FINAL - Report on the Accreditation of The Institute of Medicine and seven programmes of higher specialist training (including basic specialist training).

Approved by ETC 20.09.22

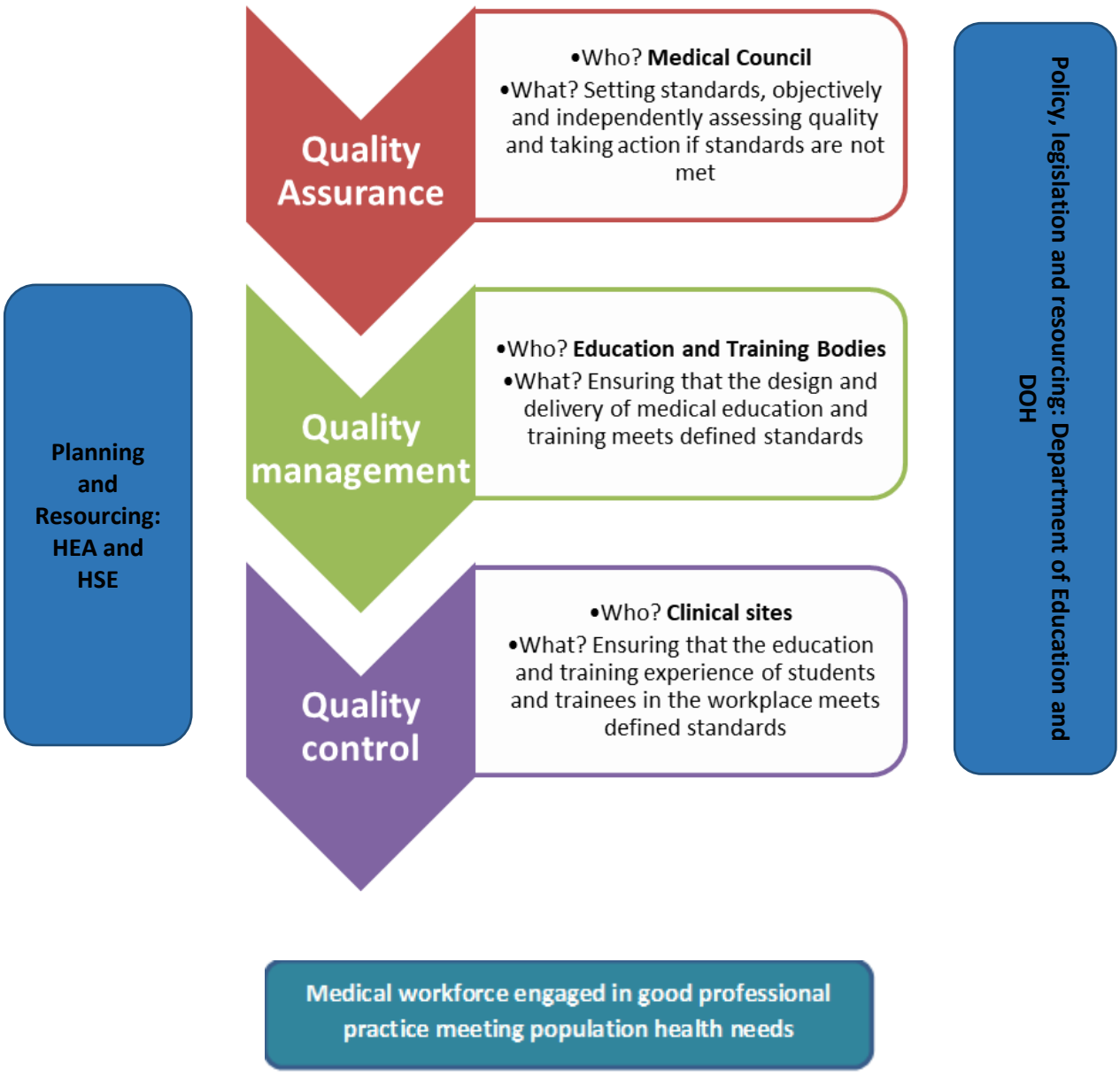
Ministerial Approval 06.12.22

Comhairle na nDochtúirí Leighis
Medical Council

Contents

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

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



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

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

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

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

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

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

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

The Medical Council's finding is based on the programme and Body's adherence to the rules, criteria, guidelines and standards approved by Council as specified in Sections 87(3), 88(1)(a), 88(4)(b), 88(4)(d) and 89(3) of the Medical Practitioners Act 2007.

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

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

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

2. Preface

1. Context of the Accreditation Session

The Medical Council Assessor Team met with the Institute of Medicine ('The IOM') and the Royal College of Physicians of Ireland (RCPI) Executive between 9 – 12 November 2020. The Assessor Team's remit was to assess seven programmes of specialist training (which all follow on from the programme of basic specialist training in General Internal Medicine) and which are dual with General Internal Medicine (Cardiology can also be delivered as a standalone specialty); 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 seven programmes of specialist training included:

Cardiology*+	Infectious Diseases*
Clinical Pharmacology and Therapeutics*	Nephrology*
Gastroenterology*	Rheumatology*
General Internal Medicine (BST & HST)	

* : these programmes are dual with General Internal Medicine.

+ : Cardiology is also delivered as a standalone specialty

Please note that under the Medical Practitioners Act 2007, the Medical Council can only recognise a speciality, it does not have the power to recognise sub-specialisation. Herein, the term 'special interest area' will be used to describe what some training bodies refer to as 'sub-specialty'.

The compliance of The Institute of Medicine 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 a Council member, external Assessors with a relevant background/interest in medicine and/or medical education/training; and included medically qualified and non-medically qualified persons, representing public/patient interests together with support from the Medical Council Executive.

The Council particularly appreciates the contribution of the Assessors. The Team comprised of Professor Barry Lewis (Chair), Dr Tom Crotty (Council member), Ms Katharine Bulbulia, Professor John Jenkins, Dr Ganesh Subramanian (General Internal Medicine), Dr Mark Westwood (Cardiology), Dr Una Martin (Clinical Pharmacology and Therapeutics), Dr Chris Summerton (Gastroenterology), Dr Alastair Miller (Infectious Diseases), Dr Aine Burns (Nephrology), Dr Venkat Chalam (Rheumatology). They brought additional expertise in quality assurance of medical education to the accreditation and generously gave of their time and expertise to help with the accreditation process.

The Medical Council also thanks the representatives from the IOM and the RCPI, for their co-operation and participation in the Accreditation. In addition, the Medical Council wishes to thank the Trainers and Trainees who met the Team, and whose feedback was most helpful in formulating aspects of this report. Assessor Teams met with the training body management and National Specialty Directors, programme training directors of the specialist training programmes and interviewed Trainee specialists participating in each of the specialist training programmes and the basic specialist training programme.

3. Documentation

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

4. Schedule

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

5. Appendices

The attendance record for the accreditation session, including details of the visiting Assessor Team, are attached in **Appendix B**. The list of supporting documentary evidence that was provided to support the self-evaluation under each standard is attached as **Appendix C**. The accreditation standards which were applied throughout this process can be found here.

6. The Report

The Standards formed the basis of the evaluation of both the Institute of Medicine, RCPI and the programmes of specialist training in Cardiology, Clinical Pharmacology and Therapeutics, Gastroenterology, General Internal Medicine (BST and HST), Infectious Diseases, Nephrology and Rheumatology. The observations, comments and recommendations contained in this Report are grouped under the relevant section of these standards.

3. Summary and General Assessment

3.1 Conclusion

Approval status for the programmes of specialist training in Cardiology*+, Clinical Pharmacology and Therapeutics*, Gastroenterology*, General Internal Medicine (BST & HST), Infectious Diseases*, Nephrology* and Rheumatology*.

* : these programmes are dual with General Internal Medicine.

+ : Cardiology is also delivered as a standalone specialty.

i. The Programmes of Specialist Training in **Cardiology*+, Clinical Pharmacology and Therapeutics*, Gastroenterology*, General Internal Medicine (BST & HST), Infectious Diseases*, Nephrology* and Rheumatology*** are approved initially for a period of three years *with 9 conditions*, by the Council under the terms of section 89(3)(a)(i) of the Medical Practitioners Act 2007.

ii. The Institute of Medicine is approved initially for a period of three years, by the Council under section 89(3)(a)(ii) of the Medical Practitioners Act 2007 as the body which may grant evidence of the satisfactory completion of Specialist Training in **Cardiology*+, Clinical Pharmacology and Therapeutics*, Gastroenterology*, General Internal Medicine (BST & HST), Infectious Diseases*, Nephrology* and Rheumatology*** approved under (i) above.

iii. A certificate of satisfactory completion in specialist training (CSCST) in **Cardiology, Clinical Pharmacology and Therapeutics, Gastroenterology, General Internal Medicine, Infectious Diseases, Nephrology and Rheumatology** 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 (TBC 2022) and the Minister of Health (TBC 2022) as set out in Statutory Instrument 529 of 2010.

Conditions applicable to the Institute of Medicine (IOM), Royal College of Physicians of Ireland and All the IOM programmes accredited

a. The IOM must review and demonstrate how the assessment for dual training is undertaken to ensure full compliance with the curriculum competencies. The IOM must report to the Medical Council within **12 months** of the final accreditation report.

Condition (a) is consistent with findings in "the Curriculum – Assessment of Learning – Assessment Approach" under standard 5.1.1.

b. The role of a Trainer is an important one and as such all Trainers must be appropriately trained for their roles in each of the Specialties. This needs to include training in assessment methods and use of the e-Portfolio (in particular undertaking and recording workplace-based assessments). The implementation plan for this training must be provided to the Medical Council within **6 months** of the final report.

In addition, in order to monitor the effectiveness of and to provide appropriate support, the IOM must develop a formal performance management system / method for assessing the effectiveness for both Trainers and Assessors (and Examiners in relation to the BST in GIM). This must include feedback on the effectiveness of Trainers from all sources such as other healthcare professionals, peers and Trainees etc.

Details of the system must be provided to the Medical Council within **12 months** of the final report and the system introduced for the annual assessment after the final report.

Condition (b) is consistent with findings in "Implementing the Training Programme – Delivery of Educational Resources – Supervisors, Assessors, Trainers and Mentors" under standard 8.1.3 and 8.1.5.

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

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

The IOM together with the Specialties must continue to work towards ensuring an appropriate balance of service provision versus training to ensure Trainees are released for training. Protected training time needs to be identified in the Trainee's workplan to enable them to access appropriate educational resources.

An update on the action taken including data on whether the situation has improved, must be provided to the Medical Council within **12 months** of the final report.

Condition (c) 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 seven specialties under standards 1.4.2 and 8.1.6.

d. It is essential that curricula are informed by workforce planning requirements thereby reflecting the Irish health system and service needs of the population. As such, the IOM must demonstrate that it is consistently raising issues around workforce planning. The IOM must work with each of the Specialties including BST GIM to determine the mandatory requirements of the curriculum and ensure that any training that is mandatory within a curriculum is funded.

Similarly, if Advanced Training is deemed necessary for the completion of the requirements of the curriculum in Gastroenterology, the IOM and the Specialty are required to demonstrate a plan of action to incorporate the delivery and funding of Advanced Training into the programme.

A plan of action to fund any such training must be provided within **12 months** of the final report. This plan must demonstrate that funding will be in place within one year of the final report.

Condition (d) is consistent with findings in "Delivery of Educational Resources – Clinical and other Educational Resources" under standard 8.2.4.

e. The IOM must identify and map each dual specialty programme demonstrating the time spent in GIM training and the time spent in the dual specialty. An update must be provided within the approved accreditation period.

Condition (e) is consistent with findings in "Curriculum Structure Composition and Duration" under standard 3.2.1.

f. The IOM together with BST GIM and the Specialities must commence the implementation of all aspects of the published training site Accreditation model. This must be completed within **6 months** of the final report.

Condition (f) is consistent with findings in "Implementing the Training Programme – Delivery of Educational Resources – Clinical and Other Educational Resources" under standards 8.2.3.

Conditions applicable to Gastroenterology and Nephrology

g. The IOM must work with the HSE and the Specialties to determine whether the training programmes adequately equip graduates to fulfil the requirements of a Consultant role in the Irish health care system without further (advanced) training or further exposure (to a larger breadth of conditions/cases).

If further training or exposure is required then this must be outlined in the curriculum and be included as a requirement for completion of training, even if it occurs outside the jurisdiction.

If so, a plan of action must be provided within **12 months** of the final report. This plan must demonstrate that any further training or exposure required will be included in the curriculum within one year of the final report.

Condition (g) is consistent with findings in "The Curriculum – Monitoring and Evaluation – Outcome Evaluation" under standard 6.2.1 for Gastroenterology and Nephrology.

Conditions applicable to Infectious Diseases

h. Trainers and Trainees must be fully supported in accessing the resources required for delivery of the programme, including adequate access to laboratories.

Condition (h) is consistent with findings in "Implementing the Training Programme – Delivery of Educational Resources – Clinical and Other Educational Resources" under standard 8.2.2 for Infectious Diseases.

Conditions applicable to BST General Internal Medicine and Infectious Diseases

i. The IOM together with GIM BST and the Specialty of Infectious Diseases must liaise with sites to put necessary measures in place to ensure that Trainee rotas are designed to facilitate education and training requirements and opportunities and in compliance with the European Working Time Directive (EWTD).

Condition (i) is consistent with findings in "Implementing the Training Programme – Delivery of Educational Resources – Clinical and Other Educational Resources" under standard 8.2.5 for BST General Internal Medicine and Infectious Diseases.

4. Overview of compliance ratings for IOM and the seven programmes of specialist training

In this report, a number of conditions, recommendations and commendations have been made. The IOM is requested to develop an Action and Implementation Plan (AIP) to address the conditions and recommendations and report back to the Medical Council with the proposed AIP within **three months** of the issue date of the final Accreditation Report.

Levels of compliance

Compliance ratings are determined based on each Assessor Team's appraisal of evidence provided for each standard. Documentary evidence considered including self-evaluation submissions from the Body prior to accreditation together with evidence obtained through meetings during the accreditation with Management, Trainees, Trainers and Regional Programme Directors, National Specialty Directors and IOM representatives.

The compliance ratings are:

- **Fully compliant** (FC) – All requirements of a standard are adhered to
- **Partially compliant** (PC) – Parts but not all requirements of a standard are adhered to
- **Non-compliant** (NC) – No requirements of a standard are adhered to

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

1. Context of Training
2. The Outcomes of the Training Programme
3. The Education and Training Programme – Curriculum Content
4. The Training Programme – Teaching and Learning
5. The Curriculum - Assessment and Learning
6. The Curriculum – Monitoring and Evaluation
7. Implementing the Curriculum -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 IOM and Specialities contained in this report are based on the documentary evidence provided (listed in **Appendix C**) and discussions with Management, Trainees, Trainers and Regional Programme Directors, National Specialty Directors and IOM representatives. Standards rated as fully compliant are outlined in the overview of compliance rating tables for the Body and the individual Specialties. In some instances, it was considered that Specialities are meeting the standard and they have been rated as fully compliant, however a recommendation may have been added to encourage improvement.

Overview of compliance ratings for the Institute of Medicine (Training Body)

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

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

An overview of compliance ratings specific to each individual programme can be found in **Appendix A**.

Medical Council's Accreditation Standards for Postgraduate Medical Education and Training	**Institute of Medicine (Training Body) - Compliance Rating per Standard**												
1. Context of Training	*1.1.1*	*1.1.2*	*1.1.3*	*1.2.1*	*1.2.2*	*1.2.3*	*1.3.1*	*1.3.2*	*1.4.1*	*1.4.2*	*1.5.1*		
2. The Outcomes of the Training Programme	*2.1.1*	*2.1.2*	*2.2.1*	*2.2.2*	*2.2.3*	*2.2.4*							
3. The Education and Training Programme – Curriculum Content	*3.1.1*	*3.2.1*	*3.2.2*	*3.3.1*	*3.3.2*	*3.4.1*	*3.4.2*	*3.5.1*					
4. The Training Programme – Teaching and Learning	*4.1.1*	*4.1.2*	*4.1.3*										
5. The Curriculum - Assessment and Learning	*5.1.1*	*5.1.2*	*5.1.3*	*5.2.1*	*5.2.2*	*5.2.3*	*5.3.1*	*5.4.1*					
6. The Curriculum – Monitoring and Evaluation	*6.1.1*	*6.1.2*	*6.1.3*	*6.2.1*	*6.2.2*								
7. Implementing the Curriculum -Trainee s	*7.1.1*	*7.1.2*	*7.1.3*	*7.1.4*	*7.1.5*	*7.2.1*	*7.3.1*	*7.3.2*	*7.3.3*	*7.4.1*	*7.4.2*	*7.4.3*	*7.4.4*
8. Implementing the Training Programme and Delivery of Educational Resources	*8.1.1*	*8.1.2*	*8.1.3*	*8.1.4*	*8.1.5*	*8.1.6*	*8.2.1*	*8.2.2*	*8.2.3*	*8.2.4*	*8.2.5*		

Fully Compliant
Partially Compliant
Non-Compliant

Commendations for the Institute of Medicine

- The IOM is commended for the development of a Memorandum of Agreement based on generic and specialty standards that will be signed with each training site.
- The IOM is commended for establishing a weekly meeting between the Dean, the Director of Education and Training, the leads for basic and higher specialist training and the RCPI administrators. This weekly meeting allows for issues (varying from international, training- specific to wellbeing) to be dealt with quickly and effectively on an ongoing/as required basis.
- The RCPI has a formal approval process in place for the selection of new Trainers that includes eligibility criteria and a compulsory Essentials Skills course. The RCPI has developed Physicians as Trainers (PAT), a suite of online courses and a one-day workshop open to all approved Trainers.
- The RCPI has a dedicated Health and Wellbeing office, together with accessible resources. It is open to all Doctors at all stages of their career and also provides assistance to Training Leads in relation to Trainees in difficulty.
- The IOM has provided local site-based administrators who have been described by Trainers as of excellent quality. They provide support to Trainers, training leads and Programme Directors.
- Many specialties reported that since moving from the 'Irish Committee on Higher Medical Training (ICHMT)' to the 'Institute of Medicine', that they feel there is a much greater link with the RCPI.

Commendations for the programme of Basic Specialist Training in General Internal Medicine (GIM)

- The Specialty is commended for fostering a positive culture in relation to research, quality improvement and audit. Trainees outlined that they had opportunities to participate and when approached, senior colleagues welcomed their involvement. In many cases, Trainees were invited to be involved in projects.

Commendations for the programme of Specialist Training in Clinical Pharmacology and Therapeutics

- The Specialty is commended for giving Trainees the opportunity to gain exposure to national bodies such as the National Medicines & Information Centre and the National Poison Centre.

- The Specialty is commended for the close working relationships between Trainers and Trainees. Trainers were described as very flexible and providing a wide variety of training opportunities for Trainees.

Commendations for the programme of Specialist Training in Gastroenterology

- The introduction and development of a Train the Trainers course for colonoscopy which is now wholly run by the Specialty in Ireland.
- Enabling Trainees to use the National Quality Improvement programme and e-Portfolio to record their endoscopy outcomes in terms of competency level in addition to number of procedures undertaken.
- That Specialty is commended for encouraging Trainees to undertake a Master's in Clinical Education and that its plans to train all Trainees as Clinical Educators.

Commendations for the programme of Infectious Diseases (ID)

- The Specialty is commended on the introduction of a mentorship scheme where an individual is allocated a mentor who supports them for the whole of their ID training in terms of specialty issues, careers advice and personal support.
- In response to feedback from Trainees, the Specialty introduced study days to assist in career development including the transition from Trainee to consultant.

Commendations for the programme of Nephrology

- The Specialty is commended for setting up a buddy system whereby a junior Trainee is partnered with a more senior Trainee.
- The Trainers who contact their assigned Trainee in advance of commencing training to introduce themselves and provide support are commended.

Commendations for the programme of Rheumatology

- Specialty representatives are commended for developing a curriculum for ultrasound training in Tallaght Hospital which they are hoping will be rolled out nationally.

5. Evaluation of Compliance with Medical Council Standards

Training Body: Institute of Medicine (IOM)

The following standards were found to be non-compliant for the Institute of Medicine

2.THE OUTCOMES OF THE TRAINING PROGRAMME - GRADUATE OUTCOMES – 2.2.1 *The training organisation has defined graduate outcomes for each training programme including any sub-specialty programmes. These outcomes are based on the nature of the discipline and the practitioners' role in the delivery of health care. The outcomes are related to community need.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
2.2.1 All specialties were found to be partially compliant with this standard with the exception of Cardiology and Clinical Pharmacology and Therapeutics which are non-compliant. There are outcomes and assessments listed in each curriculum with the exception of outcomes for special interest training. Currently, there is an absence of decision aids or quality indicators available for assessing outcomes. The development of such is recommended under **standard 5.1.2.** It is acknowledged that Specialties will be moving to outcomes-based curricula.	The IOM should ensure that the competencies, assessments and outcomes for each of the Specialties, including the BST in GIM and any special interest areas are clearly defined with appropriate assessment tools (including an appropriate range) and methods for recording those assessments. **Cardiology** Where the curriculum requires the completion of specific training, such as special interest training; it is the responsibility of the IOM together with the Specialty to ensure that this training is arranged. It is inappropriate for Trainees to be required to source the training themselves. Where such training is to be undertaken outside the	**Non-Compliant**

Concerns are described throughout the report about whether dual specialties are given equal weight and both specialties (GIM in particular) appropriately delivered and assessed. This is also reflected in **condition (a).** The need to ensure that curricula, outcomes and the number of Trainee posts are linked with community need – or the current or future needs of the Irish health care system and the requirements of consultant roles is described under **standards 6.2.1 and 8.2.4** and includes recommendations. Similarly, it is important that the outcomes of the programmes deliver what the Irish health care system requires, so a balance needs to be struck between the personal preferences of Trainees (in terms of the areas of special interest they pursue) and future service requirements. As such, future service requirements need to be clearly described and planned. **Cardiology** At the accreditation interview, Trainers outlined that Trainees are encouraged to go overseas for their special interest training, but that Trainees are also required to find and arrange the placement and seek funding approval for it. Trainees confirmed this stating that they often make use of contacts within the international Cardiology community. In recent years, the Irish Cardiac Society (ICS) administrator has developed a fellowship directory compiling contacts for fellowship locations as a starting point for Trainees. Trainers also make introductions and Trainee's link in with former Trainees. Trainers and Trainees also confirmed that the choice of special interest training is based on personal interests rather than projected service need and thereby future employment opportunities. It was found that the curriculum doesn't provide detail of special interest training. A process was later described whereby training outcomes are highlighted and subsequently reviewed if deemed necessary. However, no evidence was provided of specific arrangements with overseas training institutions relating to supervision, assessment or outcomes. There was also no evidence that Trainees maintain contact with a named Trainer in Ireland while overseas.	jurisdiction, a formal Trainer agreement must be developed which specifies clear roles and responsibilities for those Trainers and Trainees. The IOM and the Specialty are required to provide a report to the Medical Council within **6 months** of receipt of the final report that demonstrates a plan of action to incorporate the delivery of special interest training into the programme within one year thereafter. **Cardiology & Clinical Pharmacology and Therapeutics** The IOM should work with the Specialties and the HSE to determine the future service requirements of the Specialties in terms of special interest areas that reflect service need in Ireland and the number of Trainees / future consultants required in these specialties/areas for the delivery of an appropriate health service. This should also inform the Specialty of Cardiology in defining the role of the cardiologist in the context of the Irish healthcare system. (This recommendation also appears under **standard 8.2.4**) The IOM should then ensure that Trainees in these Specialties receive guidance so that they can pursue areas of special interest that are in line with service needs.	

Clinical Pharmacology and Therapeutics Similar to Cardiology, both Trainers and Trainees confirmed that Trainees are asked to identify an area of special interest and the programme is adapted to facilitate their choice. Therefore, the selection is not based on service need as it relates to the specialty rather to the personal interests of Trainees.		

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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
5.1.1 All specialties were found to be fully compliant with this standard with the exceptions of Cardiology and Infectious Diseases which are partially compliant and the BST in GIM which is non-compliant. The self-evaluation submissions state that it is mandatory for Trainees to undergo a defined amount of formative and summative assessments on an annual basis. Each curricula has a section dedicated to 'Learning and Assessment Methods' and provide examples of methods used for demonstrating that learning goals have been met such as a combination of day-to-day practice, attendance at courses (or other educational activity), engaging in a relevant workplace based assessment (formative assessment) and undergoing formal assessment (end of post or end of year – summative assessment of progress). End of Post and Annual Evaluation forms for BST GIM were provided as documentary evidence, as well as HST Mini Clinical Evaluation Exercise (CEX), HST Quarterly/End of Post Assessment and HST End of Year Evaluation forms.	The IOM must review how the assessment for dual training is undertaken to ensure that the full competencies for both GIM and the Specialty are fulfilled, and that equal weight is given to both Specialties. This includes considering who undertakes the assessments, when they are carried out, and how it is ensured that Trainees have fulfilled the curricula requirements. The IOM should quality assure the award of CSCSTs using the e-Portfolio as evidence of satisfactory completion of all assessments in both GIM and the Specialty. Appropriately trained and qualified individuals (e.g. practising consultants in the relevant specialty) must undertake separate assessments against each curriculum throughout each of the training programmes.	**Non-Compliant with CONDITION (A) attached**

The majority of specialties use exams from outside the jurisdiction (for example, EULAR for Rheumatology, ITE for Infectious Diseases, ESC exam for Cardiology, European Board for Gastroenterology and ASN exam for Nephrology). Despite information in curricula, it is often not clear to Trainees and Trainers whether these exams are mandatory or not. In the accreditation meetings, Trainers and Trainees in the majority of specialties described the assessment system as a 'tick box exercise' with inconsistent use of assessment tools and the e-Portfolio. The completion of formal assessments was indicated as challenging due to busy clinical environments. Trainees clarified that engagement in assessment and with the e-Portfolio was Trainer-dependent. **HST General Internal Medicine** Although each specialty curriculum has a section dedicated to GIM, the formal assessment methods relating to GIM specifically were unclear. Overall, it was found that there was little evidence that the assessment for dual training ensures that the full competencies for GIM (HST), as distinct from the second Specialty, are fulfilled. The use of the accreditation model as a way of assuring this is recommended under **standard 8.2.1**. The need for equal weight is given to both specialties is reflected in **condition (a).** It was reported that a GIM representative sits on each of the Specialty Training Committees. This is intended to ensure individual Trainees achieve the relevant GIM outcomes during their Specialty training years. However, it was also found that Trainees do not always have separate Trainers for GIM and their specialty. Furthermore, while Trainers have specialist expertise in their own specialty, it is not clear if they are qualified to train in GIM to CSCST level. It was found that no quality indicators are yet available as part of a Trainer performance quality system but that they should form part of the Trainer handbook that is being developed.	The IOM and Specialties should consider the educational benefits of providing Trainees undertaking a dual qualification with two Trainers throughout their training, a lead Trainer in GIM and another in their other Specialty. The e-Portfolio should enable ongoing monitoring by both sets of Trainers. The IOM together with each Specialty should review the use of exams from outside the jurisdiction and consider their appropriateness in relation to the Irish health care system. The IOM and Specialties should clearly outline to applicants and Trainees whether exams are mandatory or recommended in addition to its inclusion in the curricula. This should also be communicated by Trainers. Trainees should be supported to undertake the required assessments in a timely manner throughout the programme. **HST General Internal Medicine** Trainees should receive consistent high-quality feedback throughout the rotation and across all sites not just at the end of a rotation. Feedback should focus on the positives as well as areas for improvement and assist Trainees in their development. **Infectious Diseases** The function of the e-Portfolio must be clearly communicated to both Trainers and Trainees. **Rheumatology** It is important that clarity is provided to all involved in training on the role of the EULAR core curriculum and exam. If the exam is not to become mandatory, then the Specialty may wish to consider an alternative summative assessment.	

The Specialty detailed that Trainers are expected to meet with the Trainees at the beginning of the post and outline goals and expectations and meet again at the end of the post to agree whether Trainees have met their goals or not. It was heard that the provision of feedback in between these two points, such as assessments, varied considerably across sites. **Cardiology** Trainees reported that some assessments were completed retrospectively after Trainees had already performed a procedure rather than while being supervised. **Clinical Pharmacology and Therapeutics** The Specialty described efforts to ensure a balance between CPT and GIM service and training components and to ensure Trainee exposure to the specialty aspects of CPT. It was detailed this is dependent on the individual training site and is easier to manage within smaller training units. Trainees were aware of how their curriculum was mapped to outcomes and indicated they were confident they will have met their outcomes by the end of all their rotations. However, Trainees also stated that the balance between service and training was sometimes an issue when in the GIM element of the dual programme in that there was a shortage of GIM training due to service demands. **Infectious Diseases** The Specialty indicated the e-Portfolio is a useful tool for Trainers and Trainees to track progress through training and to benchmark against what's required in the curriculum. However, Trainers stated that the e-Portfolio was used by Trainees to record cases and the feedback that they had received. They further indicated it was not used to record assessments. Trainees confirmed that regular assessment using the e-Portfolio was not routine practice. They described concerns over a lack of regular assessment and formal feedback from Trainers via the e-Portfolio.		

Trainees noted that they meet with their Trainer at the beginning of the year and set goals which are supposed to be formally reviewed every quarter but that this didn't tend to happen. Although they meet with their Trainers, often daily, a limited number of formal reviews were described. **Nephrology** It was heard that not all Trainers are trained in the use of assessment tools. As stated in **standards 8.1.3 & 8.1.5**, although all new Trainers complete the Essential Skills course, longstanding Trainers may not have received this training. **Rheumatology** Trainees reported that they are assessed by the same Trainer for both GIM and their Specialty. It was felt that while these Trainers would have specialist expertise in Rheumatology, they may not have the same level of specialist expertise in GIM. The Specialty Trainers detailed that the European Alliance of Associations for Rheumatology (EULAR) core curriculum is mandatory for new entrants to the programme. The Specialty indicated that they expect Trainees to sit the EULAR examination following the course although it is not a requirement. Trainees were aware of the course and examination but were unsure whether it was mandatory.		

8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS - 8.1.6 *Organisation and development of Trainers – instructional activities must be included as responsibilities in the work schedules of trainers and their relationship to work schedules of trainees must be described.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**

8.1.6 Overall, it was found that there is a clear lack of protected time for Trainers across BST GIM and all seven specialities. This was evident from the self-evaluation submission and in the interviews conducted with the Institute and representatives from each of the specialties. In addition, the Training Leads do not have protected time for educational and administrative roles. In the self-evaluation submission, the IOM highlighted the challenges in progressing this area. It was indicated that protection of training time is difficult in the current hospital environment due to service demands and that service can overshadow training. Some Specialties also cited a shortage of consultants as a further challenge. The commitment of Trainers is noted and in the absence of protected time, they fulfil their training roles on a voluntary goodwill basis. One specialty described the role of the National Specialty Director as requiring at minimum, an average of four hours per week. It was clarified that this estimate does not account for tasks such as making improvements to the curriculum / programme. The contribution of Trainers, National Specialty Directors and Training administrators during the COVID-19 pandemic is acknowledged. It is also essential that Trainers are appropriately trained to undertake their roles and have protected time to undertake such training and development. This is addressed under **condition (b)** and **standards 8.1.3 & 8.1.5**. The IOM equally noted that Trainees do not have protected time to attend training and meetings. The Institute acknowledges there should be protected time for Trainees, and it should be part of the work plan. For example, as described in **standard 8.2.4,** some Trainees experienced difficulty attending training courses or educational activities / study days.	Protected time in so far as possible should be provided to those involved in training at all levels. This includes Trainees as well as Trainers and Training Leads. This is not criticism for work being carried out, but to fully be able to deliver effectively in their roles Trainers and Programme Directors require adequate protected time.	**Non-Compliant with CONDITION (C) attached**

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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.2.2 All specialties were found to be partially compliant with this standard with the exception of Infectious Diseases which is non-compliant. In the self-evaluation submission, the IOM outlined that the clinical and practical experience required of Trainees is described in terms of training outcomes in the specialty curricula. The generic/core infrastructural requirements of the training site and training post are set out in the training site activities and specialty specific forms which were provided as evidence. While these requirements are not currently specified in formal arrangements with training sites, it was noted as part of the accreditation model project, the RCPI/IOM is developing standards as well as Memoranda of Understanding with clinical training sites. Some Specialties indicated that educational resources varied across sites. Any such deficiencies should be identified by the accreditation process and subsequently monitored with clear plans for resolving issues. **BST in General Internal Medicine** The Specialty described how they met with Trainees to get confidential and anonymous feedback on their training posts as part of the site inspection process. Specific examples were given of instances where an inspection report led to training issues being rectified. While COVID-19 restrictions have impacted on-site inspections, the Specialty has organised virtual 'check-in' meetings with Trainees on peripheral training sites.	A Memorandum of Understanding between the IOM and all of the various clinical training sites must be formulated with immediate effect. MOUs should not be finalised only when an inspection takes place as this would represent an inappropriate time delay. The Institute must inform the Medical Council when the development of the accreditation model and MOUs are complete. The Institute should publish the accreditation model and MOU on their website when complete. Where IOM site inspections identify deficiencies in compliance with agreed standards, both generic and specialty-specific, a formal action plan must be agreed between the IOM and site including timeframes for improvement. The IOM must have processes for the withdrawal of training from a clinical training site / post to enable effective action where improvements are not made. Both of these processes must be provided to the Medical Council within **12 months** of the final report. **Infectious Diseases** The IOM must work with the Specialty to formalise laboratory time and ensure that Trainees receive protected time in the laboratory.	**Non-Compliant with CONDITION (H) attached to Infectious Diseases**

Infectious Diseases The Specialty Trainers detailed that many of them are working in a healthcare system that is not adequately funded, not adequately staffed and where physical facilities are not fully fit for purpose. This has led to compromises and the Trainees being advised to accept inadequate working conditions. Consultants reported working in sites where physical facilities were not fully fit for purpose. Trainees detailed how educational resources vary across sites. Sufficient study space is an issue at some sites and has been further exacerbated by social distancing requirements resulting from COVID-19. They further described the variability of internet access across training sites. The Specialty detailed that microbiology laboratory experience is a requirement within the curriculum. However, Trainees reported that there is difficulty in getting protected microbiology laboratory time and microbiology laboratory training wasn't sufficiently formalised between microbiology and ID. Trainers also confirmed that links with laboratories need to be strengthened.	The IOM and Specialty must define which educational resources and facilities are essential and use MOUs with sites to ensure a suitable range of resources (both educational and wellbeing) are available to Trainees. The IOM must review training sites to review resources and facilities. Where IOM site inspections have identified deficiencies, the Specialty must work with clinical sites to ensure that ID Trainers and Trainees are fully supported in accessing resources and facilities required for delivery of the programme. The IOM must support the Specialty to develop a national action plan to address the issues in ID relating to funding, staffing and facilities. The IOM should then champion with the Specialty the delivery of the plan. The review and the action plan must be provided to the Medical Council within **12 months** of the final report. The action plan must demonstrate how this will be achieved within one year.	

