Comhairle na nDochtúirí Leighis
Medical Council

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

Report on the Accreditation of The Programme of Specialist Training in Intensive Care Medicine

Contents

Statement with regard to the Freedom of Information Acts, 2014

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

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A. Preface

1. Context of the Accreditation Session

The Medical Council Accreditation Team met with the Joint Faculty of Intensive Care Medicine of Ireland (JFICMI) and the College of Anaesthetists of Ireland (CAI) on 19th January 2017, when a number of recommendations were made in order to meet the Medical Council's accreditation standards for postgraduate medical education. The JFICMI resubmitted their application on 8th December 2017 and the Medical Council subsequently met with the JFICMI and CAI on 9th March 2018. The Accreditation Team's remit was to assess the Programme of Specialist Training in Intensive Care Medicine against the 'Medical Council Accreditation Standards for Postgraduate Medical Education and Training' (approved 1st June 2010) and to subsequently formulate a recommendation to the Medical Council's Education, Training and Professional Development Committee.

2. The Team

The Medical Council Accreditation Team is listed in Appendix 2 of this Report. The Council particularly appreciates the contribution of the assessors. The team comprised of Professor Alan Johnson (Council member and Chair), Dr Daniele Bryden, Dr Carol MacMillan, Mr Declan Ashe, Mr Daragh Moneley and Dr Hemal Thakore. They brought additional expertise in quality assurance of medical education to the accreditation process and generously gave of their time and expertise to help with the accreditation process.

The Medical Council also thanks the representatives from the Joint Faculty of Intensive Care Medicine and the College of Anaesthetists for their co-operation.

3. Documentation

As part of the accreditation process, the Faculty was asked to complete and document a self-evaluation process based upon the '*Medical Council Accreditation Standards for Postgraduate Medical Education and Training*' (approved 1st June 2010). Following the meeting on 19th January 2017, the Accreditation Team made a number of recommendations to the JFICMI in order to assist with their application for accreditation of the Programme of Specialist Training in Intensive Care Medicine. This documentation was reviewed by the team, who were impressed by the quality of the detailed and substantial submission.

4. Schedule

The accreditation session included a private meeting of the Medical Council Accreditation Team, and in-depth discussions between the Team and representatives from the Joint Faculty of Intensive Care Medicine and the College of Anaesthetists. Topics covered included: the intensive care medicine 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 27 priority recommendations made by the Accreditation team at its meeting with the Faculty on 19th of January 2017 are attached at Appendix 1. The agenda for the Accreditation Session is attached as Appendix 2. The accreditation standards which were applied throughout this process are attached as Appendix 3.

6. The Report

The '*Medical Council Accreditation Standards for Postgraduate Medical Education and Training*' formed the basis of the evaluation of both, the Joint Faculty of Intensive Care Medicine of Ireland, the College of Anaesthetists and the Programme of Specialist Training in Intensive Care Medicine. The observations, comments and recommendations contained in this Report are grouped under the relevant section of these standards.

B. Summary and General Assessment

1. Conclusion and Main Recommendations to Education, Training and Professional Development Committee (ETPDC)

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

1. **The Programme of Specialist Training in Intensive Care Medicine** should be approved by the Council *with one condition* under the terms of Section 89(3)(a)(i) of the Medical Practitioners Act 2007. These recom mendations are made on the grounds of the Medical Council Team's finding that the programme adheres to the rules, criteria, guidelines and standards approved by Council as specified in Sections 87(3), 88(1)(a), 88(4)(b), 88(4)(d) and 89(3) of the Medical Practitioners Act 2007.

   The condition attached to the approval of the programme is that:

   (a) The first full training cycle must be completed leading to the award of a Certificate of Completion of Specialist Training to each successful graduate of the programme.

2. **The Joint Faculty of Intensive Care Medicine of Ireland (JFICMI)** should be approved by the Council *with one condition* under Section 89(3)(a)(ii) of the Medical Practitioners Act 2007 as the body which may deliver the Programme of Specialist Training in Intensive Care Medicine approved under '1' above. These recommendations are made on the grounds of the JFICMI 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, with the caveat of the condition as set out below.

The condition attached to the approval of the body is that:

(a) The first full training cycle must be completed leading to the award of a Certificate of Completion of Specialist Training to each successful graduate of the programme.

This approval with conditions should be for an initial period of five years from the date of approval by Council as set out in Statutory Instrument 529 of 2010.

