Comhairle na nDochtúirí Leighis
Medical Council

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

Report on the Accreditation of

The Programme of Specialist Training in Vascular Surgery

as delivered by

The Royal College of Surgeons in Ireland

Contents

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A. Preface

1. Context of the Accreditation Session

The Medical Council Accreditation Team met with the Royal College of Surgeons in Ireland on 7th July 2015. Its remit was to assess the Programme of Specialist Training in Vascular Surgery against the '*Medical Council Accreditation Standards for Postgraduate Medical Education and Training*' (approved 1st June 2010 and revised 25th October 2011), and the Royal College of Surgeons in Ireland as the body delivering that programme, and to subsequently formulate a recommendation in respect of each to the Medical Council's Education, Training and Professional Development Committee (ETPDC).

2. The Team

The Medical Council Accreditation Team was chaired by Dr Anna Clarke. The Council particularly appreciates the contribution of the external assessors Ms Mairead Boohan and Mr Denis Harkin; 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 in Ireland for their co-operation.

3. Documentation

As part of the accreditation process, the Royal College of Surgeons in Ireland was asked to complete and document a self-evaluation process based upon the '*Medical Council Accreditation Standards for Postgraduate Medical Education and Training*'. This documentation formed the basis of engagement with the College.

4. Schedule

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

5. The Report

The '*Medical Council Accreditation Standards for Postgraduate Medical Education and Training*' formed the basis of the evaluation of the training programme, and the body delivering that programme. 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 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 Vascular Surgery** 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 **Royal College of Surgeons in Ireland** 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 grant evidence of satisfactory completion of the Programme of Specialist Training in Vascular Surgery approved under '1.' above. This recommendation is made on the grounds of the **Royal College of Surgeons in Ireland** 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.

Note:

In making the main recommendation under (1.) above, the Team considered the full training pathway which typically follows completion of intern training and which will ultimately lead to the award of a Certificate of Completion of Specialist Training **(CCST)** in **Vascular Surgery.**

2. Priority Recommendations to the Body

The Team makes six priority recommendations to the College as follows:

(a) The College should fully document, for the benefit of trainees, its governance structures and the range of opportunities which exist for trainees to become involved in same. This information should be considered for inclusion in a single document or electronic resource which also clarifies the availability of training grants, trainee supports, opportunities for flexible training and other similar opportunities.

(b) The College should avail of the opportunity to customise the ISCP curriculum and supporting documentation to develop a national identity within the programme which would include appropriate reference to national legislation and regulatory requirements.

(c) The College should provide further details of the transition arrangements which have been established to facilitate trainees on the previous vascular surgery training pathway to access the new pathway. These details should also be made available to trainees.

(d) The College should further define and document the learning outcomes and expertise required of trainees at each stage of training.

(e) The College should clarify its processes to quality assure and otherwise monitor the experiences gained by trainees during time spent out-of-programme, and time spent pursuing studies of choice, including abroad.

(f) The College should provide details of the revised inspection standards for core training once they become available.

3. Other Recommendations to the Body:

(a) The College should maximise the opportunities provided by the establishment of a new training programme including opportunities to track trainee progression not only through the programme but also following completion of training.

(b) The College should continue to monitor the use and validity of vivas within the programme's assessment framework.

(c) The College should continue to explore opportunities to avail of lay expertise within its governance structures. Updates in this area should be provided to the Medical Council as they become available.

(d) The College should provide trainees with as much information as is available regarding forecasted consultant opportunities in the area of vascular surgery.

(e) The College should ensure that its practice of maintaining training records indefinitely satisfies the provisions of national data protection legislation.

(f) The College should remain mindful of the potential challenge which could be faced by trainees if they had cause to highlight a training difficulty within a relatively small fraternity.

4. Commendations:

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

(a) The ongoing operation of the Human Factors programme within the College which was viewed very positively by the accreditation team.

(b) The quality of the documentation which was provided to the Team as part of the accreditation process.