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – CLINICAL AND OTHER EDUCATIONAL RESOURCES – 8.2.4 *The training organisation works with the health services to ensure that the capacity of the health care system is effectively used for service-based training, and that trainees can experience the breadth of the discipline. It uses an appropriate variety of clinical settings, patients and clinical problems for training purposes, while respecting service functions.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.2.4 The self-evaluation submission states that training is hospital-based and is integrated with the requirements of the health care system, with patient care as its focus. Training requirements are detailed in the specific curricula and set out the breadth of the discipline including the variety of	Any training that is mandatory within a curriculum must be funded and appropriate time made available within work plans to facilitate training. This includes training that is undertaken outside of Ireland.	**Non-Compliant**

clinical settings, patients and clinical problems. The IOM acknowledges the challenges posed by the healthcare system and the difficulty in securing protected time for teaching. However, a number of specialties indicated that educational programmes were not formalised and not always Trainer led, varying in quality from site to site. Trainees in all Specialties indicated that at times, service provision prevented attendance at training courses or educational activities / study days. This tended to be site dependent or related to time spent training in GIM. It was noted that with many educational activities going online due to COVID-19, educational opportunities have become more accessible, especially outside of working hours. Although, the CEO and President of IOM stated that they have engaged very closely with the HSE NDTP to advocate for an increase in training positions, it seems that a potential increase in Trainee numbers has not been linked with the need for additional consultant posts. Overall, there appears to be little forward planning undertaken by the IOM in relation to Trainee numbers and linking curricula with the current or future needs of the Irish health care system. This is reflected in **condition (d).** It seems to be a particular issue in Cardiology and Nephrology (**see Standard 6.2.1**) where Consultant opportunities were described as limited and potentially impacting on recruitment and retention within the Specialties. **Cardiology** The curriculum (on page 9) states that the results of assessments of progress are used to inform the decision as to whether or not a Trainee might drop GIM and continue to pursue a single CSCST in Cardiology only. This could unintentionally give the impression of a hierarchy among Cardiology Trainees and graduates and that the higher performing Trainees undertake a single qualification in Cardiology. It is also important that such decisions – the pursuit of a single qualification in Cardiology or a dual qualification in Cardiology and GIM – are based on the health requirements of the Irish health service.	The IOM should work with Specialties to ensure that their respective educational programmes are formalised. This includes advanced planning of educational activities, tailoring training to the relevant curriculum outcomes and individual Trainees needs and ensuring that programmes are Trainer-led and consistently delivered across the various sites. The IOM must work with the HSE using data from all Specialties to develop a system to inform workforce planning and identify appropriate Trainee numbers and Consultant expansion. Information on career opportunities and the availability of consultant posts should be clearly communicated to prospective Trainees prior to entering the programme. An update on action taken must be provided to the Medical Council within **12 months** of the final report. Trainees' attendance at weekly teaching should be monitored, this could be done via the e-Portfolio. Regional programme directors can use this information to ascertain whether lack of attendance at weekly teaching is site specific/workload dependent or due to other reasons. **Cardiology** The decision of whether to pursue a single qualification in Cardiology (as opposed to a dual qualification in both Cardiology and GIM) should be informed by the requirements of the Irish health service (rather than the results of assessments). As such, the Specialty should consider their programme allocation process which currently allocates the highest achieving Trainees into their first choice of programme. This can lead to the best Trainees going to the most popular sites when Trainees who may require more support would also benefit from working in these sites. Care must be taken to ensure that the programme is designed for the Irish health service and not inadvertently influenced by the European exam or ESC curriculum.	**with CONDITION (D) attached**

The Specialty detailed that the Cardiology curriculum is based on the needs of the Irish health service and uses the European Cardiology Society (ESC) exam for benchmarking. Colleagues attend the ESC exam question setting meetings as part of the international agreement in place in relation to continued participation in the exam. It was noted that the ESC exam is mandatory to take but not mandatory to pass due to it being outside the governance structure of the IOM. **Gastroenterology** The NSD explained that she is the lead for workforce planning with regards the national programme for Gastroenterology and stated that she anticipates the need for an additional 70 or 80 Gastroenterologists in Ireland within the next 10 years. This will require an increase in the number of Trainees completing specialist training. However, at the moment and indeed historically, the Specialty is understaffed in comparison to the UK and Europe. The curriculum outlines that the European Board examination is desirable, and the Trainers reported that Trainees are encouraged to sit the exam particularly if they are considering working in the UK. It was reported that Trainees must pay for the examination themselves. It was further reported by Trainers that the examination may become compulsory. If it is to become compulsory, funding must be made available for Trainees in line with **condition (d)** and recommendations issued. **Infectious Diseases** As detailed by the Specialty in **standard 5.2.2,** Trainees are invited to take the Fellows in Training Exam (FITE) examination which is facilitated by the Infectious Diseases Society of America (IDSA). Trainees were of the view it was important to take an examination as a benchmark of learning but felt a European version would be of more relevance. **Nephrology** The Specialty detailed there are four mandatory study days for Trainees with some additional non-mandatory ones. It is expected that Trainees are	**Cardiology & Clinical Pharmacology and Therapeutics** The IOM should work with the Specialties and the HSE to determine the future service requirements of the Specialties in terms of special interest areas that reflect service need in Ireland and the number of Trainees / future consultants required in these specialties/areas for the delivery of an appropriate health service. This should also inform the Specialty of Cardiology in defining the role of the cardiologist in the context of the Irish healthcare system. (This recommendation also appears under **standard 2.2.1**) **Gastroenterology** The Specialty should work with the IOM to produce workforce planning proposals and engage with the HSE regarding plans for expansion. It is important that all involved in training are clear on the role of the European Board examination in the curriculum. If the exam is to become compulsory, funding must be made available for Trainees in line with **condition (d)** and recommendations issued. **Infectious Diseases** The use of the Fellows in Training Exam (FITE) exam should be clarified for all involved, i.e., whether it is formative or summative assessment. The Specialty should consider adopting an alternative exam or knowledge-based assessment that is more Europe oriented (rather than North American). **Rheumatology** The Specialty should work with the IOM and NDTP to produce a clear workforce strategy for Trainee and consultant numbers using the information from the NDTP report.	

released for the study days however on occasion there can be local workforce issues which prevent this. The Specialty recently surveyed Trainees and found that a small percentage of Trainees had difficulty accessing study days. Trainees also detailed that local service constraints had impacted on attendance at study days off site. With the transition of training to a virtual format due to COVID-19, it was still challenging to attend without interruptions from service commitments and most reported they had watched the recordings in their own time. **Rheumatology** Both Trainers and Trainees detailed how GIM duties impacted on training and reduced time available to devote to Rheumatology clinics and research. Trainees observed that in their opinion, Trainees in procedural based specialties spent more time carrying out procedures than doing ward duties and suggested this way of working could benefit Rheumatology Trainees. Trainers detailed that the European Alliance of Associations for Rheumatology (EULAR) core curriculum is mandatory for new entrants to the programme. Trainees are expected to sit the EULAR examination although it is not a requirement. It is essential that Trainees are adequately prepared to work in the Irish health service and as such, the programme's curriculum and assessment methods need to reflect the Irish context. It was also reported that the payment for registration on the EULAR core curriculum/ basic introductory course is covered however there is no funding for Trainees to attend EULAR hands-on courses. Trainers described rheumatic diseases as an increasing health issue across Europe and one that Ireland is under resourced to address in comparison to the UK and other European countries. They referenced a HSE NDTP report which highlighted the need for a 90% increase in the number of Rheumatologists in Ireland over the next number of years and whilst Trainee numbers have partially expanded, consultant numbers have not increased leading to insufficient roles for graduates who are forced to go overseas.	It is important that the Irish curriculum is written and designed for the needs of the Irish Health System and that the use of the EULAR core curriculum doesn't drive the Irish curriculum content. The IOM should champion the needs of the Specialty with the HSE in relation to Consultant expansion which should not only support patient care, but also contribute to Trainee retention.	

8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES - CLINICAL AND OTHER EDUCATIONAL RESOURCES - 8.2.5 *The training organisation should monitor the working environment to ensure it is a safe environment for training.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.2.5 It was found that Cardiology, Clinical Pharmacology and Therapeutics, Gastroenterology and Nephrology are fully compliant with this standard, Infectious Diseases and Rheumatology partially compliant and the BST in GIM is non-compliant with this standard. In the self-evaluation submission, the IOM detailed that it ensures the workplace is a safe place for training primarily through the Training Site Inspections process as well seeking Trainee feedback at annual evaluation of progress (AEP) meetings and through Training Post Evaluation surveys. It is important that all Trainees are empowered and supported to report instances of safety breaches, bullying or unprofessionalism and be provided with the information about how to do so confidentially. Rotas were described as compliant with EWTD with the exception of the BST in GIM. The issues of rotas facilitating educational needs as well as service needs was raised in the Specialty of Infectious Diseases. The IOM stated that the HSE is undertaking a major piece of work around EWTD, including the review of rotas. Compliance with EWTD and access to supervision and education is crucial at all training sites. **BST General Internal Medicine** Concerns were raised in relation to compliance with the European Working Time Directive (EWTD) in the BST in GIM and were largely attributed to	The IOM must monitor every training location to ensure suitability for training and fulfilment of the Medical Council's Standards. If a site is unable to facilitate appropriate working hours, supervision, learning or workload then it must not be a designated training site for a programme. A clear path for confidential reporting / whistle blowing must be available. **BST General Internal Medicine** The IOM should explore with the Specialty the practical use of the bullying and grievance policies in relation to instances of unprofessionalism to ensure Trainees are able to use them in confidence and encouraged to do so as required. The Specialty must undertake a formal review of the delivery of education and training experience while ensuring rotas and its delivery is compliant with the European Working Time Directive (EWTD). The IOM must provide a report to the Medical Council once the rota review has been completed. **Infectious Diseases**	**Non-Compliant with CONDITION (i) attached to BST GIM & Infectious Diseases**

service and workforce issues at some sites. Trainees were aware of RCPI policies on bullying and raising grievances. Trainees reported that they had encountered what they described as unprofessional behaviour at a number of training sites, in the emergency department in particular. Trainees seemed hesitant to raise such issues due to concerns regarding the potential impact and the knowledge of a lack of action when previous instances were reported. **Gastroenterology** Trainees in the Specialty reported that their workload in the GIM dedicated year is high but that they have seen improvements due to the EWTD requirements. **Infectious Diseases** The Specialty detailed that it is adhering to the EWTD with increased staffing on rotas facilitating compliance and allowing for a more positive Trainee experience. Trainees reported that generally rotas are arranged in compliance with EWTD but as a result, do not always facilitate educational needs. Rotas tended to be based on service need rather than a combination of educational and service needs. **Rheumatology** Trainees detailed they would feel comfortable giving feedback on their post at their annual review. Two examples of feedback regarding safety issues were provided and it was confirmed that the issues raised appear to have been resolved. One related to covering two sites and one to insufficient cover for the volume of GIM patients. Trainees reported that they take part in GIM when they are not in the GIM dedicated year (e.g. covering wards). They described this involvement in GIM as heavy in comparison to other Specialties. They further indicated that they are aware of the curriculum requirements, but service needs of sites rather are often prioritised over educational needs.	The Specialty must undertake a formal review of the delivery of education and training experience particularly where Trainees report that rotas do not facilitate attendance at formal teaching sessions. The IOM must provide a report on progress with this to the Medical Council within **6 months** of the date of the final report. **Rheumatology** The IOM and Specialty should review the balance between GIM and Rheumatology outside of the dedicated GIM year, including the on-call commitment in GIM. This could be done through use of the e-Portfolio or a survey of Trainees and Trainers. If the Specialty finds that there is a lack of balance, it should work with the IOM to address this. The IOM and Specialty should review the on-call structure for Rheumatology Trainees, including the on-call commitment in GIM. It should ensure that it is comparable with other (procedural) Specialties and that arrangements are appropriate for the volume of patients. It should also ensure split site cover is appropriately managed (i.e. sufficient ratio of clinicians to Trainees). Where appropriate split cover is not possible, training cannot continue in those locations. A report on these points must be provided to the Medical Council within **6 months** of receipt of the final report.	

Trainees also reported that the on-call requirement for GIM had increased and they considered that they were undertaking more on call in comparison to their fellow Trainees in procedural Specialties. However, they did clarify that this may just be due to COVID-19. Trainees suggested that a pure Rheumatology year based at a tertiary centre without GIM on-call would be beneficial for training.		

The following standards were found to be partially compliant for the Institute of Medicine

STANDARD 1. CONTEXT OF TRAINING – EDUCATIONAL EXPERTISE AND EXCHANGE - 1.3.2 *The training organisation collaborates with other educational institutions and compares its curriculum, training programme and assessment with that of other relevant programmes.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
1.3.2 As detailed in the self-evaluation, the IOM collaborates with a number of educational institutions and compares the curricula in development. The evaluation and review of training programmes and stakeholder contribution to evaluation processes are described under **standards 6.1.1 & 6.2.2.** The process for curriculum changes and development is broadly similar for all Specialties. It is usually led by the NSD and undertaken through a partnership with the Specialty Training Committee (STC) which has Trainer and Trainee representatives on it. The Education Department of the RCPI undertakes an annual review. Trainers felt that they had the ability to inform discussions both formally and informally. The external representative on the annual assessments panels also have the opportunity to comment on the curriculum. However, the IOM acknowledges that curricula are not evaluated by bodies outside of the RCPI. As described under **standards 6.1.1 & 6.2.2,** the provision of feedback on curricula and evaluation is limited in	**Please see recommendations made under standard 5.1.2 and 6.1.1 & 6.2.2 regarding stakeholder involvement in curricula, evaluation and assessment.** **Cardiology** With reference to the recommendation under **standard 8.2.4** in terms of defining the role of the future Cardiologist as relevant to the Irish context, the Specialty should ensure that the curriculum is designed to reflect the type of Cardiologist required in the Irish health care system, rather than focusing on the European Society of Cardiology (ESC) model. **Nephrology** The IOM should work with the Specialty to develop a robust system for updating/ reviewing the curriculum to reflect the needs of the Irish	**Partially Compliant**

terms of stakeholders. An appropriate recommendation is made under these standards. A recommendation relating to stakeholder involvement in assessment is made under **standard 5.1.2.** **Cardiology** The Specialty detailed that the Cardiology curriculum is very close to that of the European Society of Cardiology (ESC). Colleagues attend the ESC exam question setting meetings to ensure the Irish curriculum is closely aligned to it. However, it is not clear whether or not it is appropriate to model the curriculum on the ESC. There is a need for the Specialty to work with the relevant stakeholders to identify and address the cardiological needs of the Irish health service - including the number and composition of consultant posts required - which in turn will help to determine the most appropriate curriculum. This issue is also addressed under **standard 8.2.4**. **Nephrology** The Specialty outlined that the NSD takes the lead on Curriculum development, sharing proposals with the STC which has Trainer representation from every site as well as Trainee representation. The NSD informally reviews and benchmarks the Irish curriculum against that of the UK to identify latest developments. Feedback on the curriculum is also obtained from the external reviewer at the annual assessments. Trainees indicated they are able to comment on the curriculum at annual assessments. It was indicated that Trainees are encouraged to take the American Society of Nephrology (ASN) exam twice during training. Trainees receive their results complete with a full breakdown of their score in different areas of the curriculum and a detailed report on areas for further reading. The results are also used by the NSD and the STC to identify areas of weakness within the programme and to update the study day schedule of topics. The original intention behind this was that Trainees would sit the exam without having studied specifically for it so that exam outcomes of Irish Trainees would provide an indication of the effectiveness of the Irish curriculum and identify areas that require review or update in the	health care system whilst incorporating best practice from other jurisdictions. The Specialty should consider the ongoing role of the American Society of Nephrology (ASN) exam within the programme. Trainees are encouraged to sit this exam but are not required to pass.	

curriculum. However, it was reported that Trainees are now studying for the exam.		

1.CONTEXT OF TRAINING – INTERACTION WITH THE HEALTH SECTOR - 1.4.2. *The training organisation works with healthcare institutions to facilitate clinicians employed by them to contribute to high quality teaching and supervision, and to foster peer review and professional development.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
1.4.2 It was found all elements of this standard are being fulfilled with the exception of protected time. Please refer to the finding in **standard 8.1.6.**	There should be provision in the consultant contract for protected time for training activities and sufficient time put aside for Trainers in their weekly job plan to undertake the role. The IOM should include this as a requirement of the MOU and review the consultant contracts to ensure that this is happening. This could be managed going forward as part of the approval of individual consultants as Trainers.	**Partially Compliant with CONDITION (C) attached**

2. THE OUTCOMES OF THE TRAINING PROGRAMME - GRADUATE OUTCOMES – 2.2.3 *Outcomes must reflect domains of professionalism as defined by the Medical Council with particular reference to patient safety.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
2.2.3 The Medical Council's Eight Domains of Good Professional Practice are built into the curriculum for all specialities. Trainees across all Specialties broadly reported the same information including formal courses / study days covering these areas; that professionalism is taught informally and is sometimes site and Specialty specific.	There should be greater emphasis on and awareness of the 'Eight Domains' within the Human Factors for both Trainers and Trainees. This needs to be explicit and embedded into learning agreements and be part of everyday teaching and learning including when on placements.	**Partially Compliant**

For example, BST Trainees detailed that there are formal courses provided on prescribing and medical ethics however these are not evaluated or reviewed as part of workplace assessments. Cardiology Trainees reported that they attend compulsory formal courses/ study days. Human Factors training which includes the Medical Council's Eight Domains of Good Professional Practice is mandatory for all Trainees. However, the discussions with Specialities and Trainees indicated that it was felt that here was little emphasis on professionalism and linking it with daily work. There was also no indication of evaluation or workplace-based assessments on professionalism.	The IOM should ensure that there is support for Trainers to deliver training in professionalism and that there are also assessment tools to record attainment of appropriate competencies.	

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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
3.2.1 The minimum duration of the GIM component of the dual specialty programmes is not clear. This is described below and carries a **condition (e)** as well as a recommendation. The BST curriculum is organised into four sections – introduction, core professional skills, specialty section and concurrent training activities. Each Specialty curriculum is divided into five sections – introduction, generic components, GIM, specialty sections, and minimum requirements for training where the domains of competency are described. The assessment methods are also outlined but it was noted that the full range of available assessment tools are not used across specialties. This is addressed under **standard 5.1.2**. In addition, specific competencies and outcomes were not	The Institute must engage with the Medical Council in relation to the statutory minimum duration of programmes as outlined in the EU Directive on the mutual recognition of professional qualifications (2005/36/EC). **Infectious Diseases** The Specialty should ensure that the rationale for the mentorship scheme is communicated to Trainees to enable them to get the best use of the scheme.	**Partially Compliant with CONDITION (E) attached**

clearly defined in relation to specialties and special interest areas as detailed under **standard 2.2.1.** **Standards 5.1.1 and 5.2.1** detail the need for assessment structures to record Trainee progress throughout programmes. Requirements for programmes to be more formalised, Trainer-led and reflective of Irish health service are described in **standard 8.2.4.** **BST & HST General Internal Medicine** The Medical Council supports the move to outcomes-based, rather than time-based, postgraduate training. However, ensuring that Trainees spend a minimum specified amount of time in specialist training increases the opportunity for Trainees to gain as much experience as possible, which enhances competency. The minimum duration of the GIM component of the dual specialty programmes is not clear from the information provided by the Institute of Medicine. The Medical Council is statutorily required to ensure that the duration of the training programme is not less than the minimum training duration set out in the EU Directive on the mutual recognition of professional qualifications (2005/36/EC), which is 5 years for GIM. The Institute will need to work with the Medical Council to identify the duration of GIM. **Infectious Diseases** It was found at the time of the accreditation that a previous version of the curriculum (dated 2018) was still available on the RCPI website. It has since been updated. The Speciality described a mentorship programme which is in its second year. Upon entering the programme, each Trainee is assigned a mentor to guide and advise them during their five years of training. Trainees indicated they were aware of the mentorship scheme but viewed it as another form of supervision as opposed to mentorship.		

The Specialty and Trainees confirmed that study days have been introduced following Trainee feedback on concerns relating to career development and the transition from Trainee to Consultant.		

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.* **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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
3.3.1 & 3.3.2 All specialties were found to be fully compliant with these standards with the exception Rheumatology which is partially compliant with both standards and Nephrology which is partially compliant with standard 3.3.1. The self-evaluation submission states that BST Trainees are encouraged to take part in research projects and avail of research opportunities available to them. Research is scored at interview to ensure a basic understanding of publications and methodologies. Trainees must attend journal clubs and other scientific meetings to ensure they understand critical appraisal and the application of evidence to practice. Wide reading of up to date literature is required for written aspects of the membership examination. The specialty acknowledged that training can limit the opportunities for BST Trainees to complete a full research cycle. The self-evaluation submission states that it is mandatory for HST Trainees to attend the *Introduction to Health Research* Course as well as the programmes, *Ethics Foundation* and *Performing Audit.* Trainees have access to SPSS, statistical software for data analysis (SPSS) and a related course *An*	The IOM should review the inclusion of research within all curricula and ensure that it is clear what is mandatory/essential and what is optional in terms of research. This should be communicated to Trainers and Trainees. In line with **condition (d)**, mandatory components of programmes must be funded. **Clinical Pharmacology and Therapeutics** The Specialty should explore research funding options to facilitate research. **Gastroenterology** The Specialty should monitor the uptake of research opportunities among Trainees and ensure that research is encouraged. **Nephrology** Mandatory research should be detailed in the curriculum and appropriate arrangements made for it within the programme. Other (optional) research activity, other than for OPE research, should be	**Partially Compliant**

Introduction to Data Analysis Using SPSS. Trainees are also required to perform a clinical trial and to present at national international meetings. **Cardiology** According to the self-evaluation submission, there were 2 Trainees undertaking full time research, 5 Trainees undertaking 50% research and 50% clinical and 23 Trainees on OPE in the academic year 2020/2021. **Clinical Pharmacology and Therapeutics** It was heard that research funding does not come centrally from the programme but through grant applications at local site level or through the Irish Clinical Academic Training (ICAT) programme. Due to the expansion of clinical research facilities within Ireland, increasing opportunities are available. Trainees detailed they were encouraged and facilitated to undertake a research qualification. At times, Trainees had funded these qualifications personally. According to the self-evaluation submission, there were no Trainees undertaking research or on OPE in the academic year 2020/2021. **Gastroenterology** Both Trainees and Trainers stated that research is very much encouraged and supported in the programme. Trainers reported that although it is still common for Trainees to take time out of the programme to undertake research, the numbers of Trainees opting to do this has reduced in the last five years. They suggested that career intentions and the availability of consultant posts have been an influence. The submission confirmed that there were no Trainees undertaking research but 8 Trainees on OPE in the academic year 2020/2021. **Infectious Diseases** The self-evaluation submission states that there were 5 Trainees undertaking research and 1 Trainee on OPE in the academic year 2020/2021. **Nephrology**	included in a Trainee's work plan in order to fulfil the research requirements in parallel with clinical training. The Specialty should formalise its approach to research and consider ways to support Trainees in accessing it in a timely manner to prevent a negative impact on training. At an early stage in their training, Trainees should be supported to develop a research roadmap for the duration of their training; research should also be discussed at annual assessments. The Specialty should consider appointing a national research lead. **Rheumatology** The Specialty should review whether it considers full time research mandatory. If it is deemed a requirement, this should be made clear earlier in a Trainees training and not left until just before the PYA. Time should be included in the Trainees work plan for research whilst in the clinical setting at all sites and this should form part of the MOU. At an early stage in their training, Trainees should be supported to develop a research roadmap for the duration of their training; research should also be discussed at annual assessments.	

The self-evaluation submission outlines that there were 7 Trainees undertaking research, 4 Trainees on OPE and 4 on ICAT in the academic year 2020/2021. In the accreditation interview, the Specialty cited numerous funding options such as HRB grants, the ICAT programme and Richard Stevens Fellowship. This year, the Specialty asked Trainees taking a year out for research to complete an end of year assessment and requested a report from their supervisor. This approach was described as something they may continue to do in the future. The Specialty detailed that it is a common feature across HST for research to be considered and chosen towards the end of training. This was something they identified that could be improved on and discussions on OPE choices could be had earlier in the programme. It was felt that a more structured approach was necessary and advance planning required. The curriculum does not indicate that a period of full-time research is mandatory but this appears to be the expectation for Trainees. Trainees indicated that research opportunities were available and Specialty supervisors were very supportive. However, service commitments made it challenging to identify time for research and it was noted that it is not possible whilst in full time clinical training. The availability of funding to undertake research was also described and it was stated that it is sporadically available making it challenging to arrange research within the programme. Trainees outlined that research opportunities could potentially be missed if funding is not awarded. It was felt that the limited number of consultant positions available in Ireland influenced the desire to undertake research to increase the competitiveness of Trainees. However, it was not clear to Trainees whether undertaking a year's research was mandatory or desirable. **Rheumatology** Trainees detailed that options for an OPE experience tended to be identified later in a Trainee's training usually just prior to the Penultimate Year Assessment (PYA). This seems late in training to be considering research. Although OPE research is not mandatory, Trainees felt compelled to		

undertake it to increase their competitiveness for the limited number of consultant posts available. Trainees detailed there was variation across training sites in the opportunities and support available to carry out research during clinical training. The Specialty stated that Trainers with active research interests are regularly asked to speak at Study Days to highlight opportunities and enable potential project development. In addition, the 'PYA' is now held after 2 years of Rheumatology training, to enable mid-point training assessment to ensure deficits are identified early and highlighted for additional supports or training. The Specialty detailed that approximately six Trainees are taking time out of programme for research.		

3. THE EDUCATION AND TRAINING PROGRAMME - CURRICULUM CONTENT– 3.4.1 *The programme structure and training requirements recognise part-time, interrupted and other flexible forms of training.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
3.4.1 In the self-evaluation submission, the IOM stated that it is its policy to facilitate flexible training within the Higher Specialist Training Programmes. It recognises and supports part time, interrupted, and other forms of flexible training. Part time training is facilitated through the HSE NDTP Supernumerary Flexible Training Scheme and RCPI job sharing policy. It was indicated that Trainees at Basic Specialist Training (BST) level may also apply for periods of leave and flexible training during their training. The IOM outlined in its submission that there are challenges in the uptake (less compared to international comparators) and the ability to provide part-time posts. All Trainees confirmed that they received communication about flexible training options. In the accreditation interview, the IOM acknowledged the need for flexibility throughout the continuum of a doctor's career encompassing both training	The IOM must progress work with the HSE NDTP to roll out the planned pilot programme relating to flexible training. It is necessary for each Specialty to engage in this process. The Medical Council requires a report within **12 months** of receipt of the final report, of the outcomes of the pilot programme and any resulting planned actions. It is crucial that Trainees are enabled to pursue specialty training (for BST and HST) and that personal circumstances such as caring responsibilities are accommodated through the provision of adequate flexible training options. As such, the IOM must advocate to the HSE for an increase in the number of flexible training positions available. It should also advocate for a move away from an annual	**Partially Compliant**

and consultant work. They were also sensitive to the issue of flexible training as a choice as well as a need and see both rationales as part of a more long-term plan. It was reported that the IOM is working with the HSE NDTP on a pilot programme relating to flexible training to be rolled out in 2021 and that it is also looking at more flexibility in the delivery of sessional cover to facilitate part-time training. Trainers across the Specialties indicated that the number of posts provided by the HSE NDP Supernumerary Flexible Training scheme were limited by funding which was allocated centrally across all Specialties. They further indicated that the application process for Out of Programme Experience (OPE) was slow and that research opportunities for example, could be missed due to the length of time it took to apply for funding and approval granted. Funding can also be an issue. These points are described under **standards 3.3.1 & 3.3.2.** It was confirmed in the self-evaluation submission that two Trainees were training flexibly in the 2020-2021 academic year – one from ID and one from Gastroenterology. Other examples heard in accreditation interviews were slightly dated and are described below. Although all Trainees across specialties receive communications about flexible training, their wider responses varied. While there were some examples of Trainees training flexibly (for one year) to undertake research, The majority of Trainees across specialties were not aware of any colleagues who had taken up the option outside of research. Some Trainees felt that flexible training may not be supported, indicating it may not be practical due to the demands of service provision. In BST GIM, the inability to backfill positions due to staffing numbers was also seen by Trainees as a challenge in facilitating flexible training. Overall, there does not seem to be a culture of flexible training. Whilst the training programmes are full-time, it is recognised that some Trainees may have individual circumstances that mean that training on a full-time, continuous basis would, for them, not be practical for well-founded reasons. It is crucial that such Trainees are not dissuaded from	application process for flexible training in relation to those with ongoing needs such as parental or carer responsibilities. An IOM flexible training policy should be developed detailing flexible training arrangements available across both BST and HST. It should address opportunities, processes (including keep in touch whilst out of training and return to work/training support), and any possible impact on the length of training. This should be provided to Trainees when developed and thereafter, to all Trainees commencing the training programme. Training Leads and Regional Programme Directors and National Specialty Directors should also be made aware of the flexible training policy and encouraged to promote and consider expressions of interest. The IOM should consider appointing a National lead to support flexible training including applications, facilitating arrangements and supporting Trainees returning to work.	

entering medical professions, forced to leave or attracted outside the jurisdiction due to an absence of flexible training opportunities. It is necessary to apply for flexible training each year. This is not practical for Trainees whose circumstances will remain unchanged from year to year, e.g. those with caring responsibilities. It is also important that Trainees in these situations have the peace of mind that they will be facilitated to train flexibly from year to year in order to successfully complete the training programmes. **General Internal Medicine** The Specialty gave an example of how a Trainee was being supported to return to the BST training programme after a period of ill health. This process is facilitated and supported by the RCPI Health and Wellbeing office. An example was heard from HST GIM of a Trainee who trained flexible for two years a few years ago. It was also stated that currently, there is a Trainees doing their dedicated GIM year over two years. **Cardiology** The Specialty cited an example from around a year ago of a job-sharing proposal that received approval. **Clinical Pharmacology and Therapeutics** The Specialty confirmed that they did not know of a Trainee who had requested flexible training options in recent times. **Gastroenterology** The Specialty confirmed that there was a Trainee currently considering options for flexible training and referenced another Trainee who in the last five years had trained flexibly. **Infectious Diseases** The Specialty confirmed it has one Trainee training flexibly.		

Nephrology The Specialty detailed that the HSE NDTP flexible training programme is a very competitive process. The NSD explained that since she began her role, there has been one Trainee on the HSE flexible training programme. The Specialty was not aware of a recent Trainee training flexible. Trainees were aware of the flexible training options and had communications from the Specialty on how to go about applying. The Specialty provided an example of a Nephrology Trainee who successfully obtained one year of flexible training but not subsequent years. This led to the Trainee having to resign from the programme – although it was clarified that this may have not been the reason for leaving. She added that a more accessible system would be particularly valuable for parents. The Specialty agreed that a lead person overlooking flexible training would be a good idea. It was noted that it can be challenging to accommodate a Trainee when they return to the programme after time out and ensure that they are supported and accommodated to meet all the remaining competencies. **Rheumatology** Trainees were aware of options available for flexible training through communications from the RCPI. Trainees reported that although there was a HR process, there was not a formal return to training for those returning from full time research or maternity leave. The Specialty provided examples of flexible arrangements that have been put in place for Trainees over the years. One Trainee was able to extend their training over a few years on a more part-time basis and is now fully trained and in a consultant post. Another person took a year out for personal reasons and later resumed and completed their training. The Specialty described the HSE flexible training programmes as limited and identified the need for more opportunities. It was also stated that a more efficient system is needed as it is very difficult for Trainees to plan		

appropriately. It was also acknowledged that the appetite for greater flexibility in both training and consultant work is increasing.		

