Report on the Accreditation of the Programme of Specialist Training in Occupational Medicine

2019

Approved by ETC 02.12.19

Comhairle na nDochtúirí Leighis
Medical Council

About the Medical Council

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

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

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

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

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

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

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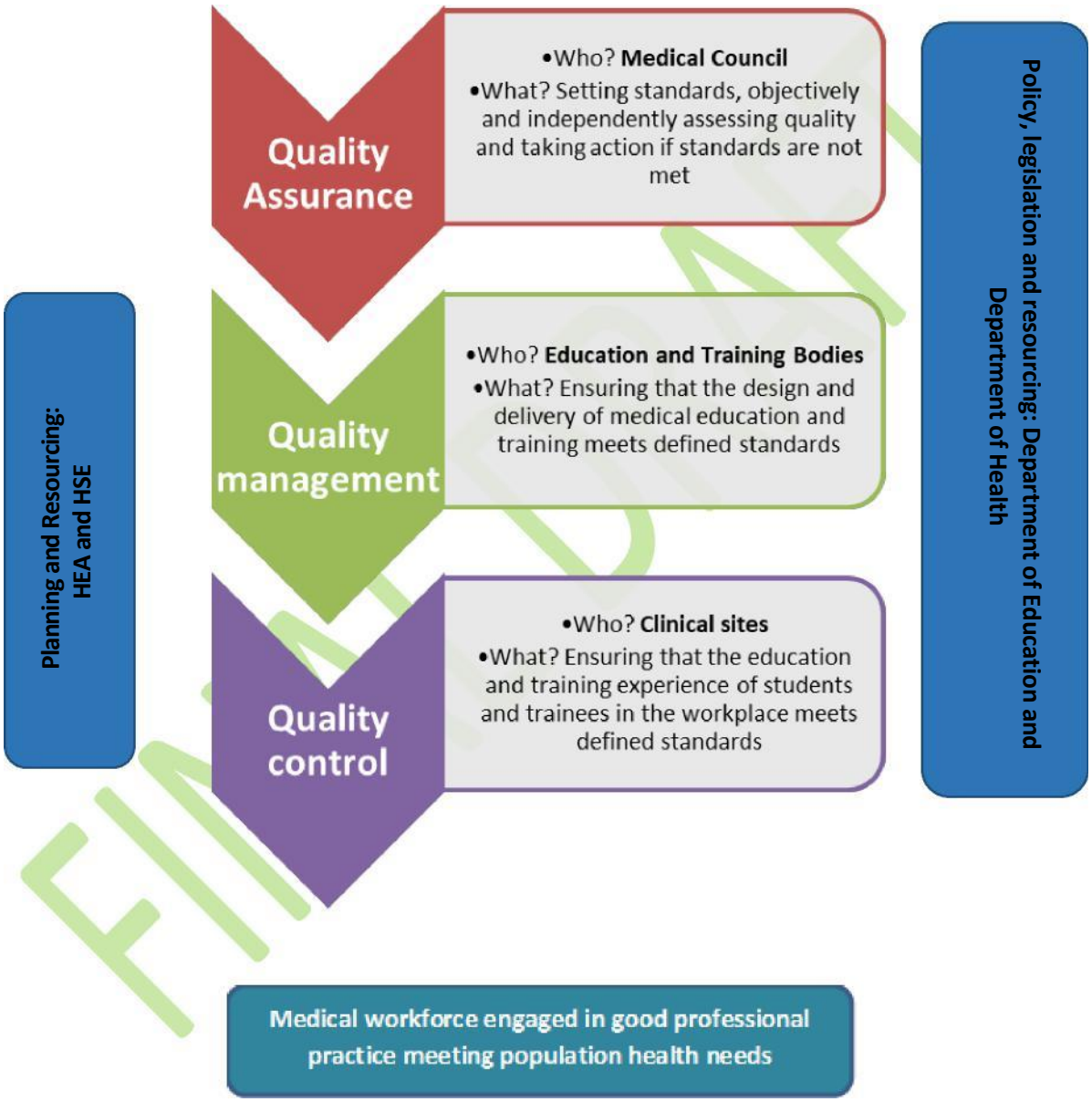
Executive Summary

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



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

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

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

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

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

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

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

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

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

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

The programme of specialist training in Occupational Medicine was accredited on 4 July 2019. The visiting Assessor Teams comprised Council members, Council Executive and External Assessors with a relevant background/interest in medicine and/or medical education/training; and included medically-qualified and non-medically-qualified persons, representing public/patient interests. The agendas for the accreditation, including details of the visiting Assessor Teams, are attached as Appendix one.

The compliance of the Faculty of Occupational Medicine, RCPI and the programme of specialist training in Occupational Medicine with the *"Medical Council's Accreditation Standards for Postgraduate Medical Education and Training"* was assessed.

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

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

Overview of compliance rating for the programme of specialist training in Occupational Medicine.

Levels of compliance

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

The compliance ratings are:

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

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

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

The table presented below compares compliance ratings of the programme of specialist training against the Medical Council's Postgraduate Medical Education and Training standards. The table presents a summary overview of the compliance rating for each sub-standard. Where a sub-standard has more than one component, the lowest compliance rating allocated by the Team is presented as the overall rating. For example, there are three components to the sub-standard 1.2; 1.2.1 and 1.2.2 are rated FC and 1.2.3 is PC, therefore the overall rating is PC.

Standards		Full Compliance	Partial Compliance	Non-Compliance
1 - Context of Education & Training				
1.1.	Governance	V		
1.2.	Programme Management		V	
1.3.	Educational Expertise and Exchange	V		
1.4.	Interaction with the Health Sector	V		
1.5.	Continuous Renewal	V		
2 - The Outcomes of the Training Programme				
2.1.	Purpose of the Training Organisation		V	
2.2.	Graduate Outcomes		V	
3 - The Education & Training Programme - Curriculum Content				
3.1.	Curriculum Framework		V	
3.2.	Curriculum Structure, Composition and Duration	V		
3.3.	Research in the Training Programme		V	
3.4.	Flexible Training	V		
3.5.	The Continuum of Learning		V	
4 - The Training Programme - Teaching & Learning			V	
5 - The Curriculum - Assessment of Learning				
5.1.	Assessment Approach	V		
5.2.	Feedback & Performance		V	
5.3.	Assessment Quality	V		
5.4.	Assessment of Specialists Trained Overseas	V		
6 - The Curriculum - Monitoring & Evaluation				
6.1.	Ongoing Monitoring	V		
6.2.	Outcome Evaluation		V	
7 - Implementing the Curriculum - Trainees				
7.1.	Admission Policy and Selection		V	
7.2.	Trainee Participation in Training Organisation Governance	V		
7.3.	Communication with Trainees		V	
7.4.	Resolution of Training Problems and Disputes		V	
8 - Implementing the Training Programme and Delivery of Educational Resources				
8.1.	Supervisors, Assessors, Trainers and Mentors		V	
8.2.	Clinical and other Educational Resources		V	
9 - Continuing Professional Development				
9.1.	Continuing Professional Development Programmes	V		
9.2.	Retraining		V	
9.3.	Remediation		V	

Preface

1. Context of the Accreditation Session

The Medical Council Assessor Team met with representatives of the Faculty of Occupational Medicine who were accompanied by members of the management team of the Royal College of Physicians in Ireland on 4 July 2019. The Assessor Team's remit was to assess the Programme of Specialist Training in Occupational Medicine against the *'Medical Council Accreditation Standards for Postgraduate Medical Education and Training'* (approved 1st June 2010 and revised 25th October 2011) and to subsequently formulate a recommendation to the Medical Council's Education and Training Committee (ETC).

2. The Team

The Medical Council Assessor Team is listed in Appendix One of this Report. The Council particularly appreciates the contribution of the assessors. The Team comprised of Mr Tom O'Higgins (Chair, Council Member), Dr Ailís Ní Riain, Dr Kevin Bailey and Ms Geraldine Feeney. They brought additional expertise in quality assurance of medical education to the accreditation and generously gave of their time and expertise to help with the accreditation process.

The Medical Council also thanks the representatives from the Faculty of Occupational Medicine and the Royal College of Physicians in Ireland for their co-operation. In addition, the Medical Council wishes to thank the Trainees who met the Team on the day, whose feedback was most helpful in formulating this Report.

3. Documentation

As part of the accreditation process, the Body was asked to complete and document a self-evaluation process based upon the '*Medical Council Accreditation Standards for Postgraduate Medical Education and Training*' (approved 1st June 2010 and revised 25th October 2011). This documentation along with supporting evidence was reviewed by the Team.

4. Schedule

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

5. Appendices

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

6. The Report

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

Summary and General Assessment

1. Conclusion and Main Recommendations to Education and Training Committee (ETC)

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

i. The Programme of Specialist Training in Occupational Medicine should be approved by the Council under the terms of Section 89(3)(a)(i) of the Medical Practitioners Act 2007. This recommendation is made on the grounds of the Medical Council's Team's finding that the programme adheres to the rules, criteria, guidelines and standards approved by Council as specified in Sections 87(3), 88(1)(a), 88(4)(b), 88(4)(d) and 89(3) of the Medical Practitioners Act 2007.

ii. The Faculty of Occupational Medicine, RCPI should be approved by Council under section 89(3)(a)(ii) of the Medical Practitioners Act as the body which may grant evidence of the satisfactory completion of Specialist Training in Occupational Medicine approved under 1 above. These recommendations are made on the grounds of the Colleges on-going compliance with the rules, criteria, guidelines and standards approved by Council as specified in Sections 87(3), 88(1)(a), 88(4)(b), 88(4)(d) and 89(3) of the Medical Practitioners Act 2007.

This approval should be for an initial period of five years from the date of approval by the Education and Training Committee as set out in Statutory Instrument 529 of 2010.

2. Recommendations to the Body

The Team reviewed the Body's responses to the recommendations made by Council at the previous accreditation in 2012. The Team notes that these recommendations have been attended to by FOM and the Team's reflections are addressed in the recommendations and commendations below.

Standard(s) Recommendations

1.2.3	The Team recommends that the Body: • continues to engage with HSE NDTP in securing additional funding to support workforce demand. • continues to seek funding from alternative public-sector sources, in addition to funding from the HSE NDTP, to support the expansion of training posts.
2.1.2	The Team recommends that the Body: • develops a system to record the Faculty's external engagements or consultations and any specific outputs arising. • progresses plans to expand representation on FOM's Board.
2.2.1	The Team recommends that the Body carries out a formal measurement of community need and ensures that results are reflected in the graduate outcomes for the training programme.

