Comhairle na nDochtúirí Leighis
Medical Council

Accreditation of Programmes of Specialist Training
Under Part 10 of the Medical Practitioners Act 2007

Report on the Accreditation of the Draft Programme of Specialist Training in Trauma and Orthopaedic Surgery to be delivered by the Royal College of Surgeons in Ireland

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 Royal College of Surgeons on 26th June 2015. Its remit was to assess the Programme of Specialist Training in Trauma and Orthopaedic Surgery against the '*Medical Council Accreditation Standards for Postgraduate Medical Education and Training*' (approved 1st June 2010 and revised 25th October 2011), and to subsequently formulate a recommendation to the Medical Council's Education, Training and Professional Development Committee.

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 Anna Clarke, Dr Margaret O'Connor, Dr Hemal Thakore, Prof David Large; 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 Royal College of Surgeons 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 College was asked to complete and document a self-evaluation process based upon the '*Medical Council Accreditation Standards for Postgraduate Medical Education and Training*'. 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.

4. Schedule

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

5. Appendices

The agenda for the Accreditation Session is attached as Appendix 1. Correspondence with the College 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 in Trauma & Orthopaedic Surgery; 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 Education, Training and Professional Development (ETPDC)

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

1. **The Programme of Specialist Training in Trauma and Orthopaedic Surgery** 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 Surgeons in 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 Trauma and Orthopaedic Surgery approved under 1. above.

This recommendation is made on the grounds of the Faculty's ongoing compliance with the rules, criteria, guidelines and standards approved by Council as specified in Sections 87(3), 88(1)(a), 88(4)(b), 88(4)(d) and 89(3)of the Medical Practitioners Act 2007.

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

2. Priority Recommendations to the Body

The Team makes twelve priority recommendations to the Royal College of Surgeons in Ireland as follows:

a) The Body should provide the Medical Council with documentation to describe the particular governance arrangements between the College and the Irish Institute of Trauma and Orthopaedic Surgery (IITOS).

b) The Body should provide the Medical Council with further documentation clarifying the specific role of the Intercollegiate Surgical Curriculum Programme (ISCP) within the training programme, and the corresponding governance arrangements between RCSI and the IITOS which support that role.

b) The Body should avail of the opportunity to customise some of the ISCP documentation in order for the Irish training programme to develop its own identity and bespoke supporting documentation.

c) The Body should consider the opportunities to formally establish where programme graduates continued their careers post receipt of their Certificate of Satisfactory Completion of Specialist Training (CSCST), and the potential for this data to feed into ongoing quality activities within the College.

d) The Body should make trainees aware of opportunities to become involved in programme and College governance structures, outside of engagement with Irish Orthopaedic Trainees Association (IOTA).

e) The Body should engage with trainees to reaffirm support for research, and to address perceptions that the run-through approach to training may be inadvertently detrimental to the research aspect of the training programme. The Body should engage with its programme representatives to address this perception that there was not universal support amongst consultant colleagues in this area.

f) The Body should engage with its trainees in order to clearly identify the potential sources of funding of training, the means by which this funding is processed and released to trainees and the specific opportunities that can be accessed via this funding.

g) The Body should provide the Medical Council with data regarding the number of trainers in the programme and the quantum of inspection activity by the College as it relates to the training programme. They should also provide details on the outcomes of inspections and inspection standards.

h) The College should provide the Medical Council with updates on the introduction of MSF in the assessment of all trainees in this area once available.

i) The Body should be encouraged to continue to gather data in regard to concerns with trainers along with training highlights and positive experiences, particularly those expressed by trainees and to fully embed this data collection in the quality assurance of trainers. The Body confirmed that in order to maintain trainee anonymity in these circumstance several years of data was necessary. The Council would welcome an update on how this feedback influences the delivery of training going forward.

j) The College should explore opportunities to enhance this valuable network of training mentors which had been established and seek the input of trainees as part

of the process.

