each training post though their eLogbook but this commentary is not confidential.

The Body advised they are in the process under the guidance of NCCT of completing a national overview to gather generic feedback on each of the disciplines. This has already commenced in disciplines such as Obstetrics and Gynaecology. However, the Team noted this generic feedback is being asked of the clinical site and not the Trainee. The Body informed the Team that clinical sites are having one to one progression meetings with Trainees. In doing this, there is a step in between the Trainee and the national collation of data, which provides anonymity and protects the Trainee.

Compliance

The Body's self-evaluation submission indicated partial compliance with this Standard. The Team concluded that the Body is partially compliant with this Standard.

Recommendation (s)

The Team recommends the Body should progress swiftly the national process of gathering anonymous feedback.

Commendation (s)

No commendations made.

Level of compliance: PC

6.2 Outcome Evaluation

6.2.1 The training organisation maintains records on the graduates of its training programme, is developing methods to measure outcomes of training and is collecting qualitative information on outcomes.

Description of evidence of compliance with this Standard during the accreditation process

There was no evidence provided by the Body that they maintain records of their graduates. The Team had sight of two national surveys conducted by the Research Department of the Body in 2015 and 2017, which gathered quantitative data on outcomes of training. The Body outlined in their self-evaluation that there has been challenges with low response rates to these surveys which prevents the Body from developing methods to measure outcome of training.

Compliance

The Body's self-evaluation submission indicated partial compliance with this Standard. The Team concluded that the Body is partially compliant with this Standard.

Recommendation (s)

The Team recommends:

- that the ICGP establish a formal line of communication with graduates to gather relevant data, and
- that anonymised data of aggregate graduate outcomes be made publicly available.

Commendation (s)

No commendation made.

Level of compliance: PC

6.2.2 Supervisors, Trainees, health care administrators, other health care professionals and consumers contribute to evaluation processes.

Description of evidence of compliance with this Standard during the accreditation process

The Team noted that supervisors and Trainees are represented on local Steering Committees and at the NCCT. The external member of the Accreditors and Exam sub-committees to GP schemes represents the participation and involvement of other health care professionals in the evaluation process of the programme. However, there is currently no level of engagement with consumers / patients in their evaluation process of the programme.

Compliance

The Body's self-evaluation submission indicated partial compliance with this Standard. The Team concluded that the Body is partially compliant with this Standard.

Recommendation (s)

The Team recommends the Body to seek formal input from all relevant consumers and other stakeholders (including patients) to enhance the evaluation process pf the programme.

Commendation (s)

No commendations made.

Level of compliance: PC

7. IMPLEMENTING THE CURRICULUM – TRAINEES

7.1 Admission Policy and Selection

7.1.1 A clear statement of principles underpins the selection process, including the principle of merit-based selection.

Description of evidence of compliance with this Standard during the accreditation process

The Team reviewed the Terms of Reference of Recruitment Sub-Committee, which outlines the principles that underpin the selection process and a summary Report of the Recruitment Process. Based on the evidence provided and verification with both the Body and Trainees the Team is satisfied that there is clear a statement of principles and it is being adhered to.

Compliance

The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.

Recommendation (s)

No recommendation made.

Commendation (s)

No commendations made.

Level of compliance: FC

7.1.2 The processes for selection into the training programme:

- **are based on the published criteria and the principles of the training organisation concerned**
- **are evaluated with respect to validity, reliability and feasibility**
- **are transparent, rigorous and fair**
- **are capable of standing up to external scrutiny**

- **include a formal process for review of decisions in relation to selection, and information on this process is outlined to candidates prior to the selection process.**

Description of evidence of compliance with this Standard during the accreditation process

The Body advised the Team that in 2019, 446 applicants applied for General Practice Training Programme. Of this number, 16 applicants were not eligible as they did not meet the eligibility criteria and a further 95 were not shortlisted. Shortlisting of applicants involved a review by two assessors of each application. The application form is then reviewed by a second pair for sign off. A committee separately reviews all applications not shortlisted. Following this process, 293 applicants were invited to interview for GP Training in 2019.

The Body's website provided a detailed section of the recruitment and selection process of Trainees onto the GP Training Programme; it includes information on section criteria, interview process, national ranking system, interview scores and guidance. Based on evidence received, which was verified with the Body and Trainees, the Team is satisfied that the selection process is formalised and consistently delivered.

Those doing the selection of trainees are also carefully trained. Interviewers must attend one intensive training day (two opportunities to attend are provided), which involves role-play and a calibration exercise. Interviewers are unable to interview applicants until this training has been completed. References of applicants are submitted on the day of interview and are collated and reviewed by the Body. It was noted that references do not play a significant part in the selection process of applicants. However, the National Director personally calls any references that score less than 2 for clarification.

Compliance

The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.

Recommendation (s)

No commendations made.

Commendation (s)

The Team would like to commend the Body for the rigorous approach to reviewing applications for short listing.

Level of compliance: FC

7.1.3 The training organisation documents and publishes its selection criteria. Its recommended weighting for various elements of the selection process, including previous experience in the discipline, is described. The marking system for the elements of the process is also described.

Description of evidence of compliance with this Standard during the accreditation process

The Team reviewed the recruitment information available on the Body's website, instructions to applicants and guidance issued to applicants prior to interview. The Body also provided a

breakdown of the assessment /scoring of applicants and detailed how this applies during the selection process. i.e.

- Academic qualifications: Max 10
- Research achievement / quality assurance: Max 10
- Professional development: Max 16
- Full and timely completion of form: Max 4

The selection criteria are published and available on the Body's website. Trainees also confirmed that they were aware of the points system at the stage of application.

Compliance

The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

7.1.4 The training organisation publishes its requirements for mandatory experience, such as rotation through a range of training sites. The criteria and process for seeking exemption from such requirements are made clear.

Description of evidence of compliance with this Standard during the accreditation process

The Team had site of the "*Criteria for Postgraduate Training Programmes in General Practice*" which outlines the structure of GP training including the hospital component, training practice component and educational component. All hospital rotations must include a minimum of four months in Paediatrics and Medicine. If a Trainee has previous experience in a specialty, alternative rotations may be provided at the discretion of the Steering Committee.

Schemes offer two years of hospital posts encompassing the major subspecialties and two years in training practices under the guidance of a GP Trainer. In 2017, the ICGP introduced a credit for one year of training in the Recognition of Prior Learning pilot.

The mandatory experience requirements are clearly outlined and provided to Trainees and the trainees interviewed confirmed this. The Criteria and process for seeking exemptions is satisfactorily in place.

Compliance

The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

7.1.5 The training organisation monitors the consistent application of selection policies across training sites and/or regions.

Description of evidence of compliance with this Standard during the accreditation process

The Body provided the Team with an annual summary report on the recruitment process, which demonstrated the ongoing monitoring of the selection and recruitment process. The Body confirmed that GP Training is nationally standardised and centrally delivered. There are sufficient selection polices and criteria which are publicly available to all potential applicants and the trainees confirmed same.

Compliance

The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

7.2 Trainee Participation in Training Organisation Governance

7.2.1 The training organisation has formal processes and structures that facilitate and support the involvement of Trainees in the governance of their training.

Description of evidence of compliance with this Standard during the accreditation process

As previously referenced and described by the Body, the Team were provided with evidence in discussion with Trainees that demonstrates they have the opportunity to partake in committees such as ICGP central committees and local programme committees but the process in which this is done varies per scheme. The evidence included documents outlining the composition of the terms of reference for several committees, and the establishing of the early career GP committee. This was also corroborated in the Teams discussions with Trainees.

The Team was of the opinion that the flow of information to and from Trainees to Trainers is working well. There was evidence from the documentation and from the trainees that they are consistent attenders at national level committees though representation at times can be challenging as noted in Standard 6.1.2

Compliance

The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.

Recommendation (s)

The Team recommends the Body to review and improve their video communications system to facilitate Trainers and Trainees to participate remotely at NCCT meetings as a key element opportunity for trainer and supervisor feedback.

