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 Neonatology

Contents

Statement with regard to the Freedom of Information Acts, 1997 and 2003

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

The Freedom of Information Act is designed to allow public access to information held by public bodies which is not routinely available through other sources and access to this document may be sought in accordance with that Act. The Medical Council complies fully with the terms of the Freedom of Information Act. It should be noted that access to information under the Freedom of Information Act is subject to certain exemptions and one or more of those exemptions may apply in relation to some or all of this report.

A. Preface

1. Context of the Accreditation Session

The Medical Council Accreditation Team met with the Faulty of Paediatrics at the Royal College of Physicians of Ireland on 11th November 2016. The Accreditation Team's remit was to assess the Programme of Specialist Training in Neonatology 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 assessor Dr Cath Harrison, as well as the national assessors Prof Jason Last, Mr Declan Ashe, Mr Daragh Moneley, and Dr Siun O'Flynn, who generously gave of their time and expertise to help with the accreditation process.

The Medical Council also thanks the representatives from the Faculty of Paediatrics 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.

4. Schedule

The accreditation session included a private morning meeting of the Medical Council Accreditation Team and an in-depth discussion between the Team and representatives from the Faculty.

5. Appendices

The agenda for the Accreditation Session is attached as Appendix 1. 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 Neonatology; 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 Neonatology should be approved *with one condition* by the Council under the terms of Section 89(3)(a)(i) of the Medical Practitioners Act 2007. This recommendation is made on the grounds of the Medical Council 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.

   Condition(s):

   (a) 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 Faculty of Paediatrics of the Royal College of Physicians of Ireland** 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 Neonatology approved under '1' above. This recommendation is made on the grounds of the Faculty's ongoing compliance with the rules, criteria, guidelines and standards approved by Council as specified in Sections 87(3), 88(1)(a), 88(4)(b), 88(4)(d) and 89(3)of the Medical Practitioners Act 2007, with the caveat of the condition as set out below.

   Condition:

   (a) 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 thirteen priority recommendations to the Faculty of Paediatrics as follows:

(a) The Training Body should submit evidence of the documentation around the criteria for accrediting a training site in Neonatology.
(b) The Training Body should submit evidence of the documentation around the criteria for accrediting trainers in Neonatology.

(c) The Training Body should submit the exact numbers concerning intake at BST and HST level with details of what happens to trainees who aren't offered a HST place.
(d) The Training Body should provide a visual plan of how trainees enter at BST stage all the way through to graduating with a CSCST.
(e) The Training Body should consider rotations for trainees rather than four trainees in four posts.
(f) The Training Body should confirm which UK document it consulted in using UK input into the design of the programme.
(g) The Training Body should submit details clearly outlining the eligibility criteria.
(h) The Training Body should submit evidence that the programme is financially robust / solvent.
(i) The Training Body should create a dedicated Specialist Training Committee as a priority.
(j) The Training Body should nominate a dedicated Education Supervisor, separate from a Trainer.
(k) The Training Body should create dedicated Neonatology CPD courses.
(l) The Training Body should ensure that all annual reviews have external representation.
(m) The Training Body should give its timeline on ensuring that the Committees have lay representation; that there is a definitive plan for the incorporation of lay representation and a timeline for same.

3. Other Recommendations to the Body:

(a) Nil

(b) Nil

4. Commendations:

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

(a) For their enthusiasm and their commitment to workforce planning and provision of high quality neonatal care in Ireland.

5. Recommended Further Action:

Ongoing engagement with the Faculty will be a key part of this quality assurance process. In support of this process, the Faculty will be required to engage in a process of annual declaration with the Medical Council.

In addition, a progress report on all the issues highlighted in this document, in particular those issues relating to priority recommendations, should be requested of the Body.