(c) The engagement of College and Programme representatives throughout the accreditation process.

(d) The commitment to trainee wellbeing by the College.

5. Recommended Further Action:

Ongoing engagement with College will be a key part of this quality assurance activity. In support of this process, the College will be required to engage in a process of annual declaration with the Medical Council. A progress report on all the issues highlighted in this document, in particular those issues relating to priority recommendations, should be requested of the College.

In addition, the Medical Council will engage with trainees on the vascular surgery training programme to solicit their input as the new programme is rolled out. This engagement will include feedback from *Your Training Counts*, the Medical Council's annual trainee survey.

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*.

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 new programme of specialist training in vascular surgery. The Team noted that the specialty of vascular surgery had been recently recognised by the Medical Council *via* a separate evaluation process, and the programme currently being considered was part of the impetus to fully establish vascular surgery as an active specialty in Ireland. The Team recognised that vascular surgery has been a separate surgical specialty in most European countries for many years. In the neighbouring jurisdiction of the United Kingdom, the specialty of vascular surgery had been established in 2013 following recognition of the specialty by the General Medical Council and subsequent recruitment into approved specialty training programmes.

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 specialist training in 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 new programme of specialist training in vascular training, 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 vascular 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 vascular surgical practice in Ireland. This body is the Irish Association of Vascular Surgeons (IAVS) and in partnership with the College is responsible for overseeing the implementation of the training programme. The Team was satisfied that the arrangements between the College and IAVS appropriately reflect the subject matter expertise within the IAVS without compromising the College's accountability to Council within the provisions of the relevant legislation, the Medical Practitioners Act 2007.

Overall, the Team were agreed that the specialty and the new programme are well represented and visible within the College's overall governance structure. Furthermore, that educational programme may be further enhanced through close association with educational programmes of the Vascular Society of Great Britain & Ireland (VSGBI) and the European Society for Vascular Surgery (ESVS).

The Team were keen to explore the role which the College envisaged for its future vascular surgery trainees in the governance of the training programme. While there is no established representative trainee body as yet, the College confirmed that it was committed to establishing such a body at the earliest opportunity, and that this representative group will be fully facilitated to participate in programme governance. The College confirmed that in relation to trainees generally, there are a range of opportunities for the College to benefit from trainee inputs and for trainees to become appropriately involved in College affairs. Many of these opportunities are communicated with trainees *via* trainee groups at 'surgical boot camp' which all trainees are required to participate in at the outset of their training. The Team agreed that there was merit in the College fully documenting the College's governance structures, and the range of opportunities for trainees to become involved in same, in the form of a trainee handbook. Such a document should also clarify the availability of training grants, supports available, opportunities for flexible training and other similar opportunities which enhance the training experience.

The Team discussed the extent of lay representation within the College. It was confirmed with the Team that there is an ongoing focus within the College and across all specialties to enhance opportunities in this area. Lay input has been introduced gradually within the College and currently there are lay representatives on two boards which report directly to the College Council. As yet there are no lay representatives on ISPTC, nor are there lay representatives involved in training site inspections. The Team recommend that the College should continue to maximise opportunities for lay involvement in College activities.

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's new programme is based upon the vascular surgery curriculum which has been recently developed within the ISCP arrangement. This curriculum defines the graduate outcomes for doctors seeking independent practice in vascular surgery. The Team agreed that the scope and depth of the curriculum is appropriate and in keeping with standards in both North America and Europe.

The Team acknowledged that the Irish curriculum outcomes diverge slightly from the ISCP vascular outcomes insofar as the College outcomes are benchmarked to the Medical Council's *Eight Domains of Good Professional Practice* while the ISCP outcomes are primarily linked to the General Medical Council's *Good Medical Practice* document. The Team agreed that there is 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 Team noted that the ISCP platform which is used to deliver the vascular curriculum has previously undergone regular revisions and the College is well-placed to discuss its specific needs through the intercollegiate arrangement.

