Comhairle na nDochtúirí Leighis
Medical Council

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

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

Contents

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

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

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A. Preface

1. Context of the Accreditation Session

The Medical Council Accreditation Team met with the Irish Committee on Higher Medical Training (ICHMT) on 8th June 2015. Its remit was to assess the Programme of Specialist Training in Respiratory Medicine against the '*Medical Council Accreditation Standards for Postgraduate Medical Education and Training*' (approved 1st June 2010 and revised 25th October 2011) and to subsequently formulate a recommendation in respect of each to the Medical Council's Professional Development Committee (PDC).

2. The Team

The Medical Council Accreditation Team is listed in Appendix 1 of this Report. The Council particularly appreciates the contribution of external assessors Dr Jacqueline Rendall, Ms Angela Carragher, Dr Jason Last. They brought additional expertise in quality assurance of medical education to the accreditation process, and the Medical Council very much appreciates their contribution.

The Medical Council also thanks the representatives from the Irish Committee on Higher Medical Training for their co-operation. In addition, the Medical Council wishes to thank the trainees who met the Team on the day, whose feedback was most helpful in formulating this Report.

3. Documentation

As part of the accreditation process, the Body was asked to complete and document a self-evaluation process based upon the '*Medical Council Accreditation Standards for Postgraduate Medical Education and Training*' (approved 1st June 2010). In addition, the College was asked to provide details of the process and associated timescale by which consideration is given to and recommendations made to Council arising from assessment of applications to the Specialist Division of the Register in accordance with Section 47(1)(f) of the Medical Practitioners Act 2007 and Rules of Registration 2011. This documentation was reviewed by the Team. Full details of the material which was requested from the College is included in Appendix 2 of this report.

4. Schedule

The accreditation session included a private morning meeting of the Medical Council Accreditation Team, a meeting with a number of trainees representing the different stages of training in and an in-depth discussion between the Team and representatives from the Body.

5. Appendices

The agenda for the Accreditation Session is attached as Appendix 1. Correspondence with the Body in relation to this activity is attached as Appendix 2. The accreditation standards which were applied throughout this process are attached as Appendix 3.

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 the Programme of Specialist Training; the observations, comments and recommendations contained in this Report are grouped under the relevant section of these standards.

B. Summary and General Assessment

1. Conclusion and Main Recommendations to the Professional Development Committee

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

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

   This approval should be for an initial period of five years from the date of approval by Council.

2. The Royal College of Physicians of Ireland should be approved by Council under Section 89(3) (a) (II) of the Medical Practitioners Act 2007 as the body which may deliver the Programme of Specialist Training in Respiratory Medicine approved under 1. above. This recommendation is made on the grounds of the Royal College of Physicians Ireland's ongoing compliance with the rules, criteria, guidelines and standards approved by Council as specified in Sections 87(3), 88(1)(a), 88(4)(b), 88(4)(d) and 89(3) of the Medical Practitioners Act 2007.

   This approval should be for an initial period of five years from the date of approval by Council.

Note:

In making the main recommendation under 1. above, the Team assessed the full training pathway from Basic Specialist Training through to Higher Specialist Training in Respiratory Medicine.

In addition to the Programme of Specialist Training in Respiratory Medicine, the College currently delivers programmes of specialist training in a number of additional recognised medical specialties. These are:

1. Cardiology
2. Clinical Pharmacology & Therapeutics
3. Dermatology
4. Gastroenterology
5. General (Internal) Medicine
6. Genito-Urinary Medicine
7. Endocrinology and Diabetes Mellitus
8. Infectious Diseases
9. Medical Oncology
10. Nephrology
11. Neurology
12. Palliative Medicine
13. Rehabilitation Medicine
14. Geriatric Medicine
15. Rheumatology

These programmes will continue to be recognised by the Medical Council until such time as they have been formally *accredited*.

2. Priority Recommendations to the Body:

The Team makes 16 priority recommendations to the Irish Committee on Higher Medical Training as follows:

(a) The Body should provide the Medical Council with updated information regarding progress on the hybrid model of competency-based education i.e. one which strikes an appropriate balance between time-based, apprenticeship-style training and defined, measurable graduate competency outcomes.

(b) The Body should ensure that the ePortfolio should not be solely used as a collection tool and that its potential use as an educational tool should be harnessed.

