FINAL - Report on the Accreditation of The College of Psychiatrists of Ireland and its four programmes of specialist training, 2021

Approved by ETC 20.09.22

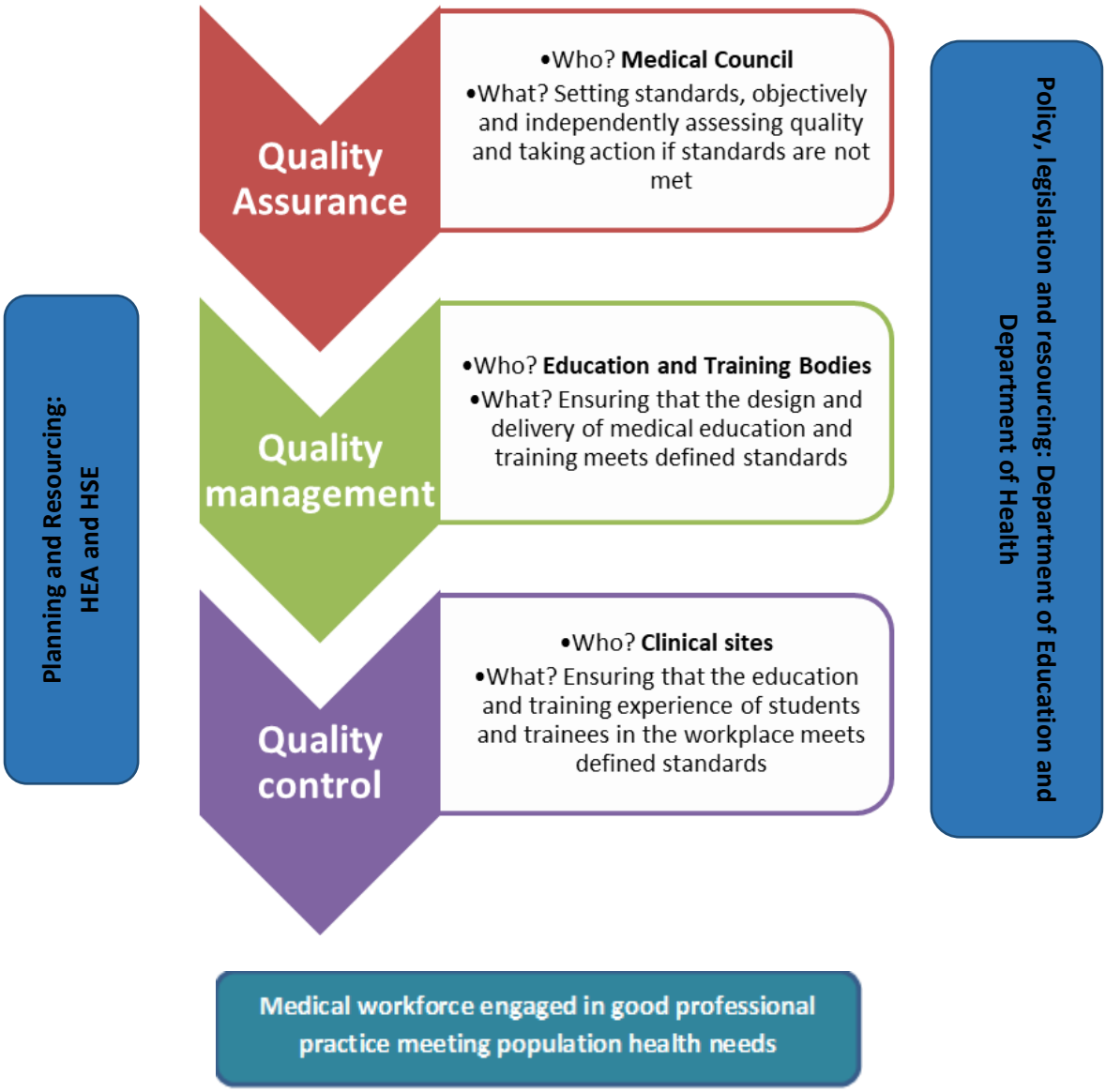
Ministerial Approval 06.12.22

Comhairle na nDochtúirí Leighis
Medical Council

Contents

1. Role of the Medical Council under Part 10 of the Medical Practitioners Act 2007 (as amended)

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 (as amended). The 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 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 (as amended).

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 (the Assessor Team) met with the College of Psychiatrists of Ireland (the College) between 10 and 12 May 2021. The Assessor Team's remit was to assess four Programmes of Specialist Training in 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 four programmes of specialist training included:

Psychiatry	Psychiatry of Learning Disability
Psychiatry of Old Age	Child and Adolescent Psychiatry

The compliance of the College 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.

2. The Team

The visiting Assessor Team comprised of two Council members, 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 Assessor Team is listed in Appendix One of this Report. The Medical Council particularly appreciates the contribution of the Assessors. The Team comprised of Dr Ailís ní Riain (Chair), Dr John Barragry (Council member), Ms Teresa Bulfin (Council member & ETC member), Ms Una O'Rourke (Director of Education & Training), Dr Indira Vinjamuri, Dr Alex Bailey, Dr Mary Barrett and Dr Suyog Dhakras. Professor Brendan Loftus (ETC member) was present as an observer. They brought additional expertise in the 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 College 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.

The Assessor Team met with the College Management Team and Vice-Deans of the specialist training programmes, tutors, educational supervisors and trainee specialists participating in specialist training programmes. The invitation to attend the accreditation interviews was sent to all tutors, educational supervisors and trainees.

3. Documentation

As part of the accreditation process, the College 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 Assessor Team and representatives from the College, tutors, educational supervisors and trainees.

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 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 College and the Programmes of Specialist Training in Psychiatry, Psychiatry of Old Age, Psychiatry of Learning Disability and Child and Adolescent Psychiatry. The observations, comments and recommendations contained in this Report are grouped under the relevant sections of these standards.

3. Summary and General Assessment

1. Conclusion

Approval status for the programmes of specialist training in Psychiatry, Psychiatry of Old Age, Psychiatry of Learning Disability and Child and Adolescent Psychiatry

I. The Programmes of Specialist Training in Psychiatry, Psychiatry of Old Age, Psychiatry of Learning Disability and Child and Adolescent Psychiatry are approved 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 (as amended).

II. The College of Psychiatrists of Ireland is approved 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 in **Psychiatry, Psychiatry of Old Age, Psychiatry of Learning Disability and Child and Adolescent Psychiatry** approved under (i) above.

III. A certificate of satisfactory completion in specialist training (CSCST) in **Psychiatry, Psychiatry of Old Age, Psychiatry of Learning Disability and Child and Adolescent Psychiatry** is the title and designation of qualification granted in the State, by the Medical Council, to enable a medical practitioner to secure registration in the Specialist Division of the register, under the terms of Section 89(2) of the Medical Practitioners Act 2007.

This approval is from the date of approval by the Education and Training Committee of the Medical Council (20.09.22) and the Minister of Health (06.12.22) as set out in Statutory Instrument 529 of 2010.

CONDITIONS APPLICABLE TO COLLEGE OF PSYCHIATRISTS OF IRELAND AND ALL PSYCHIATRY PROGRAMMES ACCREDITED

a. Enabling tutors and educational supervisors to spend time undertaking activities that support the long-term maintenance of the quality of the health service, through supporting the education of our future medical practitioners is essential. The College 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 outside of the one hour that's enshrined for those involved in the delivery of medical education and training.

Condition (a) 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 four specialties under standards 1.4.2 and 8.1.6.

b. Develop a disability policy to support *all* specialities. The disability policy should be made publicly available.

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. Develop a policy on the evaluation of the reliability and validity of assessment methods, the educational impact of the assessment on trainee learning, and the feasibility of the assessment items.

Condition (c) is consistent with findings in "The Curriculum – Assessment of Learning – Assessment Approach" of the report under 5.3.1.

4. Overview of compliance ratings for the College of Psychiatrists of Ireland and its four Programmes of Specialist Training.

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

Levels of compliance

Compliance ratings are determined based on each of the Assessor Team's appraisal of evidence provided for each standard. Documentary evidence considered includes the self-evaluation submission from the Body submitted 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. *

*Standard 9 is no longer assessed as part of the postgraduate accreditation process. It is now monitored by the Medical Council's Professional Competence Directorate.

Please note standards rated as fully compliant for the College and the programmes of specialist training in Psychiatry, Psychiatry of Old Age, Psychiatry of Learning Disability and Child and Adolescent Psychiatry contained in this report are based on the documentary evidence provided (listed in Appendix 2) and discussions with the College Executive, trainers and trainees. In some instances, it was considered that the speciality is meeting the standard and has been rated as fully compliant, however a recommendation may have been added to encourage improvement.

