Final - Report on the Accreditation of The Programme of Specialist Training in Oral and Maxillofacial Surgery (OMFS)

Approved by ETC 24 June 2020

Comhairle na nDochtúirí Leighis
Medical Council

Contents

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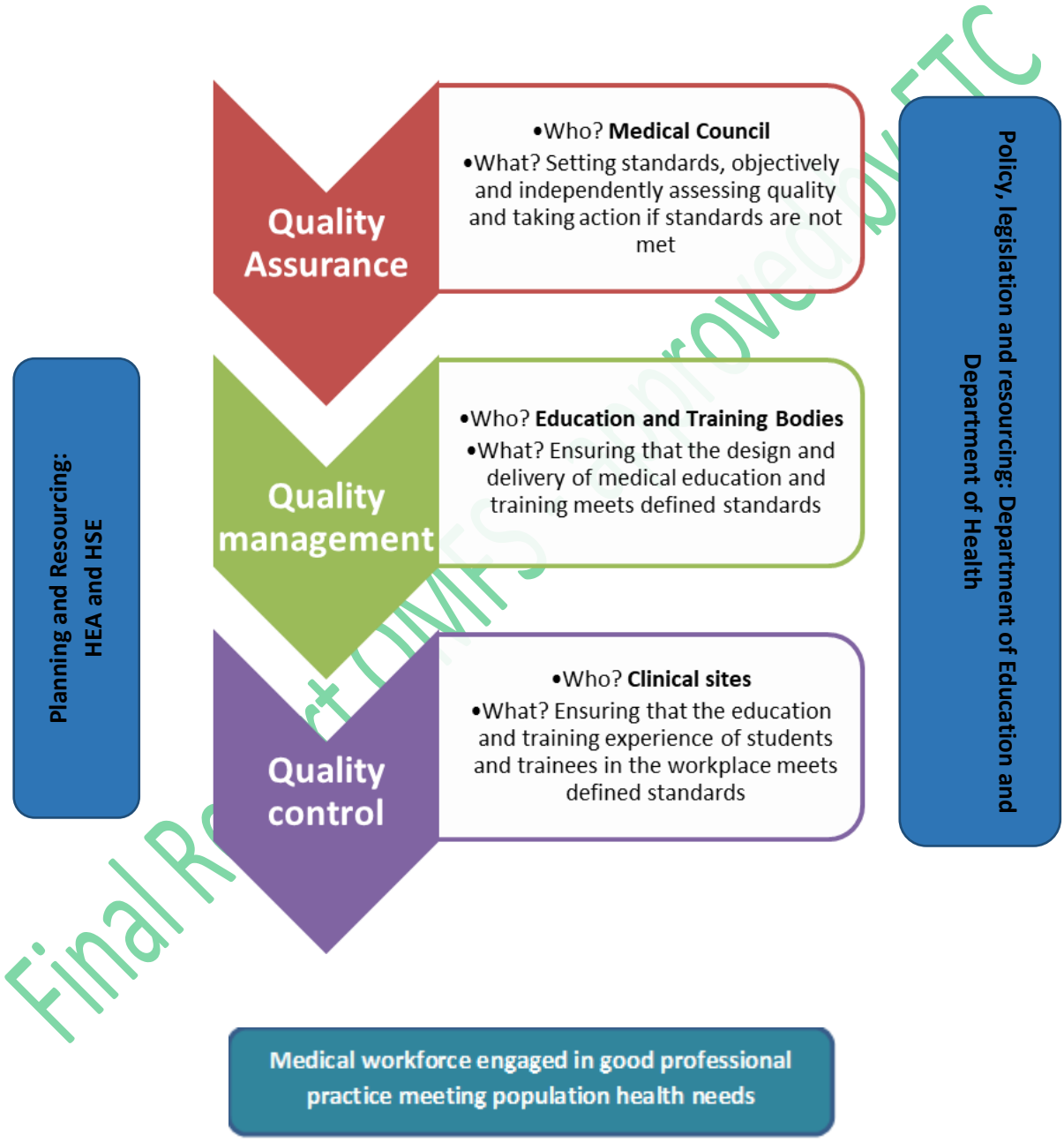
1. Role of the Medical Council under Part 10 of the Medical Practitioners Act 2007.

Ensuring the quality of medical education and training in Ireland is a collaborative effort between the various bodies responsible for quality assurance, quality management and quality control:



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The Medical Council is responsible for quality assuring medical education and training in Ireland across the continuum, which spans the undergraduate, intern and specialist training stages of professional

development[1]. This includes the approval of programmes of medical education leading to the award of a basic medical degree, specialist training programmes and the medical schools and postgraduate training bodies which deliver those programmes. Included in the Medical Council's responsibilities for quality assuring medical education and training, is the inspection of places with approved posts for intern and specialist training. The aim of these inspections is to monitor compliance with Council's standards and guidelines for training and experience.

Hereinafter any reference to "accreditation" of a programme and / or body, means approval by the Medical Council of a programme / body within the provisions of sections 89(3)(a)(i) and (ii) of the MPA 2007.

