FINAL - Report on the Accreditation of The Royal College of Surgeons in Ireland and eight programmes of specialist training.

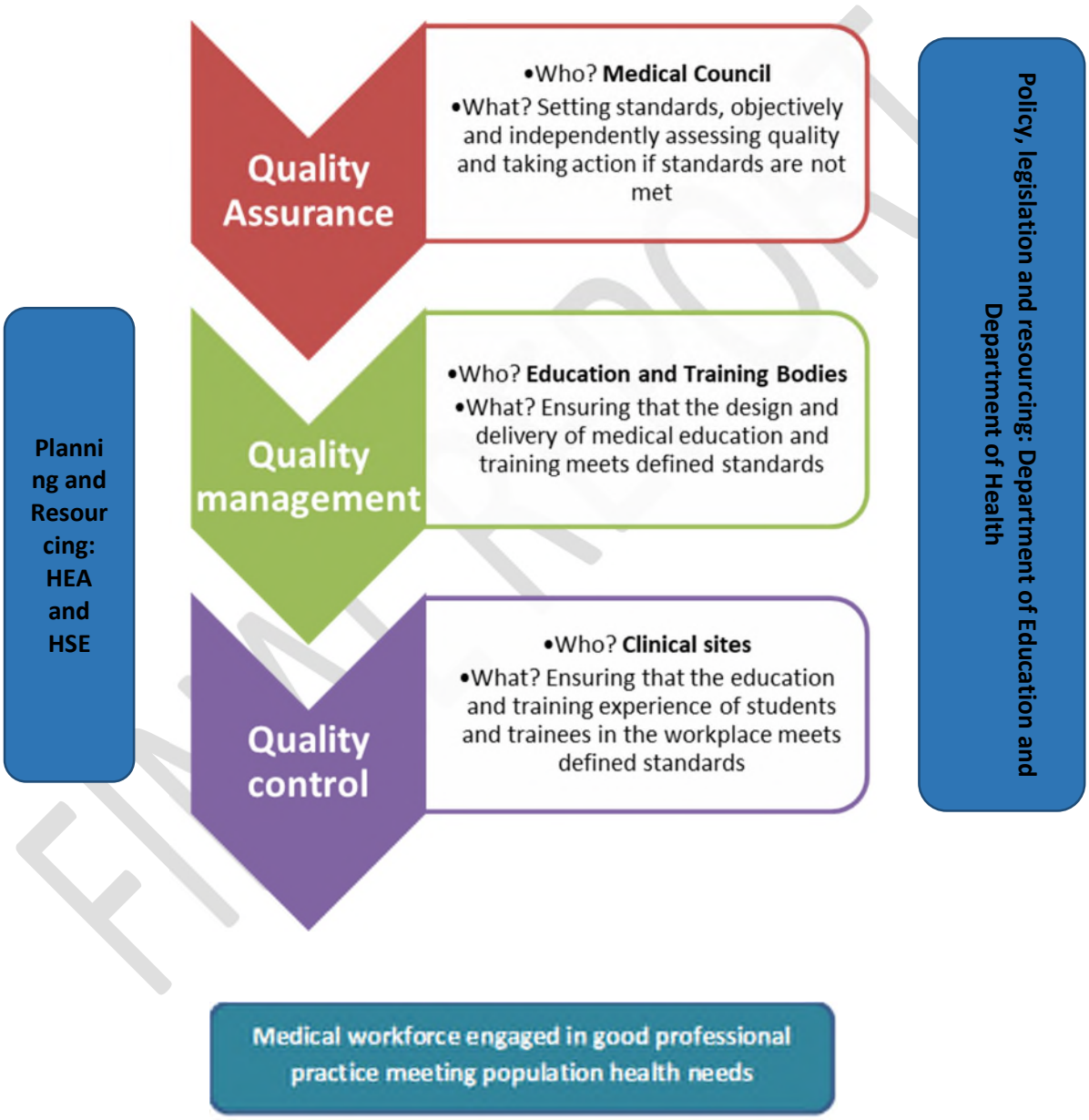
Approved by ETC 10 September 2020

Ministerial Approval 02 October 2020

Comhairle na nDochtúirí Leighis
Medical Council

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:



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)

The Medical Council'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/

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 compliance of the RCSI and the above-mentioned programmes of specialist training with the Medical Council's Postgraduate Medical Education Standards was assessed. The Assessors recommended a rating of the Body to be either non, partially or fully complying with the Medical Council's standards. A separate report was issued for the programme of specialist training in Oral and Maxillofacial Surgery and approved by the ETC on 24 June 2020. The report is attached in Appendix A.

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 together with support from the Medical Council Executive. The Medical Council Assessor Team is listed in Appendix B 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, Mr Eric Nicholls, Mr Wayne Jaffe, Mr Paul Spraggs, Mr Rajesh Shah, Mr David Jones, Miss Trish Boorman, and Mr Ronan Dardis. 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, and whose feedback was most helpful in formulating aspects of this report.

Assessor Teams met with the training body management and programme training directors of the specialist training programmes and interviewed trainee specialists participating in each of the 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. The documentation is listed at Appendix C.

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 report of the programme of specialist training in Oral and Maxillofacial Surgery is attached in Appendix A. The attendance record for the accreditation session, including details of the visiting Assessor Team, are attached in Appendix B. The list of supporting documentary evidence that was provided to support the self-evaluation under each standard is attached as Appendix C. The accreditation standards which were applied throughout this process can be 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 programmes of specialist training in Paediatric Surgery, Plastic, Reconstructive and Aesthetic Surgery (Plastic Surgery), Otolaryngology, Cardiothoracic Surgery, Urology, General Surgery and Neurosurgery. The observations, comments and recommendations contained in this Report are grouped under the relevant section of these standards.

3. Summary and General Assessment

1. Conclusion

Approval status for the programmes of specialist training in Paediatric Surgery, Plastic, Reconstructive and Aesthetic Surgery, Otolaryngology, Cardiothoracic Surgery, Urology, General Surgery and Neurosurgery

i. **The Programmes of Specialist Training in Paediatric Surgery, Plastic, Reconstructive and Aesthetic Surgery, Otolaryngology, Cardiothoracic Surgery, Urology, General Surgery and Neurosurgery** are approved initially for a period of five years *with 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 five years, 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 **Paediatric Surgery, Plastic, Reconstructive and Aesthetic Surgery, Otolaryngology, Cardiothoracic Surgery, Urology, General Surgery and Neurosurgery** approved under (i) above.

This approval is from the date of approval by the Education and Training Committee of the Medical Council (10 September 2020) and the Minister of Health (02 October 2020) as set out in Statutory Instrument 529 of 2010.

Approval status for Oral and Maxillofacial Surgery

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

iv. 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.

This approval is from the date of approval by the Education and Training Committee of the Medical Council (24 June 2020) and the Minister of Health (06 August 2020) as set out in Statutory Instrument 529 of 2010.

CONDITIONS APPLICABLE TO RCSI AND ALL SURGICAL PROGRAMMES ACCREDITED

a. Develop a formal mechanism to monitor graduate outcomes and make publicly available for *all* surgical specialties.

Condition (a) is consistent with findings in "The Outcome of the Training Programme – Graduate Outcomes of the report for all specialities under standard 2.2.4. This should be addressed within twelve months and reported to the Education and Training Committee.

b. Develop a disability policy to support *all* surgical specialities.

Condition (b) is consistent with findings in "The Curriculum – Assessment of Learning – Assessment Approach" of the report under standard 5.1.3. This is to be addressed within six months and reported to the Education and Training Committee.

c. The role of a Trainer is an important one and as such all Trainers must be appropriately trained for their roles, which may be through a Train the Trainers course and should include Trainee mentorship and communication skills. They must also be appropriately registered, i.e. on the specialist division of the Medical Council Register and appointed to the role through a transparent process.

Condition (c) is consistent with findings in "Implementing the Training Programme – Delivery of Educational Resources" under standard 8.1.1 and / or 8.1.2 for Paediatric Surgery, Plastic Reconstructive and Aesthetic Surgery, Otolaryngology, Cardiothoracic Surgery, Urology, General Surgery and Neurosurgery. This is to be addressed within twelve months and reported to the Education and Training Committee.

d. 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 (d) is consistent with findings in "Implementing the Training Programme – Delivery of Educational Resources" of the report under standard 8.1.3 This is to be addressed within six months and reported to the Education and Training Committee. *Please note that in the interest of consistent approach this condition is applicable to all RCSI programmes.*

e. 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 (e) 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 for all eight specialties under standards 1.4.2 and 8.1.6.

CONDITIONS APPLICABLE TO ORAL AND MAXILLOFACIAL SURGERY

f. 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 (f) 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.

g. 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.

Condition (g) 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.

CONDITIONS APPLICABLE TO CARDIOTHORACIC SURGERY

h. National auditing of e-portfolio data must be introduced for the purposes of ensuring consistent delivery of supervised training, fair/ appropriate delegation of operative activity and availability of operative activity per site/ post.

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

i. Within 6 months a review must be undertaken of the vacant training sites for Cardiothoracic surgery and a report provided to the Medical Council outlining steps to be taken with respect to removal or retention of training status, including the development of a formal process for reinstatement of training status. It is essential that concerns raised by trainers and trainees are listened to and appropriate action taken. All involved in training must be aware of and follow the policies and procedures put in place by the RCSI and the Specialist Advisory Committee (SAC).

Condition (i) is consistent with findings in "Implementing the Training Programme – Delivery of Educational Resources" of the Cardiothoracic Surgery report under standard 8.2.2 This is to be addressed within six months and reported to the Education and Training Committee.

j. A specialty specific compulsory induction programme must be developed and implemented by the next rotation date or within six months whichever is earlier. All must be released to attend.

Condition (j) is consistent with findings in "Implementing the Training Programme – Delivery of Educational Resources" of the Cardiothoracic Surgery report under standard 8.2.3 This is to be addressed within six months and reported to the Education and Training Committee.

CONDITIONS APPLICABLE TO NEUROSURGERY

k. The specialty must undertake a review of the on-call system and provide a report to the Medical Council within six months. The specialty may wish to consider that the review is jointly led by trainers and trainees as they have first-hand understanding of the issues and challenges.

Condition (k) is consistent with findings in "Implementing the Training Programme – Delivery of Educational Resources" of the Neurosurgery report under standard 8.2.1 This is to be addressed within six months and reported to the Education and Training Committee.

l. Neurosurgery must undertake a review of compliance with the European Working Time Directive and provide a report to the Medical Council within six months that demonstrates a plan of action to achieve compliance within one year thereafter.

Condition (l) is consistent with findings in "Implementing the Training Programme – Delivery of Educational Resources" of the Neurosurgery report under standard 8.2.5 This is to be addressed within six months and reported to the Education and Training Committee.

4. Overview of compliance rating for RCSI and the seven programmes of specialist training.

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 during the accreditation with Management, Trainees , Trainers and Programme Directors.

The compliance ratings are:

- **Fully compliant** (FC) – All requirements of a standard are adhered to
- **Partially compliant** (PC) – Parts but not all requirements of a standard are adhered to
- **Non-compliant** (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 -Trainee s
8. Implementing the Training Programme and Delivery of Educational Resources
9. Continuing Professional Development

Please note standards rated as fully compliant for the RCSI and specialities contained in this report are based on the documentary evidence provided (listed in Appendix C) and discussions with the RCSI Executive, Training Programme Directors, trainers and trainees. Standards rated as fully compliant are outlined in the overview of compliance rating tables for the Body and the individual specialties. In some instanced it was considered that specialities are meeting the standard and they have been rated as fully compliant, however a recommendation may have been added to encourage improvement.

Overview of compliance rating for the Royal College of Surgeons in Ireland (Training Body)

The table presented below compares compliance ratings of the RCSI against the Medical Council's Postgraduate Medical Education and Training standards. The table provides a summary overview of the compliance rating for each sub-standard. Where a surgical specialty is partially or non-compliant with a standard, the lowest compliance rating allocated by the Team is presented as the overall rating.

For example, if one speciality is non-compliant with standard 1.2.3 and the remaining seven specialities are fully compliant with the standard, the judgement framework applied to the RCSI as the Body with overall responsibility of the programme is non-compliant.

MEDICAL COUNCIL'S ACCREDITATION STANDARDS FOR POSTGRADUATE MEDICAL EDUCATION AND TRAINING	RCSI (TRAINING BODY) 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 -Trainee s	*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

COMMENDATIONS FOR THE TRAINING BODY -RCSI

- The Director of Human Factors in Patient Safety is to be commended for the quality of the human factors course and responsiveness to feedback received from trainees.

- RCSI are to be commended for having developed and rolled out an on-line training course on professionalism which is entirely based on the Medical Council's Guide to Professional Conduct and Ethics for Register Medical Doctors. It was noted there are 60 hours of continuous professional development (CPD) credits available on completion of this course. It was piloted with ST1-ST4, with the aim of rolling it out to non-scheme doctors. It was noted by the end of the year (2019) there are plans to make this course available to doctors in other disciplines (outside of surgery).

Evaluation of Compliance with Medical Council Standards

Training Body: Royal College of Surgeons in Ireland (RCSI)

The following standards were found to be non-compliant for the Royal College of Surgeons in Ireland.