(c) The Body should provide the Medical Council with data on the number of domestic trainees who sit and pass the exam along with a clear description of the remedial activities which are currently triggered in the event of trainees not passing the exam. The Body should be asked to clarify whether trainees can proceed to complete the training programme in the event of failing, or opting out of, the HERMES examination.

(d) The Body should clarify and signpost opportunities with its trainees in relation to flexible training supports for trainees.

(e) The Body should provide some description which gives an indication of the percentage of training which will be provided centrally, locally and experientially. The Body should clarify with the Medical Council if this breakdown of curriculum coverage is already provided within the ePortfolio.

(f) The Body should highlight with trainers the importance of providing positive feedback to trainees where appropriate.

(g) The Body should clarify how communication skills were assessed and what evidence was taken into account in order to assess individual trainees' achievement and development in this area especially in the context of assessment and progression meetings. The Body should also clarify its approach in this area, and the assessment methods used, and to confirm how or if peer and patient feedback is incorporated.

(h) The Body should provide the Medical Council with an update once available on the completed study in relation to the use of Multi Source Feedback across the College.

(j) The body should provide updates to Council regarding the development of research fellowships once available.

(k) The Body should provide some data regarding the scale of activity in the area of remediation of doctors.

(l) The Body should provide the Medical Council with anonymised completed trainee feedback forms accompanied by further information regarding how the feedback had been acted upon as further reassurance of the high-value which the Body places on trainee feedback.

(m) The Body should provide an update to the Medical Council on positive developments arising from the establishment of the Continuous Quality Improvement (CQI) programme.

(n) The Body should provide an update to the Medical Council once available on their commitment to clarify and strengthen the role of the Respiratory Medicine STC.

(o) The Body should ensure that the full trainer pool should be consistently active in order for trainers to maintain a training focus and ensure familiarity with the assessment regime etc.

(p) The Body should ensure that where clinical incident forms are completed by trainees that they engage with the training sites in order to ensure follow-up with the trainees involved

(q) The Body should clarify with the Medical Council as to whether the trainee representatives at hospital sites were embedded in some way in the hospital inspections process.

2. Other Recommendations to the Body:

(a) The Body should increase the emphasis on handover training in the programme, particularly given the significant opportunities for training which exist within the handover process itself.

(b) The Body should clarify whether they intend to extend the new requirement which have been in place for trainers since 2012 to long-standing trainers.

(c) The Body should raise awareness amongst trainees of the confidential helpline which trainees can use to raise concerns discreetly.

(d) The Body should ensure that every trainer completes the *Physicians as Trainers: Essential Skills Course.*

3. Commendations:

The Team would like to commend the College for the following:

(a) For ensuring inclusivity in the membership of the STC which includes two trainee representatives.

(b) For confirmation that there is a dedicated medical training coordinator for the Respiratory Medicine programme within ICHMT to act as a first port of call for trainees to raise training queries, provide programme updates and to direct trainees towards existing processes e.g. in the area of disputes.

(c) For increasing the supports for and accountability of training and the establishment of the Trainer Engagement Group and it was recommended that progress in this area should be reported to Council as soon as updates are available.

(d) For incorporating the Regulator's own criteria for training sites was highly commendable, and agreed that there was now an enhanced opportunity for training bodies generally to engage with training sites regarding trainer requirements.

4. Recommended Further Action:

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

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

C. Evaluation of the Body and the Programme

The evaluation of the Body and the Programme is based on the Medical Council Accreditation Standards for Postgraduate Medical Education and Training (Appendix 3)

1) CONTEXT OF EDUCATION AND TRAINING

The Team considered the context of this accreditation activity in relation to the programme of specialist training in Respiratory Medicine. The Irish Committee on Higher Medical Training (ICHMT) of The Royal College of Physicians of Ireland (RCPI) first underwent formal accreditation by the Medical Council in 2012. During that engagement, the programme of specialist training in Endocrinology and Diabetes Mellitus was concurrently evaluated alongside the ICHMT as the delivering body – the format of Council's postgraduate accreditation standards supports such an approach. During that earlier engagement, the Medical Council had an opportunity to consider both the ICHMT's broad approach to the delivery of specialist training as well as speciality-specific content related to Endocrinology and Diabetes Mellitus. The resultant Medical Council report following that accreditation contained a number of general and specialty-specific recommendations which the ICHMT have since acted upon and factored into their ongoing quality review and enhancement activity.