Medical Council's Accreditation Standards for Postgraduate Medical Education and Training	College of Psychiatry of Ireland 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*		

Fully Compliant
Partially Compliant
Non-Compliant

Evaluation of Compliance
with Medical Council Standards

Training Body: College of Psychiatrists of Ireland

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

STANDARD 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**	**COMPLIANCE**
5.1.3. Prior to the accreditation, the College submitted a self-evaluation template. It was outlines at the beginning of each placement a trainer meets with a trainee to complete a training placement plan, which incorporates special considerations. A non-discrimination policy statement was also submitted. This outlines that discrimination against a protected characteristic is strictly prohibited. Whilst the College has a grievance policy outlining a procedure which enables trainees to raise complaints, it does not make reference to how reasonable adjustments in relation to disability are considered, and nor does any of the other evidence submitted. During the accreditation, **Psychiatry of Old Age Specialty Trainees** were aware of situations whereby reasonable adjustments for those with disabilities had been made for trainees by The College. It was outlined that in such instances where a reasonable adjustment is required, individual training posts would work in conjunction with the College to facilitate	The College must develop a disability policy to support all specialities. Trainees and Educational Supervisors must be made aware of the disability policy. The disability policy should be made publicly available. This is to be addressed within six months and reported to the Education and Training Committee.	**Non-Compliant** **WITH CONDITION**

reasonable adjustments in keeping with national policies. **Trainees in Child and Adolescent Psychiatry** referenced the training placement plan and noted that reasonable adjustments are documented via this route. Supervisors in the **Psychiatry of Learning Disability** detailed that if a trainee identified additional needs this would be discussed at the start of a post and incorporated into their training placement plan. However, sometimes additional needs are not always identified before the start of training, therefore the trainee's mentor and supervisor would discuss additional needs in conjunction with Senior Management at The College. Communication with trainees with additional needs was emphasised, and it was explained that additional needs are discussed thoroughly with both the trainee and those involved in the supervision of the trainee. It was outlined that formal documentation of trainees' additional needs is at the discretion of the trainee and that the process is tailored to the specific needs of a trainee. Whilst there is evidence to suggest that reasonable adjustments for disabled trainees are considered and implemented, there appears to be variation in how requests are documented, coupled with relatively informal routes for raising requests for reasonable adjustments pertaining to a disability. We therefore require the College to develop a disability policy to streamline decision making around the implementation of reasonable adjustments for trainees with disabilities, and trainees and supervisors must be made aware of the policy.		

STANDARD 5 – THE CURRICULUM – ASSESSMENT OF LEARNING – ASSESSMENT QUALITY - 5.3.1 The training organisation has a policy on the evaluation of the reliability and validity of assessment methods, the educational impact of the assessment on trainee learning, and the feasibility of the assessment items. It introduces new assessment methods where required.		
FINDING	**REQUIREMENT**	**COMPLIANCE**
5.3.1. In its self-evaluation survey the College notes that since the introduction of the Annual Review of Progression (ARP) in 2011 that feedback from trainees and trainers regarding assessment has been positive. With regards to the evaluation of the reliability and validity of assessment items, the College has appointed a Head of Continuous Assessment who reports to the Postgraduate Training Committee (PTC) and evaluates the continuous assessment process on an ongoing basis. Additionally, the Chief Examiner analyses each examination diet and reports on this formally. The Basic Specialty Training (BST) clinical examination blueprint for each sitting is standard set at a standard setting meeting, each examination is reviewed by the Chief Examiner, statistical analysis is undertaken along with evaluation by an External Examiner. Additionally, The College demonstrated that changes have been made in relation to standard setting as a result of external evaluation, and that an external evaluation of the examinations has taken place through the Health Professional Assessment Consultancy and this resulted in amendments to the approach to standing. The College indicated in the accreditation interview that the global judgement of well-trained assessors ensures the reliability and validity of trainee assessment, and that they never solely rely on one person's judgment of a trainee. However, it was also confirmed at the time of the accreditation that the College does not have a policy on the reliability and validity of assessment methods. Therefore, whilst informal structures exist around ensuring the reliability and validity of assessment methods, as there isn't currently a policy to formalise structures, we have set this sub-standard to non-compliant and attached a condition for the College to address.	The College must develop a policy on the evaluation of the reliability and validity of assessment methods, the educational impact of the assessment on trainee learning, and the feasibility of the assessment items.	**Non-Compliant** **WITH CONDITION**

STANDARD 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**	**COMPLIANCE**
8.1.6. In its self-evaluation summary the College stated that education approval forms for each post must include timetables for both the trainee and trainer, and these timetables must specify the weekly one-hour individual supervision session. An introductory presentation delivered by the College indicated that trainees receive protected training time from both their employer and their educational supervisor, and it was reinforced that the weekly one-hour protected time between a trainee and their supervisor is enshrined in psychiatry training. Supervisors confirmed that trainees have access to one hour of protected training. Trainees across the four specialties confirmed their weekly one-hour protected training occurs, and they spoke highly of their protected training and the support they receive from their educational supervisors. Moreover, the College confirmed that the one hour per week protected time for supervisors forms part of the formal learning agreements (Regulations for Educational Supervisors) drawn up by the College and employers. During the accreditation interviews, the College noted issues around protected time for educational duties outside of the one hour of protected time outlined in formal learning agreements for those involved in the delivery of education and training. It was explained that their own quality management activities have identified this as a concern. Furthermore, we did not find any evidence of trainers having ring fenced time in their job plans to support trainees outside of the one hour of protected time enshrined in psychiatry.	Protected time in so far as possible should be provided to trainers. This is not criticism for work being carried out, but to fully be able to deliver effectively in their roles trainers and require adequate protected time.	**Non-Compliant** **WITH CONDITION**

Enabling tutors and educational supervisors to spend time undertaking activities that support the long-term maintenance of the quality of the health service, through supporting the education of our future medical practitioners is essential. The College 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 outside of the one hour that's enshrined in psychiatry for those involved in the delivery of medical education and training. We have therefore set a condition of the College to address.		

The following standards were found to be partially compliant for the College of Psychiatrists of Ireland.

STANDARD 1. CONTEXT OF EDUCATION AND TRAINING - GOVERNANCE – 1.1.2 The governance structures describe the composition and terms of reference for each committee, and allow all relevant groups to be represented in decision-making.		
FINDING	**RECOMMENDATION**	**COMPLIANCE**
1.1.2 The College submitted Terms of Reference for several of its committees, along with meeting minutes. During the accreditation interviews it was explained that trainees are represented at Council. REFOCUS is a committee that represents the voice of those who use mental health services and comprises of family members and carers of those with mental health issues and Psychiatrists. REFOCUS co-chairs sit on Council and the College described involvement in Foundation Year induction and examining material. It's intended that REFOCUS members will be integrated into additional committee structures. Whilst the Assessor Team feel that this sub-standard is compliant, we encourage the College to progress its plans around the further integration of patient representatives in Committee structures, and we have set a recommendation for the College to address.	The College should progress its plans to include patient representatives on its committees and sub-Committees.	**Partially Compliant**

STANDARD 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	**RECOMMENDATION**	**COMPLIANCE**
1.2.3. The College has a Service Level Agreement (SLA) with the Health Service Executive (HSE) National Doctors Training and Planning (NDTP) in relation to funding and resource allocation. This is its primary source of funding. Income is also generated from membership subscriptions and conferences. In its self-evaluation summary the College noted there is a clear line of responsibility and authority for budgeting and training resources. It outlined the Dean of Education and the Operations Manager are responsible for all aspects of training. They report into the College's Postgraduate Training Committee (PTC) and the PTC reports into Council. The College engages with the HSE, the NDTP and with the HSE's Mental Health Division with regards to the level of funding required to ensure the quality of training is adequate. However, challenges were outlined in relation to funding, namely the level of funding available to Psychiatry in relation to other medical specialties. Clarification has been sought from the NDTP and the Minister of Health regarding the level of funding available. It was noted that the College has received a reduced level of funding per capita trainee, compared to other Training Bodies, despite an increase in trainee numbers to the four programmes. The accreditation interview with College Representatives reinforced the significant shortfalls in funding. It was outlined that the College is faced with generating income through the utilisation of other activities. The College explained they are advocating for an increased level of funding through engaging with the HSE and the NDTP. We encourage the continuation of engagements aimed at obtaining additional funding to manage increasing demands in the specialty and we have therefore set a recommendation for the College to address.	The College should continue its engagements with the Health Service Executive National Doctors Training and Planning to highlight the need for workforce planning, adequate resources and funding in Psychiatry.	**Partially Compliant**

STANDARD 1. CONTEXT OF TRAINING – EDUCATIONAL EXPERTISE AND EXCHANGE - 1.3.2. *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	**RECOMMENDATION**	**COMPLIANCE**
1.3.2. The College described its collaboration with other educational institutions in their self-evaluation submission, noting they are a member of the Forum of Postgraduate Medical Training Bodies and collaborates with them on several educational initiatives. Some members of staff also occupy external roles in committees and as external examiners both in the UK and Ireland. As trainees are taking some of their membership examinations in the UK, the College explained that they keep their curricula and assessments under review to ensure consistency with The Royal College of Psychiatrists in the UK. They also noted their connections with the Irish College of General Practitioners on several initiatives. Whilst it's evident that the College has established collaborative relationships with healthcare institutions nationally and internationally, the Assessor Team found no clear evidence of the formal comparison of curricula, training programmes and assessments with those of other relevant programmes. Therefore, it's recommended that formalised comparisons should take place, alongside external collaboration in the review of curriculum and training programmes, and subsequently two recommendations have been set for the College to address.	The College should formally compare its curricula, training programmes and assessments with other relevant external programmes. The College should include external collaborators in the review and update of the curricula and training programmes.	**Partially Compliant**