A body which was recognised under the previous Medical Practitioners Act 1978 for the purpose of granting evidence of satisfactory completion of specialist training[2] was, on commencement of the 2007 Act, deemed to be a body approved under the 2007 Act for the same purposes. The Medical Council now undertakes a process of formal accreditation of such bodies under section 89 (3) of the 2007 Act. The aforementioned accreditation standards are used as the benchmark to determine whether a body and its associated programmes of specialist training are fit for purpose and of the requisite quality.

In 2011, amendments made to the Medical Practitioners Act 2007 initiated an accreditation process involving 13 Postgraduate Training Bodies.

Under Section 89(3) of the MPA 2007, the Council, with consent of the Minister has a number of options available to it in respect of accreditation:-

I. "approve;
II. approve subject to conditions attached to the approval of;
III. amend or remove conditions attached to the approval of or
IV. Withdraw the approval of – "

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

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

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The Medical Council's Team's finding is based on the programme and Body's adherence 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.

Freedom of Information Act 2014 and General Data Protection Regulation (GDPR) and Data Protection Acts 1988-2018.

The Medical Council is subject to requirements of the Freedom of Information Act and of the General Data Protection Regulation ('GDPR') and the Data Protection Acts 1988 – 2018. Further information on both Freedom of Information and Data Protection legislation is available on our website at: https://www.medicalcouncil.ie/FOI-Data-Protection/

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2. Preface

1. Context of the Accreditation Session

The Medical Council Assessor Team met with the Royal College of Surgeons (RCSI) in Ireland between 16 – 19 September 2019. The Assessor Team's remit was to assess eight surgical programmes of specialist training against the '*Medical Council Accreditation Standards for Postgraduate Medical Education and Training*' (approved 1st June 2010 and revised 25th October 2011)("Standards") and to subsequently formulate a recommendation to the Medical Council's Education and Training Committee (ETC).

The eight programmes of specialist training included:

Paediatric Surgery	Urology
Plastic, Reconstructive and Aesthetic Surgery	General Surgery
Otolaryngology	Oral and Maxillofacial Surgery (OMFS)
Cardiothoracic Surgery	Neurosurgery

The accreditation for the programme of specialist training in Oral and Maxillofacial Surgery (OMFS) was held on 19 September 2019. The compliance of the RCSI and the programme of specialist training in OMFS with the Medical Council's Postgraduate Medical Education Standards was assessed. The Assessors rated the Body to be either non, partially or fully complying with the Medical Council's standards. The findings contained in this report specifically refer to the programme of specialist training in OMFS.

2. The Team

The visiting Assessor Team comprised of a Council member, External Assessors with a relevant background/interest in medicine and/or medical education/training; and included medically-qualified and non-medically-qualified persons, representing public/patient interests and Council Executive. The Medical Council Assessor Team is listed in Appendix One of this Report. The Council particularly appreciates the contribution of the Assessors. The Team comprised of Dr Anna Clarke (Chair), Dr Aoife Mullaly (Council member), Mr Declan Ashe, Ms Katharine Bulbulia and Miss Emma Woolley. They brought additional expertise in quality assurance of medical education to the accreditation and generously gave of their time and expertise to help with the accreditation process.

The Medical Council also thanks the representatives from the RCSI, for their co-operation. In addition, the Medical Council wishes to thank the Trainers and Trainees who met the Team on the day, and whose feedback was most helpful in formulating aspects of this report.

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Assessor Teams met with the training body management and programme training directors of the specialist training programme of OMFS and interviewed Trainee specialists participating in specialist training programmes.

3. Documentation

As part of the accreditation process, the RCSI was asked to complete and document a self-evaluation process based upon the Standards. This documentation along with supporting evidence was reviewed by the Team.

4. Schedule

The accreditation session included an in-depth discussion between the Team and representatives from the RCSI, Trainers and Trainees. Topics covered included: the syllabus; training methods; formative and summative assessment tools; standards; outcome measures; workforce planning consideration; flexible training; learners in difficulty; mentorship, and lifelong learning including Continuous Professional Development. Discussions were audio-recorded and documented through real-time stenography.

5. Appendices

The attendance record for the accreditation session, including details of the visiting Assessor Team, are attached in Appendix One. The list of supporting documentary evidence that was provided to support the self-evaluation under each standard is attached as Appendix Two. The accreditation standards which were applied throughout this process can be referenced found here: *Medical Council Accreditation Standards for Postgraduate Medical Education and Training.*

6. The Report

The Standards formed the basis of the evaluation of both the RCSI and the Programme of Specialist Training in OMFS. The observations, comments and recommendations contained in this Report are grouped under the relevant section of these standards.

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3. Summary and General Assessment

1. Conclusion

Approval Status

i. **The Programme of Specialist Training in Oral and Maxillofacial Surgery** is approved initially for a period of one year *with four conditions*, by the Council under the terms of Section 89(3)(a)(i) of the Medical Practitioners Act 2007.

ii. The **Royal College of Surgeons in Ireland** is approved initially for a period of one year by the Council under section 89(3)(a)(ii) of the Medical Practitioners Act as the body which may grant evidence of the satisfactory completion of Specialist Training in OMFS approved under (i) above subject to the compliance with the conditions outlined below.