Given the range of shared and generic policies and procedures adopted by the ICHMT/RCPI across each of its programme offerings, the observations and recommendations of the 2012 accreditation team, and the ICHMT's response to same, will have impacted upon trainees on each of the ICHMT's training programmes. In support of the current focus on the Respiratory Medicine programme, the ICHMT was invited to submit documentary evidence of adherence to each of Council's postgraduate standards while taking particular note to highlight the specialty-specific content of the submission. The team agreed that it would place most of the focus of the current accreditation activity on the specialty-specific content of the submission, but acknowledged that it would be absolutely appropriate to discuss the relevance of any generic content for its applicability to the Respiratory Medicine context.

While the Team initially identified some potential challenges in applying the full suite of the Medical Council's accreditation standards to the ICHMT, which is one of six constituent training bodies operating within the broader governance of the RCPI, the Team was satisfied that this matter has been fully resolved by Council following earlier accreditation activity. In addition, the Team noted the relatively recent establishment of the Postgraduate Advisory Group which had been formed following earlier accreditation activity between ICHMT/RCPI and the Medical Council. The primary purpose in establishing this group was to provide a forum for each of the constituent RCPI training bodies to share ideas and discuss areas of common interest in specialist training. The Team acknowledged the significant benefits of having such a forum.

The Team noted the relationship between the ICHMT and the RCPI's Institute of Medicine (IOM). While training bodies generally hold the dual remit of delivering specialist training and also for developing policy and providing professional guidance, in this instance the ICHMT deals solely with training matters while the IOM maintains the remit to lead on policy and professional matters. While this division of remit was viewed by the Team as being somewhat unique, the Team was satisfied that there was sufficient linkage between ICHMT and IOM to provide a comprehensive overview of matters relating to medicine in general, including Respiratory Medicine. As the role of the IOM embeds and evolves, the Medical Council should be kept updated.

The Team acknowledged the historic and ongoing focus on quality within the ICHMT and across the RCPI generally which previously included the Continuous Improvement Programme, the Exemplar Programme and the external review conducted by Professor Kevin Imrie. In addition, RCPI engaged with a national review of medical training and career structures which was conducted by Professor Brian MacCraith and which led to a number of national recommendations. The Team queried what functional linkage existed between these reviews given that there was likely a significant degree of overlap and shared objectives. It was confirmed by ICHMT that each of these initiatives form part of the same quality agenda whose collective focus is the quality of training for the benefit of trainees. The conclusion of the Imrie Review, which took full account of each the aforementioned quality reviews, provided RCPI with ten clear recommendations which will be fully implemented by 2020. The Team welcomed the clear references to these recommendations throughout the accreditation documentation and viewed this focus on quality enhancement as being noteworthy. The Team agreed that ICHMT should provide Council with regular updates regarding the implementation of the recommendations.

The Team discussed the focus on Respiratory Medicine within the broader ICHMT structures, and its representation therein. The Respiratory Medicine Specialty Training Committee (STC) was formed in 1997 and is responsible for overseeing matters relating to education and training in the programme. Reflecting the relative size of the training cohort, there are two National Specialty Directors (NSDs) with joint overall responsibility for oversight of the training programme. NSDs also act as mentors to trainees and provide overall support to trainees and trainers alike. The STC provides an opportunity for all specialist trainers to contribute to the quality and educational focus of the training programme, and also to engage with the operational aspects of programme delivery. The Team agreed that there was a commendable approach to ensuring inclusivity in the membership of the STC which includes two trainee representatives.

In terms of the scale of the training programme, for the 2014/15 training year there were 46 trainees across all stages of the Higher Specialist Training (HST) programme which is of four years' duration. Many trainees will proceed to complete a fifth year of training leading to dual specialist certification in Respiratory Medicine and in General Internal Medicine. Access to the HST programme is competitive and one of the entry criteria is the RCPI membership exam which trainees sit following completion of the two year Basic Specialist Training (BST) programme. The full training pathway can be viewed as being a minimum of four years with many trainees undertaking an additional year to pursue dual certification. The Team agreed that the primary focus of the accreditation would be on the HST element of training.

