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 Sport and Exercise 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.

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

A. Preface

1. Context of the Accreditation Session

The Medical Council Accreditation Team met with the Faculty of Sports and Exercise Medicine on 2nd December 2015. Its remit was to assess the Programme of Specialist Training in Sports and Exercise 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 Ms Mairead Boohan, Dr Siun O'Flynn, Dr Rod Jaques, Dr Justin Hughes. 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 Faculty of Sports and Exercise Medicine 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 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 Sports and Exercise Medicine** should be approved by Council subject to one condition under the terms of Section 89(3)(a)(i) of the Medical Practitioners Act 2007. This recommendation is made on the grounds of the Medical Council Team's finding that the programme adheres to the rules, criteria, guidelines and standards approved by Council, as specified in Sections 87(3), 88(1)(a), 88(4)(b), 88(4)(d) and 89(3)of the Medical Practitioners Act 2007.

   Condition(s):

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

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

2. The **Faculty of Sports and Exercise Medicine** should be approved by Council subject to one condition under Section 89(3)(a)(ii) of the Medical Practitioners Act 2007 as the body which may deliver the Programme of Specialist Training in Sports and Exercise Medicine approved under 1. above. This recommendation is made on the grounds of the 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.

   Condition(s):

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

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

2. Priority Recommendations to the Body:

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

(a) The Faculty should ensure that the Board had sufficient breadth of knowledge and experience and availed of the expertise and perspective of established training bodies, lay members and trainees.

(b) The Faculty should ensure that goodwill arrangements with training sites and other learning institutions to be underpinned by formal agreements. In addition, evidence of these formal agreements should be furnished to the Medical Council.

(c) The Faculty should clearly and comprehensively articulate the competencies which it expects M.Sc. courses to have developed in the graduates wishing to be considered for entry to the training programme. In addition, the Faculty must take a more proactive approach to evaluating specific M.Sc. courses, within and outside the State, to establish the compatibility of M.Sc. courses with the Faculty's training programme.

(d) The Faculty should revise the document to reflect both the Irish regulatory context, and the revised 2010 UK curriculum as appropriate.

(e) The Faculty should ensure that the selection and monitoring of training sites must be based, *inter alia*, on each sites ability to deliver specific areas of the curriculum.

(f) The Faculty should establish an infrastructure to engage trainee inputs from the outset of the programme, and that in particular for a new programme, there should be minimal reliance on questionnaires and evaluation forms.

(g) The Faculty are encouraged to pay particular attention to the process by which training posts are advertised and allocated.

(h) The Faculty should exercise caution when seeking and examining applicants' previous assessment form obtained while on other training programme.

(i) The Faculty should more fully avail of the trainee perspective at a senior Board level, in addition to the envisaged attendance of a trainee representative by invitation.

(j) The Faculty should ensure that the allocated mentor is sufficiently independent from those responsible for making decisions regarding a trainee's progression, and should not be a trainee's educational supervisor. In addition, the Faculty should to define the specific role and boundaries of the mentor.

(k) The Faculty should articulate the specific stages and operation processes for disputes and difficulties for the benefit of the trainees and Faculty alike. Given the relatively low numbers of trainees and trainers from the outset, particular attention should be paid to developing a process which could accommodate close working relationships in a small fraternity.

(l) The Faculty should develop and communicate its specific requirements for selecting supervisors in a way which would confirm to interested parties, including trainees, that objective requirements had been met.

(m) The Faculty should highlight the specialty-specific requirements for training sites in a way which would enable a new site to be initially evaluated, and for an existing training site to be monitored.

(n) The Faculty should when availing of other training bodies' existing inspection schedules as a means of quality assuring the training environment articulate specifically how this dialogue with other training bodies will be carried out, and how the Faculty's specialty-specific overview of training sites will operate.

(o) The Faculty should provide evidence of the formal training agreements held with each of these training institutions which will capitalise on the obvious goodwill which the Faculty has fostered at these sites.