STANDARD 1. CONTEXT OF EDUCATION AND 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	**RECOMMENDATION**	**COMPLIANCE**
1.4.2 With regards to this sub-standard, the Assessor Team concluded that the College works with healthcare institutions to facilitate clinicians employed by them to contribute to high quality teaching and supervision, peer review and professional development. The College noted that they ensure this through the appointment of staff involved in the delivery of medical education such as Local Tutors, Vice Deans and Mentors, learning agreements outlining the responsibilities of the employer, the College Accreditation Process, providing educational materials for Educational Supervisors and Tutors and the peer group structure. It was found that all elements of this sub-standard are fulfilled, with the exception of protected training time for trainers. Whilst one hour of formal supervision per week is a requirement for each trainer and is protected, time in excess of this one hour is not. Therefore, a recommendation has been set under this sub-standard. A condition has been set under sub-standard 8.1.6 which discusses a similar finding in more detail.	The College should continue to advocate for staff involved in the delivery of medical education and training to ensure they have protected time in their job plans to fulfil their duties.	**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	**RECOMMENDATION**	**COMPLIANCE**
2.2.3. The Medical Council's Eight Domains of Good Professional Practice are referenced in documentation provided by The College. Furthermore, learning outcomes related to professionalism that Higher Specialist Trainees (HST) must obtain are listed. The **Specialties of Psychiatry** and **Psychiatry of Old Age** detailed that trainee professionalism is assessed as part of Workplace-Based Assessments (WBA) and there are sections in the twice annual supervisors report that give feedback on a trainees' performance. The **Specialty of Psychiatry** were of the view that more emphasis should be placed on teaching professionalism as part of the training programme. Trainees noted it would be of benefit if some topics were covered in more detail, such as, conflict in the workplace, difficult interactions with colleagues, raising concerns and consent. It's evident that the College is aware of the Eight Domains of Good Professional Practice. However, it was unclear to the Assessor Team how the domains are embedded within the curricula, and how graduate outcomes are mapped to the domains of professionalism across the four specialties reviewed. We have therefore set a recommendation for the College to address.	The College should ensure that the Eight Domains of Good Professional Practice are embedded within curricula and graduate outcomes reflect domains of professionalism across the four specialties reviewed.	**Partially Compliant**

STANDARD 3 – THE EDUCATION AND TRAINING PROGRAMME – CURRICULUM CONTENT – CURRICULUM STRUCTURE, COMPOSITION AND DURATION – 3.2.1 For each component or stage, the curriculum specifies the educational objectives and outcomes, details the nature and range of clinical experience required to meet these objectives, and outlines the syllabus of knowledge, skills and professional qualities to be acquired.		
FINDING	**RECOMMENDATION**	**COMPLIANCE**
3.2.1. The College in its self-evaluation submission and accreditation interview detailed that there are three defined stages of training for obtaining a Certificate of Satisfactory Completion of Specialist Training (CSCST) in Psychiatry programmes. These are the foundation year, BST and Higher Specialist Training (HST). The College has a separate curriculum for each stage of training for each of its programmes. Each curriculum contains a series of learning outcomes or competencies which must be attained in order to graduate from the programme, and these outcomes vary with training programmes. All higher specialist trainees in Psychiatry and related disciplines must attain the outcomes for Psychiatry. There are specific additional outcomes for Psychiatry of Learning Disability and for Psychiatry of Old Age, and for the sub-specialities. This framework is publicly available on The College's website. It was also explained that the ARP process reviews clinical experience and the clinical competencies gained by trainees and has the authority to make suggestions for future placements to rectify deficits. The **Psychiatry Specialty** detailed that within the WBA form there is a section where educational supervisors are asked to consider trainee performance against standards for their level of training. This is to ensure an incremental annual progression. However, standards within the form are not defined and therefore judgements made by educational supervisors are subjective. **BST Trainees** felt within ARP panels there is a significant level of subjectivity. **Psychiatry Trainees** were aware of their outcomes and how to access them. However, they explained that they found it hard to distinguish between the BST and HST learning grids, due to the level of repetition of learning outcomes. They were of the view the HST	The College should incorporate formal mechanisms into the Work-placed Based Assessment and Annual Review of Progression processes across programmes to standardise the assessment of Trainee developmental progress in knowledge, skills and professional qualities over time. The speciality of Psychiatry and specialty of Psychiatry of Old Age should demonstrate progression points throughout training pathways in order to distinguish between the outcomes of Basic Specialty Training and Higher Specialty Training.	**Partially Compliant**

programme could be streamlined and more focused on HST specific outcomes as opposed to repetition. The **Specialty of Psychiatry of Old Age** detailed that whilst the curriculum states that there are learning outcomes for each year, the structure of the HST curriculum does not appear to demonstrate progression points throughout the course of the training pathway. The training pathway also does not appear to mandate time spent within in-patient services and community services in Psychiatry of Old Age, other than conducting assessments in different settings. Additionally, whilst there are minimum requirements for WBA in BST, no such stipulation is made at HST **Psychiatry of Old Age Trainees** were of the view that the HST curriculum provides more flexibility than BST, as there are no critical progression points in the HST curriculum. Trainees were therefore able to catchup on learning outcomes following periods where service provision impacted on training time. The **Specialty of Learning Disability** detailed that there is no formal mechanism of demonstrating trainee developmental progress in knowledge, skills and professional qualities over time. They acknowledged the list of learning outcomes is a work in progress, with key learning outcomes and areas of practice omitted from the curriculum. The **Specialty of Child and Adolescent Psychiatry** detailed that it is clear what learning outcomes trainees need to achieve in order to obtain a CSCST in Child & Adolescent Psychiatry. This is managed through the ARP process. Trainees work from learning grades and know explicitly what they need to achieve**. Child & Adolescent trainees** detailed that some learning outcomes are not easily achievable, especially specific ones such as court attendance and writing court reports. They also felt that the rural placement requirement was more about service provision than a training opportunity. **BST Trainees** felt that there was a disproportionate number of child and adolescent learning outcomes and that experience in outcomes was not fully recognised. It's evident that curricula set out learning outcomes expected. However, outcomes are not staged according to the year of training. This indicates that outcomes do not have to be achieved in a particular order and there is flexibility in how outcomes are achieved. The		

Assessor Team notes that whilst this flexibility is helpful, on the other hand it is not immediately obvious how the trainee is able to demonstrate developmental progression, and this may present avoidable challenges. It was found across the four specialties that there was no evidence of formal mechanisms in place in WBA and ARP processes to assess developmental progress in knowledge, skills and professional qualities over time. Additionally, programmes should demonstrate progression points throughout training pathways in order to distinguish between the outcomes BST and HST. Therefore, recommendations have been set for the College to address.		

STANDARD 3. THE EDUCATION AND TRAINING PROGRAMME– CURRICULUM STRUCTURE, COMPOSITION AND DURATION 3.2.2 Successful completion of the training programme must be certified by a diploma or other formal award.		
FINDING	**RECOMMENDATION**	**COMPLIANCE**
3.2.2 The College detailed in the accreditation interview that there are four CSCSTs in Psychiatry, Old Age, Learning Disability and Child and Adolescent Psychiatry. In general, single CSCSTs are three-year HST programmes and dual CSCSTs tend to be four years. The Dean and President of the College sign off on CSCSTs, which ensure the trainee has: - Completed appropriate clinical placements for the appropriate duration of time and, - Completed all the portfolio and competency items in the curriculum. - **Psychiatry:** The title and designation of the qualification granted in the State, by the Medical Council, to enable a medical practitioner to secure registration in the Specialist Division of the Register in Psychiatry under Section 89(2) of the Medical Practitioners Act 2007, is a CSCST in Psychiatry. The speciality of Psychiatry is harmonised for the purpose of automatic recognition in Europe pursuant to Directive 2005/36 on the recognition of professional qualifications (the "Directive"). The title of the training programme listed for Ireland in	Upon successful completion of the training programme in Psychiatry, a practitioner must be awarded a Certificate of Satisfactory Completion in Specialist Training in Psychiatry. Upon successful completion of the training programme in Psychiatry of Learning Disability, a practitioner must be awarded a Certificate of Satisfactory Completion in Specialist Training in Psychiatry of Learning Disability. Upon successful completion of the training programme in Child and Adolescent Psychiatry, a practitioner must be awarded a Certificate of	**Partially Compliant**

Annex V point 5.1.3 of the Directive, is Psychiatry. The College of Psychiatrists of Ireland confirmed in their submission and in discussions that a "CSCST in General (Adult) Psychiatry is awarded". **Psychiatry of Old Age:** The title and designation of the qualification granted in the State, by the Medical Council, to enable a medical practitioner to secure registration in the Specialist Division of the Register in Psychiatry of Old Age under Section 89(2) of the Medical Practitioners Act 2007, is a CSCST in Psychiatry of Old Age. The College of Psychiatrists of Ireland confirmed in their submission that a CSCST in Psychiatry of the Elderly is awarded. The speciality of Psychiatry of Old Age is harmonised for the purpose of automatic recognition in Europe pursuant to Directive 2005/36 on the recognition of professional qualifications (the "Directive"). The title of the training programme listed for Ireland in Annex V point 5.1.3 of the Directive, is Psychiatry of Old Age. **Learning Disability:** The title and designation of the qualification granted in the State, by the Medical Council, to enable a medical practitioner to secure registration in the Specialist Division of the Register in Psychiatry of Learning Disability under Section 89(2) of the Medical Practitioners Act 2007, is a CSCST in Psychiatry of Learning Disability. The College of Psychiatrists of Ireland confirmed in their submission and in discussions that a "CSCST in Psychiatry of Learning Disability is awarded". **Child and Adolescent:** The title and designation of the qualification granted in the State, by the Medical Council, to enable a medical practitioner to secure registration in the Specialist Division of the Register in Child and Adolescent Psychiatry under Section 89(2) of the Medical Practitioners Act 2007, is a CSCST in Child and Adolescent Psychiatry. Current CSCSTs in Psychiatry of the Elderly, General Adult Psychiatry, Psychiatry of Learning Disability and Child and Adolescent Psychiatry issued by the College, include references to specialty areas in which training has been satisfactorily completed according to college requirements. This includes the specialty areas of Addictions Psychiatry, Forensic Psychiatry, Liaison Psychiatry, Social & Rehabilitation Psychiatry and Post CSCST-Fellowship in Learning Disability Psychiatry of Childhood. Reference is also made to Lecturer in Child and	Satisfactory Completion in Specialist Training in Child and Adolescent Psychiatry. Upon successful completion of the training programme in Psychiatry of Old Age, a practitioner must be awarded a Certificate of Satisfactory Completion in Specialist Training in Psychiatry of Old Age. Where a CSCST with dual qualifications are being awarded then both recognised specialty titles should be listed. The current CSCST includes references to specialty areas in which training has been satisfactorily completed according to college requirements. References include Addiction Psychiatry, Forensic Psychiatry, Liaison Psychiatry, Social & Rehabilitation Psychiatry, Post CSCST-Fellowship in Learning Disability Psychiatry of Childhood and references to Lecturers of modules. These should be removed from the CSCST in all programmes reviewed as these do not form part of the designated title or qualification under section 89(2) of the Act for the purposes of registration on the Specialist Division.	