The Team noted the extent to which ICHMT/RCPI engages nationally and internationally in matters relating to medicine and health promotion generally and Respiratory Medicine specifically. It was confirmed with the Team that the training curriculum is aligned with the European Respiratory Society (ERS) and the Harmonised Education in Respiratory Medicine for European Specialties (HERMES). The positioning of HERMES within the training programme is addressed elsewhere within this report. Dr Costello, one of the NSDs involved in the delivery of the training programme, is a member of the ERS, HERMES and also the European Board for Accreditation in Pneumology. The Team viewed these linkages, and European perspective on the domestic training programme, positively.

2) THE OUTCOMES OF THE TRAINING PROGRAMME

The Team welcomed the information provided in relation to the overall purpose of the ICHMT/RCPI, and to the purpose of the STC for Respiratory Medicine. It was agreed that, at a high-level, the aims and objectives of the programme were well-articulated and provided an appropriate reference point for the development and delivery of the training programme.

One of the recommendations arising from the aforementioned Imrie Review was for the RCPI to move towards a hybrid model of competency-based education i.e. one which strikes an appropriate balance between time-based, apprenticeship-style training and defined, measurable graduate competency outcomes. The Team agreed that ICHMT should provide the Medical Council with updates regarding progress in this area.

The training curriculum reflects expectations of graduates in the form of generic requirements (including the development of professionalism using the Medical Council's Eight Domains of Good Professional Practice framework) and specialty-specific requirements. In addition, a series of minimum and mandatory requirements are defined for trainees with confirmation provided to trainees regarding expectations per year, per post or across the life-cycle of the training programme.

The Team discussed the requirement for ICHMT to make information on graduate outcomes publicly available. The Team were advised that, as a College-wide activity, a number of projects are underway within a Business Systems and Optimisation Programme which will enhance the College's reporting capabilities in this area. ICHMT should maintain its focus on candidate and graduate tracking in order to satisfy itself that the programme is producing a sufficiency of doctors to meet national needs in the area of respiratory care. The ongoing development of the RCPI ePortfolio system was noted as was the recommendation from the Imrie Review to expand and strengthen the system. The Team agreed that the ePortfolio should not be solely used as a collection tool and that its potential use as an educational tool should be harnessed.

As confirmed elsewhere in this report, the Irish training programme is aligned with HERMES, with some minor exceptions such as diving related diseases and high altitude disease. The Team noted the reference within the accreditation documentation that the trainees in respiratory medicine are guided to sit the European HERMES examination and that in reality, most trainees sit this examination. However, the Team also noted the examination was referred to as being desirable but not mandatory. The Team queried whether it would be possible in theory for a trainee to opt out of HERMES and still proceed to complete the training programme. Similarly, the Team queried whether it would be possible for a trainee to fail the HERMES examination and complete the training programme once all mandatory domestic elements had been completed including assessments. The Trainees who engaged with the Team confirmed their view that the HERMES examination should be mandatory. ICHMT representatives confirmed their view that HERMES was a useful measure of clinical competence but highlighted that it does not incorporate an evaluation of trainee communication skills, professionalism etc., areas which the training programme and the Medical Council place a very high value on. This was cited as being one of the main stumbling blocks in the way of HERMES being formally adopted as an exit exam, although this was still being deliberated. The Team agreed that the Medical Council should be provided with data on the number of domestic trainees who sit and pass the exam along with a clear description of the remedial activities which are currently triggered in the event of trainees not passing the exam. ICHMT should also be asked to clarify whether trainees can proceed to complete the training programme in the event of failing, or opting out of, the HERMES examination,

3) THE EDUCATION AND TRAINING PROGRAMME – CURRICULUM CONTENT

The Team discussed the prominence of research within the training programme. At the time of accreditation, it was confirmed that there were ten trainees in clinical or research posts in other jurisdictions. While the mandatory component of the training programme in relation to research extends to training in clinical audit, and knowledge and skills relating to clinical research, there are a number of additional non-mandatory opportunities available to trainees. The curriculum provides for credit of up to 12 months for prospectively approved research posts and trainees have the option to step out of programme to complete a MSc, MD or PhD. In addition, the ICHMT can facilitate a period of extended research following the completion of training and the award of Certificates of Satisfactory Completion of Specialist Training. ICHMT representatives confirmed that multiple training pathways incorporating research were encouraged and that, for post-training opportunities, ICHMT is exploring the option of research fellowships. It was confirmed with the Team that a training site's capacity to support and foster a research agenda is considered by ICHMT as part of the selection and evaluation process relating to training sites. The Team were satisfied that research is actively supported and there was strong evidence to support this view. The Team agreed that ICHMT should provide updates to Council regarding the development of research fellowships once available.