C . Description of Specialty and Service Need

Recognition of Specialty

The specialty of Neonatology has been recognised by the Medical Council since 23rd December 2013, when it was approved by the then Minister of Health and Tanaiste, Mr James O'Reilly 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 specialists registered in the specialty of Neonatology as the application process is not yet "open" pending approval of this 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 Paediatrics, which is a recognised and accredited Postgraduate Training Body that is based in the Royal College of Physicians of Ireland. A standardised framework is applied to all postgraduate training programmes within the RCPI's remit and the Neonatology programme follows this model.

Description of Programme

The following extract from the programme sets the context:

> A Trainee in Neonatology must have experience in the transport of the sick newborn and have a full understanding of the principles and practice of regionalisation of perinatal care including transfer of high risk pregnancies to appropriate centres. The practice of neonatal/perinatal medicine involves the treatment of newborn infants at all levels of care from healthy newborns to those who require special and intensive care. An element of counselling is also incorporated within the practice, especially with regards to parents whose foetus is at significant risk.
>
> Neonatology encompasses the management of prematurity and all the attendant physiological and pathological challenges as well as the diagnosis and management of congenital anomalies (identified both ante- and postnatally). It includes care of the well and sick infant in the newborn period, as well as long term follow-up of certain infants at risk of complications including neuro-disability. As such it has a very broad remit. There are significant acute and neonatal intensive care (NIC) components, but it also addresses the chronic management and developmental issues of graduates of the NIC unit. Many neonatologists are involved in clinical and basic science research to further our understanding of this special population of patients. Trainees must participate in care and management of the foetus and new-born in collaboration with maternal foetal medicine specialists and paediatric subspecialists. Trainees must be competent in the management of the critically ill newborn infant, including techniques of resuscitation, airway support, electric vital signs monitoring, temperature control and nutritional support.

Current Training Capacity

- The team noted that at present 40 trainees per year are recruited for Basic Specialist Training (BST) in Paediatrics, for a two year programme. At any given time there are about 80 BST trainees in the system.

- About 25 trainees are recruited to the five year higher specialist programme in General Paediatrics. At any time there are about 117 higher specialist trainees in the system.

- Neonatology trainees will enter the first of three years of training after completing two years of Higher Specialist Training in Paediatrics.

- There is some attrition between BST and HST with typically 8-10 choosing other pathways, leaving about 33 trainees who apply for higher specialist training each year.

- The Faculty confirmed that it is actively working with the HSE and NDTP on co-ordinating training post options with flexible training opportunities, to ensure appropriate supports are in place to manage the logistical challenges of variable training numbers each year.

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 management structure supporting the specialty and commented on the voting arrangements in relation to the Faculty Board. The Team were not clear that there was sufficient representation at Faculty level for the specialty.

- The Team wished to have more hard evidence of how often some of the committees meet per year.

- The Team were not clear on the funding structure for the specialty.

- The Team queried whether sufficient jobs would be available at the end of the training.

- The Team queried how flexible training would work given the low level of trainees.

- The Team raised the issues of assessment of the training sites.

Response of the Faculty

- The Faculty confirmed that there are both non-voting and voting members in Neonatology on the Board of the Faculty. The non-voting member is guaranteed. The Faculty agreed to explore ensuring that there is always a Neonatologist as a voting member.

- The Faculty confirmed that meetings are minuted and supported by an agenda and papers. In practice there are about nine meetings per year.

- The Faculty confirmed that it does not yet have lay members on the Board but stated that it believes it to be good practice. This is being worked towards through the RCPI as good practice within the RCPI.

- The Faculty confirmed that it has agreed to set up a separate Specialist Training Committee for Neonatology as this is good practice. At present the Faculty are waiting until the Neonatology Training Programme becomes active. The Faculty are targeting 7th – 8th July 2017 to ensure that support for trainers is in place. At least one trainer from each of the four sites would be on the STC.

- The Faculty confirmed that there is a broad range of administrative support available from RCPI corporate, including training, exams, professional competence, the Specialist Division, assessments, CPD, CME, IT, communications etc. There is an allocation from each of these specific areas to the Neonatology training programme. There is an internal agreement around administrative support.