Adolescent Psychiatry, Lecturer in Psychiatry (General Adult), Lecturer is Psychiatry of Old Age, Lecturer in Forensic Psychiatry, Lecturer is Liaison Psychiatry and Post CSCST-Fellowship in Learning Disability Psychiatry of Childhood. These additions have the potential to cause confusion. Furthermore, such references are not appropriate as these do not form part of the designated title or qualification under section 89(2) of the Act for the purposes of registration on the Specialist Division of the Register in Psychiatry of Old Age, Child and Adolescent Psychiatry, Psychiatry and Psychiatry of Learning Disability. Recommendations have therefore been set for the College to address.		

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.* **STANDARD 3 – THE EDUCATION AND TRAINING PROGRAMME – CURRICULUM CONTENT – RESEARCH IN THE TRAINING PROGRAMME – 3.3.2** *The training programme allows appropriate candidates to enter research training during specialist education and to receive appropriate credit towards completion of specialist training.*		
FINDING	**RECOMMENDATION**	**COMPLIANCE**
3.3.1 & 3.3.2. The College in its self-evaluation submission and accreditation interview outlined that all HST trainees have two sessions per week of protected educational time for research. Both the BST and HST curricula in all programmes reviewed include research as one of their professional domains. In both curricula there are learning outcomes aligned with this domain. Relevant activities include literature review, journal clubs, study design, data collection, ethical consideration, and evidence-based medicine. There is also provision for presentation at academic meetings. There was no evidence of formal teaching of research methodology or the presence of a College research committee. The College detailed in the accreditation discussions that they are currently updating the minimum research requirements at HST level in the regulations. HST trainees are required to have a research supervisor, an annual research plan with a midpoint and endpoint report on their progress from their supervisor. The report is reviewed by an ARP panel who in turn can give feedback on how the trainee is progressing or developments that the trainee should consider for the next year. At HST level there is a requirement the trainee should have produced one peer reviewed article in a journal and presented it at a scientific	The College should provide formal learning within its programmes to support trainee participation in research. The College should develop a decision-making guide for Annual Review of Performance panels regarding the assessment of research outcomes. The College should evaluate capacity and supports available for research within its training programmes The College should continue to collect and monitor research activity and outputs.	**Partially Compliant**

meeting. The College confirmed at the time of the accreditation that they had just recently commenced collecting and recording output from trainees. The **Specialty of Psychiatry** detailed in the accreditation discussions that HST trainees are given a day per week of research leave. They indicated that trainee motivation for research varies and trainees are accommodated by the speciality and the College if they wish to use the time to do a masters instead. **Psychiatry Trainees** acknowledged that at HST level they do get protected research and training time. However, there is a lack of formalised teaching of the curriculum in particular research methodology. They noted that obtaining research outcomes is strongly dependent on an educational supervisors' interest and experience. The **Specialty of Psychiatry of Old Age** outlined that whilst there are some online modules run by the College there is no formal lecture programme. Educational programmes are run by the individual Deaneries and are comprised of lectures and tutorials. Training is site driven rather than centrally driven by the College. **Psychiatry of Old Age Trainees** agreed with this and felt a more formalised programme would provide an opportunity for HST trainees to meet and network. The **Psychiatry of Learning Disability Specialty** detailed that research is facilitated according to supervisor and clinical training site. Furthermore, there is currently no lecturer post for Learning Disability. the Assessor Team encourages the College to continue to advocate for the creation of academic posts in the psychiatry of learning disability, as this would increase research opportunities for trainees. **Learning Disability Trainees** felt it would be more helpful to have more didactic teaching as it is something which varies depending on the educational supervisor. Additionally, HST trainees reported feeling more isolated than BST in terms of placements, and a formal programme would act as an opportunity to meet with other trainees. Trainees feel funding is an issue for The College in terms of teaching provided and available online resources and noted there could be more focus on research. The **Specialty of Child and Adolescent Psychiatry** detailed they have fortnightly educational sessions covering a range of topics across the curriculum. These sessions have moved online due to COVID and they reported difficulties in their delivery. The sessions are not mandatory and are dependent on the 'good will' of trainers delivering them as there is limited funding		

available from The College. The Specialty of Child & Adolescent Psychiatry also outlined that the dedicated research day is hindered by time, funding and the availability of academic supervisors within a small specialty. The Specialty indicated that not all trainees achieve a research publication. **Child and Adolescent Psychiatry Trainees** detailed it was difficult to keep the research day protected due to clinical commitments and were unsure if they would be able to meet required research outcomes. The ARP process makes decisions around trainee progress and completion of training, and thus is where mandatory research components are assessed. Supervisors across all four specialties confirmed they receive training to sit on an ARP panel, and that it's mandatory to periodically refresh training. The **Specialty of Child and Adolescent Psychiatry** explained that they feel there is currently not a consistent approach to assessing research outcomes at the ARP. Additionally, the Assessor Team were unable to find any evidence of a formalised decision-making framework utilised at ARP panels in relation to the assessment of research outcomes. We have therefore set a recommendation for the College to address. Findings outline a lack of formalised teaching to support trainee participation in research. Trainees across the four programmes noted that they would prefer didactic research teaching and a formalised lecture programme in research methodology. We have therefore set a recommendation for the College to address. Given that formalised teaching and funding concerns were raised, we have also set a recommendation for the College to evaluate capacity and supports available for research within its training programmes. The College explained that they have recently commenced collecting and recording research output from Trainees. We recommend in the light of concerns raised that the College should continue to collect and monitor research activity and outputs.		

STANDARD 4 – THE TRAINING PROGRAMME – TEACHING AND LEARNING – 4.1.2 The training programme includes appropriately integrated practical and theoretical instruction.		
FINDING	**RECOMMENDATION**	**COMPLIANCE**
4.1.2. College regulations provide for protected time for off-site and on-site training, observations, and research and this is generally the experience of trainees. Trainees across all specialities described a highly flexible programme at HST level, which appears largely self-directed, but the Assessor Team found little evidence of other theoretical instruction. The College detailed in the accreditation interview that a formal teaching programme is something they haven't been able to implement due to funding. However, the College have received development funding from the NDTP and have appointed a new Head of E-Learning, and they are currently in the process of developing online resources matched to the curriculum. Trainees across all specialities described site dependant variation in training. **BST trainees** detailed there is formal academic teaching at some sites but not all. Additionally, COVID has pushed teaching online, which has resulted in cancellations of online teaching. The **Specialty of Psychiatry** were of the view that more emphasis should be placed on teaching professionalism; issues of consent, conflict in the workplace, difficult interactions. **Psychiatry Trainees** indicated there is no formal centralised teaching programme for psychiatry and put this down to the financial constraints of the College. The **Specialty of Psychiatry of Old Age** outlined that while there are some online modules run by the College, there is no formal lecture programme. Educational programmes are run by the individual Deaneries and comprised of lectures and tutorials. Training is site driven as opposed to centrally driven by the College. **Psychiatry of Old Age** Trainees agreed that a formalised programme would provide an opportunity for HST trainees to meet and network.	The College should progress the development of a formalised structured teaching and lecture programme, using on-line resources to optimise its availability.	**Partially Compliant**

The **Psychiatry of Learning Disability Specialty** detailed that every training centre has an in-house teaching programme in each of the Deaneries. This involves a formal half day of in-house teaching a week and usually includes journal club case conference and specific small tutorial. Previously there were larger face to face lectures. Now there is an extensive e-module training programme through the College for BST and HST trainees as well as for consultants for CPD purposes. **Psychiatry of Learning Disability Trainees** felt an increase in didactic teaching would be beneficial. They felt there was a lack of online teaching resources made available by the College and explained they often consulted the UK Royal College of Psychiatrists website for learning materials such as reading lists. The **Specialty of Child and Adolescent Psychiatry** detailed a training teaching session for HSTs, which was moved online due to COVID, has been difficult to deliver. **Child and Adolescent Psychiatry Trainees** indicated that formal teaching was preferred pre-COVID times as it happened more frequently. Findings in relation to this sub-standard indicate that there is a significant variation in teaching within programmes in the specialties reviewed and a formalised teaching programme would benefit Trainees. Additionally, online resources for Trainees should be developed and improved. Therefore, a recommendation has been set for the College to address.		