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 RCSI informed the Team their primary source for funding comes from the Health Service Executive (HSE). The RCSI have a service level agreement (SLA) in place with the HSE. The SLA is reviewed mid-term and annually at renewal. The RCSI identify costs and try to find savings which allows them to innovate without growing the overall budget. The RCSI advised the Team, there is no specific allocation of budget to a particular programme. The RCSI assess the needs within each programme and then deliver the programme based on operational plan which is devised from each specialty. The main drivers of cost are the administrative costs associated to govern and run a programme i.e. Surgical Affairs. These include supporting and developing IT systems, fees for Joint College of Surgical Training (JCST) (curriculum, structures, assessment, exams etc). The allocated budget received from the HSE remains static, however, how the RCSI distributes the budget received from the HSE to each of the programmes changes every year depending on the priorities of those programmes.	Immediate remedial action must be taken with regards to funding for ST6 and ST7 placements in the UK for OMFS as Trainees will be commencing in these posts in August 2020.	**Non-compliant**

The RCSI outlined that they have made a significant investment in quality assurance, quality improvement and business process improvement over the last number of years. The RCSI also noted the HSE have been very supportive in terms of improving trainees' experience. The Team found that there is a lack of responsibility and accountability for ST 6 and ST 7 in OMFS where the last two years of trainings has to be completed in the UK. They found there was no documented assurances of funding for these posts. Details of these findings are outlined in a separate report for this speciality. The Team found all other specialities to be fully complying with this standard with the exception of OMFS, therefore, the Body is non-compliant with this standard.		

2. THE OUTCOMES OF THE TRAINING PROGRAMME- 2.2 Graduate Outcomes – 2.2.4 *The training organisation makes information on graduate outcomes publicly available.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
2.2.4. The RCSI indicated that they do not maintain a formal record of graduates once they have completed their training. No information is collated in terms of where they are going, what they are doing and if they received consultant posts. Information on graduate outcomes is not made publicly available by the RCSI. The RCSI noted through their membership and fellows process, doctors remain in good standing with the College, but they don't analyse the information.	The RCSI must establish a formal line of communication with graduate members to gather and publish relevant data. Anonymised data of aggregate graduate outcomes should be made publicly available.	**Non-compliant**

5. THE CURRICULUM - ASSESSMENT OF LEARNING – ASSESSMENT APPROACH– 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.*		
FINDING	**REQUIREMENT / RECOMMEDATION**	**COMPLIANCE**
5.1.3. The RCSI confirmed to the Team there is no disability policy to support all specialities**.** In the discussions with each of the specialities the Team heard some evidence of how special exceptions have been made for trainees with learning disabilities when required. The majority of specialties advised they have not yet encountered or been required to make reasonable adjustments for trainees with a disability. However, each specialty felt they would be able to accommodate if the need arises. The Team was satisfied that each individual specialty is meeting this standard but as RCSI have yet to develop a disability policy to support all specialties, the Body is not complying with this standard.	The RCSI must develop a disability policy to support all specialities. Trainees and trainers need to be made aware of the disability policy and implementation of same, complete with in six months.	**Non - compliant**

8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES - 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 / RECOMMENDATION**	**COMPLIANCE**
8.1.2. The RCSI advised they have 505 active accredited trainers in surgery and 78 in emergency medicine. This means these trainers have a designated trainee within the last two years and have been actively engaging in the process. RCSI are using their online portal to track trainers to see who is actively engaged in the process. The RCSI advised a key role of the Faculty of Surgical Trainers will be to ensure all trainers are 'active' and validating their level of engagement. This is a process in which RCSI will track trainers 'signing off' on trainees. The RCSI are expecting to have better data on trainer numbers once the Faculty of Surgical Trainers is established. Overall, evidence was found that there is a lack of support for trainers in their roles and noted there is no formal process in place for the selection of trainers. Evidence was heard of	Council must be provided with a progress on timeframe for establishment for the faculty of surgical trainers and terms of reference of same. **OMFS and General Surgery Recommendations**	**Non- compliant**

consultants and supervisors being self-nominated as trainers with no clear support or mentorship for trainers from the RCSI. In some specialties, the lack of training trainers received was apparent to trainees. Trainees noted there was deficiencies in the knowledge of trainers in the Intercollegiate Surgical Curriculum Programme (ISCP) process and modern educational practice.

Evidence was heard of locums who are consultant trainers and in one speciality that not all supervisors are on the Medical Council's Specialist Division of Register.

It was found that Oral and Maxillofacial Surgery, Paediatric Surgery and General Surgery were partially complaint with this standard.

Plastic Surgery, Cardiothoracic Surgery and Neurosurgery are non-compliant with this standard. Overall therefore, RCSI are non-compliant with this standard.

For further specific details please refer to the speciality reports.

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.

Paediatric and Cardiothoracic Surgery Recommendations

A formal process must be developed for selecting assigned educational supervisors (AES) and assigned clinical supervisors (ACS) in the next twelve months from the date of the report.

It is mandatory that all trainers are appropriately trained for their role this may be through a Train the Trainer course.

Plastic Surgery Recommendations

Trainees must only be allocated to trainers in substantive consultant posts. Locum

consultants are not to be designated trainers, and this must be, corrected and monitored by the RCSI.

Train the Trainers course must be mandatory for all trainers and supported through the Faculty of Surgical Trainers. Trainers should attend updates on a regular basis. Trainers should maintain their training skills which could be achieved through regular attendance and updates via the Faculty of Surgical Trainers.

Cardiothoracic Surgery Recommendations

All AES must be on the specialist division of the Medical Council Register.

Neurosurgery Recommendations

Doctors acting as locum consultants cannot be designated trainers and this must be reviewed, corrected and monitored by RCSI. RCSI must formalise the selection process of trainers.

It is mandatory that all trainers are appropriately trained for their role this may be through a Train the Trainer course.

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 / RECOMMEDATION**	**COMPLIANCE**
8.1.3. A lack of consistency was found in the evaluation of supervisor / trainer effectiveness. It was noted that this is particularly difficult in smaller specialties where feedback from trainees cannot be adequately anonymised with regards to trainer's effectiveness. Programme Directors noted this can be at times difficult to manage but deal with those situations diplomatically if they occur. As previously referenced in standards 8.1.2. RCSI run the 'train the trainer' course twice yearly, it is voluntary and not mandatory for trainers to attend. Other than this and the professional competence schemes that all doctors are required to participate in, RCSI confirmed there is no mandatory set of programmes that the RCSI has mandated for trainers to participate in as part of their professional development in their roles. RCSI's efforts to support trainers by establishing the Faculty of Surgical Trainers is noted. It was further noted that the subcommittee also provide support for trainers. All trainers are entitled to be part the training subcommittee. There is a good conduit of information shared from the college to ISPTC and vice versa. Trainers engage significantly in interview panels and as examiners. RCSI try to provide opportunities for trainers to engage with the wider training family but recognise the need to formalise the process. RCSI confirmed they do not have a formal review process for trainers with the training body. RCSI confirmed they review the training post but not the individual trainer. Across the specialities, the Training Programme Directors (TPD's) noted that if a trainee had any concerns or issues at first instance they would try and resolve it locally, however this is an	Alternative methods of assessing trainer effectiveness to be explored through the Faculty of Surgical Trainers. Full use of the data within the e-portfolio showing delegation and assessment should be explored further. 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. Including regular review of surgical e-log books to ensure appropriate supervision / delegation by trainers. **OMFS Recommendations**	**Non-compliant**

informal process. It was noted that trainees can highlight specific trainers concerns / issues at ARCP. However, it was considered the ARCP meeting is too late for a trainee to highlight any particular issues with regards to a trainer and also could be perceived to link with the outcome of their own ARCP. OMFS is non-compliant with this standard. Paediatric Surgery, Plastic Surgery, Otolaryngology, Cardiothoracic Surgery and Neurosurgery are partially compliant with this standard. Therefore, making the RCSI as the Body non-compliant. Please refer to specialty specific reports for details.	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. 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. RCSI confirmed they try to ensure protected time for trainees but for trainers it is 'left up to them'. However, across all eight specialities, it was found that there is a clear lack of protected	Protected time in so far as possible should be provided to Trainers and for the Training Programme Director.	**Non-compliant**

time for trainers. The Training Programme Director has no protected time for educational and administrative roles. The extraordinary effort of the Training Programme Directors was noted, in managing the programmes, supporting trainees, undertaking assessments and chairing committee meetings. As of now this is entirely voluntary and relying on colleagues for support. This is ultimately unsustainable, and consideration must be given to engaging with HSE and other bodies in order that these posts are properly resourced moving forward. RCSI recognise the difficulty in 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.	This is not criticism for work being carried out, but to fully be able to deliver effectively in their roles Trainers and Programme Directors require adequate protected time.	

8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – 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.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.2.1 Neurosurgery was found to be non-compliant with this standard. Therefore, making the RCSI as the Body non- compliant. Evidence was heard from Trainees with regards to particular issues they face when on-call, such as issues in accessing Picture Archive and Communication (PAC) system and other patient information when at home. For further specific details please refer to the Neurosurgery report.	Further thought should be given to a consistent approach to supporting and supervising trainees on-call and after hours. This is particularly important given the arduous nature of the on-call rota undertaken by the majority of trainees. Availability of PACS at home would enable trainees to assess imaging and consult with	**Non-Compliant**

	trainers regarding referrals and treatment plans. The specialty must undertake a review of the on-call system and provide a report to the Medical Council within 6 months.	

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 / RECOMMENDATION**	**COMPLIANCE**
8.2.5 OMFS, Paediatric and Plastic Surgery were found to be partially compliant with this standard, while Neurosurgery was non-compliant with this standard. Therefore, making the RCSI as the Body non- compliant. For further specific details please refer to the speciality reports. RCSI advised that workplace safety issue is the remit of the HSE and would refer trainees to the HSE guidelines. The RCSI also have their own protected disclosure policy if trainees wanted to raise an issue of serious concern. Concerns were raised in relation to compliance of the European Working Time Directive (EWTD) in Paediatric Surgery and Neurosurgery, largely to do with manpower issues, which should be monitored by RCSI. Trainees were unaware of any formal escalation process set out by the RCSI to raise work safety issues. Trainees advised that should a workplace safety issue arise, at first instance, they would try to have it resolved at a local level but were uncertain how to escalate issues beyond the local site. Evidence could not be found of a proactive approach to resolve work safety concerns. There	**OMFS and Neurosurgery Recommendation(s)** 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. **Neurosurgery Recommendation(s)** The specialty must undertake a review of compliance with the EWTD and provide a report to the Medical Council within 6 months.	**Non-compliant**

does not appear to be a clear pathway for trainees to raise such concerns apart from them being dealt with at a local level.	Pathways for managing workplace safety issues should be included in induction programmes at all training sites. **Paediatric Surgery Recommendation(s)** The RCSI need to work with the training site that is not complying with the EWTD and develop a plan to move towards the statutory requirement, this should be reported to the Medical Council within 6 months and the implemented within 12 months. **Paediatric Surgery Recommendation(s)** RCSI should develop a process to escalate workplace safety issues if not already in place and this should be communicated to all Trainees.	

The following standards were found to be partially compliant for the Royal College of Surgeons in Ireland.

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 RCSI advised their programmes are based on the intercollegiate college structures between the UK and Ireland. The four Royal Colleges equally participate in the development of surgical training programmes between the Ireland and the UK. Each of the specialities develop their own curriculum. The RCSI advised the primary driver for determining the sustainability of each the surgical programmes are the workforce requirements of the Health Service Executive (HSE), planning the service needs to patient requirements. The number of trainees entering surgical programmes each year can fluctuate based on anticipated consultant numbers, consultant retirements and reconfiguration of the services. All Training Programme Directors (TPD) represent each of their specialities at the Irish Surgical Postgraduate Training Committee (ISPTC). The RCSI work plan aligns to the ISPTC strategy. The RCSI are subject to independent oversight by the ISPTC of all their programmes. The ISPTC provide the RCSI with a report on how to develop as a department and what needs to be delivered. This is recorded at meetings and disseminated to all specialities. RCSI also advised that each specialty has a SAC representative.	The RCSI should review the effectiveness of the OMFS 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**

Each of the individual specialities were able to corroborate the RCSI's outline of the programme management, the sustainability and committee representation and are fully compliant with this standard with the exception of OMFS. There are concerns with the programme of specialist training in Oral and Maxillofacial Surgery (OMFS). The concerns are in relation to the training committee's effectiveness in the planning, implementing and reviewing of the training programme, despite the existing structures and the sustainability of the programme. Details of these findings are outlined in the separate report for this speciality. It is for this reason that the RCSI as the Body is overall partially compliant with this standard.		