Conditions

a. The RCSI develop a sustainability plan for the programme of OMFS in conjunction with the National Doctors Training and Planning (NDTP) Unit of the Health Service Executive (HSE), the Department of Health and the Medical Council. This would ensure sustainability of the speciality and include the financial sustainability of the continuance of the programme which must also include risk assessment and contingency planning. This condition must be completed within six months of receipt of the final report and reported to the Education and Training Committee.

Condition (a) is consistent with findings in "Context of Education, Training and The Curriculum – Monitoring and Evaluation and Implementing the Curriculum - Trainees" of the report under standard 1.2.1 , 6.1.1 and 7.3.2. This is to be addressed within six months and reported to the Education and Training Committee.

b. A written Memorandum of Understanding (MOU) is developed between the appropriate body(bodies) within the UK training system and the RCSI regarding placement in UK training sites, secure funding, governance of annual review of competence progression (ARCP) process and the process for Trainees in need of support. This condition must be completed within six months of receipt of the final report and reported to the Education and Training Committee.

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Condition (b) is consistent with findings in "Context of Education and Training and The Training Programme – Teaching and Learning" of the report under standard 1.2.3 and 4.1.1. This is to be addressed within six months and reported to the Education and Training Committee.

c. The RCSI introduce a programme for Trainer development, in particular, for those involved as current Trainers and members of the Specialty Training Committee (STC). This condition must be completed within six months of receipt of the final report and reported to the Education and Training Committee.

Condition (c) is consistent with findings in "Implementing the Training Programme – Delivery of Educational Resources" of the report under standards 8.1.2 and 8.1.3 This is to be addressed within six months and reported to the Education and Training Committee.

d. Enabling trainers to spend time undertaking activities that are essential to the long-term maintenance of the quality of the health service through supporting the education of our future medical practitioners should form part of agreements between postgraduate bodies and training sites.

The RCSI is required to advocate (to the Health Service Executive and other relevant employers/organisations) with appropriate stakeholders such as individual specialty organisations or other postgraduate bodies and the Medical Council for protected time for Training Programme Directors and Trainers to enable high quality delivery of the training programme.

Condition (d) is consistent with findings in "Context of Training – Interaction with the Health Sector and "Implementing the Training Programme – Delivery of Educational Resources" of the report under standards 1.4.2 and 8.1.6.

This approval is for an initial period of one year from the date of approval by the Education and Training Committee of the Medical Council and the Minister of Health as set out in Statutory Instrument 529 of 2010.

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4. Overview of compliance rating for the programme of specialist training in Oral and Maxillofacial Surgery.

In this report, a number of conditions, recommendations and commendations have been made to ensure that the RCSI complies, improves compliance and/or continues to comply with all training standards. The RCSI will be requested to develop an Action and Implementation Plan (AIP) to address these conditions and recommendations and report back to the Medical Council with the proposed AIP within three months of the issue date of the final Accreditation Report.

Levels of compliance

Compliance ratings are determined based on each Assessor Teams appraisal of evidence provided for each standard. Documentary evidence considered including self-evaluation submissions from the Body prior to accreditation together with evidence obtained through meetings on the day of accreditation with Management, Trainees and Programme Directors.

The compliance ratings are:

- **Full compliance** (FC) – All requirements of a standard are adhered to
- **Partial compliance** (PC) – Parts but not all requirements of a standard are adhered to
- **Non-compliance** (NC) – No requirements of a standard are adhered to

The Medical Council has nine specialist training standards under the following headings:

1. Context of Training
2. The Outcomes of the Training Programme
3. The Education and Training Programme – Curriculum Content
4. The Training Programme – Teaching and Learning
5. The Curriculum - Assessment and Learning
6. The Curriculum – Monitoring and Evaluation
7. Implementing the Curriculum -Trainees
8. Implementing the Training Programme and Delivery of Educational Resources
9. Continuing Professional Development

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Summary table of compliance for the programme of specialist training in Oral and Maxillofacial Surgery