- The RCPI confirmed that there is a point of contact within medical training and a Faculty co-ordinator within the Faculty. Training issues will be handled by medical training and professional body issues will normally go to the Faculty Co-ordinator.

- The Faculty advised that the HSE and NDTP award a capitation fee of €3,300 per head for HST trainees, based on four trainees. The budget is per trainee and is set at that rate, for example 117 HSTs equates to 117 * €3,300.

- The four trainees each year are recruited from the Paediatric HST programme and are not additional headcount.

- The RCPI advised that the current funding shortfall is subsidised by income generated other activities within the College.

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 noted that some of the competencies listed as ‘desirable’ would in other jurisdictions be mandatory. The Team queried the process by which some competencies are designated ‘desirable’ and some competencies are designated ‘mandatory’.

- The Team queried whether it would be appropriate for the trainer to be part of the annual evaluation of progress (AEP). The Team noted that in the UK an external person would be appointed.

- The Team queried whether it would be appropriate for the National Specialty Director to also act as a trainer.

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

- The Team queried whether there was enough detail on matters such as who would carry out assessments and how the trainees would be assessed.

- The Team were not clear on how training outcomes were measured and the role of the trainer in this respect.

- The Team were not clear on whether the trainee would be accredited in Paediatrics as well as in Neonatology.

Response of Faculty

- The Faculty agreed to ensure that the curriculum focusses on the higher level competencies, prioritising those over competencies where it can be taken as a given that they have been attained.

- The Faculty advised that the trainer is not a member of the AEP assessment Board, although he may have a period of time with the Board without the trainee being present. The Faculty advised that to counter balance the risk that the trainer gives a biased assessment of the trainee's activities, the trainee has the last appearance before the Board. The RCPI advised that a calibration process is in place to ensure that what is calibrated beforehand is what it is expected will be seen in during AEPs. The external Assessor is also from a different jurisdiction, usually the UK.

- The Faculty confirmed that there are sufficient trainers available not to have a trainer who is also an NSD.

- The Faculty confirmed that the study days are mapped out and there will be six per year, they are mapped out and planned with the topics selected.

- The Faculty confirmed that it can provide examples of workplace based assessments.

- The Faculty confirmed that the programme as it stands is solely for training in Neonatology to ensure that it meets international standards. However, it would in time like the programme to facilitate a dual training option in both Neonatology and Paediatrics.

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 wished to clarify the length and structure of the programme, particularly research and overseas components.

Response of Faculty

- The Faculty advised that one year of the programme can be research as long as that research leads to a higher degree, an MD or a PhD. Research trainees are encouraged to continue their clinical and on-call duties.

- Up to 12 months training may be accredited in overseas training in a formal training programme recognised by a local body. For example, a lot Faculty of trainees go to Toronto or Australia on Fellowship programmes.

- The Faculty confirmed that there is no exit exam for either Neonatology or General Paediatrics.

- The Faculty advised that the curriculum is derived from the UK, Australia, New Zealand, the States and Canada. The Faculty advised that it was focussing on outcome based rather than time based training as that is the trend.

4) THE TRAINING PROGRAMME - TEACHING AND LEARNING

Team Evaluation

- The Team queried the relationship between Neonatology and General Paediatrics training (mono vs dual training).

- The Team queried how the threshold of four trainees per year was selected and whether this was related to workforce planning.

- The Team queried whether, if for example, one person went on maternity leave and came back the following year, would the maximum still be four.

- The Team queried whether under this circumstance trainers would rotate, and also queried whether there is a difference between educational supervisors and trainers.

Response of Faculty

- The General Paediatrics HST is 24-30 trainees per year and there is now enough capacity in the system to ensure that all trainees are able to take Neonatology in the first year of training. It is expected that the recruitment process will be in November of each year, at the same time as the recruitment process for General Paediatrics. The candidates who do not apply for, or are not successful in obtaining a place in, Neonatology will continue on in General Paediatrics. The General Paediatrics trainees will complete one year of Neonatology in any event and will get a second opportunity to apply for Neonatology in year 3.