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 Refer to standard 8.1.6 above for findings.	There should be provision in the consultant contract for protected time for training activities and sufficient time should be put aside for Assigned Educational Supervisors (AES) in their weekly job plan 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. All the RCSI programmes are part of the Intercollegiate Surgical Curriculum. However; it was noted that the curriculum and the supporting documentation provided in relation to this standard is predominantly UK focused and does not provide sufficient Irish examples. In the discussions with each of the specialities it was mentioned that a new curriculum is being developed with a release date of August 2020. With the exception of OMFS (trainers and trainees) and Neurosurgery (trainers), trainees in all other specialities were unaware of the changes proposed in the new curriculum and that they had not been asked to participate in this development.	The RCSI should develop a strategy for ensuring curricula and assessment system changes are appropriately consulted on within the Irish system and that the outcomes are suitably Irish exampled. The new curriculum for all surgical specialities needs to include Irish examples and reference the Irish health care system. All trainers need to be made aware of the new curriculum and the impacts upon the delivery of training. Trainees should be provided with an opportunity to review the new curriculum and provide feedback before it is finalised.	**Partially compliant**

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 Medical Council's Eight Domains of Good Professional Practice are built into the curriculum for all specialities. However, the discussions with specialities 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 are intertwined into the curriculum.	Human Factors including training in the Medical Council's Eight Domains of Good Professional Practice is mandatory for all trainees. This needs to be explicit and embedded into learning agreements and be part of everyday teaching and learning including when on placements. There should be greater emphasis and awareness of the 'Eight Domains' within the Human Factors 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. OMFS and Paediatric Surgery to be partially compliant with this standard. Therefore, making the RCSI as the Body partially compliant. During the discussion with the Specialty and Trainees in OMFS it was found that there is insecurity around clinical placements in surgical training years 6 and 7 which will be based in the UK.	**OMFS Recommendation(s)** Immediate formalisation of the programme that is delivered in the UK. To	**Partially Compliant**

Trainees in Paediatric Surgery were asked if they felt they were working above their competency, they advised that very occasionally they feel uncomfortable and perhaps are working above their competency level. This is due to their Supervising Consultants having to provide cross cover for the two training sites. For further specific details please refer to the speciality reports.	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. **Paediatric Surgery Recommendation(s)** Paediatric Surgery should be supported to campaign for increased consultant numbers in order to optimise training, provide a safe environment for trainees and insure the sustainability of training in Paediatric Surgery in Ireland.	

4. THE TRAINING PROGRAMME - TEACHING AND LEARNING – 4.1.2. *The training programme includes appropriately integrated practical and theoretical instruction.*		
FINDING	**REQUIREMENT / RECOMMEDATION**	**COMPLIANCE**
4.1.2. Paediatric Surgery, Plastics Surgery, Cardiothoracic Surgery and Neurosurgery were found to be partially compliant with this standard. Therefore, making the RCSI as the Body partially compliant. Below is a summary of the Teams findings, for more specific details please refer to the speciality reports. In discussions with Trainees in ***Paediatric Surgery***, it was noted that Trainees would like to have more structured formal teaching sessions. Trainees also outlined that they would welcome integrated practical and genialised teaching. i.e. endoscopy, laparoscopy or trauma courses, skills	The RCSI together with the specialties should undertake a review of the training opportunities including exam preparation currently provided including financial support available and develop a plan to be submitted to the Medical Council within 6	**Partially Compliant**

required for Paediatric Surgery. It was further noted that Paediatric Surgery trainees have not been afforded the same opportunity or had the opportunity to use the skills and simulation labs as other surgical trainees.

Trainers and Trainees in ***Plastics Surgery*** advised there is a formal teaching session at least once a month across units. However, it was found that there appears to be a lack of consistency of the delivery of dedicated facilitated formal teaching across all units. Not all units are providing two hours facilitated formal teaching each week and this is one of the RCSI Quality Indictors. Evidence was heard that formal teaching time is not always protected.

Trainees also advised there is no formal exam focused tutorials for the FRCS exam, they would find this most beneficial in preparation for the exam.

It was found that some trainees are unable to attend their national training programme days and therefore unable to fulfil the published requirements as outlined in the curriculum.

In ***Cardiothoracic Surgery*** trainees advised that attending grand rounds is site dependent. It was noted the delivery of dedicated facilitated formal teaching is not consistent across all sites.

In ***Neurosurgery*** trainees outlined that they are not getting the opportunity to prepare / train for the specialty exam. Trainees noted they have to prepare for part one of the exam by themselves with no formal teaching. Trainees noted there is no protected teaching time.

It was noted there is allocated teaching time on Monday evening and Wednesday morning in Neurosurgery which turn into a journal club. Journal club on Wednesdays commences at 8am which Trainees advised is not a good time due to service demands and sign in lists for pre-ops. Therefore, Trainees felt they are not receiving formal syllabus-based teaching and cannot avail of the opportunity to attend the local training session.

months. This plan must include how RCSI will monitor attendance.

Paediatric Surgery together with the RCSI should undertake a review of the training (including access to the skills and simulation labs) currently provided / available and develop a plan to be submitted to the Medical Council within 6 months. This plan needs to ensure fair (in comparison to other surgical specialties) and appropriate training with protected study time being available for all Paediatric surgery trainees. This should include appropriate financial support to attend overseas courses where the training is not available within the jurisdiction.

Plastic Surgery Recommendation(s)

The RCSI should consider whether training should continue at sites where their quality indicators are not adhered to.

The speciality should provide formal dedicated exam preparation teaching sessions for senior trainees in advance of the FRCS examination.

It is essential that Trainees are released to attend national training programmes as outlined in the curriculum. This should be monitored closely by the RCSI. The RCSI must provide reports on attendance at national training programme days for this specialty as part of their next annual returns submission to the Medical Council.

Plastic Surgery and Neurosurgery Recommendation(s)

Introduction of formal syllabus-based teaching to include all Trainees, ensuring consistency across all units. This teaching time should be protected in order for Trainees to attend.

Neurosurgery Recommendation(s)

Given the arduous nature of the day-to-day working environment and the intense on-call rota, structured exam-focussed teaching would enable trainees to prepare for the specialty exam.

Cardiothoracic Surgery Recommendation(s)

Consideration should be given to formalising dedicated facilitated teaching

	for all trainees on all sites. This should be made available and rotated at regional sites with option to videoconference in where possible. The RCSI should consider how they are going to ensure that their quality indicators are adhered to and where they are not, the impact on a sites training status.	

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**
5.2.3 All specialities are fully complying with this standard with the exception of OMFS who are partially compliant with this standard. Therefore, making the RCSI as the Body partially compliant. In the OMFS report it is noted that it would appear that the RCSI does not provide feedback to supervisors and trainers on their own performance as outlined in the findings in standard 8.1.3.	OMFS should 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. The RCSI advised their programmes are regularly reviewed and at present are undergoing a major review on the basis of a mandate from the General Medical Council (GMC) in the UK. The review is to align programmes to the GMC's generic professional capabilities which is a framework for generic competencies that is being rolled out for all postgraduate training in the UK. The RCSI have opted to adopt this framework as part of their curriculum review. It was noted that the current curriculum is very much UK based with considerable focus on NHS Trust system with little reference to the Irish system. The RCSI advised that the new curriculum for all surgical specialities is due to be released in August 2020. Also please reference finding under standard 2.2.2. The Team found there is little evidence that the current training committee for the programme of specialist training in OMFS is fully effective in the planning, implementing and reviewing of the training programme although the structures exist.	Irish surgical programmes should reflect and reference the Irish health care system, in particular, topics such as leadership and management. **OMFS Recommendation(s)** 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 should work together to interact with stakeholders in order to ensure sustainability e.g. HSE, RCSI, NDTP.	**Partially Compliant**

6. THE CURRICULUM - MONITORING AND EVALUATION - ONGOING MONITORING – 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.*		
FINDING	**REQUIREMENT / RECOMMEDATION**	**COMPLIANCE**
6.1.3. The RCSI advised they have taken measures to improve their feedback process. The RCSI issue two anonymous surveys per year as part of the ARCP seeking trainee feedback. The outcomes of those surveys are initially analysed by an independent entity within the RCSI. The RCSI quality team further analyse the data received to identify opportunities for improvement. The feedback is reported to the ISPTC which has trainee representatives from each speciality. The RCSI have a trainee representative body called the Irish Surgical Trainee Group (ISTG) and they work closely with that body. In addition, the RCSI have a quality management system and the opportunities for improvement are identified as part of this process and tracked through the RCSI quality system. Despite the great mechanisms in place by the RCSI it was noted that in some speciality's trainees have concern with the level of anonymity provided. Trainees felt that in smaller specialities they are identifiable. It was noted that trainees reported they are not afforded sufficient opportunity to provide feedback. It was found that trainees were unaware of proposed curriculum changes for 2020 in the following specialities, Otolaryngology, Cardiothoracic Surgery, Urology, General Surgery and Neurosurgery. Also please reference finding under standard 2.2.2.	The RCSI need to clarify in communication with trainees about the anonymity of the "placement survey" how it is outsourced to an outside agency to de-identify participants. This is particularly important in specialty posts with low trainee numbers. The Irish Training Representative should link with the SAC and provide a forum for Trainee feedback on the new curriculum. Each speciality should assist in facilitating this. Trainees should be aware of the new curriculum. **Neurosurgery and Plastic Surgery Recommendation** Trainee representatives should be disseminating information to trainees about the change in curriculum, as it is not happening widely enough.	**Partially Compliant**

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. OMFS is partially compliant with this standard. Therefore, making the RCSI as the Body partially compliant. This is 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 for OMFS as Trainees will be commencing in these posts in August 2020.	**Partially Compliant**

7. IMPLEMENTING THE CURRICULUM – TRAINEES – 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.*		
FINDING	**REQUIREMENT / RECOMMEDATION**	**COMPLIANCE**
7.4.2. The RCSI advised that should an issue or complaint arise in relation to a trainer it would be brought to the attention of the Dean of Postgraduate Surgical Education and Training. Issues are normally escalated by the TPD or the trainee depending on the circumstances. On occasion where concerns about a training post / site have arisen RCSI has acted by visiting units and withdrawing recognition of training for a period of time. RCSI confirmed they do not have a policy around this process. However, they are in the process of launching a Faculty of Surgical Trainers whose remit will be to define the standards for surgical trainers. In discussions with trainees across the eight surgical specialities it was noted that they are comfortable in having a direct conversation with their AES or clinical supervisor on issues regarding exposure to appropriate case mix. In Paediatric Surgery, trainees have provided feedback to the SAC however; they are uncertain or unclear if the feedback provided to the SAC has ever been acted upon.	RCSI should update the training related disputes policy and communicate it with trainees and trainers. It must include a timeframe and ensure that the complainant receives a response and that the outcomes (where appropriate) are transparent Trainees should be made aware of the clear pathway for Trainee complaints and should expect feedback within 28 days.	**Partially compliant**

7. IMPLEMENTING THE CURRICULUM – TRAINEES – 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.*		
FINDING	**REQUIREMENT / RECOMMEDATION**	**COMPLIANCE**
7.4.3. RCSI appeals policy was included as supporting documentary evidence for this standard. RCSI confirmed that the appeals process is available on the training portal called mSurgery, which is public facing. All policies are available for trainees and non-trainees to view on mSurgery. RCSI advised that trainees are acutely aware of the appeals policy. In discussions with each specialty it was noted that TPD's and trainers were aware of the RCSI appeals process. However, in discussions with trainees, their knowledge of the appeals processes varied. Most trainees attending the accreditation were unaware of a process. It was assumed in some instances that any appeals process would be to escalate to the Chair of the SAC. It should also be noted that some trainees were unaware as they have not had to avail of the appeals process to date.	Trainees should be made aware of the clear pathway to raise complaints and not just those relating to assessments.	**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. RCSI advised there is a designated hospital-based programme director for core surgical training in each of the sites (10 major category 4 and model 4 teaching hospitals). In higher surgical training (HST) there are both clinical supervisors and assigned educational supervisors (AES). For example, on a team of four consultants each trainer is called a clinical supervisor but	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 who contribute to the	**Partially compliant**

within that group there is a designated AES, which keeps in line with the ISCP structure in the UK. RCSI confirmed that at the time of the accreditation meeting they do not have a mentorship programme for trainers. The RCSI are aiming to put in place a comprehensive process to support trainers through the Faculty of Surgical Trainers and provide them with an opportunity to develop professionally as trainers. Currently the RCSI run train the trainer course on average twice a year. The RCSI noted it is voluntary not mandatory and this was corroborated with TPD's and trainers in attendance at the accreditation. From the discussion with each specialty, it was noted that TPD's and trainers indicated they could access support from the Surgical Affairs Department within the RCSI. However, there is no formal supporting arrangements in place for trainers with regards to their roles as trainers. Trainers were aware of the train the trainer course and some trainers have availed of it. With the exception of Plastic Surgery, all other specialties are partially compliant with this standard. Therefore, making the RCSI as the Body partially compliant.	delivery of the training programme and the responsibilities of the RCSI to these practitioners providing the training. Trainers need to be trained for their roles including trainee mentorship. This should be supported and encouraged by RCSI.	

8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – CLINICAL AND OTHER EDUCATIONAL RESOURCES - 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.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.2.2. Cardiothoracic Surgery is partially complying with this standard. Therefore, making the RCSI as the Body partially compliant. Below is a summary of the findings, for more specific details please refer to the speciality report.	Cardiothoracic Surgery must engage with the appropriate and existing policies and procedures within RCSI and the SAC. These policies and procedures must be adhered	**Partially Compliant**

No evidence was found of a formal process being in place for re-evaluating or re-inspecting a site before a decision is made to allocate a Trainee to that site.	to with regards to inspection of site and addressing training concerns at training sites. Where a trainee has not been appointed to a site there must be a formal process for re-evaluating or re-inspecting a site before allocating a trainee.	

