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 Military Medicine

Contents

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A. Preface

1. Context of the Accreditation Session

The Medical Council Accreditation Team met with the Faulty of Military Medicine of the Irish College of General Practitioners (ICGP) at the Medical Council on 31st January 2017. The Accreditation Team's remit was to assess the Programme of Specialist Training in Military 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 1 of this Report. The Council is particularly appreciative of the contribution of external assessors from the United Kingdom, Prof Richard Withnall, Brig Robin Simpson and Prof James Ryan; and national assessors Mr Declan Ashe, Dr Hemal Thakore, Prof Jason Last and Mr Joe Duignan who 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.

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). This documentation was reviewed by the Team. The Team were impressed by the quality of the detailed submission which extended to over 300 pages.

4. Schedule

The accreditation session included a private morning meeting of the Medical Council Accreditation Team, and in-depth afternoon discussions between the Team and representatives from the Faculty. Topics covered included: the Military Medicine syllabus; training methods; formative and summative assessment tools; standards; outcome measures; workforce planning considerations (Initial Specialist Training, Higher Specialist Training and Specialist Practice); 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 agenda for the Accreditation Session is attached as Appendix 1. The accreditation standards which were applied throughout this process are attached as Appendix 2.

6. The Report

The '*Medical Council Accreditation Standards for Postgraduate Medical Education and Training*' formed the basis of the evaluation of both the Faculty and the Programme of Specialist Training in Military 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 Military Medicine** should be approved *with two conditions* by the Council under the terms of Section 89(3)(a)(i) of the Medical Practitioners Act 2007. These recommendations 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.

   Conditions:

   (a) The condition attached to the approval of the programme is that there is a written framework agreement in place between the Department of Defence, the Health Service Executive (HSE), the National Doctors Training and Planning (NDTP) Unit of the HSE and the Irish College of General Practitioners as to the scope of responsibility for each party.

   (b) The condition attached to the approval of the programme is that 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 Irish College of General Practitioners** should be approved by the Council *with two conditions* under Section 89(3)(a)(ii) of the Medical Practitioners Act 2007 as the body which may deliver the Programme of Specialist Training in Military Medicine approved under '1' above. These recommendations are made on the grounds of the ICGP'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, with the caveat of the condition as set out below.

   Conditions:

   (a) The condition attached to the approval of the body is that there is a written framework agreement in place between the Department of Defence, the Health Service Executive (HSE), the National Doctors Training and Planning (NDTP) Unit of the HSE and the Irish College of General Practitioners as to the scope of responsibility for each party.

   (b) The condition attached to the approval of the body is that 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 makes nine priority recommendations to the Faculty of Military Medicine, as follows:

(a) To consider a simplified assessment schedule with clearly defined exit standards.

(b) Military Medicine Trainers should be appropriately prepared to ensure they can suitably support the Learners. This usually involves completion of a 'Training the Trainers' course. Trainer accreditation is usually time-bounded. Re-accreditation processes ensure Trainers remain able to adequately support Learners.

(c) There should be clarity around the supervision of trainees who are in year five and are assigned abroad on three week operational deployments with the Irish Defence Forces.

(d) An organogram for each Committee with the roles of present members.

(e) In the context of mentoring, trainees should have access to a mentor outside their Military chain of command and ICGP training structure.

(f) Triage methods and futile care ethics should be considered for inclusion in the curriculum.

(g) Metrics which define achievement and satisfactory standard should be defined for both AKTs and CSA assessments noting the small number of test takers and consequent inherent challenges of standard setting and furthermore as they function to inform whether an exit qualification should be awarded.

(h) Provide clear defined reporting structure for trainees. This should include an independent mentor who has cross representation with the Faculty of Military Medicine and the ICGP.

(i) Establish a clear formal governance structure between the Faculty of Military Medicine and the Irish College of General Practitioners, in particular an ex-officio arrangement for the representation of the Faculty of Military Medicine in the ICGP Training committee and / or the subcommittee. This representative should be Officer Commanding or a Military Medicine nominee, who is responsible for validating the successful completion of the Military Training Module for each trainee.