MEDICAL COUNCIL'S ACCREDITATION STANDARDS FOR POSTGRADUATE MEDICAL EDUCATION AND TRAINING	ORAL AND MAXILLOFACIAL SURGERY COMPLIANCE RATING PER STANDARD												
1. Context of Training	*1.1.1*	*1.1.2*	*1.1.3*	*1.2.1*	*1.2.2*	*1.2.3*	*1.3.1*	*1.3.2*	*1.4.1*	*1.4.2*	*1.5.1*		
2. The Outcomes of the Training Programme	*2.1.1*	*2.1.2*	*2.2.1*	*2.2.2*	*2.2.3*	*2.2.4*							
3. The Education and Training Programme – Curriculum Content	*3.1.1*	*3.2.1*	*3.2.2*	*3.3.1*	*3.3.2*	*3.4.1*	*3.4.2*	*3.5.1*					
4. The Training Programme – Teaching and Learning	*4.1.1*	*4.1.2*	*4.1.3*										
5. The Curriculum - Assessment and Learning	*5.1.1*	*5.1.2*	*5.1.3*	*5.2.1*	*5.2.2*	*5.2.3*	*5.3.1*	*5.4.1*					
6. The Curriculum – Monitoring and Evaluation	*6.1.1*	*6.1.2*	*6.1.3*	*6.2.1*	*6.2.2*								
7. Implementing the Curriculum -Trainees	*7.1.1*	*7.1.2*	*7.1.3*	*7.1.4*	*7.1.5*	*7.2.1*	*7.3.1*	*7.3.2*	*7.3.3*	*7.4.1*	*7.4.2*	*7.4.3*	*7.4.4*
8. Implementing the Training Programme and Delivery of Educational Resources	*8.1.1*	*8.1.2*	*8.1.3*	*8.1.4*	*8.1.5*	*8.1.6*	*8.2.1*	*8.2.2*	*8.2.3*	*8.2.4*	*8.2.5*		
9. Continuing Professional Development	*9.1.1.*	*9.1.2*	*9.1.3*	*9.1.4*	*9.1.5*	*9.1.6*	*9.2.1*	*9.3.1*					

Fully Compliant
Partially Compliant
Non-Compliant
Not applicable

Standard 9 – Continuing Professional Development will be addressed in the overall report and findings to RCSI.

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5. Evaluation of Compliance with Medical Council Standards

Compliance level rating

Level of compliance with each Standard:

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

Training Body: Royal College of Surgeons in Ireland (RCSI)
Programme of Specialist Training: Oral and Maxillofacial Surgery (OMFS)

The Team found the following standards to be non-compliant for the programme of specialist training in OMFS.

1. CONTEXT OF EDUCATION AND TRAINING – PROGRAMME MANAGEMENT - 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.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
1.2.3. The Team were advised that surgical training (ST) years 6 and 7 are spent in training units in the UK, there is no documented assurance of funding for these posts. The Team were advised there are units in the UK that require Trainees for service and for on-call duty and there is a need to fill those posts. The Team were informed that there is a possibility that those training rotations in the UK are suitable for Irish Trainees. Trainees were informed when commencing the programme that there would be funding available for training in the UK if necessary.	Immediate remedial action must be taken with regards to funding for ST6 and ST7 placements in the UK as Trainees will be commencing in these posts in August 2020.	**Non- Compliant**

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In order for Trainees to remain in Ireland to complete their final two years of training, the speciality would have to be re-inspected by the Specialty Advisory Committee (SAC) and make a case that there is an adequate case mix for the final two years of training. There has not been a sufficient consultant expansion or change in casework to currently support the final two years of training being completed in Ireland. Trainees informed the Team that they are unaware in advance as to where they are being placed for ST6 and ST7. Trainees have concerns that spending years ST6 and ST7 in the UK could potentially impact upon their pensions. They are also not clear if they are required to apply for out of service for two years.		

8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES (Supervisors, Assessors, Trainers and Mentors) - 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.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.1.3. The Team found limited evidence of evaluation of Supervisor / Trainer effectiveness. This appears to be evident to Trainees. The Team found that due to the gaps in Trainees regularly rotating through each unit, deficiency in Trainer effectiveness may be difficult to identify and remediate. The Team noted it is particularly difficult in smaller specialties where feedback from Trainees cannot be adequately anonymised. Please refer to standard 8.1.2. for further detail.	To continue engaging with Train the Trainers and Faculty of Surgical Trainers when established in Continuous Professional Development (CPD) pertaining to training and the educational role. Training Programme Directors (TPD) undergo development to enable evaluation of the effectiveness of surgical educators and clinical supervisors.	**Non- Compliant**

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	The Programme Director must regularly monitor the operative numbers and case mix of trainees via the online system and act promptly where evidence shows inconsistent delegation by Trainers. All placements must be assessed to ensure they meet the Joint Committee on Surgical Training (JCST) Quality Indicators	

8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES (Supervisors, Assessors, Trainers and Mentors - 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.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.1.6. In discussion with the Speciality, the Team heard evidence that there is a clear lack of protected time for Trainers. It was noted that the Training Programme Director has no protected time for his educational and administrative roles. RCSI recognise difficulty delivering training for posts that are not funded or time is not given in job plans against the backdrop of increasing service requirements from consultants. This also relates to standard 1.4.2. For example, there should be time put aside for Assigned Educational Supervisors (AES) in their weekly job plan within the consultant contract for a min 1 hour a week.	The Training Programme Director and Trainers require adequate protected time in order to effectively fulfil their roles.	**Non- Compliant**

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The Team found the following standards to be partially compliant for the programme of specialist training in OMFS.

