Comhairle na nDochtúirí Leighis
Medical Council

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

Report on the Accreditation of the Programme of Specialist Training in Paediatric Cardiology

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

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

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

A. Preface

1. Context of the Accreditation Session

The Medical Council Accreditation Team met with the Faulty of Paediatrics at the Royal College of Physicians of Ireland on 3rd November 2016. The Accreditation Team's remit was to assess the Programme of Specialist Training in Paediatric Cardiology against the '*Medical Council Accreditation Standards for Postgraduate Medical Education and Training*' (approved 1st June 2010) and to subsequently formulate a recommendation to the Medical Council's Education, Training and Professional Development Committee.

2. The Team

The Medical Council Accreditation Team is listed in Appendix 1 of this Report. The Council is particularly appreciative of the contributions of Dr Frances Bu'Lock and Dr Alan Magee who generously gave of their time and expertise to help with the accreditation process. The Medical Council also thanks the representatives from the Faculty of Paediatrics for their co-operation.

3. Documentation

As part of the accreditation process, the Faculty was asked to complete and document a self-evaluation process based upon the '*Medical Council Accreditation Standards for Postgraduate Medical Education and Training*' (approved 1st June 2010). This documentation was reviewed by the Team and formed the basis of the open session with the Faculty.

4. Schedule

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

5. Appendices

The agenda for the Accreditation Session is attached as Appendix 1. The postgraduate standards against which the programme is measured are attached at standard 2.

6. The Report

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

B. Summary and General Assessment

1. Conclusion and Main Recommendations to the Education, Training and Professional Development Committee.

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

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

   Condition(s):

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

1. **The Faculty of Paediatrics of the Royal College of Physicians of Ireland** should be approved by Council *with one condition* under Section 89(3) (a) (ii) of the Medical Practitioners Act 2007 as the body which may deliver the Programme of Specialist Training in Paediatric Cardiology approved under 1. above. This recommendation is made on the grounds of the Faculty's ongoing compliance with the rules, criteria, guidelines and standards approved by Council as specified in Sections 87(3), 88(1)(a), 88(4)(b), 88(4)(d) and 89(3)of the Medical Practitioners Act 2007, with the caveat of the condition as set out below.

   Condition(s):

   (b) The condition attached to the approval of the body is that the first full training cycle must be completed leading to the award of a Certificate of Completion of Specialist Training to each successful graduate of the programme.

This approval *with conditions* should be for a period of five years from the date of approval by Council.

The mechanism and timing for this governance evaluation will be confirmed by Council in due course.

2. Priority Recommendations to the Body

The Team makes **four** priority recommendations to the Faculty of Paediatrics as follows:

(a) The Faculty should ensure that the trainers have themselves completed trainer courses
(b) The Faculty should drill down and explain what specific evidence they use at the Annual Evaluation Process (AEP)
(c) The Faculty should confirm exactly how many workplace based assessments are taking place.
(d) Workplace based assessments should be triangulated through the wider team, rather than being the sole responsibility of a trainer.

3. Other Recommendations to the Body:

(a) The role of "clinical educational supervisor" should be defined.

4. Commendations:

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

(a) For developing a quality and robust programme of training.

5. Recommended Further Action:

(a) There are no recommended further actions.

C. Explanation of Specialty and Current Status

Recognition of Specialty

The specialty of Paediatric Cardiology has been recognised by the Medical Council since 14th November 2006, when it was approved by the then Minister of Health and Children, Ms Mary Harney under Section 38(1) of the Medical Practitioners Act 1978. This is the application for a programme in support of the specialty.

Existing Specialists

There are presently 5 specialists registered in the specialty of Paediatric Cardiology, registered under either Section 31(1)(d) of the Medical Practitioners Act 1978 or Section 47(1)(f) of the Medical Practitioners Act 2007, assessment of existing training and experience.