k) The Body should collect data on the extent to which trainees supports are being availed of, and analyse these data for potential action points. This data and analysis should be shared with the Medical Council, anonymised if and where necessary.

l) The Body should confirm the role, if any, of senior registrars in selecting trainees.

m) The Body should engage with local induction arrangements and training programme representatives to address issues identified by trainees in relation to induction content and the provision of passwords necessary to access local hospital systems immediately on arrival with development of pre-arrival modules or written material to facilitate an efficient workplace transition.

n) The Body should engage with trainees and trainers in supporting flexible training options for trainees.

o) The Body should engage with the HSE nationally to find innovative means of addressing service inefficiencies and administrative issues that impact negatively on training time to maximizing the training opportunities available within a shorter overall duration of training.

3. Other Recommendations to the Body:

a) The Body should avail of the opportunity to reinforce the full range opportunities which exist for trainees to contribute to the College and the programme which would complement the activities of IOTA.

b) The Team identified an opportunity for the College (and for other organisations including the Medical Council) to engage with doctors in training to confirm their respective remits in the area of effecting change at hospitals, in particular providing trainees with the opportunity to identify and feedback locally to management, issues that impact negatively on training at an individual site.

4. Commendations:

a) The Team acknowledged that the Body is seen as a pioneer in the area of interaction with the health sector as a whole and commended it for maintaining a high and active profile in this area.

b) The Team commended the performance of the training programme, including the continued high performance of its trainees academically, in the context of service cutbacks and other external pressure.

c) The Team commended the College's initiative in establishing support network of training mentors and acknowledged that a 'go to' individual can have a significant and positive impact on individual trainees.

d) The Body is engaged in an ongoing discussion with other postgraduate training bodies to consider how each training body might standardise its approach to supporting trainee wellbeing. The Team commended the obvious commitment of the College to its trainees in this regard.

e) In relation to the quality of trainer inputs, it was confirmed that trainers are required to complete the "Training the Orthopaedic Trainer" course which is adapted from the British Orthopaedic Association. The Team acknowledged that the trauma and orthopaedic training programme was ahead of the curve in this area when compared to other specialties, and should be commended for this commitment to developing trainers.

f) The Team commended the commitment in the area of monitoring the quality of training locations and sites and agreed that the Medical Council should be provided with an update regarding inspection standards once available.

5. Recommended Further Action:

Ongoing engagement with The Royal College of Surgeons in Ireland will be a key part of this quality assurance process. In support of this process, the College 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 as part of this annual declaration process.

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

Standard (1) incorporates the following elements:

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

The Team considered the context of this accreditation activity in relation to the programme of specialist training in trauma and orthopaedic surgery. The Royal College of Surgeons in Ireland (RCSI) first underwent formal accreditation by the Medical Council in 2011. During that engagement, the programme of specialist training in general surgery was concurrently evaluated alongside the RCSI 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 College's broad approach to the delivery of specialist training as well as speciality-specific content related to general surgery. The resultant Medical Council report following that accreditation contained a number of general and specialty-specific recommendations which the College have since actioned and factored into their ongoing quality review and enhancement activity.

Given the range of shared and generic policies and procedures adopted by the College across each of its programme offerings, the observations and recommendations of the 2011 accreditation Team will have impacted upon trainees on each of the surgical training programmes. In support of the current focus on the programme of specialist training in trauma and orthopaedic surgery, the College 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 concurred that it would be fully appropriate to discuss the relevance of any generic content for its applicability to the trauma and orthopaedic surgery context.

The Team discussed the governance structure operating within the College and the means by which each specialty is developed and supported within this structure. Within the College, it is the Irish Surgical Postgraduate Training Committee (ISPTC) which is the overarching committee with responsibility for matters relating to surgical education, training and assessment.

In keeping with the College's standard approach in the delivery of specialist training, the ISPTC is aligned with a professional and representative body with expertise in matters relating to trauma and orthopaedic surgical practice in Ireland. This body is the Irish Institute of Trauma and Orthopaedic Surgery (IITOS) and in partnership with the College is responsible for overseeing the implementation of the training programme.