1. CONTEXT OF EDUCATION AND TRAINING – 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.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
1.2. Programme Management **1.2.1** The Team found there is little evidence that the current training committee is fully effective in the planning, implementing and reviewing of the training programme, although the structures exist. The Team raised concerns about the sustainability of the programme. There are currently four training positions and only two Trainees in training posts. Both Trainees are in year 3 of the higher specialist-training programme. Although not the role of the Council, this posed the question as to whether there will be consultant posts available for qualified doctors in OMFS in Ireland. It was reported that there are currently two unfilled consultant posts in Ireland. Trainers informed the Team that interviews are being held in October for the appointment of National Clinical Advisors in OMFS, part of the remit for this role is to blueprint a training pathway for the specialty. The Team were advised that RCSI has been supportive in this process. It was noted that this structure is similar to those in other specialities and the newly appointed National Clinical Advisor will report to the National Lead for acute hospitals. Trainers confirmed they have representation on the Irish Surgical Postgraduate Training Committee (ISPTC), however, attendance is not frequent. Trainees are represented on the Training Committee, but it was noted that a Trainee may only be peripherally involved in	The RCSI should review the effectiveness of the training committee in its educational governance role e.g. standards of training, Trainer development, involvement with Trainees, Trainers and training units. The Training Committee should be supported by RCSI to interact with stakeholders in order to ensure sustainability e.g. HSE, NDTP and RCSI Executive.	**Partially Compliant**

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discussions, as there are only two Trainees on the programme. Trainees confirmed they alternate the Trainee representation on the Irish Surgical Training Group (ISTG).		

1.CONTEXT OF TRAINING – INTERACTION WITH THE HEALTH SECTOR - 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.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
1.4.2 The Team found all elements of this standard to be fulfilled with the exception of protected time. Please refer to the finding in standard 8.1.6.	There should be sufficient time put aside for Assigned Educational Supervisors (AES) in their weekly job plan within the consultant contract to undertake the role.	**Partially Compliant**

2. THE OUTCOMES OF THE TRAINING PROGRAMME - GRADUATE OUTCOMES – 2.2.2. *The outcomes address the broad roles of practitioners in the discipline as well as technical and clinical expertise.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
2.2.2. The Team appreciates that the programme is part of the Intercollegiate Surgical Curriculum however; they noted that the curriculum and the supporting documentation provided in relation to this standard is predominantly UK focused and did not provide sufficient Irish examples. The Team was advised that a new curriculum is being developed for OMFS with a release date of August 2020. Trainers informed the Team that they are have limited awareness of the new curriculum. The Team were impressed that Trainees had sight of the new curriculum and were provided with an opportunity to provide feedback.	The new curriculum needs to include Irish examples and reference the Irish health care system when being developed. All trainers need to be made aware of new curriculum changes that impact upon the delivery of training.	**Partially Compliant**

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2. THE OUTCOMES OF THE TRAINING PROGRAMME - GRADUATE OUTCOMES – 2.2.3 *Outcomes must reflect domains of professionalism as defined by the Medical Council with particular reference to patient safety*		
FINDING	**REQUIREMENT / RECOMMEDATION**	**COMPLIANCE**
2.2.3. The Team noted that the Medical Council's Eight Domains of Good Professional Practice is built into the curriculum. However, the discussions with Specialty and Trainees indicated that they are unaware that the curriculum reflects these domains. Trainees were unable to demonstrate when asked, how the Medical Council's Eight Domains of Good Professional Practice is intertwined into the curriculum. This needs to be highlighted to both Trainers and Trainees.	Human Factors including training in the Medical Council's Eight Domains of Good Professional Practice is made mandatory for all trainees. This needs to be explicit and embedded into learning agreements and be part of everyday teaching and learning including during clinical rotations. There should be greater emphasis and awareness of Human Factors and the 'Eight Domains' for both trainers and trainees.	**Partially Compliant**

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.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
4.1.1. During the discussion with the Specialty and Trainees the Team found that there is insecurity around clinical placements in surgical training years 6 and 7 which will be based in the UK. The Training Programme Director (TPD) confirmed that he and his colleagues are very familiar with the UK training sites and noted that training sites in the UK have a long track record of producing excellent consultants in OMFS. It is envisioned that Trainees will have greater exposer to larger units. The Speciality informed the Team that they have letters from Training Programme Directors in Scotland, Liverpool and Manchester agreeing in principle to take Trainees from the	Immediate formalisation of the programme that is delivered in the UK. To provide advance assurance to Trainees as to where they will be placed. A Memorandum of Understanding between the various hospital sites in UK and RCSI should be formulated with immediate effect.	**Partially Compliant**

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Irish OFMS into years ST6 and ST7, however, the financial arrangement, the joint educational framework and sign off has yet to be formally agreed. Trainees are satisfied that they are meeting the indicative numbers and case mix required for surgical training years 3-5. It was noted that the experience may vary between different sites but overall, they are meeting their expected requirements. The Team were informed of incidents where some Trainers did not allow Trainees to participate or get the exposure required in certain procedures which has set Trainees back in terms of meeting indicative numbers in ST5. Trainees confirmed that despite their efforts to seek information with regards to their clinical placement in ST6 and ST7, at present they are unaware as to where they will be placed. Trainees have concerns about having enough time to relocate, commencement of training and also concerns with regards to their pensions. They are unsure if they are required to apply for out of service for their two-year training in the UK. Trainees were informed that they may be funded for ST6 and ST7 but this has not been clarified with them		