3. Other Recommendations to the Body:

(a) Nil

4. Commendations:

The Team would like to commend the Faculty of Military Medicine and ICGP for their efforts, care and attention in taking forward this unique and important venture so constructively.

5. Recommended Further Action:

a) Nil

C . Description of Specialty and Service Need

Recognition of Specialty

The specialty of Military Medicine has been recognised by the Medical Council since 6th October 2015, when it was approved by the then Minister of Health, Mr Leo Varadkar, under Section 89(1) of the Medical Practitioners Act 2007 (the Act). This is the application for a programme in support of the specialty.

Existing Specialists

There are presently no trainees registered in the specialty of Military Medicine as the application process is not yet "open" pending approval of this programme. Once accredited, the training programme which 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

The proposed programme will be delivered by the Faculty of Military Medicine, which is based in the Irish College of General Practitioners, the recognised Postgraduate Training Body.

Description of Programme

The following extract from the programme sets the context:

The Programme for Postgraduate Training and Education in Military Medicine has been developed by the Joint Training and Education Sub-Committee of the Faculty of Military Medicine of Ireland (FMMI) and the Irish College of General Practitioners (ICGP).

Military Medicine is inextricably linked to General Practice, and part of a dual-specialist award which requires the training programme to address the needs of trainees across two disciplines. A natural alignment with an existing training scheme will support and maintain the General Practice element. The uniquely military element of the training programme has necessitated a proportionate increase in training opportunities, outlined herein. The requirement for additional training opportunities has been carefully balanced against the requirement for service provision across the hospital, community and military settings.

All elements of General Practice training will be faithfully observed over the course of the training programme, not only in terms of the content, but also in the time allocated for delivery in the various educational settings.

Military Medicine does not exist in isolation. A certificate of satisfactory completion of specialist training (CSCST) will only be awarded to those who complete both the General Practice and Military Medicine elements of the programme.

Current Training Capacity

- The team noted that at present two trainees per year will be recruited to Specialist Training in Military Medicine.

- Training in Military Medicine is a five-year practice based Training Programme. The specialty of Military Medicine is a unique dual programme that confers competence in both Military Medicine and General Practice. It must fully align with the training and education requirements of General Practice as set down by the Irish College of General Practitioners.

- Trainees are commissioned as Lieutenants in the Irish Defence Forces and are immediately seconded to the Health Service Executive (HSE) to carry out their initial specialist training in hospital posts.

- Military Medicine trainees will spend their first two years seconded to the HSE to carry out their initial specialist training in hospital posts and three years in Higher Specialist Training. The trainee is allocated alternating supervised clinical posts in Military Medicine (MM) and General Practice (GP), each with unique learning opportunities

- It was noted post-training service commitment in the Permanent Defence Forces (PDF), trainees will have the option to continue in this role, transfer in the Reserve Defence Forces (RDF) or re-integrate into the civilian healthcare system.

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

Team Evaluation

- The Team were not clear on the formal governance structures in place and wished to explore the formal arrangements between the Faculty of Military Medicine of Ireland (FMMI) and the Irish College of General Practitioners (ICGP) and the HSE.
- The Team were unclear of the funding structure for the specialty of Military Medicine (MM).
- The Team required more clarity regarding the reporting structures between the FMMI and the ICGP and who is the primary body in charge of the training programme.
- The Team were not clear who would be awarding a certificate of completion to trainees.
- The Team required clarity regarding the transfer process of trainees from the HSE to the ICGP.
- The Team required further clarification of the structure of the Training Committee, in particular the inclusion of Non-Governmental Organisation (NGO) and patient representatives.