2. Priority Recommendations to the Body

The Team were satisfied that the JFICMI and the CAI have addressed the vast majority of the 27 priority recommendations as outline at the accreditation meeting held on 19th January 2017.

The Team makes the following four priority recommendations to the Joint Faculty of Intensive Care Medicine, as follows:

(a) The JFICMI should publish a personnel specification and selection criteria for candidates entering into the programme and the minimal criteria to gain entry to the programme from a clinical and non-clinical aspect;

(b) The JFICMI should provide explicit milestones for Trainers and Trainees to meet;

(c) The JFICMI should ensure multi source feedback or 360-degree review is distributed amongst the wider workforce in the overall assessment of candidates. The Team recommends a minimum of 10 -12 returned feedback forms across the clinical and non-clinical workforce. Multi source feedback should be completed every six months;

(d) The role of the external examiner should be expanded to include all aspects of the assessment process, such as written exams.

3. Other Recommendations to the Body:

(a) Nil

4. Commendations:

The Team appreciated the quality of the submission and the level of participation of the members of the JFICMI and the CAI.

5. Recommended further action - Clarification

The Team would like clarification regarding:

- the submitted documentation stated that the standard of the exam was set to 'that of a Consultant or senior Trainee of one year training'. As these are two different standards, could we have clarification as to which standard will be used;

- whether a Trainee can complete the two year programme having only completed the required curriculum activities but not achieved any of the "desirable" minimum training requirements;

- explicit employment arrangements/opportunities for Trainees who are LTFT / Flexible, who have long term illness or maternity leave or who have failed the exam several times. The Team request JFIMI to provide them with a copy of the CAI flexible training policy and a doctor in difficulty policy.

C . Description of Specialty and Service Need

Recognition of Specialty

The specialty of Intensive Care Medicine has been recognised by the Medical Council since 23rd December 2013, when it was approved by the then Minister of Health and Tánaiste, Mr James Reilly, under Section 89(1) of the Medical Practitioners Act 2007 (the Act). This is the application for accreditation of the programme in support of the specialty.

Existing Specialists

There are presently no specialists registered in the specialty of Intensive Care Medicine as the application process is not yet "open" pending approval of this programme. Once accredited, the training programme will lead to the award of a Certificate of Satisfactory Completion of Specialist Training in accordance with Section 47(1)(b) of the Act and associated criteria under Section 47(1)(f) of the Act.

Purpose of Programme

To promote excellence in the practice of intensive care medicine through a continuum of education, training, accreditation of specialists and research to meet the needs of critically ill patients in Ireland.

Description of Programme

The following extract from the programme sets the context:

"The overall objective of training in intensive care medicine under the auspices of the JFICMI is to equip trainee doctors with the skills – clinical, procedural and non-clinical – and attitudes to provide high quality speciality care to critically ill patients in Ireland, in both regional and metropolitan settings. The training programme reflects this overarching objective, using a competency based model derived from the CoBaTriCe curriculum, a Europe-wide model of intensive care medicine training designed by a combination of established intensive care consultants and a user (patient and relatives) survey." (CAI submission page 50)

Current Training Capacity

The Team noted that there would be fourteen Trainees across the two years of the programme.

D. Evaluation of the Programme

1) CONTEXT OF EDUCATION AND TRAINING

Standard (1) incorporates the following elements:

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

Documentary Evidence of compliance with this standard

In addition to the submission, the JFICMI provided the Team with the following documentary evidence of compliance with this standard:

- Memorandum and Articles of Association JFICMI 2008
- College of Anaesthetists of Ireland letter re governance
- RCSI and RCPI letters re governance
- Higher Specialist Training in Intensive Care Medicine
- JFICMI Training Committee Terms of Reference
- JFICMI Examinations Committee Terms of Reference
- JFICMI Credentials Committee Terms of Reference
- JFICMI and ICSI Roles

Team Evaluation

The Team;

- required clarity on whether the Memorandum and Articles of Association was clear enough in relation to how the JFICMI reports to the constituent training bodies.

- queried as to whether the Memorandum and Articles of Association could give more expression as to who the Faculty reports to.

- were unclear on the area of continuous renewal and whether that was something that needed to be strengthened so that the JFICMI have more of a hand in the continuous renewal of the programme.

- queried how the CAI,JFICMI came to the decision that there would be fourteen Trainees on the programme.