The programme director is a member of the ISPTC and also sits on the College's Specialty Training Committee (STC) for trauma and orthopaedic surgery. The College confirmed with the Team that the STC sits within the IITOS. The Team queried the particular governance arrangements between the College and the IITOS, the latter being an independent organisation and having charity status in the State. Given the significant role which the IITOS was explained to the Team as having with regards to programme design, delivery and development, the Team highlighted the need for additional documentation to better describe the particular governance arrangements between both organisations. The College confirmed that a decision taken by IITOS and the STC which is embedded in the IITOS could in theory be over-ruled by the College Council but in practice this was very unlikely to arise.

On a broader point, the College confirmed that it relied heavily on professional bodies such as the IITOS in order to support the delivery of high-quality surgical training. While the Team acknowledged the significant merits of co-operation and engagement with such bodies, the Team agreed that such arrangements should have a strong, transparent and formal underpinning. The Team agreed that the Medical Council should be provided with further documentation clarifying the specific role of the IITOS within the training programme, and the corresponding governance arrangements between RCSI and the IITOS which support that role.

The Trainees who met with the Team confirmed that they had their own representative body, the Irish Orthopaedic Trainees Association (IOTA), the President of which sits on the College's Educational Committee which is a sub-committee of the Trainers Committee. The trainees spoke very highly of IOTA and viewed engagement with IOTA as being their main opportunity to contribute to governance activities within the programme. Trainees were not uniformly aware of opportunities to become involved in programme and College governance structures, outside of via engagement with IOTA. Although trainees broadly feel that their voices are heard by the College and the programme, the Team felt that there was an opportunity to reinforce the full range of opportunities which exist for trainees to contribute to the College and the programme which would complement the activities of IOTA.

In relation to interaction with the heath sector as a whole, the Team acknowledged that the College are seen as pioneers in this area and should be commended for maintaining a high and active profile in this area.

2) THE OUTCOMES OF THE TRAINING PROGRAMME

Standard (2) incorporates the following elements:

2.1 PURPOSE OF THE TRAINING ORGANISATION
2.2 GRADUATE OUTCOMES

The College participates in an intercollegiate structure with the three UK-based surgical colleges – Royal College of Surgeons in England, Royal College of Surgeons in Edinburgh and Royal College of Surgeons in Glasgow. One of the developments arising from this collaboration and engagement is the Intercollegiate Surgical Curriculum Programme (ISCP). The College intends to fully adopt the ISCP from August 2015.

The Team agreed that there may be an opportunity to customise some of the ISCP documentation in order for the Irish training programme to develop its own identity and bespoke supporting documentation. Such a branding exercise would help to maintain a focus on a national programme which has been developed to operate within an Irish health system. In addition, trainees should be aware of the domains of good professional practice which are prevalent in this jurisdiction. The College confirmed that it will follow the ISCP very closely and are working closely with the ISCP to explore the scope to customise certain aspects. The College confirmed the likelihood of additions being made to the ISCP in order to account for an Irish context. The Trainees identified some opportunities to introduce bespoke legal and ethical content relevant to Irish context into the training programme.

In relation to graduate tracking, the College confirmed that it did not formally establish where programme graduates continued their careers post receipt of their Certificate of Completion of Specialist Training (CCST). The RCSI Fellows and Members Office provides a conduit through which the College seeks to stay engaged and connected with Surgeons post CCST. The Team agreed that the College should consider the opportunities which may exist in this area, and the potential for this data to feed into ongoing quality activities within the College.