Response of the Faculty

- The Faculty confirmed that the process of establishing the governance structures were within the ICGP bye–Laws, this can only occur on an annual basis at their AGM. Their next AGM is due to take place on Saturday 13th May 2017.
- The Faculty confirmed the governance and committee structure within the FMMI mirrors the committee structure within the ICGP. The FMMI have established a Military Training Committee (MMTC) which reports to the equivalent Postgraduate Training Committee (PGTC) in the ICGP. The PGTC in the ICGP then reports to the Board of the ICGP.
- The ICGP are in the process of including the FMMI within the structures of the ICGP, in line with traditional academic faculty or departmental structures that are replicated across a number of different higher specialist training bodies.
- The Faculty confirmed there is no formal written agreement between the FMMI, the ICGP and the HSE.

- The Faculty confirmed there is a structure in place between the HSE and the Department of Defence that reflects funding for each of the two trainees that will be recruited annually. The HSE will cover the contractual requirements for first two years in terms of salary. The Department of Defence have committed to supporting the higher specialist training salaries. An extension of funds; such as the Clinical Course Refund Scheme that are open to GP trainees will also be open to Military Medicine trainees right through from years one to five.

- The Faculty confirmed the ICGP is the recognised training body and the primary body in charge of this training programme.

- The Faculty confirmed the Military Medicine Education Committee (MMEC) reports into the Military Medicine Training Committee (MMTC).

- The Faculty confirmed that the PGTC of the ICGP is the overarching authority for decision making of this programme. The MMTC have the expertise in Military Medicine. Decisions relating to Military Medicine are made at this level; however these decisions are brought to the PGTC of the ICGP for sign off.

- The Faculty confirmed all trainees will have to achieve their Certificate of Satisfactory Completion of Specialist Training (CSCST) having completed all assessable components including the Military Medicine. This is reported via the Committee structure in place and to the Medical Council. The ICGP will issue the CSCST co-signed the by the Chair of the ICGP and the Chair of the PGTC.

- The Faculty advised that a potential rate-limiting step exists which is the ongoing transfer of governance of the current GP training programme from the HSE to the ICGP. This process is not complete yet but it is envisaged it will be complete by July 2017.

- The Faculty confirmed the two trainees entered in the Military Medicine training programme will be added to the TCD/HSE Specialist Training Scheme in General Practice (TCD Scheme), bringing the total annual intake on the TTS to seventeen

- The Faculty advised that having a representative from the NGO on the Training Committee was not something they had considered, but is something they will consider for the future.

- The Faculty confirmed they have a representative from Patient Safety on the Training Committee as well as Chief of Staff Medical representative.

2) THE OUTCOMES OF THE TRAINING PROGRAMME

Standard (2) incorporates the following elements:

2.1 PURPOSE OF THE TRAINING ORGANISATION
2.2 GRADUATE OUTCOMES

Team Evaluation

- The Team required further clarity in relation to the military competencies outcomes, specifically the standards that would have to be achieved against criteria in each assessment modality.

- The Team were not clear on whether the trainee would be accredited in General Practice as well as in Military Medicine.

Response of Faculty

- The Facility confirmed trainees have to complete a number of short courses such as Advanced Cardiac Life Support (ACLS), Advanced Trauma Life Support (ATLS), Advanced Paediatric Life Support (APLS) and Major Incident Medical Management and Support (MIMMS) which are the end point assessments in these courses.

- The Faculty confirmed trainees will also complete a logbook on an ongoing basis the document their experiences as a trainee and how that specifically relates to the core curriculum.

- The Faculty confirmed the end point military competencies will be assessed using a Military Applied Knowledge Test (AKT) and a Military Clinical Skills Assessment (CSA) which will differ from the current GP Training summative assessments (CKT, MEQ and CCT). The CSA will be in close parallel with the ICGP Clinical Competency Test (CCT).

- The Faculty confirmed trainees will receive a dual accreditation in both General Practice and Military Medicine.

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

Team Evaluation

- The Team queried whether all the promised study days and courses could be delivered.

- The Team queried how the Faculty propose to condense the extensive area military primary care, military operational medicine, special skills into their military medicine components as outlined in the core curriculum.

- The Team required further clarification on specified skilled advanced interventions, concerns were raised in relation to skill maintenance and revalidation.

- The Team queried how equipment, medication and supplies will be resourced in the event of deployment.