(p) The Faculty should clarify and communicate to Council any particular funding arrangements with training sites. The Faculty should provide evidence of the HSE's explicit approval of the use of a private training site in specialist training.

3. Other Recommendations to the Body:

(a) The Faculty should standardise the language used regarding counselling sessions and assessments and also clarify the defined assessment points and timetable throughout training, and the potential barriers to progression during the RITA process.

(b) The Faculty should maintain a watching brief in the demand for posts to establish an appropriate and sustainable trainee cohort.

4. Commendations:

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

(a) The establishment of the Faculty's Universities and Colleges Liaison Working Group, the aim of which is to strengthen and develop opportunities for collaboration with the six medical schools at undergraduate level.

(b) The proposed mentorship programme.

5. Recommended Further Action:

Ongoing engagement with the Body will be a key part of this quality assurance process. In support of this process, the Faculty of Sports and Exercise Medicine 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.

1) CONTEXT OF EDUCATION AND TRAINING

The team considered the background and context of the accreditation activity. The Faculty of Sports and Exercise Medicine was established as a postgraduate training body in 2002 and is recognised by the Medical Council within the provisions of the Medical Practitioners Act 2007 for matters related to the specialty of Sports and Exercise Medicine (SEM). The Faculty has been engaged in efforts since that time to establish a domestic programme of specialist training in SEM and has faced a number of challenges along the way.

To date, Council's accreditation activity has primarily involved applying Council's postgraduate training standards for bodies and programmes to existing training programmes and bodies. The team noted that the prospect of simultaneously applying standards to a new programme, and to a training body without established expertise in the delivery of specialist training presented a unique set of circumstances to Council. However, the team agreed that the prospect of launching a new programme also presented a number of opportunities to the Faculty and to future trainees.

The team discussed the information provided in relation to governance arrangements within the Faculty. The Faculty is a joint faculty of the Royal College of Surgeons in Ireland (RCSI) and the Royal College of Physicians of Ireland (RCPI). Notwithstanding arrangements with RCSI and RCPI, the Faculty is recognised by the Medical Council as an independent training body, and as such it is Council's expectation that the Faculty must directly meet the relevant postgraduate standards.

Given the close and historic nature of the Faculty's relationship with RCSI and RCPI, the Team were keen to explore the boundaries of this relationship, and the potential compromise to the Faculty's *de facto* independence as a training body. Faculty representatives confirmed that the Faculty enjoyed a very positive relationship with each associated training body, and that RCSI and RCPI have been extremely supportive of the Faculty. To date, there has never been an opportunity or reason to fully test this independence although the Faculty has confirmed that their legal advice confirmed that it was possible to act independently and, in theory, to diverge from a previously shared policy or procedure if the need arose. The team acknowledged that it was important to maintain an active and positive relationship with RCSI and RCPI in order to avail of the vast expertise and resources within these institutions. However, the team also felt that the Faculty should remain prepared to develop and act independently as a Faculty as appropriate and when necessary.

In relation to the size of the Faculty Board, the team agreed that it was essential to ensure that the Board had sufficient breadth of knowledge and experience and availed of the expertise and perspective of established training bodies, lay members and trainees. It was noted that lay members had been recruited to the Board relatively recently, and the Faculty highlighted the significant contribution which these members have already made. In order to fully involve future trainees in the development of the programme, and the Faculty, the necessary mechanisms to facilitate this should be considered at the earliest possible opportunity. This would reflect both the Medical Council's expectations in this area, and the Faculty's clearly articulated commitment to involving trainees in governance matters. The team noted the intention to recruit two trainees per year, and agreed that the initial cohort

of trainees would be an invaluable resource to the Faculty, including after completion of training.