Commendation (s)

No commendations made.

Level of compliance: FC

7.3 Communications with Trainees

7.3.1 The training organisation has mechanisms to inform Trainees about the activities of its decision-making committees, in addition to communication by the Trainee organisation or Trainee representatives.

Description of evidence of compliance with this Standard during the accreditation process

The National Network of GP Trainees has at least one representative from each site. These representatives disseminate news on the activities of the decision-making committees to other Trainees at their training scheme. The Team were satisfied that electronic communications are issued regularly to all Trainees, via regular updates on the Body's website and GP Trainee newsletter. The Team notes the Body supports the attendance of Trainees at national meetings and in addition supports the GP Trainee network meetings but noted that there are challenges regarding attendance for trainers and trainees due to their work commitments.

Compliance

The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

7.3.2 The training organisation provides clear and easily accessible information about the training programme, costs and requirements, and any proposed changes.

Description of evidence of compliance with this Standard during the accreditation process

The Team reviewed Training Agreement, which is signed by each Trainee on commencement. The Training Agreement clearly states the requirements, obligations, responsibilities of the Trainee, training programme and Body for the duration of the training period. Policies, procedures, GP handbook, prospectus, training requirements and curriculum are available on the Body's website and all Trainees are made aware of this information.

Costs of GP training are minimal and mainly involve components of the MICGP examination. Details are provided in the MICGP examination handbook. Voluntary courses which are congruent with the ICGP curriculum are supported by the Specialist Training grant, which is administered by the Body.

Trainees confirmed the clear and accessible information about training including an induction handbook for each of the schemes and details of the financial support scheme for voluntary courses.

Compliance

The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

7.3.3 The training organisation provides timely and correct information to Trainees about their training status to facilitate their progress through training requirements.

Description of evidence of compliance with this Standard during the accreditation process

The Body informed the Team that Trainees have a one to one progress review with a member of the programme directing the team on a six-monthly basis. Despite the lack of a national electronic management system for Trainees to track their achievements, Trainees confirmed they are provided with regular confirmation of their progress on the scheme. Trainees also reported weekly informal feedback on performance in addition to the six-month report.

Compliance

The Body's self-evaluation submission indicated partial compliance with this Standard. The Team concluded that the Body is partially compliant with this Standard.

Recommendation (s)

The Team recommends the Body completes the development of the e-portfolio over the next year to enhance the feedback mechanism for Trainees.

Commendation (s)

The Team commends the positive relationships between Trainers and Trainees in a GP setting.

Level of compliance: PC

7.4 Resolution of Training Problems and Disputes

7.4.1 The training organisation has processes to address confidentially problems with training supervision and requirements.

Description of evidence of compliance with this Standard during the accreditation process

The Team reviewed the Body's "*Trainee Grievance Policy*" and the "*Trainer Grievance Policy*". Trainees confirmed they are aware of these policies and noted this documentation is provided to Trainees as part of their induction pack, it is resent in July every year.

The Body informed the Team that should a Trainee have an issue with a Trainer, it is documented and communicated with in the first three months of placement. The Clinical Director and Programme Director are made aware of any issues early on in the Trainee's placement.

In terms of remediation for Trainees, there is a facility to have a video analysis of consultations in practice-based posts. Sign off on training occurs every six months, and if a Trainee was having difficulty meeting competencies required as part of their rotation, the Programme Directors tries to identify these issues at an early stage. The Programme Directors meets with the individual, outlines the competency or behaviour gap of the Trainee and with them put a plan in place to address the deficiency. It was noted that although the formal process for Trainee sign off by the Programme Director is every six months, each Programme Director works with Trainees on a weekly basis and form small groups to discuss behaviours and gain insight into the Trainers behaviour.

The Team were also informed that Trainee issues can be raised through the Network of GP's (NGP). The NGP have their own terms of reference and have representatives from each of the local schemes. The network is very involved at College level, Council level, PGTC and NCCT and meet three times a year. Any issues raised by a Trainees and brought to the attention of the NGP are discussed and the feedback is provided to that individual Trainee. The NGP have a newsletter and email structure they use to communicate back directly with individual Trainees. Discussion with trainees confirmed these procedures and indicated they were working adequately.

Compliance

The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

7.4.2 The training organisation has clear impartial pathways for timely resolution of training-related disputes between Trainees and supervisors or Trainees and the organisation.

Description of evidence of compliance with this Standard during the accreditation process

The ICGP GP Trainee Grievance procedure document provided to the Team outlined a clear map for timely resolution of any grievance, and in addition the Trainees noted satisfaction with this process and had opportunities and were happy to engage regularly with an informal process if needed.

Compliance

The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

7.4.3 The training organisation has reconsideration, review and appeals processes that allow Trainees to seek impartial review of training-related decisions, and makes its appeals policies publicly available.

Description of evidence of compliance with this Standard during the accreditation process

Documentary evidence provided confirmed that a review and appeals process is in place and made available to Trainees at the commencement of their training. The trainees confirmed this. The appeals process is part of the ICGP GP Trainees grievance procedure. The Team noted four stages to the Trainee grievance procedure. If a grievance is not settled by using this procedure, there is an independent appeals procedure in which a new hearing of the case can be heard. The appeals procedure is open to both Trainees and Trainers.

Compliance

The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

7.4.4 The training organisation has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.

Description of evidence of compliance with this Standard during the accreditation process

The Team had sight of the "*summary of trainee disputes*" provided as part of the documentary evidence to this standard. The Body described the need to formalise the process for evaluating de-identified appeals and complaints to determine if there is a system problem. The National Programme Director indicated to the Team that this is a work in progress.

Compliance

The Body's self-evaluation submission indicated partial compliance with this Standard. The Team concluded that the Body is partially compliant with this Standard.

Recommendation (s)

The Team recommends that the Body formalise the process for evaluating de-identified appeals and complaints to determine any system problems or opportunities.

Commendation (s)

No commendations made.

Level of compliance: PC

8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES

8.1 Supervisors, Assessors, Trainers and Mentors

8.1.1 The training organisation has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the training programme and the responsibilities of the training organisation to these practitioners.

Description of evidence of compliance with this Standard during the accreditation process

The Team reviewed and are satisfied with the Body's "*Criteria for Postgraduate Training Practices 2016*" which outlines concisely in chapter 5 the hospital and practice-based components of the general practice training. This outline specifies required experience for trainees in Paediatrics, Medicine, Obstetrics/ & Gynaecology, Psychiatry and Emergency Medicine, with optional experience in other relevant fields such as dermatology and Otorhinolaryngology. Guidance is given for administrative issues including absences and exceptions. The responsibilities of Trainers and supervisors are also clearly set out in terms of monitoring, feedback and reporting.

Similar guidance is given in Chapter 5 regarding the practice-based component on training, with requirements detailed for in-hours and out-of-hours experience and clinical exposure consistent with the trainee's increasing level of competence. Chapter 5 also details the supervision responsibilities of the trainer and nominated deputies.

Compliance

The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

8.1.2 The training organisation has processes for selecting supervisors who have demonstrated appropriate capability for this role. It facilitates the training of supervisors and Trainers.

Description of evidence of compliance with this Standard during the accreditation process

The Team noted that Chapter 8 of the "*Criteria for Postgraduate Training Schemes 2016*" clearly set out the national selection criteria, the job descriptions, personal specification and procedures for selection of Trainers and Programme Directors.

Training of Programme Directors is facilitated by twice-yearly educational meetings of their educational support group which is the National Association of Programme Directors. Hospital teachers do occasionally attend combined education workshops with Programme Directors and Trainers. Six local Trainer's workshops per year are provided to support the training needs of GP Trainers.

There is a requirement for Trainers to attend at least 75% of their local Trainer's workshop and to attend the National Conference at least every three years. The importance of attendance at such training was clearly articulated by trainers during discussions with the Team.