- noted as an observation, in the UK, for a similar population size to Ireland there would be ten to fourteen Trainees per year.

- queried if the JFICMI could confirm how many applicants into the training programme would be anaesthesia-base trained or non-anaesthesia based trained.

Response of the Faculty

The Faculty;

- confirmed that the JFICMI sits within and reports to the Council of the College of Anaesthetists (CAI), including but not limited to matters such as legal entity, the development of service level agreements and contractual obligations. The Faculty also stated that the Dean of the Faculty of Intensive Care Medicine is a member on the Council of the CAI.

- have commenced developmental work on the committee structures within the College and confirmed that this includes rewriting and updating all the Memoranda of Understanding. The JFICMI noted there is further clarification in relation to the reporting structures in the committee Terms of Reference, which were included as part of the submission.

- stated that as part of their continuous improvement programme within the College they have a continuous improvement cycle where they look at curricula and other extraneous matters. They confirmed there are common areas across all programmes in relation to recruitment, retention, flexible working within advertisements, assessments, engagement with Trainees, annual assessments and annual review. The CAI and the JFICMI work very closely together and see that as part of the continuous renewal of the programme. They also seek feedback from the Committee of Trainees in terms of their continuous improvement process.

- Stated that the number of Trainees is based on projected current needs and is an iterative process. A considerable portion of Intensive Care Medicine (ICM) is delivered by Anaesthetists in Ireland. Traditionally intensive care doctors came through the anaesthesia route and now they are starting to see specialists coming through from other streams such as physician-based Intensivists. There has been a number of appointments of non-anaesthetists to the posts. Over time that may well change and the JFICMI would anticipate possibly with reconfiguration that there would be a critical mass of beds and staff in intensive care units, which would mandate a change in practice.

- Advised that seven funded Trainee positions were agreed in a very finite, fiscally restrictive environment. The JFICMI noted to get funding for fourteen Trainees, all at the top scale of their salary, was something they were pleased with, however, they identified to the HSE National Training Development and Planning (NDTP) office that this would need to be expanded over time.

- noted it is difficult to be clear on the number of applicants who will be anaesthetic-based vs non-anaesthetic-based. This is very much dependent on the workforce planning process and the centralisation of intensive care programmatic development. The Faculty advised there has been increased engagement by the Royal College of Physicians of

Ireland (RCPI) Trainees and the Emergency Medicine Trainees, which will change the balance of applicants over time. The Faculty informed the Team that the more senior level of Trainees appointed in recent years, post CST cohort, is equivalent to applications from non-anaesthesia based training.

2) THE OUTCOMES OF THE TRAINING PROGRAMME

Standard (2) incorporates the following elements:

2.1 PURPOSE OF THE TRAINING ORGANISATION
2.2 GRADUATE OUTCOMES

Documentary Evidence of compliance with this standard

In addition to the submission, the JFICMI provided the Team with the following documentary evidence of compliance with this standard:

- Faculty of Intensive Care Medicine letter
- College of Intensive Care Medicine letter
- Asian Pacific Association of Critical Care Medicine letter
- Advanced Subspecialty / Dual CST Training in Ireland
- Letter of Offer of Service Level Agreement METU HSE 2013
- Spanish Intensive Care Society (SEMICYUC) letter and background document
- Higher Specialist Training in Intensive Care Medicine

Team Evaluation

The Team discussed this element of Council's accreditation standards and were satisfied with the documentary evidence provided as part of the JFICMI submission, which supported and meets all criteria listed under this standard.

3) THE EDUCATION AND TRAINING PROGRAMME - CURRICULUM CONTENT

Standard (3) incorporates the following elements:

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

Documentary Evidence of compliance with this standard

In addition to the submission, the JFICMI provided the Team with the following documentary evidence of compliance with this standard:

- JFICMI Curriculum
- Research Output Irish Critical Care Research Group
- Higher Specialist Training in Intensive Care Medicine

- Post CST Programme Intensive Care Medicine Mater Misericordiae Hospital 2014

Team Evaluation

The Team;

- were unclear as to what the minimum training requirements are within the curriculum. They queried the difference between "required" and "desirable" elements and what would happen if a Trainee did not achieve all of the desirable elements.

- required further clarification on the completion of the two years of the programme; the minimum requirement is for a Trainee to achieve all "required" elements.