- The Team required further clarification from the Faculty of the level of competence the trainees are expected to achieve when they finish their speciality specific training in Military Medicine.

- The Team queried if trainees will complete a research project or write a dissertation.

- The Team required clarity on maintaining competency in a flexible training environment - who decides.

Response of Faculty

- The Faculty confirmed trainees will have a half-day release in year one and two, and a full-day release in years three to five.

- The Faculty confirmed the components of elements of military primary care medicine are mirroring the core curriculum for General Practice. The area of Military Medical Care will include elements of personal and group security, care under fire and tactical field care.

- The Faculty confirmed competency in elementary training can be achieved through simulation and yearly validation. The Faculty do not have the capacity and capability to deploy a field hospital. The Faculty will equip trainees who may be placed in an austere environment with ancillary skills if he /she is isolated. Such training may include FAST and nerve blocks. The Faculty will also be exploring incorporating aspects of Emergency Medicine, given trainees exposure to difficult situations and the decision- making process as well as advanced paramedics.

- The Faculty confirmed the Department of Defence will resource all medical supplies and equipment for the trainees when they are deployed for service.

- The Faculty confirmed at the end of the specialist training in Military Medicine trainees will be competent physicians who are trained to practice in conditions where there may be minimal resources.

- The Faculty confirmed that trainees are required to complete a research project or a high level audit. Trainees will be encouraged to pick a topic relevant to military primary care

- The Faculty confirmed the ICGP has huge experience in flexibility in training. Trainees are expected to complete their training within six years. Special cases may be referred to the PGTC as programme flexibility may be required in order to enable satisfactory completion of the training.

4) THE TRAINING PROGRAMME - TEACHING AND LEARNING

Team Evaluation

- The Team required detailed breakdown of the trainee progression map and specifically the assessments relating to Military Medicine.

- The Team queried if all consultants training trainees will have completed a centralised training programme.

- The Team queried who is responsible for overseeing trainees are receiving quality training when on site.

- The Team required further information in relation to the teaching of ethical boundaries and futility of care.
- The Team queried how the programme prepares trainees to interact with NGOs, coalitions and law of armed conflict from other countries.

- The Team required clarity in the event of a humanitarian crisis and the Defence Forces decide they want to commit trainees to this what would be the scenario for the learners? Is there an opportunity for trainees to deploy during the training, how it fits with college requirements.

Response of Faculty

- The Faculty confirmed trainees enter at the basic specialist training for years one and two of the training programme. They are commissioned as Lieutenant in the Irish Defence Force with two six-month placements in hospitals. Trainees also undergo a basic military induction. Trainees have the option of taking Clinical Knowledge Test (CKT) at the end of year one, or can complete CKT at end of year two.

- The Faculty confirmed trainees are promoted to the rank of Captain in year three, and maintain this rank until completion of training programme. Trainees will have a six-month placement in the Military, and a six month placement in civilian general practice. Trainees will rotate this placements mid-way each year. Elements of the military training will include block training in Chemical, Biological, Radiological and Nuclear (CBRN) medicine, tactical medicine and pre-hospital medicine.

- The Faculty confirmed trainers in the hospital posts are examined once a year. Currently there is no standardised training course for hospital trainers, however, there are accreditation processes for these training posts throughout the country. Each of the posts is accredited on an annual to bi-annual basis. Hospital trainers are also invited to take part in in the GP trainers' workshop.

- The Faculty confirmed both the FMMI and the ICGP will be responsible for overseeing the quality of training received by trainees. Strong accreditation processes within the ICGP will be applied to the military medicine components.

- The Faculty confirmed that within the military medicine primary care element they have a specific module on communications skills within the Military hierarchy. This includes dealing with end of life issues that are specific to the battlefield or to resource poor setting. The specific module dedicated to crew resource management addresses communications difficulties that can exist with the hierarchical structure and seeks to empower trainees.

- The Faculty confirmed trainees will have exposure to overseas deployments. Trainees will receive practical exposure to all other elements of the Defence Forces, including how units work, and interactions with Non-Governmental Organisations.