The team acknowledged the Faculty's development of ten SEM modules which are being provided to medical schools for inclusion in undergraduate programmes and which are being actively promoted by the Faculty. The team commended the establishment of the Faculty's Universities and Colleges Liaison Working Group, the aim of which is to strengthen and develop opportunities for collaboration with the six medical schools at undergraduate level. This, combined with the aspiration to set up an SEM Society for undergraduate students in Ireland was viewed very positively.

The team discussed the issue of funding within the Faculty. It was confirmed that the Faculty has established a very active relationship with the Health Service Executive's National Doctors Training and Planning unit, and that the issue of funding has been thoroughly discussed. The primary programme funding comprises a degree of seed capital provided by HSE-NDTP and funding for posts which is already in place at training sites. Funding is also supplemented to a degree by RCSI and RCPI, and by income generated by conferences and courses such as the Diploma in Musculoskeletal Examination which is run by the Faculty. The particular arrangements with training sites, including private training sites, is addressed elsewhere in this report.

2) THE OUTCOMES OF THE TRAINING PROGRAMME

The team were satisfied that the purpose of the Faculty had been clearly articulated, and the objectives are reflected in the Faculty's Standing Orders. In order to remain in close contact with Members and Fellows, and to solicit their views on matters relating to SEM, the Faculty confirmed that is was due to launch a newsletter over the coming months, to augment the existing communications *via* email, website etc. The outcomes of the training programme are expressed within the programme curriculum; this is addressed in greater detail elsewhere in this report.

3) THE EDUCATION AND TRAINING PROGRAMME – CURRICULUM CONTENT

The team noted the confirmation that trainees will have access to a range of RCSI resources, including access to courses on research methodologies. The team felt that it was important for these and similar goodwill arrangements with training sites and other learning institutions to be underpinned by formal agreements. In addition, evidence of these formal agreements should be furnished to the Medical Council.

The team noted the proposed trainee pathway for doctors wishing to become specialists in SEM. While this trainee pathway has undergone a number of refinements in the development stage, the training programme will be of two years duration. The programme will be made available for application to doctors who have already completed specialist training in another discipline and who in addition hold a M.Sc. in SEM.

The requirement for applicants to have already completed a M.Sc. was discussed at length by the team. The Faculty had previously considered the establishment of a four-year training programme before agreeing to structure a two-year programme. The rationale behind shortening the programme was that a higher set of entry of criteria would facilitate entry to high calibre candidates who had already completed training in many aspects of the theory and practice of SEM. However, the team agreed that M.Sc. courses in SEM globally are not homogenous, and do not align themselves to a single set of competencies. For this reason, it is essential that the Faculty clearly and comprehensively articulates the competencies which it expects M.Sc. courses to have developed in the graduates wishing to be considered for entry to the training programme. In addition, the Faculty must take a more proactive approach to evaluating specific M.Sc. courses, within and outside the State, to establish the compatibility of M.Sc. courses with the Faculty's training programme. This is in order to develop a clear and competency-based profile of a SEM specialist which has been developed for the Irish health setting. The development of such a profile should also be considered as the basis for assessment of overseas trained doctors who seek registration in the Specialist Division of the Medical Council's Register.

As an entry requirement, the team noted that the Faculty would not consider M.Sc. courses which had been completed prior to the achievement of an applicant's medical degree. The team felt that while it was clearly important to ensure that applicants had maintained earlier acquired skills, the Faculty may wish to consider the development of an OSCE or similar evaluation of entry level requirements. As part of this discussion, the Faculty confirmed with the team its future aspiration to develop its own online M.Sc. curriculum.

The team discussed the research requirements and opportunities for research within the training programme. It was agreed that the two year programme appeared to be quite challenging in terms of the overall breadth of content, and that there may be an opportunity to reduce the research requirement where appropriate for trainees who had already addressed this curriculum content as part of their M.Sc. course. This again highlighted for the team the requirement to clarify its expectations regarding M.Sc. courses as an entry requirement.