3) THE EDUCATION AND TRAINING PROGRAMME - CURRICULUM CONTENT

Standard (3) incorporates the following elements:

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

The Team noted some differences in the Irish curriculum to the UK curriculum arising from the mapping of the Medical Council's *Eight Domains of Good Professional Practice*. Of the eight year trainee journey post internship to completion of specialist training in trauma and orthopaedic surgery, the Team acknowledged the unique structure of the initial two core years of surgical training (ST1 and ST2) which include a series of masterclasses designed to cover the full formal trauma and orthopaedic curriculum. The College confirmed that from the programme's perspective, the Assistant Programme Director is responsible for the trauma and orthopaedic content in ST1 and ST2. The Team viewed this continuity between the stages of

training favourably.

The Team discussed the prominence of research within the programme, and in particular the potential pressure placed upon research content arising from the move to a run-through approach to training. The College confirmed the mandatory research methodology course which trainees will complete in ST3 and in ST4. After this point, trainees can take two to three years out of the training programme to pursue full-time research opportunities. The College stated unequivocally that it remains fully committed to promoting a research agenda and that this agenda will be protected throughout the run-through programme. The trainees who met with the Team confirmed their perception that it would be difficult to take time out from the programme, but also their view that a higher degree would be necessary in order to remain competitive in the market place. The Team identified an opportunity, arising from these discussions, for the College to engage with trainees to reaffirm support for research, and to address perceptions that the run-through approach to training may be inadvertently detrimental to the research aspect of the training programme.

In relation to opportunities for flexible training, the Team were advised of the College's commitment to this policy *via* the operation of HSE-NDTP's national flexible training scheme and also by the College's own arrangements. The College confirmed that there are significant challenges in this area and opportunities are somewhat limited. However, there is broad commitment across training bodies to consider opportunities for improvement in this area, particularly given that the perceived *inflexibility* of training in Ireland has been identified as a significant contributor to the numbers of doctors pursuing training opportunities abroad. It was the trainee's perception that there was not universal support amongst consultant colleagues in this area. The Team therefore identified a role for the College to engage with its programme representatives to address this perception.

4) THE TRAINING PROGRAMME - TEACHING AND LEARNING

As mentioned elsewhere in this report, there is an opportunity for the College to engage through the intercollegiate structure to develop a nuanced ISCP for the Irish context. This will support the alignment of assessments and competencies within the portfolio and ensure that trainee progression through the programme is directly linked to curriculum coverage and is competency-based.

The Team agreed that there was a strong academic focus in the programme and complimented the introduction by IITOS of mock exams which prepare trainees for Fellowship T&O exams. The College confirmed that its trainees achieved a 95% first time pass rate and that no Irish trainee has been unsuccessful in pursuit of CSCST. The Team commended the performance of the training programme, including the continued high performance of its trainees academically, in the context of service cutbacks and other external pressure.

The Team discussed the potential impact of the introduction of the European Working Time Directive (EWTD) and the potential impact on the run-through approach to training. The trainees confirmed that their only concern is this area stemmed from their wish to be fully competent on completion of training. The College confirmed the unprecedented challenge of adopting a run-through and competency-based approach to training while simultaneously striving to achieve EWTD compliance.

The Team was made aware that certain trainees were unable to attend the accreditation meeting as a result of service pressures, and viewed this as a prime example of service pressures impinging on training and learning opportunities. It was the view of trainees that service pressures can be frustrating and can impact training, leading to an imbalance at times and at particular training sites. To offset service pressures, and to help maintain the focus on training, the College has developed a mobile phone application to support trainee progress with direct reference to the ISCP. The College confirmed its view that a lot of service work has a strong training and educational dimension but that it is committed to exploring the potential to remove non-essential tasks from the activities of junior doctors while also extending the scope of practice of other health service grades.

As mentioned elsewhere in this report, the College confirmed that the 2015/16 training year was the first time that the ST3 training cohort had signed up to fully embrace the ISCP from August 2015. The College is fully committed to the ISCP and is introducing a mobile phone application for trainees which will allow trainees to see their relative progress against the ISCP.

The Team explored the mechanism by which each individual trainee's progress through the programme is supported by a case-mix and set of rotations such that the depth and breadth of the curriculum is covered. The College confirmed that trainee logbooks and assessments are monitored closely by trainers and any experiential deficits are identified and addressed. The College confirmed that it is linking training post reviews, trainee surveys and trainee logbooks in a way to maximise the efficacy of activities in this area.