5. THE CURRICULUM – ASSESSMENT OF LEARNING – FEEDBACK AND PERFORMANCE – 5.2.3. *The training organisation provides feedback to supervisors of training on trainee performance, where appropriate.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**

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5.2.3 The Team noted that it would appear that the RCSI does not appear to provide feedback to supervisors and trainers of training on their own performance as outlined in the findings in standard 8.1.3.	To continue engaging with Train the Trainers and Faculty of Surgical Trainers when established in Continuous Professional Development (CPD) pertaining to training and the educational role. The RCSI should continue to monitor assigned educational supervisors' and trainers' performance and effectiveness which should include providing feedback.	**Partially Compliant**

6. THE CURRICULUM - MONITORING AND EVALUATION - 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.*		
FINDING	**REQUIREMENT / RECOMMEDATION**	**COMPLIANCE**
6.1.1. As mentioned in standard 1.2.1. The Team found there is little evidence that the current training committee is fully effective in the planning, implementing and reviewing of the training programme although the structures exist.	The RCSI need to review the effectiveness of the training committee in its educational governance role e.g. standards of training, trainer development, involvement with Trainees, Trainers and training units. The training committee should be supported by RCSI and training committee should work together to interact with stakeholders in order to ensure sustainability e.g. HSE, RCSI, NDTP.	**Partially Compliant**

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7. IMPLEMENTING THE CURRICULUM – TRAINEES - COMMUNICATION WITH TRAINEES – 7.3.2. - *The training organisation provides clear and easily accessible information about the training programme, costs and requirements, and any proposed changes.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
7.3.2. As previously referenced in earlier findings, the Team found this standard to be partially complying due to the uncertainty over secure funding for the final two years of the programme based in the UK.	Immediate remedial action with regards to funding for ST6 and ST7 placements in the UK as Trainees will be commencing in these posts in August 2020.	**Partially Compliant**

8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES - 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.*		
FINDING	**REQUIREMENT / RECOMMEDATION**	**COMPLIANCE**
8.1.1. From the discussion with the Speciality, the Team noted that they indicated that Trainers could access support from the Surgical Affairs Department within the RCSI or other Training Programme Directors, there is no formal supporting arrangements in place for Trainers with regards to their roles as Trainers.	A programme of Trainer support and mentorship should be developed as part of the Faculty of Surgical Trainers initiative. This should include defined responsibilities of the clinical sites that contribute to the delivery of the training programme and the responsibilities of the RCSI to the practitioners providing the training. Trainers need to be trained for their roles including Trainee mentorship. This should be supported and encouraged by RCSI.	**Partially Compliant**

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8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES - SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS – 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.*		
FINDING	**REQUIREMENT / RECOMMEDATION**	**COMPLIANCE**
8.1.2. As previously referenced, the Team found there is a lack of support for Trainers in their roles. It was reported that the Train the Trainers programme is not mandatory; there is no support or programme in place for Trainers to update their training skills. The Team found that the lack of training that Trainers receive was apparent to the Trainees. There appears to be a deficiency in the knowledge of Trainers in the Intercollegiate Surgical Curriculum Programme (ISCP) process and modern educational practice, and this was also evident to Trainees. Trainees commented that it would be useful for Trainers to be provided with a briefing on the ISCP process.	Develop a Train the Trainer programme in line with the new curriculum that should be mandatory. This should be followed by routine appraisal and engagement with the new Faculty of Surgical Trainers, which should be mandatory. The newly devised Train the Trainer programme should include a system of continuous monitoring of its effectiveness in practice.	**Partially Compliant**

8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES - CLINICAL AND OTHER EDUCATIONAL RESOURCES – 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.*		
FINDING	**REQUIREMENT / RECOMMEDATION**	**COMPLIANCE**

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8.2.3. Trainees have identified a training site where partly due to manpower issues there is a lack of time for self-directed learning and development of management skills. Trainees also informed the Team that due to high service demands and rostering, they have limited time to study and brush up on their knowledge base which will impact upon them, in particular when it comes to sitting their exams.	Protected time should be built into Trainees work schedule. On-call commitments of Trainees should be monitored regarding the impact on quality of training during daytime commitments.	**Partially Compliant**

8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES - CLINICAL AND OTHER EDUCATIONAL RESOURCES – 8.2.5. - *The training organisation should monitor the working environment to ensure it is a safe environment for training.*		
FINDING	**REQUIREMENT /RECOMMEDATION**	**COMPLIANCE**
8.2.5. Trainees have identified a site where working hours and workload are particularly onerous partly due to manpower issues, which the Team understands is not the responsibility of the RCSI however, this situation should be monitored.	RCSI needs to consider if every location where they currently send Trainees is suitable for training and fulfil the Medical Council's Standards. If a site is unable to enable Trainees to have appropriate working hours or workload then it should not form part of the programme.	**Partially Compliant**