- questioned what would happen to a Trainee if at the end of the first year of the two year programme they failed the exam? What happens to them in relation to their second year? Will that Trainee go into a holding pattern, do they progress to the second year and are they provided with another opportunity to sit the exam?

- queried as part of entry requirements to the programme, in the case where a Trainee has already completed a year's intensive care medicine in their primary speciality, before commencing the new programme. Is the Trainee required to have completed the exam to enter the final year?

- were concerned that Trainees have a year maximum to complete the written element of the examination and have to immediately continue to the clinical aspect of the examination. How will the Faculty defend themselves against discrimination for Trainees who wish to work less than full time or Trainees who may, due to illness or maternity leave, need time out?

- Acknowledge that the clinical exam is a difficult examination to reproduce, however, enquired if the Joint Faculty would consider increasing the frequency of the exam, given that Trainees may be "out of synch" with exam sitting because of less than full-time or flexible training?

Response of Faculty

The Faculty;

- responded that part of the training is divided into year one and year two as special interest years; and the post CCST years. There is a recognition that a Trainee who is going to have completed two years of post CCST will require a greater level of people care and procedural expertise than a Trainee who has just completed the special interest year. The JFICMI advised that a large number of the "desirable" versus "required" falls within the remit of an individual who is going to apply for a role as a consultant in a primary specialty with a special interest in intensive care, as opposed to an individual who is going to apply for a substantive post as an Intensive Care Consultant.

- confirmed that a Trainee must have all "required" elements in order to complete the two year programme. Within the documentation provided by the Faculty there is a list of mandatory requirements and what is considered "desirable". At the final interview process with the Training Board, a Trainee must ensure all mandatory requirements for training have been satisfied.

- advised that if a Trainee failed the exam at the end of year one it would be specifically addressed as part of the assessment process via the Training Committee. The Faculty confirmed that the Trainee would not be removed from the programme. They would be offered the opportunity to re-enter year one. The JFICMI confirmed they would be able to maintain their training post with the current agreements that are in place with the various hospitals. The Faculty noted they would need to reflect upon a Trainee failing at the top end of the training programme, this would be a concern for the Training Committee, as they would be expecting a very high pass rate at this level.

  In addition, the CAI confirmed as with most of their programmes they have negotiated with the HSE NDTP, that, pending the accreditation of the site, they would have the ability to have extra space if required to assist Trainees who failed to reach the desired level. Therefore, there is a mechanism in place for the CAI and JFICMI to trigger a conversation regarding support and have additional posts in a supervised environment.

- responded that entry to year two always mandates that the Trainee has passed the exam in year one. Therefore, if a Trainee completed their base speciality training and had not completed the examination they would enter at year one at the end of their training. Trainees must complete year one and have completed the examination as entry criteria into year two.

- confirmed that the CAI have agreed with the HSE NDTP a flexible training policy that covers many of the areas that the Team raised concerns about. In some instances, the College has had Trainees enter a programme and apply for pro rata basis. If someone was working five days a week and they wished to reduce to four days a week, the College can extend their period on a pro rata basis. The College noted the HSE NDTP are actively promoting flexible training options and career opportunities at consultant level. Within the Irish workforce, about 2% of Trainees apply for flexible training and the HSE NDTP hope to raise that to approximately 10%.

- informed the Team they would hope to find themselves in time with an increased number of Trainees and a larger training programme. First, they need to address the number of Trainers going through the system, which would produce more consultants, more tutors, more supervisors and therefore the ability to hold an exam sitting twice a year. The Faculty have not yet worked out the numbers for a second sitting in terms of efficiency and maintaining the same standards throughout all sittings of the exam. Nonetheless, they envision they would require a minimum of ten candidates at entry point for two sittings a year, which would be attractive to senior Trainees.

  In addition, the College would have concerns about the validity of standard setting for the examination, statistics and psychometrics post examination, if an exam was held for very small number of Trainees. For those reasons there would need to be a critical mass cut-off point. The JFICMI agreed it is something that needs to be continuously reviewed.

