FINAL- Report on the Accreditation of The Programme of Specialist Training in Paediatrics, 2019

Approved by ETC, 21 April 2020.

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.

Contents

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

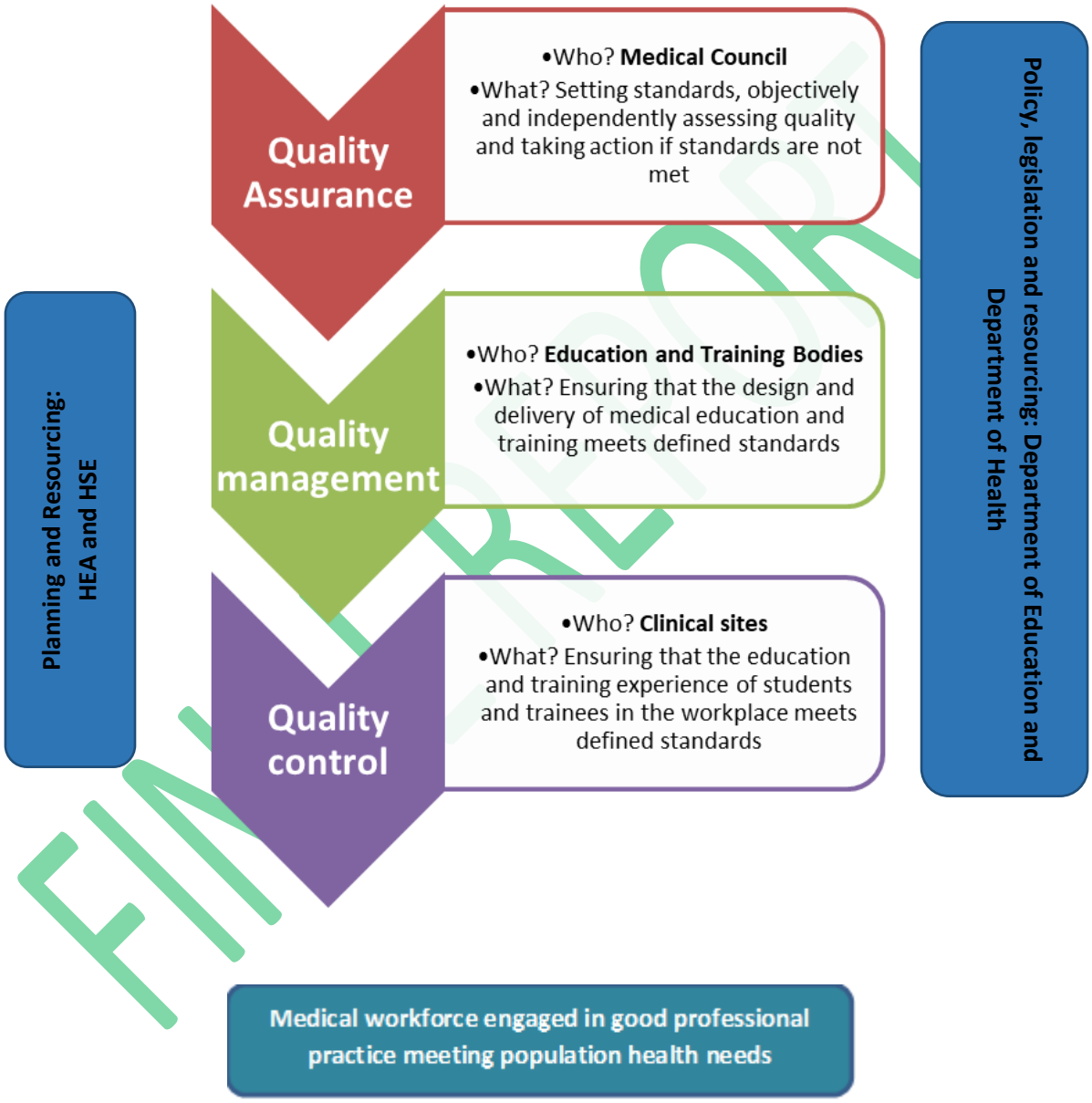
The Medical Council currently makes information routinely available to the public in relation to its functions and activities and, in line with that practice, a summary of this report will be available on the Council's website, www.medicalcouncil.ie in due course.

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.

As a Data Controller, the Medical Council is also subject to the requirements of the General Data Protection Regulation ('GDPR') and the Data Protection Acts 1988 – 2018. The Medical Council complies with its obligations as a Data Controller under the relevant legislation. Any person on whom the Medical Council holds personal information has certain rights, known as 'Subject Access Rights'. Further information on both Freedom of Information and Data Protection legislation is available on our website at: https://www.medicalcouncil.ie/FOI-Data-Protection/

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 Body 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 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 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

[1] Part 10 of the Medical Practitioners Act 2007 as amended (MPA 2007)
[2] MPA 2007, Section 89(3)(a)(ii)

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

The programme of specialist training in Paediatrics was accredited on 10 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 Paediatrics and the programme of specialist training in Paediatrics with the "*Medical Council's Accreditation Standards for Postgraduate Medical Education and Training*" was assessed.

Assessor Teams met with the training body and programme directors of the specialist training programme of Paediatrics and interviewed trainee specialists participating in specialist training programmes. The Assessors rated the Body to be either non, partially or fully complying with 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 Faculty of Paediatrics

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 Body, 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 1.1; 1.1.1 is rated FC.1 and 1.1.2 is rated PC and 1.1.3 is rated FC therefore the overall rating is PC.

Standards		Full Compliance	Partial Compliance	Non-Compliance
1 - Context of Education & Training				
1.1.	Governance		√	
1.2.	Programme Body	√		
1.3.	Educational Expertise and Exchange		√	
1.4.	Interaction with the Health Sector	√		
1.5.	Continuous Renewal	√		
2 - The Outcomes of the Training Programme				
2.1.	Purpose of the Training Organisation	√		
2.2.	Graduate Outcomes			√
3 - The Education & Training Programme - Curriculum Content				
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	√		
4 - The Training Programme - Teaching & Learning		√		
5 - The Curriculum - Assessment of Learning				
5.1.	Assessment Approach		√	
5.2.	Feedback & Performance	√		
5.3.	Assessment Quality	√		
5.4.	Assessment of Specialists Trained Overseas	√		
6 - The Curriculum - Monitoring & Evaluation				
6.1.	Ongoing Monitoring	√		
6.2.	Outcome Evaluation		√	
7 - Implementing the Curriculum – Trainees				
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		√	
8 - Implementing the Training Programme and Delivery of Educational Resources				
8.1.	Supervisors, Assessors, Trainers and Mentors		√	
8.2.	Clinical and other Educational Resources		√	
9 - Continuing Professional Development				
9.1.	Continuing Professional Development Programmes		√	
9.2.	Retraining		√	
9.3.	Remediation		√	

Preface

1. Context of the Accreditation Session

The Medical Council Assessor Team met with the Faculty of Paediatrics on 10 July 2019. The Assessor Team's remit was to assess the Programme of Specialist Training in Paediatrics 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 Ms Vicky Blomfield (Chair, Council Member), Ms Angela Carragher and Dr David Evans. 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 RCPI and the Faculty of Paediatrics 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 Faculty of Paediatrics 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 self-evaluation 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 RCPI, the Faculty of Paediatrics and Trainees. Topics covered included: the paediatrics 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 Paediatrics. 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 Paediatrics 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 Paediatrics should be approved by Council under section 89(3)(a)(ii) of the Medical Practitioners Act 2007 as the body which may grant evidence of the satisfactory completion of Specialist Training in Paediatrics 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 ETC 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 the Body and the Team's reflections are addressed in the recommendations and commendations below.

Standard(s)	Recommendations
1.1.2	The Team recommends that the Body ensures all relevant groups including patient advocacy groups are involved in the governance and decision making of the Faculty**.**
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.
1.3.1	The Team recommends that the Body should document the evidence / information they gather from their engagement with external experts.
1.3.2	The Team recommends that the Body should document the evidence/information they gather from their engagement with educational institutions in terms of collaborations with training programme and assessments.
2.2.1	The Team recommends that the Body should develop a project plan for the development of the HST Outcomes Based Education and update the Medical Council with the development of the outcomes based curriculum for the HST programme.
2.2.3	The Team recommends that the Body ensure that when they are developing learning outcomes for HST that they are mapped to the Medical Council's Eight Domains of Good Professional Practice.
2.2.4	The Team recommends that the Body makes anonymised data of aggregate graduate outcomes publicly available.
3.1.1	The Team recommends that the Body ensures that the HST curriculum be revised and should describe the learning outcomes and assessment standards for CSCST.
3.2.1	The Team recommends that the Body periodically evaluates and responds to population healthcare needs and documents it in the syllabus as part of the review of the syllabus.
3.4.1	The Team recommends that the Body re-examines the justification for the limit of two years part-time training.
3.4.2	The Team recommends that the Body that there needs to be more formal assessment of what trainees have learned when they return from overseas training
5.1.1	The Team recommends that the Body make it explicit to trainees which assessments are to be used for a summative purpose.
5.1.2	The Team recommends that the Body ensure that the criteria for determining progression decisions should be explicit and made available to trainees (and the public)..
5.2.1	The Team recommends that the Body considers allowing trainees to attend trainer effective feedback sessions as they will be the future supervisors.
6.2.1	The Team recommends that the Body:

	• Implement a permanent solution for collecting data on trainee information. • Carry out a regular survey with graduates on their career intentions.
6.2.2	The Team recommends to the Body that a formal bespoke evaluation process should be developed to ensure that an appropriate range of stakeholders is consulted or have engagement opportunities and also to ensure that the evaluations are recorded and acted upon. This should be done in a systematic way with identified stakeholders, to achieve a robust, relevant and targeted evaluation process resulting in a useful critique.
7.1.2	The Team recommends to the Body that: • They put in place a process to ensure that recruitment is in line with best practice. • Improve transparency by publishing the scoring system used at interview. • Confirm that the process achieves desired outcomes by testing the validity and reliability of the selection process by developing specific marker questions, so that consistency and reliability of panel responses can be evaluated; in addition, this would enable successful candidates' scores to be tracked to subsequent progress, as a measure of validity.
7.1.3	The Team recommends to the Body that the scoring system be published so that applicants can determine the relative importance of the selection criteria.
7.1.4	The Team recommends to the Body that the process for allocation of placements is made transparent to trainees
7.1.5	The Team recommends to the Body that the on completion of the research project and implementation of the recommendation found with regards to selection policies, the Body should inform the Medical Council of these findings and action plan via the annual returns process
7.3.3	The Team recommends that the Body ensure that the new e-Portfolio system provides timely and correct information to trainees about their training status.
7.4.2	The Team recommends to the Body that the policy could be improved by clearly spelling out the rights of the person against whom the complaint has been made to be informed of it.
7.4.3	The Team recommends to the Body that old policies, hosted on the RCPI website, are removed from the public domain.
7.4.4	The Team recommends to the Body that they establish a process by which there is oversight of all current measures of quality and a process of demonstrating that any resultant recommendations are enacted.
8.1.1	The Team recommends to the Body that they put in place a documented process to ensure that there are no conflicts of interest in assessment panels to ensure independence in the assessment process.
8.1.3	The Team recommends to the Body that they implement a performance framework for trainers with an agreed selection criteria, which provides clarity for in terms of expectations and accountability.
8.1.4	The Team recommends that the Body define, document and publish the initial selection process and inherent criteria for becoming an assessor.
8.1.5	The Team recommends to the Body they should develop a more robust system of providing clear feedback to assessors / examiners to assist them to make improvements and in their professional development.
8.1.6	The Team recommends to the Body that they should:

	• should ensure that the work schedule of trainers and trainees include the instructional activities as outlined in the self-evaluation submission. • describe the process by which instructional activities, not forming part of a trainer's workplan but still required for training, are delegated to other clinicians submission .
8.2.1	The Team recommends to the Body that the accreditation standards of the training organisation should be made publicly available.
8.2.3	The Team recommends to the Body that they provide information about the accreditation process and the outcomes required for successful accreditation to all sites.
9.1.3	The Team recommends to the Body that they should publish their process for incorporating feedback into the quality assurance of CPD providers and events.
9.1.6	The Team recommends to the Body that they put in place a process to follow up with doctors who do not participate in CPD.
9.2.1	The Team recommends to the Body they should continue to advocate for sufficient resources for the development of a formal retraining programme.
9.3.1	The Team recommends to the Body that they: • commence discussion with the Medical Council on what the appropriate mechanism • engage in remediation in relation to roles and responsibilities of each Body. • continue to advocate for resources for the assessment and remediation of doctors.

Commendations

Standard(s) The Team commends the Body for:

1.4.1	The involvement of patients as part of the mandatory and non-mandatory training course to inform educational updates.
3.2.1	the clearly articulated, relevant learning outcomes in the OBE-BST curriculum and practical guidance for trainers and trainees on how the outcomes could be achieved and by what methods they could be assessed.
3.3.1	The Team commended the Body for providing formal research training to all HST trainees, both mandatory and supporting elements. The research outcomes described are achievable and relevant for consultant practice.
3.5.1.	The Team commended the FPAED and RCPI for having facilitated the development of a national paediatric undergraduate curriculum (currently pending approval).
5.2.1	The Teams commends the Body for a clear supportive process to assist trainees who had failed exams.
5.2.2	The Teams commends the Body for piloting RCPI training sessions for Trainers on giving effective feedback.
5.3.1	• moving to an outcomes-based curriculum (for BST) and identifying the challenges in assessing higher-level outcomes. • introducing an ongoing system of evaluating MRCPI pass rates and examiner performance.
7.2.1	The Trainee commended the Body on what appears to be a good system of ensuring trainee involvement, including representation on the Specialty Training Committee.
7.3.2	The Team commended the Body on the Welcome to HST in Paediatrics publication (Appendix 22) which is an excellent guide and appears to have been prepared with very effective trainee input.

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

Compliance level rating

Level of compliance with each Standard:

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

Training Body: The Faculty of Paediatrics
Programme of Specialist Training: Paediatrics

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.
The Assessor Team (the "Team") was satisfied that the Body (Faculty of Paediatrics) had clearly defined aims and structures. The Team noted that the Royal College of Physicians (RCPI) had undergone a full governance review with the assistance of Ernst & Young (EY) and that was completed in 2017. The Body advised the Team that they have been implementing the recommendations of that review over the last year. The RCPI is governed by the Council and the Council will be undergoing further restructuring over the coming year and the Faculty of Paediatrics will always be represented on it. An executive board has been established of which the Faculty is a member. The functions and responsibilities of the Faculty of Paediatrics are devolved within its governance structure to the Faculty Board, the Specialty Training Committee (STC) and other Committees and appointed Specialists such as the National Specialty Directors and Trainers. These are in turn supported by the general management and professional services of RCPI. Consistent application and delivery of these functions and responsibilities is ensured by the reporting and accountability structure of the governance framework. The Body informed the Team that there is a risk register for the College, which is overseen by their Finance and Audit Committee. Red risks are reviewed at the Finance and Audit Committee and operational risks are managed at department level which then feeds into the Faculty. All risks are on the College Risk 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 Standards.
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

The Team noted that the RCPI is governed by the RCPI Council and beneath that is the Executive Board. The Dean of the Faculty is a member of the Executive Board. The Team was advised by the Body that as part of the governance overview a Director of Training will be appointed in the coming year. The Director of Training will sit on the Faculty Board. The STC reports to the Board. The NSDs (BST & HST) and Associate Dean for Examinations sit on the Board together with the training reps who are also on the STC.

The Team had sight of the Terms of Reference for the Specialist Training Committee (STC). The Team were informed by Body that there are Terms of Reference for all Committees, but they had not been provided to the Team for their review. The Body, however, provided the purpose, composition and main responsibility for the following committees: Faculty of Paediatrics Board, Examinations Committee, Clinical Advisory Group for Paediatrics, Neonatal Advisory Group for Paediatrics, Community Child Health, Specialist Division of the Register Committee.

The Team felt that the Body does not engage with patients' groups in a meaningful way. Whilst many of the clinicians, who comprised the committees listed above, also had contact with children, families and patient advocacy groups through specialty-specific organisations, there was no direct patient input into any of the training committees.

The Body provided supporting evidence for the Roles and Responsibility of the Dean of Postgraduate Specialist Education, Dean of FPaed as well as the roles and responsibilities of the Directors of Examinations, training site accreditations, National Specialty Director (NSD) and Trainers.

The Body advised the Team that there is currently no lay representation on the Faculty Board, but the Team was informed that there is a formal agreement to have lay representation and the position will be filled within the year. The Team felt that the Body does not engage with patients' groups in a meaningful way. The Faculty described patients giving their stories when courses are being developed but there was no formal consultation.

Compliance

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

Recommendation (s)

The Team recommends that the Body ensures all relevant groups including patient advocacy groups are involved in the governance and decision making of the Faculty.

Commendation (s)

No commendations made.

Level of compliance: PC

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

The Team noted from the submission that the RCPI has a dedicated Education and Professional Development Team. The Team works closely with Subject Matter Experts (SMEs) who develop educational material in coordination with the educational specialists.

Reports on Education Development and training delivery are submitted as standing items to Executive and Council meetings and the Annual Stated Meeting of the College, thereby ensuring that these activities receive on-going review and support at the most senior level within the organisation. Reports on all aspects of the Paediatric training programmes and examinations are submitted to each board meeting and annual reports at the AGM of the Faculty of Paediatrics.

The Dean of the Faculty and the Dean of Postgraduate Specialist Training sits on the RCPI Council.

Compliance

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

Recommendation (s)

No recommendations made.

Commendation (s)

No commendations made.

Level of compliance: FC

1.2 Programme Body

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

The Body noted in their self-evaluation that in planning, reviewing and implementing the Paediatrics training programmes, the Faculty of Paediatrics Board are supported by the STC. This committee has overall responsibility for the planning, implementing and review of curricula, programme structure, assessment strategies, recruitment, selection and sign-off of trainees in their respective schemes. The Team had sight of the detailed Terms of Reference for the STC.

The setting and implementation of policy and procedures relating to the assessment of overseas-trained specialists in Paediatrics is set out in the formalised Service-Level agreement between the Medical Council and the FPAED signed in June 2014.

The setting and implementation of policy on continuing professional development are vested in and governed by the Education & Professional Development Committee and the Director of Professional Competence and the Director of Education. The Chair and members of this committee include representatives of the Faculty of Paediatrics.

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

The Team is satisfied from the self-evaluation and the meeting with the Body and trainees that the Body has sufficient resources to support its education and training activities. The Body outlined in their submission that they have engaged in a wide range of educational and training activities which underpin the development and delivery of the training and continuing professional development programmes. This includes recruitment, selection and assignment of trainees to training posts; development and delivery of mandatory and non-mandatory training and education initiatives and on-line resources and training development.

RCPI has a workforce of approximately 120 staff, including dedicated resources assigned to training.

In addition, RCPI has specialist-staffing resources who support the delivery of their programmes. The Body stated that trainees have full access to teaching facilities and resources of RCPI.

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 Body raised concerns with the Team about the 16% increase in the number of trainees while the annual training funds received from HSE NDTP over the last five years has remained static. RCPI have made up the shortfall through other activity to maintain the quality and integrity of the programme. The Body advised the Team that there is a Faculty budget which is managed by the Faculty themselves.

It was noted from the submission Funding is also sought from the HSE in respect of significant projects or development initiatives outside the scope of the Training agreement. Officers, committee members and trainers receive no remuneration for their work with the College. The Dean receives locum backfill for her clinical position (approx. 1 day/week) while NSDs, Examiners and Examination Board members receive a stipend towards their contribution to the development and delivery of programmes.

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:

- 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: FC

1.3. Educational Expertise and Exchange

1.3.1 The training organisation uses educational expertise in the development, Body 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 were satisfied that RCPI employs educational experts and this is clearly described in the submission. The RCPI and the Body regularly engages specific expertise in the development and delivery of the courses provided to the trainees such as courses in Quality Improvement, Ethics, Wellbeing, Communication, and Leadership. External expertise is called upon as required but the process regarding this is not clearly defined. The Body has strong links with Australia, UK and Canada and attend and participate on a regular basis in working groups, seminars and other education and training events and activities with these organisations. Information in relation to these collaborations are not recorded systematically but rather on an ad-hoc basis risking the loss of organisational knowledge.

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 should document the evidence / information they gather from their engagement with external experts.

Commendation (s)

No commendations made

Level of compliance: PC

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.

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

The Team was satisfied from discussion with the Body and that they 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. The Team noted that some of these arrangements are done on an informal basis and there was no clear evidence that this is documented, risking the loss of organisational knowledge.

The Body informed the Team that external examiners participate in the on-going assessment of trainees. This ensures an independent assessment of the competency of the trainee for the relevant level. The external assessors advise on the development and delivery of training as appropriate. Information is gathered informally during these assessments (Ref Rec K from previous report). The Team noted from the discussion with the Body that although there is no formal comparison process for the curriculum but a lot of informal interaction, with the Royal College of Paediatrics and Child Health for example.