- The Faculty advised that a complement of four trainees was selected on the basis of the Faculty's view of workforce need, particularly need anticipated in the National Children's hospital.

- The Faculty confirmed that trainers and educational supervisors are the same role.

- The Faculty agreed to provide a description of each site and what it can deliver and include this with the curriculum. The Faculty advised that in Ireland neonatal surgery is performed in a paediatric intensive care location which is why the programme specifies six months training in the Children's hospital.

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 queried whether the quarterly assessment should in fact be a 'high stakes' assessment.

- The Team queried whether the external assessor is external to Ireland or simply external to the training programme.

- The Team discussed the process of the meeting, whereby the NSD, trainer, another consultant, chair and co-ordinator meet the trainee. The Board then meet the trainer in the absence of the trainee and the result is communicated back to the trainee, and queried how the trainee is protected from the risk of having a poor relationship with their trainer.

Response of Faculty

- The Faculty advised that by 'high stakes' assessments they mean formative assessments. The Faculty confirmed that at the end of year evaluation, the trainee should attain the expected outcome, based on the quarterly assessments. There should be no surprises.

- Trainers and trainees will both have the opportunity to meet the Board at the AEP, and the trainer will have the opportunity to spend time alone with the Board. However, the trainer is not a member of the Board.

- The Faculty confirmed that it is calibrated beforehand what the expected outcome of an assessment will be for a given candidate, to mitigate the risk of a trainee having a poor relationship with their trainer.

- The Faculty advised that as it is a new programme an external assessor will participate in all annual evaluations, not just the penultimate year evaluations, to ensure

transparency and that the appropriate standards are attained. The Faculty's preference for the first number of years would be for the external assessor to be a UK assessor.

- The Faculty confirmed that it has set criteria for the number of workplace assessments, located at the end of the curriculum. The assessments are split between year and between programme. All of the trainers are trained to sign off on workplace based assessments. The Faculty is also supportive of neonatal nurse practitioners signing off on workplace based assessments. Training goals are discussed with the trainee at the start of the year. Trainers meet as a group and discuss individual trainees, including reviewing workplace based assessments. Assessments are completed on a quarterly basis.

6) THE CURRICULUM - MONITORING AND EVALUATION

Standard (6) incorporates the following elements:

6.1 ONGOING MONITORING
6.2 OUTCOME EVALUATION

Team Evaluation

- The Team noted that four sites have already been identified and approved.
- The Team wished to have sight of the criteria leading to the approval of the posts.

Response of Faculty

- The Faculty outlined the structures of the four proposed training sites, which are each able to provide all aspects of intensive care. All the basic competencies can be met on site. The Faculty provided examples of the competencies that will be covered.
- The Faculty confirmed that it has set criteria which define the training site as a Neonatology training site rather than a Paediatrics training site. The Faculty confirmed that it would provide these criteria. They key criterion is that the site delivers a minimum of 80 very low birth weight babies annually. Holles St, the Rotunda and the Coombe deliver 130-150 per year. The catchment area for Cork University Hospital also delivers >80 low birth weight babies per year.
- There are also good numbers of allied healthcare professionals, including dietitians, specialised physiotherapy and speech and language support.

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 noted the basic entry requirements consisted of two years BST of which six months is in neonatology, followed by passing the MRCP exam.

- The Team queried why Neonatology is required at BST level, when it was perhaps more appropriate at HST level.

- The Team felt that the entry criteria may be too easily challenged as the concept of "competitive entry" is not very well explained.

Response of Faculty

- The Faculty confirmed that entry is competitive and you must have your BST certificate and your membership exams to apply for entry. These are essential criteria. There are also desirable criteria which include multiple presentations and ideally a peer reviewed publication.