Purpose of Programme

The proposed programme will be delivered by the Faculty of Paediatrics, which is a recognised and accredited Postgraduate Training Body that is based in the Royal College of Physicians of Ireland. A standardised framework is applied to all postgraduate training programmes within the RCPI's remit and the Paediatric Cardiology programme follows this model.

Description of Programme

The following extract from the programme sets the context:

Paediatric Cardiology is the specialty concerned with diseases of the heart in the growing and developing individual. Paediatric cardiologists investigate and treat patients with congenital or acquired heart disease, diseases of cardiac rhythm and conduction, and disturbances of cardiac and circulatory function. The specialty provides a service from foetal life through childhood into adulthood. There is close liaison with paediatrics and its sub-specialties, and with cardiothoracic surgery, adult cardiology, obstetrics, radiology and pathology.

The specialty is well-suited to those who like dealing with the presenting emergency problems in neonates and infants, while working in close contact with the families to achieve rapid improvement and/or cure in most of their patients and to see them through to adulthood. Many of the clinical scenarios faced by paediatric cardiologists require a high level biopsychosocial approach.

Paediatric cardiology is an academic as well as clinical specialty and the paediatric cardiologist has a major role in the education of students, doctors, primary health care specialists, nurses and paramedical personnel. There are great opportunities for developing clinical and technical skills as well as research.

The Faculty advised that the need for the programme arises from the fact that there is a big centre in Our Lady's hospital Crumlin with 400 operations per year in children with congenital heart diseases and 450 cardiac cauterisation procedures.

D. Evaluation of the Programme

The evaluation of the Programme is based on the Medical Council Accreditation Standards for Postgraduate Medical Education and Training approved by the Medical Council 1st June 2010 and Revised by the Medical Council 25th October 2011.

1) CONTEXT OF EDUCATION AND TRAINING

Standard (1) incorporates the following elements:

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

Team Evaluation

- The Team queried whether Paediatric Cardiology would be supported by its own Specialist Training Committee, and if not, where the decision making lies in relation to the specialty.
- The Team sought confirm that adequate programme funding is in place.

- The Team asked the Faculty to outline how it envisions the e-portfolio functioning. The team also noted that it is not clear on occasion when the required number of procedures are required in a given year or over the lifetime of the programme.

Response of Faculty

- The Faculty felt that its governance arrangements were appropriate in terms of communication and decision making as ultimately the Chair of the STC reports to the Faculty Board. Decisions that require clarification and any training programme problems are all handled at Board level. The Faculty advised that the Specialist Training Committee as currently configured manages 200 trainees and from a numbers perspective it doesn't make sense to create a separate STC. The Faculty advised that having the Paediatric Cardiology NSD on this STC is a way of raising the profile of Paediatric Cardiology. Furthermore, year one of the programme is in General Paediatrics / Neonatology (6 months in each). The Faculty confirmed that the NSD and trainers do meet separately to formalise issues to be brought to the STC and the Board.

- The Faculty confirmed that they did not anticipate any financing concerns when it came to funding trainees attending courses. The money is part financed by the HSE, is ring-fenced and the expertise is in place to manage the budget. The RCPI will cover many of the mandatory courses and the trainees will also have €500 a year HSE Specialist Training fund, which is available to all trainees. As with other small specialties, if there is a need for additional funding, additional money may need to be set aside to enable trainees to attend particular events.

- The Faculty outlined the functioning of the e-portfolio and explained that it will measure the progress of trainees against required competencies and procedures. The Faculty confirmed that trainer reports and workplace assessments will all be available in the e-portfolio. The Faculty also advised that it would look again at the required number of procedures in certain competency areas, to ensure that they were proportionate to training requirements.

2) THE OUTCOMES OF THE TRAINING PROGRAMME

Standard (2) incorporates the following elements:

2.1 PURPOSE OF THE TRAINING ORGANISATION
2.2 GRADUATE OUTCOMES

Team Evaluation

- The Team queried whether the length of the programme is sufficient by comparison to, for example, the UK programme.