STANDARD 4 – THE TRAINING PROGRAMME – TEACHING AND LEARNING – 4.1.3 The training process ensures an increasing degree of independent responsibility as skills, knowledge and experience grow.		
FINDING	**RECOMMENDATION**	**COMPLIANCE**
4.1.3. The College outlined in their self-evaluation submission that the curricula is a continuum which increases in complexity and responsibility required of the trainees at each level, which leads to trainee experience growing as they progress through training. Trainees also receive feedback during their weekly 1-hour individual supervised sessions which allows them to develop their skills, knowledge and experience. The College also stated in discussions that supervisor reports are given to subsequent supervisors to allow for an appropriate exchange of information and to ensure that responsibility for a particular trainee is appropriate. Trainees across all specialties confirmed they do not work outside of their level of competence. This is strengthened by findings from a survey conducted by the Medical Council prior to the accreditation, which found that 86% of trainees believed they would be capable of independent practice upon completion on their training. The ARP is the formalised process which reviews Trainee's progress, training needs and completion of training. The Assessor Team found that whilst curricula sets out learning outcomes, that outcomes are not necessarily staged according to the year of training. Thus, a formalised assessment of outcomes and trainee progression is not currently standardised. This is discussed in further detail under sub-standard 3.2.1. Whilst its evident that training process ensures an increasing degree of independent responsibility as skills, knowledge and experience grow, the Assessor Team found that a formalised and standardised framework to assess trainee progression of responsibility will be of benefit to trainees. Therefore, recommendations have been set for the College to address.	The College should formalise and standardise a framework for trainee progression of responsibility based on attainment year on year of defined learning outcomes in an incremental fashion throughout the programmes. See recommendations under 3.2.1	**Partially Compliant**

STANDARD 5 – THE CURRICULUM – ASSESSMENT OF LEARNING – ASSESSMENT APPROACH - 5.1.1 The assessment programme, which includes both summative and formative assessments, reflects comprehensively the educational objectives of the training programme.		
FINDING	**RECOMMENDATION**	**COMPLIANCE**
5.1.1 The College references the educational roles of educational supervisors, clinical supervisors and tutors across a range of internal documents. Train the Trainer courses and Supervisors Café also address the role of the educational supervisor. Learning agreements outline the role of the tutor. However, the Assessor Team concluded that there is a need to explicitly define the educational roles of the educational and clinical supervisors and tutors. We acknowledge that the Head of Continuous Assessment is working on a guide for educational supervisors which will address this. We have therefore set a recommendation for the College progress this guide and define supervisors' designated roles. The College uses both formative and summative assessments in its training programmes. In the accreditation discussions, the ARP process was detailed and it was explained it uses formative and summative assessments to inform decisions around trainee progression. Assessments are carried out in everyday practice. This involves WBAs during which a supervisor observes a trainees practice and gives feedback. A number of these assessments are submitted by trainees when they attend the ARP panel. The ARP panel provides a summative decision relating to progression partially based on these formative WBA assessments. Assessment of trainee progression is also based on weekly supervision and supervisors' reports. The Assessor Team found that both summative and formative assessments are part of the overall continuous assessment strategy within training programmes, and curricula set out learning objectives pertaining to different stages of training. However, as outcomes are not staged according to the year of training, demonstrating trainee developmental progression may present avoidable challenges. Additionally, it's recommended that formal mechanisms in WBAs and ARP processes are incorporated to standardise the assessment of trainee developmental progress in knowledge, skills and professional qualities over time. Therefore,	The College should progress the development of the Educational Supervisor Guide to reinforce and support a supervisors' designated role. See recommendations under 3.2.1	**Partially Compliant**

this sub-standard is partially compliant and recommendations have been set under 3.2.1 for the College to address.		

STANDARD 5 – THE CURRICULUM – ASSESSMENT OF LEARNING – ASSESSMENT APPROACH - 5.1.2 The training organisation uses a range of assessment formats that are appropriately aligned to the components of the training programme.		
FINDING	**RECOMMENDATION**	**COMPLIANCE**
5.1.2. The assessment principles and modalities are clearly described in documentation submitted prior to the accreditation for BST and HST in Psychiatry. The curricula outlines a comprehensive set of WBAs and how they are used to demonstrate achievement of different outcomes in training programmes. Both formative and summative assessments are part of the overall continuous assessment strategy in the training programme. These are matched with each learning outcome of the curricular domains. The College has implemented a new E-Portfolio for trainees in 2020 and noted its success. The E-Portfolio is an electronic, online portfolio system for trainees to access, complete and track assessments as they progress through their training. The system allows trainees to record the details of their training posts and assign access to relevant Educational Supervisors, Tutors and Vice Dean(s). Utilising in-built forms based on the current assessment methods in the curriculum, trainees can draft, save and submit portfolio items and WBAs online without the need to download or upload information. Progress with learning outcome attainment is automatically recorded. Assessments are approved by assessors online via the assessor's account or emailed link to the assessor's email address. Trainees have the option to download any submission they wish to keep as a PDF. The **Psychiatry Specialty** detailed in the accreditation interview that the E-portfolio was introduced last year (2020) for trainees in their foundation year. All other trainees submit their documents via email. The administrator in the College converts documents to PDF and sends them to the assessor and to the trainee. The E-Portfolio has streamlined the assessment process. Trainees are given an hour of educational supervision with their supervisor every week, during which WBAs are completed. The trainer is then able to submit their responses live as opposed to at a later date. Some assessors are still using paper and the response is later entered into the electronic portfolio. It's planned that further roll out of the E-Portfolio will commence in July 2022.	The College should formalise input from those in professions allied to medicine into the evaluation of trainees, to encompass all aspects of training including non-clinical. The College should progress the roll out of the e-portfolio across all trainee groups.	**Partially Compliant**

During the accreditation it was explored if there are formalised mechanisms in place for trainees to receive feedback on performance from those in professions allied to medicine, such as nurses, nurse practitioners, allied health care professionals and support staff. Supervisors across all four specialties confirmed that there is no formalised process in place to facilitate feedback from professions allied to medicine, and that trainee feedback is mostly from a supervisor. The Assessor team concluded that formalising multi-source feedback structures will assist trainees with managing complexity and ensure an appropriate evaluation and assessment of all aspects of training including non-clinical. Therefore, we have set a recommendation for the College to address. It's apparent that the College uses a range of assessment formats that are aligned to curricula. Additionally, the E-portfolio is an efficient assessment tool, and we encourage the College to continue the roll out of the E-portfolio. We have therefore set a recommendation for the College to address.		

STANDARD 5 – THE CURRICULUM – ASSESSMENT OF LEARNING – FEEDBACK AND PERFORMANCE - 5.2.1 The training organisation has processes for early identification of trainees who are under performing and for determining programmes of remedial work for them.		
FINDING	**RECOMMENDATION**	**COMPLIANCE**
5.2.1 The College outlined that there are several mechanisms to identify under-performing trainees. The first mechanism is through supervisor reports which are submitted to ARP panels. ARP panels have mechanisms to offer more time or additional training and supports should they be required. Outside of this, and often in advance of annual ARP meetings, Vice Deans and HST Mentors have a role in identifying trainees who may be underperforming and in offering an increased level of support and training. The weekly meeting between the Trainee and Educational Supervisor, the training placement plan, supervisor mid-point and end-point reviews, and the ARP provide opportunities for a trainee in difficulty to be identified. Typically, when more complex issues are involved or local interventions have not helped, the matter is reviewed by the Dean or Head of Continuous Assessment. At this level, cases are dealt with on a case-by-case basis as there are often many factors involved which require an individualised plan. This response may include a referral to the Professionalism in Training Panel or to external agencies such as Practitioner Health Matters or the Medical Council. The College confirmed in the accreditation interview that whilst trainees are supported in a number of ways, there is no formal method to identify trainees struggling with exams. Informal mechanisms were described in relation to identifying trainees in difficulty with their exams, such as giving trainees feedback on unsuccessful attempts at an exam and ensuring trainees have access to enough exam practice. The **Psychiatry Specialty** detailed in the accreditation interview they are provided with guidelines from The College in relation to managing trainees in difficulty. Trainees in difficulty are often identified through close working relationships and regular WBAs.	The College should develop an appropriate policy to support the identification of trainees in difficulty. This should be shared with those involved in the delivery of education and training.	**Partially Compliant**

The **Specialty of Psychiatry of Old Age** outlined the mentorship scheme as a mechanism for identifying trainees in difficulty. Higher Specialty Trainees formally liaise with their mentor twice a year, and often liaise frequently between meetings as required to discuss any issues they are experiencing. They confirmed that the ARP process is also utilised in identifying trainees in difficulty. **Psychiatry of Old Age Trainees** were aware of the mentorship scheme as a mechanism for raising issues and several trainees confirmed they had worked with their mentors to resolve issues they were experiencing. The **Psychiatry of Learning Disability Specialty** detailed that the formation of a training plan acts as a mechanism to identify trainees in difficulty. In discussions with **Learning Disability Trainees**, they explained that they would raise any issues or challenges with their mentor. The **Specialty of Child and Adolescent Psychiatry** were not aware of a specific policy to assist with the identification of underperforming trainees. The specialty gave examples of referring trainees to local site supports and outlined that trainees who are struggling are identified by their educational supervisors through regular interaction. Where required, issues can be escalated to the HST mentor. It's apparent that trainees who are having difficulty are supported through several mechanisms. However, the Assessor Team notes that trainees are not typically identified as struggling at an earlier stage of underperformance. Therefore, we recommend that a formalised process is developed to support an earlier identification of trainees in difficulty, including a specific policy, and that this is shared with those involved in the delivery of education and training. We have therefore set a recommendation for the College to address.		