4) THE TRAINING PROGRAMME - TEACHING AND LEARNING

Documentary Evidence of compliance with this standard

In addition to their submission, the JFICMI provided the Team with the following documentary evidence of compliance with this standard:

- Higher Specialist Training in Intensive Care Medicine
- Post CST Programme Intensive Care Medicine Mater Misericordiae Hospital 2014
- JFICMI Basic Critical Care Echocardiography
- Intensive Care Educational Environment 2009
- International Survey of Intensive Care Training Barrett 2005
- Training Progress Report and eLogbook
- Regulations of the JFICMI Fellowship Examination
- Application Form FJFICMI
- JFICMI Fellowship Examination Organisation
- FJFICMI Examination Format
- Sample Short Answer Papers
- FJFICMI Certification
- Policy for College of Anaesthetists of Ireland Tutors
- JFICMI Supervisors of Training
- JFICMI National Standards for Critical Care Services
- JFICMI Visitation Report
- List of Accredited Training Hospitals

Team Evaluation

- The Team commended the Faculty for the curriculum training and for including difficult courses in the training programmes such as large numbers of intubations, emergencies and donor awareness. The Team noted from the Faculty's submission that they have included basic echo skills as essential criteria and sought clarification on whether the Faculty have the Trainers and / or mentors available to deliver this training?

Response of the Faculty

- The Faculty confirmed that although the number of Trainers are small they have good echo Trainers nationally. Training centres are following a training programme defined by the JFICMI. Echo training throughout the country is to establish relationships with divisions of cardiology and cardiology technicians in the hospitals to ensure that the standard of echo training is consistent. Therefore, if a trainer is not an accredited echo trainer, they may provide echo training in a supervised and supported capacity, thus maintaining the standard. There will be a transitional period of an, as yet unknown number of years until the Faculty gets enough accredited echo-trained intensivists, this will in time link with the EDEC examination process. Therefore, those basic echo-completed doctors will progress to the EDEC programme of advanced echocardiography and come back with the same skill links. The Faculty noted skills in echo are not as rare anymore however, accredited skills as Trainers are.

5) THE CURRICULUM - ASSESSMENT OF LEARNING

Standard (5) incorporates the following elements:

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

Documentary Evidence of compliance with this standard

In addition to their submission, the JFICMI provided the Team with the following documentary evidence of compliance with this standard:

- JFICMI Credential Committee Terms of Reference
- JFICMI Curriculum
- Basic Critical Care Echocardiography
- Training Progress Report and eLogbook
- Regulations of the JFICMI Fellowship Examination
- JFICMI Fellowship Examination Organisation
- JFICMI Supervisors of Training
- College of Anaesthetists of Ireland – Regulations for Membership and Fellowship Examinations 2015
- JFICMI Periodic Accreditation Visitation Record
- JFICMI Credentials Committee Application format

Team Evaluation

- The Team sought clarification as to how the Faculty intend maintaining the standard for the exam.

- With the change to the Exam Committee every two to three years and the introduction of new exam questions annually to the bank of questions, the Team sought clarification as to how the Faculty ensure from year to year that the exam is of the same difficulty, as the fixed pass mark is 18 out of 30.

- It was noted that two examiners are required for five parts of the exam per candidate. The Team were concerned that during the marking process of the examination, one examiner could potentially feel intimidated by the other to agree a mark and asked the Faculty for clarification on how they would safeguard against such a scenario.

- The Team sought clarification in relation to how the Faculty translates the candidate's written answer into their mark based on 0-5 marking system.

- The Team enquired as to how the clinical aspect of the exam is organised, in particular the consent process with the patient, if the nursing staff involved in the assessment.

- The Team sought clarification in relation to the involvement of the external examiner, how does the external examiner contribute to the clinical and Viva component of the examination. Are the external examiners involved in the written elements of the exam?

Response of Faculty

- The Faculty explained that the exam is split into seven parts. The Multiple Choice Questions (MCQ) have two types of MCQ's, single best answers type A's and type K's. The Faculty also have a short answer paper. With regard to the MCQ's, a large component of the questions are sourced from the Faculty's bank of questions. The question bank has accumulated over the years and all questions are written by accredited examiners within the Joint Faculty and validated through the Examinations Committee. Post examination, the JFICMI perform a statistical analysis of the MCQ to determine the discriminating factor of each of question and its level of effectiveness. This is achieved using a Cronback alpha score system.

  The short answer questions is mapped to the curriculum. Eight short answer questions are written and each short answer question will have a model answer. The Committee vet the short model answer, which is used by the examiners who marks the manuscripts. Therefore, candidates will have their exam corrected by two examiners, both examiners must agree upon a mark and that is how the standard is set. The questions themselves tend to repeat every four to five years as there is only a limited number of scenarios that can be asked in critical care when mapped to various domains within the syllabus.