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**
8.2.3. Three programmes were found to be partially complaint with this standard, these include OMFS, Plastic Surgery and Cardiothoracic Surgery. For the programmes of specialist training in OMFS and Plastic Surgery trainees find it difficult to attend structured educational sessions mainly due to the high volume of service demands. This varies and can be site dependent. This can be difficult for trainees in particular, when it comes to preparing for their exams. Trainees in Cardiothoracic Surgery advised that there is no formal speciality specific induction for trainees in Cardiothoracic Surgery as they rotate through different sites. This is largely due to service demands. Further detail can be found in the specialty specific reports.	**OMFS and Plastic Surgery Recommendation(s)** Protected time in so far as possible should be provided to Trainees in order for them to make their formal teaching sessions. Trainees should be routinely permitted to attend their formal teaching sessions. **Plastic Surgery Recommendation(s)** The RCSI needs to monitor and enforce its quality indicators and ensure that there is consistency across sites in the delivery of and release for formal teaching sessions.	**Partially Compliant**

	Then allocate trainees to the sites that fulfil these. **Cardiothoracic Surgery** must develop a specialty specific compulsory induction programme at each clinical site for all trainees rotating into the site for which every trainee must be released. This must be put in place for the next rotation date or within 6 months whichever is earlier.	

9. CONTINUING PROFESSIONAL DEVELOPMENT – 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.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
9.2.1. The RCSI confirmed they do not have a formal procedural policy for doctors who have been absent from practice for a period of time. RCSI advised that the Dean of Professional Development and Practice would be the first point of call for considering these types of requests. The RCSI submission indicated that requests for voluntary retraining are unusual to date. These requests tend to be individualised and background information is sought to understand the nature of the concern. RCSI mirror the process used by the UK Colleges. RCSI noted the issue they face in Ireland, is due to the small numbers of doctors maintaining doctor's privacy, independence, confidentiality and engagement can be a challenge.	The RCSI is recommended to continue to advocate for sufficient resources for the development of a formal retraining programme.	**Partially compliant**

9. CONTINUING PROFESSIONAL DEVELOPMENT – 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.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
9.3.1. RCSI outlined in their submission the process for requests received from individual hospitals or the HSE to investigate suspected deficiencies in clinical practice. RCSI confirmed they have not had to respond to a request to date from the Medical Council for the assessment and remediation of doctors. RCSI advised, if a request was received from the Medical Council, the activity would be coordinated with the Dean of Professional Development and Practice. RCSI would be happy to consider the development of a retraining policy and procedure, if deemed necessary, and indicated they would welcome the opportunity to work with the Medical Council and other training bodies in developing a process**.**	It is recommended that the RCSI commence discussion with the Medical Council on the appropriate process and funding mechanism to explore the establishment of a programme of remediation for doctors who have difficulties.	**Partially compliant**

The following standards were found to be fully compliant for the Royal College of Surgeons in Ireland. Although the RCSI is complying with these standards recommendations have been made for further improvement.

3. THE EDUCATION AND TRAINING PROGRAMME - CURRICULUM CONTENT– 3.4.1. *The programme structure and training requirements recognise part-time, interrupted and other flexible forms of training.*		
FINDING	**REQUIREMENT / RECOMMEDATION**	**COMPLIANCE**
3.4.1. The RCSI advised both in their submission and in their discussions at the accreditation of the range of flexibility options available to trainees. The RCSI have a number of less than full time training (LTFT) options available to trainees such as, exceptional leave, out of programme training and the HSE national flexible training scheme. The policies and procedures governing such LTFT training are outlined in the JCST Manual of Higher Specialty Training, the Reference Guide for Specialty Training in Ireland.	The RCSI should develop a flexible training policy. Trainees should be made aware of the options available to them.	**Fully compliant**

When approaching the subject of flexible training with trainees across all eight specialities at the accreditation, their response varied. Not all trainees were aware of the options available to them with regards to flexible training. In some specialities, trainees felt that flexible training would not be supported. Some trainees indicated it may not be practical due to service provision. Good examples of where some specialities have been able to facilitate flexible training were raised. However, the approach does not appear to be consistent across all surgical specialists despite the range of flexible options available to trainees.	The trainers training programme should include awareness of the options and encourage an openness to flexible training.	

7. IMPLEMENTING THE CURRICULUM – TRAINEES – ADMISSION AND SELECTION POLICY **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.*		
FINDING	**REQUIREMENT / RECOMMEDATION**	**COMPLIANCE**
7.1.2. One cohort of trainees advised that there is a lack of clarity with regards to the dates of applications (opening and closing) for entry into the Higher Surgical Training and the number of posts available in the surgical specialities at time of application.	There should be greater clarification around opening dates for applications to schemes and in particular to number of posts that are or will be available. Consideration should be given to having a separate process for those wanting to re-enter scheme, come back into training. It should be made clear to trainees who to contact directly in each specialty with any	**Fully compliant**

	enquiries with regards to the timing of applications.	

Overview of compliance rating for the programme of specialist training in Paediatric Surgery

MEDICAL COUNCIL'S ACCREDITATION STANDARDS FOR POSTGRADUATE MEDICAL EDUCATION AND TRAINING	PAEDIATRIC 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 -Trainee s	*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*		

Fully Compliant
Partially Compliant
Non-Compliant

COMMENDATION

5.1.3 Paediatric Surgery is commended for assessing and accommodating trainees with learning difficulties and for making special exemptions where required in the absence of an organisational wide disability policy.

Evaluation of Compliance with Medical Council Standards

Training Body: Royal College of Surgeons in Ireland (RCSI)
Programme of Specialist Training: Paediatric Surgery

The following standards were found to be non-compliant for the programme of specialist training in Paediatric Surgery.

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 Trainee s must be described.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.1.6. In discussion with trainers, evidence was heard that trainers have set schedules with regards to formal structured weekly teaching (outlined in standard 4.1.2). This was corroborated by trainees. However, it was found that there is a clear lack of protected time for trainers. It was noted that the training programme director has no protected time for 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.	Please reference the recommendation listed under RCSI Body report for this standard as it is applicable to all surgical specialties.	**Non-Compliant**

The following standards were found to be partially compliant for the programme of specialist training in Paediatric Surgery.

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 Refer to standard 8.1.6 above for findings.	Please reference the recommendation listed under RCSI Body report for this standard as it is applicable to all surgical specialties.	**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. It is noted the Paediatric Surgery programme is part of the Intercollegiate Surgical Curriculum however; it was noted that the curriculum and the supporting documentation provided in relation to this standard is predominantly UK focused and does not provide sufficient Irish examples. It was noted that a new curriculum is being developed for Paediatric Surgery with a release date of August 2020. Trainees are unaware of the changes to the new curriculum and they had not been asked to participate in a programme review.	Please reference the recommendation listed under RCSI Body report for this standard as it is applicable to all surgical specialties.	**Partially Compliant**

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. It was noted that the Medical Council's Eight Domains of Good Professional Practice are built into the curriculum. However, in the discussions with trainees, the application of the Medical Council's Eight Domains of Good Professional Practice to the curriculum varied amongst trainees.	Please reference the recommendation listed under RCSI Body report for this standard as it is applicable to this surgical specialty.	**Partially Compliant**

4. THE TRAINING PROGRAMME - TEACHING AND LEARNING – 4.1.1. *The training is practice-based involving the Trainee s' personal participation in relevant aspects of the health services and, for clinical specialties, direct patient care.*		
FINDING	**REQUIREMENT / RECOMMEDATION**	**COMPLIANCE**
4.1.1. Trainers advised that index cases are allocated equitably amongst trainees, this was also corroborated by trainees. Trainees noted that this was one of the positive aspects of their training and noted the quality of training provided is the same on both training sites. When trainees were asked if the felt they were working above their competency, they advised that very occasionally they feel uncomfortable and perhaps are working above their competency level. This is due to their supervising consultants having to provide cross cover for the two training sites. This can occasionally cause issues for trainees in that they feel out of their comfort zone, however, they also admitted that this is how they learn.	Paediatric Surgery should be supported to campaign for increased consultant numbers in order to optimise training, provide a safe environment for trainees and insure the sustainability of training in Paediatric Surgery in Ireland.	**Partially Compliant**

4. THE TRAINING PROGRAMME - TEACHING AND LEARNING – 4.1.2. *The training programme includes appropriately integrated practical and theoretical instruction.*		
FINDING	**REQUIREMENT / RECOMMEDATION**	**COMPLIANCE**
4.1.2. Trainers confirmed there is formalised educational sessions scheduled for Monday morning in Temple Street Children's Hospital and Tuesday mornings in Crumlin Children's hospitals. Trainees corroborated this and informed that they have weekly departmental teaching and have informal type tutorials with Trainers when in theatre. In discussions with trainees, it was noted that trainees would like to have more structured formal teaching sessions. They acknowledged that this may be difficult for the speciality to put in place due to the service provisions and the small number of consultants. It was noted that this is feedback that is provided to the SAC each year. Trainees also outlined that they would welcome integrated practical and genialised teaching. i.e. endoscopy, laparoscopy or trauma courses, skill required for Paediatric Surgery. Trainees feel the pressure to travel to the UK more so than their peers in other specialties to avail of specialty specific courses. Trainees also advised that training courses are offered to bigger surgical specialities in the new RCSI facilities. However, Paediatric Surgery trainees have not been afforded the same opportunity or had the opportunity to use the skills and simulation labs.	The specialty together with the RCSI should undertake a review of the training (including access to the skills and simulation labs) currently provided / available and develop a plan to be submitted to the Medical Council within 6 months. This plan needs to ensure fair (in comparison to other surgical specialties) and appropriate training with protected study time being available for all Paediatric Surgery trainees. This should include appropriate financial support to attend overseas courses where the training is not available within the jurisdiction.	**Partially Compliant**

7. IMPLEMENTING THE CURRICULUM – TRAINEE S – 7.4.2. *The training organisation has clear impartial pathways for timely resolution of training-related disputes between Trainee s and supervisors or Trainee s and the organisation.*		
FINDING	**REQUIREMENT / RECOMMEDATION**	**COMPLIANCE**
7.4.2. Trainees advised they are comfortable in having direct conversations with their AES or clinical supervisor should an issue arise or if they were not receiving the appropriate access to cases. In the past, if a trainee had difficulty with a trainer, they informally raised the issues to consultant trainers as a group rather than as an individual. Trainees have also provided feedback to the SAC however; they are uncertain or unclear if the feedback provided to the SAC has ever been acted upon.	Please reference the recommendation listed under RCSI Body report for this standard as it is applicable to this surgical specialty.	**Partially Compliant**

7. IMPLEMENTING THE CURRICULUM – TRAINEES – 7.4.3. *The training organisation has reconsideration, review and appeals processes that allow Trainee s to seek impartial review of training-related decisions, and makes its appeals policies publicly available.*		
FINDING	**REQUIREMENT / RECOMMEDATION**	**COMPLIANCE**
7.4.3. The specialty advised they are aware of the RCSI appeals process. However, in discussions with trainees, they advised they were unaware of any such process. They assumed any appeals process would be escalated to the Chair of the SAC.	Please reference the recommendation listed under RCSI Body report for this standard as it is applicable to this surgical specialty.	**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. It was noted in the discussions with trainers that they could access support from the Surgical Affairs Department within the RCSI. However, there is no formal supporting arrangements in place for trainers with regards to their roles as trainers. Trainers were aware of the 'train the trainer' course and some trainers have availed of it.	Please reference the recommendation listed under RCSI Body report for this standard as it is applicable to this surgical specialty.	**Partially Compliant**

8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES - 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 / RECOMMENDATION**	**COMPLIANCE**
8.1.2. It was evident that there is a lack of support for trainers in their roles. It was noted that all consultants and supervisors are self-nominated trainers with no clear support or mentorship from RCSI. The trainers advised that it is the philosophy of the department of Paediatric Surgery to train. It was reported that the train the trainers programme is not mandatory. Trainees confirmed that each supervisor is different but in general they felt they receive significant teaching and learning from their consultant trainers.	A formal process must be developed for selecting assigned educational supervisors (AES) and assigned clinical supervisors (ACS) in the next 12 months from the date of the report. It is mandatory that all trainers are appropriately trained for their role. This may be through a Train the Trainer course.	**Partially Compliant**

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 trainee s and offers guidance in their professional development in these roles.*		
FINDING	**REQUIREMENT / RECOMMEDATION**	**COMPLIANCE**
8.1.3. A lack of consistency in the evaluation of supervisor / trainer effectiveness was found. It was noted that it is particularly difficult in smaller specialties where feedback from trainees cannot be adequately anonymised with regards to trainer's effectiveness. Trainers noted this can be at times difficult to manage but deal with those situations diplomatically if they occur. Trainers noted that if a Trainee felt aggrieved, it could be resolved locally. Trainees can and do confide in their AES or TPD or it could be escalated to the SAC representative. In the discussions with trainees, they also corroborated this. Trainers noted that if they receive feedback for the first time during the annual assessment (ARCP meetings), this is almost too late to find out about any occurring issues with regards to a trainer.	Please reference the recommendation listed under RCSI Body report for this standard as it is applicable to this surgical specialty.	**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 / RECOMMENDATION**	**COMPLIANCE**
8.2.5 Trainees advised there are compliance concerns with the European Working Time Directive (EWTD) (working over 24 hours) for one of the training sites and noted this is mainly due to resourcing issues on that site. Trainees also advised should an issue arise with regards to working in a safe environment, they would feel comfortable in raising their concern with the Associate Professor in Paediatric Surgery. However, trainees were unaware if there was a formal escalation process set out by the RCSI to raise work safety issues. Evidence could not be found of a proactive approach to resolve work safety concerns, and evidence had not been provided of a formal pathway for trainees to raise such concerns apart from them being dealt with at a local level.	The RCSI need to work with the training site that is not complying with the EWTD and develop a plan to move towards the statutory requirement, this should be reported to the Medical Council within 6 months and the implemented within 12 months. RCSI should develop a process to escalate workplace safety issues and this should be communicated to all trainees.	**Partially Compliant**

Overview of compliance ratings for the programme of specialist training in Plastic, Aesthetic and Reconstructive Surgery (Plastic Surgery)

MEDICAL COUNCIL'S ACCREDITATION STANDARDS FOR POSTGRADUATE MEDICAL EDUCATION AND TRAINING	PLASTIC, AESTHETIC AND RECONSTRUCTIVE 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 -Trainee s	*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*		

Fully Compliant
Partially Compliant
Non-Compliant

COMMENDATIONS

3.4.1. Plastic Surgery is commended for supporting and facilitating flexible training despite not having a formal RCSI flexible training policy in place.