In 2014 a review of the RCPI Postgraduate training programmes was launched by the RCPI and led by Professor Imrie, President of the Royal College of Surgeons and Physicians in Canada. The Imrie Review assessed the model of training the College. The review considered Ireland's ageing population and the changes in health care provision required in Irish society in the future. It also considered the needs of those working in the Irish health service as well as international training models. The Team heard from the Body that the implementation of recommendations from the Imrie Review are currently being implemented and include the introduction of Outcomes Based Education (OBE).

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 Faculty should document the evidence/information they gather from their engagement with educational institutions in terms of collaborations with training programme and assessments.

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

The Body, in its self-evaluation, described working relationships with the Department of Health, the Medical Council, the HSE, Health Information and Quality Authority and other government and non-government agencies.

Nationally the Body and all of its higher specialist training programmes are represented by RCPI on a number of key strategic agencies in the area of education, training and professional development. These include: the Medical Council, Forum of Irish Postgraduate Medical Training Bodies, HSE NDTP, National Patient Safety Advisory Group, HIQA.

RCPI's Policy and Advocacy office issues positions on specific healthcare matters, establishes issue-focused policy groups to develop solutions to healthcare concerns in order to influence decision-makers, organises public engagement programmes.

The Professional Affairs function organises a Public Meeting Series aimed at providing a forum where expert advice and knowledge is made available to the general public on topical health issues.

The Team was advised in discussion with Body that a new Quality improvement post has been created to assist the implementation of the recommendations of the Imrie Report across all training programmes. The National Quality Improvement Programme is a joint initiative between RCPI and the HSE Quality Improvement Division. Its educational initiatives include the Diploma in Leadership and Quality in Healthcare and the Diploma in Quality for Community Care.

The Body informed the Team that as part of the development processes patients are directly involved for both the mandatory and non-mandatory training courses. Patients are part of the Development Steering Committee but not in all aspects.

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 the involvement of patients as part of the mandatory and non-mandatory training course to inform educational updates.

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 noted from the submission that training in General Paediatrics is supported by the Dean of Postgraduate Specialist Training, Dean of the Faculty, Director of Examinations, Director of Training Site Accreditation, the National Speciality Director together with trainers and the STC.

RCPI plans to formally review each training programme on a 5-yearly cycle and to include external assessors in this process. There is ongoing liaison with the Department of Health, the Medical Council, the HSE, Health Information and Quality Authority and other government and non-government agencies to review the requirements of the training programme.

RCPI and the Faculty of Paediatrics (FPAED) run a Diploma in Primary Care Paediatrics aimed at improving knowledge and standards of paediatric care amongst community doctors and GPs. RCPI also provide support and training for the trainers who are the supervisors by way of training courses, e.g. Physicians as Trainers series. The Essential Skills programme is now mandatory in order to become a RCPI trainer.

Professional Development is facilitated by RCPI and the Irish Committee of Higher Medical Training (ICHMT) by the provision of educational programmes, a Masterclass Series, including New Horizons and Clinical Updates.

Additional documentary evidence included roles and responsibilities for the following:

- Dean of Postgraduate Specialist Education and the Dean of FPaed (Appendix 6 & 7)
- Director of Examinations (Appendix 8)
- Director of Training Site Accreditation (Appendix 9)
- National Specialty Director (Appendix 10)
- Trainer (Appendix 11)
- Education Prospectus 2017-2018 (Appendix 13)

The Team was satisfied from discussion that the revised e-portfolio supports trainees in monitoring training progress. There are sections for the trainer to complete in terms of the trainee's performance and has sections on overall supervision of trainees. It also supports in depth reporting and audit of training activity.

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 Team noted from discussion with the Body and from the self- evaluation submission that there is a formal process in place for reviewing training curricula annually. Education specialists meet with the National Specialty Directors (NSDs) of the Higher Specialist Training specialties to discuss their relevant curriculum and review the changes required. The Team noted that elements include the addition of required training courses and new curriculum topics e.g. changes in practice, new legislation, publications of national guidelines, study days topic change based on feedback on examination performance etc. When changes are

approved by the STC and implemented in the curriculum, trainees are notified accordingly, and changes are reflected back in their training and assessment.

All Committees are reviewed every three years as outlined in the Terms of Reference of each. A key input into these reviews is the ongoing feedback received from trainees, trainers, external assessors and committee members.

RCPI actively supports this programme of review and renewal in a formal programme of research. This is evidenced by the establishment in 2011 of a research department within the Professional Affairs function and the ongoing support of research initiatives by trainees in its training programme and by its Fellows and Members.

The Team noted from discussion with the Body that there were a number of improvement initiatives arising out of the Imrie Review e.g. the Situation Awareness for Everyone Programme (SAFE), and the Outcome Based BST curriculum.

The Team was advised by the Body that they are moving from inspection process to an accreditation model. They will go out to the clinical sites on a 5-yearly basis and set the standards with which all specialities on site need to comply. Some trainees spoke of issues which they had brought to the Body's attention and as a consequence, improvements had been made.

The Team noted from their self-evaluation submission that the Body hosts public meetings on key aspects of public interest in health matters and the incorporation of feedback from these into policy and programme development. An example of a public meetings held in 2017 was the popular Ageing Well in the 21st Century.

The Team had sight of RCPI Performance Management Process for Staff (Appendix 14).

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 this sub-standard is met, through the Body's adoption of the RCPI's Mission Statement as described in the self-evaluation submission. The Faculty as a constituent member shares and supports the mission of RCPI which is to "To develop and maintain high professional standards in specialist medical practice in order to achieve optimum patient care and to promote health nationally and internationally". To achieve this the RCPI develops and is responsible for running BST and HST training programmes, works with government and health bodies with regard to medical training and education issues, supports research and has also established a dedicated research department, the on-going review and development of its curricula, training programmes, a Masterclass Series, Hot Topics and Clinical Updates, a Public Engagement Programme including a Public Meeting Series to address its social and community responsibilities and Continuing Professional Development (CPD) programme.

The Team had sight of the RCPI 5-year strategic plan published in 2015 which identifies "Deliver World Class Specialist Training" as one of its five strategic aims.

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

2.1.2 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 Team noted that in the self-evaluation submission the Body stated that it had consulted with Fellows, trainees and members for various purposes including programme evaluation but not specifically for the 'defining its purpose'. Evidence from the documents in the appendices supports engagement with members and trainees for consultation on policies and programmes. However, other groups of interest such as patient groups have not been consulted with directly. Various Fellows and members have links to communities and patient groups, and it is through these that indirect contact is made with community and other groups but not explicitly to help the organisation with 'defining its purpose'.

The Body stated in their self-evaluation submission that they collaborate with the HSE on the Clinical Care Programmes, which are shaping the future of health service and corresponding educational and training need.

An annual report on all aspects of Faculty business is prepared and distributed prior to the AGM (October) and members are given opportunities to address the report with the board and Faculty representatives.

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

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 the HST General Paediatrics curriculum (Appendix 15) which laid out the required competencies and professionalisms for the specialty. The Team was also supplied with the BST General Paediatrics Curriculum (Appendix 16) which set out the minimum requirements.

The Team was informed by the Body that the BST Outcomes Based Curriculum (Appendix 16) has been completed but the HST curriculum for Paediatrics is not Outcomes Based yet. The Team was further informed that the RCPI had undertaken their first pilot in defining the outcomes for HST in Respiratory Medicine for adult medicine and they will start developments on HST for paediatrics this year. The Team expressed concern that they yet to develop a project plan for the development of the OBE for the HST Programme in Paediatrics. There was no intended implementation date for OBE and no evidence of much activity in moving towards implementation.

The Body informed that they Team have explored the possibility of undertaking a skill-based model for BST. They will be undertaking a speciality knowledge-based model for HST to ensure clear progression between the two programmes.

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 should develop a project plan for the development of the HST Outcomes Based Education and update the Medical Council with the development of the outcomes based curriculum for the HST 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 noted that outcomes relating to both technical and clinical expertise and the broader role of the clinician is supported in the Curriculum. The Curriculum is divided into Generic and Specialty Section. The Generic section reflects the Medical Council's Domains of Good Professional Practice and stresses the importance of personal development including leadership and Team working, communication and presentation skills. Basic management and audit are identified as core components of BST and HST Programmes. The Specialty section outlines specialty-specific knowledge and skills required including clinical expertise and technical skills. The minimum requirement for General Paediatrics is reviewed annually and the curriculum is updated. The Team noted that although research, audit and management roles were not outlined in the self-evaluation form this information was available in the HST and BST curriculum documents.
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 were satisfied based on conversation with the Body that there are learning outcomes for BST and they cover the Medical Council's Eight Domains of Good Professional Practice, although the BST curriculum doesn't explicitly reference the domains or show how the learning outcomes cover all domains.

The Team noted that the Medical Council's Eight Domains of Good Professional Practice are referenced in the Generic Section of the HST General Paediatrics Curriculum and are well mapped to the Medical Council's Eight Domains of Professional Practice. There are 11 sections in the generic part of the curriculum and each of the sections is mapped to the relevant Medical Council Domain. Knowledge and skills relating to each of these areas are outlined in the curriculum as well as the assessment and learning methods used to measure and support achievement of competency in each.

Patient Safety is addressed in the generic section of the curriculum. The objective of this section is to ensure patient safety is at the core of the health service provided by designing safe systems and processes of care and understanding the role of healthcare systems and human factors in adverse events and errors. At BST level the Faculty have developed a video in the Saolta Network in conjunction with clinical cases to enhance the teaching of patient safety. This will be introduced to the BST curriculum in 2020.

Trainees informed the Team that they would benefit from more training in communications, one of the Medical Council's Eight Domains of Good Professional Practice, specifically around breaking bad news.

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 ensure that when they are developing learning outcomes for HST that they are mapped to the Medical Council's Eight Domains of Good Professional Practice.

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 Team noted from the self-evaluation submission that graduate outcomes were to be made available on the RCPI website by November 2018. The Body reiterated to the Team that there is a plan to put this information on the website, but this has not happened and no alternative date was given.

The Team noted from self-evaluation submission that the Body shares information relating to graduate outcomes annually with HSE NDTP. The Doctors Project is currently underway at the RCPI which aims to gather and analyse information related to graduate outcomes.