STANDARD 3 – THE EDUCATION AND TRAINING PROGRAMME – CURRICULUM CONTENT – FLEXIBLE TRAINING – 3.4.2 *There are opportunities for trainees to pursue studies of choice, consistent with training programme outcomes, which are underpinned by policies on the recognition of prior learning. These policies recognise demonstrated competencies achieved in other relevant training programmes both here and overseas, and give trainees appropriate credit towards the requirements of the training programme.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
3.4.2 In the self-evaluation submission, the IOM outlined the opportunities and supporting policies for Trainees to pursue studies of choice. The allocation of Trainees to training posts in the final years of HST is based in part on the Trainees' choice of future career path. Trainees can be allocated to posts that facilitate specific exposure to their chosen area of special interest. Trainees can also apply for Out of Clinical Programme Experience (OPE). While all specialties enable the pursuit of studies of choice - such as overseas, special interest and advanced training - the competencies and assessments to be achieved are not formalised and clearly defined. This has been addressed in **standards 2.2.1 and 8.2.4** and includes recommendations. In addition, when a Trainee is undertaking training outside of the jurisdiction, there is no formalised contact with an assigned Trainer based in Ireland. A number of the curricula for Specialty training indicate that recognition for prior experience for candidates can be considered, whilst others make no reference. Overall, across specialties, no instances of recognition of previous training in other specialties or other jurisdictions were heard. Trainers stated that Trainees can choose to apply for an alternative route to specialty registration. Some Trainees confirmed that	The IOM should ensure that Trainees completing training outside of the jurisdiction have a designated Trainer in Ireland who retains responsibility for the assessment of the Trainee whilst they are abroad. The IOM together with the Specialities should develop a policy which outlines the specific criteria for the recognition of prior learning or training undertaken outside of the programmes. For example, the setting up of a transferable competencies' framework should be considered.	**Partially Compliant**

training in other jurisdictions was not considered and they personally had to repeat training in the Irish system. The review or clarification of mandatory entry requirements in terms of prior experience is described in relation to two specialties under **standards 7.1.2 & 7.1.3.**		

STANDARD 4 – THE TRAINING PROGRAMME – TEACHING AND LEARNING – 4.1.1 The training is practice-based involving the trainees' personal participation in relevant aspects of the health services and, for clinical specialties, direct patient care.		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
4.1.1 The specialty of Rheumatology was found to be fully compliant with this standard while the remaining specialties were found to be partially compliant. Therefore, making the Institute of Medicine as the Body partially compliant. Below is a summary of the findings. The self-evaluation submission states that Trainees are directly involved in patient care and attend a mandated amount of outpatient clinics and ward rounds/consultations as part of the programme. BST Trainees have to record a number of patient encounters and have a minimum amount of time that is spent on unselected acute medical call across the programme. HST Trainees have to record a number of procedures as listed in the curricula. **BST General Internal Medicine** In the accreditation interview, Trainees detailed that the quality of practice-based training is entirely site and Trainer dependent (it was not found to be split between peripheral and central sites). In addition to issues relating to heavy service loads, other examples heard included BST Trainees feeling overlooked in favour of the training of HST Trainees and an absence of clinical exam preparation support.	IOM should oversee the GIM elements of the dual specialty programmes (both BST and HST) to ensure that appropriate training experience and supervision is delivered. This includes ensuring that Trainees are placed in sites which facilitate appropriate GIM training and supervision. While they are undertaking their dedicated GIM year, links/communication should be maintained with Trainees and clarity provided with respect to the maintenance of skills in their other Specialty. If necessary, support should be provided to assist Trainees to refresh their skills. It is suggested that the IOM appoints a lead for the management of both the BST and HST GIM training. The IOM should develop a formal system to ensure that Trainees on extended leave (e.g. Out of Programme Experience (OPE)) maintain their skills in both their Specialty and GIM. A return-to-work	**Partially Compliant**

It was also outlined that the structure of the BST programme was inconsistent. There appears to be considerable difference in training opportunities available at different sites, including the variety and potential duplication of rotations. In reference to one particular site, Trainees asserted that there could be duplication of specialty posts (i.e., more than one rotation in the same specialty such as Cardiology or Respiratory Medicine). It was reported that these issues led to gaps in training opportunities and limited exposure to the curriculum. This appeared to be applicable to one training site and may be linked with Trainees' location wishes. **Cardiology** Trainees reported that the Cardiology training is formally laid out whilst the GIM training is not so formalised which can lead to inconsistent training. They felt that experience in GIM can be site dependent and that they have little choice in terms of the location of these placements. Trainees also expressed concern about maintaining Cardiology skills (e.g. echocardiogram and angiogram skills, access to catheterization laboratory) whilst on their dedicated year of GIM training. As a result, they found the return to the specialty after the GIM year challenging. **Clinical Pharmacology and Therapeutics** Due to the nature of the small specialty, Trainers reported they were able to keep in contact with Trainees when they were completing their dedicated year in GIM. They also outlined how they could adapt a Trainee's programme to reflect their preferences and ensure that there were no gaps in experience. Trainees praised their Trainers in relation to the support provided including the flexible approach to their training. **Gastroenterology** Trainees described their GIM commitment as demanding whilst on the GIM dedicated year. However, it is noted that Trainees spending half a day a week maintaining specialty skills in endoscopy is a positive development.	programme/process in both (dual) Specialties should also be established. **BST General Internal Medicine** The Specialty must review the BST programme and rotations required to ensure that all Trainees are exposed to the full breadth of the curriculum. It is not appropriate for specialty rotations to be repeated and Trainees need to be made aware of this if they have indicated a location preference which may limit training opportunities. This must be completed within **12 months** of receipt of the final report. Given the short duration of posts and the potential impact on a considerable number of Trainees in terms of quality of and access to training as well as potential duplication of posts, it is essential that the current Quality Improvement plans – i.e. accreditation model - are progressed for BST GIM. **Cardiology** The Specialty should liaise with the Specialty of GIM and set up a formal process for the allocation of Trainee placements for the dedicated GIM year and year abroad to ensure a fair and consistent allocation of posts. **Gastroenterology** Clarity should be provided regarding whether Trainees are expected to attend ongoing Gastroenterology clinics whilst on the dedicated in year of GIM training. If it is required, this commitment needs to be formalised in work plans and form part of the MOU. **Nephrology** The Specialty should engage with Trainees regarding the allocation of rotations.	

Infectious Diseases Trainees reported that generally there is a good balance between GIM and ID training. However, they did report that in some circumstances such as staff shortages, the GIM service delivery supersedes the training in ID. **Nephrology** Owing to the nature of the specialty, Nephrology training includes requirements in other aspects of the health service such as attachments to other specialist units. These are outlined in the curriculum. It was heard from both Trainers and Trainees that opportunities for practical experience vary from site to site and some curriculum outcomes can be difficult to attain. For example, at some sites there have been challenges obtaining experience in GIM procedures. The Specialty also detailed that it is not always able to provide Intensive Treatment Unit (ITU) training as requested by Trainees as it is only available at certain sites and there is a lot of competition for placements at those sites with priority given to more senior Trainees. The Specialty described the split between Nephrology training and General Internal Medicine Training. It would appear that while Trainees are completing their dedicated year in GIM, there does not appear to be ongoing contact with their GIM training lead. Trainees indicated that it was unclear who they should turn to if there were a problem during their GIM year. It seems that if a Trainee is on extended time out for research that they maintain their Nephrology clinical commitments but not necessarily their GIM ones. The ongoing clinical commitment in the specialty appears to be arranged informally. The Specialty indicated that the current management of rotations on a yearly basis can lead, on occasion, to training bottlenecks. Trainees detailed that there have been times when they have been informed of their next training placement only two to three months in advance. This can be	Allocation of posts and the occurrence of 'bottlenecks' described by Trainees in Nephrology should be reviewed and the issues addressed to prevent changes to the location of rotations at only 2-3 months' notice.	

challenging in terms of making personal plans. The Trainees made several suggestions on how this could be improved.		

STANDARD 4 – THE TRAINING PROGRAMME – TEACHING AND LEARNING – 4.1.2 *The training programme includes appropriately integrated practical and theoretical instruction.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
4.1.2 All specialties were found to be partially compliant with this standard with the exception of Clinical Pharmacology and Therapeutics which is fully compliant. The self-evaluation submissions referred to an apprentice model whereby Trainees engage in practical instruction supported by their Trainer while rotating through different posts/sites. The submission states that Trainers are responsible for performing workplace-based assessments and providing feedback at quarterly and end of post assessments. Trainees use the e-Portfolio which identifies the curriculum activities which are required to be performed and recorded – including theoretical instruction such as courses, study days, grand rounds, journal clubs, research and audit. **BST General Internal Medicine** **Standard 4.1.1** identifies that the quality of practice-based training is site and Trainer dependent. There appears to be considerable differences in training opportunities available at different sites, including the variety and potential duplication of rotations. With reference to one site in particular, this can lead to gaps in training opportunities and limited exposure to the curriculum. As described under **standard 5.1.1**, it was found that there was little evidence that the assessment for dual training ensures that the full competencies for GIM (HST), as distinct from the second Specialty, are	It is essential that Trainees are facilitated to access practical and theoretical instruction. As such, when the IOM is developing its quality indicators for the approval of training sites and establishing MOUs with sites, it should include the release of Trainees for educational activity in these items. **Cardiology** The IOM should ensure that Trainees have access to hands-on experience in device implantation. This should be specifically included as part of the quality indicators and MOU for sites. The IOM should ensure the e-Portfolio enables NSDs to ascertain that Trainees have had access to device implantation, using the data to ensure appropriate delegation, time for training and programme design. **Gastroenterology** The IOM and Specialty should work with the HSE to finalise the development of the endoscopy courses and ensure that they are not only included in the training programme but also available to specialists. The IOM should work with the Specialty to increase the availability of simulation within the training programme.	**Partially Compliant**

fulfilled. It was also found that Trainees do not always have separate Trainers for GIM and their specialty. Furthermore, while Trainers have specialist expertise in their own specialty, it is not clear if they are qualified to train in GIM to CSCST level. **Standards 8.1.3 & 8.1.5** describe that Trainees felt that some Trainers failed to engage effectively with them in performing workplace-based assessments (including recording outcomes in e-Portfolios). They reported that there were difficulties in achieving assessments within required timeframes and variability among Trainers in providing feedback and sign off within the e-Portfolio. **Cardiology** The published curriculum details that device implantation is a requirement and outlines the minimum number of times Trainees are required to complete this. Trainees described difficulties in getting sufficient hands-on experience in device implantation. Trainees explained that this is due to service constraints (insufficient time to allow Trainees to undertake procedures) as well as the volume of opportunities available at the sites the Trainees are placed in. **Gastroenterology** Trainers outlined that the HSE had committed to investing in endoscopy training and that a series of courses were in development. It was also heard that a new competency framework is in development which will provide an overarching structure for endoscopy training for both Trainees and Gastroenterologists. In addition, Trainees use the National Quality Improvement programme and e-Portfolio to record their endoscopy outcomes in terms of competency level and the number of procedures undertaken. Trainers reported that the programme would benefit from increased access to simulation training. Overall, Trainees indicated they would welcome more protected dedicated	The Specialty should look at the programme of didactic teaching and ensure there are protected dedicated training opportunities with time ring fenced in the Trainee timetables/work plans. **Infectious Diseases** The IOM should work with the Specialty to enhance access to educational activity. The Specialty should ensure Trainees are released for educational activity and monitor that this is happening. As stated in a previous recommendation, when the IOM is developing its quality indicators for the approval of training sites and establishing MOUs with sites, it should include the release of Trainees for educational activity in these items. **Nephrology** The IOM should support and encourage the Specialty to review access to Intensive Treatment Unit (ITU) experience for all Trainees across the training programme including Trainee use of OPE in ITU to inform future rotation planning. The IOM should support the Specialty in reviewing the procedures Trainees wish to undertake beyond their current curriculum requirement. The IOM should ensure the e-Portfolio enables NSDs to clearly review and monitor the achievement of the required procedures and interventions (such as ITU training). **Rheumatology** The IOM should ensure the e-Portfolio enables NSDs to review and monitor that all Trainees are receiving the necessary formal teaching as required in the curriculum, such as microscopy and ultrasound. The IOM should also work with the Specialty to ensure that the programme is designed in line with the expertise of Trainers as well as	

didactic teaching. They reported that service commitments don't always allow dedicated on-site training. Training is often delivered indirectly through clinics, meetings, on the wards. The Trainees felt that study days go some way towards compensating for the lack of didactic teaching. Trainees stated that in collaboration with the NSDs they now have monthly Zoom teaching delivered by individual hospitals. The Trainees found them excellent. **Infectious Diseases** Trainees reported that prior to COVID-19, it had not always been possible to attend formal teaching (due to service requirements) and that approximately 50% of the teaching was peer-to-peer rather consultant-led. The introduction of online education has increased accessibility with Trainees able to access recordings if they are not free at the allocated time. There has also been an increase in consultant-led education, which was welcomed. **Nephrology** It was heard from both Trainers and Trainees that the availability of practical training opportunities varies from site to site. For example, it was reported that at some sites there have been challenges in obtaining experience in GIM procedures. The Specialty also detailed that it is not always able to provide ITU training as requested by Trainees as this is only available at certain sites. There is a lot of competition for placements at these sites. Trainees expressed concern as to whether it would be feasible to meet the minimum curriculum requirements for certain procedures and interventions (only one procedure is required in Nephrology, 10 Vascaths over 5 years of training) due to the limited number of sites where these were performed routinely. **Rheumatology** It is acknowledged that the Specialty has developed a curriculum for ultrasound training in Tallaght Hospital which they are hoping will be rolled	the requirements of the specialist role. This will ensure that Trainee expectations of the delivery of the curriculum reflects the training experience available at sites.	

out nationally. However, Trainees reported that they can have difficulty in getting adequate formal teaching in some areas of the curriculum such as ultrasound or microscopy. The Specialty later stated that such difficulty may be due to COVID-19.		

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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
5.1.2 The self-evaluation submission outlined that both formative and summative assessments utilise internationally accepted assessment methods such as Directly Observed Procedural Skills Assessment (DOPS), Mini-Clinical Evaluation Exercise (Mini-Cex), Case Based Discussion (CBD), EPA forms, Self-Assessment forms, Quarterly/End of Post Assessment and End of Year Evaluation. However, it was found that the assessment methods outlined in some curricula do not maximise the range of available assessment tools available. RCPI employs education specialists to assist the National Specialty Director and Specialty Training Committee in the review, improvement and development of programmes over time. As detailed under **standards 8.1.3 & 8.1.5**, the IOM described plans to develop a Trainer handbook to outline the composition of an assessment. However, there are currently no decision aids or quality indicators available for assessors to support them while assessing Trainees. All Specialties and BST GIM reported inconsistent use of the e-Portfolio by Trainers and across sites. The e-Portfolio is an essential tool for the formal recording of assessments and the progress of Trainees at all levels. It should run seamlessly through BST to HST and across Specialties when Trainees are	Specialties should utilise a much wider range of assessment formats and learning methods. The IOM together with BST GIM and the Specialties should formalise input from an appropriate range of stakeholders (i.e. nurses, allied health care professionals, support staff) as part of the assessment of Trainees, to ensure evaluation and assessment of all aspects of training including non-clinical. The IOM should monitor the quality of completed assessments through a random review of e-Portfolio records. The IOM should ensure that the e-Portfolio fully supports Trainees, Trainers and NSDs enabling not only the recording of assessments but also the review of Trainee and Trainer engagement, Trainer performance and attainment of curriculum requirements. The IOM should establish regional e-Portfolio leads/ assessment leads to provide support. It is recommended that the IOM develops 'decision aids' and 'quality	**Partially Compliant**

on their dedicated GIM year. Such issues are also reflected in **standards 5.1.1** and **8.1.3 & 8.1.5.** **Cardiology** The Cardiology curriculum refers to study days as an assessment for a large number of competencies. This does not seem an appropriate assessment tool and is not making full use of the suite of assessment tools available. **Infectious Diseases** Trainees exiting the Infectious Diseases (ID) & GIM programme require both knowledge and technical skills in addition to communication skills, interdisciplinary care, evidence and system-based care and professionalism. Three forms of Workplace Based Assessment (WBA) methods are used to assess ID Trainees including DOPS, CBD and Mini-CEX. However, it was felt that Trainees would benefit for an increased number of WBAs. Formally, Trainees are assessed by Quarterly/End of Post Assessment and End of Year Evaluation. As described in **standard 5.1.1**, Trainees outlined that completion of assessments within the e-Portfolio was viewed by both Trainees and Trainers as a 'tick- box exercise' and regular assessments using the e-Portfolio was not routine practice. As detailed by the Specialty in **standard 5.2.2,** Trainees also invited to take the Fellows in Training Exam (FITE) examination which is facilitated by the Infectious Diseases Society of America (IDSA). Trainees were of the view it was important to take an examination as a benchmark of learning but felt a European version would be of more relevance. **Rheumatology** The Specialty described that Trainers seek feedback from the wider multidisciplinary team on Trainee performance however this practice has not been formalised. Trainers were concerned that formalising this practice would lead to over-bureaucratising the process resulting in a 'tick-box' exercise. A more personal approach that is focused on the Trainee	indicators' for each Specialty at each stage of the training programme to outline the minimum level of skills, knowledge and experience that a Trainee should achieve before progressing to the next year of training. This will ensure consistency among Trainees and across sites and also enable IOM to monitor Trainers and ensure a consistent approach to assessment. **Cardiology** Clarity should be provided as to the rationale for study days as an assessment tool and how satisfactory completion is assessed. **Infectious Diseases** The use of workplace-based assessment (WBA) as formative learning experiences should be encouraged at all times during the programme. It is important to have a knowledge-based assessment (KBA) at some time during the programme both to "drive learning" and make Trainees aware of the more esoteric conditions that they may not encounter during their training clinical placements. Specific feedback should be provided to Trainees after the Fellows in Training Exam (FITE) (or equivalent) exam.	

Trainees detailed that the approach to assessments by Trainers varied in formality and frequency. At times assessments were carried out in bulk before the end of year assessment to get a Trainees logbook signed off. They further indicated that the PYA is used as a means to ascertain any deficiencies.		

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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
5.2.1 The IOM outlined in the self-evaluation submission that where a Trainer is concerned about a Trainees performance, based on assessment or other feedback, a meeting is arranged with the Regional Programme Director or Associate Dean. In cases where enduring professionalism deficits have been identified, the National Speciality Director (NSD) will refer the Trainee to the RCPI Health and Wellbeing Department. This Department will work closely with the Trainee, Trainer and NSD to design a bespoke remediation plan and arrange regular meetings to review progress. It is noted that IOM has a protocol for the identification of a Trainee in difficulty, however without clear outcomes at specific points within each curricula and matching decision aids for assessors, it is difficult to see how the identification will occur at an early stage and enable remediation. The management processes for a trainee in difficulty, including self-referral, are included within the more general Health and Wellbeing document published April 2020. However, Trainers showed little awareness of documentation on managing trainees in difficulty during the accreditation interviews. All Specialties and BST GIM had knowledge of the IOM process for raising a concern relating to a Trainee although they asserted that they have not had reason to use it. The 'Train the Trainer' course content provided by the IOM	IOM should enhance its current protocol for the identification of a Trainee in difficulty in parallel with the development of the outcomes based curricula and ensure that Trainers are trained in the resultant national key outcomes and that the IOM monitor consistency of assessment against these outcomes. It may also be helpful to have a (clinical) lead to provide advice to Trainers in addition to the current administrative support available. The IOM should explore how to make the best use of the e-Portfolio, not just for recording assessments but also for monitoring progress and the early identification of difficulties. The IOM should review the formative and summative assessment structures for each Specialty and put systems in place that ensure that progression is formalised and recorded throughout the programme thereby reducing reliance on the Penultimate Year Assessment (PYA) as a means of identifying any issues and ensuring a national assessment standard. The e-Portfolio would be a good tool to monitor this progression.	**Partially Compliant**

covers the issue of Trainees struggling both educationally and with mental health issues. In addition, Trainees who had experience outside the jurisdiction felt that the systems in place may not facilitate early identification of a Trainee in difficulty. For example, the e-Portfolio does not flag to Trainers and Training Leads that assessments are not completed. All specialties, except for BST GIM, referenced the Penultimate Year Assessment (PYA) as a particularly important assessment point. It was described by some specialties as a key opportunity to identify any issues or deficits with Trainees to be addressed in their final year. **BST General Internal Medicine** In **standard 5.1.1,** the Specialty detailed the expected frequency of Trainer and Trainees meetings for assessments. Additional opportunities to recognise underperforming Trainees are at the annual assessment, membership exams and other measured performance. The Specialty provided a specific example of managing a Trainee in difficulty and supporting them to return to their role through the mechanism of the RCPI Health and Wellbeing Office as detailed in **standard 3.4.1**. Trainees raised concerns that the current assessment framework would not facilitate early identification of Trainees in difficulty. Trainees with experience outside the jurisdiction felt that the e-Portfolio did not flag to Trainers and Training Leads that assessments were not completed. **Cardiology** The Specialty gave an example of a Trainee who was underperforming as identified by feedback from the wider clinical team. In collaboration with the RCPI Health and Wellbeing Department a programme of remediation was developed for the Trainee which led to a positive outcome. **Clinical Pharmacology and Therapeutics** The Specialty gave an example whereby a Trainee was facilitated to access additional experience for an extended period of time in a training site. It was		

emphasised that the small size of the Specialty allows for flexibility in training. Trainees were complimentary of the accessibility of their Trainers but indicated there may be occasions when it could be difficult to raise issues due to the small size of the training community. **Gastroenterology** In the accreditation interview, Trainers reported that Trainees tend to progress well through training and any issues that may not have been addressed are caught at the Penultimate Year Assessment (PYA). The PYA includes feedback from Trainers as well as NSDs for General Internal Medicine and Gastroenterology and an external assessor. The evaluation panel identifies recommendations which must be met by the Trainee. **Infectious Diseases** The Specialty detailed that the performance of Trainees is confirmed through assessment by the individual Trainer, e-Portfolio review on an annual basis as well as the penultimate year assessment (PYA) in conjunction with an external Examiner. The experience of the Specialty is that challenges in Trainee performance tend to be identified at intern and SHO level and rarely arise at SpR level. Trainees are met every year and the e-Portfolio reviewed and deficits identified which can inform Trainee placement at training sites in subsequent years. A gap analysis takes place at the PYA when Trainees have one outstanding year of clinical medicine. This allows Trainees to address any training gaps in their final year. Academic Trainees are called to the PYE each year to ensure contact with the clinical supervisors. Trainees were aware of the process outlined above but felt that an underperforming Trainee could be missed due to inconsistent use of the e-Portfolio for recording / managing assessments. There is a perception that Trainees in difficulty only exist at BST level. It is important to acknowledge that difficulties can manifest at any time in a Trainees career and a protocol must be in place that recognises that. **Nephrology**		

The Specialty detailed that generally, any issues are dealt with informally at a local level by the Trainer. If this were not possible, the formal RCPI process would be engaged. They also detailed plans to add the topic of 'Trainee in difficulty' as a standing item on the Specialty Training Committee agenda. The Specialty outlined how it has previously worked with Trainees who had reservations about continuing the programme and stated that they found solutions to enable the Trainee to continue the training programme.		

STANDARD 5 – THE CURRICULUM – ASSESSMENT OF LEARNING – FEEDBACK AND PERFORMANCE - 5.2.2 *The training organisation facilitates regular feedback to trainees on performance to guide learning.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
5.2.2 All specialties are fully compliant with this standard with the exceptions of the BST in GIM, Cardiology and Infectious Diseases which are partially compliant. It is important to harmonise the delivery of this standard by promoting the methodologies used by and learning from the four specialties that are fully compliant. The self-evaluation detailed that Trainees receive informal feedback on a regular basis both in a structured format (workplace-based assessments, end of year evaluations) and in day-to-day practice. The IOM noted that the move to outcomes-based curricula will result in more focused feedback for Trainees. The self-evaluation also indicated that written feedback contains ratings of performance and comments together with commendations and recommendations. However, some Specialties stated that the structured feedback Trainees receive may not always be documented. Trainers and Trainees across specialties confirmed that the type of feedback varies and is primarily driven by the performance of the individual Trainee. The majority of Trainees across the Specialties and BST GIM expressed the view that feedback provided by some Trainers at the end of a rotation was considered a routine administrative task rather than a meaningful way to engage with Trainees and provide valuable insight on their performance and progress. There seems to be a mismatch between the IOM / Specialties and Trainees perceptions in relation to the regularity of feedback. This needs to be rectified. Training in assessment for Trainers is addressed in **condition (b)** and in **standards 8.1.3 and 8.1.5.** Difficulties in achieving regular assessment (and receiving the corresponding feedback) was detailed under **standard 5.1.1** in relation to a number of specialties. The development of decision aids as identified in **standard 5.1.2** should ensure that assessments are consistent and robust.	Trainers should be trained in the delivery of constructive feedback that is linked to performance and identifying areas for improvement and remediation. Trainers should be encouraged to commend a Trainee on good performance on a regular basis so that a positive culture around feedback becomes embedded within the training programmes. This should be reflected in the training undertaken by Trainers outlined in **condition (b)** and the recommendation relating to the Trainer Handbook in **standards 8.1.3 & 8.1.5.** The IOM should ensure that the feedback process used by each Specialty is formalised and that feedback given to Trainees at assessment is documented through the e-Portfolio. **Infectious Diseases** Specific feedback should be provided to Trainees after the Fellows in Training Exam (FITE) (or equivalent) exam. The Specialty should use the Fellows In Training Exam (FITE) exam results to inform Trainee progression and programme development.	**Partially Compliant**

BST General Internal Medicine A significant proportion of Trainees described feedback as infrequent, inconsistent and with a focus on the negative aspects of performance. This is further described under **standard 5.1.1.** **Cardiology** Trainees reported that the regularity of assessments were dependant on the Trainer, with some formal assessment tools used such as mini-CEX or DOPs whilst others are less formal. **Infectious Diseases** Trainees indicated there was no formal emphasis on feedback during training, that it is generally received if there was a performance issue and limited positive feedback was provided. Trainees detailed they were not always clear if they were meeting the curriculum requirements due to the informal nature of feedback received and the inconsistent use of the e-Portfolio by Trainers. Trainers indicated that recording of feedback in the e-Portfolio is Trainee-led with cases selected by the Trainee. This was further descried under **standard 5.1.1.** Detailed feedback is provided on the Fellows in Training Exam (FITE) exam, a knowledge-based exam that Trainees are invited to do twice during their training. Trainees receive a feedback document afterwards outlining their score in each individual category, their overall score and median score in comparison to other participants. The Specialty found the FITE exam very helpful as the feedback is specific around areas where a Trainee may be stronger or weaker and they use it to design study days to address areas of weakness.		

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.* **OUTCOME EVALUATION – 6.2.2** *Supervisors, trainees, health care administrators, other health care professionals and consumers contribute to evaluation processes.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
6.1.1 & 6.2.2 It was found that the process for evaluating and reviewing curricula was broadly similar for all Specialties. However, the provision of feedback on curricula and evaluation is limited in terms of stakeholders. Many Specialties indicated that they are assured that curricula are satisfactory because graduates progress to Consultant posts or are appointed to overseas roles. It is felt that this not an appropriate evaluation process and this is further addressed under **standard 6.2.1.** The submission states that mandatory RCPI courses are reviewed on a regular basis and the course review policy was provided as supporting documentation. Feedback is sought from course facilitators and course participants and RCPI education specialists observed the courses. The end of year evaluation process is subject to periodic review in terms of suitability and operations. The quarterly / end of post assessment process and forms facilitates a review of supervision, assessment and Trainee progress. However, as described under **standards 6.1.3 & 7.4.1,** there are concerns relating to the openness of Trainee feedback. In the self-evaluation, the IOM states that there is no direct input from non-medical healthcare professionals in the design of the evaluation process or the evaluation itself, however any given Trainer may seek input from such sources if deemed required. It was outlined that currently, only Trainers (or assessment panels) contribute to assessments due to the technical knowledge and skills along with skills relevant to Medical Council domains of good medical practice required. The context of the clinical training environment was emphasised in that Trainers observe and assess Trainees in	Reviews of curricula should include all aspects of the curriculum such as quality of teaching supervision, assessment and Trainee progress. The IOM together with BST GIM and all the Specialties should develop a system to ensure that external stakeholders contribute to the review and evaluation of curricula, such as employers, health care administrators, other health care professionals and consumers. The IOM should formalise the role of all Trainees in providing input into the review and evaluation of training programmes and not rely fully on Trainee representatives. The process for gathering feedback should be formalised and take place outside the annual assessment process and separated from the review of Trainee performance. **BST General Internal Medicine** The IOM should progress work with the regional hubs to address the identified gap in training between the BST and HST programmes. Learning from this should be fed into development of the curriculum and training programmes. **Cardiology** The Specialty should not solely rely on feedback from Trainees and graduates to evaluate the quality of the programme. There should be triangulation with other sources of information.	**Partially Compliant**

engaging with patients, families, and other health care professionals. These observations are a formative part of the feedback and annual assessment. **BST General Internal Medicine** It was heard that a gap between the BST and HST specialty programmes has been identified through one of the training hubs. The training hub is currently working with the IOM and RCPI to overcome this by running career sessions and identifying mentors to assist Trainees with career development. **Cardiology** The Specialty detailed that in addition to the formal assessment at the end of every year there is an informal 'off-the-books' assessment with Trainees every February. The purpose of this is to ensure the Trainee is not having any issues whether they be regarding personal wellbeing or with the training programme. In the accreditation interview, the Specialty reported that between 2000 and 2015, Trainees were surveyed, including some who had left the programme, and their views on training sought. The feedback was described as extremely positive. Trainers also added that anecdotally, overall feedback from graduates working in the specialty in different parts of the world is very positive. When Trainees go abroad for training, feedback on their performance is excellent. **Infectious Diseases** It was heard that Trainers review outcomes of the Fellows In Training Exam (FITE) outcomes and design study days to address areas of weakness. However, no mention was made as to whether this also feeds into curriculum or programme design. In addition, some Trainers do not seem to provide consistent and constructive feedback to Trainees. This is addressed under **standard 5.2.2**. The Specialty detailed that the curriculum is developed and reviewed by the National Specialty Director in collaboration with the RCPI education		

specialists. The Specialty Training Committee which has Trainer representation from every department is also involved. The curriculum is reviewed annually with the Education Department of the RCPI. Trainers felt that they had the ability to inform discussions both formally and informally both at a site and specialty level. The external representative on the annual assessments also has the opportunity to comment on the curriculum. Trainees indicated they provide informal feedback on the curriculum at annual assessments. **Nephrology** Trainees indicated they provide informal feedback on the curriculum at annual assessments.		

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.* **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.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
6.1.3 & 7.4.1 All specialties are partially compliant with standard 6.1.3. All specialties are fully compliant with standard 7.4.1 with the exception of the confidentiality element which is covered under standard 6.1.3. In the self-evaluation submission, the IOM details that Trainee representation has been established on the key committees involved in programme development including the HST Specialty Training Committee, IOM Education and Training Committee, RCPI Education and Quality Committee, Trainee Health and Wellbeing Committee and RCPI'S Trainees Committee. It is important that all Trainees are formally involved in curriculum development and review as disseminating information through Trainee representatives appears to not be fully working for all specialties. As detailed in the self-evaluation and discussions with GIM, issues with training supervision and requirements are managed through the governance structures of the IOM. Each IOM training programmes has an assigned coordinator within the IOM to ensure problems are managed discreetly and escalated in the correct manner. In addition, Trainers and Trainees are encouraged, where possible, to raise complaints on an informal basis with the Trainer, Trainee or the National Specialty Director/ Regional Programme Director in the first instance before invoking the formal grievance procedure. Trainee feedback is sought informally through engagement with the Health and Wellbeing Department, prior to site inspection through the Trainee feedback form, following educational events and course delivery and	A system should be established to enable confidential feedback from Trainees – such as collecting aggregated feedback from Trainees. The IOM should explore with other Specialties (not limited to medical specialties) how anonymity and confidentiality is facilitated in feedback processes. This is especially relevant in relation to specialties with small Trainee numbers. The IOM together with BST GIM and all the Specialties should examine its communication strategy regarding feedback processes in order to alleviate the concerns of the Trainees regarding confidentiality. There should be a formal opportunity – separated from the review of Trainee performance - for Trainees to provide open feedback on their training programme and experience, including feedback on the quality of supervision, and any other issues they may wish to raise. **Cardiology & Rheumatology** Trainees should be made aware of the IOM/RCPI governance structures and Trainee involvement.	**Partially Compliant**

anonymously through the Training Post Evaluation. Examples of several Trainee engagement initiatives established by the IOM were provided. Overall, Trainees indicated that there was someone they could approach if there were a specific issue, for example the NSD. Despite all the feedback mechanisms in place, Trainees have concerns with the level of anonymity provided, this was reported in the discussion with Trainees across specialties. Trainees felt smaller specialties in particular are identifiable. This is also described under **standard 8.2.1**. It is not clear whether feedback on Trainer performance is consistently and actively sought by the Specialties as part of ongoing monitoring and evaluation. Trainees in small specialties are easily identifiable and so there are limitations in the current opportunities available to Trainees in providing feedback particularly on the quality of teaching and supervision. **BST General Internal Medicine** The IOM detailed that, during the redevelopment of the BST curriculum in 2018, Trainee representatives were asked to review the curriculum and provide structured feedback during the initial pilot year. The Specialty detailed the options and points of contacts for Trainees to raise issues regarding their training. They acknowledged there could be challenges at smaller peripheral sites in raising concerns. The Specialty were of the view that Trainees were aware of the IOM governance structures and could contact the regional programme director and raise issues confidentially. Trainees confirmed that they were aware of the structures of the IOM and the option to contact the Regional Programme Director or approach their Lead Trainer or Regional Programme Director regarding training issues. Trainees also indicated that training issues can be fed back to the IOM and Specialty via the lead Trainee representatives sitting on the RCPI Trainee Committee. The Specialty outlined that there is a Trainee representative on the Regional Programme Director Committee. Trainees expressed concerns about raising issues at the end of placements or in Trainee surveys and maintaining confidentiality.		

Cardiology Trainees detailed that communication of key updates such as curriculum changes could come from a variety of sources such as their Trainer, the Executive administrator of the Irish Cardiac Society (ICS) and the RCPI HST coordinator. Trainers and Trainees indicated that there were avenues for Trainees to participate in the running of the programme. This included input into the curriculum, COVID-19 teaching sessions and the selection of topics to be covered in study days. However, Trainees did not seem aware of Trainee representation on the STC however they did reference a Trainee group within the ICS and also Trainee representation at the European Society of Cardiology (ESC). The Specialty detailed that in addition to the formal assessment at the end of each year, there is an informal 'off-the-books' assessment with Trainees every February. The purpose of this is to ensure Trainees are not having any issues personally or with the training programme. This is addressed under **standards 6.1.1 & 6.2.2.** The need for clarity around the role of the Irish Cardiac Society (ICS) as distinct from the IOM is addressed under **standards 8.1.3 & 8.1.5.** **Clinical Pharmacology and Therapeutics** The Specialty indicated that if a Trainee had a difficulty with their Trainer, there were several people both at a local and college level that the Trainee could approach. Trainees felt that they worked in an open environment where issues could be raised. However, both Trainers and Trainees felt that due to the small size of the Specialty it could be difficult for a Trainee to raise issues confidentially.		