4.1.3. Plastic Surgery is commended in their allocation of case mix, it is carefully tracked for trainees by the trainers. Trainees felt very comfortable and supported. This practice of allocation of cases per trainee and relevant supervision and support for trainees is commended.

Evaluation of Compliance with Medical Council Standards

Training Body: Royal College of Surgeons in Ireland (RCSI)
Programme of Specialist Training: Plastic, Reconstructive and Aesthetic Surgery (Plastic Surgery)

The standards were found to be non-compliant for the programme of specialist training in Plastic Surgery.

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 / RECOMMENDATION	COMPLIANCE
8.1.2. It was noted there is a lack of support for trainers in their roles. The specialty advised there are 33 Trainers in Plastic Surgery two of which are locum consultants. It was noted that locums should not be designated trainers. The process for selecting trainers in Plastic Surgery was not made clear. It was noted that the RCSI do provide access to their facilities over training days to all consultant trainers. However, the train the trainer's course is not mandatory. There is a lack of protected time for trainers which is impacting their ability to supervise trainees effectively. Trainees confirmed that each supervisor /trainer is different but in general they felt they receive significant teaching and learning from their consultant trainers.	Trainees must only be allocated to trainers in substantive consultant posts. Locum consultants are not to be designated trainers, and this must be, corrected and monitored by the RCSI. Train the Trainers course must be mandatory for all trainers and supported through the Faculty of Surgical Trainers. Trainers should attend updates on a regular basis. Trainers should maintain their training skills which could be achieved through regular attendance and updates via the Faculty of Surgical Trainers.	**Non-compliant**

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 Trainee s must be described.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.1.6. In discussion with the speciality, evidence was heard of set schedules with regards to formal structured weekly teaching (outlined in standard 4.1.2). This was corroborated by trainees. However, trainees advised that formal teaching can vary amongst sites and noted that not all units have regular teaching sessions. It was found that there is a clear lack of protected time for trainers and that the training programme director has no protected time for educational and administrative roles. RCSI recognise the difficulty delivering training for roles (such as trainers/ AES/ TPD) where time is not allocated within the job plans against the backdrop of increasing service requirements from consultants. This also relates to standard 1.4.2.	Please reference the recommendation listed under RCSI Body report for this standard as it is applicable to all surgical specialties.	**Non-compliant**

The following standards were found to be partially compliant for the programme of specialist training in Plastic Surgery.

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 It was found that all elements of this standard to be fulfilled with the exception of protected time. Please refer to the finding in standard 8.1.6.	Please reference the recommendation listed under RCSI Body report for this standard as it is applicable to all surgical specialties.	**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. It is noted the Plastic Surgery 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. It was noted that a new curriculum is being developed for Plastic Surgery with a release date of August 2020. Trainees are unaware of the changes to the new curriculum and noted they had not been asked to participate in a programme review.	Please reference the recommendation listed under RCSI Body report for this standard as it is applicable to all surgical specialties.	**Partially Compliant**

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. It was noted that the Medical Council's Eight Domains of Good Professional Practice is built into the curriculum. However, in the discussions with trainers, they advised that the Medical Council's Eight Domains of Good Professional Practice are not mapped sufficiently to the new curriculum. The specialty advised that they plan to develop a formal teaching structure for the Eight Domains of Good Professional Practice. Trainees were unaware of the Medical Council's Eight Domains of Good Professional Practice and their application to the curriculum. When Trainees were asked about their level of involvement in planning, implementing and reviewing the programme, they highlighted that the RCSI Human Factors course is no longer mandatory for Plastic Surgery. It was noted that previous trainee representatives from this specialty did not find the Human Factors courses beneficial to the them or the service and therefore opted out of this training.	Please reference the recommendation listed under RCSI Body report for this standard as it is applicable to this surgical specialty.	**Partially Compliant**

Trainees noted they can opt in to partake in the Human Factors training however, there is no study leave permitted, trainees have to use annual leave to avail of this course. Trainees advised that they have only two / three training days per year which is less than other specialties. They also noted at times due to resourcing issues on sites it can be difficult to make mandatory training sessions. This cohort of trainees feel it would be beneficial to have Human Factors reinstated as part of the training programme especially as they come to the latter end of their training. The Human Factors course incorporates train the trainer and leadership courses which trainees feel would be most relevant to their careers.		

4. THE TRAINING PROGRAMME - TEACHING AND LEARNING – 4.1.2. *The training programme includes appropriately integrated practical and theoretical instruction.*		
FINDING	**REQUIREMENT / RECOMMEDATION**	**COMPLIANCE**
4.1.2. Trainers and trainees advised there is a formal teaching session at least once a month across units. However, trainees also advised these teaching sessions are unit dependant and can be ad hoc. It was noted that there appears to be a lack of consistency of delivery of dedicated facilitated formal teaching across all units. Not all units are providing two hours facilitated formal teaching each week and this is one of the RCSI Quality Indictors. It was also noted that formal teaching time is not always protected. Trainees also advised that there is no formal exam focused tutorials for the FRCS exam, they would find this most beneficial in preparation for the exam. It was found that some trainees are unable to attend their national training programme days and therefore unable to fulfil the published requirements as outlined in the curriculum.	Introduction of formal syllabus-based teaching to include all trainees, ensure consistency across all units. This teaching time should be protected in order for trainees to attend. The RCSI should consider whether training should continue at sites where their quality indicators are not adhered to. The speciality should provide formal dedicated exam preparation teaching	**Partially Compliant**

	sessions for senior trainees in advance of the FRCS examination. It is essential that trainees are released to attend national training programmes as outlined in the curriculum. This should be monitored closely by the RCSI. The RCSI must provide reports on attendance at national training programme days for this specialty as part of their next annual returns submission to the Medical Council.	

6. THE CURRICULUM - MONITORING AND EVALUATION - ONGOING MONITORING – 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.*		
FINDING	**REQUIREMENT / RECOMMEDATION**	**COMPLIANCE**
6.1.3. It is acknowledged that the new curriculum is under development, However, trainees are unaware of the proposed upcoming changes to the curriculum and no feedback has been sought from the current cohort. Trainees noted as the Irish cohort they feel they don't have as much say in the intercollegiate setting as UK trainees.	Please reference the recommendation listed under RCSI Body report for this standard as it is applicable to this surgical specialty. Trainee representatives should be disseminating information to trainees about the change in curriculum, as it is not happening widely enough.	**Partially Compliant**

7. IMPLEMENTING THE CURRICULUM – TRAINEES – 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.*		
FINDING	**REQUIREMENT / RECOMMEDATION**	**COMPLIANCE**
7.4.3. Trainers advised they are aware of the RCSI appeals process. The appeals process sets out that trainees must first raise concerns with their assigned educational supervisor. Trainers noted they are also in the process of developing a mentee / mentor process. Within the specialty there is an informal process, but should an issue require a more formal approach it may have to be escalated to the training committee or there is also an option to raise it with the Director of Surgical Affairs. However, in discussions with trainees, they advised they were unaware of any such process.	Please reference the recommendation listed under RCSI Body report for this standard as it is applicable to this surgical specialty.	**Partially Compliant**

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 trainee s and offers guidance in their professional development in these roles.*		
FINDING	**REQUIREMENT / RECOMMEDATION**	**COMPLIANCE**
8.1.3. It was noted there is a lack of consistency in the evaluation of supervisor / trainer effectiveness. This is particularly difficult in smaller specialties where feedback from trainees cannot be adequately anonymised with regards to trainers' effectiveness. Trainers noted they receive feedback during the annual assessment (ARCP meetings),but acknowledged this is almost too late to find out about any occurring issues with regards to a Trainer.	Please reference the recommendation listed under RCSI Body report for this standard as it is applicable to this surgical specialty.	**Partially Compliant**

8. IMPLEMENTING THE TRAINING PROGRAMME – 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 / RECOMMENDATION**	**COMPLIANCE**
8.2.3. Trainees advised that when they rotate to a new unit they are provided with an induction on each site, which is found to be very useful. However, in discussion with trainees it appears that they don't always have the time to attend the structured educational programme due to service demands. It was noted this is site dependent, some units cancel lists and reduce clinics in order for trainees to attend the formal teaching sessions, but this is not consistent throughout all training sites.	Protected time in so far as possible should be provided to trainees in order for them to make their formal teaching sessions. Trainees should be routinely permitted to attend their formal teaching sessions. The RCSI needs to monitor and enforce its quality indicators and ensure that there is consistency across sites in the delivery of and release for formal teaching sessions. Then allocate trainees to the sites that fulfil these.	**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 / RECOMMENDATION**	**COMPLIANCE**
8.2.5 Trainees advised should an issue arise with regards to working in a safe environment, they would feel comfortable in raising their concerns locally. However, trainees were unaware if there was a formal escalation process set out by the RCSI to raise work safety issues. Evidence could not be found of a proactive approach to resolve work safety concerns, with there appearing to be no clear pathway for trainees to raise such concerns apart from them being dealt with at a local level.	RCSI should develop a process to escalate workplace safety issues if not already in place and this should be communicated to all trainees.	**Partially Compliant**

Overview of compliance ratings for the programme of specialist training in Otolaryngology

MEDICAL COUNCIL'S ACCREDITATION STANDARDS FOR POSTGRADUATE MEDICAL EDUCATION AND TRAINING	OTOLARYNGOLOGY 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 -Trainee s	*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*		

Fully Compliant
Partially Compliant
Non-Compliant

COMMENDATIONS

1.2.1. The training programme director and trainers from peripheral sites are to be commended for developing and customising a bespoke Otolaryngology Human Factors programme, which has resulted in an increase in trainee engagement and participation.

4.1.1. The programme is commended for the standard of training delivered across such a range of sites. In particular the grand rounds and for providing accessibility for trainees to participate in teaching sessions remotely i.e. using videoconferencing while at home or in other regional centres.

4.1.2. Excellent range and quality of courses available to trainees which are funded by the RCSI, minimising Trainees having to travel abroad. Trainees commented that some courses are provided by senior colleagues from abroad.

4.1.3. The programme is to be commended for the quality of supervision of trainees in a clinical setting.

Evaluation of Compliance with Medical Council Standards

Training Body: Royal College of Surgeons in Ireland (RCSI)
Programme of Specialist Training: Otolaryngology

The following standards were found to be non compliant for the programme of specialist training in Otolaryngology.