STANDARD 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	**RECOMMENDATION**	**COMPLIANCE**
6.1.1. The College's self-evaluation submission states that they are continuously developing their quality assurance processes to include feedback from appraisals, feedback from ARP panels, detailed descriptions of each post and inspections by accreditation teams. Future developments include the enhancement of evaluation processes of training programme sites and posts. With regards to quality assurance activity of training programmes, the College has three levels of inspection, which are: individual posts, clinical sites, the Deanery (BST) and national schemes (HST). During the accreditation interviews it was explained that the curriculum is reviewed annually by The College's PTC which invites input from the College membership. The current curriculum replaces earlier documents and was introduced in July 2016. It was revised in July 2019 in respect of reflective practice and learning outcomes. The Sub-committees of PTC each have a role in reviewing aspects of the training programme and each report regularly to PTC. Whilst there is evidence that the College regularly reviews its training programmes to assess curriculum content, quality of teaching and supervision, assessment and trainee progress, the Assessor Team found no clear evidence of the formal comparison of curriculum, training programmes and assessments with those of other relevant programmes, or the utilisation of external collaborators in the review and update of the curriculum and training programmes. Therefore, this sub-standard has a partially compliant rating and a recommendation has been set under sub-standard 1.3.2.	See recommendation under sub-standard 1.3.2	**Partially Compliant**

STANDARD 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	**RECOMMENDATION**	**COMPLIANCE**
6.1.3. In its self-evaluation survey the College outlined mechanisms utilised to seek trainee feedback. Trainees provide formal feedback on every placement, and they have the opportunity to provide feedback as part of the ARP process. Trainees are also represented on the Trainee Committee and the Trainee Committee are represented on all committees within the College. Trainee feedback is sought at the PTC to ensure potential changes to training programmes are understood and communicated properly. In the accreditation interview, The College confirmed trainees are represented in the majority of committees in the College through the Trainee Committee. The PTC has trainee representation which facilitates feedback and its primary function is to improve the standard of training in Psychiatry and to promote the trainees' views and interests. Trainee feedback is also sought through clinical training site accreditation inspections, through formal trainee feedback following each placement, as well as via the ARP process. **The Specialty of Psychiatry** confirmed that the PTC is a mechanism for updating the regulations and curriculum. Trainees have the opportunity to feedback on systemic issues via the Trainee Sub Committee to the College Council. **Psychiatry Trainees** gave an example of a training issue regarding learning outcomes that was resolved when it was raised with the College. The **Specialty of Psychiatry of Old Age** detailed in the accreditation interview that both educational supervisors and trainees have been involved in the curriculum through the PTC and the Syllabus, Curriculum and Continuous Assessment & Review of Progress sub-committee. Trainees have representation on those committees via the Trainee Committee of the College. **Psychiatry of Old Age Trainees** gave an example of raising a curriculum issue to	The College and the specialties should continue to examine their communication strategy relating to feedback processes to alleviate the concerns of the trainees regarding confidentiality. The College should explore with all specialties, especially those with limited trainee numbers, how they ensure anonymity.	**Partially Compliant**

the College through the PTC, and subsequent resolution. Trainees indicated The College are generally receptive to feedback and seek trainee input. The Specialty of **Child and Adolescent Psychiatry** detailed an example in relation to seeking feedback on teaching sessions and they were aware of issues being raised via the PTC. **Child and Adolescent Trainees** noted they receive a regular newsletter from the PTC. Trainees across all specialties expressed concerns about providing feedback on training posts. They felt it was not possible to provide feedback anonymously and were concerned about the follow-up on feedback given. Trainees explained they worry about the impact raising a concern may have on their career, they were unaware of governance processes surrounding raising a concern, they were unaware of anonymous pathways to raise concerns, and that given the programmes are relatively small, they worried how raising concerns may impact progression through training. This is supported by the Medical Council survey results whereby 50% of trainees indicated they could give confidential feedback on their training. Furthermore, 42% of Trainees felt they could contribute to programme development. Whilst it's evident that appropriate governance structures exist with regards to trainee feedback, trainees across all programmes reviewed raised their concerns regarding fear of adverse consequences following raising negative feedback. Therefore, trainee anonymity and confidentiality should be addressed by The College.		

STANDARD 6 – THE CURRICULUM – MONITORING AND EVALUATION – OUTCOME EVALUATION – 6.2.1 The training organisation maintains records on the graduates of its training programme, is developing methods to measure outcomes of training and is collecting qualitative information on outcomes.		
FINDING	**RECOMMENDATION**	**COMPLIANCE**
6.2.1. The College maintains records of trainee performance throughout training programmes, the competencies achieved and the overall outcomes. This data is recorded in their training portfolio and by in-service formative and summative assessments including, the ARP process. However, the Assessor Team found no evidence that qualitative graduate outcome data is collected, measured, and used to drive improvements, therefore we have set a recommendation for the College to address.	The College together with the specialties should develop a system to collect qualitative data on the progress and advancement of its graduates post-CSCST, both as an aid to the quality control of its training programmes and to help inform curriculum development for future trainees.	**Partially Compliant**

STANDARD 6 – THE CURRICULUM – MONITORING AND EVALUATION – OUTCOME EVALUATION – 6.2.2 Supervisors, trainees, health care administrators, other health care professionals and consumers contribute to evaluation processes		
FINDING	**RECOMMENDATION**	**COMPLIANCE**
6.2.2. In its self-evaluation survey the College outlined the mechanisms supervisors and trainees utilise to contribute to evaluation processes. Supervisors and trainees are members of the PTC, which is the overarching committee which governs postgraduate training. Train the Trainer events provide a forum for trainers to raise their feedback. An annual meeting between the Vice Deans, Tutors and Mentors is utilised to discuss aspects of the training programmes that can be developed, and feedback is sought during these meetings. The Trainee Committee represents the trainee voice and feeds into numerous committees and working groups. Recovery Experience Forum of Carers and Users of Services (REFOCUS) represents the voice of those who use mental health services and comprises of family members and carers of those with mental health issues, as well as Psychiatrists. Trainees, trainers and REFOCUS members are full members of Clinical Training Site Inspection Teams. Additionally, during inspections allied healthcare professionals and healthcare administrators are interviewed and facilitated in contributing to the evaluation process. Whilst there are several mechanisms in place for supervisors and trainees to contribute to evaluation processes, the Assessor Team found that healthcare professionals, administrators, patients and consumers have limited representation in evaluation processes outside of REFOCUS. Moreover, during the accreditation interview the College confirmed that allied health disciplines are not involved in assessing curricular items. We have therefore set a recommendation for the College to address.	The College should develop formalised mechanisms to incorporate feedback from health care professionals, administrators and consumers as part of the curriculum and monitoring evaluation process.	**Partially Compliant**

STANDARD 7 – IMPLEMENTING THE CURRICULUM – TRAINEES – ADMISSION POLICY AND SELECTION – 7.1.2 The processes for selection into the training programme o are based on the published criteria and the principles of the training organisation concerned o are evaluated with respect to validity, reliability and feasibility o are transparent, rigorous and fair o are capable of standing up to external scrutiny o 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	**RECOMMENDATION**	**COMPLIANCE**
7.1.2. In its self-evaluation survey the College outlined that interview boards for BST and HST receive standardisation training. Following interviews candidates are provided with a distinct score. Candidates with the same distinct score undergo further reviewal to ensure standardisation in the process. The BST and HST interviews are conducted using the HSE guidance, and all of those who request feedback on interview performance are provided with their marks on each section and comments recorded by the interview board. During the accreditation, the College Management Team and the **Psychiatry Specialty** outlined the centralised selection process of trainees, and this was in keeping with the self-evaluation documentation provided. There is an initial shortlisting centrally followed by an interview day. Each three-person panel is chaired by a Vice Dean with all the nine Vice Deans involved in the process. Each panel is composed of a mix of Psychiatrists from varying locations and experience. All the applicants are ranked on the interview day using a structured marking scheme. There is also interviewer training provided to all panel members to standardise the process. **Psychiatry Trainees** noted they feel the recruitment process is fair and transparent with competencies being assessed outlined. Trainees explained concerns in relation to the number of training posts. They outlined that there were more BST posts than HST posts	The College should develop a formal process to review decisions in relation to selection, and information on this process should be outlined to candidates prior to the selection process. The College should communicate to trainees regarding the number of available training posts within each specialty programme.	**Partially Compliant**

and expressed concerns over this. It was also noted that some trainees had been unable to receive feedback following an interview despite requesting it. **Psychiatry of Old Age Trainees** outlined the interview process for entry into HST after BST. They detailed there was a clear application form that outlined the marking scheme. Trainees also have the opportunity to submit geographical or service preferences for training posts. **Psychiatry of Old Age Trainees** also detailed their concerns about the discrepancy between BST and HST posts, which means there are more BST than HST posts. Subsequent to the accreditation the College outlined that the number of BST/HST posts available every training year is subject to the HSE/NDTP Workforce Planning report in the specialty of Psychiatry. As a result of the work of this collaborative group, over the last four years there has been no eligible BST who has not received a HST place on a training programme. However, as the Assessor Team found that some trainees felt there was a discrepancy between BST and HST posts, we have set a recommendation for the College to address regarding the communication of the number of available training posts within each specialty programme. College Representatives outlined with regards to evaluation that unsuccessful applicants are reviewed. The Assessor Team was unable to find any evidence of a formalised evaluation and analysis of the selection process, an evaluation with respect to validity, reliability and feasibility, a formal process for the review of decisions or an assessment of the number of appeals or a generalised analysis of selection processes. At the time of the accreditation College Representatives explained the there is a project underway to review recruitment processes across all Training Bodies and it's expected that suggestions for improvements will arise from this project. The Assessor Team have therefore set a recommendation for the College to address regarding the formalisation of processes to evaluate and review decisions relating to recruitment and selection and for this information to be disseminated amongst trainees. We have also set a recommendation regarding the number of available training posts within each specialty programme for the College to address.		