The Faculty confirmed its commitment to the principle of flexible training but it was acknowledged that there may not be a sufficient critical mass of trainees to fully meet requirements in this area. This challenge will not be unique to the Faculty and is already challenging for other smaller training cohorts. The Faculty is committed to the principle of supporting trainees pursuing studies of choice but acknowledged the challenge of implementing this in the short term.

In relation to the curriculum document which was presented to the team as part of the Faculty's accreditation submission, the team noted that the document was based upon the UK Faculty's 2006 curriculum and contained references to a number of UK bodies and domains of practice as defined by the General Medical Council. The team felt that while it was appropriate to benchmark the programme to an established UK programme, there was an opportunity to revise the document to reflect both the Irish regulatory context, and the revised 2010 UK curriculum as appropriate.

4) THE TRAINING PROGRAMME – TEACHING AND LEARNING

The team discussed the documentation provided by the Faculty as evidence of adherence to Council's standards in this area. It was noted that the curriculum as presented was quite broad so as to maintain its accessibility and compatibility to a broad range of specialty backgrounds. Given the intensive nature of the proposed two-year programme, the team agreed that the focus of the programme should be on musculoskeletal and exercise content.

5) THE CURRICULUM – ASSESSMENT OF LEARNING

The team noted some inconsistencies in the terminology used to describe the proposed formative and summative assessment of trainees, and would urge the Faculty to standardise the language used regarding counselling sessions and assessments. The team also noted some opportunities to clarify the defined assessment points and timetable throughout training, and the potential barriers to progression during the RITA process.

The Faculty confirmed that the criteria which have to date been used as the basis for assessment of overseas trained specialists in SEM will be revised to reflect the outcome of the current accreditation process. The team agreed that this was appropriate to, as mentioned elsewhere in this report, develop a national profile of an SEM specialist working in Ireland.

In relation to the proposed number of trainees, the team were keen to explore whether a needs analysis had been completed to establish the likely demand for training posts. While such analysis has not formally been completed, the initial demand for posts has been made clear to the Faculty *via* informal channels. While the team were satisfied that this initial *anecdotal* demand would be very clear in the early stages of the programme, it was important that the Faculty maintained a watching brief in this area to establish an appropriate and sustainable trainee cohort.

The team agreed that there must be absolute clarity regarding the competencies which are expected to be developed at each training site, both for the benefit of the trainees and for the trainers who will be required to complete assessments. The selection and monitoring of training sites must be based, *inter alia*, on each sites ability to deliver specific areas of the curriculum. Greater transparency in this particular area will assist trainees to progress through the programme and will greatly strengthen the overall training framework. In addition, it will assist the Faculty in determining the appropriate length of time a trainee should spend at each training location.

6) THE CURRICULUM – MONITORING AND EVALUATION

The team agreed that it was of paramount importance to establish an infrastructure to engage trainee inputs from the outset of the programme, and that in particular for a new programme, there should be minimal reliance on questionnaires and evaluation forms. As a new programme, there is a significant opportunity to engage with trainees to fully solicit their views regarding the strengths and opportunities for improvement within the programme. This engagement with trainees will be an invaluable resource for the Faculty and will enrich the training experience for future cohorts.

7) IMPLEMENTING THE CURRICULUM – TRAINEES

As an entry requirement to the training programme, there was significant discussion regarding the use of M.Sc. courses. This is elaborated on elsewhere in the report. The Faculty are encouraged to pay particular attention to the process by which training posts are advertised and allocated. The greatest possible transparency in this area will ensure full cooperation of applicants and help avoid the scenario of unsuccessful applicants challenging the recruitment process.

The team noted that the Faculty may seek access to, and examine, applicants' previous assessment forms while on other training programmes. Team members viewed this aspect of the selection process as being unique within medical training, and urged some caution. Echoing the earlier sentiment regarding transparency, the Faculty should clarify the specific purpose and potential impact of this aspect of the selection process.