- The Faculty confirmed there are two deployments planned for year five trainees. At this point in the training, trainees will have accumulated greater experience and knowledge of the programme and will be given the opportunity to deploy under supervision with another Medical Officer.

- The Faculty noted that trainees who enter into Military Medicine Training programme sign up for an initial eight years, five years for trainee and an additional three years for return of service. From a training perspective trainees will have access to mentors. The Faculty have also introduced a National Specialist Director who will have continual interaction with trainees during the programme.

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

Team Evaluation

- The Team were not clear on how training outcomes were to be measured, specifically the standards to be achieved against criteria in each training modality.
- The Team queried how the trainees' communication skills would be assessed, in particular, when needing to communicate through translators in a military setting.
- The Team were not clear how the Faculty propose to deal with doctors in difficulty during their specialist training.

Response of Faculty

- The Faculty confirmed they will conduct a number of work based assessments relating to the core curriculum competencies.
- The Faculty confirmed most GP trainees would take two Higher Specialist Training assessments at the end of year three. Usually trainees take the Modified Essay Question (MEQ) and the Clinical Competency Test (CCT), but trainees are unable to finish their training at this point. Trainees must complete their vocational training first and be awarded their CSCST. Military medicine trainees will not satisfy the requirements for CSCST until four-and-a-half years into their training.
- The Faculty advised they have experience working through translators on previous deployments and indicated it may be appropriate to have some form of language testing assessment for the culture / area trainees will be deployed.
- The Faculty confirmed they have very clear structures in place for dealing with trainees in difficulty. They fall into two categories, those who are encountering difficulties with their personal life and those who are encountering in achieving competency.
    - Difficulty with personal life – structures within the GP training scheme are being replicated within the Military Medicine Training Programme, with access to the National Director for Specialty Trainers and access to the Military Medicine Trainer
    - Difficulty in achieving competency – structures have been developed to help trainees further develop and acquire competencies that they are missing.

6) THE CURRICULUM - MONITORING AND EVALUATION

Standard (6) incorporates the following elements:

6.1 ONGOING MONITORING
6.2 OUTCOME EVALUATION

Team Evaluation

- The Team queried the sustainability of Military Medicine and the capacity for trainees to remain in the Defence Forces after their eight years of service are complete. If there is no opportunity for trainees to remain in the Defence Force, how transferable are their skills into civilian general practice?

Response of Faculty

- The Faculty outlined they have factored in both type scenarios into the training programme. The aim of this programme is to produce medical practitioners who are also qualified to practice as civilian GPs.

- The Faculty confirmed that even if trainees are no longer in service they can remain members of the Faculty of Military Medicine of Ireland, avail of continuing professional development and have an opportunity to join the Reserve Defence Forces.

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

Team Evaluation

- The Team queried the standards / criteria to gain entry into the programme of Military Medicine.

Response of Faculty

- The Faculty confirmed trainees enter the Programme after completing a minimum of internship prior to entry at year one. They are commissioned as Lieutenants in the Defence Forces and are immediately seconded to the HSE to carry out their initial specialist training in hospital posts.

- The Faculty advised the recruitment process to gain entry into Military Medicine is broken into two sections. Applicants for a place in Military Medicine Training Programme (MMTP) have to satisfy the requirement for a GP training post and for the Military Medicine posts. It is a dual application process. Applicants have to meet the criteria set out for both specialities. Applicants will be short listed and called for an interview. Applicants will undergo competency based interviews that are reflective of the demands of both GP training and military medicine. Candidates have to pass the above assessment process to gain entry into the training programme.

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

Team Evaluation

- The Team queried whether trainees would be assigned a military trainer.
- The Team queried the role of the trainer, in particular benchmarking standards for the military assessments.
- The Team queried whether the post of the National Speciality Director is a full-time secondment from other duties?
- The Team raised concerns that the National Speciality Director (NSD) is a mentor to trainees and trainees may find it difficult to approach someone at that level of seniority. Whilst recognising this was an appropriate post to hold the NSD role, the Team highlighted that this made the need for trainees to have access to a mentor from outside the military chain of command even more important.