Gastroenterology Overall, Trainees were happy that they could raise issues about their training but stated that they may not feel comfortable raising issues about individuals. They cited confidentiality as the barrier. **Rheumatology** Trainees in Rheumatology provided examples of issues they had previously raised and confirmed that their feedback was acted on. However, they felt that they weren't asked for specific feedback on Trainers or how departments are run. Trainers reported that curriculum reviews are led by the NSDs with input from the STC. However, there appears to be confusion among Trainees as to whether there is Trainee involvement in the STC. The Specialty later confirmed that a Trainee representative from Rheumatology attends all STC meetings. STC minutes are shared with Trainers and the Trainee representative is requested to share information with the other Trainees.		**Partially Compliant**

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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
6.2.1 The Specialties of BST GIM, Gastroenterology, Nephrology and Rheumatology are partially compliant with this standard while the remaining specialties are fully compliant. The IOM detailed in the self-evaluation submission that all graduates from the HST training programme are members of the RCPI therefore records on them are maintained. IOM stated that in 2020, HST graduates will be asked to complete a survey outlining their career intentions for the next three years. 'Where Are They Now' graduate data is available on the RCPI website since 2017. Furthermore, within the RCPI research department the Doctor Retention and Motivation Project has been established seeking to identify solutions to help retain doctors within the Irish health care system. It was found that there is need for enhanced recording of graduate outcomes in relation to establishing a formal system for both gathering and graduate measuring outcomes. Gastroenterology graduates go abroad for Advanced Training upon completion of the programme while Nephrology graduates go overseas to gain more exposure to a broader variety of conditions. **Condition (g)** is attached to these specialties and requires them to review their programmes to determine whether the curriculum and graduate outcomes enable graduates to occupy a consultant role in the Irish health service upon completion – without further training or experience. Similarly, the need to define outcomes for special interest training is addressed under **standard 2.2.1.**	The IOM should collect both quantitative and qualitative information on graduate outcomes and use this information to develop and amend curricula outcomes as required. This should include questions relating to the preparedness of Trainees for their next role whether BST to HST or HST to consultant. It should also include input from end users such as the HSE. The IOM should develop a formal system of monitoring the career path of graduates, including tracking those who do not progress into a HST programme. It is necessary to understand this attrition and the reasons for it. The IOM should produce a report for the Medical Council on how it is going to address a lack of progression from BST to HST. A plan for the introduction of the two systems above should be provided within **6 months** of receipt of the final report. This should include how retrospective data on outcomes as well as tracking a lack of progression will be sought. The IOM should complete the move to outcomes-based curricula and ensure that the outcomes for BST GIM and each Specialty are evidence-based. For example, outcomes should take into consideration the needs of the Irish health care system, HSE requirements and the views of each Specialty. **BST General Internal Medicine** As those who complete the BST in GIM do not always enter further specialist training in IOM programmes, feedback should also be sought from other Specialties that use GIM BST as a point of entry regarding the preparedness of Trainees for the Specialty.	**Partially Compliant with CONDITION (G) attached to Gastroenterology & Nephrology**

BST General Internal Medicine It was heard during the Specialty interview that Trainees who have left the BST programme are surveyed. The BST programme is considered an entry programme for other programmes apart from the seven specialties in the IOM such as General Practice and Radiology. One of the regional hubs has started a local informal database to track BST Trainees, asking those who have, or have not yet, completed the scheme about their career plans. A challenge noted is bridging the gap between BST and HST specialty schemes. The Speciality is currently working with the IOM and RCPI to overcome this by running careers sessions and identifying mentors to assist Trainees with career development. Trainees indicated that career advice is informal and is Trainee-driven, whereby they approach individual consultants within their speciality of interest. **Cardiology** In the accreditation interview, the Specialty reported that between 2000 and 2015, Trainees were surveyed, including some who had left the programme, and their views on training sought. Approximately 69% were working in Ireland and the vast remainder were working abroad. **Gastroenterology** Trainers felt that that the outcomes of the programme exceed those of other countries because Trainees are competitive in overseas appointments and gain experience overseas. This was further reflected by comments around the volume of work in Ireland being significantly higher than other jurisdictions and thereby providing more training opportunities to Trainees. Trainers reported that many of the Trainees go overseas for Advanced Training, having completed their programme. **Nephrology** The Specialty described one workplace-based assessment as an observed consultant ward round for Trainees in their penultimate year at one	**Gastroenterology** The IOM must work with the Specialty and the HSE to determine whether the outcomes of the training programme fulfil the requirements of a Consultant role in the Irish health care system without further Advanced Training or whether further Advanced Training is required. If it is required, it must be outlined in the curriculum and become a requirement for completion of training, arrangements must also be formalised to include any overseas training within the programme. The outcome of the review must be provided to the Medical Council within **12 months** of the final report. If the review determines that Advanced Training is required then a report must also be provided concurrently, outlining next steps for inclusion of Advanced Training within the programme **one year thereafter.** **Nephrology** The IOM must work with the Specialty and the HSE to determine whether the outcomes of the training programme fulfil the requirements of a Consultant role in the Irish health care system without further training or whether further exposure to a variety of conditions is required. If further training is required, this must be outlined in the curriculum and become a requirement for completion of training, even if the additional exposure occurs outside the jurisdiction. The outcome of the review must be provided to the Medical Council within **12 months** of the final report. If the review determines that further exposure to a variety of conditions is required then a report must also be provided concurrently, outlining next steps for inclusion of that exposure within the programme **one year thereafter.**	

particular site. Here the Trainee leads the ward round and the Trainer will comment on their ability to act at that senior level. The Specialty detailed that there is no formal log of graduates from the Nephrology programme, but that they would be aware of where graduates are based and would maintain informal links through events such as those organised by the Irish Society of Nephrology. In accreditation interview, Trainees stated that usually, Trainees do not take up Consultant posts immediately on completion of training rather they tend to go overseas for further training. It was stated that Trainees gain experience of a diversity of patients when they work overseas. If it is necessary for Trainees to be exposed to a diversity of patients not available within the Irish jurisdiction, then this should be a formal part of the curriculum and not a post-CSCST experience. Trainees reported that when they applied to the programme, it was not clear that there was a lack of consultant posts in Ireland for them to enter on completion of training. According to Trainees, it was only after commencing training that they become aware that they will need to leave the jurisdiction in order to work in the specialty until a vacancy arises. **Rheumatology** In the accreditation interview, it was reported that given the small nature of the Specialty, that they were able to keep in personal contact with the majority of Trainees to know where they are working. However, Trainers also reported that the graduate outcomes of the programme are not formally assessed. It would seem that there is a perception that the outcomes of the programme exceed those of other countries because Trainees tend to be competitive in overseas appointments and produce high quality publications.	The IOM should work with the Specialty to champion a career pathway for Trainees to enable them to remain working in Ireland. With no clear pathway, there is a danger that Trainees will be dissuaded from entering the profession or attracted outside the jurisdiction. This work should be fed into the Doctor Retention and Motivation project	

STANDARD 7 – IMPLEMENTING THE CURRICULUM – TRAINEES – ADMISSION POLICY AND SELECTION – 7.1.2 *The processes for selection into the training programme *are based on the published criteria and the principles of the training organisation concerned * are evaluated with respect to validity, reliability and feasibility * are transparent, rigorous and fair * are capable of standing up to external scrutiny * include a formal process for review of decisions in relation to selection, and information on this process is outlined to candidates prior to the selection process.* ***7.1.3** The training organisation documents and publishes its selection criteria. Its recommended weighting for various elements of the selection process, including previous experience in the discipline, is described. The marking system for the elements of the process is also described.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
7.1.2 & 7.1.3 All specialties were found to be fully compliant with standards 7.1.2 and 7.1.3 with the exception of Rheumatology which is partially compliant with standard 7.1.3. The self-evaluation submission states that the selection of candidates is overseen by the Director of Education and Training / Associate Director HST and the Associate Director of BST reporting to the IOM. The application process ensures that applicants possess the minimum entry criteria for each programme. Shortlisting criteria and interview guidelines are followed and online training, *Interviewer Skills is provided* for all members of the Interview Committees. The entry requirements, shortlisting criteria and interview marking schemes for all programmes are reviewed annually and published on the RCPI web-site in advance of the opening of applications. Appropriate links to material on the RCPI website were provided. In some specialties, additional or desirable criteria for candidates such as previous experience was sometimes perceived as mandatory by Trainees for successful appointment to programmes. Recognition of prior experience is addressed under **standard 3.4.2**. **Clinical Pharmacology and Therapeutics** The Specialty reported that Trainees who enter the programme tend to be mature and have not come directly from BST and as such, have previous	All those who are involved in selection must be trained, including in unconscious bias and rules around the appointment of non-EU candidates. The IOM should include lay representation in the recruitment process, including on recruitment panels 'Vouching' for candidates and thereby potentially giving people an unfair advantage is not appropriate practice. The IOM must make this clear to all staff and suitable action taken where this is not followed. The IOM must review the recruitment literature for each Specialty to ensure that the full range of entry requirements, including any desirable criteria are clear for all (including Trainers and interviewers), are published and linked with the selection criteria and scoring. Recruitment material needs to be regularly reviewed to ensure that it reflects current practice and avoids unintentional bias or indirect discrimination, e.g. disability and appointment of EU and international candidates. **Clinical Pharmacology and Therapeutics** It is important that the mandatory entry requirements for the programme are appropriate in relation to the curriculum and programme duration. The IOM together with the Specialty should review whether previous experience is necessary in order to achieve	**Partially Compliant**

experience / training. The curriculum states that prior training in CPT is desirable but does not indicate that recognition for prior experience can be considered. This was confirmed in interviews with Trainees. It was stated that as a result of this, some Trainees are required to repeat aspects of training already completed. Recognition of previous experience is addressed under **standard 3.4.2.** **Rheumatology** Although basic criteria for candidates is provided, Trainers reported that it was generally understood that to be successful in an application for a role you needed to fulfil additional criteria. For instance, to have undertaken a SHO post in Rheumatology, carried out an audit or published in Rheumatology. Trainees described consultants as supportive and encouraging when applying to the programme. Trainees reported that prior to application for a Specialty post, it was known that consultants contact colleagues on the interview panel to 'vouch' for Trainees whom they have worked with. Trainees understood this to be an unwritten part of the selection process.	curriculum requirements in the duration outlined. If is it found that previous experience is necessary, this should be reflected in entry requirements – or the curriculum and programme duration changed. **Rheumatology** The entry requirements and the related scoring system need to be clarified and communicated to candidates. This includes whether criteria are mandatory or desirable and the scores allocated, for example, previous experience in Rheumatology.	

STANDARD 7 – IMPLEMENTING THE CURRICULUM – TRAINEES – COMMUNICATION WITH TRAINEE – 7.3.3 *The training organisation provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
7.3.3 It was found that all elements of this standard are being fulfilled with the exception of the BST in GIM. Please see summary below. The self-evaluation details the ways that the IOM communicates with Trainees. Following the Annual Evaluations, Trainees are informed of their status within a specified timeframe, usually withing 48 hours. The e-Portfolio provides an easily accessible progress report which allows Trainees to see at a glance their mandatory requirements such as the number of	The IOM and RCPI should review its communication strategies to ensure it makes best use of the local site level systems in relation to all specialties.	**Partially Compliant**

clinics, work-based assessments etc required and how many are outstanding. Finally, ongoing communications are carried out by the assigned National Specialty Director throughout the course of the training programme. **BST General Internal Medicine** In the self-evaluation submission, the IOM detailed that it ensures ongoing communication with Trainees about their training status through a number of different processes. These include an update following their Annual Evaluations, ongoing communications from the assigned Trainer/Programme Director for BST throughout the course of the training programme and progress reports available through the e-Portfolio. Trainees described a lack of clarity as to who their assigned supervisors were. Trainees felt that this was often reciprocated by supervisors and it was also felt that some Trainers were not aware of their responsibilities in relation to assessments and the e-portfolio. This is addressed under **standards 8.1.3 & 8.1.5** and is accompanied by appropriate recommendations. Trainees felt there was good engagement at a local site level (when there is a local office) however they felt there was a disconnect between the IOM and training sites in terms of communications on training issues as well as inconsistent response rates. It is important that there is strong communication between the IOM and training sites in terms of communications on training issues.		

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS – 8.1.3 *The training organisation routinely evaluates supervisor and trainer effectiveness including feedback from trainees and offers guidance in their professional development in these roles.* **8.1.5** *The training organisation has processes to evaluate the effectiveness of its assessors/examiners including feedback from trainees, and to assist them in their professional development in this role.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.1.3 & 8.1.5 All specialties were found to be partially compliant with standard 8.1.3. All specialties were found to be partially compliant with standard 8.1.5 with the exceptions of Infectious Diseases, Nephrology and Rheumatology which are fully compliant. In the self-evaluation submission, the IOM detailed that it routinely evaluates Trainer effectiveness through Trainee surveys, hospital-based inspections and workplace-based assessments. The IOM does not currently have a performance management framework for Trainers. It was confirmed that there is a process for reviewing training posts but not the individual Trainer. In the self-evaluation, the IOM also indicated that there is no formal mechanism of feedback to Examiners directly. However, should an issue arise, it is discussed at the Examination Board meeting with the respective Examiner. In the submission, the IOM described plans to develop a Trainer handbook as a part of a Trainer engagement project. The handbook will outline the detail of each assessment and provide decision making tools to Trainers in relation to assessments.	Assessments are an important part of ensuring that Trainees fulfil the curriculum requirements and for facilitating individual development. As such, the IOM must take action to encourage Trainer's active and positive participation in the assessment system ensuring that it is not approached as a routine administrative task. Trainers must be made aware of their role and responsibilities and assigned Trainees in a timely manner. This allocation must be notified to Trainees in advance of starting their training post; it is recommended that this is recorded on the e-Portfolio. This must be introduced at the next round of Trainee placements and no later than within **3 months** of the final report. The IOM must clearly define the roles of Trainers and Educators (e.g. Clinical Trainer/Clinical Supervisor and Educational Oversight Trainer/Educational Supervisor). This must be completed within **6 months** of the final report.	**Partially Compliant with CONDITION (B) attached**

All Specialties detailed that in recent years and in accordance with RCPI policy, on appointment Trainers have to complete the RCPI Physicians as Trainers Essential Skills course. However, longstanding Trainers may not have received this training as they were already instated as Trainers prior to the requirement coming in. In addition, there is no ongoing refresher training requirement. Some Trainers reported that they didn't have allocated time to undertake the courses that form part of the approved Trainer training. As detailed in **condition (c)** and **standard 8.1.6,** it is essential that Trainers receive adequate protected time to fulfil their roles. While the compulsory Essential Skills course has been commended as part of the formal approval process in place for the selection of new Trainers, it was found that further training for Trainers is required. **Condition (b)** identifies the need for training in assessment methods and the use of the e-Portfolio (in particular undertaking and recording workplace-based assessments). It was found that there is a need for more active participation in the assessment process as well as greater and more timely communication to Trainers regarding their assigned Trainees. In relation to the use of Trainee feedback in the evaluation of supervisor and Trainer effectiveness, the issue of confidentiality was raised by Trainees. In the majority of Specialties, Trainees stated that they considered there was a lack of confidentiality and were concerned about what they perceived as a potential negative impact on those raising concerns, particularly in smaller specialties. A similar finding is also discussed under **standards 6.1.3 & 7.4.1** and **8.2.1** and is accompanied by recommendations. It is important to have a system in place particularly in small specialties to enable confidential feedback from Trainees. Feedback also aids a Trainer's personal development in the role.	The IOM should formally acknowledge and champion the role of the Trainer, showing that it is a desirable role and one to aspire to and be proud of. The development of the Trainer handbook should be completed to reinforce and support a Trainer's designated role, in particular the effective delivery of formative and summative assessment as well as the provision of constructive feedback that is linked to performance and identifies areas for remediation and commendation. It is recommended that quality indicators are included in the Trainer Handbook. In line with **condition (b)**, the IOM must determine a suitable mechanism to ensure supervisor and assessor (and Examiner in relation to BST GIM) effectiveness and this should not be solely measured by feedback from Trainees. If Trainee feedback is being sought, the Institute should ensure it is anonymous. The IOM's formal performance management system / methods for assessing effectiveness for both Trainers (and Examiners in relation to BST GIM) should include a support system for Trainers to ensure consistent standards. This should also include a process whereby the designation/status of Trainer can be withdrawn in certain circumstances. All Trainers must be given appropriate (protected) time to engage with the Train the Trainer / Essential Skills course as well as additional supplementary courses.	

Many different terms were heard across the course of the accreditation such as 'Trainer', 'Educator' 'Clinical Trainer', 'Clinical Supervisor', 'Educational Oversight Trainer', 'Educational Supervisor', 'mentor', etc. This variance caused confusion and drew attention to the need for roles to be defined and for the use of consistent terminology across specialities. **BST General Internal Medicine** The Specialty detailed that it communicates positive and negative feedback gathered from Trainees to Trainers, and in recent years, Trainers have sought out feedback. Trainees indicated that training issues are fed back to the IOM and Specialty via the lead Trainee representatives sitting on the RCPI Training Committee, however as described above, concerns were expressed about raising issues due to lack of confidentiality and the potential impact on those raising the concerns. At the accreditation interview, Trainees detailed delays in the communication of their assigned Trainer. Trainees reported that at times, they were not informed of the identity of their designated supervisor. Trainees described occasions where they had to phone or email the RCPI for this information as it was not available on their e-Portfolio. Trainees also described approaching their Trainers and finding them to be unaware they had been assigned specific Trainees and that some Trainers didn't appear to be aware of their responsibilities as Trainers, especially in relation to the e-Portfolio. It was further reported that in some circumstances, Trainees had to ask an individual to be their Trainer in order to be able to add assessments to the e-Portfolio. These issues varied across training sites.	The National Specialty Directors (NSDs) should undergo development to enable evaluation of the effectiveness of educators and clinical supervisors. This should include the regular review of the e-Portfolio and quality of assessments to ensure appropriate supervision /assessment/ delegation by Trainers. The IOM should ensure its Continuous Professional Development (CPD) includes content relating to the education and training roles and introduce ongoing / refresher training for Trainers and Examiners. The IOM should ensure that Educators are on the relevant specialist division of the Medical Council register. If they are registered in a different specialty, it must be ensured that evidence has been provided that they are qualified to supervise, assess and support Trainees in the Specialty. **Cardiology** The IOM and Specialty should ensure that the formal reporting mechanisms are clear to all involved in training. In all policies, clarification should be provided to Trainees on the role of the Irish Cardiac Society (ICS) and the ICS Administrator and the role of the Irish Board for Training in Cardiovascular Medicine (IBTCM) as distinct from the IOM in relation to the provision of support to Trainees. Communication channels between all the involved organisations (the Specialty sitting within IOM, ICS and IBTCM) should also be defined and clarified. A MOU, overseen and approved by IoM, should be established between the Specialty, ICS and IBTCM to ensure clarity and agreement on these items.	

Trainees felt that such confusion meant that some Trainers failed to engage effectively with them in performing workplace-based assessments (including recording outcomes in e-Portfolios). Trainees outlined difficulties in achieving assessments within required timeframes with variability among Trainers in providing feedback and sign off within the e-Portfolio. They felt that this was compounded by the e-Portfolio not flagging to Trainers and Training Leads that assessments are not completed. **Cardiology** It was noted that there is a Trainee session at the annual Irish Cardiac Society (ICS) meeting and a separate meeting with the NSDs in February for Trainees to provide feedback on their training. There is also potential for Trainees to raise issues privately with NSDs throughout the year and at end of year assessments. Trainees indicated concern around potentially raising issues about training or a Trainer in such a small specialty and the impact this could have on their progress and future careers. There was confusion over the mechanisms that could be used for raising issues. Trainees were more familiar with feedback mechanisms via the ICS as opposed to those of the IOM/RCPI. There was some confusion as to distinction between the role of the ICS and the IOM. The administrator from the Irish Cardiac Society (ICS) was mentioned as a person Trainees could approach and Trainees confirmed this was open to them. **Clinical Pharmacology and Therapeutics** Criteria published on the RCPI website for becoming a Trainer includes registration on the relevant specialist division of the Medical Council register. However, at the accreditation interview, it was noted that not all		

Trainers are on the Specialist Division in Clinical Pharmacology and Therapeutics. **Gastroenterology** It was found that more formal methods are required to measure Trainer performance. Trainers reported that there are more Trainers than Trainees in the Specialty and as a result, Trainees indicate which Trainers they wish to work with. Trainers felt that if they were not performing to a high level in their role as Trainers that they would not continue to be chosen by Trainees. In this way they consider their selection as Trainers by Trainees as positive feedback.		

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS – 8.1.4 *The training organisation has processes for selecting assessors in written, oral and performance-based assessments who have demonstrated relevant capabilities.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.1.4 In the self-evaluation submission, the IOM detailed that the criteria for the approval of physicians as RCPI Trainers includes the requirement for completion of the RCPI Physicians as Trainers Essential Skills online course and this equips them with the capability for the basic forms of assessment. It was noted that it is intended that more Trainer training will be undertaken on work-based assessments when the e-Portfolio is complete. Online courses are available for supplementary skills. However, as outlined in **standards 8.1.3 & 8.1.5,** Trainees expressed concern about the engagement of some Trainees in assessments and with the e-Portfolio.	The IOM should publish the competency requirements to be an assessor (and Examiner in relation to the BST in GIM) and the application process. A structured, competency-based recruitment process should be followed for the appointment of assessors (and Examiners in BST GIM). The IOM together with the Specialties and BST GIM should review the effectiveness of the Essential Skills course and ensure that all Trainers	**Partially Compliant**

The submission states that by-laws set out the criteria to become an Examiner. Examiners for the written and clinical examinations can be nominated by their colleagues or they can contact the RCPI directly. All applications are reviewed by the Dean of Examinations. However, there was no evidence provided of a formal recruitment process for Assessors / Examiners. **BST General Internal Medicine** As outlined in **standards 8.1.3 & 8.1.5,** Trainees expressed concern about the engagement of some Trainers in assessments and with the e-Portfolio.	(including longstanding Trainers appointed before the current appointment process) are appropriately trained in the various assessment methods and how to record them on the e-Portfolio.	

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – CLINICAL AND OTHER EDUCATIONAL RESOURCES – 8.2.1 *The training organisation has a process and criteria to select and recognise hospitals, sites and posts for training purposes. The accreditation standards of the training organisation are publicly available.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.2.1 In the self-evaluation submission, the IOM outlined the inspection policy and process for the selection and recognition of hospitals, sites and posts for training purposes and provided the related policy as evidence. RCPI has a designated coordinator who assists the National Specialty Director, Associate Director for Training Site Accreditation and Director of Training IOM with the administration of these inspections. The IOM reported that it is transitioning to a '*more responsive and robust*' accreditation model '*reflecting international best practice*'. It acknowledged the inefficiency and challenges of individual inspections given the number of individual training sites as well as the number programmes/specialties delivering training at sites. The accreditation model will inspect and accredit all IOM specialties at a clinical training site every 5 years. Should issues arise during the interval, a triggered inspection will be organised	The IOM accreditation model must ensure that training programmes deliver the necessary competencies and outcomes for both the Specialty and GIM, making use of data on what opportunities individual sites are able to provide The IOM must provide detail of how accreditations of clinical training sites (of all Specialties, including both BST and HST GIM) will provide satisfactory evidence that the dual nature of the programmes is being appropriately delivered and assessed. Accreditation standards and criteria for a 'triggered visit' must be developed and disseminated in advance of the first cycle of accreditation visits. These should reflect and be mapped to the Standards for Medical Education and Training published by the Medical Council.	**Partially Compliant**

The RCPI indicated that while the new process is waiting to be implemented, it has initiated a short-term risk-based mitigation process. This is a 3-year plan with the first accreditation expected to take place in Q2 2021. (It was originally due to begin earlier but was delayed due to COVID-19 restrictions). Accreditation standards are currently not published, this is planned as part of the rollout in 2021. As described under **standard 5.1.1** and in recognition of the dual nature of qualifications, it is crucial that equal weight is given to both specialties. It was recommended that the IOM's accreditation process should be used as a means of verifying this. The IOM indicated that the Trainee feedback form which it provided as documentary evidence, facilitates honest feedback from Trainees regarding training sites. However, the majority of Trainees interviewed across the specialties reported that they didn't feel confident in the anonymity of the forms and the process and therefore were unlikely to feel comfortable in providing honest feedback. This represents a notable discrepancy between the perceptions of Trainees and management in the provision of feedback regarding clinical training sites. This is also described under **standards 6.1.3 & 7.4.1** where it is accompanied by a recommendation.	The Institute and Specialties must publish the accreditation standards for site selection, training sites and training posts.	

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – CLINICAL AND OTHER EDUCATIONAL RESOURCES – 8.2.3 *The training organisation's accreditation requirements cover: orientation, clinical and/or other experience, appropriate supervision, structured educational programmes, educational and infrastructure supports such as access to the internet, library, journals and other learning facilities, continuing medical education sessions accessible to the trainee, dedicated time for teaching and training and opportunities for informal teaching and training in the work environment.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.2.3 All specialties were found to be fully compliant with this standard with the exceptions of the BST in GIM and Infectious Diseases which are partially compliant. In the self-evaluation submission, the IOM detailed that all training posts are inspected every five years in order to assess the training provided. The site visit involves a RCPI appointed inspection panel reviewing training by meeting with hospital management, Trainers and Trainees on the training site, reviewing site facilities pertaining to training and review of documentation pertaining to the site. It was reported that this process has been interrupted by the COVID-19 situation. This is further described under **standard 8.2.1.** The completion of the accreditation model and MOUs are crucial to ensuring that training requirements and standards are met at training sites. At both Trainee and Trainer level, all Specialties reported a lack of dedicated time for teaching and training. It appeared particularly challenging in GIM at both BST and HST level. **BST & HST General Internal Medicine** The Specialty outlined that for a site to be accredited for training, it must be providing adequate teaching. It is mandatory for a site to have journal club, grand rounds and teaching. Trainees have to attend a minimum of eight clinics in their three months, they have to be on the on-call rota, and they have to have the opportunity to present their patients on a post call round. These requirements are communicated to the Trainees so that they are aware of them.	The IOM must inform the Medical Council when the development of the accreditation model and MOU are complete and provide detail of the planned schedule of accreditations/inspections. Updates must be provided with **6 months** of the final report. The IOM should also update the Medical Council on the outcome of inspections of clinical training sites and share any reports produced as part of the Annual Return to the Medical Council including action plans. **BST General Internal Medicine** BST Trainees should only be placed at a training site where there is suitable supervision from individuals trained in clinical supervision. Where Non-Consultant Hospital Doctors undertake the role of Trainer, they should also have time for training included in their work plans, as with all Trainers. The IOM should add this provision to the content of the MOU with clinical training sites so that the provision of supervision by appropriately trained individuals is understood and agreed with sites. The Specialty and IOM must ensure the availability of facilities to deliver as many educational resources as possible (e.g., libraries and internet) and use MOUs with sites to agree the range of resources for their allocated Trainees.	**Partially Compliant with CONDITION (F) attached**

Trainees raised concerns over being based in sites where there was no or only intermittent supervision in terms of HST Trainees or equivalent clinical supervision. The Specialty detailed actions to minimise the impacts of COVID-19 restrictions on access to educational resources. Efforts to ensure access to training across all clinical sites were described. They indicated challenges with Trainees attendance at weekly teaching. Trainees described that, at times, service provision prevented attendance at training courses. This was an issue that was training site dependent. Facilities also varied across sites and it was felt that they were impacted by whether sites were central or peripheral e.g. library and computer facilities, wi-fi. **Infectious Diseases** As outlined under **standard 8.2.2,** there are major concerns in the Specialty about access to appropriate resources and physical facilities. This is also reflected in **condition (i).**		

The following standards were found to be fully compliant for the Institute of Medicine. Although the programmes are complying with these standards, recommendations have been made for further improvement.

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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
4.1.3 It was found that all specialties are fully compliant with this standard. The self-evaluation submission states that Trainees should fulfil all competencies of the training programme but acknowledges that a specific	**For consistency, this recommendation is made at the level of IOM with the exception of the specialty of Gastroenterology.**	**Fully Compliant**

time scale for the acquisition of competencies is not described. It does clarify that failure to make progress towards meeting these objectives at an early stage would cause concern about a Trainee's suitability and ability to become independently capable as a specialist. When the new outcomes-based curriculum is in place, Trainees can advance at different levels and will have different strengths and areas to work on. In this way, it is expected that specific elements of independent practice will be easier to identify. The submission also states that independent practice is observed and judged by Trainers during training and assessments. As Trainees progress through the programmes, their knowledge and hands on experience grow and they are encouraged to assume a greater degree of responsibility and independence. Some specialties reported arrangements to train Trainees as Trainers such as clinical educators and lecturers. This is encouraged in all specialties. **Cardiology** The Specialty acknowledged the challenges that arise when Trainees move from one training site to another and Trainers at the receiving site are not fully accepting their level of experience and seniority. This can make ensuring an increasing degree of independent responsibility for Trainees difficult when they begin a new post. Trainees reported concern about returning to Cardiology training after the dedicated GIM year with regards the maintenance of skills in Cardiology. This is addressed under **standard 4.1.1** and is accompanied by a recommendation. **Gastroenterology** Trainers reported that they encourage Trainees to undertake a Masters in Clinical Education and are looking at training all Trainees as clinical educators. This has a received a commendation in this report. **Rheumatology** It was heard that Trainees in clinical lecturer posts gain experience as teachers as part of the rota. These arrangements were less formal for other teaching	The IOM should work with all Specialties to encourage and facilitate the formal training of Trainees as future Trainers. This should not be limited to the role of Clinical Lecturer. It is encouraged that the skills to become a Trainer form part of every curriculum so that by the time a Trainee completes training, they have the skills to become an approved Trainer. This will also assist with the training of more junior Trainees. The Specialty of Gastroenterology is a useful example of good practice in this area. **Cardiology** The IOM should work with the Specialty to review how it ensures that a Trainee's progression is acknowledged when moving from one site to the next. This includes exploring whether the challenges stem from the Specialty/Trainers or the site. The outcomes of the review may need to be applied across specialties. **Rheumatology** The curriculum should include the objective to develop skills in teaching. This should be a formal part of the programme and open to all Trainees (not just those in clinical lecturer posts).	

roles such as Registrars and SpRs.		

STANDARD 5 – THE CURRICULUM – ASSESSMENT OF LEARNING – FEEDBACK AND PERFORMANCE - 5.2.3 *The training organisation provides feedback to supervisors of training on trainee performance, where appropriate*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
5.2.3 In the self-evaluation submission, the IOM clarified that the outcome of the end of HST annual evaluations is made available to the succeeding Trainer in order to ensure continuity of training and the training plan. Trainers also have access to the Trainee's e-Portfolio. The submission also stated that annual reporting on the Trainee feedback survey began in 2019 and is intended to continue. A Trainer Engagement Project was launched in August 2020 and feedback loops will be reviewed and modified as part of this two-year project. A link was provided to the Training Post Evaluation aggregate three-year report 2015-2018. **BST General Internal Medicine** The Specialty detailed that when issues relating to Trainers are raised by Trainees or by peers, a Trainer may be asked to meet with the Regional Programme Director, Associate Director or the Health and Wellbeing, as appropriate. The Specialty detailed that they communicate positive and negative feedback from Trainees to Trainers, and in recent years, Trainers have sought out feedback.	The IOM should provide an update on the outcomes of the Trainer Engagement Project and the action that is to be taken.	**Fully Compliant**

Overview of compliance ratings for the programme of specialist training in General Internal Medicine (BST)

Medical Council's Accreditation Standards for Postgraduate Medical Education and Training	Basic Specialist Training in General Internal Medicine (GIM) - 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: Institute of Medicine (IOM)
Programme of Specialist Training: General Internal Medicine (BST)

The following standards were found to be non-compliant for the programme of specialist training in General Internal Medicine (BST)

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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
5.1.1 The self-evaluation submissions state that it is mandatory for Trainees to undergo a defined amount of formative and summative assessments on an annual basis. Each curricula has a section dedicated to 'Learning and Assessment Methods' and provide examples of methods used for demonstrating that learning goals have been met such as a combination of day-to-day practice, attendance at courses (or other educational activity), engaging in a relevant workplace based assessment (formative assessment) and undergoing formal assessment (end of post or end of year – summative assessment of progress). End of Post and Annual Evaluation forms for BST GIM were provided as documentary evidence, as well as HST Mini Clinical	The IOM must review how the assessment for dual training is undertaken to ensure that the full competencies for both GIM and the Specialty are fulfilled, and that equal weight is given to both Specialties. This includes considering who undertakes the assessments, when they are carried out, and how it is ensured that Trainees have fulfilled the curricula requirements. The IOM should quality assure the award of CSCSTs using the e-Portfolio as evidence of satisfactory completion of all assessments in both GIM and the Specialty.	**Non-Compliant with CONDITION (A) attached**

Evaluation Exercise (CEX), HST Quarterly/End of Post Assessment and HST End of Year Evaluation forms. The majority of specialties use exams from outside the jurisdiction (for example, EULAR for Rheumatology, ITE for Infectious Diseases, ESC exam for Cardiology, European Board for Gastroenterology and ASN exam for Nephrology). Despite information in curricula, it is often not clear to Trainees and Trainers whether these exams are mandatory or not. In the accreditation meetings, Trainers and Trainees in the majority of specialties described the assessment system as a 'tick box exercise' with inconsistent use of assessment tools and the e-Portfolio. The completion of formal assessments was indicated as challenging due to busy clinical environments. Trainees clarified that engagement in assessment and with the e-Portfolio was Trainer-dependent. Although each specialty curriculum has a section dedicated to GIM, the formal assessment methods relating to GIM specifically were unclear. Overall, it was found that there was little evidence that the assessment for dual training ensures that the full competencies for GIM (HST), as distinct from the second Specialty, are fulfilled. The use of the accreditation model as a way of assuring this is recommended under **standard 8.2.1**. The need for equal weight is given to both specialties is reflected in **condition (a).** It was reported that a GIM representative sits on each of the Specialty Training Committees. This is intended to ensure individual Trainees achieve the relevant GIM outcomes during their Specialty training years. However, it was also found that Trainees do not always have separate Trainers for GIM and their specialty. Furthermore, while Trainers have specialist expertise in	Appropriately trained and qualified individuals (e.g. practising consultants in the relevant specialty) must undertake separate assessments against each curriculum throughout each of the training programmes. The IOM and Specialties should consider the educational benefits of providing Trainees undertaking a dual qualification with two Trainers throughout their training, a lead Trainer in GIM and another in their other Specialty. The e-Portfolio should enable ongoing monitoring by both sets of Trainers. The IOM together with each Specialty should review the use of exams from outside the jurisdiction and consider their appropriateness in relation to the Irish health care system. The IOM and Specialties should clearly outline to applicants and Trainees whether exams are mandatory or recommended in addition to its inclusion in the curricula. This should be also communicated by Trainers. Trainees should be supported to undertake the required assessments in a timely manner throughout the programme. BST GIM Trainees should receive consistent high-quality feedback throughout the rotation and across all sites not just at the end of a rotation. Feedback should focus on the positives as well as areas for improvement and assist Trainees in their development.	

their own specialty, it is not clear if they are qualified to train in GIM to CSCST level. It was found that no quality indicators are yet available as part of a Trainer performance quality system but that they should form part of the Trainer handbook that is being developed. The Specialty of GIM detailed that Trainers are expected to meet with the Trainees at the beginning of the post and outline goals and expectations and meet again at the end of the post to agree whether Trainees have met their goals or not. It was heard that the provision of feedback in between these two points, such as assessments, varied considerably across sites.		