The Team discussed the accessibility of training funding and training grants with the trainees. Trainees were not uniformly aware of the funding opportunities or the mechanisms for availing of same. Trainees held a perception that some training funding may be provided to trainees via their salary and subsequently be subject to taxation. The College confirmed that these matters are raised with trainees as early as at induction, and reinforced annually. Notwithstanding this confirmation, the Team identified an opportunity for the College to engage with its trainees in order to clearly identify the potential sources of funding and the means by which this funding is processed and released to trainees.

5) THE CURRICULUM - ASSESSMENT OF LEARNING

Standard (5) incorporates the following elements:

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

The Team noted the confirmation that the College's assessment programme is modelled primarily on the ISCP's approach to same, and that there are minor variations which mainly reflect the differences between the first two years of training delivered in Ireland and in the UK. In practical terms, there will be some changes to the nomenclature and documentation in use arising from the move to the ISCP.

The trainees shared their experiences with the Team that on occasion, some of their formal assessments which should otherwise take place at regular junctures during the year have been delayed or postponed. This has led to a significant number of assessments being completed in a relatively short period of time. The Team agreed that the College should engage with trainers to provide clear instruction regarding the importance of timeliness in this area.

The Team noted the confirmation in the documentation that, as an assessment tool, Multi-Source Feedback (MSF) was currently only used in the event of trainee underperformance. The Team identified inherent risk in this approach, including the risk of inadvertently identifying underperforming trainees amongst their peers. The College acknowledged this risk, and the current ad-hoc approach to the use of MSF. The College confirmed its intention to shortly introduce MSF in the assessment of all trainees. The College should provide the Medical Council with updates in this area once available.

The progression and assessment of trainees through the curriculum will be overseen *via* the operation of the Joint Committee on Surgical Training (JCST) and directly by the Trauma and Orthopaedic Surgery Specialty Advisory Committee (SAC) who help to ensure that trainees who proceed to completion of training and the award of a Certificate of Satisfactory Completion of Specialist Training (CSCST) have met a uniform high standard.

The Team welcomed the confirmation that a network of training mentors had been established within the programme, and acknowledged that a 'go to' individual can have a significant and positive impact on individual trainees. In this regard, the Team commended the College's initiative in establishing such a support network. The trainees also confirmed their overall support for this initiative while highlighting some of the challenges associated with its implementation. The geographical distance between some trainees and their mentors was cited as being problematic in that there could be valuable teaching time lost to travel. Trainees also confirmed that they did not have a role in selecting their mentors. The Team agreed that the College should explore opportunities to enhance this valuable support network and to seek the input of trainees as part of the process.

In terms of the assessment of overseas trained specialists, the Team noted that such assessments are conducted on behalf of the Medical Council by each of the thirteen recognised postgraduate training bodies *via* the operation of a Service Level Agreement with each body. The SLA and assessment of applications is underpinned by a series of specialty-specific criteria which are agreed between Council and the training bodies

6) THE CURRICULUM - MONITORING AND EVALUATION

Standard (6) incorporates the following elements:

6.1 ONGOING MONITORING
6.2 OUTCOME EVALUATION

The Team noted the role of the ISPTC in the evaluation and review of surgical training programmes, the first two years of which are supported by the operation of the Core Surgical Training Committee.

The team noted that the Trauma and Orthopaedic specialty sub-committee meet four times per year and reviews the training programme content, the specialty rotations, and the CAPA process appraisals. This committee also is responsible for addressing curriculum content, quality of teaching and supervision, assessment and trainee progress.

Membership of the ISPTC, the specialty sub-committees, and the CST committee is specifically formulated to ensure representation of the key stakeholders in surgical training including Trauma and Orthopaedic trainers and supervisors. Through membership of these committees, the feedback of supervisors and trainers is systematically sought and this feedback is used to implement changes and quality improvements in the training programmes.