The ICGP representatives also pointed out the challenges they face in defining and agreeing the core educational experience and qualifications of non GP specialist Trainers in hospital training posts. Given the challenging levels of recruitment in hospitals, ICGP noted their limited power in which consultants and which posts are used for GP training.

The Team accepts and acknowledges the practical challenges faced in organising local training with non-GP specialists but nonetheless it is important that efforts continue to ensure that such training is adequately available to all trainees.

Compliance

The Body's self-evaluation submission indicated partial compliance with this Standard. The Team concluded that the Body is partially compliant with this Standard.

Recommendation (s)

The Team recommends the Body pursue the development of processes to ensure the identification and development of the educational standards of non-GP specialist Trainers and that all consultants engaged with GP training understand the core mission and their role in such training.

Commendation (s)

No commendations made.

Level of compliance: PC

8.1.3 The training organisation routinely evaluates supervisor and Trainer effectiveness including feedback from Trainees and offers guidance in their professional development in these roles.

Description of evidence of compliance with this Standard during the accreditation process

The "*Criteria for Postgraduate Training Schemes 2016*" – Chapter 5 states a goal for the programme directing team to monitor each Trainer and training practice (including hospital and practice posts) but the accreditation process is not clear on how this is done for hospital sites.

The Body advised the Team that as part of their accreditation process for practice-based training, the accreditation teams consists of GPs, Programme Directors and Assistant Programme Directors, this currently is working well for the Body. The Body noted it can be a challenge to have a representative from each of the schemes on the accreditation panel and advised that they have now introduced an External Accreditor, which seems to be working well for the Body.

The Body confirmed that personal Trainee logbooks are provided to each Trainee for each post and that this forms part of the evaluation of Trainer performance. This was verbally confirmed by Trainees. The Team were advised that the ICGP de-accredit both Trainers and posts for non-compliance to their standards this is mostly done at a local level and each scheme would approach that process themselves. The evaluation of a Trainer's performance is largely based on documentation review, which could potentially trigger an accreditation visit to a hospital post.

Compliance

The Body's self-evaluation submission indicated partial compliance with this Standard. The Team concluded that the Body is partially compliant with this Standard.

Recommendation (s)

The Team recommends the Body should continue to pursue the monitoring and development of the educational standards of non-GP specialist Trainers.

Commendation (s)

No commendations made.

Level of compliance: PC

8.1.4 The training organisation has processes for selecting assessors in written, oral and performance based assessments who have demonstrated relevant capabilities.

Description of evidence of compliance with this Standard during the accreditation process

The Body outlined in their self-evaluation document the process and selection criteria in place for the recruitment of MICGP Examiners, and this was further corroborated in discussions with representatives of the ICGP on the day of interview. The Body advised that the recruitment process for examiners is generally published when there is a recruitment drive for examiners. The Body currently has 61 examiners on their panel and generally recruit every two – three years.

The recruitment criteria is reviewed in advance of each recruitment drive and updated in accordance with service needs this includes specific recruitment drives for SBA (Single Best Answer) writers, CCT (Clinical Competency Test) writers and examiners, MEQ (Modified Essay Question) writers and examiners.

The Body confirmed they have established an MICGP pilot group. Individuals exiting training are invited to join this group and are part of the examination development process. These individuals spend three years on this group and at the end of their term can apply to become full examiners.

The Body noted occasionally they will recruit for experienced GPs with five to eight years post qualification. The retention of examiners panel is rather high. All examiners must attend two mandatory training dates annually in order to be an examiner for the Body. In summary, the Team were satisfied with the careful attention the ICGP gave to recruitment, training, and retention of high-quality assessors. The high retention rates were noted as a positive.

Compliance

The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

8.1.5 The training organisation has processes to evaluate the effectiveness of its assessors/examiners including feedback from Trainees, and to assist them in their professional development in this role.

Description of evidence of compliance with this Standard during the accreditation process

The Body outlined clearly the process for examiner recruitment, training, evaluation and feedback. This included regular and mandatory face-to-face workshops and feedback based on statistical analyses of prior performance.

The Body noted that calibration around assessment is of the utmost importance. The Team were informed of three annual examiner workshops. Assessors / Examiners who write CKT questions and or MEQ or CCTs will meet independently at writer groups during the year to work on specific modules and offer guidance as content experts in the lead up to examinations. There is a two-way feedback system from the examiners back to the examination sub-committee.

Examiners' performances are monitored during exams. Through the MEQ exam the Body require no more than a 5% differential between the marks of co-markers. Therefore, if a co-marker is marking outside of the 5% window that is flagged in the marking system and they are asked to revise, recalibrate and remark. The CCT exams have five individuals who complete the quality assurance roles on examination day. During CCT exams each examiner is monitored independently by the quality assurance personnel to ensure they are applying the marking scheme as per the calibration. Through the examiners workshop each examiner is provided with feedback on their performance of the previous year. This includes statistical analysis of professional performance. The Body also has a mechanism for the removal of examiners if they do not meet the Body's standards.

Feedback from Trainees is sought through the Trainee Representative structures and via Survey Monkey. Engagement with the Trainee group has been key in the development of the exam processes and associated Trainee supports.

The Body finally noted that the feedback received on the exam influences the curriculum and is mapped with the outcomes of the assessment. In summary, the Team noted the clarity and precision of attention to detail in ensure a valid and reliable assessment process.

Compliance

The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

The Team commend the Body for having a well thought out objective monitoring scheme for examiners.

Level of compliance: FC

8.1.6 Organisation and development of Trainers – instructional activities must be included as responsibilities in the work schedules of Trainers and their relationship to work schedules of Trainees must be described.

Description of evidence of compliance with this Standard during the re-accreditation process

Chapters 4 & 5 of the "*Criteria for Postgraduate Training Schemes 2016*" outlines the relationship of Trainers to the local scheme and national programme. The Team reviewed the "*Criteria for Postgraduate Training Schemes 2016*" and the "*Remote Supervision Policy*" and noted that both specify that Trainers in General Practice dedicate two hours of one to one interaction with the Trainee in education during the working week and that this be protected and used to optimise the trainee learning experience.

The Body confirmed the involvement of Trainers in local and national workshops, which is detailed in earlier standards. This was also confirmed by Trainees during the Team's discussion with them.

Compliance

The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

8.2 Clinical and Other Educational Resources

8.2.1 The training organisation has a process and criteria to select and recognise hospitals, sites and posts for training purposes. The accreditation standards of the training organisation are publicly available.

Description of evidence of compliance with this Standard during the accreditation process

The Team reviewed the Criteria for Postgraduate Training Schemes, in which Chapters 4 and 5 described criteria to select and recognise hospitals, posts and sites for training purposes. The Team noted that each clinical teaching site is inspected regularly by the ICGP in a process coordinated by the local schemes. The minimum period between each inspection is normally two years. However, the Team noted this information is available via the Body's website but only to members.

The Team sought clarification from the Body if they thought non-members such as senior leadership at hospital sites would benefit from having access to this information, in order to attract / encourage such sites to compete for more GP training posts. The Body advised, there is an informal process in which clinical sites can contact the Body if they were interested in having GP training posts at their site. This arrangement is built on personal relationships with particular sites or personnel and varies by site. When a site initiates such a request, the ICPG would meet with the clinical site staff and describe what is required and what must be delivered.