8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS - 8.1.6 *Organisation and development of Trainers – instructional activities must be included as responsibilities in the work schedules of trainers and their relationship to work schedules of trainees must be described.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.1.6 Overall, it was found that there is a clear lack of protected time for Trainers across BST GIM and all seven specialities. This was evident from the self-evaluation submission and in the interviews conducted with the Institute and representatives from each of the specialties. In addition, the Training Leads do not have protected time for educational and administrative roles. In the self-evaluation submission, the IOM highlighted the challenges in progressing this area. It was indicated that protection of training time is	Protected time in so far as possible should be provided to those involved in training at all levels. This includes Trainees as well as Trainers and Training Leads. This is not criticism for work being carried out, but to fully be able to deliver effectively in their roles Trainers and Programme Directors require adequate protected time.	**Non-Compliant with CONDITION (C) attached**

difficult in the current hospital environment due to service demands and that service can overshadow training. Some Specialties also cited a shortage of consultants as a further challenge. The commitment of Trainers is noted and in the absence of protected time, they fulfil their training roles on a voluntary goodwill basis. One specialty described the role of the National Specialty Director as requiring at minimum, an average of four hours per week. It was clarified that this estimate does not account for tasks such as making improvements to the curriculum / programme. The contribution of Trainers, National Specialty Directors and Training administrators during the COVID-19 pandemic is acknowledged. It is also essential that Trainers are appropriately trained to undertake their roles and have protected time to undertake such training and development. This is addressed under **condition (b)** and **standards 8.1.3 & 8.1.5**. The IOM equally noted that Trainees do not have protected time to attend training and meetings. The Institute acknowledges there should be protected time for Trainees, and it should be part of the work plan. For example, as described in **standard 8.2.4,** some Trainees experienced difficulty attending training courses or educational activities / study days.		

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – CLINICAL AND OTHER EDUCATIONAL RESOURCES – 8.2.4 *The training organisation works with the health services to ensure that the capacity of the health care system is effectively used for service-based training, and that trainees can experience the breadth of the discipline. It uses an appropriate variety of clinical settings, patients and clinical problems for training purposes, while respecting service functions.*

FINDING	REQUIREMENT / RECOMMENDATION	COMPLIANCE
8.2.4 The self-evaluation submission states that training is hospital-based and is integrated with the requirements of the health care system, with patient care as its focus. Training requirements are detailed in the specific curricula and set out the breadth of the discipline including the variety of clinical settings, patients and clinical problems. The IOM acknowledges the challenges posed by the healthcare system and the difficulty in securing protected time for teaching. However, a number of specialties indicated that educational programmes were not formalised and not always Trainer led, varying in quality from site to site. Trainees in all Specialties indicated that at times, service provision prevented attendance at training courses or educational activities / study days. This tended to be site dependent or related to time spent training in GIM. It was noted that with many educational activities going online due to COVID-19, educational opportunities have become more accessible, especially outside of working hours. Although, the CEO and President of IOM stated that they have engaged very closely with the HSE NDTP to advocate for an increase in training positions, it seems that a potential increase in Trainee numbers has not been linked with the need for additional consultant posts. Overall, there appears to be little forward planning undertaken by the IOM in relation to Trainee numbers and linking curricula with the current or future needs of the Irish health care system. This is reflected in **condition (d).** It seems to be a particular issue in Cardiology and Nephrology (**see Standard 6.2.1**) where Consultant opportunities were described as limited and potentially impacting on recruitment and retention within the Specialties.	Any training that is mandatory within a curriculum must be funded and appropriate time made available within work plans to facilitate training. This includes training that is undertaken outside of Ireland. The IOM should work with Specialties to ensure that their respective educational programmes are formalised. This includes advanced planning of educational activities, tailoring training to the relevant curriculum outcomes and individual Trainees needs and ensuring that programmes are Trainer-led and consistently delivered across the various sites. The IOM must work with the HSE using data from all Specialties to develop a system to inform workforce planning and identify appropriate Trainee numbers and Consultant expansion. Information on career opportunities and the availability of consultant posts should be clearly communicated to prospective Trainees prior to entering the programme. An update on action taken must be provided to the Medical Council within **12 months** of the final report. Trainees' attendance at weekly teaching should be monitored, this could be done via the e-Portfolio. Regional programme directors can use this information to ascertain whether lack of attendance at weekly teaching is site specific/workload dependent or due to other reasons.	**Non-Compliant with CONDITION (D) attached**

8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES - CLINICAL AND OTHER EDUCATIONAL RESOURCES - 8.2.5 *The training organisation should monitor the working environment to ensure it is a safe environment for training.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.2.5 In the self-evaluation submission, the IOM detailed that it ensures the workplace is a safe place for training primarily through the Training Site Inspections process as well seeking Trainee feedback at annual evaluation of progress (AEP) meetings and through Training Post Evaluation surveys. It is important that all Trainees are empowered and supported to report instances of safety breaches, bullying or unprofessionalism and be provided with the information about how to do so confidentially. Rotas were described as compliant with EWTD with the exception of the BST in GIM. The issues of rotas facilitating educational needs as well as service needs was raised in the Specialty of Infectious Diseases. The IOM stated that the HSE is undertaking a major piece of work around EWTD, including the review of rotas. Compliance with EWTD and access to supervision and education is crucial at all training sites. Concerns were raised in relation to compliance with the European Working Time Directive (EWTD) in the BST in GIM and were largely attributed to workforce issues. Trainees were aware of RCPI policies on bullying and raising grievances. Trainees reported that they had encountered what they described as unprofessional behaviour at a number of training sites, in the emergency department in particular. Trainees seemed hesitant to raise such issues due to concerns regarding the potential impact and the knowledge of a lack of action when previous instances were reported.	The IOM must monitor every training location to ensure suitability for training and fulfilment of the Medical Council's Standards. If a site is unable to facilitate appropriate working hours, supervision, learning or workload then it must not be a designated training site for a programme. A clear path for confidential reporting / whistle blowing must be available. The IOM should explore with the Specialty of GIM (BST) the practical use of the bullying and grievance policies in relation to instances of unprofessionalism to ensure Trainees are able to use them in confidence and encouraged to do so as required. The Specialty must undertake a formal review of the delivery of education and training experience while ensuring rotas and its delivery is compliant with the European Working Time Directive (EWTD). The IOM must provide a report to the Medical Council once the rota review has been completed.	**Non-Compliant with CONDITION (i) attached to BST GIM & Infectious Diseases**

The following standards were found to be partially compliant for the programme of specialist training in General Internal Medicine (BST)

STANDARD 1. CONTEXT OF TRAINING – EDUCATIONAL EXPERTISE AND EXCHANGE - 1.3.2 *The training organisation collaborates with other educational institutions and compares its curriculum, training programme and assessment with that of other relevant programmes.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
1.3.2 As detailed in the self-evaluation, the IOM collaborates with a number of educational institutions and compares the curricula in development. The evaluation and review of training programmes and stakeholder contribution to evaluation processes are described under **standards 6.1.1 & 6.2.2.** The process for curriculum changes and development is broadly similar for all Specialties. It is usually led by the NSD and undertaken through a partnership with the Specialty Training Committee (STC) which has Trainer and Trainee representatives on it. The Education Department of the RCPI undertakes an annual review. Trainers felt that they had the ability to inform discussions both formally and informally. The external representative on the annual assessments panels also have the opportunity to comment on the curriculum. However, the IOM acknowledges that curricula are not evaluated by bodies outside of the RCPI. As described under **standards 6.1.1 & 6.2.2,** the provision of feedback on curricula and evaluation is limited in terms of stakeholders. An appropriate recommendation is made under these standards. A recommendation relating to stakeholder involvement in assessment is made under **standard 5.1.2.**	**Please see recommendations made under standard 5.1.2 and 6.1.1 & 6.2.2 regarding stakeholder involvement in curricula, evaluation and assessment.**	**Partially Compliant**

1.CONTEXT OF TRAINING – INTERACTION WITH THE HEALTH SECTOR - 1.4.2. *The training organisation works with healthcare institutions to facilitate clinicians employed by them to contribute to high quality teaching and supervision, and to foster peer review and professional development.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
1.4.2 It was found all elements of this standard are being fulfilled with the exception of protected time. Please refer to the finding in **standard 8.1.6.**	There should be provision in the consultant contract for protected time for training activities and sufficient time put aside for Trainers in their weekly job plan to undertake the role. The IOM should include this as a requirement of the MOU and review the consultant contracts to ensure that this is happening. This could be managed going forward as part of the approval of individual consultants as Trainers.	**Partially Compliant with CONDITION (C) attached**

2.THE OUTCOMES OF THE TRAINING PROGRAMME - GRADUATE OUTCOMES – 2.2.1 *The training organisation has defined graduate outcomes for each training programme including any sub-specialty programmes. These outcomes are based on the nature of the discipline and the practitioners' role in the delivery of health care. The outcomes are related to community need.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
2.2.1 There are outcomes and assessments listed in each curriculum with the exception of outcomes for special interest training. Currently, there is an absence of decision aids or quality indicators available for assessing outcomes. The development of such is recommended under **standard 5.1.2.** It is acknowledged that Specialties will be moving to outcomes-based curricula.	The IOM should ensure that the competencies, assessments and outcomes for each of the Specialties, including the BST in GIM and any special interest areas are clearly defined with appropriate assessment tools (including an appropriate range) and methods for recording those assessments.	**Partially Compliant**

Concerns are described throughout the report about whether dual specialties are given equal weight and both specialties (GIM in particular) appropriately delivered and assessed. This is also reflected in **condition (a).** The need to ensure that curricula, outcomes and the number of Trainee posts are linked with community need – or the current or future needs of the Irish health care system and the requirements of consultant roles is described under **standards 6.2.1 and 8.2.4** and includes recommendations. Similarly, it is important that the outcomes of the programmes deliver what the Irish health care system requires, so a balance needs to be struck between the personal preferences of Trainees (in terms of the areas of special interest they pursue) and future service requirements. As such, future service requirements need to be clearly described and planned.		

2. THE OUTCOMES OF THE TRAINING PROGRAMME - GRADUATE OUTCOMES – 2.2.3 *Outcomes must reflect domains of professionalism as defined by the Medical Council with particular reference to patient safety.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
2.2.3 The Medical Council's Eight Domains of Good Professional Practice are built into the curriculum for all specialities. Trainees across all Specialties broadly reported the same information including formal courses / study days covering these areas; that professionalism is taught informally and is sometimes site and Specialty specific. For example, BST Trainees detailed that there are formal courses provided on prescribing and medical ethics however these are not evaluated or reviewed as part of workplace assessments. Cardiology Trainees reported that they attend compulsory formal courses/ study days.	There should be greater emphasis on and awareness of the 'Eight Domains' within the Human Factors for both Trainers and Trainees. This needs to be explicit and embedded into learning agreements and be part of everyday teaching and learning including when on placements. The IOM should ensure that there is support for Trainers to deliver training in professionalism and that there are also assessment tools to record attainment of appropriate competencies.	**Partially Compliant**

Human Factors training which includes the Medical Council's Eight Domains of Good Professional Practice is mandatory for all Trainees. However, the discussions with Specialities and Trainees indicated that it was felt that here was little emphasis on professionalism and linking it with daily work. There was also no indication of evaluation or workplace-based assessments on professionalism.		

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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
3.2.1 The minimum duration of the GIM component of the dual specialty programmes is not clear. This is described below and carries a condition (e) as well as a recommendation. The BST curriculum is organised into four sections – introduction, core professional skills, specialty section and concurrent training activities. Each Specialty curriculum is divided into five sections – introduction, generic components, GIM, specialty sections, and minimum requirements for training where the domains of competency are described. The assessment methods are also outlined but it was noted that the full range of available assessment tools are not used across specialties. This is addressed under **standard 5.1.2**. In addition, specific competencies and outcomes were not	The Institute must engage with the Medical Council in relation to the statutory minimum duration of programmes as outlined in the EU Directive on the mutual recognition of professional qualifications (2005/36/EC).	**Partially Compliant with CONDITION (E) attached**

clearly defined in relation to specialties and special interest areas as detailed under **standard 2.2.1.** **Standards 5.1.1 and 5.2.1** detail the need for assessment structures to record Trainee progress throughout programmes. Requirements for programmes to be more formalised, Trainer-led and reflective of Irish health service are described in **standard 8.2.4.** The Medical Council supports the move to outcomes-based, rather than time-based, postgraduate training. However, ensuring that Trainees spend a minimum specified amount of time in specialist training increases the opportunity for Trainees to gain as much experience as possible, which enhances competency. The minimum duration of the GIM component of the dual specialty programmes is not clear from the information provided by the Institute of Medicine. The Medical Council is statutorily required to ensure that the duration of the training programme is not less than the minimum training duration set out in the EU Directive on the mutual recognition of professional qualifications (2005/36/EC), which is 5 years for GIM. The Institute will need to work with the Medical Council to identify the duration of GIM.		

3. THE EDUCATION AND TRAINING PROGRAMME - CURRICULUM CONTENT– 3.4.1 *The programme structure and training requirements recognise part-time, interrupted and other flexible forms of training.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**

3.4.1 In the self-evaluation submission, the IOM stated that it is its policy to facilitate flexible training within the Higher Specialist Training Programmes. It recognises and supports part time, interrupted, and other forms of flexible training. Part time training is facilitated through the HSE NDTP Supernumerary Flexible Training Scheme and RCPI job sharing policy. It was indicated that Trainees at Basic Specialist Training (BST) level may also apply for periods of leave and flexible training during their training. The IOM outlined in its submission that there are challenges in the uptake (less compared to international comparators) and the ability to provide part-time posts. All Trainees confirmed that they received communication about flexible training options. In the accreditation interview, the IOM acknowledged the need for flexibility throughout the continuum of a doctor's career encompassing both training and consultant work. They were also sensitive to the issue of flexible training as a choice as well as a need and see both rationales as part of a more long-term plan. It was reported that the IOM is working with the HSE NDTP on a pilot programme relating to flexible training to be rolled out in 2021 and that it is also looking at more flexibility in the delivery of sessional cover to facilitate part-time training. Trainers across the Specialties indicated that the number of posts provided by the HSE NDP Supernumerary Flexible Training scheme were limited by funding which was allocated centrally across all Specialties. They further indicated that the application process for Out of Programme Experience (OPE) was slow and that research opportunities for example, could be missed due to the length of time it took to apply for funding and approval granted. Funding can also be an issue. These points are described under **standards 3.3.1 & 3.3.2.** It was confirmed in the self-evaluation submission that two Trainees were training flexibly in the 2020-2021 academic year – one from ID and one from Gastroenterology. Other examples heard in accreditation interviews were slightly dated. An example was heard from HST GIM of a Trainee who	The IOM must progress work with the HSE NDTP to roll out the planned pilot programme relating to flexible training. It is necessary for each Specialty to engage in this process. The Medical Council requires a report within **12 months** of receipt of the final report, of the outcomes of the pilot programme and any resulting planned actions. It is crucial that Trainees are enabled to pursue specialty training (for BST and HST) and that personal circumstances such as caring responsibilities are accommodated through the provision of adequate flexible training options. As such, the IOM must advocate to the HSE for an increase in the number of flexible training positions available. It should also advocate for a move away from an annual application process for flexible training in relation to those with ongoing needs such as parental or carer responsibilities. An IOM flexible training policy should be developed detailing flexible training arrangements available across both BST and HST. It should address opportunities, processes (including keep in touch whilst out of training and return to work/training support), and any possible impact on the length of training. This should be provided to Trainees when developed and thereafter, to all Trainees commencing the training programme. Training Leads and Regional Programme Directors and National Specialty Directors should also be made aware of the flexible training policy and encouraged to promote and consider expressions of interest. The IOM should consider appointing a National lead to support flexible training including applications, facilitating arrangements and supporting Trainees returning to work.	**Partially Compliant**

trained flexible for two years a few years ago. It was also stated that currently, there is a Trainees doing their dedicated GIM year over two years. Although all Trainees across specialties receive communications about flexible training, their wider responses varied. While there were some examples of Trainees training flexibly (for one year) to undertake research, The majority of Trainees across specialties were not aware of any colleagues who had taken up the option outside of research. Some Trainees felt that flexible training may not be supported, indicating it may not be practical due to the demands of service provision. In BST GIM, the inability to backfill positions due to staffing numbers was also seen by Trainees as a challenge in facilitating flexible training. Overall, there does not seem to be a culture of flexible training. Whilst the training programmes are full-time, it is recognised that some Trainees may have individual circumstances that mean that training on a full-time, continuous basis would, for them, not be practical for well-founded reasons. It is crucial that such Trainees are not dissuaded from entering medical professions, forced to leave or attracted outside the jurisdiction due to an absence of flexible training opportunities. It is necessary to apply for flexible training each year. This is not practical for Trainees whose circumstances will remain unchanged from year to year, e.g. those with caring responsibilities. It is also important that Trainees in these situations have the peace of mind that they will be facilitated to train flexibly from year to year in order to successfully complete the training programmes. The Specialty of GIM (BST) gave an example of how a Trainee was being supported to return to the BST training programme after a period of ill health. This process is facilitated and supported by the RCPI Health and Wellbeing office.		

STANDARD 3 – THE EDUCATION AND TRAINING PROGRAMME – CURRICULUM CONTENT – FLEXIBLE TRAINING – 3.4.2 *There are opportunities for trainees to pursue studies of choice, consistent with training programme outcomes, which are underpinned by policies on the recognition of prior learning. These policies recognise demonstrated competencies achieved in other relevant training programmes both here and overseas, and give trainees appropriate credit towards the requirements of the training programme.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
3.4.2 In the self-evaluation submission, the IOM outlined the opportunities and supporting policies for Trainees to pursue studies of choice. While all specialties enable the pursuit of studies of choice - such as overseas, special interest and advanced training - the competencies and assessments to be achieved are not formalised and clearly defined. This has been addressed in **standards 2.2.1 and 8.2.4** and includes recommendations. In addition, when a Trainee is undertaking training outside of the jurisdiction, there is no formalised contact with an assigned Trainer based in Ireland. A number of the curricula for Specialty training indicate that recognition for prior experience for candidates can be considered, whilst others make no reference. Overall, across specialties, no instances of recognition of previous training in other specialties or other jurisdictions were heard. Trainers stated that Trainees can choose to apply for an alternative route to specialty registration. Some Trainees confirmed that training in other jurisdictions was not considered and they personally had to repeat training in the Irish system. The review or clarification of mandatory entry requirements in terms of prior experience is described in relation to two specialties under **standards 7.1.2 & 7.1.3.**	The IOM should ensure that Trainees completing training outside of the jurisdiction have a designated Trainer in Ireland who retains responsibility for the assessment of the Trainee whilst they are abroad. The IOM together with the Specialities should develop a policy which outlines the specific criteria for the recognition of prior learning or training undertaken outside of the programmes. For example, the setting up of a transferable competencies' framework should be considered.	**Partially Compliant**

STANDARD 4 – THE TRAINING PROGRAMME – TEACHING AND LEARNING – 4.1.1 The training is practice-based involving the trainees' personal participation in relevant aspects of the health services and, for clinical specialties, direct patient care.		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
4.1.1 The self-evaluation submission states that Trainees are directly involved in patient care and attend a mandated amount of outpatient clinics and ward rounds/consultations as part of the programme. Trainees also have to record a number of patient encounters and have a minimum amount of time that is spent on unselected acute medical call across the programme. In the accreditation interview, GIM (BST) Trainees detailed that the quality of practice-based training is entirely site and Trainer dependent (it was not found to be split between peripheral and central sites). In addition to issues relating to heavy service loads, other examples heard included BST Trainees feeling overlooked in favour of the training of HST Trainees and an absence of clinical exam preparation support. It was also outlined that the structure of the BST programme was inconsistent. There appears to be considerable difference in training opportunities available at different sites, including the variety and potential duplication of rotations. In reference to one particular site, Trainees asserted that there could be duplication of specialty posts (i.e., more than	IOM should oversee the GIM elements of the dual specialty programmes (both BST and HST) to ensure that appropriate training experience and supervision is delivered. This includes ensuring that Trainees are placed in sites which facilitate appropriate GIM training and supervision. While they are undertaking their dedicated GIM year, links/communication should be maintained with Trainees and clarity provided with respect to the maintenance of skills in their other Specialty. If necessary, support should be provided to assist Trainees to refresh their skills. It is suggested that the IOM appoints a lead for the management of both the BST and HST GIM training. The IOM should develop a formal system to ensure that Trainees on extended leave (e.g. Out of Programme Experience (OPE)) maintain their skills in both their Specialty and GIM. A return-to-work	**Partially Compliant**

one rotation in the same specialty such as Cardiology or Respiratory Medicine). It was reported that these issues led to gaps in training opportunities and limited exposure to the curriculum. This appeared to be applicable to one training site and may be linked with Trainees' location wishes.	programme/process in both (dual) Specialties should also be established. The Specialty of GIM (BST) must review the BST programme and rotations required to ensure that all Trainees are exposed to the full breadth of the curriculum. It is not appropriate for specialty rotations to be repeated and Trainees need to be made aware of this if they have indicated a location preference which may limit training opportunities. This must be completed within **12 months** of receipt of the final report. Given the short duration of posts and the potential impact on a considerable number of GIM (BST) Trainees in terms of quality of and access to training as well as potential duplication of posts, it is essential that the current Quality Improvement plans – i.e. accreditation model - are progressed for BST GIM.	

STANDARD 4 – THE TRAINING PROGRAMME – TEACHING AND LEARNING – 4.1.2 *The training programme includes appropriately integrated practical and theoretical instruction.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**

4.1.2 The self-evaluation submissions referred to an apprentice model whereby Trainees engage in practical instruction supported by their Trainer while rotating through different posts/sites. The submission states that Trainers are responsible for performing workplace-based assessments and providing feedback at quarterly and end of post assessments. Trainees use the e-Portfolio which identifies the curriculum activities which are required to be performed and recorded – including theoretical instruction such as courses, study days, grand rounds, journal clubs, research and audit. **Standard 4.1.1** identifies that the quality of practice-based training is site and Trainer dependent in GIM (BST). There appears to be considerable differences in training opportunities available at different sites, including the variety and potential duplication of rotations. With reference to one site in particular, this can lead to gaps in training opportunities and limited exposure to the curriculum. As described under standard 5.1.1, it was found that there was little evidence that the assessment for dual training ensures that the full competencies for GIM (HST), as distinct from the second Specialty, are fulfilled. It was also found that Trainees do not always have separate Trainers for GIM and their specialty. Furthermore, while Trainers have specialist expertise in their own specialty, it is not clear if they are qualified to train in GIM to CSCST level. Standards 8.1.3 & 8.1.5 describe that Trainees felt that some Trainers failed to engage effectively with them in performing workplace-based assessments (including recording outcomes in e-Portfolios). They reported that there were difficulties in achieving assessments within required	It is essential that Trainees are facilitated to access practical and theoretical instruction. As such, when the IOM is developing its quality indicators for the approval of training sites and establishing MOUs with sites, it should include the release of Trainees for educational activity in these items.	**Partially Compliant**

timeframes and variability among Trainers in providing feedback and sign off within the e-Portfolio.		

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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
5.1.2 The self-evaluation submission outlined that both formative and summative assessments utilise internationally accepted assessment methods such as Directly Observed Procedural Skills Assessment (DOPS), Mini-Clinical Evaluation Exercise (Mini-Cex), Case Based Discussion (CBD), EPA forms, Self-Assessment forms, Quarterly/End of Post Assessment and End of Year Evaluation. However, it was found that the assessment methods outlined in some curricula do not maximise the range of available assessment tools available. RCPI employs education specialists to assist the National Specialty Director and Specialty Training Committee in the review, improvement and development of programmes over time. As detailed under **standards 8.1.3 & 8.1.5**, the IOM described plans to develop a Trainer handbook to outline the composition of an assessment. However, there are currently no decision aids or quality indicators available for assessors to support them while assessing Trainees.	Specialties should utilise a much wider range of assessment formats and learning methods. The IOM together with BST GIM and the Specialties should formalise input from an appropriate range of stakeholders (i.e. nurses, allied health care professionals, support staff) as part of the assessment of Trainees, to ensure evaluation and assessment of all aspects of training including non-clinical. The IOM should monitor the quality of completed assessments through a random review of e-Portfolio records. The IOM should ensure that the e-Portfolio fully supports Trainees, Trainers and NSDs enabling not only the recording of assessments but also the review of Trainee and Trainer engagement, Trainer performance and attainment of curriculum requirements. The IOM should establish regional e-Portfolio leads/ assessment leads to provide support.	**Partially Compliant**

All Specialties and BST GIM reported inconsistent use of the e-Portfolio by Trainers and across sites. The e-Portfolio is an essential tool for the formal recording of assessments and the progress of Trainees at all levels. It should run seamlessly through BST to HST and across Specialties when Trainees are on their dedicated GIM year. Such issues are also reflected in **standards 5.1.1** and **8.1.3 & 8.1.5.**	It is recommended that the IOM develops 'decision aids' and 'quality indicators' for each Specialty at each stage of the training programme to outline the minimum level of skills, knowledge and experience that a Trainee should achieve before progressing to the next year of training. This will ensure consistency among Trainees and across sites and also enable IOM to monitor Trainers and ensure a consistent approach to assessment.	

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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
5.2.1 The IOM outlined in the self-evaluation submission that where a Trainer is concerned about a Trainees performance, based on assessment or other feedback, a meeting is arranged with the Regional Programme Director or Associate Dean. In cases where enduring professionalism deficits have been identified, the National Speciality Director (NSD) will refer the Trainee to the RCPI Health and Wellbeing Department. This Department will work closely with the Trainee, Trainer and NSD to design a bespoke remediation plan and arrange regular meetings to review progress. It is noted that IOM has a protocol for the identification of a Trainee in difficulty, however without clear outcomes at specific points within each curricula and matching decision aids for assessors, it is difficult to see how the identification will occur at an early stage and enable remediation. The management processes for a trainee in difficulty, including self-referral, are	IOM should enhance its current protocol for the identification of a Trainee in difficulty in parallel with the development of the outcomes based curricula and ensure that Trainers are trained in the resultant national key outcomes and that the IOM monitor consistency of assessment against these outcomes. It may also be helpful to have a (clinical) lead to provide advice to Trainers in addition to the current administrative support available. The IOM should explore how to make the best use of the e-Portfolio, not just for recording assessments but also for monitoring progress and the early identification of difficulties. The IOM should review the formative and summative assessment structures for each Specialty and put systems in place that ensure that	**Partially Compliant**

included within the more general Health and Wellbeing document published April 2020. However, Trainers showed little awareness of documentation on managing trainees in difficulty during the accreditation interviews. All Specialties and BST GIM had knowledge of the IOM process for raising a concern relating to a Trainee although they asserted that they have not had reason to use it. The 'Train the Trainer' course content provided by the IOM covers the issue of Trainees struggling both educationally and with mental health issues. In addition, Trainees who had experience outside the jurisdiction felt that the systems in place may not facilitate early identification of a Trainee in difficulty. For example, the e-Portfolio does not flag to Trainers and Training Leads that assessments are not completed. All specialties, except for BST GIM, referenced the Penultimate Year Assessment (PYA) as a particularly important assessment point. It was described by some specialties as a key opportunity to identify any issues or deficits with Trainees to be addressed in their final year. In **standard 5.1.1,** the Specialty of GIM detailed the expected frequency of Trainer and Trainees meetings for assessments. Additional opportunities to recognise underperforming Trainees are at the annual assessment, membership exams and other measured performance. The Specialty provided a specific example of managing a Trainee in difficulty and supporting them to return to their role through the mechanism of the RCPI Health and Wellbeing Office as detailed in **standard 3.4.1**. GIM Trainees raised concerns that the current assessment framework would not facilitate early identification of Trainees in difficulty. Trainees with	progression is formalised and recorded throughout the programme thereby reducing reliance on the Penultimate Year Assessment (PYA) as a means of identifying any issues and ensuring a national assessment standard. The e-Portfolio would be a good tool to monitor this progression.	

experience outside the jurisdiction felt that the e-Portfolio did not flag to Trainers and Training Leads that assessments were not completed.		

STANDARD 5 – THE CURRICULUM – ASSESSMENT OF LEARNING – FEEDBACK AND PERFORMANCE - 5.2.2 *The training organisation facilitates regular feedback to trainees on performance to guide learning.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
5.2.2 It is important to harmonise the delivery of this standard by promoting the methodologies used by and learning from the four specialties – Clinical Pharmacology and Therapeutics, Gastroenterology, Nephrology and Rheumatology - that are fully compliant. The self-evaluation detailed that Trainees receive informal feedback on a regular basis both in a structured format (workplace-based assessments, end of year evaluations) and in day-to-day practice. The IOM noted that the move to outcomes-based curricula will result in more focused feedback for Trainees. The self-evaluation also indicated that written feedback contains ratings of performance and comments together with commendations and recommendations. However, some Specialties stated that the structured feedback Trainees receive may not always be documented. Trainers and Trainees across specialties confirmed that the type of feedback varies and is primarily driven by the performance of the individual Trainee. The majority of Trainees across the Specialties and BST GIM expressed the view that feedback provided by some Trainers at the end of a rotation was considered a routine administrative task rather than a meaningful way to engage with Trainees and provide valuable insight on their performance and progress. There seems to be a mismatch between the IOM / Specialties and Trainees perceptions in relation to the regularity of feedback. This needs to be rectified. Training in assessment for Trainers is addressed in **condition (b)** and in **standards 8.1.3 and 8.1.5.** Difficulties in achieving regular assessment (and receiving the corresponding feedback) was detailed under **standard**	Trainers should be trained in the delivery of constructive feedback that is linked to performance and identifying areas for improvement and remediation. Trainers should be encouraged to commend a Trainee on good performance on a regular basis so that a positive culture around feedback becomes embedded within the training programmes. This should be reflected in the training undertaken by Trainers outlined in **condition (b)** and the recommendation relating to the Trainer Handbook in **standards 8.1.3 & 8.1.5.** The IOM should ensure that the feedback process used by each Specialty is formalised and that feedback given to Trainees at assessment is documented through the e-Portfolio.	**Partially Compliant**

5.1.1 in relation to a number of specialties. The development of decision aids as identified in **standard 5.1.2** should ensure that assessments are consistent and robust. A significant proportion of GIM Trainees described feedback as infrequent, inconsistent and with a focus on the negative aspects of performance. This is further described under **standard 5.1.1.**		

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.* **OUTCOME EVALUATION – 6.2.2** *Supervisors, trainees, health care administrators, other health care professionals and consumers contribute to evaluation processes.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
6.1.1 & 6.2.2 It was found that the process for evaluating and reviewing curricula was broadly similar for all Specialties. However, the provision of feedback on curricula and evaluation is limited in terms of stakeholders. Many Specialties indicated that they are assured that curricula are satisfactory because graduates progress to Consultant posts or are appointed to overseas roles. It is felt that this not an appropriate evaluation process and this is further addressed under **standard 6.2.1.** The submission states that mandatory RCPI courses are reviewed on a regular basis and the course review policy was provided as supporting documentation. Feedback is sought from course facilitators and course	Reviews of curricula should include all aspects of the curriculum such as quality of teaching supervision, assessment and Trainee progress. The IOM together with BST GIM and all the Specialties should develop a system to ensure that external stakeholders contribute to the review and evaluation of curricula, such as employers, health care administrators, other health care professionals and consumers. The IOM should formalise the role of all Trainees in providing input into the review and evaluation of training programmes and not rely fully on Trainee representatives. The process for gathering feedback	**Partially Compliant**

participants and RCPI education specialists observed the courses. The end of year evaluation process is subject to periodic review in terms of suitability and operations. The quarterly / end of post assessment process and forms facilitates a review of supervision, assessment and Trainee progress. However, as described under **standards 6.1.3 & 7.4.1,** there are concerns relating to the openness of Trainee feedback. In the self-evaluation, the IOM states that there is no direct input from non-medical healthcare professionals in the design of the evaluation process or the evaluation itself, however any given Trainer may seek input from such sources if deemed required. It was outlined that currently, only Trainers (or assessment panels) contribute to assessments due to the technical knowledge and skills along with skills relevant to Medical Council domains of good medical practice required. The context of the clinical training environment was emphasised in that Trainers observe and assess Trainees in engaging with patients, families, and other health care professionals. These observations are a formative part of the feedback and annual assessment. It was heard that a gap between the BST and HST specialty programmes has been identified through one of the training hubs. The training hub is currently working with the IOM and RCPI to overcome this by running career sessions and identifying mentors to assist Trainees with career development.	should be formalised and take place outside the annual assessment process and separated from the review of Trainee performance. The IOM should progress work with the regional hubs to address the identified gap in training between the BST and HST programmes. Learning from this should be fed into development of the curriculum and training programmes.	

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.* **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.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
6.1.3 & 7.4.1 The specialty is partially compliant with standard 6.1.3 and fully compliant with standard 7.4.1 with the exception of the confidentiality element which is covered under standard 6.1.3. In the self-evaluation submission, the IOM details that Trainee representation has been established on the key committees involved in programme development including the HST Specialty Training Committee, IOM Education and Training Committee, RCPI Education and Quality Committee, Trainee Health and Wellbeing Committee and RCPI'S Trainees Committee. It is important that all Trainees are formally involved in curriculum development and review as disseminating information through Trainee representatives appears to not be fully working for all specialties. As detailed in the self-evaluation and discussions with GIM, issues with training supervision and requirements are managed through the governance structures of the IOM. Each IOM training programmes has an assigned coordinator within the IOM to ensure problems are managed discreetly and escalated in the correct manner. In addition, Trainers and Trainees are encouraged, where possible, to raise complaints on an informal basis with the	A system should be established to enable confidential feedback from Trainees – such as collecting aggregated feedback from Trainees. The IOM should explore with other Specialties (not limited to medical specialties) how anonymity and confidentiality is facilitated in feedback processes. This is especially relevant in relation to specialties with small Trainee numbers. The IOM together with BST GIM and all the Specialties should examine its communication strategy regarding feedback processes in order to alleviate the concerns of the Trainees regarding confidentiality. There should be a formal opportunity – separated from the review of Trainee performance - for Trainees to provide open feedback on their training programme and experience, including feedback on the quality of supervision, and any other issues they may wish to raise.	**Partially Compliant**

Trainer, Trainee or the National Specialty Director/ Regional Programme Director in the first instance before invoking the formal grievance procedure. Trainee feedback is sought informally through engagement with the Health and Wellbeing Department, prior to site inspection through the Trainee feedback form, following educational events and course delivery and anonymously through the Training Post Evaluation. Examples of several Trainee engagement initiatives established by the IOM were provided. Overall, Trainees indicated that there was someone they could approach if there were a specific issue, for example the NSD. Despite all the feedback mechanisms in place, Trainees have concerns with the level of anonymity provided, this was reported in the discussion with Trainees across specialties. Trainees felt smaller specialties in particular are identifiable. This is also described under **standard 8.2.1**. It is not clear whether feedback on Trainer performance is consistently and actively sought by the Specialties as part of ongoing monitoring and evaluation. Trainees in small specialties are easily identifiable and so there are limitations in the current opportunities available to Trainees in providing feedback particularly on the quality of teaching and supervision. The IOM detailed that, during the redevelopment of the BST curriculum in 2018, Trainee representatives were asked to review the curriculum and provide structured feedback during the initial pilot year. The Specialty detailed the options and points of contacts for Trainees to raise issues regarding their training. They acknowledged there could be challenges at smaller peripheral sites in raising concerns. The Specialty were of the view		

that Trainees were aware of the IOM governance structures and could contact the regional programme director and raise issues confidentially. GIM Trainees confirmed that they were aware of the structures of the IOM and the option to contact the Regional Programme Director or approach their Lead Trainer or Regional Programme Director regarding training issues. Trainees also indicated that training issues can be fed back to the IOM and Specialty via the lead Trainee representatives sitting on the RCPI Trainee Committee. The Specialty outlined that there is a Trainee representative on the Regional Programme Director Committee. Trainees expressed concerns about raising issues at the end of placements or in Trainee surveys and maintaining confidentiality.		