2.2.3	The Team recommends that the Body actively addresses the assessment of professionalism in the curriculum through the introduction of Outcomes Based Education.
2.2.4, 6.2.1	The Team recommends that the Body: • makes anonymised data of aggregate graduate outcomes publicly available. • establishes a line of communication with graduate members to collect relevant data and maintain formal records of graduate outcomes.
3.1.1	The Team recommends that the Body: • continues to work towards an Outcomes Based curriculum. • consults trainees in the development of an Outcomes Based curriculum.
3.3.1	The Team recommends that the Body: • promotes opportunities to undertake higher degrees in research and facilitates interested trainees. • considers how facilitating trainees to take extended time out of the programme for research will impact on workforce planning.
3.4.2	The Team recommends that the Body considers how a trainee's prior learning can be mapped across other competencies, in addition to Public Health and Occupational Medicine, particularly in view to a move towards an Outcomes Based curriculum.
3.5.1, 5.1.3	The Team recommends that the Body: • continues to engage with Medical Schools to ensure Occupational Medicine is part of the undergraduate curriculum. • considers a specific Health for Healthcare Practitioners course as part of the formal curriculum.
4.1.2	The Body should consider increasing formal support, including clinical skills training, to help trainees prepare for the Membership of the Body of Occupational Medicine (MFOM) examination.
5.2.3, 8.1.3	The Team recommends that the Body: • ensures that all trainers complete workshops on giving feedback to trainees. • develops a support framework for trainers which will develop the skills and competencies of trainers. • evaluates trainer effectiveness via a performance management structure.
6.2.2	The Team recommends that the Body develops a formal bespoke evaluation process to facilitate wide stakeholder engagement including patient / consumer feedback.
7.1.2	The Team recommends the Body publishes its selection process and criteria.
7.1.3	The Team recommends that the Body publishes the marking system for candidate selection.
7.3.3	The Body should continue to seek user feedback at regular intervals with regards the e-portfolio and implements any necessary improvements.
7.4.1	The Body should consider the appropriateness of private institutions unwilling to provide feedback on training supervision as training sites.
7.4.3	The Team recommends that the Body makes its appeals policy publicly available.
8.1.1	The Team recommends that the Body establishes formal Memorandum of Understandings between FOM and training sites that outline responsibilities of the site, trainer, trainee and training Body.
8.1.5	The Team recommends that the Body develops a Quality Assurance system, which includes the collection and analysis of statistics to validate assessment methods and assessor / examiner performance.

The	**8.1.6**	Body should ensure that training activities be specifically included in the timetables of trainers.
	8.2.1	The Team recommends that the Body: • implements the accreditation model as soon as possible. • makes the accreditation standards of training sites publicly available.
	8.2.2	The Body should ensure that the infrastructure and educational support required of an accredited training site or position are incorporated into the formal MoU's with training sites. These requirements should also be in line with the outcomes of the training programme.
	8.2.4	The Body should continue to work with the HSE NDTP to deliver a full HSE training contract to trainees that covers all placements.
	9.2.1	The Body should continue to advocate for sufficient resources for the development of a formal retraining programme.
	9.3.1	The Body should commence discussion with the Medical Council on the appropriate process and funding mechanism to explore the establishment of a programme of remediation for doctors who have difficulties.

3. Commendations

Standard(s) The Team commends the Body for:

2.1.1	• Hosting the 2018 International Congress on Occupational Health. • Its involvement of trainees in the publication of policy statements under the auspices of the Advocacy Committee.
4.1.1	The high level of accessibility and support its educational supervisors provide to trainees.
6.1.3	Actively encouraging feedback from trainees.
8.1.4	Its comprehensive approach to the selection of assessors.

Next steps

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

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

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

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

Evaluation of compliance with Medical Council Standards

Accreditation report

The accreditation report prepared by the Assessor Team post-visit is presented below.

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

Evaluation of Compliance with Medical Council Standards

Compliance level rating

Level of compliance with each Standard:

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

Training Body: Faculty of Occupational Medicine, RCPI
Programme of Specialist Training: Occupational Medicine

Compliance with the Medical Council's Postgraduate Medical Education Standards

1.1 Governance
1.1.1 The training organisation's governance structures and its education and training, assessment and continuing professional development functions are defined.
Description of evidence of compliance with this Standard during the accreditation process The Assessor Team (the "Team") was satisfied that the Body of Occupational Medicine's (FOM, the "Body"), governance structures and processes were well described. There was significant detail provided in the self-evaluation including the Faculty's *Standing Orders as documentary evidence* and further corroboration in the meeting with the representatives from the Body. The Faculty of Occupational Medicine sits within the Royal College of Physicians in Ireland (RCPI). The Body's Specialist Training Committee (STC) oversees the delivery and development of the educational content of the training programme. The STC reports to the FOM's Board. The Body has a seat on the RCPI Executive. The Team noted that the Body of Occupational Medicine reports into RCPI. The Team were provided with the Terms of Reference for STC. **Compliance** The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard.
Recommendation (s)
No recommendations made.
Commendation (s)
No commendations made.

Level of compliance: FC

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

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

In its self-evaluation submission, the Body described board and committee structures, membership and procedures; it also provided supporting evidence including role and responsibilities of the Dean of Postgraduate Specialist Education & Training, Dean of FOM, Director for Training Site Accreditation, Director of Examinations, National Specialty Director and Trainer.

The supporting evidence was lacking an organogram which would have assisted the Team in understanding the educational governance structures better. However, in the meeting with the Body, a clear description of the committee functions and reporting structures was presented.

The Body advised that following a review by Ernst & Young (EY), RCPI is looking at the composition of all committees across the College and Council to ensure that there is a voice for all the Training Bodies within the College. The Team was also informed that RCPI Executive membership has recently changed to include representatives of each Training Body.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

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

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

RCPI has a dedicated Education and Professional Development Team that works with Subject Matter Experts to develop educational content. The Manager of the Assessment and Programme Development Unit was present at the meeting with the Team and provided clarification regarding the Body's compliance.

The Body's reporting structures in terms of its educational function were satisfactorily described. Reports on education development and training delivery are submitted as standing items at FOM's Board meetings, the RCPI Executive and Council meetings and the Annual Stated Meeting of RCPI.

The Body expects that the ongoing implementation of changes as a result of the EY Review (see 1.1.2) will further strengthen the prioritisation of its educational role within structures.

Compliance

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

Recommendation (s)

No recommendation made.

Commendation (s)

No commendations made.

Level of compliance: FC

1.2 Programme Management

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

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

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

Well established committee structures with responsibility for key functions were described in the Body's self-evaluation submission; the Team had sight of the Terms of Reference for the Specialty Training Committee (STC).

The Specialty Training Committee (STC) is responsible for planning, implementing and reviewing the training programme(s) and setting relevant policy and procedures.

The policy and procedures relating to the assessment of overseas-trained specialists is outlined in a Service Level Agreement between the Body and the Medical Council.

The Professional Competence Committee and RCPI's Education and Professional Development Committee, on which FOM has representation, sets and implements policy on continuing professional development and reviewing the effectiveness of continuing professional development activities.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

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

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

RCPI is a not–for–profit organisation operating under charter and charitable organisation status. The Team noted that while FOM is a relatively small Body, its position within RCPI provides the administrative and technical support staff necessary for its operations.

FOM noted in its self-evaluation submission that it has access to resources and facilities such as teaching and lecture facilities, online teaching resources, skills laboratories and webcasting services. The Team also heard examples of the use of such resources referenced by both management and trainees, for example remote access to the Masterclass series and access to RCPI courses. The Body provided agendas of RCPI courses as evidence.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

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

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

The Team was informed that the Body has a Service Level Agreement (SLA) with the Health Service Executive (HSE) for the budgeting of training resources. As part of the agreement, the Body submits Key Performance Indicators (KPIs) and has two annual meetings with the HSE to review the delivery of the programme. The Team had sight of the *HSE agreement with FOM and RCPI in respect of the provision of specialist medical education and training.*

The Team heard that FOM's funding from the HSE has remained static over the last five years, representing a de-facto reduction as an increase in numbers has not been met with a corresponding increase in funding support. This has presented further challenges to the delivery of the training programme in the context of a workforce shortage in Occupational Medicine (OM). While the process for securing funding approval for suitable applicants was described as challenging and time consuming, it was also noted by FOM that funding was eventually granted for suitable trainees in each instance.

The Team heard that RCPI has recently submitted a funding case to the HSE National Doctors Training and Planning (NDTP) Unit for an increase in funding across the board for all specialties. Body also described how it has started to diversify its funding streams by putting business cases to hospitals and universities. FOM has successfully secured one post fully funded by the HSE and the University of Limerick (UL) and is planning on trying to replicate that model in Cork.

Compliance

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

Recommendation (s)

The Team recommends that the Body:

- continues to engage with HSE NDTP in securing additional funding to support workforce demand.
- continues to seek funding from alternative public-sector sources, in addition to funding from the HSE NDTP, to support the expansion of training posts.

Commendation (s)

No commendations made.

Level of compliance: PC

1.3. Educational Expertise and Exchange

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

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

The Team noted that FOM benefits from access to RCPI resources which provides the educational expertise for its operations. The Body's self-evaluation submission gives an outline of such resources. RCPI employs dedicated staff and engages specific expertise in the development and delivery of courses provided to trainees such as courses in Quality Improvement, Ethics, Wellbeing, Communication, and Leadership. RCPI's Education and Professional Development function has expertise in a range of areas including curricula design and development, education assessment, Single Best Answer (SBA) question-writing, and Objective Structured Clinical Examinations, Assessment and Feedback.

The Team heard that in recent years, the Body – in collaboration with a number of specialists - has focused its attention on developing its Single Best Answer (SBA) question-writing by increasing its bank of questions and blueprinting the examination against the curriculum. When asked by the Team, the Body confirmed that it does not share questions with the UK Body of Occupational Medicine but stated that it would be happy to do so.

The Team were informed that from September 2019, the Body intends to start building up a bank of OSCEs using a similar process. The Body also advised that an upcoming Board meeting is planned where a morning will be spent on MCQ writing and question writing.

The annual review of the curriculum is described in 1.5.1.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

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

The Team was satisfied with the detail provided in FOM's self-evaluation describing its collaborations. RCPI and FOM have established collaborative relationships with many institutions both nationally and internationally in the areas of review, development, information sharing and comparison of training, education and assessment matters. Some of these arrangements are informal.

The Occupational Medicine curriculum is developed in collaboration with RCPI's Education and Professional Development function. RCPI also works in collaboration with other undergraduate and postgraduate training bodies on the development and delivery of generic and multi-speciality programmes, for example, simulation workshops with ASSERT Simulation Centre in UCC.

The Team heard that the implementation of recommendations from the independent Imrie Review, 'Training 21st Century Clinical Leaders, which examined RCPI's model of training, are ongoing. This includes the introduction of Outcomes Based Education (OBE) and the move to an accreditation model, both of which will be discussed later in 8.2.1.

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.