Compliance

The Body's self-evaluation submission indicated partial compliance with this Standard. The Team concluded that the Body is partially compliant with this Standard.
Recommendation (s) The Team recommend that the Body's criteria to select and recognise hospitals posts and sites for training purposes is made publicly available to facilitate greater awareness of potential of hospital sites for GP training posts.
Commendation (s) No commendations made.
Level of compliance: PC

8.2.2 The training organisation specifies the clinical and/or other practical experience, infrastructure and educational support required of an accredited hospital/training position in terms of the outcomes for the training programme. It implements clear processes to assess the quality and appropriateness of the experience and support offered to determine if these requirements are met.
Description of evidence of compliance with this Standard during the accreditation process The Team had sight of the criteria, which is used when systematically examining in re-accreditation visits (GP practice posts in years 3 & 4). This includes a clearly defined process of accreditation and Trainer / Trainee relationship for GP practice sites. However, the accreditation and Trainer / Trainee relationships is less clear for hospital training posts. The Team noted that the Body regularly accredit hospital sites, are responsive to Trainee feedback and respond as required in the interim between scheduled accreditations.
Compliance The Body's self-evaluation submission indicated partial compliance with this Standard. The Team concluded that the Body is partially compliant with this Standard.
Recommendation (s) The Team recommends that the Body need to continue to engage with Trainees and Trainers in hospital sites to ensure high quality teaching and learning.
Commendation (s) No commendations made.
Level of compliance: PC

8.2.3 The training organisation's accreditation requirements cover: orientation, clinical and/or other experience, appropriate supervision, structured educational programmes, educational and infrastructure supports such as access to the internet, library, journals and other learning facilities, continuing medical education sessions accessible to the Trainee, dedicated time for

teaching and training and opportunities for informal teaching and training in the work environment.

Description of evidence of compliance with this Standard during the accreditation process

The Team reviewed the Body's accreditation standards for postgraduate training and was satisfied that the Body's accreditation standards address the accreditation requirements) as outlined in the standard. Chapters 4 (Hospital Posts), 5 (Practice Posts), 6 (Educational Component), 7 (New Post Approval) and 8 (New Trainer Approval) cover the requirements for clinical exposure, trainer supervision, release for educational meetings, access to IT/journals, and privacy.

Examples provided include:

- Paragraph 4.9 Specifies the hospital post must have access to be adequately resourced library with journals and literature relevant to GP training.
- Paragraph 5.6.5 provides minimum out-of-hours exposure while maintaining trainer supervision.
- Paragraph 5.9 provides guidance on the physical requirements of the training practice viz. privacy, IT, equipment.

Compliance

The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

8.2.4 The training organisation works with the health services to ensure that the capacity of the health care system is effectively used for service-based training, and that Trainees can experience the breadth of the discipline. It uses an appropriate variety of clinical settings, patients and clinical problems for training purposes, while respecting service functions.

Description of evidence of compliance with this Standard during the accreditation process

The Body informed the Team that each Steering Committee has a representative from the broad spectrum of interest in General Practice Training in the region. Through the discussions with the Body, they described to the Team the educational opportunities including experiencing a diversity of clinical cases, patients, and clinical problems of the Trainees at both hospital-based and practice-based posts and how Trainees are monitored and how the significant efforts are made to remedy any deficiencies (via logbooks). This was confirmed by Trainees' (i.e. face to face meeting with local Trainers to confirm experience and future training needs).

Compliance

The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.
Recommendation (s) No recommendations made.
Commendation (s) No commendations made.
Level of compliance FC

8.2.5 The training organisation should monitor the working environment to ensure it is a safe environment for training.
Description of evidence of compliance with this Standard during the accreditation process As referenced in an earlier standard the Body described the formal accreditation visits for all training sites and noted that all hospital training sites are also subject to HSE requirements for health and safety. The Team had sight of the Body's "*managing occupational health and safety in practice*" and the Body's "*Anti Bullying Policy*". The Body provided the Team with sample logbooks and monitoring forms, which capture feedback from Trainees about their posts. Trainees confirmed that feedback and any concerns raised were considered by the Body and acted upon in a timely and appropriate manner. The Team heard that Trainees were comfortable providing feedback directly to the programme team. At local level, Trainees are in regular contact with Programme and Assistant Programme Directors and meet regularly. Trainees also noted that there are Trainee reps on the Steering Committee. Feedback from Trainers can vary while Trainees are in their hospital posts but there was a general feeling among Trainees that there is regular and formal feedback with Consultants at the end of rotations and the opportunity for them to raise any issues about the environment as a site for training.
Compliance The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.
Recommendation (s) The Team recommends the Body develop and implement a formal anonymised process to gather Trainee feedback.
Commendation (s) No commendations made.
Level of compliance FC

9. CONTINUING PROFESSIONAL DEVELOPMENT

9.1 Continuing Professional Development Programmes
9.1.1 The training organisation's professional development programmes are based on self-directed learning. The programmes assist participants to maintain and develop knowledge, skills and attitudes essential for meeting the changing needs of patients and the health care delivery system, and for responding to scientific developments in medicine as well as changing societal expectations.
Description of evidence of compliance with this Standard during the accreditation process The Team reviewed the Body's "*Professional Competence Scheme Guide";* "the *Short Guide to Audit*"; "*Professional Competence Scheme Advice Retired Doctors*"; "*PDP Template*"; and "*Ways to obtain internal credit*". The Team is satisfied that the Body has wide range of learning opportunities, including eLearning courses, onsite courses, CME Network meetings, audit templates, Quick Reference Guides and national conferences annually (National Conference & AGM, Winter Meeting). ICGP education such as the eLearning modules (40 in total) are mapped back to the Medical Council's Eight Domains of Good Professional Practice. All General Practitioners can plan to meet their annual professional and practice needs using the Professional Development Plan template and record this in their ePortfolio. The Body also caters for the recording of CPD credits by approved external providers and organisations. There was also evidence of supporting Trainee's self-directed learning though there are no additional formal requirements for CPD. Through the discussions with the Body the Team was advised there is a standard on-line application form for the assessment of CPD activity from external providers. This form is first reviewed by the PCS administrator of the programme in line with the relevant policies (Monitoring Applications for Recognition of External CPD Activity; ICGP Sponsorship Policy) and procedures for processing the applications. If there is any follow up required in relation to the activity, the Medical Director contacts the provider of the education activity for clarification. The current CME programme attracts good CME tutors nationwide. The CME academic lead drives the quality of the education activity and is supported in this by the clinical leads who work very closely together and have developed high quality programmes in asthma, heart failure and cardio vascular disease. In addition, the clinical leads in diabetes, COPD and Antimicrobial Resistance and Infection Control work closely in developing high quality educational content. The PCS Committee which in turn reports to a standing committee of the ICGP Board (Quality & Standards) oversees the Professional Competence Scheme. All information relevant to enrolees and PC schemes is publicly available on the Body's website.
Compliance The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.
Recommendation (s) No recommendations made.
Commendation (s) No commendations made.

Level of compliance: FC

9.1.2 The training organisation determines the formal structure of the CPD programme in consultation with stakeholders, taking account of the requirements of relevant authorities such as medical boards.

Description of evidence of compliance with this Standard during the accreditation process

The Team reviewed a sample guidance document on advice to GPs about how to satisfy CPD. The Team is satisfied that the Body has an e-Portfolio to ensure GPs are aware of the annual Professional Competence Schemes (PCS) requirements. The PCS operates under arrangements with the Medical Council. For those GPs not in clinical practice, the audit requirement is facilitated in a variety of ways including by a monthly meeting/discussion group for retired GPs in the College.

The Body also noted in their self-evaluation that there is a PCS Committee, which oversees the operation of the PC schemes and makes recommendations as to which activities can be recorded in which categories.

The Body advised the Team that they have recently appointed two new leads for Continuous Medical Education (CME), they are the academic lead and the national programme lead.

Compliance

The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.

Recommendation (s)

No recommendation made.

Commendation (s)

The Team commend the Body:

- for the use of webinars to assist GPs learn to use the online system.
- for the creating two new posts to support the CME programme.

Level of compliance: FC

9.1.3 The process and criteria for assessing and recognising CPD providers and/or the individual CPD activities are based on educational quality, the use of appropriate educational methods and resources, and take into consideration feedback from participants.

Description of evidence of compliance with this Standard during the accreditation process

The Team reviewed the online CPD Recognition Application form completed by all CPD applicants. The Team also had sight of the CPD Guidelines and Sponsorship documentation. The online form details and requests key information of relevance.