STANDARD 7 – IMPLEMENTING THE CURRICULUM – TRAINEES – ADMISSION POLICY AND SELECTION – 7.1.3 The training organisation documents and publishes its selection criteria. Its recommended weighting for various elements of the selection process, including previous experience in the discipline, is described. The marking system for the elements of the process is also described.		
FINDING	**RECOMMENDATION**	**COMPLIANCE**
7.1.3. The College outlined in their self-evaluation submission that they formally publish marking systems through their website and guidance documents. College Representatives detailed in the accreditation interview that in terms of weighting for elements of the selection process, they allocate higher weighting when necessary for aspects of recruitment and selection processes. However, the Assessor Team were unable to find any evidence of a formalised approach to weighting and we have therefore set a recommendation for the College to address.	The College should create a defined process for the weighting of various elements of the selection process.	**Partially Compliant**

STANDARD 7 – IMPLEMENTING THE CURRICULUM – TRAINEES – ADMISSION POLICY AND SELECTION – 7.1.4 The training organisation publishes its requirements for mandatory experience, such as rotation through a range of training sites. The criteria and process for seeking exemption from such requirements are made clear.		
FINDING	**RECOMMENDATION**	**COMPLIANCE**
7.1.4. Documentation submitted prior to the accreditation described the mandatory experiences for BST and HST trainees, and the process for changing Deanery is also detailed in the documentation. Key policies in relation to mandatory experience, rotations and seeking exemptions are highlighted to trainees during their inductions. During the accreditation College Representatives explained that the process for granting exemptions and extensions within training is through the ARP process. The ARP process takes place in October and April/May each year, and it is through this process that requests for recognition of prior learning, accelerations and extensions are presented, discussed and confirmed. Trainees entering BST who can show evidence of equivalent prior learning in an accredited training programme can have a 'pre-entry' ARP to determine if they are eligible to by-pass foundation year and commence training at BST year one. **Psychiatry Trainees** outlined variation in the recognition of prior learning. The Assessor Team concluded that whilst the process for seeking exemptions is clear, the criteria used for seeking exemptions should be clarified and published. We have therefore set a recommendation for the College to address.	The College should develop and publish criteria for seeking exemptions.	**Partially Compliant**

STANDARD 7 – IMPLEMENTING THE CURRICULUM – TRAINEES – RESOLUTION OF TRAINING PROBLEMS AND DISPUTES – 7.4.1 The training organisation has processes to address confidentially problems with training supervision and requirements. **7.4.3** The training organisation has reconsideration, review and appeals processes that allow trainees to seek an impartial review of training-related decisions, and makes its appeals policies publicly available.		
FINDING	**RECOMMENDATION**	**COMPLIANCE**
7.4.1. In addressing this standard, the College in its self-evaluation submission referred to the policy to deal with negative feedback on the training process and the policy on bullying and harassment. The roles of the HST Mentor and Vice Dean includes support and advocacy for trainees. Additionally, also noted was a draft grievance policy and procedure, and a non-discrimination policy. The draft grievance policy and its role in enabling trainees to raise complaints in relation to their training programme was discussed during the accreditation. At the time of the accreditation, College Representatives outlined that the draft grievance policy and procedure had not been integrated into regulations. However, the Assessor Team were advised that the draft policy would be fully incorporated once Council had reviewed it in due course. We were advised that some trainees and trainers may be aware of the policy, but that once the policy is signed off by Council, then it will be widely disseminated amongst trainers and trainees. During the interviews with the **Psychiatry and Old Age Psychiatry Trainees,** we found that generally they were not aware of the draft grievance policy. We have therefore set a recommendation for the College to address regarding the finalisation and dissemination of the policy. We found that trainees across all programmes raised their concerns regarding fear of adverse consequences following raising negative feedback pertaining to their training. Trainees explained they worry about the impact raising a concern may have on their career, they were unaware of governance processes surrounding raising a concern, they were unaware of anonymous pathways to raise concerns, and that given the programmes	Please refer to recommendations under 6.1.3 The College should approve and implement the draft grievance policy and related procedures and communicate these to Trainees and Educational Supervisors. An update should be provided to the Medical Council on receipt of the accreditation report. The Grievance Policy should be made publicly available once finalised.	**Partially Compliant**

are relatively small, they worried how raising concerns may impact progression through training. Recommendations have been set under 6.1.3 to address these concerns. **7.4.3.** It was concluded that the College has mechanisms in place to facilitate the reconsideration and review of training related decisions. Processes and policies are outlined in the Regulations document which is published on their website. However, as noted in sub-standards 1.3.2, 7.4.1 and 7.4.2, the College's Grievance Policy is in draft form and at the time of the accreditation was due to be finalised in due course. We have therefore set a recommendation for the College to ensure that once finalised, the Grievance Policy is made publicly available.		

STANDARD 7 – IMPLEMENTING THE CURRICULUM – TRAINEES – RESOLUTION OF TRAINING PROBLEMS AND DISPUTES – 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	**RECOMMENDATION**	**COMPLIANCE**
7.4.2. It was concluded that The College has several pathways for the resolution of training related disputes between trainees and supervisors and the organisation. However, many of these pathways at the time of the accreditation were informal. Sub-standard 7.4.1 outlines several policies in place to support the resolution of training related disputes. The draft grievance policy and its role in enabling trainees to raise complaints in relation to their training programme was discussed during the accreditation. However, as this policy was in draft format, and trainee anonymity was raised in relation to 6.1.3, the Assessor Team concluded that the College should develop clear, formalised and impartial pathways to support the resolution of training related disputes.	The College should develop clear, formalised and impartial pathways to support the resolution of training related disputes and communicate these widely within the College, ensuring that all students and supervisors are aware of internal processes. Please refer to the recommendations under 7.4.1	**Partially Compliant**

STANDARD 7 – IMPLEMENTING THE CURRICULUM – TRAINEES – RESOLUTION OF TRAINING PROBLEMS AND DISPUTES – 7.4.4 The training organisation has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.		
FINDING	**RECOMMENDATION**	**COMPLIANCE**
7.4.4. In its self-evaluation survey the College detailed that an appropriately redacted report of all negative feedback is reported to the Accreditation Sub-Committee of the PTC. This Sub-Committee is the committee responsible for inspection visits and sends accreditation reports to the PTC and Council. The College outlined in the accreditation interview that a large proportion of complaints and issues are resolved at a local level and therefore are not raised with the Vice Dean or Mentor. Complex and significant issues are	The College should develop a formal process for evaluating redacted appeals and complaints to determine if there is a systems problem.	**Partially Compliant**

raised with Senior Management at The College. It was explained that these issues are anonymised and reported to the PTC. However, whilst it was explained that a report is sent to committees, the Assessor Team were unable to find any evidence of formalised processes around the evaluation of anonymous concerns to identify potential systems issues. We have therefore set a recommendation for the College to address.		

STANDARD 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	**RECOMMENDATION**	**COMPLIANCE**
8.2.2. The College submitted documentation which outlined their own processes for accreditation. Also submitted was evidence of a learning agreement, which provides a description of key responsibilities, and employers are required to sign. During the accreditation interview College Representatives outlined that they have completed inspections for half of training Deaneries. They noted that the pandemic has led them to conducting more focussed inspections online and that they estimate the remainder of BST inspections should be completed by the end of 2021. It is envisaged that an accreditation of the national HST training programme will be carried out once BST inspections are completed. As at the time of the accreditation, inspections were outstanding, we have set a recommendation for the College to address.	The College should complete its accreditation of all training sites and provide an update to the Medical Council.	**Partially Compliant**

Appendix One - Attendance Record

Medical Council Postgraduate Accreditation

College of Psychiatrists of Ireland's

Programmes of Specialist Training in Psychiatry, Psychiatry of Old Age, Psychiatry of Learning Disability and Child and Adolescent Psychiatry.

Monday 10th – Wednesday 12th May 2021

Virtual Accreditation

Medical Council Core Assessor Team in attendance:

- Dr Ailís Ní Riain, Assessor & Chair of Accreditation Team
- Dr John Barragry, Assessor & Medical Council member
- Ms Teresa Bulfin, Assessor & Medical Council member
- Ms Una O'Rourke, Assessor & Director of Education & Training
- Professor Brendan Loftus, Observer for Medical Council

Specialist Assessors in attendance:

- Dr Indira Vinjamuri, Assessor for the Medical Council (Psychiatry)
- Dr Alex Bailey, Assessor for the Medical Council (Psychiatry of Old Age)
- Dr Mary Barrett, Assessor for the Medical Council (Psychiatry of Learning Disability)
- Dr Suyog Dhakras, Assessor for the Medical Council (Child and Adolescent Psychiatry)

Medical Council Executive in attendance:

- Dr Ellen Moran, Inspection Manager, Medical Council
- Ms Marian Brosnan, Accreditation Officer, Medical Council
- Ms Colette Costello (Zoom host), Quality Improvement Officer, Medical Council

College Representation in attendance:

- Dr William Flannery, President
- Dr Aoibhinn Lynch, Dean of Education
- Dr Edwina Barry, Chief Examiner
- Dr Fiona Crotty, Head of Continuous Assessment
- Dr Greg Swanwick, Chair of Accreditation Sub Committee
- Dr Lorcan Martin, Director of Professional Competence, and Vice President
- Dr Anne Doherty, Head of E-Learning & Courses
- Ms Miriam Silke, CEO
- Ms Kellie Myers, Operations Manager, Postgraduate Training

Psychiatry Representation in attendance:

- Dr Aoife Hunt – Faculty Chair
- Dr Richelle Kirrane - Postgraduate Training Committee rep
- Dr Aisling Campbell – HST Mentor
- Dr Colm McDonald – BST Vice Dean
- Dr Angela Noonan - BST Vice Dean
- Dr Lorcan Martin, Director of Professional Competence, and Vice President
- Dr Brian Hallahan – Educational Supervisor
- Dr Ana Goles – Educational Supervisor
- Dr Narayanan Subramanian – Educational Supervisor
- Dr Evelyn McCabe – Educational Supervisor
- Dr Ann Horgan – Educational Supervisor
- Dr Jim Lucey – Educational Supervisor
- Dr Marina Bowe – Educational Supervisor
- Dr Cliff Haley – Educational Supervisor
- Dr Anwar Ul haq – Educational Supervisodr
- Vidis Coro - Educational Supervisor
- Jo Rowley - Educational Supervisor
- Dr Angela Noonan,
- Dr Paul Mathews
- Dr Michael Morris
- Dr Radmir Rakun
- Dr Melissa Gill
- Mutahir Gulzar
- Mary O'Hanlon

Psychiatry of Old Age Representation in attendance:

- Dr Aoife NiChorcorain – Faculty Chair
- Dr Odile Hally - Postgraduate Training Committee rep
- Dr Sabina Fahy – HST Mentor
- Dr Geraldine McCarthy – BST Vice Dean
- Dr Ornaith Quinlan – Educational Supervisor
- Dr Maura Young
- Dr Declan McLoughlin
- Dr Elaine Greene
- Dr Mia McLaughlin
- Dr Kate Beilinski
- Dr Gearoid Moynihan
- Dr Micheal O'Cuil

Psychiatry of Learning Disability Representation in attendance:

- Dr Maeve Moran – Faulty Chair

- Dr Anita Ambikapathy - Postgraduate Training Committee rep
- Dr Laura Mannion – HST Mentor
- Dr Paul Scully, BST Vice Dean
- Dr Karen Humphries –Educational Supervisor
- Dr Mary Kelly – Educational Supervisor
- Dr Evan Yacoub – Educational Supervisor
- Dr Orfhlaith McTigue – Educational Supervisor
- Dr Patricia Walsh – Educational Supervisor
- Dr Brendan McCormack – Educational Supervisor
- Dr Sheena Flavin – Educational Supervisor
- Dr Aideen Morrison – Educational Supervisor
- Dr Niamh Mulryan – Educational Supervisor
- Dr Peter Leonard – Educational Supervisor
- Dr Noel Hannan - Educational Supervisor

Child and Adolescent Psychiatry Representation in attendance:

- Dr Imelda Whyte – Faculty Chair & HST Educational Supervisor
- Dr Peter Dineen – Faculty Vice Chair
- Dr Kieran Moore - Postgraduate Training Committee rep & PGT Chair
- Dr Louise Connolly – HST Mentor (CAP)
- Dr Gavin Rush, BST Vice Dean
- Dr Maria Migone – Educational Supervisor
- Dr Leo (Leonora) Mestal – Educational Supervisor
- Dr Fionnuala Lynch – Educational Supervisor
- Dr Farzana Sadiq – Educational Supervisor
- Dr Michelle Mulcahy ¬Educational Supervisor
- Dr Diana Schirliu – Educational Supervisor
- Dr Elizabeth Barrett – Educational Supervisor
- Dr Caroline Noone – Sinclair ¬ Educational Supervisor
- Dr Denise Canavan – Educational Supervisor
- Dr Gary McDonald – Educational Supervisor
- Dr Helen Keeley – Educational Supervisor
- Dr Yvonne Begley – Educational Supervisor

Number of Trainees in attendance:

- Psychiatry (18)
- Psychiatry of Old Age (4)
- Psychiatry of Learning Disability (6)
- Child and Adolescent Psychiatry (5)
- Trainees in BST Psychiatry (16).

Appendix Two – Overview of Documentation

List of documentation submitted by the College of Psychiatrists of Ireland

	Submission
1.	Child and Adolescent Psychiatry.pdf
2.	General Adult Psychiatry.pdf
3.	Psychiatry of Learning Disability.pdf
4.	Psychiatry of Old Age.pdf
	Appendices
5.	Letter from Medical Council.pdf
6.	College Response to MC.pdf
7.	Curriculum.pdf
8.	Exam SC TOR.pdf
9.	TOR Rules of Procedure.pdf
10.	Learning Agreement.pdf
11.	Application for Acceleration ARP.pdf
12.	Forum Supporting PG Medical Trainees.pdf
13.	HST Educational Approval Form.pdf
14.	HPAC External Review of Exam.pdf
15.	Step by Step approach to std setting by borderline regression.pdf
16.	Letter to IMC re changes BST Exam Covid.pdf
17.	Deanery Inspections Proposal.pdf
18.	Guidelines Research Proposal.pdf
19.	Call for Abstracts.pdf
20.	AT74A1~1.pdf
21.	Letter to Med Council re FORMAL RESPONSE 16.05.12.pdf
22.	Regulations-July-2020.pdf
23.	ToR & Rules of Procedure PTC.pdf
24.	PTC Membership Tenure 2019-2021.pdf
25.	ToR & Rules of Procedure - Accreditation SC.pdf
26.	Letter from Medical Council re Professionalism.pdf
27.	Response to Medical Council Guidelines.pdf
28.	ToR PCS Committee.pdf
29.	PCS in the Collegeof Psychiatrists.pdf
30.	ToR Specialist Registration Committee.pdf
31.	BST Guidelines for Applicants July 2021.pdf
32.	BST Application Form July 2021.pdf
33.	HSE - INTERVIEW GUIDE 2011 (Updated 11.01.2021).pdf
34.	BST Interview individual Marking Sheet 2021.pdf
35.	HST Application Form A July 2021.pdf
36.	Guidelines for completion of Form A July 2021.pdf
37.	HST Application Form B July 2021.pdf

41.	Guidelines for completion of Form B July 2021.pdf
42.	HST Interview Marking System.pdf
43.	Bye Laws of the Company.PDF
44.	Constitution of the Company.PDF
45.	Organisation Structure CPsychI.pdf
46.	Management Minutes 14-1-21.pdf
47.	Head of E-learning Job Description.pdf
48.	Vice-Dean Job Description.pdf
49.	HST Mentors Job Description.pdf
50.	Chief Examiner Job Description.pdf
51.	Dean of Education Job Description .pdf
52.	Terms of Reference For CAP Sub-Committee (2019-2021).pdf
53.	Proposal 2020-21 College of Psychiatrists to NDTP.pdf
54.	College of Psych SLA Offer Letter 2020-21.pdf
55.	Autumn Review 2020-2021 Psychiatry.pdf
56.	MASTER - CPsychI Provided Courses.pdf
57.	Deanery Structure.pdf
58.	Refocus Terms of Reference FINAL 2018.pdf
59.	Standing Order for REFOCUS Meetings 2018 Final.pdf
60.	Summary of REFOCUS.pdf
61.	Medfest.pdf
62.	Revised Endpoint Supervisors Report 2020.pdf
63.	Workshop - What makes you a Specialist.pdf
64.	Revised Midpoint Supervisors Report 2020.pdf
65.	Head of Continuous Assessment Job Description.pdf
66.	Summary of Supervision Sessions.pdf
67.	Trainer Attendance at Training Activities 2018-2021.pdf
68.	ARP Report Form 2017-2021.pdf
69.	Revised ARP Report Form BST Draft.pdf
70.	Revised ARP Report Form HST Draft.pdf
71.	SR Change of Mind Template Form - July 2021.pdf
71.	HST TRAINEE Induction - Sept. 2020.pdf
73.	Foundation Year Induction 2020.pdf
74.	Non-Discrimination Policy.pdf
75.	Grievance Policy and Procedure.pdf
76.	E-Portfolio User Guide for Educational Supervisors.pdf
77.	Resilience Think Tank Jan 2021.pdf
78.	E-Portfolio User Guide for Trainees.pdf
79.	Changes to Portfolio Items Summary for PTC 13.02.20.pdf
80.	HST LEARNING OUTCOMES ATTAINMENT GRID - JULY 2017.pdf

81.	Training Placement Plan.pdf
82.	CSCST Certificated Template.pdf
83.	SLA with Medical Council SDR.pdf
84.	Psychiatry Guidance Document V3.pdf
85.	Old Age Guidance Document V3.pdf
86.	LD Guidance Document V3.pdf
87.	CAP Guidance Document V3.pdf
88.	Conflict of interest policy.pdf
89.	CPsychI Code of Conduct for Trustees.pdf
90.	Development Funding Application Form 2020 ELearning.pdf
91.	BST Courses_Tutorials.pdf
92.	HST Recruitment SOP March 2020.pdf
93.	SOP ARP Processes & Procedures.pdf
94.	HST Post Allocations SOP Nov 2021.pdf
95.	BST Recruitment SOP.pdf
96.	SOP Accreditation Process for Training Posts.pdf
97.	SOP Clinical Examination.pdf
98.	Higher Specialist Training in Psychiatry.pdf
99.	Medical WFP for Psychiatry Report Nov 2020.pdf
100.	MOU CPsychI & MHC Jan 21.pdf
101.	College of Psychiatrists - final signed accounts 2018.pdf
102.	CPsychI signed accounts ye 310519.pdf
103.	Financial Statements 31.10.19 type signed accounts.pdf
104.	Final Accounts Unincorporated 29.02.2020.pdf
105.	Draft accounts 10.12.2020.pdf
106.	Train the Trainer Induction Presentation.pdf
107.	ARP Panel Member Training.pdf
108.	Refresher Training Examiners.pdf
109.	PTC Agenda 04.20.2021.pdf
110.	Trainee Committee Terms of Reference.pdf
111.	EAP Updates January 2021.pdf
112.	FINAL Blueprint Winter 2020 BST Clinical Exam.pdf
113.	Induction pack for Council.pdf
114.	Terms of Reference Advisory Board.pdf
115.	TOR Council.pdf
116.	TOR Management Committee.pdf
117.	CpsychI Medical Student & Intern Essay Prize 2021.jpg
118.	Careers in Psychiatry Events 2020.jpg
119.	NCHD Conference 2021 Timetable.pdf
120.	Spring Conference Programme 2021.pdf

121.	Forum PGTBs Strategy final (003).pdf
122.	SDR Psych Assessors Report.pdf
	Additional Documentation
123.	Head of Continuous Assessment Job Desc.pdf
124.	Train the Trainer Induction Presentation.pdf
125.	ARP Panel Member Training.pdf
126.	Refresher Training Examiners.pdf
127.	Effective feedback.pdf
128.	Exam Training Workshop 2021 Correspondance.pdf
129.	Examiner Refresher Training - Presentation 12.11.2020.pdf
130.	Supervisors workshop slides.pdf
131.	In.11.05.21 Add doc (email)
132.	In.11.05.21 Clarifications (email)

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