Compliance

Final Draft Report for ETC Approval - Programme of specialist training in Occupational Medicine.

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

1.4 Interaction with the Health Sector

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

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

In its self-evaluation submission, the Body described working relationships with the Department of Health, the Medical Council, the HSE, Health Information and Quality Authority (HIQA) and other government and non-government agencies.

RCPI advocates on behalf of the Body through various representative structures such as the Forum of Irish Postgraduate Medical Training Bodies and the Quality Improvement Division in the HSE. RCPI's Policy and Advocacy office issues position statements on specific healthcare matters, establishes issue-focused policy groups to develop solutions to healthcare concerns in order to influence decision-makers and organises public engagement programmes.

Other working relationships are described in 6.2.2.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

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

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

The Team was informed that the Body is meeting this standard through the training site inspection process which includes interviews with trainees. The Team also heard that a new and more streamlined method of accreditations (rather than site inspections) will be rolled out shortly.

The Team noted that trainees are represented on all decision-making committees and are satisfied with levels of representation. Trainees reported that they have opportunities to provide feedback to the Body and feel comfortable doing so. Trainees also confirmed that they have taken part in interviews at site inspections and have not experienced difficulty in attending. Inspection teams comprise senior and experienced trainers in OM in a form of peer review.

The Team was made aware of an example whereby trainee feedback was listened to and acted upon at FOM Board level. Trainees had an issue with a proposal to increase trainee numbers in the programme by granting recognition of training for GP training. Trainees submitted a letter and a petition through their SpR representative on the Board and subsequently met for discussion. Their stance was accepted by the Faculty Board and an alternative solution is currently being explored.

The Body also noted in its self-evaluation submission that FOM has individuals in specified roles to support training in the specialty, including Dean of Postgraduate Specialist Training, Dean of Body, Director of Examinations, Director for Training Site Accreditation, National Specialty Director (NSD) as well as trainers and the Specialty Training Committee. As noted in 1.1.2, the Team had sight of documentary evidence describing these roles.

The Body stated that e-Portfolios and peer reviews are used to monitor compliance and progress and to improve the quality of teaching and supervision. Trainers have access to courses in RCPI including the Physicians as Trainers series which features the Essential Skills programme. The completion of the Essential Skills programme is mandatory in order to become a RCPI trainer.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

1.5 Continuous Renewal

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

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

The Body described its commitment to continuous renewal in its self-evaluation submission. The Body provided the *RCPI Policy on the Development and review of Curricula*. Occupational Medicine's curriculum is reviewed annually; RCPI Education Specialists meet with the NSD(s) to discuss the curriculum and review any changes required. The policy states that the review is conducted against international curricula and standards and the Medical Council's Domains of Good Professional Practice. These changes are approved by NSD and then sent to the Specialty Training Committee (STC) for discussion and review; finally, changes are communicated to the Board. The Body also seeks input from trainers and trainees.

A review of all committees is undertaken every three years, and this is outlined in their individual Terms of Reference. The Body stated that such reviews are cognisant of changing organisational requirements, developments in clinical practice, governance and feedback from Trainees.

The Team also heard examples of changes to representative structures (see 2.1.2) and work undertaken to enhance assessment methods (see 1.3.1).

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

2. THE OUTCOMES OF THE TRAINING PROGRAMME

2.1 Purpose of the training organisation

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

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

The Team was satisfied that the Body's *Standing Orders* clearly defines its purpose and objectives in a way that reflects this sub-standard. RCPI's strategic plan contains its vision, mission and values as well as it's five strategic aims from 2015-2020. The Team had sight of the Strategy which identifies the following aims: deliver world-class specialist training, enhance life-long learning and professional development, promote leadership in improving patient care, be a trusted, authoritative voice on public health policy and build our global presence.

FOM has also demonstrated its commitment to setting and promoting high standards in other more tangible ways. For instance, the Team heard that the Body hosted the International Congress on Occupational Medicine in 2018.

The Team heard about FOM's Advocacy Committee which was established in 2018. Through this committee, the Body collaborates with other Training Bodies to develop position papers on relevant health topics one to two times a year. For example, last year the Body worked with the Body of Public Health to publish a joint paper on mandatory vaccinations. Importantly, trainees are involved, and trainees have already written a position paper; there is also stakeholder engagement built into the process.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

The Team commends the Body for:

- hosting the 2018 International Congress on Occupational Health.
- its involvement of trainees in the publication of policy statements under the auspices of the Advocacy Committee.

Level of compliance: FC

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

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

The Body's committee structure facilitates consultation with trainees; trainees interviewed confirmed that they are aware of their representatives. Many trainees contributed to poster presentations during the International Congress on Occupational Health in 2018 which were subsequently compiled and published.

The Team was informed that a trainee representative has recently been added to the RCPI Board. In addition, the Body is discussing making changes to the composition of FOM's Board through the addition of a trainee and lay representative.

The Team heard that FOM's Board regularly engages with relevant groups of interest such as the Health and Safety Authority. However, the Body does not have a system to record such engagements or any subsequent outputs.

The Body's self-evaluation submission stated that Members of the Body and Fellows are invited to attend the Annual General Meeting (AGM) and RCPI's Annual Stated Meeting while Fellow, members and trainees can attend regional College meetings.

Compliance

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

Recommendation (s)

The Team recommends that the Body:

- develops a system to record the Faculty's external engagements or consultations and any specific outputs arising.
- progresses plans to expand representation on FOM's Board.

Commendation (s)

No commendations made.

Level of compliance: PC

2.2 Graduate Outcomes

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

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

The Team was provided with a copy of the curriculum; it is clearly laid out and largely competency based. Although outcomes are mentioned in the opening section, the chapters relating to generic and specialty-specific components of the curriculum focus on competencies, with outcomes being defined as progression through each AEP and, ultimately, success in the MFOM examination. However, the Team is happy that the curriculum is based on the nature of the discipline and the practitioners' role in the delivery of health care.

The Team questioned the Body on its assessment of community need. The Body reported that following a review, it is in the process of defining its model of care and defining the need Occupational Medicine is trying to meet. Using this assessment, the Team hopes that the Body can begin to ensure that graduate outcomes are designed to relate to community need.

Compliance

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

Recommendation (s)

The Team recommends that the Body carries out a formal measurement of community need and ensures that results are reflected in the graduate outcomes for the training programme.

Commendation (s)

No commendations made.

Level of compliance: PC

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

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

The Team reviewed the curriculum which is divided into generic and specialty components. The generic section is relevant to HST trainees of all specialties varying in degrees of relevance and appropriateness, depending on the specialty (e.g. infection control, management, etc.). The specialty section outlines the specific specialist knowledge and skills required in the practice of Occupational Medicine, (e.g. ergonomics, assessment of disability, rehabilitation and fitness for work, etc.). In addition, there is a table detailing the minimum requirements for trainees to complete such as number of cases and activities, and the level of exposure required and desirable.

The Team was happy that the curriculum addresses the broad role of practitioners as well as technical and clinical expertise. Outcomes encompass the Medical Council's Domains of Good Professional Practice in both the generic and specialty components of the curriculum.

The Occupational Medicine curriculum is reviewed annually to represent the evolving role of the practitioner and changes in clinical practice.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

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

Description of evidence of compliance with this Standard during accreditation process

The Team notes that the curriculum references the Medical Council's Three Pillars of Professionalism and maps competencies to the Eight Domains of Good Professional Practice.

There is a limited assessment of professionalism through the Case Based Discussions (CBDs) and Directly Observed Procedural Skills (DOPS) and through the assessment of communication skills in the Objective Structured Clinical Examination (OSCE). However, the Body recognises that at present, outcomes could be designed to better reflect domains of professionalism, and it identifies the measurement of professionalism as a challenge.

In describing the challenge, the Body cited patient feedback as a problematic way of assessing the professionalism of trainees due to the unique nature of the doctor-patient relationship in Occupational Medicine whereby the practitioner tends to have to deliver bad or unwanted news to the patient. This is a common challenge across the specialty; the Body hopes that the new Outcomes Based Education – expected to come into place in OM in 2021 - will provide more opportunities to assess professionalism as part of other competencies.

Compliance

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

Recommendation (s)

The Team recommends that the Body actively addresses the assessment of professionalism in the curriculum through the introduction of Outcomes Based Education.

Commendation (s)

No commendations made.

Level of compliance: PC

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

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

The Body described excellent graduate outcomes to the Team, including progression and retention rates and employment opportunities for graduates of Occupational Medicine. However, the Team is conscious that these outcomes are not currently published and made publicly available, as per the standard.

The Body noted that it shares information with the HSE NDTP on an annual basis while RCPI's Doctors Project aims to gather and analyse information related to graduate outcomes. The Body also provided a copy of its *2017 Annual Report* – which includes information on number of trainees, number of trainees eligible for CSCST, number of applicants and trainees appointed, as well as admissions and awards.

Compliance

The Body's self-evaluation submission indicated non-compliance with this Standard. The Team concluded that the Body is not compliant with this Standard.

Recommendation (s)

The Team recommends that the Body:

- makes anonymised data of aggregate graduate outcomes publicly available.
- establishes a line of communication with graduate members to collect relevant data and maintain formal records of graduate outcomes.

Commendation (s)

No commendations made.

Level of compliance: PC

3. THE EDUCATION AND TRAINING PROGRAMME – CURRICULUM CONTENT

3.1 Curriculum Framework
3.1.1 For each of its education and training programmes, the training organisation has a framework for the curriculum organised according to the overall graduate outcomes. The framework is publicly available.
Description of evidence of compliance with this Standard during the accreditation process The Team was provided with the curriculum for Higher Specialist Training in Occupational Medicine; the Team was satisfied that the curriculum framework is clearly structured and organised according to objectives, skills, knowledge, and assessment and learning methods. It is publicly available on FOM's website. Although the current curriculum remains time-based, a move towards an Outcomes-Based (OB) model is under way. The Body informed the Team that Occupational Medicine should be moving to Outcomes Based Education (OBE) in 2021. The process will be driven by the clinical leads who will identify curriculum outcomes and define what a trainee should be able to do on completion of the programme. OBE will also have to facilitate different progression rates among trainees. The Body stated the process will involve trainee feedback. The Body heard that trainees have not been engaged so far and were unaware of the move to an OB curriculum. **Compliance** The Body's self-evaluation submission indicated partial compliance with this Standard. The Team concluded that the Body is partially compliant with this Standard.
Recommendation (s)
The Team recommends that the Body: • continues to work towards an Outcomes Based curriculum. • consults trainees in the development of an Outcomes Based curriculum.
Commendation (s)
No commendations made.

Level of compliance: PC

3.2 Curriculum Structure, Composition and Duration

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

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

The Team is happy that the curriculum follows a standardised structure specifying the educational outcomes; learning objectives are outlined for each stage of the curricula as well as the necessary knowledge, skills, and assessment and learning methods required to achieve these objectives. Minimum requirements for training are clear and objective.