The Team discussed the documentation provided by ICHMT in relation to flexible training supports for trainees. It was confirmed that the principal means by which flexible training is supported is via engagement of ICHMT with the Health Service Executive's National Flexible Training Scheme. The Team agreed that there were additional opportunities for training bodies to engage in this area and that there was more that could be done generally across the health service and amongst training bodies to support flexible and less-than-full-time training. ICHMT confirmed its commitment to exploring these opportunities. While the trainees were aware in principle that such opportunities were available, there was not uniform awareness of the process by which trainees could apply for same. The Team agreed that there was an opportunity for ICHMT to clarify and signpost these opportunities with its trainees.

The Team was satisfied with the prominence of research within the training programme including the further training in this area which is available to trainees on a non-mandatory basis. The details provided of trainees currently pursuing MDs or PhDs on the training programme indicated to the Team that a strong research emphasis was being embedded in the programme.

With direct reference to the curriculum document which was provided to the Team as part of the accreditation submission, the Team agreed that it would be beneficial to trainees if the some description could be provided which gives an indication of the percentage of training which will be provided centrally, locally and experientially. The Team agreed that this breakdown of curriculum coverage may in fact already be provided within the ePortfolio. This query should be clarified with the Medical Council.

4) THE TRAINING PROGRAMME – TEACHING AND LEARNING

The Team welcomed the information provided by ICHMT which accurately and succinctly described the operation of specialist training in hospital settings under the supervision of programme representatives and trainers whose collective role it was to provide structured and comprehensive exposure to training opportunities suffice to cover programme requirements.

The Team was satisfied with the prominence of research within the training programme including the further training in this area which is available to trainees on a non-mandatory

basis. The details provided of trainees currently pursuing MDs or PhDs on the training programme indicated to the Team that a strong research emphasis was being embedded in the programme.

In relation to trainees accepting more responsibility as they progress through training, and considering the opportunities which exist for trainees to act up as consultants for a short period, the Team were uncertain if senior trainees were formally involved in the assessment of their junior colleagues in training. This query should be clarified with the Medical Council.

5) THE CURRICULUM – ASSESSMENT OF LEARNING

In relation to the 2012-15 review of assessment strategy, the Team agreed that such a review will doubtless have been worthwhile and a final report should be provided to the Medical Council once available.

The Team noted the rollout of the ePortfolio system across the RCPI in 2011 and the intention to enhance the system as part of an ongoing strategy, mentioned elsewhere in this report. The Team queried the confirmation that only 75% of trainees were actively engaged in the use of the system which raised the question as to how the remaining 25% were being supported. It was confirmed that this was a transition issue and the 25% related to trainees who were close to the completion of training and who had started their training using a paper-based system.

The trainees highlighted to the Team that, for those trainees pursuing dual certification in Respiratory Medicine and in General (Internal) Medicine, it was cumbersome to have to maintain two separate ePortfolios even though trainees were in practical terms completing a single training programme and holding a single post. It was the trainee perception that this requirement to manage multiple ePortfolios was likely to be time consuming for their trainer colleagues too. The Team advise that this issue is considered as part of the aforementioned review and enhancement of the ePortfolio system.

The trainees confirmed that workplace based assessments throughout training are far more stringent than they had been, and that initial teething difficulties are being steadily ironed out. Trainees also felt that all competencies are being fully addressed and that any deficiencies would be picked up via the use of workplace assessments, ePortfolio and formative assessments.

ICHMT representatives confirmed that, as an assessment tool, there were a range of views within the College as a whole regarding the suitability and usefulness of multi-source feedback (MSF). The Team was advised that a pilot study had been completed in relation to the use of MSF across the College, and the Team agreed that an update should be provided to Council once available.

The Team noted the description of the process by which doctors are remediated and appreciated the detail provided. It was agreed that ICHMT should be requested to provide some data regarding the scale of activity in this area.

While the Team appreciated the description of the process by which trainee feedback is sought and provided, the Team agreed that it would be beneficial to have seen some anonymised completed feedback forms accompanied by further information regarding how the feedback had been acted upon. The Team agreed that this material should be provided to the Medical Council as further reassurance of the high-value which the ICHMT places on trainee feedback.