The Body informed the Team that each year 43 trainees enter BST programme and 27 trainees enter the HST programme. Those trainees who do not enter HST use the BST as launch pad for a career in another specialty. It is particularly important that all graduate outcomes should be made available for all doctors considering the BST and HST programmes.
Compliance The Body's self-evaluation submission indicated non-compliance with this Standard. The Team concluded that the Body is non-compliant with this Standard.
Recommendation (s) The Team recommend that the Body makes anonymised data of aggregate graduate outcomes publicly available.
Commendation (s) No commendation made
Level of compliance: NC

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 BST curriculum for OBE has been completed. The Team had sight of the current curriculum and noted that it does not account for the different rates at which trainees' progress. Work on the HST curriculum for OBE is at an early stage and in its current form is not organised according to graduate outcomes required for the award of CCST. The curriculum that drives training within the specialty of Paediatrics at all levels of training is organised in a standardised framework across all the levels, aiming to achieve the overall graduate outcomes which are set out as part of the curricula. The curriculum is organised in the following framework: • **Introduction**– covers a brief introduction of the training programme and other aspects of the training programme. • **Generic Components**– covers elements that are generic across all specialties and all levels. • **Specialty Section** – covers the specialty-specific elements of the training. • **Documentation of Minimum Requirements for Training**– covers the list of minimum requirements for training which will be recorded in the logbook, laid out in excel format for ease of use. The minimum requirements indicate activities which are required or desired, the number required and timelines over the training period.

- **Appendices** – where relevant, will include further readings, relevant bodies and contact details, list of approved/accredited hospitals.

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 HST curriculum be revised and should describe the learning outcomes and assessment standards for CSCST.

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 was satisfied that the curriculum follows a standardised structure specifying the education objectives. Learning objectives are described for each stage of the curricula and are followed by the knowledge, skills, assessment and learning methods that are necessary to achieve these objectives.

The Team noted that the OBE BST curriculum does not cover two of the major issues facing children today. The OBE-BST curriculum does not mention outcomes related explicitly to the prevention or treatment of obesity and only mentions mental health in relation to trainees' wellbeing. The Team noted from the HST curriculum, competencies relating to child mental health were confined to only a few sections, namely: community, developmental, neurology and child abuse. Likewise, obesity was only mentioned in the sections relating to metabolic medicine and community paediatrics.

The Team was satisfied that the Faculty is responsive to training needs, but the published curriculum and syllabus needs further work to specify the knowledge and skills of the common paediatric conditions. The Faculty needs to have systematic way to document what has been covered in mandatory training days to be able to ensure that they are responsive to changing health care needs and provide it in the training.

The Body informed the Team that the first adolescent paediatrician in Ireland was appointed in the last six months. This person has agreed to contribute to the curriculum review for next year.

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 periodically evaluates and responds to population healthcare needs and documents it in the syllabus as part of the review of the syllabus.

Commendation (s)

The Team commends the body for:

- the clearly articulated, relevant learning outcomes in the OBE-BST curriculum and practical guidance for trainers and trainees on how the outcomes could be achieved and by what methods they could be assessed.

Level of compliance: PC

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

As outlined in the self-evaluation submission the Team is satisfied that successful completion of the General Paediatrics HST Programme is certified through the award of the Certificate of Satisfactory Completion of Specialist Training (CSCST.) This certificate is awarded by the Faculty of Paediatrics on satisfactory completion of the programme. It permits trainees to apply for entry onto the Specialist Division of the Register of the Medical Council.

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 accreditation process

As outlined in the self-evaluation submission the Team noted that formal training on research is mandatory for all HST trainees and comprises courses on research methods, including statistics, for critical appraisal of the literature, and interpretation of scientific data. Performing clinical audits is a requirement at HST level. Trainees are required to complete, record and submit a full audit cycle within every two years of training and participate in audit activities annually. Training requirements include evidence-based practices such as participation in audits, research and related publications and presentation. Trainees undertake research at different stages of their programme and having "just in time" training is challenging.

There is recognition that some trainees require research methodology training earlier in their career than others and the FPAED / RCPI is currently designing workshops tailored to meet this need.

The Body informed the Team that trainees can take time out of the programme to undertake research. The trainees corroborated that this was facilitated.

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 commended the Body for providing formal research training to all HST trainees, both mandatory and supporting elements. The research outcomes described are achievable and relevant for consultant practice.

Level of compliance: FC

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 Team noted from the self-evaluation submission that trainees must spend the first two years of training in clinical posts in Ireland before undertaking any period of research or out of programme clinical experience (OCPE). The trainees confirmed with the Team that out of programme experience was encouraged and valued. Trainees who undertake research receive up to 12 months credit towards the completion of specialist training.

The Team had sight of the FPaed HST Guide 2017 (Appendix 16).

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

The Body noted in their submission that the size of the Irish healthcare service and the over reliance of the hospital on the trainee doctor for service delivery has meant the introduction of flexible training for trainees is particularly challenging. The arrangements for flexible training are limited and this was reflected in trainees' comments.

The application process and criteria for approving a period of flexible training appears reasonable.

The Team were concerned about the following issues:

- The Team notes the limit of two years cannot be justified on educational grounds once trainees are following an outcomes-based curriculum. The requirement for completion of training within seven years will be harder to justify once the focus changes to assuring that trainees meet the required outcomes (i.e. when the outcomes-based curriculum is introduced throughout BST and HST in Paediatrics). Many trainees may have valid reasons for needing to train less than full time and the reasons could very well extend beyond two years.

- The self-evaluation submission states that only three General Paediatric trainees are training flexibly. This is a surprisingly small proportion, given the nature of the training, hours of work, the work-life balance requirements of a modern-day workforce and the experiences of paediatric trainees in the UK. The limit of two years potentially discriminates against those trainees as their responsibilities are likely to be more than two years. If the limit is also applied to trainees with disabilities which prevent them from working full time, it may also be discriminatory as their needs are long term in this regard.

- The two-year limit to the extension of HST training also severely restricts the ability of part-time trainees to pursue specialties that require additional training time (e.g. academic training).

There is a substantial risk that restricting the availability of part-time training, either through limiting its duration, may be detrimental to workforce provision in the longer term.

Compliance

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

Recommendation (s)

The Teams recommends that the Body

- re-examines the justification for the limit of two years part-time training.

Commendation (s)

No commendations made.

Level of compliance: NC

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

The Team noted that there are significant difficulties in establishing the standard of training undertaken outside of the training programme in order to approve it as appropriate and equivalent.

The self-evaluation submission highlighted the process of only approving external training when applied for prospectively is sensible. However, given the difficulties described in the self-evaluation submission, there needs to be an evaluation of a trainee's competence and need for support prior to joining or returning to the Irish programme.

The trainees were appreciative of the opportunity granted and encouragement received to avail of training opportunities of training overseas which allowed them to be more competitive when applying for Irish posts.

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 to the Body that there needs to be more formal assessment of what trainees have learned when they return from overseas training.

Commendation (s)

No commendations made.

Level of compliance: PC

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 The Body informed the Team in the self-evaluation submission that a half-day course on teaching skills for interns is under development. It is designed for interns who are commencing teaching with medical students. The College is proposing a new roadshow to assist medical students and interns in taking the next steps in their medical careers. The Team noted from the self-evaluation submission that a National Paediatric Undergraduate Curriculum has recently been developed by all the Irish Universities. This process was facilitated by RCPI and FPAED and is currently under review by the board of the Faculty for approval.
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 commended the FPAED and RCPI for having facilitated the development of a national paediatric undergraduate curriculum (currently pending approval)
Level of compliance: FC

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 The Body informed the Team in the self-evaluation submission and in discussion that the training programme is based on an apprenticeship model for practice-based training where a trainee works in practice with a supervisor, and on-the-job training is directed by the curriculum. General Paediatrics trainees primarily work in in hospitals under the supervision of a specific registered trainer. Sites approved for training provide the required experience and exposure to facilitate the development of knowledge, skills and competencies supported by the provision of specific RCPI workshops and courses where additional skills training is provided.

Trainees are required to complete a defined quantity of workplace-based assessments for example, Case Based Discussion, Mini-Clinical Exercise, Directly Observed Procedural Skills. Trainers sign off on the completion of these activities and provide appropriate and timely feedback.

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

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 Team noted from the self-evaluation submission that there is practical and theoretical instruction and it is critical to a trainee's success on the training programme. Practical instruction is supported by the hospital trainers as well as other Team members and the hospital environment.

The curriculum clearly outlines requirements for practical and theoretical instruction. These are facilitated through the training site and supported by RCPI and the Faculty of Paediatrics. Trainees said that they found the study days very useful and that they were tailored to their needs. They spoke positively about sessions on wellbeing, and careers advice.

The Body informed the Team that they are moving towards SMART learning which is specific and measurable. The Team was further informed by the Body that part of the review of the curriculum was to identify areas of training where explicit teaching may be needed. Some procedures learning deficits had been identified at BST level due to unavailability on site. The Body applied for NDTP funding to allow them to run clinical skills simulation courses and mandatory training to bridge the gap.

The trainees informed the Body that they felt they would benefit from more training in communication especially in relation to breaking bad news.

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 recommendations made.
Level of compliance: FC

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 the self-evaluation submission the Body stated that an increasing degree of independent responsibility is reflected appropriately for each level (BST and HST) and is clearly visible in the training, learning and assessment requirements sections of each. Increasing competency and independence are measured through assessment. This includes summative assessments (quarterly, end of year etc.) and formative (workplace-based assessment). The trainees informed the Team that while they receive appropriate level of responsibility over the course of their training but at times this varied between Departments and trainers and at the commencement of a new rotation. They said that trainers tended to take a 'broad brush' approach rather than assessing their individual levels of competence. They also stated that the e-Portfolio is difficult to use and for trainers when trying to describe or assess their competence. Some trainers focused more on the trainee's CV to assess where they are in their 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

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 noted from the self-evaluation submission and from discussion with management that formative assessments are used to monitor and track performance, and feedback is provided. The trainee is encouraged to repeat an assessment where improvement is required.

Formative assessments are workplace-based assessments performed with a trainer such as Case Based Discussion (CBD), Directly Observed Procedure Skills (DOPS) and Mini-Clinical Evaluation Exercise (Mini-CEX). Although formative assessments may be used to promote learning, the fact that they are recorded on e-Portfolio, and thus submitted to Annual Evaluation of Progress (AEP) process, indicates that they may also be being used in a summative manner.

Although the self-evaluation submission suggests that CEX, CBD and DOPS are all formative, the curricular documents for BST and HST suggest there is a requirement for the recording of competence for several mandatory elements.

It was noted that Summative assessments are employed in end of year or end of period or penultimate assessments.

The Body informed the Team that they are aware that the trainees do not always understand the difference between summative and formative assessment. The Body stated that they try to explain it (formative) using different language. At BST level the Body refers to feedback rather than assessment and everything is labelled as feedback points on their e-Portfolio.