Response of Faculty

- The Faculty confirmed trainees will be assigned a military trainer and the military trainer will conduct work-based assessments.
- The Faculty advised more work is required in the developing a framework for assessment and developing a standard by which they measure the trainee in terms of a pass or a fail. The College and Faculty hope to build and develop assessment marking schemes, marking protocols and will draw upon the considerable experience within the MICGP Examinations Committee and panel to assist in setting those benchmarks.
- The Faculty confirmed the post of the National Specialty Director (NSD) is not a full-time secondment. The appropriate appointment for this post has been identified as the Deputy Director of the Medical Branch.
- The Medical Branch within the Defence Forces is the area that develops and is responsible for clinical governance, clinical policy and the recommendations on medical education and training.
- Having the Deputy Director in the office of the Medical Branch ensures there is no conflict in the curriculum being taught with that of the Defence Forces Medical Corps Policy. The Deputy Director is also familiar with the Defence Forces Regulation requirement and disciplinary proceedings. Therefore should any of these issues arise the Deputy Director will be responsible for liaising with the ICGP, the Faculty, the Defence Force and the Department.
- The Faculty confirmed they have a tutor (at an alternative level) who is not directly involved in the day to day training that trainees can approach. The National Speciality Director is not the first port of call for trainees

9) CONTINUING PROFESSIONAL DEVELOPMENT

Standard (9) incorporates the following elements:

9.1 CONTINUING PROFESSIONAL DEVELOPMENT PROGRAMMES
9.2 RETRAINING
9.3 REMEDIATION

Team Evaluation

- Under private discussion of this element of Council's accreditation standards, the Team noted that the ICGP 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 ONE – TEAMS

ACCREDITATION TEAM

Prof. Alan Johnson (Chair)	Member of Medical Council and Chair of Education, Training and Professionalism Committee
Prof. Rich Withnall	Group Captain, Defence Professor of General Practice and Primary Care, Medical Director for the RCGP International
Brig. Robin Simpson	Dean of Defence of the Defence Medical Services
Prof. James Ryan	Retired Professor of Military Medicine
Mr. Declan Ashe	Member of the Education, Training and Professionalism Committee
Dr. Hemal Thakore	Occupational Physician
Prof. Jason Last	Dean of Students in University College Dublin
Mr. Joe Duignan	Past Member of the Surgical Accreditation Committee in the UK
COUNCIL EXECUTIVE	
Mr Eoin Keehan	Accreditation Manager (Postgraduate)
Ms. Aoife Fitzsimons	Accreditation Manager (Postgraduate)
Ms. Elizabeth Molloy	Accreditation Executive (Postgraduate)
ICGP TEAM	
Dr, Karena Hanley	National Director of GP Training, ICGP
Ms. Muríosa O'Reilly	Military Medicine Project Lead, ICGP
Dr. Jim McShane	GP, Occupational Health Physician and Programme Director of the TCD / HSE Specialist Training Programme in General Practice
FACULTY OF MILITARY MEDICINE EXECUTIVE	
Col. Gerald Kerr	GP, Director of the Medical Branch of Medical Corps, Chairman of the Facility of Military Medicine of Ireland.
LT. Col. Anthony Corcoran	Deputy Director of the Medical Branch, Secretary of the Board of the FMMI and National Specialty Director, Military Medicine.
LT. Col. Paul Hickey	GP, Defence Forces Medical Officer, OIC Clinical Delivery for the Central Medical Unit and Defence Forces Medical School Commandant.
Prof. Gerard Bury	GP, Professor of General Practice in UCD, Vice Chair of the Faculty of Military Medicine of Ireland.

AGENDA	
8.30-8.45	Introductions and initial accreditation team discussion
8.45-11.45	Review of accreditation documentation
11.45 – 12.15	Lunch
12.15-14.00	Meeting with College representatives
1.00-1.30	Lunch
14.00-14.30	Private session of accreditation team to agree recommendations

Appendix 2- 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
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and

Revised by the Medical Council
25th October 2011