In relation to tracking graduate outcomes, the Team agreed that the development of a new programme which is yet to attract its first trainee intake presents a number of unique opportunities. One of these opportunities is the capacity to track, from the outset, the progression of trainees not only through the training programme but also following completion of training. The Team acknowledged that the College was already developing its capabilities in this area across all specialties, and that there is a specific research project underway to support this focus. Notwithstanding this, the College are encouraged to consider and avail of the possibilities presented by the introduction of a new programme.

The Team welcomed the thorough description of the new training pathway in vascular surgery which will commence with two years of core surgical training followed by six years of specialty training in vascular surgery. The Team noted that the College hopes to attract an initial intake of three trainees to commence vascular training at the level of ST3 on the surgical training pathway. It was the view of the Team that such an annual intake would appear to be appropriate and proportionally in line with the size of trainee intake in the United Kingdom. As part of the discussion regarding the anticipated size of the first training cohort, the Team were keen to assess the degree of interaction which the College has initiated with the relevant stakeholders in order to arrive at this figure. The College confirmed that there was ongoing engagement with the National Surgical Clinical Programme to keep abreast of developments and direction in this area, and that similarly there was ongoing interaction with the Health Service Executive's *National Doctors Training and Planning* (NDTP) unit in relation to manpower planning and determining trainee numbers. In relation to engagements with NDTP, and as per the NDTP's approach with each of the recognised postgraduate

training bodies, the College has considered the size of the vascular trainee intake as part of a 4-6 year intake projection. Given the tradition of Irish trainees moving abroad, there is a challenge of trying to accurately align trainee numbers with consultant posts. However, the College is committed to maintaining a watching brief in this area and is now sharing its forecasted consultant post opportunities with doctors at the very outset of the surgical training.

The Team discussed the potential impact on numbers accessing the general surgical training programme, and ultimately on the provision of a general surgical service, in the advent of a dedicated vascular surgery training pathway which will no longer facilitate graduates to participate in e.g. surgical on-call arrangements. The College confirmed that it was aware of a potential impact but that this issue was due to be discussed in depth with HSE-NDTP. It was further confirmed that, in Dublin, the vascular and general surgical rotas have already separated. Outside Dublin, the separation of these rotas will be more gradual, and progressed in discussion with HSE-NDTP.

To date, the training pathway for surgical trainees in Ireland who wished to pursue a career in vascular surgery was to commence on the Irish programme of specialist training in general surgery and complete the relevant UK vascular examinations towards the end of their training. Heretofore, this has been the qualification benchmark for the practice of vascular surgery in Ireland. The Team noted that in recent years, a dedicated UK vascular training pathway has emerged which limits access to the UK vascular examinations to trainees on the dedicated UK vascular training pathway. There has been an accommodation made for trainees who commenced on the general surgical pathway but who had intended to pursue the vascular examinations. However, the Team noted that this period of transition is coming to an end which will ultimately close the previous vascular training pathway for general surgical trainees in Ireland. This move to a dedicated UK vascular training pathway added to the momentum which led to the recognition of vascular surgery as a specialty in Ireland and subsequently the development of the domestic training programme. The College confirmed that recent trainees on the old training pathway will be facilitated to apply to join the new vascular pathway at ST3 and ST4 and that every effort will be made to support these 'gap year' trainees to continue their vascular training. The College anticipates that current ST5 trainees may have an opportunity to access the new training pathway but noted that current ST6, 7 and 8 are unlikely to seek entry to the new programme given their proximity to completion of the general surgical programme. The Team agreed that the College should provide further details of the above transition arrangements including the College's approach to out-of-programme candidates. This information should also be shared with trainees on the previous training pathway.