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, evidence of set schedules with regards to formal structured weekly teaching was provided. This was corroborated by trainees. The specialty advised that there is a clear lack of protected time for trainers which is not built into their job plan with the employer, this is largely to do with service provision. It was noted that the training programme director has no protected time for educational and administrative roles. RCSI recognise the difficulty delivering training for roles (such as trainers/ AES/ TPD) where time is not allocated within the job plans against the backdrop of increasing service requirements from consultants. This also relates to standard 1.4.2.	Please reference the recommendation listed under RCSI Body report for this standard as it is applicable to all surgical specialties.	**Non-compliant**

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

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 All elements of this standard to be fulfilled with the exception of protected time. Please refer to the finding in standard 8.1.6.	Please reference the recommendation listed under RCSI Body report for this standard as it is applicable to all surgical specialties.	**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. It is noted the Otolaryngology programme is part of the Intercollegiate Surgical Curriculum however; it was 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. It was noted that a new curriculum is being developed for Otolaryngology with a release date of August 2020. Trainees are unaware of the changes to the new curriculum and noted they have not been asked to contribute.	Please reference the recommendation listed under RCSI Body report for this standard as it is applicable to all surgical specialties.	**Partially Compliant**

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 / RECOMMENDATION**	**COMPLIANCE**
2.2.3. It was noted that the Medical Council's Eight Domains of Good Professional Practice is built into the curriculum. The specialty advised that the Human Factors course links directly with each of the Medical Council's Eight Domains of Good Professional Practice, in terms of professionalism, competence and communication. Trainees were aware of the Medical Council's 'Eight Domains' however they were unsure as to how they are reflected in their training.	Please reference the recommendation listed under RCSI Body report for this standard as it is applicable to this surgical specialty.	**Partially Compliant**

3. THE EDUCATION AND TRAINING PROGRAMME - CURRICULUM CONTENT– 3.5.1. *The training organisation contributes to articulation between the specialist training programme and prevocational and undergraduate stages of the medical training continuum.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
3.5.1. Trainers and trainees confirmed there is poor representation of Otolaryngology at undergraduate curriculum perhaps reflecting in the poor number of applicants for run through training or for Otolaryngology as a whole.	The speciality should increase the profile of Otolaryngology at careers fairs and at careers advice sessions for students and Non-Consultant Hospital Doctors (NCHDs). It is suggested that the Professor or representative that sits on the undergraduate curriculum committee advocates for more Otolaryngology exposure.	**Partially Compliant**

6. THE CURRICULUM - MONITORING AND EVALUATION - ONGOING MONITORING – 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.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
6.1.3. Trainees were unaware of proposed curriculum changes for 2020 and had not been given the opportunity to provide feedback.	Please reference the recommendation listed under RCSI Body report for this standard as it is applicable to this surgical specialty.	**Partially Compliant**

7. IMPLEMENTING THE CURRICULUM – TRAINEES – 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.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
7.4.3. The specialty advised that they are aware of the RCSI appeals process. However, in discussions with trainees, they informed that they were only aware of an appeals process linked with the intercollegiate exam. They assumed if there was in issue post ARCP an appeal could be raised with the training programme director; however, they have not encountered the process to date.	Please reference the recommendation listed under RCSI Body report for this standard as it is applicable to this surgical specialty.	**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 / RECOMMENDATION**	**COMPLIANCE**
8.1.1. From the discussion with the specialty , they indicated they could access support from the Surgical Affairs Department within the RCSI but that there is no formal supporting arrangements in place for trainers with regards to their roles as trainers. The training programme director noted that in the past parental leave time had been used to attend SAC meetings.	Please reference the recommendation listed under RCSI Body report for this standard as it is applicable to this surgical specialty.	**Partially Compliant**

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. A lack of consistency was found in the evaluation of supervisor / trainer effectiveness. It is noted that it is particularly difficult in smaller specialties where feedback from trainees cannot be adequately anonymised with regards to trainers effectiveness. The speciality noted that they do ask trainees at ARCP about the strength and weaknesses of each post. They noted with regards to case mix, if a trainer in a particular unit was not aware of the exact criteria, it is rectified promptly. In the event trainees provide specific feedback with regards to a trainer, the speciality try to resolve the issue at the assigned educational supervisor or clinical supervisor level first before it escalates to the training programme directors. While this approach has been successful it is noted that this an informal process. It is considered that the ARCP meeting is too late for a trainee	Please reference the recommendation listed under RCSI Body report for this standard as it is applicable to this surgical specialty.	**Partially Compliant**

to highlight any particular issues with regards to a trainer and also could be perceived to influence the outcome of their own ARCP.		

Overview of compliance ratings for the programme of specialist training in Cardiothoracic Surgery

MEDICAL COUNCIL'S ACCREDITATION STANDARDS FOR POSTGRADUATE MEDICAL EDUCATION AND TRAINING	CARDIOTHORACIC 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 -Trainee s	*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*		

Fully Compliant
Partially Compliant
Non-Compliant

COMMENDATION

4.1.2 The excellent range and quality of courses available to trainees, provided abroad which are funded by the RCSI and pose no financial burden to the trainees is commended. Trainees also referred to excellent support received from RCSI administrators.

Evaluation of Compliance with Medical Council Standards

Training Body: Royal College of Surgeons in Ireland (RCSI)
Programme of Specialist Training: Cardiothoracic Surgery

The following standards were found to be non compliant for the programme of specialist training in Cardiothoracic Surgery.

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 / RECOMMENDATION	COMPLIANCE
8.1.2. Evidence was heard that there is no formal process in place for the selection of supervisors in the speciality of Cardiothoracic Surgery. Not all supervisors are on the Medical Council's Specialist Division of Register. The speciality advised they are not defining the training by a trainer; it was noted that it is politically challenging and the specialty has not codified the individual trainers.	A formal process must be developed for selecting assigned educational supervisors (AES) and assigned clinical supervisors (ACS) in the next 12 months from the date of the report. All AES must be on the specialist division of the Medical Council Register. It is mandatory that all trainers are appropriately trained for their role this may be through a Train the Trainer course.	**Non-Compliant**

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, evidence was heard of set schedules with regards to formal structured weekly teaching. This was corroborated by Trainees, however as noted in standard 4.1.2 this can vary across clinical training sites. The specialty advised that there is a clear lack of protected time for trainers which is not built into their work plan with the employer, this is largely to do with service provision. It was noted that the training programme director has no protected time for educational and administrative roles. RCSI recognise difficulty delivering training for roles 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.	Please reference the recommendation listed under RCSI Body report for this standard as it is applicable to all surgical specialties.	**Non-Compliant**

The following standards were found to be partially compliant for the programme of specialist training in Cardiothoracic Surgery.

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 All elements of this standard were found to be fulfilled with the exception of protected time. Please refer to the finding in standard 8.1.6.	Please reference the recommendation listed under RCSI Body report for this standard as it is applicable to all surgical specialties.	**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. It is noted the Cardiothoracic Surgery programme is part of the Intercollegiate Surgical Curriculum however; it was 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. It was noted that a new curriculum is being developed for Cardiothoracic Surgery however, both speciality and trainees were unaware of its release date. At the time of the accreditation the training programme director had not seen the draft of the proposed curriculum and noted trainees would not have been asked to provide feedback on the revised curriculum. The training committee makes every effort to provide trainees with exposure in both cardiac and thoracic surgery at an early stage in the training programme.	Please reference the recommendation listed under RCSI Body report for this standard as it is applicable to all surgical specialties.	**Partially Compliant**

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. It was noted that the Medical Council's Eight Domains of Good Professional Practice is built into the curriculum. The specialty advised that the Human Factors course links directly with each of the Medical Council's Eight Domains of Good Professional Practice. The Human Factors course is a compulsory component of both the pre-speciality training and speciality training. It was noted the Human Factors is not bespoke to the specialty of Cardiothoracic Surgery. The speciality noted it would be useful for the RCSI to repeat the Medical Council's Eight Domains of Good Professional Practice as part of the Human Factors course for both trainees and consultants.	Please reference the recommendation listed under RCSI Body report for this standard as it is applicable to this surgical specialty.	**Partially Compliant**

Trainees advised they found the Human Factors course very useful and noted the RCSI has a good human factors psychology department.		

STANDARD 4 – THE TRAINING PROGRAMME – TEACHING AND LEARNING - 4.1.2. *The training programme includes appropriately integrated practical and theoretical instruction.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
4.1.2; The speciality advised that there are formal teaching sessions in thoracic surgery every Tuesday morning in the form of a planning meeting. There is a research academic teaching and audit meeting and the ward rounds in clinics which are consultant led. It was noted by the speciality that while there is a theoretical element to the speciality most of the teaching is delivered during a trainee's operative experience. Trainees confirmed within each hospital site there is formal multidisciplinary meetings that all Trainees attend at least once a week. Trainees advised that formal teaching is part of the SCTS portfolio of courses and covers the entire curriculum in three days. Trainees find these sessions intense. Trainees also advised that attending grand rounds is site dependent. It was noted that the delivery of dedicated facilitated formal teaching is not consistent across all sites.	Consideration should be given to formalising dedicated facilitated teaching for all trainees on all sites. This should be made available and rotated at regional sites with option to videoconference in where possible. The RCSI should consider how they are going to ensure that their quality indicators are adhered to and where they are not, the impact on a sites training status.	**Partially Compliant**

6. THE CURRICULUM - MONITORING AND EVALUATION - ONGOING MONITORING – 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.*		
FINDING	**REQUIREMENT / RECOMMEDATION**	**COMPLIANCE**
6.1.3. It was found that some trainees were unaware of proposed curriculum changes for 2020. It was noted that trainees reported they are not afforded sufficient opportunity to provide feedback.	Please reference the recommendation listed under RCSI Body report for this standard as it is applicable to this surgical specialty.	**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 specialty, it was noted that the TPD could access support from the Surgical Affairs Department within the RCSI such as train the trainer, communication courses and educational and research support. However, there is no formal supporting arrangements in place for trainers with regards to their roles as trainers. The specialty noted that RCSI have recently conducted their own trainer survey but are awaiting the outcome. The TPD pointed out that there is no benefit in Ireland for being a trainer, consultants train trainees out of a sense of duty.	Please reference the recommendation listed under RCSI Body report for this standard as it is applicable to this surgical specialty.	**Partially Compliant**

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 / RECOMMEDATION**	**COMPLIANCE**
8.1.3. A lack of consistency in the evaluation of supervisor / trainer effectiveness was noted. The RCSI have no formal process for monitoring supervisor effectiveness except for feedback from trainees, where no evidence was seen that this is acted upon. It is noted that it is particularly difficult in smaller specialties where feedback from trainees is challenging to be adequately anonymised.	Alternative methods of assessing trainer effectiveness to be explored under the proposed Faculty of Surgical Trainers. Full use of the data within the e-portfolio showing delegation and assessment should be explored further. 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. TPDs undergo development to enable evaluation of the effectiveness of surgical educators and clinical supervisors. Including regular review of surgical e-log books to ensure appropriate supervision / delegation by trainers.	**Partially Compliant**

8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES - CLINICAL AND OTHER EDUCATIONAL RESOURCES - 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.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.2.2. In the discussions with the specialty and training programme director it was raised that there has been, on occasion, some issues with regards to the training quality in particular clinical training sites. These issues do not appear to have been escalated through the recognised RCSI process. For example, the approach is for a trainee not to be assigned to a particular site for a period of time rather than invoke a formal inspection of the clinical site and to officially rescind the trainee status of a training site. There was no evidence of a formal process in place for re-evaluating or re-inspecting a site before a decision is made to allocate a trainee to that site.	Cardiothoracic Surgery must engage with the appropriate and existing policies and procedures within RCSI and the SAC. These policies and procedures must be adhered to with regards to inspection of site and addressing training concerns at training sites. Where a trainee has not been appointed to a site there must be a formal process for re-evaluating or re-inspecting a site before allocating a trainee.	**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 / RECOMMENDATION**	**COMPLIANCE**
8.2.3. Evidence was heard that there is no formal speciality specific induction for Trainees in Cardiothoracic Surgery as they rotate through different sites. This is largely due to service demands and time is not set aside for induction on changeover day. Trainees noted there is a hospital induction.	Cardiothoracic Surgery must develop a specialty specific compulsory induction programme at each clinical site for all trainees rotating into the site for which	**Partially Compliant**

	every trainee must be released. This must be put in place for the next rotation date or within 6 months whichever is earlier.	

The following standards were found to be fully compliant for Cardiothoracic Surgery. Although the Cardiothoracic Surgery is complying with these standards recommendations have been made for further improvement.

STANDARD 3 – THE EDUCATION AND TRAINING PROGRAMME – CURRICULUM CONTENT - 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.*		
FINDING(S)	**RECOMMENDATION(S)**	**COMPLIANCE**
3.3.1 It was noted that there is limited opportunities for engaging in clinical research because of the state of need to concentrate on operative skills.	**3.3.1** If trainees are not undertaking clinical research within posts there needs to be an emphasis on research methodology within their mandatory training and teaching days.	**Fully Compliant**

Overview of compliance ratings for the programme of specialist training in Urology

MEDICAL COUNCIL'S ACCREDITATION STANDARDS FOR POSTGRADUATE MEDICAL EDUCATION AND TRAINING	UROLOGY 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 -Trainee s	*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*		

Fully Compliant
Partially Compliant
Non-Compliant

COMMENDATIONS

2.2.3 Making the Human Factors course compulsory for the speciality of Urology is commended and for integrating the Medical Council's Eight Domains of Good Professional Practice. Trainees were able to identify the Medical Council's Eight Domains in the Human Factors programme and informed the Team they found the course most beneficial.

3.3.1 Urology's formal approach to the teaching of research methods and critical evaluation of research evidence is commended. It is a well-structured part of the curriculum.

4.1.2. The excellent range of broad and quality of courses available to trainees that are more curriculum based and are funded by the RCSI with no financial burden to the trainees is commended. Trainees also referred to excellent support received from administrator from the RCSI.

The Team commend the specialty for the innovation of bringing specialist experts from internationally renowned centres to teach.

The work / commitment of the consultant urologist who is a member of the training committee in charge of the curriculum and teaching for the SPRs is commended.

5.2.1. The TPD is commended for his proactive approach in identifying issues with trainees who are underperforming and finding the appropriate form of remedial action, despite the fact that the RCSI do not have an organisational wide disability policy for trainees.

8.2.2. In addition, the TPD is commended for having a robust system in place to identify problems with individual trainers, training posts and training sites. There is flexibility in the system to allow relocation of trainees in such circumstances. There is a clear process that allows escalation via the SAC liaison member to the SAC thus allowing corrective action to be taken with the support of RCSI.

The RCSI is encouraged to use this information gained from this system to inform its own approval for sites/ trainers and feed into other specialties where necessary.

Evaluation of Compliance with Medical Council Standards

Training Body: Royal College of Surgeons in Ireland (RCSI)
Programme of Specialist Training: Urology

The following standards were found to be non compliant for the programme of specialist training in Urology.