Trainees reported examples of formal teaching but noted that the frequency and formality of these tend to vary according to training site. In particular, the introduction of a formalised course for preparation for Membership of the Body of Occupational Medicine (MFOM) would be welcomed. Opportunities for group learning include mandatory study days and trainee-organised exam groups that are facilitated by a trainer.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

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

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

The Team noted from the Body's self-evaluation submission that successful completion of the training programme in Occupational Medicine is certified by award of a Certificate of Satisfactory Completion of Specialist Training (CSCST) and a Membership of the Body of Occupational Medicine (MFOM).

A CSCST enables trainees to apply for entry to the Specialist Division of the Medical Council's register.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

3.3 Research in the Training Programme

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

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

The Body's self-evaluation submission and the curriculum itself highlights the role of research in the training programme. 'Scholarship' is a generic component of the HST curriculum and involves carrying out a research project and performing a clinical audit. Trainees should also attend a training course in research methods which includes medical statistics.

The Team was informed that trainees can apply to take out of programme leave for six months in order to undertake approved research projects. This may be extended to twelve months if the research undertaken in the first six months is deemed exceptional and would benefit from further time. The curriculum also states that trainees are encouraged to pursue research towards a higher degree (MD or PhD), although only a maximum of one year will be counted towards HST.

In its self-evaluation submission, the Body advised that there are no HST trainees undertaking research out of programme at present. From the discussion with trainees, they seem unaware of this opportunity and the possibility of undertaking a MD or PhD within the programme. Some are carrying out research in addition to clinical work and the Team was informed that all trainees are afforded a half-day of protected time weekly in order to engage in research activity.

Compliance

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

Recommendation (s)

The Team recommends that the Body:

- promotes opportunities to undertake higher degrees in research and facilitates interested trainees.
- considers how facilitating trainees to take extended time out of the programme for research will impact on workforce planning.

Commendation (s)

No commendations made.

Level of compliance: PC

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

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

The Body states in its self-evaluation submission and curriculum that trainees must spend the first two years of the training programme in clinical posts in Ireland before undertaking any period of research or *Out of Programme Clinical Experience* (OPCE). Trainees who undertake research after the first two years of training will receive up to twelve months credit towards the completion of specialist training.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

3.4 Flexible Training

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

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

There are policies in place to allow for part-time and flexible training, and job-sharing. The Team was provided with a *Guide to the HSE National Supernumerary Flexible Training Scheme* and a *HST Guide for Trainees* where these policies are detailed. The Body also has signed up to the Forum of Irish Postgraduate Training Bodies / HSE National Doctors Training and Planning Flexible Training Principles.

Each request for flexible or interrupted training is dealt with on a case-by-case basis by the NSD, the STC and possibly the Dean of FOM. Trainees availing of flexible training options must still

complete their training in a maximum of six years. The Body stated that it would consider extensions on a case-by-case basis, but the Team heard that this hasn't been an issue thus far.

The Team was informed that at present, there are trainees availing of flexible training and parental leave. Trainees reported that they were proactively approached regarding the option of taking parental leave at one training site and acknowledged their appreciation of this gesture.

As part of the KPI with HSE NDTP, the Faculty of Occupational Medicine, RCPI received an award for full compliance with flexible training targets. However, the Body advised the Team that it is easier to meet these requirements with such a small cohort of trainees.

In its self-evaluation submission, the Body stated that RCPI has a protocol for doctors returning to work after a period of absence and has provided this document as supporting evidence. The protocol provides a framework to help to identify the requirements of individual practitioners returning to work after an absence of three months or more and to ensure effective return to practice.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

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

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

In its self-evaluation submission, the Body states that the programme in Occupational Medicine currently uses eight different training sites and has a total of six trainees which creates opportunities regarding the pursuit of studies of choice.

The Body states that in some instances, HST trainees can make an application to pursue studies of choice (clinical or research) subject to approval. For example, research must be prospectively approved by the National Specialty Director / Specialty Training Committee and be appropriate to the speciality. Approved research will contribute a maximum of one year credit towards the overall HST training programme. Trainees can also make an application for out of programme training (both

nationally and overseas) which is external to the HST training programme and subject to the approval of the Dean. The Body provided the application form for Out of Clinical Programme Experience as evidence.

This year, the Body reviewed its policy on the recognition of retrospective training. Although it can be difficult to establish equivalence in terms of standards of training, the Body has started to look at applications for recognition of prior learning on a case-by-case basis. Thus far, recognition of prior learning has only been granted to applicants with experience in public health and occupational medicine and the exemption covers one year of training only. In such cases, the trainee's training plan would be adapted to ensure that all the necessary competencies are gained.

The Team heard examples by both the Body and the trainees of prior learning being recognised on a case-by-case basis. The Team was informed that unsuccessful applicants have been put in contact with private companies where they got paid work experience for one year. When the same applicants were later accepted to the course, their one year of work experience was recognised by the programme.

Compliance

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

Recommendation (s)

The Team recommends that the Body considers how a trainee's prior learning can be mapped across other competencies, in addition to Public Health and Occupational Medicine, particularly in view to a move towards an Outcomes Based curriculum.

Commendation (s)

No commendations made.

Level of compliance: FC

3.5 The Continuum of Learning

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

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

In its interview with the Team, the Body noted its limited input into undergraduate education (as little as one lecture) and described the interest in Occupational Medicine at this level as varying from site to site over the six medical schools. The Body also indicated that its current input has not been formalised.

The Body has been running a Masterclass on doctors treating doctors which is proving very popular; however, the trainees the Team met with did not seem to be aware of it. A new half-day course for interns on building teaching skills is also under development.

RCPI has a representative on INMED (Irish Network of Medical Educators) who sits on the executive board and participates in the AGM and educational sessions.

Compliance

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

Recommendation (s)

The Team recommends that the Body:

- continues to engage with Medical Schools to ensure Occupational Medicine is part of the undergraduate curriculum.
- considers a specific Health for Healthcare Practitioners course as part of the formal curriculum.

Commendation (s)

No commendations made.

Level of compliance: PC

4. THE TRAINING PROGRAMME – TEACHING AND LEARNING

4.1 Teaching & Learning

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

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

In its self-evaluation submission, the Body states that trainees in Occupational Medicine primarily work in accredited sites under the supervision of a specific registered trainer. All sites have been approved via the inspections process and therefore meet the Body's requirements in terms of the required experience and exposure to facilitate the development of the relevant knowledge, skills and competencies. In addition, trainees have access to RCPI workshops and courses.

Trainees are required to complete a defined quantity of Workplace Based Assessments, for example, Case Based Discussion (CBD), Mini-Clinical Exercises (Mini-CEX) and Directly Observed Procedural Skills (DOPS.) Trainers must sign off on the completion of these activities and provide appropriate feedback on performance.

Trainees advised that the clarity of the curriculum and eportfolio with regards the activities that need to be completed ensures the trainee's personal participation. Trainees also reported an excellent level of supervision from their trainers and ready access to a range of supervisors given the small size of the training programme.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

The Team commends the Body for the high level of accessibility and support its educational supervisors provide to trainees.

Level of compliance: FC

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

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

The curriculum and specific Workplace Based Assessments (WPBAs) outline the requirements for practical and theoretical instruction. Specific training needs are identified at the training site level by both trainers and trainees which informs the development of appropriate courses that are delivered by RCPI. Trainees confirmed that their feedback is sought with regards to training needs and the courses they would like to attend. Trainees also spoke of the excellent informal supports from individual trainers in preparation for the MFOM examination.

The Team was informed that while the Body assesses practical skills, there are limited number of these required in training for Occupational Medicine. In recent years, the Body has been working on making improvements to the assessment of practical skills through the ongoing introduction of patient stations in the Objective Structured Practical Examination (OSPE) including an abdominal station and a communication and ethics station, as well as the submission of a portfolio.

Compliance

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

Recommendation (s)

The Team recommends that the Body considers increasing formal support, including clinical skills training, to help trainees prepare for the Membership of the Body of Occupational Medicine (MFOM) examination.

Commendation (s)

No commendations made.

Level of compliance: PC

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

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

In its self-evaluation submission, the Body states that the programme's curriculum and assessments ensure that trainees are afforded an increasing degree of independent responsibility as they progress through the Programme. Graduated responsibility is reflected in both summative (e.g. quarterly, end of year etc.) and formative assessments (e.g. Workplace Based Assessment).

The Body references Miller's competence pyramid which involves building on theoretical knowledge by directly observing and learning from trainers; progressing to doing part-tasks under supervision and then to completing full tasks under supervision; the trainee continues to undertake full tasks under reduced supervision until competent to work entirely independently.

In the interview with the Team, trainees confirmed that they feel that they are growing in competence and confidence each year and enjoying more autonomy and independent responsibility as they progress in their training. They also praised the support of their trainers in helping them achieve this.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

5. THE CURRICULUM – ASSESSMENT OF LEARNING

5.1 Assessment Approach

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

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

The Team notes that both summative and formative assessment methods are interwoven throughout the curriculum. Trainees are required to log evidence of training activity and assessments in the e-portfolio which is then approved by their trainers.

In its self-evaluation submission, the Body states that the curriculum has been blueprinted against learning and assessments to ensure that the training programme meets the identified objectives; assessments are designed to complement each of the different stages of training.

Under 1.3.1, the Body addressed how it is developing the Single Best Answer (SBA) question-writing. In the interview with the Team, one trainee described how they assist the Chief Examinations Officer with SBAs.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

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

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

The Team is satisfied based on the information provided in the self-evaluation submission that formative and summative assessments formats are appropriately aligned to the programme.

Formative assessments comprise portfolio, Workplace Based Assessments such as Case Based Discussion, Mini CEX, Direct Observation of Procedure, and the Sheffield Assessment Instrument for Letters (SAIL OH), while summative formats include e-portfolio (ES review), quarterly trainer reports, annual assessment, penultimate assessment with external review, and exit examination (MFOM). The Licentiate of the Body of Occupational Medicine (LFOM) examination is available to candidates who successfully meet the criteria.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

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

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

The Team had sight of RCPI's policy on *Supporting Trainees with Disabilities on a Training Programme* and *Protocol for Doctors Returning to Work after a Period of Absence* which set out methods for managing disadvantaged and disabled trainees. The Team was also provided with RCPI's Equal Opportunities policy which has been recently updated.

Trainees are assessed by occupational health on an individual basis to determine their ability to perform the mandatory requirements of the programme. An independent assessor can be arranged if requested. For those unable to continue in their chosen program, the Body will explore opportunities to transfer to another specialist training programme. The Team also heard that the Body provides advice to RCPI on making accommodations for trainees.