The trainees informed the Team that there was a lot of variability in the feedback they received depending on the trainer and in some cases the trainee themselves.

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 to the Body that they make it explicit to trainees which assessments are to be used for a summative purpose.

Commendation (s)

No commendations made

Level of compliance: PC

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 was satisfied from the self-evaluation that there are an appropriate range of assessments.

Formative assessments include e-Portfolio, Workplace Based Assessment (WPBA), Mini-CEX which is designed to provide feedback on skills essential to the provision of good clinical practice.

The summative assessments include e-Portfolio, End of Post/Quarterly assessments, annual evaluations, penultimate evaluation. The Team felt that at face value this appears to be quite a heavy assessment burden, particularly if it is not explicit which items carry more weight in assessment terms.

The criteria for satisfactory progression are not clear from the documentation received, including the OBE-BST and HST curricula. The Annual Evaluation of Progress (AEP) process also includes sequential face-to-face interviews between the panel and trainee, and panel and supervisor. The trainees indicated to the Team that were not concerned with bias.

There is a large amount of information that is potentially used to assess trainees and the Team would have found it helpful to see the guidance issued to AEP members. This guidance should be made available to trainees, to make the process transparent. The AEP feedback has both formative and summative components and there is potential for confusion.

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 criteria for determining progression decisions should be explicit and made available to trainees (and the public).

Commendation (s)

No commendations made.

Level of compliance: PC

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 noted from the self-evaluation submission that RCPI and the Body are committed to supporting individuals so that they may achieve their maximum potential, within an environment that is safe for patients.

The Body adheres to RCPI policy on trainees with disability which sets out that trainees should feel that RCPI supports and addresses their specific needs so that they can complete their training programme for example facilitation of an occupational health assessment through the Faculty of Occupational Medicine if required.

The Team had sight of RCPI policy on 'Supporting Trainees with Disabilities on a Training Programme'. (Appendix 19).

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

5.2 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

The self-evaluation submission details how such trainees are identified during the AEP process. The evidence to be reviewed by the AEP panel is recorded by the trainee and the trainer in the e-Portfolio. The National Specialty Director (NSD) and a Chairperson attend the evaluation. The trainer's attendance is mandatory. The panel speaks to the trainee alone first and then the trainee is asked to leave the room and the panel has a discussion with the trainer. At the end of the evaluation, all panel members and the Trainee agree to the outcome of the evaluation and the recommendations for future training. This is recorded on the AEP form, which is then signed electronically by the Medical Training Coordinator on behalf of the panel and trainee. The completed form and recommendations are available to the trainee and trainers within the e-Portfolio.

The Body informed the Team that the trainers could identify and notify the College if a trainee was in difficulty. The trainees can also self-refer and arrange for the Body to meet with them in an informal setting and discuss any issues. The Body does not have the resources for retraining and remediation. The Body described how the way they assist trainees who have repeatedly failed exams.

There is a Wellbeing Department and occupational health supports and trainees felt these were adequately signposted during hospital induction. The Body stated that they have established a Wellbeing Department which is to identify trainees who are struggling. The Body felt it was being perceived positively as they are getting self-referrals.

The trainees said they have benefit from the NSDs attending Study Days as they get to know them and feel comfortable talking to them about any issues.

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 Teams commends the Body for a clear supportive process to assist trainees who had failed exams.

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

While the College provides training on giving feedback it was an area highlighted by the trainers as an area which can be particularly challenging.

The self-evaluation submission lists several ways in which feedback is embedded within the curriculum and assessment strategy. The Body recognises the limitations of the curriculum in ensuring meaningful feedback happens at the workplace and have taken additional faculty development sessions to promote and improve feedback.

The Body advised the Team that the current practice is to limit any rotational placement to two years and any clinical supervisor to 12 months. Whilst this does ensure that many supervisors are able to evaluate each trainee, it does run the risk of trainees receiving inconsistent and short-term feedback. A longer-term supervisor relationship would facilitate strategic, consistent developmental feedback.

Trainee feedback indicated there is an informal mentor system that has evolved over recent years. The trainees stated that the mentorship will have a more formal and consistent structure for new trainees.

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 allowing trainees to attend trainer effective feedback sessions as they will be the future supervisors.

Commendation (s)

The Teams commends the Body for piloting RCPI training sessions for Trainers on giving effective feedback.

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 Team was satisfied from the self-evaluation submission that the Body have mechanisms to disseminate trainees' progress. Feedback on trainee performance is provided following annual evaluations, annual assessments and from the trainee logbooks. Where a deficiency is identified the NSD places the trainee in an appropriate site where the deficiency can be rectified. The Body also stated that they get involved with a trainee straight away so that no opportunities for remediation are missed.

In its self-evaluation submission, the Body noted that negative feedback regarding a trainee's performance particularly professionalism is often not captured early in the trainee's career due to a reluctance on the part of the trainer to formally report it. It is essential that trainers provide formal feedback to the FPAED to allow for the appropriate steps to be taken to support trainees in addressing these types of issues. Early identification is essential in ensuring the ongoing success of the trainee. The Body informed the team that they provided a number of training sessions for trainers in the hospital sites on giving feedback.

Feedback on trainee performance (in particular, underperformance) is sometimes received by the College outside of the assessment structure (e.g. directly from medical manpower or a trainer) and is referred to the NSD or Programme Director as appropriate. The trainees advised the team that they give feedback at their monthly study days at which the NSDs are in attendance. They stated that they would welcome a quarterly segment at those study days to get feedback from their representative on the Trainee Committee.

The Body has carried out a survey on the experience of returning from maternity leave. A two-week period of shadowing is being suggested for trainees prior to them starting in the work place.

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

5.3 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

In its self-evaluation submission the Body stated that Mini-CEX and DOPS are part of a centrally planned and coordinated approach emphasizing assessment for learning. These tools are employed internationally with evidence supporting their validity. The introduction of OBE would allow for the collection of evidence for

validating the individual assessments and the programme overall. OBE will also facilitate the assessment of partial proficiency i.e. a Trainee may be proficient in part of a skill but require further work to complete proficiency.

WPBA and other annual assessment
Workplace based assessments (WPBAs) are validated in the UK and plans are in place to measure the validity, reliability and feasibility of these in an Irish setting.

On-line assessment pre/post training
Some of the mandatory training courses have integrated online pre and post assessment modules. These are tracked for validity and reliability. Scores from pre-course questionnaire (such as safe prescribing) were significantly lower than that of post-course questionnaire highlighting both the course and the assessment as valid.

In response to a recommendation by the Foundation for Advancement of International Medical Education and Research (FAIMER Philadelphia, USA) the RCPI recognised that further analysis of the pass rate and examiner performance in the MRCPI clinical examinations needed to be undertaken on an on-going basis and is now being 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)

The Team commends the Body for:

- moving to an outcomes-based curriculum (for BST) and identifying the challenges in assessing higher-level outcomes.
- introducing an ongoing system of evaluating MRCPI pass rates and examiner performance.

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 Team were satisfied with the process outlined in the self-evaluation submission. Applications from specialists trained overseas are assessed by reference to the arrangements agreed under the formal Service Level Agreement (SLA) between The Faculty of Paediatrics and the Medical Council. The process is administered on behalf of the Faculty by RCPI.

The Body outlined the process as follows: Applications are assessed under the SLA, the HST curriculum for and other requirements of training as set out by the Faculty of Paediatrics and the Forum of Postgraduate and Medical Training Bodies. Applications are reviewed by a minimum of two trained assessors from the Faculty's panel of assessors. The Assessor Reports are submitted to the Dean and in turn formally submitted to the Faculty SDR Sub-committee for its consideration. The outcome is then submitted to the Medical Council for their consideration.

The process will be simplified once the HST curriculum is revised and becomes outcomes-based.

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. 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 In the self-evaluation submission, the Body outlined the formal review process and policy for its training programmes. The Body advised the Team that Education specialists meet with each National Specialty Director/Directors and review the generic and specialty related documentation. The Curriculum is reviewed by Education Specialists who meet with each National Specialty Director. The process commences in spring and finishes in June when all changes are approved and communicated. The objectives and training activities are reviewed as part of this process. The quality of teaching and supervision is tracked on an ongoing basis through mandatory courses review, hospital training accreditation and teaching evaluations. The annual evaluations for trainees in HST were formally reviewed in 2015. The current model of end of year assessment for RCPI HST trainees was assessed. The needs of the trainees and trainers were considered. Feedback was obtained from stakeholders involved in the assessment process. As referenced in 2.2.1 the RCPI have undertaken their first pilot in defining the outcomes for HST in Respiratory Medicine for adult medicine and they will start developments on HST in paediatrics this year.

Trainees provide feedback on the quality of teaching after courses which is analysed. The Body informed the team that they take an informal look at the setting of the final year assessment and ask the trainees if the Body could do things differently. Education specialists participate in courses and give feedback.

The Body informed the Team that one of their areas of quality improvement is the examination. They engage with recently graduated doctors in other specialties. These doctors generate the exam questions and that is reflected in the curriculum. Another area of quality improvement is the SAFE programme as referenced under 2.2.1. The Body stated they have now included the issue of open disclosure in their programmes. The Body stated that there are constant incremental changes to the curriculum in response to the trainee's environment and these are flagged in the published curriculum.

The Body assured the Team that they had a document control system and version control system in place for place for managing the curriculum.

The Body informed the Team that they have a Core Professional Skills Working Group which looks at communication and undermining behaviour training. All trainees have to do the communication course.

The Team noted from the self-evaluation that a review of current national and international standards and guidelines was also completed. Recommendations from this review which have been incorporated into the process and positive changes are being 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 the self-evaluation the Body described how supervisors and trainers contribute to the monitoring and programme development which include Curricula review meetings, trainers reporting upward to the NSD, evaluations from trainers and trainees and supervisors. All trainees have the opportunity to feedback on their experience at the end of BST and as they come to the end of a post. Trainers also contribute to programme development through membership of the Specialty Training Committees. Decisions on changes to the training programme are circulated to all trainers prior to implementation.

The Body stated in their self-evaluation that feedback, can, at times, be difficult to acquire or is not forthcoming and it is difficult to obtain an overall view of trainers' views.

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

The Team noted from the self-evaluation submission that trainees are represented on a range of key Faculty and College committees. This allows direct input into the strategic and operational decision-making entities within the College. They are represented on the Trainee Committee, Council, STC and the Board. Through representation on the committees, trainees are made aware of any proposed changes to the training programme and their input is sought. Some trainees said that the communication about curriculum changes could be improved by having emails flagged as coming from the Faculty.