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

As mentioned elsewhere in this report, the Team noted some differences in the Irish curriculum to the UK curriculum arising from the mapping of the *Eight Domains*. Of the eight year trainee journey post internship to completion of specialist training in vascular surgery, the Team acknowledged the unique structure of the initial two core years of surgical training which include a series of masterclasses designed to cover the full formal vascular surgery curriculum. The three stages of training, which in addition to the two core years include two intermediate years and four final years, support the requirement for trainees to participate in on-call activities and also for trainees to pursue areas of special interest *via* a modular approach to the syllabus design.

The Team noted that the College was due to introduce compulsory modules in research methodology and data interpretation across all surgical programmes and the vascular trainees will benefit from this development. In addition, there is a mechanism for interested trainees to pursue an academic pathway, such as a Ph.D. after the fourth year of training.

In relation to out-of-programme experience and trainees pursuing studies of choice, the College confirmed that trainees would be facilitated to travel abroad during the last two years of training. The College should clarify its processes to quality assure and otherwise monitor the experiences gained by trainees during such periods.

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.

The Team explored the potential crossover with the interventional radiology (IR) fraternity in Ireland. It was confirmed that there are requirements in the vascular surgery curriculum to cover IR procedures and this coverage takes account of the role of IR colleagues with whom the College and vascular surgery colleagues have a close working relationship. Exposure to particular procedures will be determined by particular training sites, but the electronic logbook will be used to track overall coverage of procedures.

The Team commended the ongoing operation of the Human Factors programme which has been in existence for 10 years and which requires all surgical trainees to attend the College for three full days per year of training. The skills and competencies which this programme imparts to trainees are assessed during training, and performance in these areas can affect progression. This training also provides a platform for trainees to pursue a higher degree in Human Factors with the National University of Ireland. The Team also commended the integration of emotional intelligence and resilience training into the Human Factors programme for senior trainees.

4) THE TRAINING PROGRAMME - TEACHING AND LEARNING

The Team noted the confirmation provided by the College that the approach to the delivery of vascular surgery training will follow the established approach adopted by the College in its general delivery of surgical training across all surgical specialties. Training is practice-based, consultant-led and imparts an increasing responsibility on trainees as they progress through training.

While the Team noted the explicit confirmation that learning outcomes are clearly defined, it was the view of the Team that there was an opportunity for the College to further define and clarify the specific outcomes including levels of expertise required of trainees at the different stages of training. While the UK Gold Guide provides this level of detail, it was uncertain from the documentation provided what specific benchmarks or measures would be applied in the Irish setting. The Team agreed that this should be clarified for the benefit of trainees and to minimise the risk of an underperforming trainee citing a lack of clarity in outcomes as contributing to their underperformance.

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.

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.

Included in the wide range of formative assessment methods envisaged for vascular trainees are the use of vivas. The Team agreed that the use of vivas was not universally regarded as a reliable indicator of competence and would encourage the College to continue to monitor their use within the assessment framework.

The progression and assessment of trainees through the curriculum will be overseen *via* the operation of the intercollegiate Joint Committee on Surgical Training (JCST) and directly by the Vascular Specialty Advisory Committee (SAC) who will 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. Before a CSCST can be considered, trainees will need to sit and pass the FRCS (Vacs) examination towards the end of their training. This examination is the primary exit examination for vascular trainees. The College confirmed that its trainees will also be encouraged to sit the European vascular examinations as part of their preparation to engage with a pan-European vascular community.

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. In relation to Vascular Surgery, the criteria will be finalised and provided to Council to incorporate any feedback provided to the College following the evaluation of the training programme.

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 was provided with assurances that there will be a significant role for vascular surgery trainees to contribute to activities in this area, including opportunities for membership on significant committees with direct oversight of core training and vascular surgery matters. There will also be a range of opportunities for trainees to provide input and feedback *via* trainee surveys, post evaluation surveys and interviews which take place during training site inspections.

In relation to the maintenance of trainee records, the Team was advised that records of assessment and progression, which are maintained electronically on the College's Colles Portal, are held indefinitely. While the Team acknowledged the potential merit in keeping such records for longitudinal research purposes, the College should assure itself that keeping records indefinitely is compatible with the relevant data retention and protection legislation.