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, evidence was heard of set schedules with regards to formal structured weekly teaching. This was corroborated by trainees. It was found that there is a clear lack of protected time for trainers which is not built into their work plan with the employer, this is largely to do with service provision. It was noted that the training programme director has no protected time for 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.	Please reference the recommendation listed under RCSI Body report for this standard as it is applicable to all surgical specialties.	**Non-Compliant**

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

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 All elements of this standard were found to be fulfilled with the exception of protected time. Please refer to the finding in standard 8.1.6.	Please reference the recommendation listed under RCSI Body report for this standard as it is applicable to all surgical specialties.	**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. It is noted that the Urology programme is part of the Intercollegiate Surgical Curriculum however; it was 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. It was further noted that the competency levels for Urology have remained the same in Ireland whilst in the UK they are slightly different. The specialty set waypoints for trainees as they go through their training to ensure they get focussed and broad training to attain the Irish competency targets.	Please reference the recommendation listed under RCSI Body report for this standard as it is applicable to all surgical specialties.	**Partially Compliant**

6. THE CURRICULUM - MONITORING AND EVALUATION - ONGOING MONITORING – 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.*		
FINDING	**REQUIREMENT / RECOMMEDATION**	**COMPLIANCE**
6.1.3. It was found that some trainees were unaware of proposed curriculum changes for 2020. It was noted that trainees reported they are not afforded sufficient opportunity to provide feedback. The training committee have considered that the competency expectations of a day one consultant in Ireland are different to those of a UK consultant and have adjusted the competency expectations for trainees to reflect this.	Please reference the recommendation listed under RCSI Body report for this standard as it is applicable to this surgical specialty.	**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 specialty, it was noted that the specialty can access support from the Surgical Affairs Department within the RCSI and from the SAC. However, there is no formal supporting arrangements in place for trainers with regards to their roles as trainers. All trainers are required to complete the RCSI's train the trainers course, it is mandatory. There is no mentorship training programme in place for newly appointed trainers. The informal arrangements of mentorship in place between senior and junior trainees was commended.	Please reference the recommendation listed under RCSI Body report for this standard as it is applicable to this surgical specialty.	**Partially Compliant**

Overview of compliance ratings for the programme of specialist training in General Surgery

MEDICAL COUNCIL'S ACCREDITATION STANDARDS FOR POSTGRADUATE MEDICAL EDUCATION AND TRAINING	GENERAL 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 -Trainee s	*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*		

Fully Compliant
Partially Compliant
Non-Compliant

COMMENDATIONS

Trainees praised the simulation training centre and noted the facilities are excellent.

2.2.3 Making the Human Factors course mandatory for all trainees is commended. Trainees noted they found the human factors programme very useful.

3.4.2. The increased opportunities in out of programme research in General Surgery is commended which leads to fellowships, it makes trainees very competitive and attractive to other jurisdictions.

8.1.1. The TPD is commended for his responsiveness to trainee needs and his approachability on a personal level. Trainees confirmed they have seen clear improvements in this specialty since the TPD was appointed in this role.

Evaluation of Compliance with Medical Council Standards

Training Body: Royal College of Surgeons in Ireland (RCSI)
Programme of Specialist Training: General Surgery

The following standards were found to be non-compliant for the programme of specialist training in General Surgery.

8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES - SUPERVIORS, 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, evidence was heard of set schedules with regards to formal structured weekly teaching. This was corroborated by trainees. There appears to be a clear lack of protected time for TPDs and trainers which is not built into their work plan with the employer, this is largely due to service provision. It was noted that the TPD has no protected time for 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.	Please reference the recommendation listed under RCSI Body report for this standard as it is applicable to all surgical specialties.	**Non- compliant**

The following standards were found to be partially compliant for the programme of specialist training in General Surgery.

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 All elements of this standard were found to be fulfilled with the exception of protected time. Please refer to the finding in standard 8.1.6.	Please reference the recommendation listed under RCSI Body report for this standard as it is applicable to all surgical specialties.	**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. It is noted the General Surgery programme is part of the Intercollegiate Surgical Curriculum however; it is 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. It was noted that a new curriculum is being developed for General Surgery with a release date of August 2020. Trainees are unaware of the changes to the new curriculum and noted they never been asked to participate in a programme review.	Please reference the recommendation listed under RCSI Body report for this standard as it is applicable to all surgical specialties.	**Partially compliant**

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. It was noted that the Medical Council's Eight Domains of Good Professional Practice is built into the curriculum. However, in the discussions with trainees, the application of the Medical Council's Eight Domains of Good Professional Practice to the curriculum varied amongst trainees. Trainees were unable to demonstrate when asked, how the Medical Council's Eight Domains of Good Professional Practice is intertwined into the curriculum.	Please reference the recommendation listed under RCSI Body report for this standard as it is applicable to this surgical specialty. In addition, while General Surgery is commended for making the Human Factors course mandatory for trainees in this specialty, due to trainees being unable to demonstrate how the 'Eight Domains' are intertwined in the curriculum, it is recommended that greater emphasis and awareness of the Medical Council's Eight Domains of Good Professional Practice within the Human Factors training course for both trainers and trainees is implemented.	**Partially compliant**

6. THE CURRICULUM - MONITORING AND EVALUATION - ONGOING MONITORING – 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.*		
FINDING	**REQUIREMENT / RECOMMEDATION**	**COMPLIANCE**
6.1.3. It was found that trainees were unaware of proposed curriculum changes for 2020.It was noted that trainees reported they are not afforded sufficient opportunity to provide feedback.	Please reference the recommendation listed under RCSI Body report for this standard as it is applicable to this surgical specialty.	**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 Specialty, it was noted that the Specialty can access support from the Surgical Affairs Department within the RCSI and the SAC. However, there is no formal supporting arrangements in place for Trainers with regards to their roles as Trainers. There are opportunities available through the RCSI to complete the Train the Trainers course, however, it did not appear to be mandatory for this speciality. There does not appear to be a mentorship training programme in place for trainers particularly for those newly appointed.	Please reference the recommendation listed under RCSI Body report for this standard as it is applicable to this surgical specialty.	**Partially compliant**

8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES - SUPERVISORS, ASSSESSORS, 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 / RECOMMENDATION**	**COMPLIANCE**
8.1.2. In the discussion with the training programme director and clinical directors it was found that there could be more support put in place for trainers. The 'Train the Trainer' course does not appear to be mandatory and therefore does not allow trainers to update their training skills.	The train the trainer courses should be mandatory and developed in line with the new curriculum. 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**

The following standards were found to be fully compliant for General Surgery. Although the General Surgery is complying with these standards recommendations have been made for further improvement.

STANDARD 3 – THE EDUCATION AND TRAINING PROGRAMME – CURRICULUM CONTENT - CURRRICULUM 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*		
FINDING(S)	**RECOMMENDATION(S)**	**COMPLIANCE**
3.2.1. Trainees advised that at the beginning of the programme they were unaware of the full requirements for Core Surgical Training. They felt it wasn't clearly laid out in terms of certification of the management qualification, trainer courses, and endoscopy.	**3.2.1** It is recommended that as part of the new curriculum RCSI is to consider the addition of Joint Advisory Group (JAG) on Gastrointestinal Endoscopy accreditation as a requirement for those with specialist interest in General Internal Medicine. This will also require JAG accredited trainers and more training opportunities.	**Fully compliant**

STANDARD 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	**RECOMMENDATION (S)**	**COMPLIANCE**
7.3.2. Trainees were provided with an hour-long session on the JCST website but found there was a lot of information to take in within that one session.	**7.3.2** Trainees need to be reminded that the curriculum requirements and checklist of CCST is available on the JCST website and should be regularly reviewed by Trainees throughout their training.	**Fully compliant**

	The availability of training grants and bursaries should be explained to trainees at ST3 level induction.	

Overview of compliance ratings for the programme of specialist training in Neurosurgery

MEDICAL COUNCIL'S ACCREDITATION STANDARDS FOR POSTGRADUATE MEDICAL EDUCATION AND TRAINING	NEUROSURGERY 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 -Trainee s	*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*		

Fully Compliant
Partially Compliant
Non-Compliant

COMMENDATION

1.2.1. Neurosurgery is commended for their engagement and trainee exchange with the Washington University in St. Louis, USA which assists in maintaining and improving the programme standards.

4.1.2. Trainees advised Thursday and Friday mornings Multi-disciplinary Training (MDT) is excellent and this is to be commended.

Evaluation of Compliance with Medical Council Standards

Training Body: Royal College of Surgeons in Ireland (RCSI)
Programme of Specialist Training: Neurosurgery

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

8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – SUPERVISORS, ASSSESSORS, 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 specialty, evidence was heard that trainers have set schedules with regards to journal clubs. The speciality informed the team that the use of MDT is also considered as a useful way of training and is an encouraging way to assist trainees learn. It was found that there is a clear lack of protected time for trainers. It was noted that the TPD 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.	Please reference the recommendation listed under RCSI Body report for this standard as it is applicable to all surgical specialties.	**Non-compliant**

8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – CLINCIAL 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.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.2.1 Trainees advised that at times they feel under considerable pressure on-call. This appears to be due to a number of factors not just demands of the service or that trainees are based at home when on-call. Issues raised were access to systems when at home such as PAC and other patient information. Trainees also noted that when on call the support is there from the consultant trainer and is case dependent, in general trainers are not physically present in the hospital when trainees are on-call. Trainers are available by telephone if the operating trainee on call has any questions. However, trainers will come onto the clinical site in the event of an emergency being raised.	Further thought should be given to a consistent approach to supporting and supervising trainees on-call and after hours. This is particularly important given the arduous nature of the on-call rota undertaken by the majority of trainees. Availability of PACS at home would enable trainees to assess imaging and consult with trainers regarding referrals and treatment plans. The specialty must undertake a review of the on-call system and provide a report to the Medical Council within 6 months.	**Non- Compliant**

8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES - SUPERVISORS, ASSSESSORS, TRAINERS AND MENTORS - 8.2.5. *The training organisation should monitor the working environment to ensure it is a safe environment for training.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.2.5 The specialty advised that the European Working Time Directive (EWTD) is not practically implemented for Neurosurgery. Trainees corroborated this finding, noting that registrars (middle grade trainees) are being covered by senior registrars and that they are covering a one in five rota. In addition, trainees have 24-hour on-call at weekends. Night registrars commence their work at 7pm on Saturday night and finish six nights at 7am the following Friday. Trainees identified a site where working hours and workload are particularly onerous, and this is partly due to manpower issues. Trainees were unaware of the formal procedures to escalate a workplace safety issue. At first instance they would try resolve the issue locally but failing that, they were unsure how or where to escalate issues beyond the local site.	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 not able to provide an appropriate training environment and safe working conditions, it should not form part of the programme. The specialty must undertake a review of compliance with the EWTD and provide a report to the Medical Council within 6 months. Pathways for managing workplace safety issues should be included in induction programmes at all training sites.	**Non-compliant**

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

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 Refer to standard 8.1.6 above for findings. All elements fulfilled with the exception of protected time.	Please reference the recommendation listed under RCSI Body report for this standard as it is applicable to all surgical specialties.	**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. It is noted the Neurosurgery programme is part of the Intercollegiate Surgical Curriculum however; it was 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. It was further noted that a new curriculum is being developed for Neurosurgery with a release date of August 2020. Trainers present informed that they were aware the new curriculum is in development. Trainees indicated that they are unaware of the changes to the new curriculum.	Please reference the recommendation listed under RCSI Body report for this standard as it is applicable to all surgical specialties.	**Partially Compliant**

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 / RECOMMENDATION**	**COMPLIANCE**
2.2.3. It was noted that the Medical Council's Eight Domains of Good Professional Practice is built into the curriculum. However, the discussions with trainees indicated that they are unaware that the curriculum reflects these domains.	Please reference the recommendation listed under RCSI Body report for this standard as it is applicable to this surgical specialty.	**Partially Compliant**

4. THE TRAINING PROGRAMME - TEACHING AND LEARNING – 4.1.2. *The training programme includes appropriately integrated practical and theoretical instruction.*		
FINDING	**REQUIREMENT / RECOMMEDATION**	**COMPLIANCE**
4.1.2. Trainees advised that they are not getting the opportunity to prepare / train for the specialty exam. Trainees noted they have to prepare for part one of the exam by themselves with no formal teaching. Trainees noted there is no protected teaching time. Trainers advised that there are weekly teachings, twice a week on Monday (clinical based) and formal teaching sessions on Wednesdays. Trainees corroborated this, however, noted this has only improved since the appointment of a new consultant in August 2019. There is allocated teaching time on Monday evening and Wednesday morning which turn into a journal club. Journal club on Wednesdays commences at 8am which trainees advised is not a good time due to service demands and sign in lists for pre-ops. Therefore, trainees felt they are not receiving formal syllabus-based teaching and cannot avail of the opportunity to attend the local training session. Trainees noted that Thursday and Friday mornings MDT is excellent.	Introduction of formal syllabus-based teaching to include all Trainees and this teaching time should be structured, protected and take cognisance of clinical systems in order for Trainees to attend. Given the arduous nature of the day-to-day working environment and the intense on-call rota, structured exam-focussed teaching would enable trainees to prepare for the specialty exam.	**Partially Compliant**

6. THE CURRICULUM - MONITORING AND EVALUATION - ONGOING MONITORING – 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.*		
FINDING	**REQUIREMENT / RECOMMEDATION**	**COMPLIANCE**
6.1.3. It was found that trainees were unaware of proposed curriculum changes for 2020. It was noted that trainees reported they are not afforded sufficient opportunity to provide feedback.	Please reference the recommendation listed under RCSI Body report for this standard as it is applicable to this surgical specialty. Trainee representatives should be disseminating information to trainees about the change in curriculum, as it is not happening widely enough.	**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 specialty, it was noted that TPDs and trainers could access support from the Surgical Affairs Department within the RCSI or other TPDs in other specialties however, there are no formal support arrangements in place for trainers with regards to their roles as trainers. The trainers present noted they are constantly advised by RCSI of the opportunities for phase training and train the trainer. Trainers try and attend what they can.	Please reference the recommendation listed under RCSI Body report for this standard as it is applicable to this surgical specialty.	**Partially Compliant**

These trainers noted the train the trainer course is not mandatory. Trainers also advised that RCSI have also been supportive and helpful with facilitating dissection courses on cadavers.		