In addition to this formal representation, the Body confirmed that feedback is encouraged and facilitated in a number of ways including confidential feedback on the programme as part of the annual assessment process. As referenced in 6.1.2, training post evaluation is gathered via a short, anonymous evaluation which trainees are asked to complete about their last training post. The evaluation is to be completed after every post completed as part of BST or HST rotation; that is every 3, 6, or 12 months depending on how often the trainee rotates.

The Body informed the Team that they only analyse aggregate data i.e. 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 recommendation made.

Commendation (s)

No commendations made.

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

The Body informed the Team that the RCPI is undergoing significant changes in digital strategy. They stated that RCPI have an interim database which contains all trainee information which tracks posts, trainers, evaluations received, completion dates, and mandatory courses. In 2017 trainees graduating from HST were asked to complete a survey outlining their career intentions for the next three years. There is no information about graduate destinations post training, but this is a national issue.

Within the RCPI research department the Doctor Retention and Motivation project has been established. This four-year investigation will examine the working conditions for Irish-trained doctors in the Australian health services, which is a popular location for Irish doctors. It will also consider the Irish health system and the factors influencing doctor emigration. The project will seek to understand why significant numbers of doctors are choosing to emigrate and to identify solutions to help retain them. It will identify potential solutions to help to retain and make it more attractive for doctors to return to the Irish health system in the future.

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 to the Body that they:

- Implement a permanent solution for collecting data on trainee information.
- Carry out a regular survey with graduates on their career intentions.

Commendation (s)

No commendations 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 In their self-evaluation submission, the Body outlined the contribution made by a variety of stakeholders, including supervisors, trainees, health care administrators and other health care professionals working directly or indirectly with their training programmes as well as the consumer (the public and the patient). Trainers and trainees contribute to the evaluation of programme outcomes through direct membership of the HST Specialty Training Committees and/or the Trainee Members Committee. FPAED trainers and specialists are represented by the Dean of Postgraduate Specialist Training and National Specialty Directors. Those involved in the examination process also contribute to the development of the evaluation process. Medical Training administration in RCPI has close relationships with Medical Manpower Managers and staff in the training sites to ensure the seamless delivery of Postgraduate Specialist Training. RCPI and its constituent training bodies including FPAED, conduct a popular Public Meeting Series on key aspects of public interest in health matters. The learning from these meetings is embedded in the policy and programme development. The contribution of consumers is sought through RCPI's programme of public engagement, including the Public Meeting series. The Body informed the team that they also collaborate with the College of Psychiatry and the ICGP. However, there is no formal, systematic and focused evaluation process and there is a risk that key information might be missed.
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 to the Body that a formal bespoke evaluation process should be developed to ensure that an appropriate range of stakeholders is consulted or have engagement opportunities and also to ensure that the evaluations are recorded and acted upon. This should be done in a systematic way with identified stakeholders, to achieve a robust, relevant and targeted evaluation process resulting in a useful critique.
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

A structured recruitment and selection policy and process is in place and available to trainers and trainees for all training programmes delivered by RCPI and the Faculty. The Team had sight of Handbook for HST Interview Panel members which outlines a standardised selection process.

There is a project within the college looking at the data that they have from interview scores which will be correlated with attainment at BST level.

The HSE NDTP require the Irish Committee of Higher Medical Training (ICHMT) to apply EU community preference to selection process. Following interview, candidates are ranked according to merit and this list is split by EU and Non-EU candidates. The EU candidates are offered a position on the training programme first. If places are left following the EU candidate offers, the panel will then offer to candidates on the non-EU list.

The Body stated in their self-evaluation submission that this issue has been raised by their trainees and trainers as unsatisfactory because the recruitment is not purely based on merit but also citizenship.

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 recommendations 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.**

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

While the shortlisting criteria for HST is published, the scoring system is not made publicly available to candidates. In their self-evaluation submission the Body stated that a full review of the HST recruitment process is planned to ensure the process is still in line with current best practice.

The Team had sight of RCPI Panel Member Guidance/ HST Shortlisting and Interview Guidelines which details guidance and processes required to ensure a fair and equitable system of selection, based upon merit. It states in the Guidance that "it may be appropriate to develop specific questions in relation to the technical/professional experience and suggested answers. Some of these could be asked during each

interview and the responses rated according to agreed appropriate responses and what the Panel might expect to hear."

The Body informed the Team that unsuccessful candidates are contacted and are given the opportunity to receive feedback. Those placed on a reserve list are made aware of where they are ranked on that list.

There was no process in place to monitor the success recruitment process, to track how many trainees completed the programme for example.

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 recommended the following to the Body:

- Put in place a process to ensure that recruitment is in line with best practice.
- Improve transparency by publishing the scoring system used at interview.
- Confirm that the process achieves desired outcomes by testing the validity and reliability of the selection process by developing specific marker questions, so that consistency and reliability of panel responses can be evaluated; in addition, this would enable successful candidates' scores to be tracked to subsequent progress, as a measure of validity.

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 Team noted from the self-evaluation that the selection criteria for short listing and interview guidelines for both BST and HST are agreed by The Faculty Board, the Specialty Training Committee and the BST Committee and reviewed annually. The scoring system is not made publicly available. The selection criteria is clearly documented and supported by policies and procedures. Selection criteria are made available to applicants as well as directly to interview panel members and RCPI staff as required.

The Team in discussion with the Body was informed that the questions were agreed in advance and each candidate is scored in accordance with a predetermined marking system. The Chair decides where each candidate is ranked based on the scores from the individual interviewers.

The Team had sight of the BST Shortlisting & Interview Guidelines (Appendix 21).

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 recommend the scoring system be published so that applicants can determine the relative importance of the selection criteria.

The selection process should involve the use of questions that have been developed in advance to evaluate the required knowledge, skills and attitudes, with indicators of what would constitute both poor and good quality responses. Some of these could be asked during each interview to ensure that interviews are conducted according to consistent standards

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

The Team noted from the self-evaluation submission that mandatory experience through rotations in a range of training sites is published in the specialty curriculum which is available to trainees.

Applicants seeking exemptions from training requirements are provided with a copy of the curriculum to enable them to ensure that they have already met the training requirements and that this can be verified to the to the training Body.

The Body stated that it had considered introducing a three-year rotation from the outset. The Team were informed that following consultation with trainees no change to the current system was made as trainees wished to have some flexibility around their choices of specialty and posts for year three, and beyond.

The trainees informed the Team that they felt the process for allocating placements was not transparent. They were unsure if the allocations were based on merit or luck. They stated that this can cause tension in the trainee group.

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 to the Body that the process for allocation of placements is made transparent to trainees. Whilst some of the individual decisions about placements will necessitate consideration of confidential information (e.g. disability, family circumstances, etc.) and therefore not publishable, the process can be agreed and published.

Commendation (s)

No commendations made.

Level of compliance: PC

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

The Team noted from discussion with the Body that while there are many process quality measures there are very few outcome quality measures. The Body informed the Team that there is a project within the College to look at data from interview scores. A research project with a full-time researcher had been commissioned and ethical approval has been granted to run it.

The Chair of each interview panel is responsible for the consistent application and compliance to the RCPI interview guidelines, marking guidelines and the related policies and procedures.

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 to the Body that the on completion of the research project and implementation of the recommendation found with regards to selection policies, the Body should inform the Medical Council of these findings and action plan via the annual returns process.

Commendation (s)

No commendations made.

Level of compliance: PC

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 noted from the self-evaluation that trainees participate in RCPI's policy groups and the public engagement programme. Trainee involvement is sought during the development of service improvements and educational developments. This was demonstrated by the participation of trainees in workshops focussed on gathering the requirements for a new e-Portfolio.

RCPI trainee representatives are appointed in the RCPI training sites. Currently there are 25 RCPI trainee representatives appointed.

The Team was satisfied from discussion with the trainees that the Body facilitates and support the involvement of trainees in the governance of their training. Trainees are represented on the Speciality Training Committee and the Trainee Members Committee. Trainees also noted that they are aware of who their training representatives are.

The Team were provided with the role description of the RCPI trainee representative.

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 Trainee commended the Body on what appears to be a good system of ensuring trainee involvement, including representation on the Specialty Training Committee.

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

The self-evaluation submission lists various methods to keep trainees informed.

- Reporting structures within RCPI and FPAED facilitate transmission of information to trainee forums – for example the Training Lead Forum and the Trainees Committee.
- RCPI online services which includes the Physician Network which is a forum for information sharing providing trainees with online education and training resources.
- RCPI Ezine – monthly communication bulletin emailed to all trainees, members and Fellows of the College. Key changes in the training programmes are provided in this communication.

- Regular email communication from the specialty coordinator.
- The new e-portfolio which can be accessed via mobile phones.
- Text messaging service to trainees to communicate key information.
- Each specialty has a dedicated specialty training co-ordinator who directly liaises with trainees facilitating feedback, communication and updates on the training programme.

The Body stated in their self-evaluation submission that effective communication to the trainees is always an ongoing challenge especially given the large volume of communications they receive.

The trainees informed the Team that they would welcome a quarterly session at the study days where they could receive feedback on important issues and decisions.

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

Detailed information on the training programmes is available on the private website accessible to trainees only. Information on advertising of courses including application dates, costs and requirements, upcoming courses and meetings is available on the public and private websites. Communication is facilitated through the e-Portfolio and the Physician Network.

A mobile application was launched in 2017 which allows all trainees to access the online service of the College directly from their phone.

The Body confirmed to the Team that they held induction days at BST level to introduce the trainees to the College and give a broad overview of the training programme. The Team had sight of the HST Induction Pack (Appendix 22).

The trainees informed the team that they found e-Portfolio to be cumbersome but are aware that an updated system is being introduced.

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 commended the Body on the Welcome to HST in Paediatrics publication (Appendix 22) which is an excellent guide and appears to have been prepared with very effective trainee input.

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

The Team noted from the self-evaluation submission that trainees are informed of their results of the Annual Evaluations within a specified timeframe.

Communication is also facilitated through the e-Portfolio and the Physician Network. The Team were satisfied from discussion with the trainees, that they have a clear idea of their progression mainly from their trainers and mentors. While the trainees highlighted issues with e-portfolio, they are aware that it is in transition as referenced in 7.3.2.

Trainees were complimentary about the clear and informed feedback which they had received from some trainers.

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 ensure that the new e-Portfolio system provides timely and correct information to trainees about their training status.