7) IMPLEMENTING THE CURRICULUM – TRAINEES

Standard (7) incorporates the following elements:

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

The Team were keen to discuss the support the mechanisms in place to support trainees in difficulty. At induction, trainees are advised of the range of supports which are available should they be required. These include College supports, local hospital supports and HSE support. In addition, the College operates its own advanced support group which trainees can be referred to. The College's experience as an institution providing undergraduate education and training was seen as providing great expertise and advantage in the overall area of trainee support and counselling. In addition, the College is engaged in an ongoing discussion with other postgraduate training bodies to consider how each training body might standardise its approach to supporting trainee wellbeing. The Team commended the obvious commitment of the College to its trainees in this regard. As mentioned elsewhere in this report, there is an opportunity to reinforce its commitment in these areas through the development of a trainee handbook which reaffirms the level of support available. The Team were of the view that the College should collect data on the extent to which these supports are being availed of, and analyse these data for potential action points. This data and analysis should be shared with the Medical Council, anonymised if and where necessary.

It was the trainees' experience that inductions at sites can be difficult to attend, and that certain induction content tended to be repetitive and/or standard practice, such as e.g. approach to radiography. Trainees confirmed that they were not uniformly provided with the passwords necessary to engage in local hospital systems, with trainees often left having to seek out these details themselves. The Team identified an opportunity for the College to engage with local induction arrangements and training programme representatives to address this issue.

8) IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES

Standard (8) incorporates the following elements:

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

The Team considered the documentation provided in relation to the quality assurance of sites involved in the delivery of trauma and orthopaedic surgery training. There are currently 21 such sites which are currently subject to inspection within the UK Specialty Advisory Committee (SAC) inspection process.

The Team was not provided with data regarding the number of trainers in the programme nor of the quantum of inspection activity by the College as it relates to the training programme. These details should be provided to the Medical Council, including the outcomes of inspections.

The trainees confirmed their perception that they were enrolled on the best training programme in Ireland as documented and as appears 'on paper'. However, they acknowledged the significant impact which individual trainers and training sites can have on the quality of training, and the disparities which exist in these area. The College shared these concerns and expressed its commitment to addressing training consistency.

In relation to monitoring the quality of training locations and sites, the College confirmed that it was in the process of revising its standards for this purpose to take into account inter alia feedback from the Medical Council's 'Your Training Counts' survey, feedback from trainers, post evaluation forms and trainees. In addition, the College confirmed the development of Quality Indicators which have developed by the UK Specialty Advisory Committee. The Team commended the commitment in this area and agreed that the Medical Council should be provided with an update regarding inspection standards once available.

The trainees confirmed that the College has acted on feedback received during site inspections, and that there has been direct evidence of positive change arising from this feedback. On a general point, trainees confirmed that they were not fully aware of the institutions or organisations that were fully responsible for effecting change at hospitals. The Team identified an opportunity for the College (and for other organisations including the Medical Council) to engage with doctors in training to confirm their respective remits in this area.

In relation to the quality of trainer inputs, it was confirmed that trainers are required to complete the "Training the Orthopaedic Trainer" course which is adapted from the British Orthopaedic Association. The Team acknowledged that the trauma and orthopaedic training programme was ahead of the curve in this area when compared to other specialties, and should be commended for this commitment to developing trainers.

In relation to addressing concerns with trainers, particularly those expressed by trainees, the College confirmed that in order to maintain trainee anonymity in these circumstances, several years of data was necessary. The College should be encouraged to continue to gather data in this regard and to fully embed this data collection in the quality assurance of trainers.

The trainees confirmed their perception that the historic practice of registrars selecting their own trainees at hospitals continued to be current practice. The Team was advised that the IOTA had campaigned in relation to this matter on the basis that trainee allocation should be driven purely by trainee needs and the need to cover the curriculum. The Team was unable to reconcile this trainee perception with the assurances provided by the College in relation to appropriate case-mix and curriculum coverage, as referenced elsewhere in this report. The College should be asked to confirm the role, if any, of senior registrars in selecting trainees.