Following discussion with the trainees, the Team agreed that there was an opportunity for the ICHMT to highlight with trainers the importance of providing positive feedback to trainees where appropriate. Positive reinforcement messages throughout training can have a profound personal impact on trainees and should be considered in the context of trainee wellbeing, as well as reaffirming with trainees that the purpose of assessment is also to identify good practice and performance.

The Team welcomed the widespread reference to the importance of communication skills and professionalism within the training programme. It was however unclear to the Team how in particular communication skills were assessed and what evidence was taken into account in order to assess individual trainees' achievement and development in this area, especially in the context of assessment and progression meetings. ICHMT should be asked to clarify its approach in this area, and the assessment methods used, and to confirm how or if peer and patient feedback is incorporated.

In relation to handover, the trainees confirmed that they had not received any central or specific training. Trainees confirmed that the approach to handover can vary between training sites and range from very formal to largely informal. However, trainees acknowledged that greater formality is beginning to emerge in this area. The Team agreed that formal training and standardised practice in this area is essential, and ICHMT should increase the emphasis on handover training in the programme, particularly given the significant opportunities for training which exist within the handover process itself.

6) THE CURRICULUM – MONITORING AND EVALUATION

The Team acknowledged the clear commitment from ICHMT regarding the consistency and quality assurance of trainer inputs to the training programme and noted that new requirements have been in place for trainers since 2012. The Team queried whether these new requirements related solely to new trainers or whether there was an expectation to extend these requirements to long-standing trainers. ICHMT should be asked to clarify intentions in this area.

The Team noted the 2014 appointment of a project manager for the Continuous Quality Improvement (CQI) programme. It was also noted that a series of recommendations had been made to the RCPI Advisory Committee arising from the establishment of the CQI programme. The Team recommend that an update is provided to Council in this area in order to account for positive developments in this area.

As mentioned elsewhere in this report, there are two trainee representatives on the Respiratory Medicine STC which the Team view as being very good practice, given the overall size of the training cohort. There are a number of formal opportunities and fora for trainees and trainers alike to contribute to curriculum review and programme developments. Focussing on the opportunities for trainees in this area, the Team noted the role of the Collegiate Members Committee to facilitate trainee inputs and feedback. This committee typically comprises NCHDs in training and non-training posts and as such, is extremely well-placed to make a significant contribution towards training matters. At present, there is one trainee from the training programme sitting on this committee. As part of the Imrie Review recommendation regarding the engagement and support of trainees, RCPI has committed to clarifying and strengthening the role of this committee. An update should be provided to the Medical Council once available.

7) IMPLEMENTING THE CURRICULUM – TRAINEES

The Team welcomed the confirmation that there was a steady demand for places on the HST programme. For the 2014/15 training period, there had been 18 applications for seven training posts. The Team queried whether ICHMT/RCPI maintained data on the 11 doctors who were unsuccessful in their application to the programme, including where or if these doctors continued their formal training towards specialisation. The Team were advised that this type of data was beginning to be captured and would be analysed in future.

The Team welcomed the confirmation that there is a dedicated medical training coordinator for the Respiratory Medicine programme within ICHMT to act as a first port of call for trainees to raise training queries, provide programme updates and to direct trainees towards existing processes e.g. in the area of disputes. The coordinator is well placed to escalate issues as appropriate and this helps to drive consistency in the management of these issues. Trainees confirmed their awareness of the avenues to raise concerns and address disputes. They also confirmed that they felt able to take a degree of ownership of disputes. In addition, trainees considered themselves to be lucky in that their consultants are generally very supportive, as are the ICHMT and RCPI. However, trainees expressed some reservations regarding the lack of confidentiality in circumstances where a trainee may be required to complete a form in order to raise a concern. Trainees also confirmed the historic perception that raising concerns may negatively affect career progression at some point in the future. While the Team did not infer from this trainee feedback that there was an extant, specific, unresolved issue for Respiratory Medicine trainees, there was potential for the ICMHT to continue to engage with trainees to reaffirm their commitment to prioritising trainee wellbeing. The Team also identified an opportunity for the ICHMT to raise awareness amongst trainees of the confidential helpline which trainees can use to raise concerns discreetly.