The protocol for doctors returning to work after a period of absence is discussed in 3.4.1.

The Team was informed that there have been trainees on long term sick leave. Trainees reported that they are not permitted to be involved in any assessment of or consultation with such trainees and that the Body takes care that the trainee's confidential information is not accessible.

While there are policies for assessing trainees who may need occupational health support, apart from a single Masterclass, there are no training competencies in the curriculum aimed at managing the occupational health of healthcare practitioners.

Compliance

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

Recommendation (s)

The Team recommends that the Body considers a specific Health for Healthcare Practitioners course as part of the formal curriculum.

Commendation (s)

No commendations made.

Level of compliance: FC

5.2 Feedback and Performance

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

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

Trainee's progress is monitored and assessed at the quarterly trainer review as well as at the HST Annual Evaluation of Progress (AEP), where underperformance can be identified, and remedial

action taken. Disciplinary procedures for underperforming trainees are progressive and are outlined in RCPI's *Grievance and Disciplinary Procedures for Trainees.*

Trainees were content that they knew what they would do in the event of an issue arising. They felt comfortable that they could approach a member of the Body if needed.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

5.2.2 The training organisation facilitates regular feedback to Trainees on performance to guide learning.
Description of evidence of compliance with this Standard during the accreditation process

The Body provides structured feedback to trainees on performance throughout the programme in the following ways: when agreeing the trainee's training plan, at assessments such as the Annual Evaluation of Progress and MFOM, and through the e-portfolio's quarterly review. Due to the small size of the discipline, trainees work closely with their trainers facilitating informal feedback. This was corroborated by both trainees and the Body. The Team had sight of a sample form the Annual Evaluation.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

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

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

The Body confirmed in its self-evaluation submission that supervisors in Occupational Medicine include both trainers and the National Specialty Director. Feedback is provided to supervisors regarding trainee performance at the end of AEPs and interim assessments, through trainee logbooks, or ad hoc where there are concerns that a trainee is underperforming.

In its self-evaluation submission, the Body noted a reluctance among trainers to formally provide negative feedback to trainees, especially early in the trainee's career, as well as difficulties in addressing and assessing professionalism. The Team notes RCPI has introduced a workshop for trainers on giving effective feedback and flagging underperformance while the Team heard about the Body's efforts to improve its support to trainers in 8.1.2.

The Body informed the Team that a new support framework for trainers, which has been partially implemented, is intended to address this challenge.

Compliance

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

Recommendation (s)

The Team recommends that the Body:

- ensures that all trainers complete workshops on giving feedback to trainees.
- develops a support framework for trainers which will develop the skills and competencies of trainers.
- evaluates trainer effectiveness via a performance management structure.

Commendation (s)

No commendations made.

Level of compliance: PC

5.3 Assessment Quality

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

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

Validated assessments include WPBAs and knowledge-based assessment (e.g. MFOM), which incorporate assessment of knowledge and skills by way of portfolio, MCQs, OSPE and e-portfolio.

In its self-evaluation submission, the Body stated that Workplace Based Assessments (WPBAs) were introduced to the Irish medical setting two years ago; the Body noted that WPBAs are validated in the UK and that plans are in place to measure the validity, reliability and educational impact of these assessments in Ireland.

FOM advised that the development of the Membership of the Body of Occupational Medicine (MFOM) has been a major project guided by Directors of Examinations and the expertise within RCPI's Education Department. Analysis of the pass rate in the MFOM examinations is undertaken on an on-going basis.

The Body advised that many changes to assessment methods have been made in recent years. For instance, Modified Essay Questions have been replaced by MCQs; a Single Best Answer (SBA) format has been adopted; Objective Structured Practical Examination (OSPE) has replaced clinical examination; and viva voce examinations, which focus exclusively on written portfolio projects, are being introduced on a phased basis to combat plagiarism.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

5.4 Assessment of Specialists Trained Overseas

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

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

The process for assessing specialists trained overseas is underpinned by a formal Service Level Agreement (SLA) between the Faculty of Occupational Medicine and the Medical Council. The process is administered on behalf of the Body by RCPI. In its self-evaluation submission, the Body describes the process as follows: applications are assessed against the SLA, HST curriculum and other requirements of training set out by FOM and the Forum of Postgraduate Training Bodies. Each application is reviewed by two FOM assessors, with the assessor reports submitted to the Dean and finally, to the Board of FOM. The outcome of this assessment is then submitted to the Medical Council

The Body advised that it has developed guidelines for applicants outlining the process and requirements for assessment which are reviewed on an annual basis in line with the Body curricula review.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No recommendations made.

Level of compliance: FC

6. THE CURRICULUM – MONITORING AND EVALUATION

6.1 Outgoing Monitoring
6.1.1 The training organisation regularly evaluates and reviews its training programmes. Its processes address curriculum content, quality of teaching and supervision, assessment and Trainee progress.
Description of evidence of compliance with this Standard during the accreditation process RCPI's cycle of curriculum review includes an annual review undertaken by the National Specialty Director and Educational Specialists in January and February each year. Trainee feedback is sought during this process and has been actively incorporated, for example, in the introduction of a business module. All updates are completed by June and reviewed by the STC and the Faculty Board Committee. Once changes are approved, the revised curriculum is disseminated to trainers and trainees. The Team had sight of a screenshot of a template form for trainee feedback. The Body advised that the quality of teaching and supervision is tracked on an on-going basis through the review of educational courses (including course evaluations completed by trainees), curricula, site accreditations and the *Physicians as Trainers* course. The Body has made some courses available online, such as the Masterclass series which is web cast live to thirty-two sites. Trainees confirmed that their opinions are sought in relation to the curriculum. The Team heard an example of where a trainee's suggestion was implemented. **Compliance** The Body's self-evaluation submission indicated full compliance with this Standard. The Team concluded that the Body is fully compliant with this Standard. **Recommendation (s)** No recommendations made.
Commendation (s)
No commendations made.
Level of compliance: FC

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

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

In its self-evaluation submission, the Body described how supervisors and trainers contribute to monitoring and programme development through curriculum review meetings, site inspections, assessments, evaluations – which also involve trainees – and through membership of the Specialty Training Committee (STC). Decisions on changes to the training programme are circulated to all trainers prior to implementation. The Team also heard that trainers run workshops and study days.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

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

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

Trainees are represented on various FOM and College committees enabling structured feedback on the quality of supervision, training and clinical experience. Within the Faculty of Occupational Medicine, RCPI a Specialist Registrar representative sits on the Faculty Board, the Specialist Training Committee, the Education Committee and the Communications Committee. RCPI Trainee Leads are also appointed in hospitals. Through representation on committees, trainees are made aware of any proposed changes to the training programme and their input is sought. Trainees confirmed that they were aware of their representatives and that their feedback is requested. Trainees described the Body as open and responsive to feedback. The Team heard examples where trainee feedback was acted upon which are described in 1.4.2, 4.1.2 and 6.1.1.

In its self-evaluation submission, the Body detailed other systems for obtaining confidential trainee feedback include site inspections, the annual assessment process and the Training Post Evaluation completed after each training post - every three, six, or twelve months depending on how often the trainee rotates. The Body also lists other initiatives such as an induction day, post induction 'check-in' telephone call for all new trainees, post induction check-in at hospital sites and a health and wellbeing service.

To protect the anonymity of trainees, it is RCPI policy to only analyse aggregate data – e.g. when more than two years of data has been collected and more than five trainees have provided feedback on each post.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

The Team commends the Faculty for actively encouraging feedback from trainees.

Level of compliance: FC

6.2 Outcome Evaluation

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

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

In its self-evaluation submission, the Body states that RCPI maintains records on its members, which includes graduates. However, the nature of these records is not clear.

The Body stated that it endeavours to measure outcomes of training and collect qualitative information via ad hoc projects. For example, in 2017, a survey was circulated to trainees graduating from Higher Specialist Training in RCPI, including Occupational Medicine, asking about career intentions for the forthcoming three years; this information was communicated to HSE NDTP.

Although the Team was informed that FOM graduates are likely to be employed in their area of specialty in Ireland, no formal records of outcomes are published.

Compliance

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

Recommendation (s)

The Team recommends that the Body establishes a line of communication with graduate members to collect relevant data and maintain formal records of graduate outcomes.

Commendation (s)

No commendation made.

Level of compliance: PC

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

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

The Body described the input to evaluation processes in terms of a variety of groups including trainer and trainee representation on the Specialty Training Committees and the Trainee Members Committee; RCPI committees, such as the Research Ethics Steering Committee, on which other healthcare professionals and public / patient focus groups contribute; and RCPI's Programme of Public Engagement.

Notwithstanding, the input of trainers and trainees and the instances noted above, there are limited opportunities for formal feedback from a wider range of stakeholders. The Body acknowledged this and noted that although there are close working relationships with occupational physiotherapists and occupational health nurses, there is no formalised process to elicit feedback from other healthcare administrators and the broader multidisciplinary team.

The Body identifies patient feedback as a challenge and cites the overwhelming tendency of patients towards negative feedback – in response to the report or the opinion of the OM doctor - as the barrier. Consequently, the Body does not consider patient feedback or patient feedback surveys reliable or constructive.

Compliance

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

Recommendation (s)

The Team recommends that the Body develops a formal bespoke evaluation process to facilitate wide stakeholder engagement including patient / consumer feedback.

Commendation (s)

No commendations made.

Level of compliance: PC

7. IMPLEMENTING THE CURRICULUM – TRAINEES

7.1 Admission Policy and Selection

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

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

The Team had sight of a *Handbook for HST Interview Panel Members*, which outlines a standardised selection process, the first chapter of which emphasises 'Equality of Opportunity'.

The RCPI website contains information on general entry requirements, the curriculum, the application and allocation process as well as on Medical Council registration.

Compliance

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

Recommendation (s)

No recommendation made.

Commendation (s)

No commendations made.

Level of compliance: FC

7.1.2 The processes for selection into the training programme:

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

Compliance

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

The criteria for selection into the training programme and the scoring system are not currently publicly accessible to candidates. In its self-evaluation submission, the Body advised the Team that a full review of the recruitment process is planned. The Body provided documentary evidence of its Shortlisting Criteria and RCPI Panel Member Guidance/ HST Shortlisting and Interview Guidelines.

The Team had sight of the Body's conflict of interest policy and was informed that it implements the policy during the selection process and asks panel members to declare any conflicts of the interest in advance.

The Team was informed by the Body that unsuccessful candidates are contacted with the outcome of their interview and are given the opportunity to receive feedback. Those placed on a reserve list are made aware of where they are ranked on the list. The Team also heard that candidates are offered the opportunity to meet with private companies in order to encourage candidates to get experience in Occupational Medicine and apply once again to the HST programme. This was corroborated by trainees.

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

Recommendation (s)

The Team recommends the Body publishes its selection process and criteria.