9) CONTINUING PROFESSIONAL DEVELOPMENT

Standard (9) incorporates the following elements:

9.1 CONTINUING PROFESSIONAL DEVELOPMENT PROGRAMMES
9.2 RETRAINING
9.3 REMEDIATION

The Team welcomed the information provided by the College regarding the management of its obligations in the area of continuing professional development. The Team noted that the College has entered into formal arrangements with the Medical Council under Part 11 of the Medical Practitioners Act 2007 regarding the establishment and operation of professional competence schemes. The College's online Professional Competence Scheme system is providing the necessary infrastructure to support doctors to engage with these schemes.

D. Appendices

Appendix 1- Agenda

Accreditation Session
Training in Trauma & Orthopaedic
Kingram House

26 June 2015
Accreditation Team
Dr Anna Clarke
Dr Margaret O'Connor
Dr Hemal Thakore
Prof David Large

Attending
Mr Paul Lyons (Medical Council Executive)

Agenda

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 RCSI
4.00-4.30 pm	Private session of the Accreditation Team
4.30-5.00 pm	Plenary session

Appendix 2- Correspondence with the Training Body

8 August 2014

Mr Eunan Friel
MD of Surgical Affairs
Royal College of Surgeons in Ireland
121 St Stephens Green
Dublin 2

Re: Programme Accreditation

Dear Eunan,

As mentioned at our recent meeting in Kingram House, I would like to confirm details of the next phase of the Medical Council's postgraduate accreditation schedule.

As you know, the Programme of Specialist Training in General Surgery was formally evaluated and approved by Council in 2011. The Royal College of Surgeons in Ireland (RCSI) was also approved as the body responsible for delivery of the programme, and the award of evidence of satisfactory completion of training. The Medical Council's *Accreditation Standards for Postgraduate Medical Education and Training* formed the basis of the accreditation engagement, and subsequent approval of programme and body.

Council is committed to completing a formal evaluation of each programme of specialist medical training in the State by the end of the current term of Council, which is 2018. Therefore, training programmes which were not accredited as part of the 2011-13 accreditation schedule will be evaluated.

As part of the evaluation of the training programme in General Surgery, the RCSI introduced Council to the full range of generic and specialty-specific policies and procedures which applied to trainees in General Surgery. In addition, the governance structure and broader context within which the College operates was shared with Council. Council has therefore already considered and approved the relevant 'core' training components of the College, and additional programme accreditations will concentrate primarily on specialty-specific, and curriculum-specific aspects of training.

Council has prioritised a number of training programmes to be accredited as part of the next phase of accreditation. Included among these programmes are the following:-

1. Trauma and Orthopaedic Surgery
2. Emergency Medicine
3. Ophthalmic Surgery

These programmes were prioritised on the basis of the relative size of the programmes (based on size of trainee cohort), and also by recommendations arising from previous programme accreditations. The latter relates specifically to the accreditation of the Programme of Specialist Training in (Medical) Ophthalmology, the outcome of which included a recommendation to Council to prioritise consideration of the training programme in Ophthalmic Surgery.

Each programme evaluation will provide the College with an opportunity to confirm the *speciality-specific*, and *curriculum-specific* aspects of the training experience, with Council's postgraduate accreditation standards as the reference point. While Council's standards must be met in their entirety, there is no intention to re-assess the core and shared College policies which have already been approved.

In order to progress this activity, and to discuss arrangements and next steps, it would be very helpful to meet again over coming weeks. I will contact you over the coming weeks to discuss same.

Please feel free to contact me if you need any clarification on the above.

Yours sincerely,
Dr Anne Keane
Head of Education and Training

CC Mr Kieran Tangney, RCSI
Mr Paul Lyons, Senior Executive Officer, Education and Training, Medical Council

Appendix 3- Medical Council 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