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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
6.2.1 The IOM detailed in the self-evaluation submission that all graduates from the HST training programme are members of the RCPI therefore records on them are maintained. IOM stated that in 2020, HST graduates will be asked to complete a survey outlining their career intentions for the next three years. 'Where Are They Now' graduate data is available on the RCPI website since 2017. Furthermore, within the RCPI research department the Doctor Retention and Motivation Project has been established seeking to identify solutions to help retain doctors within the Irish health care system. It was found that there is need for enhanced recording of graduate outcomes in relation to establishing a formal system for both gathering and graduate measuring outcomes. Gastroenterology graduates go abroad for Advanced Training upon completion of the programme while Nephrology graduates go overseas to gain more exposure to a broader variety of conditions. **Condition (g)** is attached to these specialties and requires them to review their programmes to determine whether the curriculum and graduate outcomes enable graduates to occupy a consultant role in the Irish health service upon completion – without further training or experience. Similarly, the need to define outcomes for special interest training is addressed under **standard 2.2.1.**	The IOM should collect both quantitative and qualitative information on graduate outcomes and use this information to develop and amend curricula outcomes as required. This should include questions relating to the preparedness of Trainees for their next role whether BST to HST or HST to consultant. It should also include input from end users such as the HSE. The IOM should develop a formal system of monitoring the career path of graduates, including tracking those who do not progress into a HST programme. It is necessary to understand this attrition and the reasons for it. The IOM should produce a report for the Medical Council on how it is going to address a lack of progression from BST to HST. A plan for the introduction of the two systems above should be provided within **6 months** of receipt of the final report. This should include how retrospective data on outcomes as well as tracking a lack of progression will be sought. The IOM should complete the move to outcomes-based curricula and ensure that the outcomes for BST GIM and each Specialty are evidence-based. For example, outcomes should take into consideration the needs of the Irish health care system, HSE requirements and the views of each Specialty.	**Partially Compliant with CONDITION (G) attached to Gastroenterology & Nephrology**

It was heard during the Specialty of GIM interview that Trainees who have left the BST programme are surveyed. The BST programme is considered an entry programme for other programmes apart from the seven specialties in the IOM such as General Practice and Radiology. One of the regional hubs has started a local informal database to track BST Trainees, asking those who have, or have not yet, completed the scheme about their career plans. A challenge noted is bridging the gap between BST and HST specialty schemes. The Speciality is currently working with the IOM and RCPI to overcome this by running careers sessions and identifying mentors to assist Trainees with career development. Trainees indicated that career advice is informal and is Trainee-driven, whereby they approach individual consultants within their speciality of interest.	As those who complete the BST in GIM do not always enter further specialist training in IOM programmes, the specialty of GIM (BST) should seek feedback from other Specialties that use GIM BST as a point of entry regarding the preparedness of Trainees for the Specialty.	

STANDARD 7 – IMPLEMENTING THE CURRICULUM – TRAINEES – COMMUNICATION WITH TRAINEE – 7.3.3 *The training organisation provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
7.3.3 The self-evaluation details the ways that the IOM communicates with Trainees. Following the Annual Evaluations, Trainees are informed of their status within a specified timeframe, usually withing 48 hours. The e-Portfo-lio provides an easily accessible progress report which allows Trainees to see	The IOM and RCPI should review its communication strategies to ensure it makes best use of the local site level systems in relation to all specialties.	**Partially Compliant**

at a glance their mandatory requirements such as the number of clinics, work-based assessments etc required and how many are outstanding. Finally, ongoing communications are carried out by the assigned Trainer/Programme Director throughout the course of the training programme. It is important that there is strong communication between the IOM and training sites in terms of communications on training issues. Trainees described a lack of clarity as to who their assigned supervisors were. Trainees felt that this was often reciprocated by supervisors and it was also felt that some Trainers were not aware of their responsibilities in relation to assessments and the e-portfolio. This is addressed under **standards 8.1.3 & 8.1.5** and is accompanied by appropriate recommendations. Trainees felt there was good engagement at a local site level (when there is a local office) however they felt there was a disconnect between the IOM and training sites in terms of communications on training issues as well as inconsistent response rates.		

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS – 8.1.3 *The training organisation routinely evaluates supervisor and trainer effectiveness including feedback from trainees and offers guidance in their professional development in these roles.*

8.1.5 *The training organisation has processes to evaluate the effectiveness of its assessors/examiners including feedback from trainees, and to assist them in their professional development in this role.*

FINDING	REQUIREMENT / RECOMMENDATION	COMPLIANCE
8.1.3 & 8.1.5 In the self-evaluation submission, the IOM detailed that it routinely evaluates Trainer effectiveness through Trainee surveys, hospital-based inspections and workplace-based assessments. The IOM does not currently have a performance management framework for Trainers. It was confirmed that there is a process for reviewing training posts but not the individual Trainer. In the self-evaluation, the IOM also indicated that there is no formal mechanism of feedback to Examiners directly. However, should an issue arise, it is discussed at the Examination Board meeting with the respective Examiner. In the submission, the IOM described plans to develop a Trainer handbook as a part of a Trainer engagement project. The handbook will outline the detail of each assessment and provide decision making tools to Trainers in relation to assessments. All Specialties detailed that in recent years and in accordance with RCPI policy, on appointment Trainers have to complete the RCPI Physicians as Trainers Essential Skills course. However, longstanding Trainers may not have received this training as they were already instated as Trainers prior to the requirement coming in. In addition, there is no ongoing refresher training requirement. Some Trainers reported that they didn't have allocated time to undertake the courses that form part of the approved Trainer training. As detailed in **condition (c)** and **standard 8.1.6,** it is essential that Trainers receive adequate protected time to fulfil their roles. While the compulsory Essential Skills course has been commended as part of the formal approval process in place for the selection of new Trainers, it	Assessments are an important part of ensuring that Trainees fulfil the curriculum requirements and for facilitating individual development. As such, the IOM must take action to encourage Trainer's active and positive participation in the assessment system ensuring that it is not approached as a routine administrative task. Trainers must be made aware of their role and responsibilities and assigned Trainees in a timely manner. This allocation must be notified to Trainees in advance of starting their training post; it is recommended that this is recorded on the e-Portfolio. This must be introduced at the next round of Trainee placements and no later than within **3 months** of the final report. The IOM must clearly define the roles of Trainers and Educators (e.g. Clinical Trainer/Clinical Supervisor and Educational Oversight Trainer/Educational Supervisor). This must be completed within **6 months** of the final report. The IOM should formally acknowledge and champion the role of the Trainer, showing that it is a desirable role and one to aspire to and be proud of. The development of the Trainer handbook should be completed to reinforce and support a Trainer's designated role, in particular the effective delivery of formative and summative assessment as well as the provision of constructive feedback that is linked to performance and identifies areas for remediation and commendation. It is	**Partially Compliant with CONDITION (B) attached**

was found that further training for Trainers is required. **Condition (b)** identifies the need for training in assessment methods and the use of the e-Portfolio (in particular undertaking and recording workplace-based assessments). It was found that there is a need for more active participation in the assessment process as well as greater and more timely communication to Trainers regarding their assigned Trainees. In relation to the use of Trainee feedback in the evaluation of supervisor and Trainer effectiveness, the issue of confidentiality was raised by Trainees. In the majority of Specialties, Trainees stated that they considered there was a lack of confidentiality and were concerned about what they perceived as a potential negative impact on those raising concerns, particularly in smaller specialties. A similar finding is also discussed under **standards 6.1.3 & 7.4.1** and **8.2.1** and is accompanied by recommendations. It is important to have a system in place particularly in small specialties to enable confidential feedback from Trainees. Feedback also aids a Trainer's personal development in the role. Many different terms were heard across the course of the accreditation such as 'Trainer', 'Educator' 'Clinical Trainer', 'Clinical Supervisor', 'Educational Oversight Trainer', 'Educational Supervisor', 'mentor', etc. This variance caused confusion and drew attention to the need for roles to be defined and for the use of consistent terminology across specialities. The Specialty of GIM (BST) detailed that it communicates positive and negative feedback gathered from Trainees to Trainers, and in recent years, Trainers have sought out feedback. Trainees indicated that training issues are fed back to the IOM and Specialty via the lead Trainee representatives sitting on the RCPI Training Committee, however as described above,	recommended that quality indicators are included in the Trainer Handbook. In line with **condition (b)**, the IOM must determine a suitable mechanism to ensure supervisor and assessor (and Examiner in relation to BST GIM) effectiveness and this should not be solely measured by feedback from Trainees. If Trainee feedback is being sought, the Institute should ensure it is anonymous. The IOM's formal performance management system / methods for assessing effectiveness for both Trainers (and Examiners in relation to BST GIM) should include a support system for Trainers to ensure consistent standards. This should also include a process whereby the designation/status of Trainer can be withdrawn in certain circumstances. All Trainers must be given appropriate (protected) time to engage with the Train the Trainer / Essential Skills course as well as additional supplementary courses. The National Specialty Directors (NSDs) should undergo development to enable evaluation of the effectiveness of educators and clinical supervisors. This should include the regular review of the e-Portfolio and quality of assessments to ensure appropriate supervision /assessment/ delegation by Trainers. The IOM should ensure its Continuous Professional Development (CPD) includes content relating to the education and training roles and introduce ongoing / refresher training for Trainers and Examiners.	

concerns were expressed about raising issues due to lack of confidentiality and the potential impact on those raising the concerns. At the accreditation interview, GIM (BST) Trainees detailed delays in the communication of their assigned Trainer. Trainees reported that at times, they were not informed of the identity of their designated supervisor. Trainees described occasions where they had to phone or email the RCPI for this information as it was not available on their e-Portfolio. Trainees also described approaching their Trainers and finding them to be unaware they had been assigned specific Trainees and that some Trainers didn't appear to be aware of their responsibilities as Trainers, especially in relation to the e-Portfolio. It was further reported that in some circumstances, Trainees had to ask an individual to be their Trainer in order to be able to add assessments to the e-Portfolio. These issues varied across training sites. GIM (BST) Trainees felt that such confusion meant that some Trainers failed to engage effectively with them in performing workplace-based assessments (including recording outcomes in e-Portfolios). Trainees outlined difficulties in achieving assessments within required timeframes with variability among Trainers in providing feedback and sign off within the e-Portfolio. They felt that this was compounded by the e-Portfolio not flagging to Trainers and Training Leads that assessments are not completed.	The IOM should ensure that Educators are on the relevant specialist division of the Medical Council register. If they are registered in a different specialty, it must be ensured that evidence has been provided that they are qualified to supervise, assess and support Trainees in the Specialty.	

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS – 8.1.4 *The training organisation has processes for selecting assessors in written, oral and performance-based assessments who have demonstrated relevant capabilities.*

FINDING	REQUIREMENT / RECOMMENDATION	COMPLIANCE
8.1.4 In the self-evaluation submission, the IOM detailed that the criteria for the approval of physicians as RCPI Trainers includes the requirement for completion of the RCPI Physicians as Trainers Essential Skills online course and this equips them with the capability for the basic forms of assessment. It was noted that it is intended that more Trainer training will be undertaken on work-based assessments when the e-Portfolio is complete. Online courses are available for supplementary skills. The submission states that by-laws set out the criteria to become an Examiner. Examiners for the written and clinical examinations can be nominated by their colleagues or they can contact the RCPI directly. All applications are reviewed by the Dean of Examinations. However, there was no evidence provided of a formal recruitment process for Assessors / Examiners. As outlined in **standards 8.1.3 & 8.1.5,** GIM Trainees expressed concern about the engagement of some Trainers in assessments and with the e-Portfolio.	The IOM should publish the competency requirements to be an assessor (and Examiner in relation to the BST in GIM) and the application process. A structured, competency-based recruitment process should be followed for the appointment of assessors (and Examiners in BST GIM). The IOM together with the Specialties and BST GIM should review the effectiveness of the Essential Skills course and ensure that all Trainers (including longstanding Trainers appointed before the current appointment process) are appropriately trained in the various assessment methods and how to record them on the e-Portfolio.	**Partially Compliant**

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – CLINICAL AND OTHER EDUCATIONAL RESOURCES – 8.2.1 *The training organisation has a process and criteria to select and recognise hospitals, sites and posts for training purposes. The accreditation standards of the training organisation are publicly available.*

FINDING	REQUIREMENT / RECOMMENDATION	COMPLIANCE
8.2.1 In the self-evaluation submission, the IOM outlined the inspection policy and process for the selection and recognition of hospitals, sites and posts for training purposes and provided the related policy as evidence. RCPI has a designated coordinator who assists the National Specialty Director, Associate Director for Training Site Accreditation and Director of Training IOM with the administration of these inspections. The IOM reported that it is transitioning to a '*more responsive and robust'* accreditation model '*reflecting international best practice'*. It acknowledged the inefficiency and challenges of individual inspections given the number of individual training sites as well as the number programmes/specialties delivering training at sites. The accreditation model will inspect and accredit all IOM specialties at a clinical training site every 5 years. Should issues arise during the interval, a triggered inspection will be organised The RCPI indicated that while the new process is waiting to be implemented, it has initiated a short-term risk-based mitigation process. This is a 3-year plan with the first accreditation expected to take place in Q2 2021. (It was originally due to begin earlier but was delayed due to COVID-19 restrictions). Accreditation standards are currently not published, this is planned as part of the rollout in 2021. As described under **standard 5.1.1** and in recognition of the dual nature of qualifications, it is crucial that equal weight is given to both specialties. It was recommended that the IOM's accreditation process should be used as a means of verifying this.	The IOM accreditation model must ensure that training programmes deliver the necessary competencies and outcomes for both the Specialty and GIM, making use of data on what opportunities individual sites are able to provide The IOM must provide detail of how accreditations of clinical training sites (of all Specialties, including both BST and HST GIM) will provide satisfactory evidence that the dual nature of the programmes is being appropriately delivered and assessed. Accreditation standards and criteria for a 'triggered visit' must be developed and disseminated in advance of the first cycle of accreditation visits. These should reflect and be mapped to the Standards for Medical Education and Training published by the Medical Council. The Institute and Specialties must publish the accreditation standards for site selection, training sites and training posts.	**Partially Compliant**

The IOM indicated that the Trainee feedback form which it provided as documentary evidence, facilitates honest feedback from Trainees regarding training sites. However, the majority of Trainees interviewed across the specialties reported that they didn't feel confident in the anonymity of the forms and the process and therefore were unlikely to feel comfortable in providing honest feedback. This represents a notable discrepancy between the perceptions of Trainees and management in the provision of feedback regarding clinical training sites. This is also described under **standards 6.1.3 & 7.4.1** where it is accompanied by a recommendation.		

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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.2.2 In the self-evaluation submission, the IOM outlined that the clinical and practical experience required of Trainees is described in terms of training outcomes in the specialty curricula. The generic/core infrastructural requirements of the training site and training post are set out in the training site activities and specialty specific forms which were provided as evidence. While these requirements are not currently specified in formal arrangements with training sites, it was noted as part of the accreditation model project, the RCPI/IOM is developing standards as well as Memoranda of Understanding with clinical training sites.	A Memorandum of Understanding between the IOM and all of the various clinical training sites must be formulated with immediate effect. MOUs should not be finalised only when an inspection takes place as this would represent an inappropriate time delay. The Institute must inform the Medical Council when the development of the accreditation model and MOUs are complete.	**Partially Compliant with CONDITION (H) attached**

Some Specialties indicated that educational resources varied across sites. Any such deficiencies should be identified by the accreditation process and subsequently monitored with clear plans for resolving issues. The Specialty of GIM described how they met with Trainees to get confidential and anonymous feedback on their training posts as part of the site inspection process. Specific examples were given of instances where an inspection report led to training issues being rectified. While COVID-19 restrictions have impacted on-site inspections, the Specialty has organised virtual 'check-in' meetings with Trainees on peripheral training sites.	The Institute should publish the accreditation model and MOU on their website when complete. Where IOM site inspections identify deficiencies in compliance with agreed standards, both generic and specialty-specific, a formal action plan must be agreed between the IOM and site including timeframes for improvement. The IOM must have processes for the withdrawal of training from a clinical training site / post to enable effective action where improvements are not made. Both of these processes must be provided to the Medical Council within **12 months** of the final report.	**to Infectious Diseases**

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – CLINICAL AND OTHER EDUCATIONAL RESOURCES – 8.2.3 *The training organisation's accreditation requirements cover: orientation, clinical and/or other experience, appropriate supervision, structured educational programmes, educational and infrastructure supports such as access to the internet, library, journals and other learning facilities, continuing medical education sessions accessible to the trainee, dedicated time for teaching and training and opportunities for informal teaching and training in the work environment.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.2.3 In the self-evaluation submission, the IOM detailed that all training posts are inspected every five years in order to assess the training provided. The site visit involves a RCPI appointed inspection panel reviewing training by meeting with hospital management, Trainers and Trainees on the training site, reviewing site facilities pertaining to training and review of documentation pertaining to the site. It was reported that this process has been interrupted by the COVID-19 situation. This is further described under **standard 8.2.1.** The completion of the accreditation model and MOUs are crucial to ensuring that training requirements and standards are met at training sites. At both Trainee and Trainer level, all Specialties reported a lack of dedicated time for teaching and training. It appeared particularly challenging in GIM at both BST and HST level. The Specialty of GIM outlined that for a site to be accredited for training, it must be providing adequate teaching. It is mandatory for a site to have journal club, grand rounds and teaching. Trainees have to attend a minimum of eight clinics in their three months, they have to be on the on-call rota, and they have to have the opportunity to present their patients on a post call	The IOM must inform the Medical Council when the development of the accreditation model and MOU are complete and provide detail of the planned schedule of accreditations/inspections. Updates must be provided with **6 months** of the final report. The IOM should also update the Medical Council on the outcome of inspections of clinical training sites and share any reports produced as part of the Annual Return to the Medical Council including action plans. BST Trainees should only be placed at a training site where there is suitable supervision from individuals trained in clinical supervision. Where Non-Consultant Hospital Doctors undertake the role of Trainer, they should also have time for training included in their work plans, as with all Trainers. The IOM should add this provision to the content of the MOU with clinical training sites so that the provision of supervision by appropriately trained individuals is understood and agreed with sites. The Specialty of GIM and IOM must ensure the availability of facilities to deliver as many educational resources as possible (e.g., libraries	**Partially Compliant with CONDITION (F) attached**

round. These requirements are communicated to the Trainees so that they are aware of them. GIM Trainees raised concerns over being based in sites where there was no or only intermittent supervision in terms of HST Trainees or equivalent clinical supervision. The Specialty detailed actions to minimise the impacts of COVID-19 restrictions on access to educational resources. Efforts to ensure access to training across all clinical sites were described. They indicated challenges with Trainees attendance at weekly teaching. Trainees described that, at times, service provision prevented attendance at training courses. This was an issue that was training site dependent. Facilities also varied across sites and it was felt that they were impacted by whether sites were central or peripheral e.g. library and computer facilities, wi-fi.	and internet) and use MOUs with sites to agree the range of resources for their allocated Trainees.	

The following standards were found to be fully compliant for the programme of specialist training in General Internal Medicine (BST). Although the programmes are complying with these standards, recommendations have been made for further improvement.

STANDARD 3 – THE EDUCATION AND TRAINING PROGRAMME – CURRICULUM CONTENT – RESEARCH IN THE TRAINING PROGRAMME – 3.3.1 *The training programme includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, and encourages the trainee to participate in research.* **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	REQUIREMENT / RECOMMENDATION	COMPLIANCE
3.3.1 & 3.3.2 The self-evaluation submission states that Trainees are encouraged to take part in research projects and avail of research opportunities available to them. Research is scored at interview to ensure a basic understanding of publications and methodologies. Trainees must attend journal clubs and other scientific meetings to ensure they understand critical appraisal and the application of evidence to practice. Wide reading of up to date literature is required for written aspects of the membership examination. The specialty acknowledged that training can limit the opportunities for BST Trainees to complete a full research cycle.	The IOM should review the inclusion of research within all curricula and ensure that it is clear what is mandatory/essential and what is optional in terms of research. This should be communicated to Trainers and Trainees. In line with **condition (d)**, mandatory components of programmes must be funded.	**Fully Compliant**

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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
4.1.3 The self-evaluation submission states that Trainees should fulfil all competencies of the training programme but acknowledges that a specific time scale for the acquisition of competencies is not described. It does clarify that failure to make progress towards meeting these objectives at an early stage would cause concern about a Trainee's suitability and ability to become independently capable as a specialist. When the new outcomes-based curriculum is in place, Trainees can advance at different levels and will have different strengths and areas to work on. In this way, it is expected that specific elements of independent practice will be easier to identify.	**For consistency, this recommendation is made at the level of IOM with the exception of the specialty of Gastroenterology.** The IOM should work with all Specialties to encourage and facilitate the formal training of Trainees as future Trainers. This should not be limited to the role of Clinical Lecturer. It is encouraged that the skills to become a Trainer form part of every curriculum so that by the time a Trainee completes training, they have the skills to become an approved Trainer. This will also assist with the training of more junior Trainees. The	**Fully Compliant**

The submission also states that independent practice is observed and judged by Trainers during training and assessments. As Trainees progress through the programme, their knowledge and hands on experience grow and they are encouraged to assume a greater degree of responsibility and independence. Some specialties reported arrangements to train Trainees as Trainers such as clinical educators and lecturers. This is encouraged in all specialties.	Specialty of Gastroenterology is a useful example of good practice in this area.	

STANDARD 5 – THE CURRICULUM – ASSESSMENT OF LEARNING – FEEDBACK AND PERFORMANCE - 5.2.3 *The training organisation provides feedback to supervisors of training on trainee performance, where appropriate*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
5.2.3 In the self-evaluation submission, the IOM stated that Trainers have access to the Trainee's e-Portfolio. The submission also stated that annual reporting on the Trainee feedback survey began in 2019 and is intended to continue. A Trainer Engagement Project was launched in August 2020 and feedback loops will be reviewed and modified as part of this two-year project. A link was provided to the Training Post Evaluation aggregate three-year report 2015-2018. The Specialty of GIM detailed that when issues relating to Trainers are raised by Trainees or by peers, a Trainer may be asked to meet with the Regional Programme Director, Associate Director or the Health and Wellbeing, as appropriate. The Specialty detailed that they communicate positive and negative feedback from Trainees to Trainers, and in recent years, Trainers have sought out feedback.	The IOM should provide an update on the outcomes of the Trainer Engagement Project and the action that is to be taken.	**Fully Compliant**

STANDARD 7 – IMPLEMENTING THE CURRICULUM – TRAINEES – ADMISSION POLICY AND SELECTION – 7.1.2 *The processes for selection into the training programme *are based on the published criteria and the principles of the training organisation concerned * are evaluated with respect to validity, reliability and feasibility * are transparent, rigorous and fair * are capable of standing up to external scrutiny * include a formal process for review of decisions in relation to selection, and information on this process is outlined to candidates prior to the selection process.* ***7.1.3** The training organisation documents and publishes its selection criteria. Its recommended weighting for various elements of the selection process, including previous experience in the discipline, is described. The marking system for the elements of the process is also described.*

FINDING	REQUIREMENT / RECOMMENDATION	COMPLIANCE
7.1.2 & 7.1.3 The self-evaluation submission states that the selection of candidates is overseen by the Director of Education and Training / Associate Director HST and the Associate Director of BST reporting to the IOM. The application process ensures that applicants possess the minimum entry criteria for each programme. Shortlisting criteria and interview guidelines are followed and online training, *Interviewer Skills is provided* for all members of the Interview Committees. The entry requirements, shortlisting criteria and interview marking schemes for all programmes are reviewed annually and published on the RCPI web-site in advance of the opening of applications. Appropriate links to material on the RCPI website were provided. In some specialties, additional or desirable criteria for candidates such as previous experience was sometimes perceived as mandatory by Trainees for successful appointment to programmes. Recognition of prior experience is addressed under **standard 3.4.2**.	All those who are involved in selection must be trained, including in unconscious bias and rules around the appointment of non-EU candidates. The IOM should include lay representation in the recruitment process, including on recruitment panels 'Vouching' for candidates and thereby potentially giving people an unfair advantage is not appropriate practice. The IOM must make this clear to all staff and suitable action taken where this is not followed. The IOM must review the recruitment literature for each Specialty to ensure that the full range of entry requirements, including any desirable criteria are clear for all (including Trainers and interviewers), are published and linked with the selection criteria and scoring. Recruitment material needs to be regularly reviewed to ensure that it reflects current practice and avoids unintentional bias or indirect discrimination, e.g. disability and appointment of EU and international candidates.	**Fully Compliant**

Overview of compliance ratings for the programme of specialist training in Cardiology & General Internal Medicine (HST) and stand-alone Cardiology

Medical Council's Accreditation Standards for Postgraduate Medical Education and Training	Cardiology & General Internal Medicine (HST) and stand-alone Cardiology - 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: Institute of Medicine (IOM)
Programme of Specialist Training: Cardiology & General Internal Medicine (HST) and stand-alone Cardiology

The following standards were found to be non-compliant for the programme of specialist training in Cardiology & General Internal Medicine (HST) and stand-alone Cardiology

2.THE OUTCOMES OF THE TRAINING PROGRAMME - GRADUATE OUTCOMES – 2.2.1 *The training organisation has defined graduate outcomes for each training programme including any sub-specialty programmes. These outcomes are based on the nature of the discipline and the practitioners' role in the delivery of health care. The outcomes are related to community need.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
2.2.1 There are outcomes and assessments listed in each curriculum with the exception of outcomes for special interest training. Currently, there is an absence of decision aids or quality indicators available for assessing outcomes. The development of such is recommended under **standard 5.1.2.** It is acknowledged that Specialties will be moving to outcomes-based curricula. Concerns are described throughout the report about whether dual specialties are given equal weight and both specialties (GIM in particular) appropriately delivered and assessed. This is also reflected in **condition (a).**	The IOM should ensure that the competencies, assessments and outcomes for each of the Specialties, including the BST in GIM and any special interest areas are clearly defined with appropriate assessment tools (including an appropriate range) and methods for recording those assessments. Where the curriculum requires the completion of specific training, such as special interest training; it is the responsibility of the IOM together with the Specialty to ensure that this training is arranged. It is inappropriate for Trainees to be required to source the training themselves. Where such training is to be undertaken outside the	**Non-Compliant**

The need to ensure that curricula, outcomes and the number of Trainee posts are linked with community need – or the current or future needs of the Irish health care system and the requirements of consultant roles is described under **standards 6.2.1 and 8.2.4** and includes recommendations. Similarly, it is important that the outcomes of the programmes deliver what the Irish health care system requires, so a balance needs to be struck between the personal preferences of Trainees (in terms of the areas of special interest they pursue) and future service requirements. As such, future service requirements need to be clearly described and planned. At the accreditation interview, Cardiology Trainers outlined that Trainees are encouraged to go overseas for their special interest training, but that Trainees are also required to find and arrange the placement and seek funding approval for it. Trainees confirmed this stating that they often make use of contacts within the international Cardiology community. In recent years, the Irish Cardiac Society (ICS) administrator has developed a fellowship directory compiling contacts for fellowship locations as a starting point for Trainees. Trainers also make introductions and Trainee's link in with former Trainees. Trainers and Trainees also confirmed that the choice of special interest training is based on personal interests rather than projected service need and thereby future employment opportunities. It was found that the curriculum doesn't provide detail of special interest training. A process was later described whereby training outcomes are highlighted and subsequently reviewed if deemed necessary. However, no evidence was provided of specific arrangements with overseas training institutions relating to supervision, assessment or outcomes. There was also no evidence that Trainees maintain contact with a named Trainer in Ireland while overseas.	jurisdiction, a formal Trainer agreement must be developed which specifies clear roles and responsibilities for those Trainers and Trainees. The IOM and the Specialty are required to provide a report to the Medical Council within **6 months** of receipt of the final report that demonstrates a plan of action to incorporate the delivery of special interest training into the programme within one year thereafter. The IOM should work with the Specialty and the HSE to determine the future service requirements of the Specialty in terms of special interest areas that reflect service need in Ireland and the number of Trainees / future consultants required in the specialty/areas for the delivery of an appropriate health service. This should also inform the Specialty of Cardiology in defining the role of the cardiologist in the context of the Irish healthcare system. (This recommendation also appears under **standard 8.2.4**) The IOM should then ensure that Trainees in this Specialty receive guidance so that they can pursue areas of special interest that are in line with service needs.	

8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS - 8.1.6 *Organisation and development of Trainers – instructional activities must be included as responsibilities in the work schedules of trainers and their relationship to work schedules of trainees must be described.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.1.6 Overall, it was found that there is a clear lack of protected time for Trainers across BST GIM and all seven specialities. This was evident from the self-evaluation submission and in the interviews conducted with the Institute and representatives from each of the specialties. In addition, the Training Leads do not have protected time for educational and administrative roles. In the self-evaluation submission, the IOM highlighted the challenges in progressing this area. It was indicated that protection of training time is difficult in the current hospital environment due to service demands and that service can overshadow training. Some Specialties also cited a shortage of consultants as a further challenge. The commitment of Trainers is noted and in the absence of protected time, they fulfil their training roles on a voluntary goodwill basis. One specialty described the role of the National Specialty Director as requiring at minimum, an average of four hours per week. It was clarified that this estimate does not account for tasks such as making improvements to the curriculum / programme. The contribution of Trainers, National Specialty Directors and Training administrators during the COVID-19 pandemic is acknowledged. It is also essential that Trainers are appropriately trained to undertake their roles and have protected time to undertake such training and development. This is addressed under **condition (b)** and **standards 8.1.3 & 8.1.5**. The IOM equally noted that Trainees do not have protected time to attend training and meetings. The Institute acknowledges there should be	Protected time in so far as possible should be provided to those involved in training at all levels. This includes Trainees as well as Trainers and Training Leads. This is not criticism for work being carried out, but to fully be able to deliver effectively in their roles Trainers and Programme Directors require adequate protected time.	**Non-Compliant with CONDITION (C) attached**

protected time for Trainees, and it should be part of the work plan. For example, as described in **standard 8.2.4,** some Trainees experienced difficulty attending training courses or educational activities / study days.		