The Body outlined in their self-evaluation form that:

- CPD applications are reviewed by the ICGP PCS Department with input from the Quality & Policy Development Manager and the CEO.
- Clinical oversight is provided by the Medical Director and the Assistant Medical Director.
- Reports are provided regularly to the PCS committee for review and comment.
- Recognition of external CPD activity is for one Professional Competence Scheme (PCS) year.

The Body also noted that ICGP courses and events are subject to full internal educational quality measures overseen by the Director of Education and the Educational Governance Committee. Overall, the Team were satisfied with the information provided by the Body and the supporting documentary evidence in relation to the process of selection and assessing the quality of CPD provision and providers.

Compliance

The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance FC

9.1.4 The training organisation documents the recognised CPD activities of participants in a systematic and transparent way, and monitors participation.

Description of evidence of compliance with this Standard during the accreditation process

The Team reviewed a sample of personalised development plans. Through discussions with the Body and as outlined in the self-evaluation, the Team noted the user-friendly online e-Portfolio system that supports all members and non-members to capture their CPD activities. The Panel noted the increasing use of the e-Portfolio rather than the traditional logbook for CPD activities.

The data entered by doctors via their individual e-portfolios is used to produce Statements of Participation each year reflecting the annual verification process of a random selection of enrolees on the scheme. The e-portfolio is equipped to facilitate PCS enrolees to record, plan, maintain, support and review their own learning and practice development information.

Compliance

The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

The Team commend the Body for the creation and use of the e-portfolio as a standardised and efficient way to gather CPD activity.

Level of compliance: FC

9.1.5 The training organisation has mechanisms to allow doctors who are not its Members and/or Fellows to access relevant continuing professional development and other educational opportunities.

Description of evidence of compliance with this Standard during the accreditation process

The Body informed the Team that the ICGP Professional Competence Scheme facilitates and supports ICGP members, non-members on the General Practice Specialist Register and doctors on the General Register working over 50% of the time in General Practice / Primary Care to access CPD and other educational activities. In cases where an applicant to the ICGP PCS is not working full time in General Practice, eligibility is decided on a case-by-case basis by members of the ICGP PCS Committee particularly in relation to courses that require specific technical prerequisites. This pertains more to doctors outside of the GP discipline. The Body advised they do so to ensure there is a baseline of clinical knowledge before a doctor can participate in a particular course e.g. ICCP course.

The Body advised the Team that the PCS are inclusive of ICGP non-members. In terms of ongoing education by the College, non-member can apply for the Body's education and training programme. The Body informed the Team they are supportive and consult with non-members entering a GP practice. The Body has a membership by qualification route, whereby, the training of a doctor who qualified in another jurisdiction is benchmarked to the GP curriculum. The Body support those doctors through the application process for membership. The Body has a pathway for MICGP alternative route for doctors who have not had access to structured vocational a training. These doctors can enter into an assessment pathway that takes them on average 18 months to complete. On completion they can gain their MICGP and specialist registration under General Practice.

Members pay a reduced fee to access on-line education and dynamic face-to-face education programmes, a benefit of being a member. In terms of doctors who are not members of the College, the ICGP are very supportive and consultative with people who are entering into GP practice in Ireland to the ICGP membership pathway. The Body advised there is membership by qualification; training is benchmarked against the ICGP curriculum training. The ICGP support these doctors through the application process. The ICGP also has an MICGP alternative route for doctors who have not had access to structured vocational training.

Compliance

The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

9.1.6 The training organisation has processes to counsel fellows who do not participate in ongoing professional development programmes.

Description of evidence of compliance with this Standard during the accreditation process

The Team reviewed a Personal Development Plan template, which the Body developed to assist doctors with planning and meeting the PCS requirements. The Team was satisfied the Body reviews and monitors doctors enrolled in PCS schemes (via e-portfolio, emails and other supports). If a doctor has not met the annual requirement due to sickness / maternity leave and has not notified the Body, the Body will contact those individuals, outline their shortfalls and offer advice as to how to meet their CPD requirement. The Body also have a PCS helpdesk, which provides advice and assistance to doctors not meeting their PCS requirements.

The Team noted that the Body is also supportive of retired or semi-retired GPs and has developed guidelines to assist those doctors in meeting their PCS requirements.

Compliance

The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

The Team commends the Body for their approach in monitoring and supporting doctors who have been unable to fulfil their PCS requirements due to sick / maternity leave and in supporting them to do so.

Level of compliance FC

9.2 Retraining

9.2.1 The training organisation has processes to respond to requests from the Medical Council for retraining of doctors who have been absent from practice for a period of time.

Description of evidence of compliance with this Standard during the accreditation process

The Team reviewed the SCALES Course and is satisfied that this GP Refresher course is tailored for (a) doctors who wish to return to work in General Practice after a career break and (b) as an orientation course for those who trained in other areas but now wish to work part-time in General Practice. The Body advised the Team that the course is also suitable for doctors from other jurisdictions who do not have the equivalent qualification in General Practice.

It was also noted that some doctors take the SCALES course in order to self-assess if it is appropriate for them to apply for GP training. The Body informed the Team that most doctors, at point of application, will be able to enter this training. The learning outcomes for the course are to update the participants on current guidelines, revise some practical work and deliver career advice.

The SCALES course has been in existence for 19 years and it runs once annually and involves 9 days of training, 60 hours of formal teaching time. The course on average attracts 16 participants per year and maximum participation is capped at 18. However, through the discussions with the Body the Team was informed that there is capacity to increase the number of places on this course.

Compliance

The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

The Team commend the quality and longevity of the SCALES course.

Level of compliance: FC

9.3 Assessment and Remediation

9.3.1 The training organisation has processes to respond to requests from the Medical Council for assessment and remediation of doctors where concerns have been identified that these doctors may be under-performing.

Description of evidence of compliance with this Standard during the accreditation process

The Body noted in their self-evaluation form that they do not have a formal process to respond to a request from the Medical Council for retraining of doctors, but they would be happy to engage with the Medical Council and enter into a Service Level Agreement on this issue if and when asked.

The Body advised the Team that this is partly pertaining to funding and the ability to resource and support doctors who need remediation and assessment. The Body noted that there are informal mechanisms whereby experienced doctors who have difficulties can be supported. Many of these issues are dealt with via the Medical Council's Health Committee. In addition to this the Body noted that there is an informal network of general practitioners and other specialists who support doctors in difficulty. Supporting doctors in difficulty can be very demanding and is essentially is done on a voluntary basis. As well as time commitment to support these doctors the other concern the Body has is setting standards to ensure the standards and experience would be ethical for all doctors entering into remediation and assessment. It would require an extensive consultative process with stakeholder across multiple disciplines, the profession and Medical Council to define remediation and assessment.

Compliance The Body's self-evaluation submission indicated non-compliance with this Standard. The Team concluded that the Body is not compliant with this Standard.
Recommendation (s) The Team recommends the Body to commence discussion with the Medical Council on the appropriate process and funding mechanism to explore the establishment of a programme of remediation for doctors who have difficulties.
Commendation (s) No commendations made.
Level of compliance: NC

Appendix One – Agenda

Medical Council Postgraduate Re-Accreditation

Irish College of General Practitioners

Tuesday 25th June, 2019

Assessor Team

Professor Mary O' Sullivan, Assessor, Medical Council member & Chair of accreditation Team

Dr Neil Reddy, Assessor for the Medical Council

Dr Barry Lewis, Assessor for the Medical Council

Professor Gloria Kirwan, Assessor for the Medical Council

Ms Aoife Fitzsimons, Accreditation Manager, Medical Council

Ms Elizabeth Molloy, Accreditation Executive, Medical Council

Ms Marian Brosnan, Accreditation Executive, Medical Council

Ms Mary Mc Keoghan - Stenographer

Time	Activity	Details
8.00 am	**Private session of the Assessor Team**	Wi-Fi details to be provided Tea and coffee to be provided **Venue: Resource Room, Medical Council**
8.30 am – 10.30 am	**Meeting with College Representatives**	**Venue:** Resource Room, Medical Council **Attendees:** • Mr. Fintan Foy (CEO) • Dr. Tony Cox (Medical Director, Trainer and MICGP Examiner) • Dr. Eamonn Shanahan (Chair, PGTC, Trainer and Chair of Certification Committee) • Dr. Karena Hanley (National Director of GP Training) • Dr. Martin Rouse (Chair, National Association of Programme Directors & Programme Director South East GP Training Scheme) • Dr. Declan Mathews (Member of Task Force for GP Training, Trainer & Former Chair of Accreditation Sub-Committee) • Dr. Rukshan Goonewardena (Director of Network of Establishing GPs, Member of Task Force for GP Training, Accreditor & MICGP Examiner) • Ms. Muriosa Prendergast (Manager, MICGP Examination)