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 The Team noted from the self-evaluation submission that while there are a number of mechanisms in which trainees and trainers can confidentially highlight issues within training, the awareness of these pathways amongst trainees and trainers remains a challenge. There are a number of pathways in which issues such as training supervision may be reported to the Faculty. Trainees can file a grievance against a trainer which would then be formally investigated by the RCPI. However, this is a serious step for a trainee to take and a more user-friendly process should be designed. Trainees also spoke about their experience of bullying and of incidents when they had negative interactions with senior staff which shook their confidence. This seemed to be particularly prevalent when on call. Trainees said that they had also witnessed such incidents and felt that it was difficult to raise such issues as it could have negative consequences for them. The Body informed the team that during hospital Inspections the panel meets with the trainees without the trainers and they are encouraged to discuss any issues which are impacting training. The Team were informed by trainees that they were happy to raise an issue with their NSD as they are approachable. The Body informed that team that there have been instances whereby a trainee highlighted a significant issue within a site and they either withdraw that trainee or do not send other trainees there. The Body informs the CEO and the hospital management of that decision. The site will quickly try to redress any issues. Then follows a re-inspection and a trainee may be re-assigned to that site if the issue has been resolved. The Team had sight of the updated Grievance Policy.
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 to the Body that they act to raise awareness amongst faculty and trainees of the number of mechanisms in which trainees and trainers can confidentially highlight issues within training.
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 noted from the self-evaluation submission that training related disputes between trainees and supervisors are dealt with in the first instance by the National Specialty Directors.

If the Training Director is unable to resolve the dispute, the RCPI have a Grievance and Disciplinary policy which provides the mechanism for a trainee or trainer to formally lodge a grievance.

There is a grievance procedure in place which clearly lays out the process for both informally and formally resolving a grievance. It signposts other procedures such as the Anti-bullying and Harassment Policy, the Progression through Training Policy the Disciplinary Policy and the Appeals Policy and the Equal Opportunities Policy. The principles of natural justice were mentioned in the grievance form but could be more clearly spelled out in the policy.

The Body in their self-evaluation submission stated that if a trainee feels aggrieved at a decision arising from Annual Assessment, Recruitment & Selection or any other process within the FPAED, the trainee can appeal the decision to the Registrar of the College and the case will be reviewed by the Executive of the College. The Executive have the final say in decisions arising from appeals.

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 recommended to the Body that the policy could be improved by clearly spelling out the rights of the person against whom the complaint has been made to be informed of it.

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 has a Grievance Policy (TFO-001, June 2019, circulated to the Team), the purpose of which is to enable an RCPI Trainer or Trainee to raise complaints concerning training matters so that the issue may be addressed promptly minimizing disruption to training.

The Grievance Policy is the RCPI's official process for dealing with a complaint raised by a Trainer or Trainee in relation to treatment believed to be wrong or unfair.

The Team noted that there appear to be two similar policies in the public domain:

https://rcpi-live-cdn.s3.amazonaws.com/wp-content/uploads/2018/06/Grievance-and-Disciplinary-Policy-Sept-2017.pdf

https://rcpi-live-cdn.s3.amazonaws.com/wp-content/uploads/2019/09/TFO001Grievance.pdf

The latter is the version circulated to the Team; the former appears to be an outdated version.

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 to the Body that old policies, hosted on the RCPI website, are removed from the public domain.

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

De-identified appeals and complaints are first considered by the Management teams and escalated to the Body if a systems problem is identified.

Complaints and appeals are received through anonymous training post evaluation forms, RCPI evaluation forms completed at the end of each course and through the Grievance and Disciplinary Policy.

There was insufficient documentary evidence that the above evaluation evidence had been synthesised and analysed, nor any evidence of measures taken to address identified systems problems.

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 to the Body that they establish a process by which there is oversight of all current measures of quality and a process of demonstrating that any resultant recommendations are enacted.

Commendation (s)

No commendations made.

Level of compliance: PC

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

The Body outlined the responsibilities of the stakeholders in their self-evaluation submission.

The responsibilities of trainers with regard to delivery of the training programme are defined in the "Roles and Responsibilities" document which the Team had sight of. It is mandatory for all RCPI trainers to undertake the "Becoming a More Effective Trainer" course.

It was noted as a challenge in the self-evaluation submission that while the Body clearly outlines the responsibilities of the trainer there is no signed memorandum of understanding between the Body and the training site.

The Body advised the team that training sites are inspected every five years unless a specific concern is raised which would trigger an out of sequence inspection.

The Team referred to a Recommendation (Recommendation I) that had been made in the previous report regarding bringing an "independent focus" to the first year and penultimate year assessment panels so that the panels are composed of those who are never worked with that specific trainee. The Body informed the team that while it was possible that somebody who had worked with the trainee in the past could be on the panel it is very rare for that to happen. There is no formal system to ensure independence.

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 to the Body that they put in place a documented process to ensure that there are no conflicts of interest in assessment panels to ensure independence in the assessment process.

Commendation (s)

No commendations made.

Level of compliance: PC

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.

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

The Body described the process for selecting supervisors both in the self-evaluation submission and in discussion with the Team. All potential trainers are firstly nominated by the National Specialty Director. All applications are then reviewed by the Director of Training Site Accreditation in accordance with the policies and processes for approving appropriate supervisors for this role.

The application criteria for recognition as a trainer for HST is described in the self-evaluation submission. Trainers must be on the Specialist Division of the Medical Council, and they must have completed the Physicians as Trainers: Essential Skills course. They must be registered on a Medical Council accredited Professional Competence Scheme. The Team were informed by the Body that any Consultant can apply to be a trainer.

The Team enquired about the implementation of Prof Horgan's 'Trainer Matrix' which is a mechanism to formalise the responsibility for delivering different instructional activities in the context of a clinical work environment. The Body informed the Team that is was proving useful in spreading the workload more evenly among trainers. They further informed the team that the 'Trainer Matrix' was not exclusive to the Faculty.

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

The Body described in their self-evaluation submission the aspects of evaluation of supervisors and trainer effectiveness which are in place. This is done through Annual Evaluations, Hospital Inspections, Workplace-based assessments and Surveys.

The Body does not have a Performance Management Framework in place for its trainers. The Body stated in their self-evaluation submission that the implementation of such a framework would make a meaningful contribution to trainer feedback and professional development but they do not yet have one. The Body

informed the Team that it is important to give the trainers support and encouragement in a process of performance management.

The Body informed the Team that trainees' feedback provides the Body with information on the suitability of the training site, the level of teaching and the level of clinical commitment and informs the Body of any other concern's trainees have. However, the trainees informed the Team they are unaware of the outcome of their feedback on a post or a trainer when they move on their next rotation.

The Body informed the Team that if they receive feedback that an institution is not performing well, they act promptly to remove trainees and training recognition from that institution.

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 implement a performance framework for trainers with an agreed selection criteria, which provides clarity for in terms of expectations and accountability.

Commendation (s)

No commendation 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

It is not clearly defined in the self-evaluation submission how the individuals are selected to become assessors, and it was still unclear to the Team following discussion with the Body. For the MRCPI Paediatric examination, individual trainers are invited to become examiners.

The pool from which RCPI and the FPAED assessors are selected usually consists of approved trainers. They undergo training which is designed to make them familiar with all aspects of the relevant examination. New examiners act as observers for the first examination before participating fully as examiners. Examiners are observed and re-evaluated on a regular informal basis by peers/senior examiners and feedback is provided.

Trainees in their penultimate year are assessed by external assessors selected according to their training expertise in the specialty.

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 define, document and publish the initial selection process and inherent criteria for becoming an assessor.

Commendation (s)

No commendations made.

Level of compliance: PC

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

The Team noted from the self-evaluation submission the processes which the Body has in place to evaluate the effectiveness of its assessors and examiners. The RCPI regularly provide assessors/examiners' workshops where feedback is provided by the RCPI which contributes to their professional development. Their professional development is supplemented by courses on question writing and through the RCPI's CPD systems. However, the Team found that there was no systematic process for providing feedback to trainers.

RCPI and the Body are committed to evaluation of the effectiveness of its assessors and examiners and recognise that further development is required, including:

- Statistical analysis of performance at examination including tracking and managing trends relating to validity of assessors
- Development of national statistics to compare/contrast performance from all the examinations centres, including examiners' performance rating

The Body informed the Team that there is a meeting at the end of the exams where all examiners submit their assessment of each trainee. If someone is perceived to be stricter in their marking, then it is discussed and the standard is brought in line with other examiners' marking. However, this is an informal control.

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 Faculty should develop a more robust system of providing clear feedback to assessors / examiners to assist them to make improvements and in their professional development.

Commendation (s)

No commendation 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

It was stated in the self-evaluation submission that training on the role of the practitioner in the health system is practice-based and outcomes-centred. As a result, many of the training requirements outlined in the curriculum are based on instructional activities that form a natural part of a trainer's work schedule. Where participation in instructional activities does not form part of a trainer's work schedule, trainers are encouraged to assign responsibility for these activities amongst the Team of supervising consultants. Adherence to this is monitored by the Site Inspections process.

Trainers' work schedules did not include the instructional activities that trainers were expected to carry out training as part of their normal work duties. The process by which instructional activities are assigned to other team members (who may or may not be designated trainers) was not described.

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 should ensure that the work schedule of trainers and trainees include the instructional activities as outlined in the self-evaluation submission. The Body should describe the process by which instructional activities, not forming part of a trainer's workplan but still required for training, are delegated to other clinicians submission.

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 Faculty of Paediatrics programme recognises 23 training sites. Every training site is inspected at approximately five-year intervals. The Body advised the Team that they were in the process of moving from an inspection process to an accreditation model whereby all the specialties at the sites would be accredited as a whole once every five years. The Body informed the Team that they are up to date with

inspections. However, the process is not transparent as the relevant standards and reports are not publicly available.

The inspection of training sites is carried out by experienced senior trainers, external experts and other organisations are involved in the development of programmes and services. External assessors also participate in the HST Evaluations and provide feedback in a short online survey.

The Team had sight of the General Paediatrics Department Facilities Form, Sample Timetable, General Paediatrics Facilities Form.

The Body informed the Team that if an issue of concern is raised at the inspection an interim progress report at six- or twelve-month intervals is requested depending on the timeline required to sort out the issue.

Additional documentary evidence included

- Hospital Inspections Policy (Appendix 24).
- Sample Timetable (Appendix 25).
- General Paediatrics Facilities Form (Appendix 26).
- Trainee Assessment of Post/Clinical attachment (Appendix 27).

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 to the Body that the accreditation standards of the training organisation should be made 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

The Body described in their self-evaluation submission the processes it implements to assess the quality and appropriateness of the training site. The practical experience available to trainees is based on the requirements set out in the curriculum. The infrastructural requirements of the training site and training post are also set out in the Paediatrics Facilities Form which the Team had sight of.