  The subsequent components of the examination, the two minor and one major cases are standardised in the sense that all the examiners are accredited through the Examination Committee. They are all Fellows of the Joint Faculty. International external examiners are invited every year to review the papers and write a report on their findings, which is how the exam is benchmarked internationally. There are also two viva sections and these are all vetted through the Examinations Committee before the exam is held. It is the CAI policy that the pass mark for each individual question is determined by using the Angoff method or borderline regression.

  The Faculty also informed the Team that the Examinations Committee of the Joint Faculty have a very close relationship with the College of Anaesthetists. Dr Westbrook regularly writes questions for the intensive care component of the anaesthesia examination and is the Irish representative on the European Diploma of Intensive Care Medicine, which allows for cross-pollination of knowledge and expertise.

- The Faculty confirmed both examiners must agree on a mark. If the mark is not agreed for a particular answer then it is passed over to the other two sets of examiners examining on the day. All four examiners would then come to an agreement on the mark. In an oral or Viva-type situation the Faculty advised that the CAI policy states that each examiner marks independently, then discusses and agrees the final mark with the other examiner. The exam is broken down into six different sections; candidates must rotate through the panel of examiners. The Faculty also noted that examiners are quality-assured via the Examiners Court, which is a robust process held at the end of the day.

Examiners must defend where they have negatively marked a candidate. This will then be discussed between all examiners who saw that candidate that day.

- The Faculty confirmed that there are explicit guidelines for each answer. Model answers for each question are written and a small descriptor is provided to each examiners as to what is required for a pass. It is a closed mark system, three is a pass. It is clearly documented what is required for a candidate to receive a score of three. A four is a good pass with additional information and a five is excellent. Anything below a three is a fail.

- As part of the clinical assessment, the Faculty confirmed that most patients are critically ill and are not usually in a position to give consent, therefore best practice is assent from relatives. The Faculty correspond with the Clinical Nurse Manager in the ICU a month in advance, advising of the date of the clinical examination. The Faculty also confirmed that nursing staff are not involved in this process.

- The Faculty advised that the external examiners do not participate in the setting of the MCQ or the short answer questions. The examiners focus on the clinical component, the hot case, the short cases and their bios.

6) THE CURRICULUM - MONITORING AND EVALUATION

Standard (6) incorporates the following elements:

6.1 ONGOING MONITORING
6.2 OUTCOME EVALUATION

Documentary Evidence of compliance with this standard

In addition to their submission, the JFICMI provided the Team with the following documentary evidence of compliance with this standard:

- Membership of the Board JFICMI
- JFICMI National Standards for Adult Critical Care Services

Team Evaluation

The Team;

- required further clarification with regards to the framework for dealing with a Trainee in difficulty, in particular a scheduled timeline of meetings between the supervisor and Trainees. Have the Faculty considered using Multi Source Feedback as a tool for identifying issues with failing Trainees?

- queried if any developments that occur within the College of Anaesthetists would be easily transferrable to the Joint Faculty of Intensive Care Medicine and vice versa, for example Multi-Source Feedback.

Response of Faculty

- The Faculty confirmed that they have not had any issues with failing Trainee's to date. The Faculty recommend that supervisors meet with Trainees at the start, middle and end of the Training Programme. It was confirmed that this was not mandatory. They use an online assessment process that populates a portfolio for each of the candidates, but note it can be an onerous process on both the Trainees and supervisors. The Faculty works in relatively small communities, which will allow for a relatively small cohort of Trainees to meet with consultants on a daily and informal basis.

  The Faculty noted that although multi source feedback is not a formal process it is sought from different sources, for example, it is routine when completing a training assessment to receive feedback from senior nursing staff in areas such as communication skills, in particular, at night where there may be fewer consultants present. The Faculty noted the assessment of Trainees is an evolving process and they would be open to guidance or suggestions for incorporating multi-source feedback.

  In addition, the Faculty noted in relation to this specific programme, the CAI have annual assessments and a Committee of Trainees. There is regular monthly interaction with the Trainees on the topic of support, dealing with Trainees in difficulty, distress, and any other areas that may affect their training. There are superstructures in place and multiple points of interaction to support Trainees. The CAI has recently completed an investment programme in the development of mentors. A group of mentors have been identified who are both consultants, administrative staff and Trainees.

- The JFICMI confirmed that any developments that occur in the CAI or the JFICMI are easily transferrable to the respective programmes.