The Team found the following standards to be fully compliant for the programme of specialist training in OMFS. This is based on the documentary evidence provided (listed in Appendix 2) and discussions with the RCSI Executive, Trainers and Trainees. The Team is satisfied that the programme of specialist training in OMFS is fully compliant with the following standards:

STANDARD 1 – CONTEXT OF EDUCATION AND TRAINING		
FINDING(S)	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**

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1.1. Governance (1.1.1; 1.1.2; 1.1.3) **1.2.** Programme Management (1.2.2) **1.3.** Educational Expertise (1.3.1; 1.3.2) **1.4.** Interaction with Health Sector (1.4.1) **1.5.** Continuous Renewal (1.5.1)	No recommendations made.	**Fully Compliant**

STANDARD 2 – THE OUTCOMES OF THE TRAINING PROGRAMME		
FINDING(S)	**RECOMMENDATION(S)/COMMENDATION(S)**	**COMPLIANCE**
2.1. The Purpose of the Training Organisation (2.1.1 and 2.1.2) **2.2.** Graduate Outcomes (2.2.1 and 2.2.4)	No recommendations made.	**Fully Compliant**

STANDARD 3 – THE EDUCATION AND TRAINING PROGRAMME – CURRICULUM CONTENT		
FINDING(S)	**RECOMMENDATION(S)/COMMENDATION(S**	**COMPLIANCE**
3.1. Curriculum Framework (3.1.1) **3.2.** Curriculum Structure, Composition and Duration (3.2.1 and 3.2.2) **3.3.** Research in the Training Programme (3.3.1 and 3.3.2) **3.4.** Flexible Training (3.4.1. and 3.4.2) There was a view from Trainees that the option of flexible training would not be fully supported. It is important that there is an openness to this option. **3.5.** The Continuum of Learning (3.5.1)	**3.4.1.** Trainees are to be made aware of the options available to them. The trainers training programme should include awareness of these options and encourage an openness to Flexible training.	**Fully Compliant**

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STANDARD 4 – THE TRAINING PROGRAMME – TEACHING AND LEARNING		
FINDING	**RECOMMENDATION(S)/COMMENDATION(S**	**COMPLIANCE**
4.1.2 and 4.1.3.	No recommendations made.	**Fully Compliant**

STANDARD 5 – THE CURRICULUM – ASSESSMENT OF LEARNING		
FINDING	**RECOMMENDATION(S)/COMMENDATION(S**	**COMPLIANCE**
5.1. The Assessment Approach (5.1.1; 5.1.2 and 5.1.3) ***5.1.3.*** *The specialty of OMFS has not yet encountered or been required to make reasonable adjustments for Trainees with a disability. In discussions with the Specialty, they advised they would be able to accommodate if the need arises. Notwithstanding the fact that the RCSI do not have an organisational wide disability policy, the Team was satisfied that OMFS is meeting this standard. The Team will be making a recommendation to the RCSI in the overall combined report to develop a disability policy to support all specialties.* **5.2.** Feedback and Performance (5.2.1 and 5.2.2) **5.3.** Assessment Quality (5.3.1) **5.4.** Assessment of Specialists Training Overseas (5.4.1.)	Recommendation to Standard 5.1.3. is referenced in overall report to RCSI.	**Fully Compliant**

STANDARD 6 – THE CURRICULUM – MONITORING AND EVALUATION		
FINDING	**RECOMMENDATION(S)/COMMENDATION(S**	**COMPLIANCE**

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6.1. Ongoing Monitoring (6.1.2 and 6.1.3)	The Team would like to commend OMFS for engaging with Trainees and seeking their feedback with regards to the development of the new curriculum.	**Fully Compliant**
6.2. Outcomes Evaluation (6.2.1 and 6.2.2.) compliance rating. As the first full training cycle of Trainees in OMFS has not yet completed their training which leads to the award of a Certificate of Completion of Specialist Training these standards cannot be assessed.	No recommendations made.	**Compliance rating not applicable.**

STANDARD 7 – IMPLEMENTING THE CURRICULUM – TRAINEES		
FINDING	**RECOMMENDATION(S)/COMMENDATION(S)**	**COMPLIANCE**
7.1. Admission Policy and Selection (7.1.1; 7.1.2; 7.1.3; 7.1.4 and 7.1.5.) **7.2.** Trainee participation in Training Organisation governance (7.2.1) **7.3.** Communication with Trainees (7.3.1. and 7.3.3.) **7.4.** Resolution of training problems and disputes (7.4.1; 7.4.2; 7.4.3 and 7.4.4)	No recommendations made.	**Fully Compliant**

STANDARD 8 – IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES		
FINDING	**RECOMMENDATION(S)/COMMENDATION(S)**	**COMPLIANCE**
8.1.4 and **8.1.5.** The Team are aware that the examination in managed through an intercollegiate body and that a system exists for recruitment, training and evaluation for examiners.	It is important that skills are kept up to date.	**Fully Compliant**