The Team appreciated the significance of the appointment of trainee representatives at hospital sites, an initiative which places trainees at the centre of the quality agenda and will help to drive consistency in the training experience across training sites. The Team were however uncertain as to whether these trainee representatives were embedded in some way in the hospital inspections process. This point should be clarified with the Medical Council.

8) IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES

The Team noted that there are currently 51 trainers involved in the programme's delivery and across the 10 hospitals (Galway University Hospital and Merlin Park are considered to be operating as a single site) currently recognised as training sites for Respiratory Medicine. There is an application process and application requirements for those physicians who wish to become trainers, and there are clear responsibilities of trainers set out in ICHMT's guidance documents. Successful applicants must then complete the *Physicians as Trainers: Essential Skills* course. The Team was provided with a specific example of how an already committed trainer had completed the course and returned even more motivated that had previously been the case. The Team noted however that it did not appear that every approved trainer had completed this training course and recommended that ICHMT moves to address this.

There are a number of methods for evaluating the performance of trainers embedded in the assessment of training posts, rotations and hospital inspections. Trainees can also comment on individual trainers as part of the trainee assessment forms for evaluating rotations.

The Team noted that there appeared to be a ratio of trainers to trainees of approximately 2:1, leading to the de facto situation that some trainers may not have a trainee for a time. Acknowledging the wisdom of maintaining a surplus of trainers to provide cover, the Team agreed that the full trainer pool should be consistently active in order for trainers to maintain a training focus and ensure familiarity with the assessment regime etc.

ICHMT representatives confirmed a commitment to increasing the supports for and accountability of trainers. This was confirmed as being an evolving body of work. The Team agreed that this was a valuable piece of work as the impact of individual trainers within the training programme can be significant. The Team welcomed the description of the Trainer Engagement Group whose involvement in reform in this area will be extremely valuable. The Team viewed the establishment of such a group very positively and commended the overall level of engagement with trainers. ICHMT representatives confirmed that dedicated trainer days are held in RCPI and feedback from these events is provided to ICHMT and to the STC which, as confirmed elsewhere in this report, includes three trainee members. Having an active feedback loop such as this which involves both trainers and trainees was identified by the Team as being a positive and transparent engagement approach. The Team recommend that progress in this area should be reported to Council as soon as updates are available.

ICHMT representatives confirmed that while it is not in the direct gift of the training body to compensate trainers by way of allowances or protected time, they are actively lobbying in this area and engaging with hospital groups on a national basis. The Team noted that the Medical Council has defined its expectations of sites which support specialist training and included in these expectations are the clear requirement for trainers to be supported locally to engage in trainer activities. The Team was also informed that RCPI has embraced Council's criteria for training sites and has adopted them for BST inspections. The Team agreed that such a move to incorporate the Regulator's own criteria for training sites was highly commendable, and agreed that there was now an enhanced opportunity for training bodies generally to engage with training sites regarding trainer requirements.

Trainees confirmed that there was some disparity in the quality of training experiences across hospital sites but confirmed their awareness of ICHMT's commitment to addressing this matter. In relation to the site assessment process, the trainees identified an appropriately strong focus on the physical facilities at sites. The Team shared this view.

The trainees confirmed that generally they had an excellent relationship with trainers and consultants and felt well-supported by all ICHMT and programme representatives. In relation to patient safety issues, trainees expressed some concern at the lack of consistent follow-up with trainees if clinical incident forms are completed. The Team identified a clear opportunity for ICHMT to engage with training sites in order to ensure this follow-up with the trainees involved.

9) CONTINUING PROFESSIONAL DEVELOPMENT

Standard (9) incorporates the following elements:

9.1 CONTINUING PROFESSIONAL DEVELOPMENT PROGRAMMES

9.2 RETRAINING

9.3 REMEDIATION

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

As part of a general discussion around the operation of schemes, the Team noted that the Medical Council's framework for the maintenance of professional competence activities appeared to place a relatively low value on research and teaching activities when compared to other professional development activities. The Team observed that the current framework could be misinterpreted as Council under-valuing the role of academic development and research within the continuum of medical education and training in Ireland. In addition, the framework could also be viewed as being at variance with the element of Council's postgraduate standards which relates to promoting research within curricula content. It was agreed that this issue be flagged in the report so that Council could consider it.