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – CLINICAL AND OTHER EDUCATIONAL RESOURCES – 8.2.4 *The training organisation works with the health services to ensure that the capacity of the health care system is effectively used for service-based training, and that trainees can experience the breadth of the discipline. It uses an appropriate variety of clinical settings, patients and clinical problems for training purposes, while respecting service functions.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.2.4 The self-evaluation submission states that training is hospital-based and is integrated with the requirements of the health care system, with patient care as its focus. Training requirements are detailed in the specific curricula and set out the breadth of the discipline including the variety of clinical settings, patients and clinical problems. The IOM acknowledges the challenges posed by the healthcare system and the difficulty in securing protected time for teaching. However, a number of specialties indicated that educational programmes were not formalised and not always Trainer led, varying in quality from site to site. Trainees in all Specialties indicated that at times, service provision prevented attendance at training courses or educational activities / study days. This tended to be site dependent or related to time spent training in GIM. It was noted that with many educational activities going online due to COVID-19, educational opportunities have become more accessible, especially outside of working hours. Although, the CEO and President of IOM stated that they have engaged very closely with the HSE NDTP to advocate for an increase in training positions, it seems that a potential increase in Trainee numbers has not	Any training that is mandatory within a curriculum must be funded and appropriate time made available within work plans to facilitate training. This includes training that is undertaken outside of Ireland. The IOM should work with Specialties to ensure that their respective educational programmes are formalised. This includes advanced planning of educational activities, tailoring training to the relevant curriculum outcomes and individual Trainees needs and ensuring that programmes are Trainer-led and consistently delivered across the various sites. The IOM must work with the HSE using data from all Specialties to develop a system to inform workforce planning and identify appropriate Trainee numbers and Consultant expansion. Information on career opportunities and the availability of consultant posts should be clearly communicated to prospective Trainees prior to entering the programme. An update on action taken must be provided to the Medical Council within **12 months** of the final report.	**Non-Compliant with CONDITION (D) attached**

been linked with the need for additional consultant posts. Overall, there appears to be little forward planning undertaken by the IOM in relation to Trainee numbers and linking curricula with the current or future needs of the Irish health care system. This is reflected in **condition (d).** It seems to be a particular issue in Cardiology and Nephrology (**see Standard 6.2.1**) where Consultant opportunities were described as limited and potentially impacting on recruitment and retention within the Specialties. The Cardiology curriculum (on page 9) states that the results of assessments of progress are used to inform the decision as to whether or not a Trainee might drop GIM and continue to pursue a single CSCST in Cardiology only. This could unintentionally give the impression of a hierarchy among Cardiology Trainees and graduates and that the higher performing Trainees undertake a single qualification in Cardiology. It is also important that such decisions – the pursuit of a single qualification in Cardiology or a dual qualification in Cardiology and GIM – are based on the health requirements of the Irish health service. The Specialty detailed that the Cardiology curriculum is based on the needs of the Irish health service and uses the European Cardiology Society (ESC) exam for benchmarking. Colleagues attend the ESC exam question setting meetings as part of the international agreement in place in relation to continued participation in the exam. It was noted that the ESC exam is mandatory to take but not mandatory to pass due to it being outside the governance structure of the IOM.	Trainees' attendance at weekly teaching should be monitored, this could be done via the e-Portfolio. Regional programme directors can use this information to ascertain whether lack of attendance at weekly teaching is site specific/workload dependent or due to other reasons. The decision of whether to pursue a single qualification in Cardiology (as opposed to a dual qualification in both Cardiology and GIM) should be informed by the requirements of the Irish health service (rather than the results of assessments). As such, the Specialty should consider their programme allocation process which currently allocates the highest achieving Trainees into their first choice of programme. This can lead to the best Trainees going to the most popular sites when Trainees who may require more support would also benefit from working in these sites. Care must be taken to ensure that the programme is designed for the Irish health service and not inadvertently influenced by the European exam or ESC curriculum. The IOM should work with the Specialty of Cardiology and the HSE to determine the future service requirements of the Specialty in terms of special interest areas that reflect service need in Ireland and the number of Trainees / future consultants required in this specialty/areas for the delivery of an appropriate health service. This should also inform the Specialty of Cardiology in defining the role of the cardiologist in the context of the Irish healthcare system. (This recommendation also appears under **standard 2.2.1**)	

The following standards were found to be partially compliant for the programme of specialist training in Cardiology & General Internal Medicine (HST) and stand-alone Cardiology

STANDARD 1. CONTEXT OF TRAINING – EDUCATIONAL EXPERTISE AND EXCHANGE - 1.3.2 *The training organisation collaborates with other educational institutions and compares its curriculum, training programme and assessment with that of other relevant programmes.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
1.3.2 As detailed in the self-evaluation, the IOM collaborates with a number of educational institutions and compares the curricula in development. The evaluation and review of training programmes and stakeholder contribution to evaluation processes are described under **standards 6.1.1 & 6.2.2.** The process for curriculum changes and development is broadly similar for all Specialties. It is usually led by the NSD and undertaken through a partnership with the Specialty Training Committee (STC) which has Trainer and Trainee representatives on it. The Education Department of the RCPI undertakes an annual review. Trainers felt that they had the ability to inform discussions both formally and informally. The external representative on the annual assessments panels also have the opportunity to comment on the curriculum. However, the IOM acknowledges that curricula are not evaluated by bodies outside of the RCPI. As described under **standards 6.1.1 & 6.2.2,** the provision of feedback on curricula and evaluation is limited in terms of stakeholders. An appropriate recommendation is made under these standards. A recommendation relating to stakeholder involvement in assessment is made under **standard 5.1.2.** The Specialty detailed that the Cardiology curriculum is very close to that of the European Society of Cardiology (ESC). Colleagues attend the ESC exam question setting meetings to ensure the Irish curriculum is closely aligned to it. However, it is not clear whether or not it is appropriate to model the curriculum on the ESC. There is a need for the Specialty to work with the relevant stakeholders to identify and address the cardiological needs of the Irish health service - including the number and composition of consultant posts required - which in turn will help to determine the most appropriate curriculum. This issue is also addressed under **standard 8.2.4**.	**Please see recommendations made under standard 5.1.2 and 6.1.1 & 6.2.2 regarding stakeholder involvement in curricula, evaluation and assessment.** With reference to the recommendation under **standard 8.2.4** in terms of defining the role of the future Cardiologist as relevant to the Irish context, the Specialty should ensure that the curriculum is designed to reflect the type of Cardiologist required in the Irish health care system, rather than focusing on the European Society of Cardiology (ESC) model.	**Partially Compliant**

1.CONTEXT OF TRAINING – INTERACTION WITH THE HEALTH SECTOR - 1.4.2. *The training organisation works with healthcare institutions to facilitate clinicians employed by them to contribute to high quality teaching and supervision, and to foster peer review and professional development.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
1.4.2 It was found all elements of this standard are being fulfilled with the exception of protected time. Please refer to the finding in **standard 8.1.6.**	There should be provision in the consultant contract for protected time for training activities and sufficient time put aside for Trainers in their weekly job plan to undertake the role. The IOM should include this as a requirement of the MOU and review the consultant contracts to ensure that this is happening. This could be managed going forward as part of the approval of individual consultants as Trainers.	**Partially Compliant with CONDITION (C) attached**

2. THE OUTCOMES OF THE TRAINING PROGRAMME - GRADUATE OUTCOMES – 2.2.3 *Outcomes must reflect domains of professionalism as defined by the Medical Council with particular reference to patient safety.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
2.2.3 The Medical Council's Eight Domains of Good Professional Practice are built into the curriculum for all specialities. Trainees across all Specialties broadly reported the same information including formal courses / study days covering these areas; that professionalism is taught informally and is sometimes site and Specialty specific. For example, BST Trainees detailed that there are formal courses provided on prescribing and medical ethics however these are not evaluated or	There should be greater emphasis on and awareness of the 'Eight Domains' within the Human Factors for both Trainers and Trainees. This needs to be explicit and embedded into learning agreements and be part of everyday teaching and learning including when on placements. The IOM should ensure that there is support for Trainers to deliver training in professionalism and that there are also assessment tools to record attainment of appropriate competencies.	**Partially Compliant**

reviewed as part of workplace assessments. Cardiology Trainees reported that they attend compulsory formal courses/ study days. Human Factors training which includes the Medical Council's Eight Domains of Good Professional Practice is mandatory for all Trainees. However, the discussions with Specialities and Trainees indicated that it was felt that here was little emphasis on professionalism and linking it with daily work. There was also no indication of evaluation or workplace-based assessments on professionalism.		

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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
3.2.1 The minimum duration of the GIM component of the dual specialty programmes is not clear. This is described below and carries a **condition (e)** as well as a recommendation. The BST curriculum is organised into four sections – introduction, core professional skills, specialty section and concurrent training activities. Each Specialty curriculum is divided into five sections – introduction, generic components, GIM, specialty sections, and minimum requirements for training where the domains of competency are described. The assessment methods are also outlined but it was noted that the full range of available assessment tools are not used across specialties. This is addressed under **standard 5.1.2**. In addition, specific competencies and outcomes were not clearly defined in relation to specialties and special interest areas as detailed under **standard 2.2.1.**	The Institute must engage with the Medical Council in relation to the statutory minimum duration of programmes as outlined in the EU Directive on the mutual recognition of professional qualifications (2005/36/EC).	**Partially Compliant with CONDITION (E) attached**

Standards 5.1.1 and 5.2.1 detail the need for assessment structures to record Trainee progress throughout programmes. Requirements for programmes to be more formalised, Trainer-led and reflective of Irish health service are described in **standard 8.2.4.** The Medical Council supports the move to outcomes-based, rather than time-based, postgraduate training. However, ensuring that Trainees spend a minimum specified amount of time in specialist training increases the opportunity for Trainees to gain as much experience as possible, which enhances competency. The minimum duration of the GIM component of the dual specialty programmes is not clear from the information provided by the Institute of Medicine. The Medical Council is statutorily required to ensure that the duration of the training programme is not less than the minimum training duration set out in the EU Directive on the mutual recognition of professional qualifications (2005/36/EC), which is 5 years for GIM. The Institute will need to work with the Medical Council to identify the duration of GIM.		

3. THE EDUCATION AND TRAINING PROGRAMME - CURRICULUM CONTENT– 3.4.1 *The programme structure and training requirements recognise part-time, interrupted and other flexible forms of training.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
3.4.1 In the self-evaluation submission, the IOM stated that it is its policy to facilitate flexible training within the Higher Specialist Training Programmes. It recognises and supports part time, interrupted, and other forms of flexible training. Part time training is facilitated through the HSE NDTP Supernumerary Flexible Training Scheme and RCPI job sharing policy. It was indicated that Trainees at Basic Specialist Training (BST) level may also apply for periods of leave and flexible training during their training. The IOM outlined in its submission that there are challenges in the uptake (less	The IOM must progress work with the HSE NDTP to roll out the planned pilot programme relating to flexible training. It is necessary for each Specialty to engage in this process. The Medical Council requires a report within **12 months** of receipt of the final report, of the outcomes of the pilot programme and any resulting planned actions.	**Partially Compliant**

compared to international comparators) and the ability to provide part-time posts. All Trainees confirmed that they received communication about flexible training options. In the accreditation interview, the IOM acknowledged the need for flexibility throughout the continuum of a doctor's career encompassing both training and consultant work. They were also sensitive to the issue of flexible training as a choice as well as a need and see both rationales as part of a more long-term plan. It was reported that the IOM is working with the HSE NDTP on a pilot programme relating to flexible training to be rolled out in 2021 and that it is also looking at more flexibility in the delivery of sessional cover to facilitate part-time training. Trainers across the Specialties indicated that the number of posts provided by the HSE NDP Supernumerary Flexible Training scheme were limited by funding which was allocated centrally across all Specialties. They further indicated that the application process for Out of Programme Experience (OPE) was slow and that research opportunities for example, could be missed due to the length of time it took to apply for funding and approval granted. Funding can also be an issue. These points are described under **standards 3.3.1 & 3.3.2.** It was confirmed in the self-evaluation submission that two Trainees were training flexibly in the 2020-2021 academic year – one from ID and one from Gastroenterology. Other examples heard in accreditation interviews were slightly dated. The Specialty of Cardiology cited an example from around a year ago of a job-sharing proposal that received approval. Although all Trainees across specialties receive communications about flexible training, their wider responses varied. While there were some examples of Trainees training flexibly (for one year) to undertake research, The majority of Trainees across specialties were not aware of any colleagues who had taken up the option outside of research. Some Trainees felt that flexible training may not be supported, indicating it may not be practical due to the demands of service provision. In BST GIM, the inability to backfill	It is crucial that Trainees are enabled to pursue specialty training (for BST and HST) and that personal circumstances such as caring responsibilities are accommodated through the provision of adequate flexible training options. As such, the IOM must advocate to the HSE for an increase in the number of flexible training positions available. It should also advocate for a move away from an annual application process for flexible training in relation to those with ongoing needs such as parental or carer responsibilities. An IOM flexible training policy should be developed detailing flexible training arrangements available across both BST and HST. It should address opportunities, processes (including keep in touch whilst out of training and return to work/training support), and any possible impact on the length of training. This should be provided to Trainees when developed and thereafter, to all Trainees commencing the training programme. Training Leads and Regional Programme Directors and National Specialty Directors should also be made aware of the flexible training policy and encouraged to promote and consider expressions of interest. The IOM should consider appointing a National lead to support flexible training including applications, facilitating arrangements and supporting Trainees returning to work.	

positions due to staffing numbers was also seen by Trainees as a challenge in facilitating flexible training. Overall, there does not seem to be a culture of flexible training. Whilst the training programmes are full-time, it is recognised that some Trainees may have individual circumstances that mean that training on a full-time, continuous basis would, for them, not be practical for well-founded reasons. It is crucial that such Trainees are not dissuaded from entering medical professions, forced to leave or attracted outside the jurisdiction due to an absence of flexible training opportunities. It is necessary to apply for flexible training each year. This is not practical for Trainees whose circumstances will remain unchanged from year to year, e.g. those with caring responsibilities. It is also important that Trainees in these situations have the peace of mind that they will be facilitated to train flexibly from year to year in order to successfully complete the training programmes.		

STANDARD 3 – THE EDUCATION AND TRAINING PROGRAMME – CURRICULUM CONTENT – FLEXIBLE TRAINING – 3.4.2 *There are opportunities for trainees to pursue studies of choice, consistent with training programme outcomes, which are underpinned by policies on the recognition of prior learning. These policies recognise demonstrated competencies achieved in other relevant training programmes both here and overseas, and give trainees appropriate credit towards the requirements of the training programme.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
3.4.2 In the self-evaluation submission, the IOM outlined the opportunities and supporting policies for Trainees to pursue studies of choice. The allocation of Trainees to training posts in the final years of HST is based in part on the Trainees' choice of future career path. Trainees can be allocated to posts that facilitate specific exposure to their chosen area of special interest. Trainees can also apply for Out of Clinical Programme Experience (OPE).	The IOM should ensure that Trainees completing training outside of the jurisdiction have a designated Trainer in Ireland who retains responsibility for the assessment of the Trainee whilst they are abroad.	**Partially Compliant**

While all specialties enable the pursuit of studies of choice - such as overseas, special interest and advanced training - the competencies and assessments to be achieved are not formalised and clearly defined. This has been addressed in **standards 2.2.1 and 8.2.4** and includes recommendations. In addition, when a Trainee is undertaking training outside of the jurisdiction, there is no formalised contact with an assigned Trainer based in Ireland. A number of the curricula for Specialty training indicate that recognition for prior experience for candidates can be considered, whilst others make no reference. Overall, across specialties, no instances of recognition of previous training in other specialties or other jurisdictions were heard. Trainers stated that Trainees can choose to apply for an alternative route to specialty registration. Some Trainees confirmed that training in other jurisdictions was not considered and they personally had to repeat training in the Irish system. The review or clarification of mandatory entry requirements in terms of prior experience is described in relation to two specialties under **standards 7.1.2 & 7.1.3.**	The IOM together with the Specialities should develop a policy which outlines the specific criteria for the recognition of prior learning or training undertaken outside of the programmes. For example, the setting up of a transferable competencies' framework should be considered.	

STANDARD 4 – THE TRAINING PROGRAMME – TEACHING AND LEARNING – 4.1.1 The training is practice-based involving the trainees' personal participation in relevant aspects of the health services and, for clinical specialties, direct patient care.		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
4.1.1 The self-evaluation submission states that Trainees are directly involved in patient care and attend a mandated amount of outpatient clinics and ward rounds/consultations as part of the programme. Trainees also have to record a number of procedures as listed in the curricula.	IOM should oversee the GIM elements of the dual specialty programmes (both BST and HST) to ensure that appropriate training experience and supervision is delivered. This includes ensuring that Trainees are placed in sites which facilitate appropriate GIM training and supervision.	

Trainees reported that the Cardiology training is formally laid out whilst the GIM training is not so formalised which can lead to inconsistent training. They felt that experience in GIM can be site dependent and that they have little choice in terms of the location of these placements. Trainees also expressed concern about maintaining Cardiology skills (e.g. echocardiogram and angiogram skills, access to catheterization laboratory) whilst on their dedicated year of GIM training. As a result, they found the return to the specialty after the GIM year challenging.	While they are undertaking their dedicated GIM year, links/communication should be maintained with Trainees and clarity provided with respect to the maintenance of skills in their other Specialty. If necessary, support should be provided to assist Trainees to refresh their skills. It is suggested that the IOM appoints a lead for the management of both the BST and HST GIM training. The IOM should develop a formal system to ensure that Trainees on extended leave (e.g. Out of Programme Experience (OPE)) maintain their skills in both their Specialty and GIM. A return-to-work programme/process in both (dual) Specialties should also be established. The Specialty should liaise with the Specialty of GIM and set up a formal process for the allocation of Trainee placements for the dedicated GIM year and year abroad to ensure a fair and consistent allocation of posts.	**Partially Compliant**

STANDARD 4 – THE TRAINING PROGRAMME – TEACHING AND LEARNING – 4.1.2 *The training programme includes appropriately integrated practical and theoretical instruction.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
4.1.2 The self-evaluation submissions referred to an apprentice model whereby Trainees engage in practical instruction supported by their Trainer while rotating through different posts/sites. The submission states that Trainers are responsible for performing workplace-based assessments and providing feedback at quarterly and end of post assessments. Trainees use	It is essential that Trainees are facilitated to access practical and theoretical instruction. As such, when the IOM is developing its quality indicators for the approval of training sites and establishing MOUs with sites, it should include the release of Trainees for educational activity in these items.	**Partially Compliant**

the e-Portfolio which identifies the curriculum activities which are required to be performed and recorded – including theoretical instruction such as courses, study days, grand rounds, journal clubs, research and audit. The published curriculum in Cardiology details that device implantation is a requirement and outlines the minimum number of times Trainees are required to complete this. Trainees described difficulties in getting sufficient hands-on experience in device implantation. Trainees explained that this is due to service constraints (insufficient time to allow Trainees to undertake procedures) as well as the volume of opportunities available at the sites the Trainees are placed in.	The IOM should ensure that Cardiology Trainees have access to hands-on experience in device implantation. This should be specifically included as part of the quality indicators and MOU for sites. The IOM should ensure the e-Portfolio enables NSDs to ascertain that Cardiology Trainees have had access to device implantation, using the data to ensure appropriate delegation, time for training and programme design.	

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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
5.1.1 The self-evaluation submissions state that it is mandatory for Trainees to undergo a defined amount of formative and summative assessments on an annual basis. Each curricula has a section dedicated to 'Learning and Assessment Methods' and provide examples of methods used for demonstrating that learning goals have been met such as a combination of day-to-day practice, attendance at courses (or other educational activity), engaging in a relevant workplace based assessment (formative assessment) and undergoing formal assessment (end of post or end of year – summative assessment of progress). End of Post and Annual Evaluation forms for BST GIM were provided as documentary evidence, as well as HST Mini Clinical Evaluation Exercise (CEX), HST Quarterly/End of Post Assessment and HST End of Year Evaluation forms.	The IOM must review how the assessment for dual training is undertaken to ensure that the full competencies for both GIM and the Specialty are fulfilled, and that equal weight is given to both Specialties. This includes considering who undertakes the assessments, when they are carried out, and how it is ensured that Trainees have fulfilled the curricula requirements. The IOM should quality assure the award of CSCSTs using the e-Portfolio as evidence of satisfactory completion of all assessments in both GIM and the Specialty. Appropriately trained and qualified individuals (e.g. practising consultants in the relevant specialty) must undertake separate	**Partially Compliant with CONDITION (A) attached**

The majority of specialties use exams from outside the jurisdiction (for example, EULAR for Rheumatology, ITE for Infectious Diseases, ESC exam for Cardiology, European Board for Gastroenterology and ASN exam for Nephrology). Despite information in curricula, it is often not clear to Trainees and Trainers whether these exams are mandatory or not. In the accreditation meetings, Trainers and Trainees in the majority of specialties described the assessment system as a 'tick box exercise' with inconsistent use of assessment tools and the e-Portfolio. The completion of formal assessments was indicated as challenging due to busy clinical environments. Trainees clarified that engagement in assessment and with the e-Portfolio was Trainer-dependent. Cardiology Trainees reported that some assessments were completed retrospectively after Trainees had already performed a procedure rather than while being supervised.	assessments against each curriculum throughout each of the training programmes. The IOM and Specialties should consider the educational benefits of providing Trainees undertaking a dual qualification with two Trainers throughout their training, a lead Trainer in GIM and another in their other Specialty. The e-Portfolio should enable ongoing monitoring by both sets of Trainers. The IOM together with each Specialty should review the use of exams from outside the jurisdiction and consider their appropriateness in relation to the Irish health care system. The IOM and Specialties should clearly outline to applicants and Trainees whether exams are mandatory or recommended in addition to its inclusion in the curricula. This should be also communicated by Trainers. Trainees should be supported to undertake the required assessments in a timely manner throughout the programme.	

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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**

5.1.2 The self-evaluation submission outlined that both formative and summative assessments utilise internationally accepted assessment methods such as Directly Observed Procedural Skills Assessment (DOPS), Mini-Clinical Evaluation Exercise (Mini-Cex), Case Based Discussion (CBD), EPA forms, Self-Assessment forms, Quarterly/End of Post Assessment and End of Year Evaluation. However, it was found that the assessment methods outlined in some curricula do not maximise the range of available assessment tools available. RCPI employs education specialists to assist the National Specialty Director and Specialty Training Committee in the review, improvement and development of programmes over time. As detailed under **standards 8.1.3 & 8.1.5**, the IOM described plans to develop a Trainer handbook to outline the composition of an assessment. However, there are currently no decision aids or quality indicators available for assessors to support them while assessing Trainees. All Specialties and BST GIM reported inconsistent use of the e-Portfolio by Trainers and across sites. The e-Portfolio is an essential tool for the formal recording of assessments and the progress of Trainees at all levels. It should run seamlessly through BST to HST and across Specialties when Trainees are on their dedicated GIM year. Such issues are also reflected in **standards 5.1.1** and **8.1.3 & 8.1.5.** The Cardiology curriculum refers to study days as an assessment for a large number of competencies. This does not seem an appropriate assessment tool and is not making full use of the suite of assessment tools available.	Specialties should utilise a much wider range of assessment formats and learning methods. The IOM together with BST GIM and the Specialties should formalise input from an appropriate range of stakeholders (i.e. nurses, allied health care professionals, support staff) as part of the assessment of Trainees, to ensure evaluation and assessment of all aspects of training including non-clinical. The IOM should monitor the quality of completed assessments through a random review of e-Portfolio records. The IOM should ensure that the e-Portfolio fully supports Trainees, Trainers and NSDs enabling not only the recording of assessments but also the review of Trainee and Trainer engagement, Trainer performance and attainment of curriculum requirements. The IOM should establish regional e-Portfolio leads/ assessment leads to provide support. It is recommended that the IOM develops 'decision aids' and 'quality indicators' for each Specialty at each stage of the training programme to outline the minimum level of skills, knowledge and experience that a Trainee should achieve before progressing to the next year of training. This will ensure consistency among Trainees and across sites and also enable IOM to monitor Trainers and ensure a consistent approach to assessment. Clarity should be provided as to the rationale for study days as an assessment tool in Cardiology and how satisfactory completion is assessed.	**Partially Compliant**

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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
5.2.1 The IOM outlined in the self-evaluation submission that where a Trainer is concerned about a Trainees performance, based on assessment or other feedback, a meeting is arranged with the Regional Programme Director or Associate Dean. In cases where enduring professionalism deficits have been identified, the National Speciality Director (NSD) will refer the Trainee to the RCPI Health and Wellbeing Department. This Department will work closely with the Trainee, Trainer and NSD to design a bespoke remediation plan and arrange regular meetings to review progress. It is noted that IOM has a protocol for the identification of a Trainee in difficulty, however without clear outcomes at specific points within each curricula and matching decision aids for assessors, it is difficult to see how the identification will occur at an early stage and enable remediation. The management processes for a trainee in difficulty, including self-referral, are included within the more general Health and Wellbeing document published April 2020. However, Trainers showed little awareness of documentation on managing trainees in difficulty during the accreditation interviews. All Specialties and BST GIM had knowledge of the IOM process for raising a concern relating to a Trainee although they asserted that they have not had reason to use it. The 'Train the Trainer' course content provided by the IOM covers the issue of Trainees struggling both educationally and with mental health issues. In addition, Trainees who had experience outside the jurisdiction felt that the systems in place may not facilitate early identification of a Trainee in difficulty. For example, the e-Portfolio does not flag to Trainers and Training Leads that assessments are not completed. All specialties, except for BST GIM, referenced the Penultimate Year Assessment (PYA) as a particularly important assessment point. It was	IOM should enhance its current protocol for the identification of a Trainee in difficulty in parallel with the development of the outcomes based curricula and ensure that Trainers are trained in the resultant national key outcomes and that the IOM monitor consistency of assessment against these outcomes. It may also be helpful to have a (clinical) lead to provide advice to Trainers in addition to the current administrative support available. The IOM should explore how to make the best use of the e-Portfolio, not just for recording assessments but also for monitoring progress and the early identification of difficulties. The IOM should review the formative and summative assessment structures for each Specialty and put systems in place that ensure that progression is formalised and recorded throughout the programme thereby reducing reliance on the Penultimate Year Assessment (PYA) as a means of identifying any issues and ensuring a national assessment standard. The e-Portfolio would be a good tool to monitor this progression.	**Partially Compliant**

described by some specialties as a key opportunity to identify any issues or deficits with Trainees to be addressed in their final year. The Specialty of Cardiology gave an example of a Trainee who was underperforming as identified by feedback from the wider clinical team. In collaboration with the RCPI Health and Wellbeing Department a programme of remediation was developed for the Trainee which led to a positive outcome.		

STANDARD 5 – THE CURRICULUM – ASSESSMENT OF LEARNING – FEEDBACK AND PERFORMANCE - 5.2.2 *The training organisation facilitates regular feedback to trainees on performance to guide learning.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
5.2.2 It is important to harmonise the delivery of this standard by promoting the methodologies used by and learning from the four specialties – Clinical Pharmacology and Therapeutics, Gastroenterology, Nephrology and Rheumatology - that are fully compliant. The self-evaluation detailed that Trainees receive informal feedback on a regular basis both in a structured format (workplace-based assessments, end of year evaluations) and in day-to-day practice. The IOM noted that the move to outcomes-based curricula will result in more focused feedback for Trainees. The self-evaluation also indicated that written feedback contains ratings of performance and comments together with commendations and recommendations. However, some Specialties stated that the structured feedback Trainees receive may not always be documented. Trainers and Trainees across specialties confirmed that the type of feedback varies and is primarily driven by the performance of the individual Trainee. The majority of Trainees across the Specialties and BST GIM expressed the view that feedback provided by some Trainers at the end of a rotation was considered a routine administrative task rather than a meaningful way to engage with Trainees and provide valuable insight on their performance and progress. There seems to be a mismatch between the IOM / Specialties and Trainees perceptions in relation to the regularity of feedback. This needs to be rectified. Training in assessment for Trainers is addressed in **condition (b)** and in **standards 8.1.3 and 8.1.5.** Difficulties in achieving regular assessment (and receiving the corresponding feedback) was detailed under **standard 5.1.1** in relation to a number of specialties. The development of decision aids as identified in **standard 5.1.2** should ensure that assessments are consistent and robust.	Trainers should be trained in the delivery of constructive feedback that is linked to performance and identifying areas for improvement and remediation. Trainers should be encouraged to commend a Trainee on good performance on a regular basis so that a positive culture around feedback becomes embedded within the training programmes. This should be reflected in the training undertaken by Trainers outlined in **condition (b)** and the recommendation relating to the Trainer Handbook in **standards 8.1.3 & 8.1.5.** The IOM should ensure that the feedback process used by each Specialty is formalised and that feedback given to Trainees at assessment is documented through the e-Portfolio.	**Partially Compliant**

Cardiology Trainees reported that the regularity of assessments were dependant on the Trainer, with some formal assessment tools used such as mini-CEX or DOPs whilst others are less formal.		

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.* **OUTCOME EVALUATION – 6.2.2** *Supervisors, trainees, health care administrators, other health care professionals and consumers contribute to evaluation processes.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
6.1.1 & 6.2.2 It was found that the process for evaluating and reviewing curricula was broadly similar for all Specialties. However, the provision of feedback on curricula and evaluation is limited in terms of stakeholders. Many Specialties indicated that they are assured that curricula are satisfactory because graduates progress to Consultant posts or are appointed to overseas roles. It is felt that this not an appropriate evaluation process and this is further addressed under **standard 6.2.1.** The submission states that mandatory RCPI courses are reviewed on a regular basis and the course review policy was provided as supporting documentation. Feedback is sought from course facilitators and course participants and RCPI education specialists observed the courses. The end of year evaluation process is subject to periodic review in terms of suitability and operations. The quarterly / end of post assessment process and forms facilitates a review of supervision, assessment and Trainee progress. However, as described under **standards 6.1.3 & 7.4.1,** there are concerns relating to the openness of Trainee feedback.	Reviews of curricula should include all aspects of the curriculum such as quality of teaching supervision, assessment and Trainee progress. The IOM together with BST GIM and all the Specialties should develop a system to ensure that external stakeholders contribute to the review and evaluation of curricula, such as employers, health care administrators, other health care professionals and consumers. The IOM should formalise the role of all Trainees in providing input into the review and evaluation of training programmes and not rely fully on Trainee representatives. The process for gathering feedback should be formalised and take place outside the annual assessment process and separated from the review of Trainee performance. The Specialty should not solely rely on feedback from Trainees and graduates to evaluate the quality of the programme. There should be triangulation with other sources of information.	**Partially Compliant**

In the self-evaluation, the IOM states that there is no direct input from non-medical healthcare professionals in the design of the evaluation process or the evaluation itself, however any given Trainer may seek input from such sources if deemed required. It was outlined that currently, only Trainers (or assessment panels) contribute to assessments due to the technical knowledge and skills along with skills relevant to Medical Council domains of good medical practice required. The context of the clinical training environment was emphasised in that Trainers observe and assess Trainees in engaging with patients, families, and other health care professionals. These observations are a formative part of the feedback and annual assessment. The Specialty detailed that in addition to the formal assessment at the end of every year there is an informal 'off-the-books' assessment with Trainees every February. The purpose of this is to ensure the Trainee is not having any issues whether they be regarding personal wellbeing or with the training programme. In the accreditation interview, the Specialty reported that between 2000 and 2015, Trainees were surveyed, including some who had left the programme, and their views on training sought. The feedback was described as extremely positive. Trainers also added that anecdotally, overall feedback from graduates working in the specialty in different parts of the world is very positive. When Trainees go abroad for training, feedback on their performance is excellent.		

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.* **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.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
6.1.3 & 7.4.1 The specialty is partially compliant with standard 6.1.3 and fully compliant with standard 7.4.1 with the exception of the confidentiality element which is covered under standard 6.1.3. In the self-evaluation submission, the IOM details that Trainee representation has been established on the key committees involved in programme development including the HST Specialty Training Committee, IOM Education and Training Committee, RCPI Education and Quality Committee, Trainee Health and Wellbeing Committee and RCPI'S Trainees Committee. It is important that all Trainees are formally involved in curriculum development and review as disseminating information through Trainee representatives appears to not be fully working for all specialties. As detailed in the self-evaluation and discussions with GIM, issues with training supervision and requirements are managed through the governance structures of the IOM. Each IOM training programmes has an assigned coordinator within the IOM to ensure problems are managed discreetly and escalated in the correct manner. In addition, Trainers and Trainees are encouraged, where possible, to raise complaints on an informal basis with the Trainer, Trainee or the National Specialty Director/ Regional Programme Director in the first instance before invoking the formal grievance procedure. Trainee feedback is sought informally through engagement with the Health and Wellbeing Department, prior to site inspection through the Trainee feedback form, following educational events and course delivery and	A system should be established to enable confidential feedback from Trainees – such as collecting aggregated feedback from Trainees. The IOM should explore with other Specialties (not limited to medical specialties) how anonymity and confidentiality is facilitated in feedback processes. This is especially relevant in relation to specialties with small Trainee numbers. The IOM together with BST GIM and all the Specialties should examine its communication strategy regarding feedback processes in order to alleviate the concerns of the Trainees regarding confidentiality. There should be a formal opportunity – separated from the review of Trainee performance - for Trainees to provide open feedback on their training programme and experience, including feedback on the quality of supervision, and any other issues they may wish to raise. Cardiology Trainees should be made aware of the IOM/RCPI governance structures and Trainee involvement.	**Partially Compliant**

anonymously through the Training Post Evaluation. Examples of several Trainee engagement initiatives established by the IOM were provided. Overall, Trainees indicated that there was someone they could approach if there were a specific issue, for example the NSD. Despite all the feedback mechanisms in place, Trainees have concerns with the level of anonymity provided, this was reported in the discussion with Trainees across specialties. Trainees felt smaller specialties in particular are identifiable. This is also described under **standard 8.2.1**. It is not clear whether feedback on Trainer performance is consistently and actively sought by the Specialties as part of ongoing monitoring and evaluation. Trainees in small specialties are easily identifiable and so there are limitations in the current opportunities available to Trainees in providing feedback particularly on the quality of teaching and supervision. Cardiology Trainees detailed that communication of key updates such as curriculum changes could come from a variety of sources such as their Trainer, the Executive administrator of the Irish Cardiac Society (ICS) and the RCPI HST coordinator. Trainers and Trainees indicated that there were avenues for Trainees to participate in the running of the programme. This included input into the curriculum, COVID-19 teaching sessions and the selection of topics to be covered in study days. However, Trainees did not seem aware of Trainee representation on the STC however they did reference a Trainee group within the ICS and also Trainee representation at the European Society of Cardiology (ESC). The Specialty detailed that in addition to the formal assessment at the end of each year, there is an informal 'off-the-books' assessment with Trainees every February. The purpose of this is to ensure Trainees are not having any issues personally or with the training programme. This is addressed under **standards 6.1.1 & 6.2.2.** The need for clarity around the role of the Irish Cardiac Society (ICS) as distinct from the IOM is addressed under **standards 8.1.3 & 8.1.5.**		

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS – 8.1.3 *The training organisation routinely evaluates supervisor and trainer effectiveness including feedback from trainees and offers guidance in their professional development in these roles.* **8.1.5** *The training organisation has processes to evaluate the effectiveness of its assessors/examiners including feedback from trainees, and to assist them in their professional development in this role.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.1.3 & 8.1.5 In the self-evaluation submission, the IOM detailed that it routinely evaluates Trainer effectiveness through Trainee surveys, hospital-based inspections and workplace-based assessments. The IOM does not currently have a performance management framework for Trainers. It was confirmed that there is a process for reviewing training posts but not the individual Trainer. In the self-evaluation, the IOM also indicated that there is no formal mechanism of feedback to Examiners directly. However, should an issue arise, it is discussed at the Examination Board meeting with the respective Examiner. In the submission, the IOM described plans to develop a Trainer handbook as a part of a Trainer engagement project. The handbook will outline the detail of each assessment and provide decision making tools to Trainers in relation to assessments.	Assessments are an important part of ensuring that Trainees fulfil the curriculum requirements and for facilitating individual development. As such, the IOM must take action to encourage Trainer's active and positive participation in the assessment system ensuring that it is not approached as a routine administrative task. Trainers must be made aware of their role and responsibilities and assigned Trainees in a timely manner. This allocation must be notified to Trainees in advance of starting their training post; it is recommended that this is recorded on the e-Portfolio. This must be introduced at the next round of Trainee placements and no later than within **3 months** of the final report. The IOM must clearly define the roles of Trainers and Educators (e.g. Clinical Trainer/Clinical Supervisor and Educational Oversight	**Partially Compliant with CONDITION (B) attached**

All Specialties detailed that in recent years and in accordance with RCPI policy, on appointment Trainers have to complete the RCPI Physicians as Trainers Essential Skills course. However, longstanding Trainers may not have received this training as they were already instated as Trainers prior to the requirement coming in. In addition, there is no ongoing refresher training requirement. Some Trainers reported that they didn't have allocated time to undertake the courses that form part of the approved Trainer training. As detailed in **condition (c)** and **standard 8.1.6,** it is essential that Trainers receive adequate protected time to fulfil their roles. While the compulsory Essential Skills course has been commended as part of the formal approval process in place for the selection of new Trainers, it was found that further training for Trainers is required. **Condition (b)** identifies the need for training in assessment methods and the use of the e-Portfolio (in particular undertaking and recording workplace-based assessments). It was found that there is a need for more active participation in the assessment process as well as greater and more timely communication to Trainers regarding their assigned Trainees. In relation to the use of Trainee feedback in the evaluation of supervisor and Trainer effectiveness, the issue of confidentiality was raised by Trainees. In the majority of Specialties, Trainees stated that they considered there was a lack of confidentiality and were concerned about what they perceived as a potential negative impact on those raising concerns, particularly in smaller specialties. A similar finding is also discussed under **standards 6.1.3 & 7.4.1** and **8.2.1** and is accompanied by recommendations. It is important to have a system in place particularly in small specialties to enable confidential feedback from Trainees. Feedback also aids a Trainer's personal development in the role. Many different terms were heard across the course of the accreditation such as 'Trainer', 'Educator' 'Clinical Trainer', 'Clinical Supervisor', 'Educational Oversight Trainer', 'Educational Supervisor', 'mentor', etc. This variance caused confusion and drew attention to the need for roles to be defined and for the use of consistent terminology across specialities.	Trainer/Educational Supervisor). This must be completed within **6 months** of the final report. The IOM should formally acknowledge and champion the role of the Trainer, showing that it is a desirable role and one to aspire to and be proud of. The development of the Trainer handbook should be completed to reinforce and support a Trainer's designated role, in particular the effective delivery of formative and summative assessment as well as the provision of constructive feedback that is linked to performance and identifies areas for remediation and commendation. It is recommended that quality indicators are included in the Trainer Handbook. In line with **condition (b)**, the IOM must determine a suitable mechanism to ensure supervisor and assessor (and Examiner in relation to BST GIM) effectiveness and this should not be solely measured by feedback from Trainees. If Trainee feedback is being sought, the Institute should ensure it is anonymous. The IOM's formal performance management system / methods for assessing effectiveness for both Trainers (and Examiners in relation to BST GIM) should include a support system for Trainers to ensure consistent standards. This should also include a process whereby the designation/status of Trainer can be withdrawn in certain circumstances. All Trainers must be given appropriate (protected) time to engage with the Train the Trainer / Essential Skills course as well as additional supplementary courses. The National Specialty Directors (NSDs) should undergo development to enable evaluation of the effectiveness of educators and clinical supervisors. This should include the regular review of the e-Portfolio	

It was noted that there is a Trainee session at the annual Irish Cardiac Society (ICS) meeting and a separate meeting with the NSDs in February for Trainees to provide feedback on their training. There is also potential for Trainees to raise issues privately with NSDs throughout the year and at end of year assessments. Trainees indicated concern around potentially raising issues about training or a Trainer in such a small specialty and the impact this could have on their progress and future careers. There was confusion over the mechanisms that could be used for raising issues. Trainees were more familiar with feedback mechanisms via the ICS as opposed to those of the IOM/RCPI. There was some confusion as to distinction between the role of the ICS and the IOM. The administrator from the Irish Cardiac Society (ICS) was mentioned as a person Trainees could approach and Trainees confirmed this was open to them.	and quality of assessments to ensure appropriate supervision /assessment/ delegation by Trainers. The IOM should ensure its Continuous Professional Development (CPD) includes content relating to the education and training roles and introduce ongoing / refresher training for Trainers and Examiners. The IOM should ensure that Educators are on the relevant specialist division of the Medical Council register. If they are registered in a different specialty, it must be ensured that evidence has been provided that they are qualified to supervise, assess and support Trainees in the Specialty. The IOM and Specialty should ensure that the formal reporting mechanisms are clear to all involved in training. In all policies, clarification should be provided to Trainees on the role of the Irish Cardiac Society (ICS) and the ICS Administrator and the role of the Irish Board for Training in Cardiovascular Medicine (IBTCM) as distinct from the IOM in relation to the provision of support to Trainees. Communication channels between all the involved organisations (the Specialty sitting within IOM, ICS and IBTCM) should also be defined and clarified. A MOU, overseen and approved by IOM, should be established between the Specialty, ICS and IBTCM to ensure clarity and agreement on these items.	