8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES - 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 / RECOMMENDATION**	**COMPLIANCE**
8.1.2. It was found that there is a lack of support for trainers in their roles. It was reported that the train the trainer programme is not mandatory; there is no support or programme in place for trainers to update their training skills. Trainers advised that all consultants are considered to be trainers. There is a total of 11 consultants in Beaumont Hospital and 4 in Cork University Hospital, one of which is a locum and another person still to be appointed. It was noted that all these trainers are on the specialist division of the register of the Medical Council. Consultants who are not in substantive posts should not be recognised as a trainer for Higher Specialist Training (HST) and for this reason Neurosurgery is partially complying with this standard. Trainees confirmed that each supervisor is different but in general they felt they receive significant teaching and learning from their consultant trainers. It was noted that some trainers are more consistent than others for completing workplace assessment and e-logbooks. When asked if trainers possess the extra training skills important for training, the trainee's response was mixed, noting some trainers have the required skill set. Trainees also noted that communication skills amongst trainers can vary.	Doctors acting as locum consultants cannot be designated trainers and this must be reviewed, corrected and monitored by RCSI. RCSI must formalise the selection process of trainers. It is mandatory that all trainers are appropriately trained for their role this may be through a Train the Trainer course.	**Partially Compliant**

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 / RECOMMEDATION**	**COMPLIANCE**
8.1.3. A lack of consistency was found in the evaluation of supervisor / trainer effectiveness (i.e. rely on feedback at ARCP meetings). It was noted that it is particularly difficult in smaller specialties where feedback from trainees cannot be adequately anonymised with regards to trainer's effectiveness. This appears to be evident to trainees. It was found that due to the gaps in trainees regularly rotating through each unit, deficiency in trainer competence may be difficult to identify and remediate.	Please reference the recommendation listed under RCSI Body report for this standard as it is applicable to this surgical specialty.	**Partially Compliant**

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 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 final Accreditation Report. On receipt of the AIP, 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, or this can be provided separately to the Executive.

The Medical Council reserves the right to:

(a) share the AIP 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 AIP 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 or 12 months of receipt of the final Accreditation report:

1. A formal mechanism to monitor graduate outcomes.
2. A disability policy to support all surgical specialities.
3. Details of the introduction of a programme for Trainer development
4. A sustainability plan for OMFS
5. A written Memorandum of Understanding (MOU) for OMFS
6. Details of the review undertaken of the vacant training sites for Cardiothoracic surgery. The report of the review must outline the steps taken with respect to removal or retention of training status, including the development of a formal process for reinstatement of training status.
7. Details of the development and implementation of a specialty specific compulsory induction programme for Cardiothoracic Surgery by the next rotation date or within six months whichever is earlier.
8. A review of the on-call system in Neurosurgery.
9. A review of compliance with the European Working Time Directive in Neurosurgery.

Appendix A

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

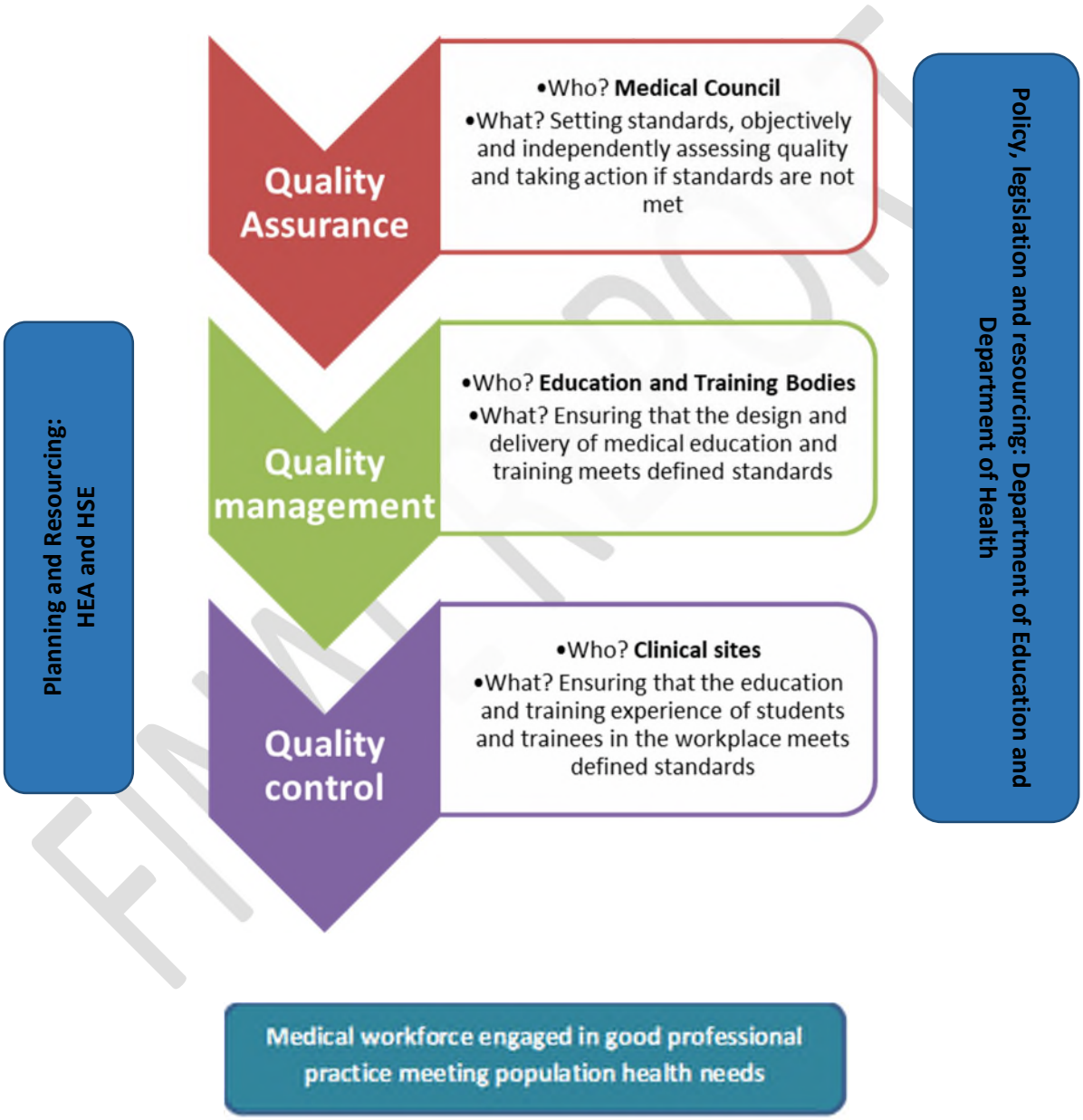
Approved by ETC 24 June 2020 & by the Minister 06 August 2020

Comhairle na nDochtúirí Leighis
Medical Council

Contents

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:



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[3]. 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[4] 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.

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

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/

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.

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.

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.

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.

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

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.

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**

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, ASSSESSORS, 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**

	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, ASSSESSORS, 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**

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.	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**

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 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 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**

The Team were impressed that Trainees had sight of the new curriculum and were provided with an opportunity to provide feedback.		

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	Immediate formalisation of the programme that is delivered in the UK. To provide advance assurance to Trainees as to where they will be placed.	**Partially Compliant**

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 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.	A Memorandum of Understanding between the various hospital sites in UK and RCSI should be formulated with immediate effect.	

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**

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**

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**

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**

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**

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**

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**

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**

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

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 Post-graduate 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

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

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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Kingram Place
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Comhairle na nDochtúirí Leighis
Medical Council

APPENDIX B

Attendance Record

Medical Council Postgraduate Accreditation

Royal College of Surgeons in Ireland and the programmes of specialist training in Paediatric Surgery, Plastic, Reconstructive and Aesthetic Surgery, Otolaryngology, Cardiothoracic Surgery, Urology, General Surgery, Neurosurgery and Oral and Maxillofacial Surgery

Monday 16th – Thursday 19th September 2019

Venue: Resource Room, Medical Council

Medical Council Core Assessor Team in attendance 16th -19th September 2019:

- 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

Specialist Assessors in attendance:

- Mr. Eric Nicholls, Assessor for the Medical Council (Paediatric Surgery)
- Mr. Wayne Jaffe, Assessor for the Medical Council (Plastic, Reconstructive and Aesthetic Surgery)
- Mr. Paul Spraggs, Assessor for the Medical Council (Otolaryngology)
- Mr. Rajesh Shah, Assessor for the Medical Council (Cardiothoracic Surgery)
- Mr. David Jones, Assessor for the Medical Council (Urology)
- Miss. Trish Boorman, Assessor for the Medical Council (General Surgery)
- Mr. Ronan Dardis, Assessor for the Medical Council (Neurosurgery)Miss. Emma Woolley, Assessor for the Medical Council (Oral and Maxillofacial Surgery)

Medical Council Executive in attendance:

- Ms. Tara Willmott, Acting Director of Education and Training
- Ms. Aoife Fitzsimons, Accreditation Manager
- Ms. Elizabeth Molloy, Accreditation Executive
- Ms. Naomi Kalonzo, Inspection Executive

RCSI Representation in attendance

- Mr. Kieran Ryan, MD RCSI Surgical Affairs
- Professor Oscar Traynor, Dean of Postgraduate Surgical Training
- Mr. Padraig Kelly, Associate Director, RCSI Surgical Affairs
- Mr. Emeka Okereke, Senior Quality Assurance & Compliance Specialist
- Ms. Caroline McGuinness, Surgical Training Manager (Opening meting only)
- Ms. Zoe Cruise, Quality Assurance & Compliance Officer (Opening meeting only)
- Mr David Moore, Council member and Chair of ISPTC (Closing meeting only)

Paediatric Surgery Representation in attendance:

- Mr. Alan Mortell, TPD, Associate Professor of Paediatric Surgery (RCSI), Consultant Paediatric Surgeon Children's Health Ireland (CHI) Crumlin

- Mr. John Gillick, Consultant Paediatric Surgeon Children's Health Ireland (CHI) Crumlin
- Mr. Brian Sweeney, Consultant Paediatric Surgeon Children's Health Ireland (CHI) Crumlin

Plastic, Reconstructive and Aesthetic Surgery Representation in attendance:

- Mr. Barry O'Sullivan, TPD, Consultant Plastic & Reconstructive Surgeon, Beaumont Hospital Dublin
- Mr. Brian Kneafsey, Consultant Plastic & Reconstructive Surgeon, Beaumont Hospital Dublin
- Ms. Shirley Potter, Consultant Plastic, Reconstructive and Aesthetic Surgeon, Mater Hospital

Otolaryngology Representation in attendance:

- Professor Helena Rowley, TPD, Consultant Otolaryngology, Head & Neck Surgery
- Mr. Rory McConn Walsh, Professor and Consultant Otolaryngologist / Head & Neck Surgeon, Beaumont Hospital
- Professor Ivan Keogh, Consultant Otolaryngologist Head and Neck Surgeon, Galway University Hospital

Cardiothoracic Surgery Representation in attendance:

- Mr. Vincent Young, TPD, Consultant Cardiothoracic Surgeon, St. James's Hospital Dublin
- Mr. Lars Nolke, Consultant Cardiac Surgeon, Mater and Crumlin
- Ms. Karen Redmond, Consultant Transplant and Thoracic Surgeon, Mater Hospital

Urology Representation in attendance:

- Mr. Robert Flynn, TPD, Consultant Urologist, TUH
- Mr. Frank O'Brien, Consultant Urologist, CUH

General Surgery Representation in attendance:

- Professor Kevin Barry, TPD, Consultant General Surgeon, Mayo
- Professor Sean Johnston, Consultant General Surgeon, Tullamore
- Mr. Jamie O'Riordan, Consultant General Surgeon, TUH

Neurosurgery Representation in attendance:

- Mr. Kieron Sweeney, Consultant Neurosurgeon, Beaumont Hospital
- Mr. Daniel Rawluk, Consultant Neurosurgeon, Beaumont Hospital
- Mr. John Caird, Consultant Paediatric Neurosurgeon, Temple Street Children's Hospital

Oral and Maxillofacial Surgery Representation in attendance:

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

Number of trainees in attendance:

- Paediatric Surgery: 4
- Plastic Reconstructive and Aesthetic Surgery: 4
- Otolaryngology: 5
- Cardiothoracic Surgery: 5
- Urology: 3
- General Surgery: 7/8
- Neurosurgery: 5
- Oral and Maxillofacial Surgery: 2

APPENDIX C

Overview of documentation

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