While these requirements are not currently specified in formal arrangements/memorandum of understanding with training sites, they form part of the standards for training sites that are currently being developed as part of the transition from hospital inspections to training site accreditation.

Further details on the process is available in the training site accreditation documents which the Team had sight of:

- Hospital Inspections Policy.
- Sample Timetable.
- General Paediatrics Department Facilities Form.
- Trainee Feedback form – Hospital Inspections Form.

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

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

The Team noted that there was comprehensive evidence for this section which would be further enhanced by the Body publishing guidance for sites preparing for an inspection, detailing information about the format, timetable and purpose of each timetabled event undertaken during an Inspection. The outcomes required for successful accreditation should be available all sites.

The Team noted from the self-evaluation submission that prior to the inspection visit, information was collected from the trainers, trainees and site management via the Hospital Activities form, Departmental Facilities form, SpR questionnaire and Generic Inspection Form.

This information is reviewed by the Training Site Inspection panel. The purpose of obtaining details from multiple sources is to cross check the information received in addition to obtaining multiple views on the process and how it is perceived and functions.

As part of the inspection visit there are separate interviews with trainees and trainers and a walk through of the facilities which triangulates the 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)

The Team recommends to the Body that they provide information about the accreditation process and the outcomes required for successful accreditation to all sites.

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 training is service based so that trainees can experience the breadth of Paediatric Medicine.

Through collaboration with HSE NDTP, Forum and Medical Manpower Managers, the RCPI and the Body ensure that the capacity of the healthcare system is used as effectively as possible to achieve the requirements of training and fulfil service requirements.

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.

Commendation (s)

No commendations.

Level of compliance: FC

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 In its self-evaluation submission the Body stated that it monitors the working environment through training site inspections; annual evaluations and training post evaluations. The SAFE programme is available for all involved in training. The Body informed that the Team that they are encouraging their Lead NCHD and NCHD Committees to highlight issues such as bullying and undermining behaviour in the workplace. They also invited the Lead NCHD to talk to the trainees about their experience, both clinically and culturally. The Body also advises the trainees on how to communicate with parents in challenging circumstances.
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 detailed the nature and range of self-directed learning available in RCPI as a whole. The Team was satisfied that the generic requirements align with the Medical Council of Ireland's maintaining professional competence scheme and are also described. Each programme is specifically developed for its particular end users. The objectives of the programme are outlined by each specialty and cover a number of categories such as generic skills, clinical skills, teaching and training, patient safety, quality and risk. Some programmes are relevant to all specialties such as 'Audit' whereas others are tailored or are specialty specific. For example, the ethics programme has generic categories such as professionalism, research but has different 'End of Life' programmes for general internal medicine and paediatrics as the needs of the participants are unique.

Evaluations are distributed at the end of each programme. These evaluations are used to redesign the programmes if the stated objectives have not been met or have changed. Feedback can also be obtained from surveys and focus groups. Developments are also influenced by the College's participation in HSE initiatives such as the development of Clinical Directors posts and the Clinical Care programmes.

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 its extensive consultation process with its Fellows, Members and other key stakeholders in the development of the statement of mission, principles and intended outcomes of the Professional Competence Schemes.

The Faculty of Paediatrics Professional Competence Schemes (PCS) are designed to promote self-directed and practice-based learning activities rather than supervised training.

The Schemes consist of two elements:

- Continuing Professional Development (CPD)
- Clinical (Practice) Audit

The Body advised the Team that they have moved away from audit to the concept of quality improvement. They informed the Team that the SAFE programme has given 12 examples of quality improvement initiatives.

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 had sight of documentation which the described the process and criteria for the recognition of CPD providers which included the 'RCPI Guide to CPD Approval', 'Application form for CPD Approval of Live Educational Events (LEE), RCPI Policy on Industry Sponsorship an Support'.

The Team noted that although participants' feedback is evident, the analysis of its impact has not been presented to justify a full compliance rating. This means that if a course is deemed unsatisfactory by its participants, there is a risk that no action will be taken.

The team reviewed the documents:

- RCPI Guide to CPD approval (Appendix 28).
- Application form for CPD Approval of Live Educational Events (Appendix 29).
- RCPI Policy on Industry Sponsorship and Support (Appendix 30).

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 to the Body that they should publish their process for incorporating feedback into the quality assurance of CPD providers and events.

Commendation (s)

No commendations made.

Level of compliance: PC

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 in its self-evaluation submission described how it documents and monitors CPD activities of its participants. The e-Portfolio for Professional Competence is a flexible and convenient way of recording

CPD and clinical audit activities and it helps doctors to track their progress. 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 issued in May each year and enumerates annual total of credits claimed for each of the previous 5 years. The Team was provided with a sample Annual Statement. (Appendix 31).

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 their self-evaluation submission the Body advised that doctors enrolled on the Specialist, General and Supervised Divisions of the Medical Council Register are allowed access to CPD and other education opportunities. Whilst the Specialist Division Scheme has specific eligibility criteria, membership of Fellowship of RCPI or its Faculties, Institutes and ICHMT 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

Following the issuance of Annual Statements in May each year, doctors who have not met the minimum Scheme requirements are issued with detailed feedback outlining the specific shortfalls and offering advice and support.

Each year a communication is sent to all participants in their fifth PCS year who have not yet selected all eight Domains, highlighting the Domains they have yet to achieve and offering support and advice.

The Team noted that while there is a descriptive response on the process of monitoring there is a lack of follow through for those who fail to participate in the scheme.

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 Body should put in place a process to follow up with doctors who do not participate in CPD.

Commendation (s)

No recommendations 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 that Team that is it does not have the resources to facilitate retraining for doctors returning after a significant break from clinical practice. The Body spoke of the difficulties which would arise in re-training doctors who work in particular specialities. The Body would only able to re-train for general paediatrics. It is open to developing this, but would need to do this in partnership with the HSE and the Medical Council.

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 should continue 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 In their self-evaluation submission the Body stated 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.
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: • commences discussion with the Medical Council on what the appropriate mechanism is to engage in remediation in relation to roles and responsibilities of each Body. • continues to advocate for resources for the assessment and remediation of doctors.
Commendation (s) No commendations made.
Level of compliance: PC

Appendix One – Agenda

Medical Council Postgraduate Accreditation

Programme of Specialist Training in Paediatrics

Wednesday 10th July 2019

Assessor Team

Ms Vicky Blomfield Assessor, Medical Council member & Chair of Accreditation Team
Ms Angela Carragher Assessor for the Medical Council
Dr David Evans, Assessor for the Medical Council
Ms Aoife Fitzsimons, Accreditation Manager, Medical Council
Ms Elizabeth Molloy, Accreditation Executive, Medical Council
Ms Naomi Kalonzo, Inspections Executive, Medical Council
Robyn Finucane, Stenographer

Time	Activity	Details
8.00 am	**Private session of the Assessor Team**	Wi-Fi details to be provided Tea and coffee to be provided **Venue:** Resource Room, Medical Council
8.30 am – 10.30 am	**Meeting with College Representatives**	**Venue:** Resource Room, Medical Council **Attendees:** • Ellen Crushell, Dean • Michael O'Grady. HST NSD • Alf Nicholson, BST Associate Dean - Lead BST AD on Board • Michael O'Neill, BST Associate Dean • Ciara McDonnell, Associate Dean of Examinations • Leah O'Toole, Head PTE, RCPI • Ann O'Shaughnessy, Head PA, RCPI • Aisling Smith, Manager Assessment and Programme Development, RCPI • Georgina Farr, Manager Accreditation & QA Dept, RCPI • Siobhán Kearns, Senior Admin Accreditation & SDR Assessments, RCPI
10.30 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 **Attendees:** 5 BST Year 1 (1) BST Year 2 (1) HST Year 3 (2) HST Year 5 (1)
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 FACULTY OF PAEDIATRICS

Document No.	Title of Document	Supporting Recommendations or Standards.
1.	Imrie Review 2014	Recommendation A
2.	Norcini Report	Recommendation D
3.	Jenkins Progress Report	Recommendation J
4.	RCPI Panel Member Guidance/ HST Shortlisting and	Recommendation R Standard 7.1.1;
5.	Standing Orders	Standard 1.1.2
6.	Role and Responsibilities of Dean of Postgraduate	Standard 1.4.2
7.	Role and Responsibilities of the Dean of FPaed	Standard 1.4.2
8.	Role and Responsibilities of the Director of	Standard 1.4.2
9.	Role and Responsibilities of the Director of Training Site Accreditation	Standard 1.4.2
10.	Role and Responsibilities of the National Specialty	Standard 1.4.2
11.	Role and Responsibilities of the Trainer	Standard 1.4.2
12.	Terms of Reference of the STC	Standard 1.4.2
13.	Education Prospectus 2017-2018	Standard 1.4.2; 9.1.1
14.	RCPI Performance Body Process for Staff	Standard 1.5.1
15.	HST General Paediatrics Curriculum	Standards 2.2.1; 2.2.3; 3.2.1
16.	BST General Paediatrics Curriculum	Standards 2.2.1
17.	FPAED Higher Specialist Training (HST) Guide 2017	Standard 3.3.2
18.	Forum/HSE NDTP Flexible Training Principles	Standard 3.4.1
19.	RCPI Illness, Bereavement, Disability Policy	Standard 5.1.3
20.	RCPI Shortlisting Criteria	Standard 7.1.2
21.	BST Shortlisting and Interview Guidelines	Standard 7.1.3
22.	HST Induction Pack	Standard 7.3.2
23.	RCPI Grievance Procedure	Standard 7.4.1
24.	Hospital Inspections Policy	Standard 8.2.1
25.	Sample Timetable	Standard 8.2.1
26.	General Paediatrics Department Facilities Form	Standards 8.2.1. and 8.2.2.
27.	Trainee Assessment of Post/Clinical Attachment	Standards 8.2.1. and 8.2.2
28.	RCPI Guide to CPD Approval	Standard 9.1.3
29.	Application from for CPD Approval of Live Educational	Standard 9.1.3
30.	RCPI Policy on Industry Sponsorship and Support	Standard 9.1.3
31.	FPaed Sample Annual Statement	Standard 9.1.4
32.	RCPI PCS Ezine	Standard 9.1.6
33.	Protocol for doctors returning to work after absence	Standard 9.2.1

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 BODY

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, Body 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

Medical Council
Kingram House
Kingram Place
Dublin 2
D02 XY88

www.medicalcouncil.ie

Comhairle na nDochtúirí Leighis
Medical Council