		• Ms. Martina McDonnell (Manager, GP Training Unit)
10.30 am – 11.30 am	**Private session of the Assessor Team**	Tea and coffee will be provided.
11.30 am – 12.30 pm	**Meeting with Trainees**	**Venue:** Resource Room, Medical Council The Team wish to meet with a representative group of Trainees.
12.30 pm – 1.30 pm	**Private session of the Assessor Team**	Light lunch to be provided including tea, coffee, water **Venue:** Resource Room, Medical Council
1.30 pm – 5.00 pm	**Private session of Assessor Team**	Report writing session **Venue:** Resource Room, Medical Council
5.00 pm	**Assessor Team Depart from Medical Council**	

Appendix Two - Overview of supporting documentation

LIST OF SUPORTING DOCUMENTATION FOR ICGP

Document No.	Title of Document	Supporting
1	Training Path	Recommendation A Standard 7.1.4 Standard 7.3.2
2	Sample CSCST 2018	Recommendation B
3	EDIC Terms of Reference	Recommendation C Standard 7.2.1
4	NCCT Terms of Reference	Recommendation D Recommendation S Standard 7.2.1
5	Innovations and Highlights identified on scheme visits	Recommendation D
6	Education and Competency Benefits of 4th Year Training	Recommendation E
7	RPL Summary April 2018	Recommendation F Recommendation O Standard1.3.2 Standard 3.4.2
8	Recognition of Prior Learning 2019	Recommendation F Standard 1.3.2 Standard 3.4.2 Standard 7.1.4
9	Final Criteria Document adopted by PGTC 2016	RecommendationG Standard 1.1.1 Standard 4.1.2 Standard 4.1.3 Standard 5.2.2 Standard 5.2.3 Standard 7.1.4 Standard 7.1.5 Standard 8.11 Standard 8.1.2 Standard 8.1.3 Standard 8.1.6
10	Extract of PGTC Mins – 27th May 2014	Recommendation H
11	Extract from ICGP Response to Medical Council	Recommendation I
12	Report	Recommendation I
13	Sample Log Book: Medicine Ballinasloe	Recommendation I
14	MICGP Handbook	Recommendation J Recommendation T
15	Assessment Project Proposal Template AB	Recommendation J Recommendation N Standard 4.1.3

16	WBA Project Team TOR	Recommendation J
17	ICGP Policy on Remote Supervision,	Recommendation K
18	ICGP Policy: Inter Scheme Transfer (IST)	Recommendation K
19	ICGP Policy: Flexible Training	Recommendation K Standard 3.4.1
20	ICGP Policy: Educational Leave	Recommendation K Recommendation M
21	ICGP Policy on Out of Hours (OOH)	Recommendation K
22	ICGP Policy: Trainee with a Disability	Recommendation K Recommendation T
23	Survey of GP Trainees 2012	Standard5.1.3. Recommendation K
24	GP Trainees and Consultation re MICGP Exam	Recommendation K Standard 7.3.2
25	A Guide to the MEQ	Recommendation K
26	MICGP Handbook 2017	Recommendation K Standard 5.1.2 Standard 5.1.3 Standard 5.3.1 Standard 7.3.2
27	Exit Interview Form.	Recommendation L
28	ICGP Curriculum 2018	Recommendation P Standard 2.2.1 Standard 2.2.2 Standard 2.2.3 Standard 3.1.1. Standard 3.2.1 Standard 5.1.1
29	Undergraduate Placement Data	Recommendation Q
30	Terms of Reference of Recruitment Leads	Recommendation U Standard 7.1.1 Standard 7.1.2 Standard 7.1.5
31	Report on Recruitment Process 2017	Recommendation U Standard 7.1.1 Standard 7.1.2 Standard 7.1.5
32	Summary of Trainee Disputes	Recommendation V Standard 7.4.4
33	Military Medicine Outcome	Changes to the Programme
34	Changes to the Programme	Changes to the Programme
35	The ICGP strategy "Beyond 2020 - Statement of strategy 2016- 2021	Standard 1.1.1 Standard 2.1.1.
36	Chart of Governance Structure	Standard 1.1.1
37	National Trainers Conference Programme	Standard 2.1.2.

38	NAPD Conference Programme	Standard 1.1.1
39	PGTC & Sub-Committee Terms of Reference	Standard 1.1.1
40	Extract from ICGP website re governance	Standard 1.1.3
41	List of PGTC Members	Standard 1.1.2
		Standard 1.1.3 Standard 1.2.1 Standard 7.2.1
42	Accreditation Sub-Committee	Standard 1.1.1. Standard 1.1.3 Standard 1.2.1
43	MICGP Terms of Reference	Standard 1.1.1. Standard 1.1.3
44	ICGP Policy: Trainee before Medical Council	Standard 1.2.1
45	NCCT Members	Standard 1.1.1 Standard 1.2.1 Standard 1.1.3.
46	ICGP Policy: Trainee in Difficulty	Standard 1.1.3 Standard 5.2.1 Standard 5.2.3
48	Audit & Risk Terms of Reference	Standard 1.2.2
49	SLA ICGP/HSE	Standard 1.2.3
50	Extern Accreditation – Terms of Reference	Standard 1.3.1
51	List of ICGP Representatives on outside Bodies	Standard 1.4.1
52	List of ICGP Clinical Leads	Standard 1.4.1
53	Chapter 4 – Criteria for Postgraduate Training Bodies	Standard 1.4.2
54	National Trainee Survey 2012	Standard 1.4.2
55	Medical Council Your Training Counts Survey	Standard 1.4.2
56	Sample QIP Quick reference guide – Text messaging 2018	Standard 1.5.1
57	GP Training Policy Documents	Standard 1.5.1
58	ICGP Curriculum	Standard 1.5.1
59	Strategy Development Workshop	Standard 2.1.2
60	Annual Report 2017	Standard 2.2.4
61	PGTC Newsletter (Sample)	Standard 3.1.1 Standard 7.3.1
62	Exam Report to PGTC	Standard 2.2.4
63	ICGP/AUDIGP Research Conference	Standard 4.1.1
64	Certificate of CSCST for GP Training	Standard 3.3.2
65	Beyond 2020 – statement of strategy from 2016	Standard 3.3.2
66	External Review by Prof Mike Pringle	Standard 3.3.2
67	ICGP Research and Education Grants	Standard 3.3.2
69	Trainee Quality in Practice Award 2018	Standard 3.3.2
70	Trainee Quality & Safety Award 2018	Standard 3.3.1
71	Guide & research support for Programme Directing Teams & Trainees	Standard 3.3.1

72	Sample Minutes of NCCT Task Group on promotion of GP at undergraduate level	Standard 3.5.1
73	Criteria for postgraduate Training Programmes	Standard 4.1.1
74	GP Training Handbook	Standard 4.1.2 Standard 5.3.1 Standard 7.3.1