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8.2. Clinical and other educational resources (8.2.1; 8.2.2 and 8.2.4)	No recommendations made.	**Fully Compliant**

STANDARD 9 – CONTINUING PROFESSIONAL DEVELOPMENT		
Finding	**RECOMMENDATION(S)/COMMENDATION(S)**	**Compliance**
9.1. Continuing professional development programmes (9.1.1; 9.1.2; 9.1.3; 9.1.4; 9.1.5; 9.1.6) **9.2.** Retraining (9.2.1) **9.3.** Assessment and remediation (9.3.1) Findings in relation to these standards and will be addressed in the overall combined RCSI report as they pertain the training body.	No recommendation made for OMFS.	See RCSI Report

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6. Next steps

Action and Implementation Plan

The RCSI is to develop an Action and Implementation Plan (AIP) to address all conditions made in the Medical Council's Oral and Maxillofacial Surgery Accreditation Report. The RCSI is also required to include a response to the recommendations in this AIP. The AIP must be submitted to the Medical Council no later than three months from receipt of the Accreditation Report. On receipt of the Action and Implementation Plan, key personnel from the RCSI will be requested to present the Plan to Medical Council representatives. This meeting will also provide the RCSI with an opportunity to give feedback on the accreditation process. The Medical Council reserves the right to:

(a) share the Action and Implementation Plan with the Health Service Executive, Forum of Irish Postgraduate Medical Training Bodies and/or Department of Health, as it sees fit; and

(b) recommend additional or alternative measures be taken to address the conditions and recommendations made in the Report.

It is recommended that the Training Body publishes this Accreditation Report and subsequent Action and Implementation Plan on their website and shares it with trainers and trainees.

Conclusions of the Conditions

The RCSI is required to submit to the Education and Training Committee within 6 months of receipt of this report:

1. the sustainability plan
2. the Memorandum of Understanding
3. evidence of the introduction of a programme for Trainer development

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Appendix One - Attendance Record

Medical Council Postgraduate Accreditation

Royal College of Surgeons in Ireland

Programme of Specialist Training in Oral and Maxillofacial Surgery

Thursday 19th September 2019

Venue: Resource Room, Medical Council

Medical Council Assessor Team in attendance:

- Dr Anna Clarke, Assessor & Chair of accreditation Team
- Dr Aoife Mullally, Medical Council member and Assessor
- Mr Declan Ashe, Assessor for the Medical Council
- Ms Katharine Bulbulia, Assessor for the Medical Council
- Miss Emma Woolley, Assessor for the Medical Council (Oral and Maxillofacial Surgery)
- Ms Aoife Fitzsimons, Accreditation Manager, Medical Council
- Ms Elizabeth Molloy, Accreditation Executive, Medical Council

Oral and Maxillofacial Representation in attendance:

- Chris Cotter, TPD, Consultant Maxillofacial Surgeon, CUH
- Conor Barry, Consultant Maxillofacial Surgeon, St. James's Hospital

Number of trainees in attendance: Two Trainees in attendance

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Appendix Two - Overview of documentation

LIST OF DOCUMENTATION SUBMITTED BY RCSI

Appendices	Doc Name
1a	RCSI Annual Report 2016-2017
1b	RCSI Annual Report 2017-2018
1c	RCSI Training Programme Governance V16
1d	RCSI 26 York Street National Surgical Clinical Skills Centre
1e	Surgical Affairs Strategy 2016-2020
1f	RCSI Intercollegiate Structures 2019
2a	RCSI Research Strategy
2b	Institutional Review – Stakeholders List
2c	General Surgery Curriculum
2d	OMFS Curriculum v2016
2e	ENT curriculum V2017
2f	Plastic Surgery Curriculum
2g	Neurosurgery Curriculum
2h	Urology v2016
2i	Cardiothoracic Surgery
2j	Paediatric Surgery
2k	HFPS and IMC Curriculum
3a	Trainee journey map – general surgery
3b	Surgical Training journey – OMFS Draft v 27-09-16
3c	Surgical Training – otolaryngology V 04-03-2019
4a	Specialty Training Core Curriculum May 2018
5a	CAPA Debrief slides 421-01-2019
5b	SDR Summary description – Gen Surgery Rev 12
5c	SDR Guidance doc – Oral and Maxillofacial Surgery Rev 4
5d	SDR Guidance doc – otolaryngology Rev 2
5e	SDR Guidance – plastic surgery Rev 5
5f	SDR Summary description – Neurosurgery Rev 3
5g	SDS Summary description – Urology Rev 3
5h	SDR Summary description – Cardiothoracic Surgery Rev 4
5i	SDR Guidance doc – Paed Surgery Rev 2
5j	Quality Validation protocol for 2019 CST selection
6a	Criteria and Standards for the accreditation of training posts V5
6b	Training posts survey Feb 2018 – unfiltered
7a	Progression doc ST2 V6 – Nov 2017
7b	Training post survey
9a	RCSI Guide to Accreditation of Events

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Medical Council