Commendation (s)

No commendations made.

Level of compliance: PC

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

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

The Body acknowledged that it only publishes minimum requirements for applicants on its website rather than the full selection criteria and marking system. However, when asked, the Body was able to inform the Team of the competencies looked for among interviewees. The Body also advised that there is an informal process in that many interested applicants contact the administrator within the College and will arrange to speak to a SpR representative or someone within the Body about the process.

The Body described the process applied to selection: the interview questions are decided in advance; members of the panel score candidates individually in accordance with a predetermined marking system; the Chair then takes the scores from the individual interviewers and decides where candidates are ranked, e.g. first, second, third.

Compliance

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

Recommendation (s)

The Team recommends that the Body publishes the marking system for candidate selection.

Commendation (s)

No commendations made.

Level of compliance: PC

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

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

In its self-evaluation submission, FOM states that it publishes its requirements for mandatory experience in the curriculum. In advance of the recruitment and selection process each year, trainees are required to submit their 'training intentions' ranking their preferences of training sites for rotations. The Team had sight of *RCPI's Allocations Process for Higher Specialty Training*.

The Team heard that applicants seeking exemptions from requirements are dealt with on a case-by-case basis. These applicants are provided with a copy of the curriculum to clarify that training requirements have been met, which is then verified by the relevant Training Body.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

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

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

RCPI centrally administers application and selection policies; the Chair of each interview panel is responsible for the consistent application of RCPI and FOM interview and marking guidelines and related policies and procedures. The Team heard that interview panels are composed of a Chair, three specialist and two college administrators. The NSD sits on the panel each year but the other two specialists rotate annually.

The Dean of Postgraduate Specialist Training, the Dean of the Body and the senior management team have overall responsibility.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

7.2 Trainee Participation in Training Organisation Governance

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

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

The Team was satisfied that there are formal processes and structures enabling trainee representation on all decision-making committees. Trainee involvement in the governance of their training was confirmed by trainees. The Team also heard that trainees are given protected time to attend these meetings. Supporting evidence for this standard is discussed in more detail in 2.1.2 and 6.1.3.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

7.3 Communications with Trainees

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

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

Mechanisms to inform trainees about the activities of its decision-making committees include a monthly RCPI Ezine, regular email communication from the specialty Co-ordinator and a text messaging service. The Physican Network and ihub provide educational resources; the new ePortfolio can be accessed on mobile phones and offline.

The trainee representative on the Specialty Training Committee (STC) is also responsible for communicating decisions to trainees; trainees are invited to the Regional College Meetings while in the past, trainees developed a FAQs document to ensure that useful information is captured and communicated to fellow trainees.

Trainees informed the Team that they are happy with levels of communication. Trainees receive email updates about important information and cited the increase in the training grant this year as an example.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

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

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

Information is provided on the public website and private websites accessible to trainees only. Such information includes application dates, costs and requirements as well as upcoming courses and meetings. Information is also communicated via the ePortfolio and The Physician Network; since 2017, all trainees can access online service directly from their phones.

HST induction days give trainees a broad overview of the training programme and a prospectus for the upcoming training year is also circulated. The Team had sight of a HST induction pack and a prospectus for 2017-18.

Compliance

The Body's self-evaluation submission did not indicate a compliance rating with this Standard. The Team concluded that the Body is fully compliant with this Standard.

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

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

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

After taking part in the Annual Evaluation process, trainees receive results within a specified timeframe. Communication is facilitated through the ePortfolio and the Physicians Network.

The Team heard that RCPI launched a new eportfolio for BST trainees last year and are currently overseeing the migration of the eportfolio to HST programmes, including Occupational Medicine. Trainees tested the first version of the eportfolio and provided feedback to FOM; in response to trainee feedback, a revised ePortfolio is being launched next week.

Compliance

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

Recommendation (s)

The Team recommends that the Body continues to seek user feedback at regular intervals with regards the e-portfolio and implements any necessary improvements.

Commendation (s)

No commendations made.

Level of compliance: PC

7.4 Resolution of Training Problems and Disputes

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

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

FOM identified pathways to address problems with training supervision and requirements such as the grievance procedure, site inspections and training post evaluations as well as contacting the RCPI trainee representative and RCPI itself.

However, the Body highlighted trainee awareness of these pathways to address problems as a challenge. While noting the challenge, the Body also advised that this has not been an issue in FOM so far due to the close working relationships between trainees and trainers and the small cohort of trainees in the programme.

The Body reported in its self-evaluation submission that some private institutions are unwilling or unable to provide feedback on trainees; this was a matter of concern for the Team.

Compliance

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

Recommendation (s)

The Team recommends that the Body considers the appropriateness of private institutions unwilling to provide feedback on training supervision as training sites.

Commendation (s)

No commendations made.

Level of compliance: PC

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

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

The Team was provided with a number of newly updated policies including a grievance policy. Other policies recently finalised include an anti-bullying procedure, a disciplinary procedure, an appeals procedure for trainees in terms of decisions relating to their training, and a review of assessment through training.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

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

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

The Body advised that a procedure for reconsideration, review and appeals has recently been finalised, and provided the Team with a copy of the new policy. However, its appeals policy is not currently publicly available.

Compliance

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

Recommendation (s)

The Team recommends that the Body makes its appeals policy publicly available.

Commendation (s)

No commendations made.

Level of compliance: PC

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

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

The Body advised that de-identified appeals and complaints are first considered by the administrative and management teams and are escalated to FOM if a systems problem is identified.

Complaints and appeals are received through the following channels: anonymous training post evaluation forms, RCPI evaluation forms completed at the end of each course and through the grievance and disciplinary procedure.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES

8.1 Supervisors, Assessors, Trainers and Mentors

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

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

While the Body has outlined the responsibilities of the relevant stakeholders in its self-evaluation submission, there are currently no formal Memorandum of Understandings (MoUs) in place between FOM and training sites. The Body advised that as part of a review of the inspection process arising from the Imrie review, MoU's with training sites will be put in place.

As referenced in 1.1.2, the Team had sight of documentary evidence outline the roles of various practitioners including the Dean of Postgraduate Specialist Education & Training, Dean of FOM, Director of Training Site Accreditation, Director of Examinations, National Specialty Director and Trainer.

The Body confirmed that all training sites are currently accredited and are inspected every five years, unless a major issue necessitates otherwise. The Team also heard that in recent years, the Body has inspected and approved four new training sites for OM.

Compliance

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

Recommendation (s)

The Team recommends that the Body establishes formal Memorandum of Understandings between FOM and training sites that outline responsibilities of the site, trainer, trainee and training Body.

Commendation (s)

No commendations made.

Level of compliance: PC

8.1.2 The training organisation has processes for selecting supervisors who have demonstrated

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

The Body has described the application process for becoming a trainer. General criteria are applied in that applicants must be practising at the level of a consultant and must be registered on the Medical Council's Specialist Division and complaint with a Professional Competence Scheme (PCS). Applications are then reviewed by the Director for Training Site Accreditation.

All trainers must complete the Physicians as Trainers: Essential Skills course within an agreed time frame. This includes online training on objective setting, interviewer skills, mini-clinical examination exercises, clinical supervision, giving feedback, conducting Directly Observed Procedural Skills and Workplace-Based Assessments, as well as a workshop on supervision and performance management of trainees and essential skills for trainers. Trainers are monitored through the assessment of training posts, rotations and site inspections and trainee evaluation forms.

The Team heard that the Body is in the process of implementing a support framework for trainers which will standardise FOM's approach to supervision; attendance at STC meetings has recently been made mandatory for trainers; trainer and trainee role descriptions have been circulated and the Body is considering implementing a policy whereby all trainers must repeat the trainer course every five years.

appropriate capability for this role. It facilitates the training of supervisors and Trainers.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

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

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

Apart from trainee feedback during annual evaluations and site inspections, FOM does not have a performance management framework in place for its trainers. The Body informed the Team that it has identified a support framework for trainers which is intended to standardise FOM's approach to supervision, develop the skills and competencies of trainers, and evaluate effectiveness. The Body advised that it is in the process of implementing the framework and had identified it as a means to achieve full compliance with this standard.

Compliance

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

Recommendation (s)

The Team recommends that the Body:

- develops a support framework for trainers which will develop the skills and competencies of trainers.
- evaluates trainer effectiveness via a performance management structure.

Commendation (s)

No commendations made.

Level of compliance: PC

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

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

Assessors are selected from a pool of recognised trainers. Processes for selection may differ slightly according to the type of assessor required.

In relation to the MFOM examination, individual trainers are invited to become examiners. Examiners complete tailored training and new examiners observe an examination before playing an active role. Examiners are observed and re-evaluated on a regular basis by peers/senior examiners with feedback provided.

The panel for Annual Assessments includes the National Specialty Director for HST and the Trainees in their penultimate year are assessed by external assessors selected according to their training expertise in the specialty.

Panels for site inspections are drawn from experienced trainers who have extensive experience in training, assessments and curriculum development and all other aspects of training development, delivery and assessment. The National Specialty Director also sits on this panel.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

The Team commends the Body on its comprehensive approach to the selection of assessors.

Level of compliance: FC

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

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

Processes to evaluate the effectiveness of its assessors and examiners comprise feedback provided at examination Board meetings and an annual review of examinations and assessments by the Specialist Training Committee.

The Body noted that further development is required; the Team recognises the need for a Quality Assurance system to include the collection and analysis of statistics in order to validate assessment methods as well as assessor/ examiner performance. The Body also advised that the new framework to support trainers will go towards improving the effectiveness of trainers who are also assessors or examiners.

Compliance

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

Recommendation (s)

The Team recommends that the Body develops a Quality Assurance system, which includes the collection and analysis of statistics to validate assessment methods and assessor / examiner performance.

Commendation (s)

No commendations made.

Level of compliance: PC

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

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

Training or instructional activities were described as an integral part of the trainer's work commitment. However, the Body also advised that the development of a more effective and appropriate framework to evaluate and support trainers is underway. The framework is intended to address difficulties identified such as providing negative feedback to trainees and issues of professionalism as well as its assessment.

Compliance

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

Recommendation (s)

The Team recommends that the Body ensures that training activities be specifically included in the timetables of trainers.

Commendation (s)

No commendations made.

Level of compliance: PC

8.2 Clinical and Other Educational Resources

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

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

The Team heard that training sites are inspected every five years unless an issue or concern requires otherwise. The Team had sight of *RCPI's Hospital Inspection Policy* and a sample *Inspection Timetable*. All training sites have been inspected and approved, including four new sites which have

been added in recent years. However, the Body does not make the accreditation standards of training sites publicly available.

Following an inspection, a report complete with recommendations is issued to the site. If there is a more serious or urgent concern, the Body would request an interim report within six to twelve months. The Body confirmed that this has been requested once previously and that the interim report demonstrated satisfactory progress.