75	GP Training Agreement 2019	Standard 5.2.3
76	Quality Assurance Manual	Standard 5.3.1
77	Assessment of Specialist Trained Overseas	Standard 5.4.1
79	Programme Director's Proforma	Standard 7.4.3
80	Accreditation Handbook	Standard 6.1.1
81	MICGP Examination Information – extract from Web	Standard 6.1.1.
82	Terms of Reference of Exam	Standard 6.1.1
62	Guideline on Accreditation Visit	Standard 6.1.1.
84	Criteria for appointment of Accreditor	Standard 6.1.1
85	Sample Questions for Reaccreditation Visit	Standard 6.1.1.
86	Role of Accreditor on Reaccreditation Visit	Standard 6.1.1.
87	Accreditation Report Format	Standard 6.1.1
88	Role of Chair of Accreditors	Standard 6.1.1.
89	Closing the loop – feedback on reaccreditation process	Standard 6.1.1
90	Mapping Document	Standard 6.1.1
91	Bridging the Gap 2015	Standard 6.2.1
92	Is the Face of General Practice Changing 2017	Standard 6.2.1
93	Recruitment Information extract from ICGP website	Standard 7.1.2. Standard 7.1.3.
94	ICGP GP Trainee Grievance Procedures for Educational issues	Standard 7.4.1. Standard 7.4.2 Standard 7.4.3
95	ICGP GP Trainer Grievance Procedures for Educational issues	Standard 7.4.1. Standard 7.4.2 Standard 7.4.3

96	Sample NCCT Minutes	Standard 6.1.2
97	Attrition Rates 2014-2018	**Standard** 6.2
98	Sample Exam Board Minutes	6.1.3
99	Sample Accreditation Sub-Committee Minutes	Standard 6.2
100	Exam Statistics – CCT Nov 18	Standard 2.2.4
101	CKT 108 – Question Item Analysis	Standard 2.2.4
102	Exam Training Workshop	Standard 8.1.4
103	Appeals Application Form	Standard 7.4.3
104	Exam Modules and Fees	Standard 7.3.2
105	GP Recruitment Information from Website	Standard 7.1.2
106	GP Recruitment Instructions to Applicant	Standard 7.1.2
107	Candidate Interview Information	Standard 7.1.2

108	Information on Training Schemes	Standard 7.1.2.
109	Criteria for Postgraduate Training Programmes	**Standa**rd 8.2.1
110	Hospital posts logs for Emergency Med & Psychiatry	Standard 8.2.2
111	Criteria for Postgraduate Training Programmes 2016	Standard 8.2.3
112	Sample 1st year log book	Standard 8.2.4
113	Sample 4th year log book	Standard 8.2.4
114	ICGP Doc managing Occ Health and safety in practice	Standard 8.2.5
115	ICGP Anti Bullying Policy	Standard 8.2.5
116	ICGP PCS Guide	Standard 9.1.1.
117	ICGP Short Guide to Audit	Standard 9.1.1.
118	PCS Advice Retired Doctors	Standard 9.1.1
119	PDP Template	Standard 9.1.1.
120	Ways to obtain internal CPD credit	Standard 9.1.1.
121	Sample recommendation on advice to GPs and CPD	Standard 9.1.2
122	CPD recognition application form	Standard 9.1.3
123	CPD Guidelines Document	Standard 9.1.3
124	ICGP CPD sponsorship document	Standard 9.1.3

125	Sample ICGP Personal Development Plan template	Standard 9.1.4-9.1.6
126	Sample timetable for Scales course	Standard 9.2.1

Appendix Three - Medical Council's Accreditation Standards for Postgraduate Medical Education and Training

Comhairle na nDochtúirí Leighis
Medical Council

MEDICAL COUNCIL ACCREDITATION STANDARDS FOR POSTGRADUATE MEDICAL EDUCATION AND TRAINING

1. CONTEXT OF EDUCATION AND TRAINING

1.1 GOVERNANCE

1.1.1 The training organisation's governance structures and its education and training, assessment and continuing professional development functions are defined.

1.1.2 The governance structures describe the composition and terms of reference for each committee, and allow all relevant groups to be represented in decision-making.

1.1.3 The training organisation's internal structures give priority to its educational role relative to other activities.

1.2 PROGRAMME MANAGEMENT

1.2.1 The training organisation has established a committee or committees with the responsibility, authority and capacity to direct the following key functions:

- planning, implementing and reviewing the training programme(s) and setting relevant policy and procedures
- setting and implementing policy and procedures relating to the assessment of overseas-trained specialists
- setting and implementing policy on continuing professional development and reviewing the effectiveness of continuing professional development activities.

1.2.2 The training organisation's education and training activities are supported by appropriate resources including sufficient administrative and technical staff.

1.2.3 Funding and Resource Allocation - there must be a clear line of responsibility and authority for budgeting of training resources. The training bodies must be adequately funded in order to plan and deliver the programme.

1.3 EDUCATIONAL EXPERTISE AND EXCHANGE

1.3.1 The training organisation uses educational expertise in the development, management and Continuous improvement of its education, training, assessment and continuing professional

development activities, as required.

1.3.2 The training organisation collaborates with other educational institutions and compares its curriculum, training programme and assessment with that of other relevant programmes.

1.4 INTERACTION WITH THE HEALTH SECTOR

1.4.1 The training organisation seeks to maintain constructive working relationships with relevant health departments and government, non-government and community agencies to promote the education, training and ongoing professional development of medical specialists.

1.4.2 The training organisation works with healthcare institutions to facilitate clinicians employed by them to contribute to high quality teaching and supervision, and to foster peer review and professional development.

1.5 CONTINUOUS RENEWAL

1.5.1 The training organisation reviews and updates structures, functions and policies relating to education, training and continuing professional development to rectify deficiencies and to meet changing needs.

2. THE OUTCOMES OF THE TRAINING PROGRAMME

2.1 PURPOSE OF THE TRAINING ORGANISATION

2.1.1 The purpose of the training organisation includes setting and promoting high standards of medical practice, training, research, continuing professional development, and social and community responsibilities.

2.1.2 In defining its purpose, the training organisation has consulted fellows and trainees, and relevant groups of interest.

2.2 GRADUATE OUTCOMES

2.2.1 The training organisation has defined graduate outcomes for each training programme including any sub-specialty programmes. These outcomes are based on the nature of the discipline and the practitioners' role in the delivery of health care. The outcomes are related to community need.

2.2.2 The outcomes address the broad roles of practitioners in the discipline as well as technical and clinical expertise.

2.2.3 Outcomes must reflect domains of professionalism as defined by the Medical Council with particular reference to patient safety

2.2.4 The training organisation makes information on graduate outcomes publicly available.

3. THE EDUCATION AND TRAINING PROGRAMME - CURRICULUM CONTENT

3.1 CURRICULUM FRAMEWORK

3.1.1 For each of its education and training programmes, the training organisation has a framework for the curriculum organised according to the overall graduate outcomes. The framework is publicly available.

3.2 CURRICULUM STRUCTURE, COMPOSITION AND DURATION

3.2.1 For each component or stage, the curriculum specifies the educational objectives and outcomes, details the nature and range of clinical experience required to meet these objectives, and outlines the syllabus of knowledge, skills and professional qualities to be acquired.

3.2.2 Successful completion of the training programme must be certified by a diploma or other formal award.

3.3 RESEARCH IN THE TRAINING PROGRAMME

3.3.1 The training programme includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, and encourages the trainee to participate in research.

3.3.2 The training programme allows appropriate candidates to enter research training during specialist education and to receive appropriate credit towards completion of specialist training.

3.4 FLEXIBLE TRAINING

3.4.1 The programme structure and training requirements recognise part-time, interrupted and other flexible forms of training.

3.4.2 There are opportunities for trainees to pursue studies of choice, consistent with training programme outcomes, which are underpinned by policies on the recognition of prior learning. These policies recognise demonstrated competencies achieved in other relevant training programmes both here and overseas, and give trainees appropriate credit towards the requirements of the training programme.

3.5 THE CONTINUUM OF LEARNING

3.5.1 The training organisation contributes to articulation between the specialist training programme and prevocational and undergraduate stages of the medical training continuum.

4. THE TRAINING PROGRAMME - TEACHING AND LEARNING

4.1.1 The training is practice-based involving the trainees' personal participation in relevant aspects of the health services and, for clinical specialties, direct patient care.