The College confirmed that it was examining the role of lay members in its committees including members of the public and other healthcare professionals. It is anticipated that such members will be identified and invited to participate in the College's committee structure over the coming months. The Team felt it would be appropriate to receive updates in this area once available.

As mentioned elsewhere in this report, the College is encouraged to take advantage of the opportunities provided by the introduction of a new programme in relation to monitoring outcomes and candidate tracking.

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 was keen to discuss the support mechanisms in place to support trainees in difficulty. It was confirmed that such trainees are referred in the first instance to the "M-Surgery" portal which, at a single point of entry, directs trainees to the most appropriate form of support. 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 supports for doctors in difficulty. In addition, the College operates its own advanced support group which trainees can be referred to. 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 this commitment through the development of a trainee handbook which reaffirms the level of support available.

In relation to trainee participation in the governance of their training, and as noted previously, there are a range of such opportunities available. In addition, the College is committed to encouraging and facilitating the establishment of a trainee representative body in vascular surgery.

It was the view of the Team that the operation of a range of online platforms including the Colles Portal and the Msurgery Portal, in addition to the use of traditional communication methods such as email, provides the College with sufficient means to communicate thoroughly with its trainees.

The Team considered the details of the support and resolution pathways which are followed in the event of training problems and disputes. Acknowledging that the size of the vascular training cohort will be relatively small when compared to other more populous and established training programmes, the Team agreed the College should remain mindful of the potential challenge which a trainee in difficulty could experience if trying to communicate a concern within a relatively small fraternity. This challenge is not unique to the College or to the vascular surgery programme. The Team welcomed the confirmation that the College had established a working group with a remit to protect trainee wellbeing.

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 vascular surgery training. There are currently ten such sites which are currently subject to inspection within the SAC inspection process. To date, these inspections have benefited from the input of representatives of the general surgery fraternity. The vascular surgery SAC representative will now inspect these sites as part of the development of the Irish training programme. The feedback from trainees in relation to training sites, which is solicited in many ways including at trainee assessments, will form a key component of the quality assurance of the sites supporting the new training programme.

The Team noted that the standards required for the recognition of hospitals for core training purposes, and for hospital posts, were being revised but at the time of the accreditation meeting had not been completed. The Team was informed that, once available, the revised standards would be applied to all sites which support the training programme. The Team agreed that the College should provide a copy of these revised standards to Council once available.

The Team noted that the quality of training, and the quality overview of training sites, would benefit from the College's application of a series of Quality Indicators (QIs) which have been developed by the Vascular Surgery SAC. The Team agreed that the application of QIs in addition to the College's own quality processes regarding the quality of training locations will help to provide a consistent training experience for trainees.

The Team discussed the operation of the Court of Examiners which was established in 2014, the purpose of which was to provide a forum for examiners to interact generally, and to stay abreast regarding exam developments. This Court forms the pool of available examiners. The Team was advised that the process for becoming an examiner and accessing the Court is rigorous and that not all applicants are successful. Examiners new to the role are carefully monitored from the outset by experienced examiners and guided through their new role. Examiners also receive extensive feedback after each examination.

In relation to the recruitment, development and monitoring of trainers, the Team noted that the criteria for trainers have been amended in line with the requirement for trainers which are encapsulated in the ISCP. The ISCP clarifies the roles and responsibilities for each trainee's Assigned Educational Supervisor (AES). While there may be a number of trainers at a training site, there is a single AES who may also be one of the trainers. The Team welcomed the confirmation that all trainers and mentors within the training programme will complete specific "Training the Trainer" courses.

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. There is an ongoing and extensive range of professional development activities within the College which incorporates conferences, symposia, annual lectures and recurring high-profile educational meetings.

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.

END REPORT

Report approved by Council on _____