- The Team queried whether trainees would be competitive in the job market at the end of training.

- The Team queried the part of the curriculum that references study days and lectures.

Response of Faculty

- The Faculty stated that in its view that the duration of training is satisfactory. The Faculty explained that an initial Higher Specialist Training year of six months neonatal medicine and six months in paediatrics is important because cardiology will frequently operate in the context of wider paediatric problems.

- The Faculty advised that there will be three retirements at national level in the next 5-7 years which will create vacancies. It is also expected that the specialty will expand by another 5 consultants in the same period. The Faculty does not wish to take in trainees unless there are reasonable job opportunities at the end of training. The Faculty advised that it considered its programme to be of sufficient quality to make candidates competitive in the market against high quality candidates from other countries.

- The Faculty outlined its programme of study days some of which for Paediatric Cardiology may require a trip to the UK. The Faculty outlined the process whereby study days are mapped against the curriculum. Most of the study days will be specialty specific. The Faculty outlined its view that a timetable of three ward rounds per week and at least one clinic a week is not only attainable, but it is already happening in practice.

3) THE EDUCATION AND TRAINING PROGRAMME - CURRICULUM CONTENT

Standard (3) incorporates the following elements:

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

Team Evaluation

- The Team sought to clarify the exact length and structure of the training programme.

- The Team explored how foetal cardiology and adult congenital cardiology beyond the age of 18 would be incorporated.

- The Team noted that the progression of attaining competencies is not clear.

- The Team queried how special interests, above and beyond the scope of the curriculum, would be accommodated.

Response of Faculty

- The Faculty confirmed that the programme is a 2+5 year programme comprising two years BST, followed by one year of six months Paediatrics and six months Neonatology, with four years Paediatric Cardiology. Having examined several jurisdictions, the Faculty settled on this structure. A research year will be accepted in lieu of one of the four Paediatric Cardiology years, as long as there is a satisfactory clinical component.

- The Faculty confirmed that training for adult cardiology is part of the programme to overcome the separation between adult and paediatric cardiology, where paediatric cardiology is defined as ending at the age of 18. Training facilities are available in the three maternity hospitals (Coombe, Holles St and the Rotunda).

- The Faculty agreed that it would be helpful if the curriculum stated which competencies should be attained to a point of being able to perform them independently of supervision.

- The Faculty advised that trainees who wish to develop a special interest will be accommodated, typically by encouraging undertaking an additional year after the CSCST has been awarded. The Faculty confirmed that they could make this explicit in the curriculum (although training in the special interest would not be delivered within the curriculum).

4) THE TRAINING PROGRAMME - TEACHING AND LEARNING

Team Evaluation

- The Team were satisfied with the submission and had no questions for the Faculty under this standard.

5) THE CURRICULUM - ASSESSMENT OF LEARNING

Standard (5) incorporates the following elements:

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

Team Evaluation

- The Team noted that the assessment tools presented were all for Paediatric Cardiology. The team queried how the Annual Evaluation Process (AEP) assesses more general skills, Neonatology skills and Paediatric skills.

- The Team queried how many work-based assessments are completed by trainees each year.

- The Team queried the extent to which assessment and sign-off is reliant upon a single trainer.

- The Team queried when a trainee gets the opportunity to give feedback on the programme.

- The Team queried the structure of middle-grade on call.

- The Team queried the process under circumstances where it is identified that someone shouldn't progress to the next year.

- The Team queried whether there is an external right of appeal.

Response of Faculty

- The Faculty advised that where Neonatology is concerned, the AEP relies heavily on trainer reports. The evaluation tools logged in the e-portfolio are also used.

- The Faculty advised that 10-20 workplace based assessments are completed per trainee each year. The Faculty noted that formative assessments are often used as summative tools, which is a worldwide problem in medical education and training. The Faculty further elaborated that the trainer first has to sign off with the trainee. Any issues brought up by the trainer goes into the report. The report then goes to the RCPI where the NSD and the external assessor will be looking at the complete e-portfolio. Issues will typically have been identified and flagged during the year. The Faculty confirmed that at meetings during the year, trainees will complete the evaluation form which will be co-signed between the trainee and the trainer.