7) IMPLEMENTING THE CURRICULUM – TRAINEES

Standard (7) incorporates the following elements:

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

Documentary Evidence of compliance with this standard

In addition to the submission, the JFICMI provided the Team with the following documentary evidence of compliance with this standard:

- Higher Specialist Training in Intensive Care Medicine
- Shortlisting Process 2017
- Trainee in Difficulty Policy
- JFICMI Periodic Accreditation Visitation Record

Team Evaluation

The Team;

- questioned whether the Faculty publishes a personal specification or criteria in order to assist an applicant in identifying if they meet the required standard and understand what they will be evaluated against during the interview process.

- queried whether each interviewer gets a scoring sheet to score candidates.

Response of Faculty

- The Faculty have developed a higher specialist training document which was included in the submission. This document outlines where a candidate has potential for entry into the programme. The majority of Trainees in intensive care medicine, at present, traditionally have a background in anaesthesia and this will possibly remain the case for a number of years. There will be a greater impact on other training bodies such as the Royal College of Physicians of Ireland, the Royal College of Surgeons in Ireland and the Faculty of Emergency Medicine. Those training bodies will have to set a narrative for trainees explaining that, at point of entry into their programmes, the out-of-programme year (year five) may be defined as a special interest year in intensive care medicine as opposed to a case by case application, which is the current practice.

  In terms of advertising, an agreement is in place with the Forum of Postgraduate Training Bodies and the HSE NDTP to the timing of post advertisements. Advertisements are placed on the CAI website, Medical Independent, and the Irish Times. Annually, the CAI participate in a medical Careers Fair and provide more details to potential Trainees in relation to the training pathway, career choices and the latest developments. It is an opportunity for candidates to speak with specialists in a particular area, enquire about the standard required and the general programme.

  The Faculty confirmed they do not publish a scoring system to allow potential applicants pre–rank their applications. If an application is made through the Joint Faculty's Secretariat, the Chair or a member of the Training Committee will make themselves available to engage with individuals who wish to explore a career in ICM.

  It was also noted that the CAI would not publish a scoring system or criteria for individuals who apply from general medicine for entry into basic training in anaesthesia. For example, it would not be fair to directly compare CV's/applications from individuals applying from medicine, in comparison to individuals applying directly from internship. The CAI want to ensure fairness to all applicants and noted the system is an evolving process.

- The Faculty confirmed that each interviewer receives a scoring sheet for each candidate. There is a collaborative sign off process and agreement from all interviewees. The scoring system is retained in the event of any future challenges.

8) IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES

Standard (8) incorporates the following elements:

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

Documentary Evidence of compliance with this standard

In addition to their submission, the JFICMI provided the Team with the following documentary evidence of compliance with this standard:

- JFICMI Fellowship Examination Organisation
- Policy for College of Anaesthetists of Ireland Tutors
- JFICMI Supervisors of Training
- JFICMI Standards for Adult Critical Care Services
- JFICMI Periodic Accreditation Visitation Record
- Accredited Training Hospitals

Team Evaluation

The Team discussed this element of Council's accreditation standards and were satisfied with the documentary evidence provided as part of the JFICMI submission, which supported and meets all criteria listed under this standard.

9) CONTINUING PROFESSIONAL DEVELOPMENT

Standard (9) incorporates the following elements:

9.1 CONTINUING PROFESSIONAL DEVELOPMENT PROGRAMMES
9.2 RETRAINING
9.3 REMEDIATION

Documentary Evidence of compliance with this standard

In addition to their submission, the JFICMI provided the Team with the following documentary evidence of compliance with this standard:

- PCS Terms of Reference
- Credentials Committee Application Format
- CRITERIA for current Consultants in Intensive Care Medicine (ICM) in Ireland who apply for Specialist Registration in ICM
- Remediation Policy Reference

Team Evaluation

The Team discussed this element of Council's accreditation standards and noted that the College of Anaesthetists has already entered into arrangements with the Medical Council under Part 11 of the Medical Practitioners Act 2007 in relation to the establishment of Professional Competence Schemes (PC Schemes).