The Team was informed that following the Imrie review, the Body is in the process of moving from an inspection model to a more streamlined accreditation model with objective standards whereby a training site will be accredited as a whole to include all specialties within a site.

The Team was also advised that the Body would be aware of any issues with a training site if patterns emerged when trainees rank sites in order of preference with regards rotations, for example, if the same site consistently received a low ranking. The Body stated that no such negative trends have appeared.

As outlined in 1.2.3, the Body has noted the challenge in increasing training posts, as well as the necessity.

Compliance

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

Recommendation (s)

The Team recommends that the Body:

- implements the accreditation model as soon as possible.
- makes the accreditation standards of training sites publicly available.

Commendation (s)

No commendations made.

Level of compliance: PC

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

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

In its self-evaluation submission, the Body states that the training site inspection process assesses the quality and appropriateness of the experience and support offered at sites. The Body outlines the specific clinical and/or other practical experience in the curriculum and the required infrastructure and educational support is explored in the Occupational Medicine *Department Facilities Form,* which is completed prior to an inspection. Similarly, trainee experience is explored

in the *Trainee Assessment of Post/Clinical Attachment* form as well as in interviews with the inspection team. The Team was provided with these documents as evidence.

As discussed under 8.1.1, there are no MoUs in place at present specifying the infrastructure and educational support required at training sites.

Compliance

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

Recommendation (s)

The Team recommends that the Body ensures that the infrastructure and educational support required of an accredited training site or position are incorporated into the formal MoU's with training sites. These requirements should also be in line with the outcomes of the training programme.

Commendation (s)

No commendations made.

Level of compliance: PC

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

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

Prior to an inspection visit, information is collected from trainers, trainees and the site management via forms, the *Occupational Medicine Department Facilities Form* and the *Trainee Assessment of Post/Clinical Attachment,* which the Team was provided with. Accreditation requirements – as outlined in this sub-standard - are covered in these forms. The Team also had sight of the *Hospital Inspections Policy,* and a *Sample inspection timetable.* During the visit, interviews with trainees and trainers are used to triangulate evidence, as well as a walk-through of facilities.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

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

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

In its self-evaluation submission, the Body stated that all trainees are placed within service-based settings and are required to meet curriculum outcomes which reflect the breadth of Occupational Medicine.

The Team heard that the Body is in the process of negotiating with HSE NDTP to change the trainees' contract of employment. Currently, trainees have year-long contracts which reflect their placements, but the Body hopes to secure HSE contracts for the duration of training which will enable trainees to access certain benefits relating to pension, leave, access to HSELanD, etc.

Compliance

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

Recommendation (s)

The Team recommends that the Body continues to work with the HSE NDTP to deliver a full HSE training contract to trainees that covers all placements.

Commendation (s)

No commendations made.

Level of compliance PC

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

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

The Body listed the ways it monitors training environments including training site inspections, Annual Evaluation of Progress and Training Post Evaluations. Trainees did not report any safety concerns in relation to the training environments.

Compliance

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

9. CONTINUING PROFESSIONAL DEVELOPMENT

9.1 Continuing Professional Development Programmes
9.1.1 The training organisation's professional development programmes are based on self-directed learning. The programmes assist participants to maintain and develop knowledge, skills and attitudes essential for meeting the changing needs of patients and the health care delivery system, and for responding to scientific developments in medicine as well as changing societal expectations.
Description of evidence of compliance with this Standard during the accreditation process In its self-evaluation submission, the Body stated that it is committed to the development of activities which support continuing professional development. It highlighted its access to leading occupational medical specialists and specialists in related fields. The Team was happy that the Body's professional development programmes are meeting scientific developments in medicine as well as changing societal expectations. Those enrolled in FOM's Professional Competence Scheme (PCS) can attend educational events specific to Occupational Medicine as well as general college events (e.g. St Luke's Symposium). The Team had sight of a list of educational events in RCPI's *Courses & Events 2017-18* publication as well as the 2017 Programme Booklet for St Luke's Symposium. The Team heard that participants can attend some events remotely, for example the Masterclass series is available online. Most of the Masterclass series are held in Dublin with one taking place in an alternative location; the Team was informed that next year, this will increase to two locations outside of Dublin. During the screening of the webcast, there is a designated person responsible for a sign-in sheet. While virtual learning environments allow the Body to track progress on the completion of courses. In relation to the viewing of recordings, recordings can be viewed for personal learning, but doctors do not receive external credit in the professional competence scheme. However, the Body has plans to introduce questions at the end of recordings as a means of verification. Credit will be awarded once verification is complete.
Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

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

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

The Body described consultation with its Fellows, Members and other key stakeholders in the development of its statement of mission, principles and intended outcomes of the Professional Competence Schemes (PCS).

The Team was satisfied that the aims of the Professional Competence Scheme are clearly outlined; the Scheme itself consists of Continuing Professional Development (CPD) and the Clinical (Practice) Audit.

The Team noted that the Body reported a broad range of collaborations with relevant agencies and other PGTBs in the provision of PCS activities and was impressed to hear of previous engagements with the State Claims Agency such as talks and position papers.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

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

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

The Team was provided with documentation describing the process and criteria for recognising and approving CPD providers including the *RCPI Guide to CPD Approval*, an application form for *CPD Approval of Live Educational Events (LEE)* and the *RCPI Policy on Industry Sponsorship and Support.*

The Body also heard that there is a process for awarding points for approved events taking place outside of Ireland.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance FC

9.1.4 The training organisation documents the recognised CPD activities of participants in a systematic and transparent way, and monitors participation.
Description of evidence of compliance with this Standard during the accreditation process

The Body described how it documents and monitors recognised CPD activities of participants in its self-evaluation submission. RCPI's ePortfolio for Professional Competence records recognised Continuing Professional Development activities and monitors participation in the scheme. The system also allows doctors to map their activities against the Medical Council Eight Domains of Good Professional Practice.

An Annual Statement of Participation is produced at the end of each PCS year containing a brief statistical summary of a doctor's activity over last five years. The Team was provided with a sample *Annual Statement of Participation*.

The FOM also carries out a Verification Process each year in which a random sample of participants is reviewed.

The Team also heard about processes for the monitoring of participation in remote events as described in 9.1.1.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

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

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

In its self-evaluation submission, FOM advised that Doctors on the Specialist, General and Supervised Divisions of the Medical Council Register have access to FOM's Professional Competence Scheme. Although certain eligibility criteria apply to the Specialist Division Scheme, Membership or Fellowship of RCPI or its Faculties, Institutes and the Institute of Medicine is not required.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

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

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

Doctors who have not met the minimum Scheme requirements by the end of the PCS year, receive detailed feedback outlining the specific shortfalls and are offered advice and support.

The Medical Council requires that over a five-year period, professional development activities fulfil each of the eight Domains of Good Professional Practice. Participants in their fifth PCS year who have not yet covered all eight Domains are issued with a communication highlighting the Domains they have yet to achieve and offering support and advice.

Participants in the PCS receive communications throughout the year including progress reports, and an ezine. An example of the RCPI PCS Ezine was provided as supporting evidence.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance FC

9.2 Retraining

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

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

The Body informed the Team that it does not have the resources to offer or oversee the retraining for doctors who have been absent from practice for a period of time. While there is no formal process in place, the Body does have a return-to-work policy – which provides a framework for doctors returning to work after an absence of three months or more - and is happy to provide support and advice.

Compliance

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

Recommendation (s)

The Team recommends that the Body continues to advocate for sufficient resources for the development of a formal retraining programme.

Commendation (s)

No commendations made.

Level of compliance: PC

9.3 Assessment and Remediation

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

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

FOM noted that it does not have a process to respond to requests from the Medical Council for the retraining of doctors. The Body stated that it is not in a position to retrain doctors due to lack of resources and funding. Despite the lack of a formal process, the Body noted that it provides guidance and expert advice and can recommend expert assessors if requested to do so.

The Team was informed that the Body has a guidance document which it distributes to the employer and the doctor when such situations arise. The guidance document provides an outline of the recommended approach for retraining or return to work after absence.

The Team also heard that the Body has engaged with the HSE NDTP with regards the remediation of trainees and have advocated for a fund for a supernumerary post.

Compliance

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

Recommendation (s)

The Team recommends the Body to commence discussion with the Medical Council on the appropriate process and funding mechanism to explore the establishment of a programme of remediation for doctors who have difficulties.

Commendation (s)

No commendations made.

Level of compliance: PC

Appendix One – Agenda

Medical Council Postgraduate Accreditation

Programme of Specialist Training in Occupational Medicine

Thursday 4th July, 2019

Assessor Team

Mr Tom O' Higgins, Assessor, Medical Council member & Chair of accreditation Team

Dr Ailís Ní Riain, Assessor for the Medical Council

Dr Kevin Bailey, Assessor for the Medical Council

Ms Geraldine Feeney, Assessor for the Medical Council

Ms Aoife Fitzsimons, Accreditation Manager, Medical Council

Ms Elizabeth Molloy, Accreditation Executive, Medical Council

Ms Marian Brosnan, Accreditation Executive, Medical Council

Robyn Finucane, Stenographer

Time	Activity	Details
8.30 am	**Private session of the Assessor Team**	Wi-Fi details to be provided Tea and coffee to be provided **Venue: Resource Room, Medical Council**
9.00 am – 11.00 am	**Meeting with College Representatives**	**Venue:** Resource Room, Medical Council **Attendees:** • Lynda Sissons, Dean • Susan Power, HST National Specialty Director • Leah O'Toole, Head PTE, RCPI • Ann O'Shaughnessy, Head PA, RCPI • Aisling Leahy, Manager Faculty Path, PHM & OM Training Teams, RCPI • Aisling Smith or Keith Farrington, Manager Assessment and Programme Development, RCPI • Georgina Farr, Manager Accreditation & QA Dept, RCPI • Siobhán Kearns, Senior Admin Accreditation & SDR Assessments, RCPI
11.00 am – 11.30 am	**Private session of the Assessor Team**	Tea and coffee will be provided.