- The Faculty advised that generally speaking a trainee is being trained by everybody in the service and the lead trainer is responsible for sign-off.

- The Faculty advised that it is part of the assessment process. There is also a confidential phone line. The Faculty advised that the biggest issue is that trainees can be worried about giving feedback. The Faculty further advised that it has commenced a new process to gather confidential feedback each year for a period of three years. Feedback results will not be released until three years of data has been collated. This will overcome the obstacle of ensuring that feedback is anonymous in small specialties.

- The Faculty stated that it is working towards a Paediatric Cardiology on call system, so there would be a registrar on call in the Children's hospital on a permanent basis.

- The Faculty advised that under circumstances where a trainee was underperforming, an interim evaluation might be organised, where the panel would outline what the trainee needs to do to meet the standards set out.

- The Faculty confirmed that very occasionally, a trainee will end up in the appeals process and ultimately may end up with external bodies such as the Workforce Relations Commission.

6) THE CURRICULUM - MONITORING AND EVALUATION

Standard (6) incorporates the following elements:

6.1 ONGOING MONITORING
6.2 OUTCOME EVALUATION

Team Evaluation

- The Team were satisfied with the submission and had no questions for the Faculty under this standard.

7) IMPLEMENTING THE CURRICULUM – TRAINEES

Standard (7) incorporates the following elements:

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

Team Evaluation

- The Team explored the value of the Basic Specialist Training (BST) component of the programme.

Response of Faculty

- The Faculty advised that it is easier to allocate a Paediatric Cardiology rotation during BST if the trainee is clear at the outset that is what they want to do.

8) IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES

Standard (8) incorporates the following elements:

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

Team Evaluation

- The Team were satisfied with the submission and had no questions for the Faculty under this standard.

9) CONTINUING PROFESSIONAL DEVELOPMENT

Standard (9) incorporates the following elements:

9.1 CONTINUING PROFESSIONAL DEVELOPMENT PROGRAMMES
9.2 RETRAINING
9.3 REMEDIATION

Team Evaluation

- Under private discussion of this element of Council's accreditation standards, the Team noted that the Faculty has already entered into arrangements with the Medical Council under Part 11 of the Medical Practitioners Act 2007 in relation to the establishment of Professional Competence Schemes (PC Schemes).

APPENDIX ONE – TEAMS

ACCREDITATION TEAM	
Prof. Alan Johnson (Chair)	Member of Medical Council and Chair of Education, Training and Professionalism Committee
Dr. Hemal Thakore	Occupational Physician
Dr. Alan Magee	Paediatric Cardiologist, Chair of the ICSC at the Royal College of Physicians UK
Dr. Frances Bu'Lock	Paediatric Cardiologist
Dr. Dermot Power	Geriatrician and Head of the Intern Training Network for UCD
Mr. Declan Ashe	Member of the Education, Training and Professionalism Committee
COUNCIL EXECUTIVE	
Ms. Una O'Rourke	Head of Education, Training and Professionalism
Ms. Elizabeth Molloy	Accreditation Executive (Postgraduate)
RCPI ICHMT TEAM	
Professor Kevin Walsh	National Specialty Director in Paediatric Cardiology, Paediatric Cardiologist, Crumlin and Mater Hospitals
Dr. Ray Barry	Dean Faculty of Paediatrics, Consulting Paediatrician Cork University Hospital
Dr. Ann O'Shaughnessy	Head of Education, Innovation and Research, Royal College of Physicians of Ireland
Ms. Aisling Smith	Education Specialist, Royal College of Physicians of Ireland
Ms. Jennifer Shiels	Accreditation Co-ordinator, RCPI
Ms. Louise Ó Gógáin	Manager for Medical Training, RCPI

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

APPENDIX TWO – STANDARDS

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