Appendix 1 – Priority Recommendations

Following the meeting with JFICMI on 19th January 2017, the Team made 27 priority recommendations to the Joint Faculty of Intensive Care Medicine as follows:

(1) Identify the body which has overall responsibility for the specialty;

(2) The Joint Faculty should supply the documentary evidence to demonstrate that there is a lay representative as part of the board;

(3) The Medical Council should have sight of an organogram to clarify the governance structures;

(4) The Medical Council should have sight of an organogram to clarify the training pathways;

(5) The Joint Faculty should provide detailed information on resources, particularly financial, technical and administrative resources supporting the programme;

(6) The Joint Faculty should provide a document that describes the role and responsibilities of the ICM tutor in each hospital;

(7) The Joint Faculty should identify the criteria to become a trainer and the criteria to maintain currency as trainer;

(8) The Joint Faculty should identify the process for development, implementation and review of a curriculum;

(9) The Joint Faculty should produce a curriculum as documentation did not include, in the opinion of the review team, a detailed educational curriculum for the specialty;

(10) The Joint Faculty should clarify whether the programme is time-defined and why it states that it is a 'minimum' of two years;

(11) The Joint Faculty, if the programme is time-defined, should show evidence of comparison with external non-jurisdictional programmes and explain why the Joint Faculty have chosen the proposed curriculum structure that they've chosen;

(12) The Joint Faculty should benchmark the standalone programme with programmes in other jurisdictions;

(13) The Joint Faculty should clarify whether research is recognised within and out of the programme;

(14) The Joint Faculty should clarify how much time is allowable for research;

(15) The Joint Faculty should clarify how the trainee is assessed in both formal and summative manner;

(16) The Joint Faculty should identify what evidence base determines whether a trainee progresses or not;

(17) The Joint Faculty should clarify how feedback is formally and informally sought from trainers and trainees in general and in relation to their curriculum;

(18) The Joint Faculty should provide further documentation on the interview process and criteria for entry to the programme and the dispute resolution process for trainees;

(19) The Joint Faculty should provide a sample of the e-log book for an ICM trainee which would include the minimal training requirements;

(20) The Joint Faculty should clarify how examiners are appointed, their experience, clinical and non-clinical and detail the application process and the training for examiners, including a quality and diversity training;

(21) The Joint Faculty should clarify how the joint faculty standardises the quality of exam question ratings;

(22) The Joint Faculty should show how the joint faculty set the standard, the pass mark;

(23) The Joint Faculty should demonstrate the process for dealing with candidates who have failed an exam including how they defend their position;

(24) The Joint Faculty should produce an organogram of how the exam is structured;

(25) The Joint Faculty should demonstrate the mechanisms currently in place to support the failing trainer and the failing trainee;

(26) The Joint Faculty should clarify what is the pass mark compensation criteria between each component in the exam

(27) The Joint Faculty should clarify if they have identified a formal training representative.

Appendix 2- Teams and Agenda

ACCREDITATION TEAM	
Prof. Alan Johnson (Chair)	Member of Medical Council and Chair of Education, Training and Professionalism Committee
Dr Hemal Thakore	Occupational Physician
Dr Danielle Bryden	LEAD Regional Advisor for FICM, and RA for Sheffield and South Yorkshire
Dr Carol MacMillan	Regional Advisor for ICM in Scotland (East)
Mr Daragh Moneley	Vascular Surgeon, Beaumont Hospital, Intern Network Co-ordinator, Dublin North East
Mr Declan Ashe	Member of the Education, Training and Professionalism Committee
COUNCIL EXECUTIVE	
Ms Aoife Fitzsimons	Accreditation Manager, Education, Training and Professionalism
Ms Hannah Fagan	Accreditation Executive (Postgraduate)
COLLEGE REPRESENTATIVES	
Dr Jeanne Moriarty	Dean of JFICMI
Dr Brian Marsh	Chair of Training JFICMI
Dr Andrew Westbrook	Chair of Examination JFICMI
Dr John Bates	Vice Dean of JFICMI
Dr Vida Hamilton	Hon Secretary JFICMI
Mr. Martin McCormack	CEO of CAI
Ms. Jennie Shiels	Training Manager CAI
Ms. Mary Barrett	Training Administrator CAI
Prof. Kevin Carson	President of CAI
Dr. Enda O'Connor	Board Member of JFICMI

AGENDA	
9.00am - 9.30am	Introductions and initial accreditation Team discussion
9.30am – 12.00pm	Review of accreditation documentation
12.00pm – 12.30pm	Lunch
12.30pm – 14.15pm	Meeting with College representatives
14.15pm – 14.45pm	Private session of accreditation Team

Appendix 3- Medical Council Accreditation Standards for Postgraduate Medical Education and Training

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