4.1.2 The training programme includes appropriately integrated practical and theoretical instruction.

4.1.3 The training process ensures an increasing degree of independent responsibility as skills, knowledge and experience grow.

5. THE CURRICULUM - ASSESSMENT OF LEARNING

5.1 ASSESSMENT APPROACH

5.1.1 The assessment programme, which includes both summative and formative assessments, reflects comprehensively the educational objectives of the training programme.

5.1.2 The training organisation uses a range of assessment formats that are appropriately aligned to the components of the training programme.

5.1.3 The training organisation has policies relating to disadvantage and special consideration in

assessment, including making reasonable adjustments for trainees with a disability.

5.2 FEEDBACK AND PERFORMANCE

5.2.1 The training organisation has processes for early identification of trainees who are under performing and for determining programmes of remedial work for them.
5.2.2 The training organisation facilitates regular feedback to trainees on performance to guide learning.
5.2.3 The training organisation provides feedback to supervisors of training on trainee performance, where appropriate.

5.3 ASSESSMENT QUALITY

5.3.1 The training organisation has a policy on the evaluation of the reliability and validity of assessment methods, the educational impact of the assessment on trainee learning, and the feasibility of the assessment items. It introduces new assessment methods where required.

5.4 ASSESSMENT OF SPECIALISTS TRAINED OVERSEAS

5.4.1 The processes for assessing of specialists trained overseas are in accordance with the principles outlined by the Irish Medical Council

6. THE CURRICULUM - MONITORING AND EVALUATION

6.1 ONGOING MONITORING

6.1.1 The training organisation regularly evaluates and reviews its training programmes. Its processes address curriculum content, quality of teaching and supervision, assessment and trainee progress.
6.1.2 Supervisors and trainers contribute to monitoring and to programme development. Their feedback is systematically sought, analysed and used as part of the monitoring process.
6.1.3 Trainees contribute to monitoring and to programme development. Their confidential feedback on the quality of supervision, training and clinical experience is systematically sought, analysed and used in the monitoring process. Trainee feedback is specifically sought on proposed changes to the training programme to ensure that existing trainees are not unfairly disadvantaged by such changes.

6.2 OUTCOME EVALUATION

6.2.1 The training organisation maintains records on the graduates of its training programme, is developing methods to measure outcomes of training and is collecting qualitative information on outcomes.
6.2.2 Supervisors, trainees, health care administrators, other health care professionals and consumers contribute to evaluation processes.

7. IMPLEMENTING THE CURRICULUM – TRAINEES

7.1 ADMISSION POLICY AND SELECTION

7.1.1 A clear statement of principles underpins the selection process, including the principle of merit-based selection.

7.1.2 The processes for selection into the training programme
- are based on the published criteria and the principles of the training organisation concerned
- are evaluated with respect to validity, reliability and feasibility
- are transparent, rigorous and fair
- are capable of standing up to external scrutiny
- include a formal process for review of decisions in relation to selection, and information on this process is outlined to candidates prior to the selection process.

7.1.3 The training organisation documents and publishes its selection criteria. Its recommended weighting for various elements of the selection process, including previous experience in the discipline, is described. The marking system for the elements of the process is also described.

7.1.4 The training organisation publishes its requirements for mandatory experience, such as rotation through a range of training sites. The criteria and process for seeking exemption from such requirements are made clear.

7.1.5 The training organisation monitors the consistent application of selection policies across training sites and/or regions.

7.2 TRAINEE PARTICIPATION IN TRAINING ORGANISATION GOVERNANCE

7.2.1 The training organisation has formal processes and structures that facilitate and support the involvement of trainees in the governance of their training.

7.3 COMMUNICATION WITH TRAINEES

7.3.1 The training organisation has mechanisms to inform trainees about the activities of its decision-making committees, in addition to communication by the trainee organisation or trainee representatives.

7.3.2 The training organisation provides clear and easily accessible information about the training programme, costs and requirements, and any proposed changes.

7.3.3 The training organisation provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.

7.4 RESOLUTION OF TRAINING PROBLEMS AND DISPUTES

7.4.1 The training organisation has processes to address confidentially problems with training supervision and requirements.

7.4.2 The training organisation has clear impartial pathways for timely resolution of training-related disputes between trainees and supervisors or trainees and the organisation.

7.4.3 The training organisation has reconsideration, review and appeals processes that allow trainees to seek impartial review of training-related decisions, and makes its appeals policies publicly available.

7.4.4 The training organisation has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.

8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES

8.1 SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS

8.1.1 The training organisation has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the training programme and the responsibilities of the training

organisation to these practitioners.

8.1.2 The training organisation has processes for selecting supervisors who have demonstrated appropriate capability for this role. It facilitates the training of supervisors and trainers.

8.1.3 The training organisation routinely evaluates supervisor and trainer effectiveness including feedback from trainees and offers guidance in their professional development in these roles.

8.1.4 The training organisation has processes for selecting assessors in written, oral and performance-based assessments who have demonstrated relevant capabilities.

8.1.5 The training organisation has processes to evaluate the effectiveness of its assessors/examiners including feedback from trainees, and to assist them in their professional development in this role.

8.1.6 Organisation and development of trainers – instructional activities must be included as responsibilities in the work schedules of trainers and their relationship to work schedules of trainees must be described.

8.2 CLINICAL AND OTHER EDUCATIONAL RESOURCES

8.2.1 The training organisation has a process and criteria to select and recognise hospitals, sites and posts for training purposes. The accreditation standards of the training organisation are publicly available.

8.2.2 The training organisation specifies the clinical and/or other practical experience, infrastructure and educational support required of an accredited hospital/training position in terms of the outcomes for the training programme. It implements clear processes to assess the quality and appropriateness of the experience and support offered to determine if these requirements are met.

8.2.3 The training organisation's accreditation requirements cover: orientation, clinical and/or other experience, appropriate supervision, structured educational programmes, educational and infrastructure supports such as access to the internet, library, journals and other learning facilities, continuing medical education sessions accessible to the trainee, dedicated time for teaching and training and opportunities for informal teaching and training in the work environment.

8.2.4 The training organisation works with the health services to ensure that the capacity of the health care system is effectively used for service-based training, and that trainees can experience the breadth of the discipline. It uses an appropriate variety of clinical settings, patients and clinical problems for training purposes, while respecting service functions.

8.2.5 The training organisation should monitor the working environment to ensure it is a safe environment for training.

9. CONTINUING PROFESSIONAL DEVELOPMENT

9.1 CONTINUING PROFESSIONAL DEVELOPMENT PROGRAMMES

9.1.1 The training organisation's professional development programmes are based on self-directed learning. The programmes assist participants to maintain and develop knowledge, skills and attitudes essential for meeting the changing needs of patients and the health care delivery system, and for responding to scientific developments in medicine as well as changing societal expectations.

9.1.2 The training organisation determines the formal structure of the CPD programme in consultation with stakeholders, taking account of the requirements of relevant authorities such as medical boards.

9.1.3 The process and criteria for assessing and recognising CPD providers and/or the individual CPD activities are based on educational quality, the use of appropriate educational methods and resources, and take into consideration feedback from participants.

9.1.4 The training organisation documents the recognised CPD activities of participants in a systematic and transparent way, and monitors participation.

9.1.5 The training organisation has mechanisms to allow doctors who are not its Members and/or Fellows to access relevant continuing professional development and other educational opportunities.

9.1.6 The training organisation has processes to counsel fellows who do not participate in ongoing professional development programmes.

9.2 RETRAINING

9.2.1 The training organisation has processes to respond to requests from the Medical Council for retraining of doctors who have been absent from practice for a period of time.

9.3 ASSESSMENT AND REMEDIATION

9.3.1 The training organisation has processes to respond to requests from the Medical Council for assessment and remediation of doctors where concerns have been identified that these doctors may be under-performing.

Approved by the Medical Council
1st June 2010

and

Revised by the Medical Council
25th October 2011

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