The Faculty have clearly committed to involving trainees in the governance of the training programme, and this was viewed by the team as being commendable. The team felt that there may be an opportunity to more fully avail of the trainee perspective at a senior Board level, in addition to the envisaged attendance of a trainee representative by invitation.

The team viewed the description of the proposed mentorship programme very positively and wished to commend the Faculty for taking this approach which has been successful in other training bodies. The team recommended that the allocated mentor is sufficiently independent from those responsible for making decisions regarding a trainee's progression, and should not be a trainee's educational supervisor. In addition, it will be important to define the specific role and boundaries of the mentor.

While the commitment to supporting all relevant parties through training disputes and difficulties was evident to the team, the team felt that there was an opportunity to articulate the specific stages and operation of these processes for the benefit of the trainees and Faculty alike. Given the relatively low numbers of trainees and trainers from the outset, particular attention should be paid to developing a process which could accommodate close working relationships in a small fraternity.

8) IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES

The team discussed the documentation provided to describe the rigour with which trainers and training sites will be selected and monitored, and the commitment to best practice in this area was apparent to the team. The team agreed that there was an onus on the Faculty to develop and communicate its specific requirements for selecting supervisors in a way which would confirm to interested parties, including to trainees, that objective requirements had been met. Establishing a transparent and objective set of expectations for trainers will greatly strengthen programme delivery, assessments and outcomes.

In relation to expectations of training sites, and as with expectations of trainers, the team felt that there were opportunities to highlight the specialty-specific requirements for training sites in a way which would enable a new site to be initially evaluated, and for an existing training site to be monitored. The Faculty confirmed that in some areas it would avail of other training bodies' existing inspection schedules as a means of quality assuring the training environment. For this approach to be relied upon, the Faculty should articulate specifically how this dialogue with other training bodies will be carried out, and how the Faculty's specialty-specific overview of training sites will operate.

The team noted that a significant portion of the training programme will be delivered at the Sports Surgery Clinic (SSC) in Santry, with the other training sites comprising five public hospitals. The team agreed that the Faculty should provide evidence of the formal training agreements held with each of these training institutions which will capitalise on the obvious goodwill which the Faculty has fostered at these sites. Any particular funding arrangements with training sites should also be clarified and communicated to Council. In addition, and in relation to the use of the SSC as a training site, the team agreed that the Faculty should provide evidence of the HSE's explicit approval of the use of a private training site in specialist training. Such a training site would be required to be included in the HSE's annual proposal of training posts to the Medical Council, and would be required to comply with the Medical Council's expectations of specialist training sites, in addition to the Faculty's own requirement for training sites.

9) CONTINUING PROFESSIONAL DEVELOPMENT

Standard (9) incorporates the following elements:

9.1 CONTINUING PROFESSIONAL DEVELOPMENT PROGRAMMES

9.2 RETRAINING

9.3 REMEDIATION

The Diploma in MSK is delivered by the ICGP and is aimed at GPs. The University of Edinburgh reviewed the Diploma in 2012. The Faculty have five tutors on this programme which provides additional capabilities to GPs in their referrals.

END REPORT

Appendix 1 Agenda

Comhairle na nDochtúirí Leighis
Medical Council

Accreditation Session

Sports and Exercise Medicine

Kingram House

2 December 2015

Accreditation Team

Prof Alan Johnson
Ms Mairead Boohan
Dr Siun O'Flynn
Dr Rod Jaques
Dr Justin Hughes

Attending

Mr Paul Lyons (Medical Council Executive)
Ms Elizabeth Molloy (Medical Council Executive)

9.30 am-9.45am	Introductions and Initial accreditation team discussion
9.45 am-12.45 am	Review of accreditation documentation
12.45 am-13.15 pm	Lunch
13.15 pm -15.00 pm	Meeting with Faculty of Sports and Exercise Medicine
15.00 pm-15.15 pm	Private session of the Accreditation Team

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