END REPORT

Appendix 1 Agenda

Comhairle na nDochtúirí Leighis
Medical Council

Accreditation Session
Training in Respiratory Medicine
Kingram House

8 June 2015

Accreditation Team

Prof Alan Johnson
Dr Jacqueline Rendall
Ms Angela Carragher
Dr Jason Last

Attending

Mr Paul Lyons (Medical Council Executive)

9.30- 10.00 am	Introductions and Initial accreditation team discussion
10.00-12.30 pm	Review of accreditation documentation
12.30-1.00 pm	Lunch
1.00-2.30 pm	Meeting with Trainees
2.30-4.00 pm	Meeting with ICHMT/RCPI
4.00-4.30 pm	Private session of the Accreditation Team
4.30-5.00 pm	Plenary session

Appendix 2 Accreditation Standards for Postgraduate Medical Education and Training

MEDICAL COUNCIL ACCREDITATION STANDARDS FOR POSTGRADUATE MEDICAL EDUCATION AND TRAINING

1. CONTEXT OF EDUCATION AND TRAINING

1.1 GOVERNANCE

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

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

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

1.2 PROGRAMME MANAGEMENT

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

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

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

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

1.3 EDUCATIONAL EXPERTISE AND EXCHANGE

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

1.3.2 The training organisation collaborates with other educational institutions and compares its curriculum, training programme and assessment with that of other relevant programmes.

1.4 INTERACTION WITH THE HEALTH SECTOR

1.4.1 The training organisation seeks to maintain constructive working relationships with relevant health departments and government, non-government and community agencies to promote the education,

training and ongoing professional development of medical specialists.

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

1.5 CONTINUOUS RENEWAL

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

2. THE OUTCOMES OF THE TRAINING PROGRAMME

2.1 PURPOSE OF THE TRAINING ORGANISATION

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

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

2.2 GRADUATE OUTCOMES

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

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

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

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

3. THE EDUCATION AND TRAINING PROGRAMME - CURRICULUM CONTENT

3.1 CURRICULUM FRAMEWORK

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

3.2 CURRICULUM STRUCTURE, COMPOSITION AND DURATION

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

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

3.3 RESEARCH IN THE TRAINING PROGRAMME

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

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

3.4 FLEXIBLE TRAINING

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

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

3.5 THE CONTINUUM OF LEARNING

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

4. THE TRAINING PROGRAMME - TEACHING AND LEARNING

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

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

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

5. THE CURRICULUM - ASSESSMENT OF LEARNING

5.1 ASSESSMENT APPROACH

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

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

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

5.2 FEEDBACK AND PERFORMANCE

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

5.2.2 The training organisation facilitates regular feedback to trainees on performance to guide learning.

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

5.3 ASSESSMENT QUALITY

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

5.4 ASSESSMENT OF SPECIALISTS TRAINED OVERSEAS

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

6. THE CURRICULUM - MONITORING AND EVALUATION

6.1 ONGOING MONITORING

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

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

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

6.2 OUTCOME EVALUATION

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

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

7. IMPLEMENTING THE CURRICULUM – TRAINEES

7.1 ADMISSION POLICY AND SELECTION

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

7.1.2 The processes for selection into the training programme

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

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

described. The marking system for the elements of the process is also described.

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

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

7.2 TRAINEE PARTICIPATION IN TRAINING ORGANISATION GOVERNANCE

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

7.3 COMMUNICATION WITH TRAINEES

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

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

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

7.4 RESOLUTION OF TRAINING PROBLEMS AND DISPUTES

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

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

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

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

8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES

8.1 SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS

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

8.1.2 The training organisation has processes for selecting supervisors who have demonstrated appropriate capability for this role. It facilitates the training of supervisors and trainers.

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

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

8.1.5 The training organisation has processes to evaluate the effectiveness of its assessors/examiners

including feedback from trainees, and to assist them in their professional development in this role.

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

8.2 CLINICAL AND OTHER EDUCATIONAL RESOURCES

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

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

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

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

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

9. CONTINUING PROFESSIONAL DEVELOPMENT

9.1 CONTINUING PROFESSIONAL DEVELOPMENT PROGRAMMES

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

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

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

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

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

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

9.2 RETRAINING

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

9.3 ASSESSMENT AND REMEDIATION

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

Approved by the Medical Council
1st June 2010

and

Revised by the Medical Council
25th October 2011