- The Faculty advised that in terms of recruitment and selection, it could look as to whether it needs to be made more refined. The Faculty stated that at present a short list is compiled which goes forward to the Specialty Training Committee to have a discussion, so it certainly could be looked at as to whether that needs to be more detailed.

- The Team confirmed that the selection process needs to be more refined.

- The Faculty confirmed that all HST year 2 trainees are contacted to inform them that posts are available for training in Neonatology. At this point the trainees have completed at least one year at HST level, frequently in Neonatology, as the logical starting point for training in Paediatrics.

- The Faculty advised that the initial training survey only attained a response rate of 18pct and the Faculty would be working to increase this response rate by building up trust.

- The Faculty advised that it has commenced an evaluation process where trainees will be surveyed each year and asked for anonymised feedback. The results won't be published for three years to encourage honesty amongst trainees and to ensure anonymity of feedback for any given year. In this way, trends in posts will be established.

- The Faculty highlighted its awareness of the downsides of non-anonymised feedback.

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 the necessary depth of resources were available in terms of trainer capacity

Response of Faculty

- There are about 5-8 consultants at each site. Each consultant who has been registered as a specialist for more than 12 months is a recognised trainer in Neonatology. There are also a number of advanced neonatal nurse practitioners.

9) CONTINUING PROFESSIONAL DEVELOPMENT

Standard (9) incorporates the following elements:

9.1 CONTINUING PROFESSIONAL DEVELOPMENT PROGRAMMES
9.2 RETRAINING
9.3 REMEDIATION

Team Evaluation

- The Team queried whether proposed CPD is dedicated Neonatology CPD.

Response of Faculty

- The Faculty advised that at present the CPD is Paediatric CPD. The Faculty plans to have a sub-programme for Neonatology.

APPENDIX ONE – TEAMS

ACCREDITATION TEAM	
Prof. Alan Johnson (Chair)	Member of Medical Council and Chair of Education, Training and Professionalism Committee
Dr. Hemal Thakore	Occupational Physician
Dr. Cath Harrison	Chair of the Royal College of Paediatrics and Child Health at CSAC Committee for Neonatology
Prof. Jason Last	Associate Dean, UCD School of Medicine
Mr. Daragh Moneley	Vascular Surgeon, Beaumont Hospital, Intern Network Co-ordinator, Dublin North East
Dr. Siun O'Flynn	Head of Medical Education, UCC
Mr. Declan Ashe	Member of the Education, Training and Professionalism Committee
COUNCIL EXECUTIVE	
Ms. Una O'Rourke	Head of Education, Training and Professionalism
Ms. Elizabeth Molloy	Accreditation Executive (Postgraduate)
RCPI, Faculty of Paediatrics Team	
Prof. Naomi McCallion	Joint National Specialty Director, Neonatology. Consultant Neonatologist and Associate Professor in the RCSI
Prof. Martin White	Joint National Specialty Director, Neonatology. Consultant Neonatologist and Associate Professor, RCSI
Dr. Ellen Crushell	Dean Elect, Faculty of Paediatrics, RCPI, Consultant Metabolic Paediatrician, Temple St, Dublim
Dr. Ann O'Shaughnessy	Head of Education, Innovation & Research, Royal College of Physicians
Ms. Aisling Smith	Education Specialist, Royal College of Physicians of Ireland
Ms. Jennifer Shiels	Accreditation Co-ordinator, RCPI
Ms. Louise Ó Gógáin	Manager for Medical Training, RCPI

AGENDA	
8.30-8.45am	Introductions and initial accreditation team discussion
8.45am-11.45am	Review of accreditation documentation
11.45am – 12.15pm	Lunch
12.15-14.00	Meeting with College representatives
1.00-1.30 pm	Lunch
14.00-14.15	Private session of accreditation team

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
1st June 2010

and

Revised by the Medical Council
25th October 2011