11.30 am – 12.30 pm	**Meeting with Trainees**	**Venue:** Resource Room, Medical Council The Team wish to meet with a representative group of Trainees.
12.30 pm – 1.30 pm	**Private session of the Assessor Team**	Light lunch to be provided including tea and coffee **Venue:** Resource Room, Medical Council
1.30 pm – 5.00 pm	**Private session of Assessor Team**	Report writing session **Venue:** Resource Room, Medical Council
5.00 pm	**Assessor Team Depart from Medical Council**	

Appendix Two - Overview of supporting documentation

LIST OF SUPORTING DOCUMENTATION FOR RCPI, FACULTY OF OCCUPATIONAL MEDICINE, RCPI

Appendix Number	Document Title
1	Imrie Review 2014
2	Protocol for Doctors Returning to Work after a Period of Absence
3	Standing Orders (Updated 2015)
4	Role and Responsibilities of the Dean of Postgraduate Specialist Education & Training
5	Role and Responsibilities of the Dean of FOM
6	Role and Responsibilities of the Director of Examinations
7	Role and Responsibilities of the Director of Training Site Accreditation
8	Role and Responsibilities of the National Specialty Director
9	Role and Responsibilities of the Trainer
10	Terms of Reference of the STC
11	Education Prospectus
12	RCPI Performance Management Process for Staff
13	Occupational Medicine Specialist Training Committee Meeting Agenda
14	HSE agreement with FOM and RCPI in respect of the provision of specialist medical education and training
15	Education Update in Annual Report 2017
16	Agenda for Irish Medical Council Core Competencies: Patient Safety & Quality of Patient Care, Management including Self-Management full-day course
17	Agenda for RCPI HST Ethics Professionalism, Law and Research full-day course
18	Agenda for RCPI Mastering Communication full-day course
19	Agenda for RCPI Leadership in Clinical Practice 3 day course
20	HST Occupational Medicine Curriculum
21	RCPI Strategic Plan 2015-2020
22	FOM Annual Report 2017
23	RCPI St Lukes Symposium Programme Booklet 2017
24	BST Training Post Evaluation 2017/18
25	Update on Doctors Project
26	FOM Higher Specialist Training (HST) Guide 2017
27	HSE Flexible Training Scheme
28	RCPI Performing Audit Course Content
29	RCPI Out of Clinical Programme Experience Application Form
30	RCPI Proposal for University College Dublin (UCD) Basic Teaching Skills Course for Interns
31	MFOM Examination Regulations
32	RCPI Disability Policy
33	Annual Evaluation Sample Form

34	RCPI Physicians as Trainers Course synopsis
35	Post CSCST Career Survey 2018
36	RCPI Policy on development and review of curricula
37	Screenshot of Trainee Feedback form
38	Draft Employee Survey
39	Meeting Agenda RCPI Medical Training & Medical Manpower
40	RCPI Panel Member Guidance/ HST Shortlisting and Interview Guidelines
41	Shortlisting Criteria
42	HST induction pack
43	Grievance-and-Disciplinary-Policy
44	Allocations Process for HST
45	Trainer Development Programme / Physicians as Trainers
46	Agenda RCPI College Meeting
47	Overview of RCPI Digital Strategy Programme
48	BST Training Post Evaluation 2017/18
49	RCPI Training Post Quality Evaluation Report
50	Hospital Inspections Policy
51	Sample Timetable
52	Occupational Medicine Department Facilities Form
53	Trainee Assessment of Post/Clinical Attachment
54	RCPI Guide to CPD Approval
55	Application from for CPD Approval of Live Educational Events (LEE)
56	RCPI Policy on Industry Sponsorship and Support
57	FOM Sample Annual Statement
58	RCPI PCS Ezine
59	RCPI Grievance Policy: Postgraduate Training
60	RCPI Disciplinary Policy: Postgraduate Training
61	RCPI Equal Opportunities Policy
62	RCPI Policy Progression through Training: HST
63	RCPI Anti-Bullying and Harassment Policy: Postgraduate Specialist Training
64	RCPI Appeals Policy: Postgraduate Training
65	RCPI Conflict of Interest Policy

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

Comhairle na nDochtúirí Leighis
Medical Council

MEDICAL COUNCIL ACCREDITATION STANDARDS FOR POSTGRADUATE MEDICAL EDUCATION AND TRAINING

1. CONTEXT OF EDUCATION AND TRAINING

1.1 GOVERNANCE

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

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

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

1.2 PROGRAMME MANAGEMENT

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

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

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

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

1.3 EDUCATIONAL EXPERTISE AND EXCHANGE

1.3.1 The training organisation uses educational expertise in the development, management and Continuous improvement of its education, training, assessment and continuing professional development activities, as required.
1.3.2 The training organisation collaborates with other educational institutions and compares its curriculum, training programme and assessment with that of other relevant programmes.

1.4 INTERACTION WITH THE HEALTH SECTOR

1.4.1 The training organisation seeks to maintain constructive working relationships with relevant health departments and government, non-government and community agencies to promote the education, training and ongoing professional development of medical specialists.
1.4.2 The training organisation works with healthcare institutions to facilitate clinicians employed by them to contribute to high quality teaching and supervision, and to foster peer review and professional development.

1.5 CONTINUOUS RENEWAL

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

2. THE OUTCOMES OF THE TRAINING PROGRAMME

2.1 PURPOSE OF THE TRAINING ORGANISATION

2.1.1 The purpose of the training organisation includes setting and promoting high standards of medical practice, training, research, continuing professional development, and social and community responsibilities.
2.1.2 In defining its purpose, the training organisation has consulted fellows and trainees, and relevant groups of interest.

2.2 GRADUATE OUTCOMES

2.2.1 The training organisation has defined graduate outcomes for each training programme including any sub-specialty programmes. These outcomes are based on the nature of the discipline and the practitioners' role in the delivery of health care. The outcomes are related to community need.
2.2.2 The outcomes address the broad roles of practitioners in the discipline as well as technical and clinical expertise.
2.2.3 Outcomes must reflect domains of professionalism as defined by the Medical Council with particular reference to patient safety
2.2.4 The training organisation makes information on graduate outcomes publicly available.

3. THE EDUCATION AND TRAINING PROGRAMME - CURRICULUM CONTENT

3.1 CURRICULUM FRAMEWORK

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

3.2 CURRICULUM STRUCTURE, COMPOSITION AND DURATION

3.2.1 For each component or stage, the curriculum specifies the educational objectives and outcomes, details the nature and range of clinical experience required to meet these objectives, and outlines the syllabus of knowledge, skills and professional qualities to be acquired.
3.2.2 Successful completion of the training programme must be certified by a diploma or other formal award.

3.3 RESEARCH IN THE TRAINING PROGRAMME

3.3.1 The training programme includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, and encourages the trainee to participate in research.
3.3.2 The training programme allows appropriate candidates to enter research training during specialist education and to receive appropriate credit towards completion of specialist training.

3.4 FLEXIBLE TRAINING

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

3.5 THE CONTINUUM OF LEARNING

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

4. THE TRAINING PROGRAMME - TEACHING AND LEARNING

4.1.1 The training is practice-based involving the trainees' personal participation in relevant aspects of the health services and, for clinical specialties, direct patient care.
4.1.2 The training programme includes appropriately integrated practical and theoretical instruction.
4.1.3 The training process ensures an increasing degree of independent responsibility as skills, knowledge and experience grow.

5. THE CURRICULUM - ASSESSMENT OF LEARNING

5.1 ASSESSMENT APPROACH

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

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

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

5.2 FEEDBACK AND PERFORMANCE

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

5.2.2 The training organisation facilitates regular feedback to trainees on performance to guide learning. 5.2.3 The training organisation provides feedback to supervisors of training on trainee performance, where appropriate.

5.3 ASSESSMENT QUALITY

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

5.4 ASSESSMENT OF SPECIALISTS TRAINED OVERSEAS

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

6. THE CURRICULUM - MONITORING AND EVALUATION

6.1 ONGOING MONITORING

6.1.1 The training organisation regularly evaluates and reviews its training programmes. Its processes address curriculum content, quality of teaching and supervision, assessment and trainee progress.

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

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

6.2 OUTCOME EVALUATION

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

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

7. IMPLEMENTING THE CURRICULUM – TRAINEES

7.1 ADMISSION POLICY AND SELECTION

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

7.1.2 The processes for selection into the training programme

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

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

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

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

7.2 TRAINEE PARTICIPATION IN TRAINING ORGANISATION GOVERNANCE

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

7.3 COMMUNICATION WITH TRAINEES

7.3.1 The training organisation has mechanisms to inform trainees about the activities of its decision-making committees, in addition to communication by the trainee organisation or trainee representatives. 7.3.2 The training organisation provides clear and easily accessible information about the training programme, costs and requirements, and any proposed changes.

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

7.4 RESOLUTION OF TRAINING PROBLEMS AND DISPUTES

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

7.4.2 The training organisation has clear impartial pathways for timely resolution of training-related disputes between trainees and supervisors or trainees and the organisation.
7.4.3 The training organisation has reconsideration, review and appeals processes that allow trainees to seek impartial review of training-related decisions, and makes its appeals policies publicly available.
7.4.4 The training organisation has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.

8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES

8.1 SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS

8.1.1 The training organisation has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the training programme and the responsibilities of the training organisation to these practitioners.
8.1.2 The training organisation has processes for selecting supervisors who have demonstrated appropriate capability for this role. It facilitates the training of supervisors and trainers.
8.1.3 The training organisation routinely evaluates supervisor and trainer effectiveness including feedback from trainees and offers guidance in their professional development in these roles.
8.1.4 The training organisation has processes for selecting assessors in written, oral and performance-based assessments who have demonstrated relevant capabilities.
8.1.5 The training organisation has processes to evaluate the effectiveness of its assessors/examiners including feedback from trainees, and to assist them in their professional development in this role.
8.1.6 Organisation and development of trainers – instructional activities must be included as responsibilities in the work schedules of trainers and their relationship to work schedules of trainees must be described.

8.2 CLINICAL AND OTHER EDUCATIONAL RESOURCES

8.2.1 The training organisation has a process and criteria to select and recognise hospitals, sites and posts for training purposes. The accreditation standards of the training organisation are publicly available.
8.2.2 The training organisation specifies the clinical and/or other practical experience, infrastructure and educational support required of an accredited hospital/training position in terms of the outcomes for the training programme. It implements clear processes to assess the quality and appropriateness of the experience and support offered to determine if these requirements are met.
8.2.3 The training organisation's accreditation requirements cover: orientation, clinical and/or other experience, appropriate supervision, structured educational programmes, educational and infrastructure supports such as access to the internet, library, journals and other learning facilities, continuing medical education sessions accessible to the trainee, dedicated time for teaching and training and opportunities for informal teaching and training in the work environment.
8.2.4 The training organisation works with the health services to ensure that the capacity of the health care system is effectively used for service-based training, and that trainees can experience the breadth of the discipline. It uses an appropriate variety of clinical settings, patients and clinical problems for training purposes, while respecting service functions.
8.2.5 The training organisation should monitor the working environment to ensure it is a safe environment for training.

9. CONTINUING PROFESSIONAL DEVELOPMENT

9.1 CONTINUING PROFESSIONAL DEVELOPMENT PROGRAMMES

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

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

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

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

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

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

9.2 RETRAINING

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

9.3 ASSESSMENT AND REMEDIATION

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

Approved by the Medical Council
1st June 2010

and

Revised by the Medical Council
25th October 2011

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Medical Council