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS – 8.1.4 *The training organisation has processes for selecting assessors in written, oral and performance-based assessments who have demonstrated relevant capabilities.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**

8.1.4 In the self-evaluation submission, the IOM detailed that the criteria for the approval of physicians as RCPI Trainers includes the requirement for completion of the RCPI Physicians as Trainers Essential Skills online course and this equips them with the capability for the basic forms of assessment. It was noted that it is intended that more Trainer training will be undertaken on work-based assessments when the e-Portfolio is complete. Online courses are available for supplementary skills. However, as outlined in **standards 8.1.3 & 8.1.5,** Trainees expressed concern about the engagement of some Trainees in assessments and with the e-Portfolio. The submission states that by-laws set out the criteria to become an Examiner. Examiners for the written and clinical examinations can be nominated by their colleagues or they can contact the RCPI directly. All applications are reviewed by the Dean of Examinations. However, there was no evidence provided of a formal recruitment process for Assessors / Examiners.	The IOM should publish the competency requirements to be an assessor (and Examiner in relation to the BST in GIM) and the application process. A structured, competency-based recruitment process should be followed for the appointment of assessors (and Examiners in BST GIM). The IOM together with the Specialties and BST GIM should review the effectiveness of the Essential Skills course and ensure that all Trainers (including longstanding Trainers appointed before the current appointment process) are appropriately trained in the various assessment methods and how to record them on the e-Portfolio.	**Partially Compliant**

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – CLINICAL AND OTHER EDUCATIONAL RESOURCES – 8.2.1 *The training organisation has a process and criteria to select and recognise hospitals, sites and posts for training purposes. The accreditation standards of the training organisation are publicly available.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.2.1 In the self-evaluation submission, the IOM outlined the inspection policy and process for the selection and recognition of hospitals, sites and posts for training purposes and provided the related policy as evidence. RCPI has a designated coordinator who assists the National Specialty Director, Associate Director for Training Site Accreditation and Director of Training IOM with the administration of these inspections.	The IOM accreditation model must ensure that training programmes deliver the necessary competencies and outcomes for both the Specialty and GIM, making use of data on what opportunities individual sites are able to provide The IOM must provide detail of how accreditations of clinical training sites (of all Specialties, including both BST and HST GIM) will provide satisfactory evidence that the dual nature of the programmes is being appropriately delivered and assessed.	**Partially Compliant**

The IOM reported that it is transitioning to a '*more responsive and robust*' accreditation model '*reflecting international best practice'*. It acknowledged the inefficiency and challenges of individual inspections given the number of individual training sites as well as the number programmes/specialties delivering training at sites. The accreditation model will inspect and accredit all IOM specialties at a clinical training site every 5 years. Should issues arise during the interval, a triggered inspection will be organised The RCPI indicated that while the new process is waiting to be implemented, it has initiated a short-term risk-based mitigation process. This is a 3-year plan with the first accreditation expected to take place in Q2 2021. (It was originally due to begin earlier but was delayed due to COVID-19 restrictions). Accreditation standards are currently not published, this is planned as part of the rollout in 2021. As described under **standard 5.1.1** and in recognition of the dual nature of qualifications, it is crucial that equal weight is given to both specialties. It was recommended that the IOM's accreditation process should be used as a means of verifying this. The IOM indicated that the Trainee feedback form which it provided as documentary evidence, facilitates honest feedback from Trainees regarding training sites. However, the majority of Trainees interviewed across the specialties reported that they didn't feel confident in the anonymity of the forms and the process and therefore were unlikely to feel comfortable in providing honest feedback. This represents a notable discrepancy between the perceptions of Trainees and management in the provision of feedback regarding clinical training sites. This is also described under **standards 6.1.3 & 7.4.1** where it is accompanied by a recommendation.	Accreditation standards and criteria for a 'triggered visit' must be developed and disseminated in advance of the first cycle of accreditation visits. These should reflect and be mapped to the Standards for Medical Education and Training published by the Medical Council. The Institute and Specialties must publish the accreditation standards for site selection, training sites and training posts.	

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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.2.2 In the self-evaluation submission, the IOM outlined that the clinical and practical experience required of Trainees is described in terms of training outcomes in the specialty curricula. The generic/core infrastructural requirements of the training site and training post are set out in the training site activities and specialty specific forms which were provided as evidence. While these requirements are not currently specified in formal arrangements with training sites, it was noted as part of the accreditation model project, the RCPI/IOM is developing standards as well as Memoranda of Understanding with clinical training sites. Some Specialties indicated that educational resources varied across sites. Any such deficiencies should be identified by the accreditation process and subsequently monitored with clear plans for resolving issues.	A Memorandum of Understanding between the IOM and all of the various clinical training sites must be formulated with immediate effect. MOUs should not be finalised only when an inspection takes place as this would represent an inappropriate time delay. The Institute must inform the Medical Council when the development of the accreditation model and MOUs are complete. The Institute should publish the accreditation model and MOU on their website when complete. Where IOM site inspections identify deficiencies in compliance with agreed standards, both generic and specialty-specific, a formal action plan must be agreed between the IOM and site including timeframes for improvement. The IOM must have processes for the withdrawal of training from a clinical training site / post to enable effective action where improvements are not made. Both of these processes must be provided to the Medical Council within **12 months** of the final report.	**Partially Compliant with CONDITION (H) attached to Infectious Diseases**

The following standards were found to be fully compliant for the programme of specialist training in

Cardiology & General Internal Medicine (HST) and stand-alone Cardiology. Although the programmes are complying with these standards, recommendations have been made for further improvement.

STANDARD 3 – THE EDUCATION AND TRAINING PROGRAMME – CURRICULUM CONTENT – RESEARCH IN THE TRAINING PROGRAMME – 3.3.1 *The training programme includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, and encourages the trainee to participate in research.* **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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
3.3.1 & 3.3.2 The self-evaluation submission states that it is mandatory for Trainees to attend the *Introduction to Health Research* Course as well as the programmes, *Ethics Foundation* and *Performing Audit.* Trainees have access to SPSS, statistical software for data analysis (SPSS) and a related course *An Introduction to Data Analysis Using SPSS*. Trainees are also required to perform a clinical trial and to present at national international meetings. The submission also states that Trainees are encouraged to undertake Research as an Out of Programme Experience (OPE) and a period of 12 months specialty credit is available. There were 2 Trainees undertaking full time research, 5 Trainees undertaking 50% research and 50% clinical and 23 Trainees on OPE in the academic year 2020/2021.	The IOM should review the inclusion of research within all curricula and ensure that it is clear what is mandatory/essential and what is optional in terms of research. This should be communicated to Trainers and Trainees. In line with **condition (d)**, mandatory components of programmes must be funded.	**Fully Compliant**

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	REQUIREMENT / RECOMMENDATION	COMPLIANCE
4.1.3 The self-evaluation submission states that Trainees should fulfil all competencies of the training programme but acknowledges that a specific time scale for the acquisition of competencies is not described. It does clarify that failure to make progress towards meeting these objectives at an early stage would cause concern about a Trainee's suitability and ability to become independently capable as a specialist. When the new outcomes-based curriculum is in place, Trainees can advance at different levels and will have different strengths and areas to work on. In this way, it is expected that specific elements of independent practice will be easier to identify. The submission also states that independent practice is observed and judged by Trainers during training and assessments. As Trainees progress through the programme, their knowledge and hands on experience grow and they are encouraged to assume a greater degree of responsibility and independence. Some specialties reported arrangements to train Trainees as Trainers such as clinical educators and lecturers. This is encouraged in all specialties. The Specialty of Cardiology acknowledged the challenges that arise when Trainees move from one training site to another and Trainers at the receiving site are not fully accepting their level of experience and seniority. This can make ensuring an increasing degree of independent responsibility for Trainees difficult when they begin a new post. Trainees reported concern about returning to Cardiology training after the dedicated GIM year with regards the maintenance of skills in Cardiology. This is addressed under **standard 4.1.1** and is accompanied by a recommendation.	The IOM should work with all Specialties to encourage and facilitate the formal training of Trainees as future Trainers. This should not be limited to the role of Clinical Lecturer. It is encouraged that the skills to become a Trainer form part of every curriculum so that by the time a Trainee completes training, they have the skills to become an approved Trainer. This will also assist with the training of more junior Trainees. The Specialty of Gastroenterology is a useful example of good practice in this area. The IOM should work with the Specialty of Cardiology to review how it ensures that a Trainee's progression is acknowledged when moving from one site to the next. This includes exploring whether the challenges stem from the Specialty/Trainers or the site. The outcomes of the review may need to be applied across specialties.	**Fully Compliant**

STANDARD 5 – THE CURRICULUM – ASSESSMENT OF LEARNING – FEEDBACK AND PERFORMANCE - 5.2.3 *The training organisation provides feedback to supervisors of training on trainee performance, where appropriate*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
5.2.3 In the self-evaluation submission, the IOM clarified that the outcome of the end of HST annual evaluations is made available to the succeeding Trainer in order to ensure continuity of training and the training plan. Trainers also have access to the Trainee's e-Portfolio. The submission also stated that annual reporting on the Trainee feedback survey began in 2019 and is intended to continue. A Trainer Engagement Project was launched in August 2020 and feedback loops will be reviewed and modified as part of this two-year project. A link was provided to the Training Post Evaluation aggregate three-year report 2015-2018.	The IOM should provide an update on the outcomes of the Trainer Engagement Project and the action that is to be taken.	**Fully Compliant**

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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
6.2.1 The IOM detailed in the self-evaluation submission that all graduates from the HST training programme are members of the RCPI therefore records on them are maintained. IOM stated that in 2020, HST graduates will be asked to complete a survey outlining their career intentions for the next three years. 'Where Are They Now' graduate data is available on the RCPI website since 2017. Furthermore, within the RCPI research department the Doctor Retention and Motivation Project has been established seeking to identify solutions to help retain doctors within the Irish health care system. It was found that there is need for enhanced recording of graduate outcomes in relation to establishing a formal system for both gathering and graduate measuring outcomes. Gastroenterology graduates go abroad for Advanced Training upon completion of the programme while Nephrology graduates go overseas to gain more exposure to a broader variety of conditions. **Condition (g)** is attached to these specialties and requires them to review their programmes to determine whether the curriculum and graduate outcomes enable graduates to occupy a consultant role in the Irish health service upon completion – without further training or experience. Similarly, the need to define outcomes for special interest training is addressed under **standard 2.2.1.** In the accreditation interview, the Specialty of Cardiology reported that between 2000 and 2015, Trainees were surveyed, including some who had left the programme, and their views on training sought. Approximately 69% were working in Ireland and the vast remainder were working abroad.	The IOM should collect both quantitative and qualitative information on graduate outcomes and use this information to develop and amend curricula outcomes as required. This should include questions relating to the preparedness of Trainees for their next role whether BST to HST or HST to consultant. It should also include input from end users such as the HSE. The IOM should develop a formal system of monitoring the career path of graduates, including tracking those who do not progress into a HST programme. It is necessary to understand this attrition and the reasons for it. The IOM should produce a report for the Medical Council on how it is going to address a lack of progression from BST to HST. A plan for the introduction of the two systems above should be provided within **6 months** of receipt of the final report. This should include how retrospective data on outcomes as well as tracking a lack of progression will be sought. The IOM should complete the move to outcomes-based curricula and ensure that the outcomes for BST GIM and each Specialty are evidence-based. For example, outcomes should take into consideration the needs of the Irish health care system, HSE requirements and the views of each Specialty.	**Fully Compliant with CONDITION (G) attached to Gastroenterology & Nephrology**

STANDARD 7 – IMPLEMENTING THE CURRICULUM – TRAINEES – ADMISSION POLICY AND SELECTION – 7.1.2 *The processes for selection into the training programme *are based on the published criteria and the principles of the training organisation concerned * are evaluated with respect to validity, reliability and feasibility * are transparent, rigorous and fair * are capable of standing up to external scrutiny * include a formal process for review of decisions in relation to selection, and information on this process is outlined to candidates prior to the selection process.* ***7.1.3** The training organisation documents and publishes its selection criteria. Its recommended weighting for various elements of the selection process, including previous experience in the discipline, is described. The marking system for the elements of the process is also described.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
7.1.2 & 7.1.3 The self-evaluation submission states that the selection of candidates is overseen by the Director of Education and Training / Associate Director HST and the Associate Director of BST reporting to the IOM. The application process ensures that applicants possess the minimum entry criteria for each programme. Shortlisting criteria and interview guidelines are followed and online training, *Interviewer Skills is provided* for all members of the Interview Committees. The entry requirements, shortlisting criteria and interview marking schemes for all programmes are reviewed annually and published on the RCPI web-site in advance of the opening of applications. Appropriate links to material on the RCPI website were provided. In some specialties, additional or desirable criteria for candidates such as previous experience was sometimes perceived as mandatory by Trainees for successful appointment to programmes. Recognition of prior experience is addressed under **standard 3.4.2**.	All those who are involved in selection must be trained, including in unconscious bias and rules around the appointment of non-EU candidates. The IOM should include lay representation in the recruitment process, including on recruitment panels 'Vouching' for candidates and thereby potentially giving people an unfair advantage is not appropriate practice. The IOM must make this clear to all staff and suitable action taken where this is not followed. The IOM must review the recruitment literature for each Specialty to ensure that the full range of entry requirements, including any desirable criteria are clear for all (including Trainers and interviewers), are published and linked with the selection criteria and scoring. Recruitment material needs to be regularly reviewed to ensure that it reflects current practice and avoids unintentional bias or indirect discrimination, e.g. disability and appointment of EU and international candidates.	**Fully Compliant**

STANDARD 7 – IMPLEMENTING THE CURRICULUM – TRAINEES – COMMUNICATION WITH TRAINEE – 7.3.3 *The training organisation provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
7.3.3 The self-evaluation details the ways that the IOM communicates with Trainees. Following the Annual Evaluations, Trainees are informed of their status within a specified timeframe, usually withing 48 hours. The e-Portfolio provides an easily accessible progress report which allows Trainees to see at a glance their mandatory requirements such as the number of clinics, work-based assessments etc required and how many are outstanding. Finally, ongoing communications are carried out by the assigned National Specialty Director throughout the course of the training programme. It is important that there is strong communication between the IOM and training sites in terms of communications on training issues.	The IOM and RCPI should review its communication strategies to ensure it makes best use of the local site level systems in relation to all specialties.	**Fully Compliant**

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – CLINICAL AND OTHER EDUCATIONAL RESOURCES – 8.2.3 *The training organisation's accreditation requirements cover: orientation, clinical and/or other experience, appropriate supervision, structured educational programmes, educational and infrastructure supports such as access to the internet, library, journals and other learning facilities, continuing medical education sessions accessible to the trainee, dedicated time for teaching and training and opportunities for informal teaching and training in the work environment.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.2.3 In the self-evaluation submission, the IOM detailed that all training posts are inspected every five years in order to assess the training provided. The site visit involves a RCPI appointed inspection panel reviewing training by meeting with hospital management, Trainers and Trainees on the training site, reviewing site facilities pertaining to training and review of documentation pertaining to the site. It was reported that this process has been interrupted by the COVID-19 situation. This is further described under **standard 8.2.1.** The completion of the accreditation model and MOUs are crucial to ensuring that training requirements and standards are met at training sites. At both Trainee and Trainer level, all Specialties reported a lack of dedicated time for teaching and training. It appeared particularly challenging in GIM at both BST and HST level.	The IOM must inform the Medical Council when the development of the accreditation model and MOU are complete and provide detail of the planned schedule of accreditations/inspections. Updates must be provided with **6 months** of the final report. The IOM should also update the Medical Council on the outcome of inspections of clinical training sites and share any reports produced as part of the Annual Return to the Medical Council including action plans.	**Fully Compliant with CONDITION (F) attached**

8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES - CLINICAL AND OTHER EDUCATIONAL RESOURCES - 8.2.5 *The training organisation should monitor the working environment to ensure it is a safe environment for training.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.2.5 In the self-evaluation submission, the IOM detailed that it ensures the workplace is a safe place for training primarily through the Training Site Inspections process as well seeking Trainee feedback at annual evaluation of progress (AEP) meetings and through Training Post Evaluation surveys. It is important that all Trainees are empowered and supported to report instances of safety breaches, bullying or unprofessionalism and be provided with the information about how to do so confidentially. Rotas were described as compliant with EWTD with the exception of the BST in GIM. The issues of rotas facilitating educational needs as well as service needs was raised in the Specialty of Infectious Diseases. Compliance with EWTD and access to supervision and education is crucial at all training sites.	The IOM must monitor every training location to ensure suitability for training and fulfilment of the Medical Council's Standards. If a site is unable to facilitate appropriate working hours, supervision, learning or workload then it must not be a designated training site for a programme. A clear path for confidential reporting / whistle blowing must be available.	**Fully Compliant with CONDITION (i) attached to BST GIM & Infectious Diseases**

Overview of compliance ratings for the programme of specialist training in Clinical Pharmacology and Therapeutics & General Internal Medicine (HST)

Medical Council's Accreditation Standards for Postgraduate Medical Education and Training	Clinical Pharmacology and Therapeutics & General Internal Medicine (HST) - 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: Institute of Medicine (IOM)
Programme of Specialist Training: Clinical Pharmacology and Therapeutics & General Internal Medicine (HST)

The following standards were found to be non-compliant for the programme of specialist training in Clinical Pharmacology and Therapeutics & General Internal Medicine (HST)

2.THE OUTCOMES OF THE TRAINING PROGRAMME - GRADUATE OUTCOMES – 2.2.1 *The training organisation has defined graduate outcomes for each training programme including any sub-specialty programmes. These outcomes are based on the nature of the discipline and the practitioners' role in the delivery of health care. The outcomes are related to community need.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
2.2.1 There are outcomes and assessments listed in each curriculum with the exception of outcomes for special interest training. Currently, there is an absence of decision aids or quality indicators available for assessing outcomes. The development of such is recommended under **standard 5.1.2.** It is acknowledged that Specialties will be moving to outcomes-based curricula. Concerns are described throughout the report about whether dual specialties are given equal weight and both specialties (GIM in particular) appropriately delivered and assessed. This is also reflected in **condition (a).** The need to ensure that curricula, outcomes and the number of Trainee	The IOM should ensure that the competencies, assessments and outcomes for each of the Specialties, including the BST in GIM and any special interest areas are clearly defined with appropriate assessment tools (including an appropriate range) and methods for recording those assessments. The IOM should work with the Specialty and the HSE to determine the future service requirements of the Specialty in terms of special interest areas that reflect service need in Ireland and the number of Trainees / future consultants required in the specialty/areas for the delivery of an appropriate health service. (This recommendation also appears under **standard 8.2.4**)	**Non-Compliant**

posts are linked with community need – or the current or future needs of the Irish health care system and the requirements of consultant roles is described under **standards 6.2.1 and 8.2.4** and includes recommendations. Similarly, it is important that the outcomes of the programmes deliver what the Irish health care system requires, so a balance needs to be struck between the personal preferences of Trainees (in terms of the areas of special interest they pursue) and future service requirements. As such, future service requirements need to be clearly described and planned. Both Trainers and Trainees in CPT confirmed that Trainees are asked to identify an area of special interest and the programme is adapted to facilitate their choice. Therefore, the selection is not based on service need as it relates to the specialty rather to the personal interests of Trainees.	The IOM should then ensure that Trainees in this Specialty receive guidance so that they can pursue areas of special interest that are in line with service needs.	

8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS - 8.1.6 *Organisation and development of Trainers – instructional activities must be included as responsibilities in the work schedules of trainers and their relationship to work schedules of trainees must be described.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.1.6 Overall, it was found that there is a clear lack of protected time for Trainers across BST GIM and all seven specialities. This was evident from the self-evaluation submission and in the interviews conducted with the Institute and representatives from each of the specialties. In addition, the Training Leads do not have protected time for educational and administrative roles. In the self-evaluation submission, the IOM highlighted the challenges in progressing this area. It was indicated that protection of training time is difficult in the current hospital environment due to service demands and that service can overshadow training. Some Specialties also cited a shortage	Protected time in so far as possible should be provided to those involved in training at all levels. This includes Trainees as well as Trainers and Training Leads. This is not criticism for work being carried out, but to fully be able to deliver effectively in their roles Trainers and Programme Directors require adequate protected time.	**Non-Compliant with CONDITION (C) attached**

of consultants as a further challenge. The commitment of Trainers is noted and in the absence of protected time, they fulfil their training roles on a voluntary goodwill basis. One specialty described the role of the National Specialty Director as requiring at minimum, an average of four hours per week. It was clarified that this estimate does not account for tasks such as making improvements to the curriculum / programme. The contribution of Trainers, National Specialty Directors & Training administrators during the COVID-19 pandemic is acknowledged. It is also essential that Trainers are appropriately trained to undertake their roles and have protected time to undertake such training and development. This is addressed under **condition (b)** and **standards 8.1.3 & 8.1.5**. The IOM equally noted that Trainees do not have protected time to attend training and meetings. The Institute acknowledges there should be protected time for Trainees, and it should be part of the work plan. For example, as described in **standard 8.2.4,** some Trainees experienced difficulty attending training courses or educational activities / study days.		

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – CLINICAL AND OTHER EDUCATIONAL RESOURCES – 8.2.4 *The training organisation works with the health services to ensure that the capacity of the health care system is effectively used for service-based training, and that trainees can experience the breadth of the discipline. It uses an appropriate variety of clinical settings, patients and clinical problems for training purposes, while respecting service functions.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**

8.2.4 The self-evaluation submission states that training is hospital-based and is integrated with the requirements of the health care system, with patient care as its focus. Training requirements are detailed in the specific curricula and set out the breadth of the discipline including the variety of clinical settings, patients and clinical problems. The IOM acknowledges the challenges posed by the healthcare system and the difficulty in securing protected time for teaching. However, a number of specialties indicated that educational programmes were not formalised and not always Trainer led, varying in quality from site to site. Trainees in all Specialties indicated that at times, service provision prevented attendance at training courses or educational activities / study days. This tended to be site dependent or related to time spent training in GIM. It was noted that with many educational activities going online due to COVID-19, educational opportunities have become more accessible, especially outside of working hours. Although, the CEO and President of IOM stated that they have engaged very closely with the HSE NDTP to advocate for an increase in training positions, it seems that a potential increase in Trainee numbers has not been linked with the need for additional consultant posts. Overall, there appears to be little forward planning undertaken by the IOM in relation to Trainee numbers and linking curricula with the current or future needs of the Irish health care system. This is reflected in **condition (d).** It seems to be a particular issue in Cardiology and Nephrology (**see Standard 6.2.1**) where Consultant opportunities were described as limited and potentially impacting on recruitment and retention within the Specialties.	Any training that is mandatory within a curriculum must be funded and appropriate time made available within work plans to facilitate training. This includes training that is undertaken outside of Ireland. The IOM should work with Specialties to ensure that their respective educational programmes are formalised. This includes advanced planning of educational activities, tailoring training to the relevant curriculum outcomes and individual Trainees needs and ensuring that programmes are Trainer-led and consistently delivered across the various sites. The IOM must work with the HSE using data from all Specialties to develop a system to inform workforce planning and identify appropriate Trainee numbers and Consultant expansion. Information on career opportunities and the availability of consultant posts should be clearly communicated to prospective Trainees prior to entering the programme. An update on action taken must be provided to the Medical Council within **12 months** of the final report. Trainees' attendance at weekly teaching should be monitored, this could be done via the e-Portfolio. Regional programme directors can use this information to ascertain whether lack of attendance at weekly teaching is site specific/workload dependent or due to other reasons. The IOM should work with the Specialty and the HSE to determine the future service requirements of the Specialty in terms of special interest areas that reflect service need in Ireland and the number of Trainees / future consultants required in this specialty/areas for the delivery of an appropriate health service. (This recommendation also appears under **standard 2.2.1**)	**Non-Compliant with CONDITION (D) attached**

The following standards were found to be partially compliant for the programme of specialist training in Clinical Pharmacology and Therapeutics & General Internal Medicine (HST)

STANDARD 1. CONTEXT OF TRAINING – EDUCATIONAL EXPERTISE AND EXCHANGE - 1.3.2 *The training organisation collaborates with other educational institutions and compares its curriculum, training programme and assessment with that of other relevant programmes.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
1.3.2 As detailed in the self-evaluation, the IOM collaborates with a number of educational institutions and compares the curricula in development. The evaluation and review of training programmes and stakeholder contribution to evaluation processes are described under **standards 6.1.1 & 6.2.2.** The process for curriculum changes and development is broadly similar for all Specialties. It is usually led by the NSD and undertaken through a partnership with the Specialty Training Committee (STC) which has Trainer and Trainee representatives on it. The Education Department of the RCPI undertakes an annual review. Trainers felt that they had the ability to inform discussions both formally and informally. The external representative on the annual assessments panels also have the opportunity to comment on the curriculum. However, the IOM acknowledges that curricula are not evaluated by bodies outside of the RCPI. As described under **standards 6.1.1 & 6.2.2,** the provision of feedback on curricula and evaluation is limited in terms of stakeholders. An appropriate recommendation is made under these standards. A recommendation relating to stakeholder involvement in assessment is made under **standard 5.1.2.**	**Please see recommendations made under standard 5.1.2 and 6.1.1 & 6.2.2 regarding stakeholder involvement in curricula, evaluation and assessment.**	**Partially Compliant**

1.CONTEXT OF TRAINING – INTERACTION WITH THE HEALTH SECTOR - 1.4.2. *The training organisation works with healthcare institutions to facilitate clinicians employed by them to contribute to high quality teaching and supervision, and to foster peer review and professional development.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
1.4.2 It was found all elements of this standard are being fulfilled with the exception of protected time. Please refer to the finding in **standard 8.1.6.**	There should be provision in the consultant contract for protected time for training activities and sufficient time put aside for Trainers in their weekly job plan to undertake the role. The IOM should include this as a requirement of the MOU and review the consultant contracts to ensure that this is happening. This could be managed going forward as part of the approval of individual consultants as Trainers.	**Partially Compliant with CONDITION (C) attached**

2. THE OUTCOMES OF THE TRAINING PROGRAMME - GRADUATE OUTCOMES – 2.2.3 *Outcomes must reflect domains of professionalism as defined by the Medical Council with particular reference to patient safety.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
2.2.3 The Medical Council's Eight Domains of Good Professional Practice are built into the curriculum for all specialities. Trainees across all Specialties broadly reported the same information including formal courses / study days covering these areas; that professionalism is taught informally and is sometimes site and Specialty specific. For example, BST Trainees detailed that there are formal courses provided on prescribing and medical ethics however these are not evaluated or reviewed as part of workplace assessments. Cardiology Trainees reported that they attend compulsory formal courses/ study days. Human Factors training which includes the Medical Council's Eight Domains of Good Professional Practice is mandatory for all Trainees. However, the	There should be greater emphasis on and awareness of the 'Eight Domains' within the Human Factors for both Trainers and Trainees. This needs to be explicit and embedded into learning agreements and be part of everyday teaching and learning including when on placements. The IOM should ensure that there is support for Trainers to deliver training in professionalism and that there are also assessment tools to record attainment of appropriate competencies.	**Partially Compliant**

discussions with Specialities and Trainees indicated that it was felt that here was little emphasis on professionalism and linking it with daily work. There was also no indication of evaluation or workplace-based assessments on professionalism.		

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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
3.2.1 The minimum duration of the GIM component of the dual specialty programmes is not clear. This is described below and carries a **condition (e)** as well as a recommendation. The BST curriculum is organised into four sections – introduction, core professional skills, specialty section and concurrent training activities. Each Specialty curriculum is divided into five sections – introduction, generic components, GIM, specialty sections, and minimum requirements for training where the domains of competency are described. The assessment methods are also outlined but it was noted that the full range of available assessment tools are not used across specialties. This is addressed under **standard 5.1.2**. In addition, specific competencies and outcomes were not clearly defined in relation to specialties and special interest areas as detailed under **standard 2.2.1.** **Standards 5.1.1 and 5.2.1** detail the need for assessment structures to record Trainee progress throughout programmes. Requirements for programmes to be more formalised, Trainer-led and reflective of Irish health service are described in **standard 8.2.4.**	The Institute must engage with the Medical Council in relation to the statutory minimum duration of programmes as outlined in the EU Directive on the mutual recognition of professional qualifications (2005/36/EC).	**Partially Compliant with CONDITION (E) attached**

The Medical Council supports the move to outcomes-based, rather than time-based, postgraduate training. However, ensuring that Trainees spend a minimum specified amount of time in specialist training increases the opportunity for Trainees to gain as much experience as possible, which enhances competency. The minimum duration of the GIM component of the dual specialty programmes is not clear from the information provided by the Institute of Medicine. The Medical Council is statutorily required to ensure that the duration of the training programme is not less than the minimum training duration set out in the EU Directive on the mutual recognition of professional qualifications (2005/36/EC), which is 5 years for GIM. The Institute will need to work with the Medical Council to identify the duration of GIM.		

3. THE EDUCATION AND TRAINING PROGRAMME - CURRICULUM CONTENT– 3.4.1 *The programme structure and training requirements recognise part-time, interrupted and other flexible forms of training.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
3.4.1 In the self-evaluation submission, the IOM stated that it is its policy to facilitate flexible training within the Higher Specialist Training Programmes. It recognises and supports part time, interrupted, and other forms of flexible training. Part time training is facilitated through the HSE NDTP Supernumerary Flexible Training Scheme and RCPI job sharing policy. It was indicated that Trainees at Basic Specialist Training (BST) level may also apply for periods of leave and flexible training during their training. The IOM outlined in its submission that there are challenges in the uptake (less compared to international comparators) and the ability to provide part-time posts. All Trainees confirmed that they received communication about flexible training options.	The IOM must progress work with the HSE NDTP to roll out the planned pilot programme relating to flexible training. It is necessary for each Specialty to engage in this process. The Medical Council requires a report within **12 months** of receipt of the final report, of the outcomes of the pilot programme and any resulting planned actions. It is crucial that Trainees are enabled to pursue specialty training (for BST and HST) and that personal circumstances such as caring responsibilities are accommodated through the provision of adequate flexible training options. As such, the IOM must advocate to the HSE for an increase in the number of flexible training positions available. It should also advocate for a move away from an annual	**Partially Compliant**

In the accreditation interview, the IOM acknowledged the need for flexibility throughout the continuum of a doctor's career encompassing both training and consultant work. They were also sensitive to the issue of flexible training as a choice as well as a need and see both rationales as part of a more long-term plan. It was reported that the IOM is working with the HSE NDTP on a pilot programme relating to flexible training to be rolled out in 2021 and that it is also looking at more flexibility in the delivery of sessional cover to facilitate part-time training. Trainers across the Specialties indicated that the number of posts provided by the HSE NDP Supernumerary Flexible Training scheme were limited by funding which was allocated centrally across all Specialties. They further indicated that the application process for Out of Programme Experience (OPE) was slow and that research opportunities for example, could be missed due to the length of time it took to apply for funding and approval granted. Funding can also be an issue. These points are described under **standards 3.3.1 & 3.3.2.** It was confirmed in the self-evaluation submission that two Trainees were training flexibly in the 2020-2021 academic year – one from ID and one from Gastroenterology. Other examples heard in accreditation interviews were slightly dated. The Specialty of CPT confirmed that they did not know of a Trainee who had requested flexible training options in recent times. Although all Trainees across specialties receive communications about flexible training, their wider responses varied. While there were some examples of Trainees training flexibly (for one year) to undertake research, The majority of Trainees across specialties were not aware of any colleagues who had taken up the option outside of research. Some Trainees felt that flexible training may not be supported, indicating it may not be practical due to the demands of service provision. In BST GIM, the inability to backfill positions due to staffing numbers was also seen by Trainees as a challenge in facilitating flexible training. Overall, there does not seem to be a culture of flexible training.	application process for flexible training in relation to those with ongoing needs such as parental or carer responsibilities. An IOM flexible training policy should be developed detailing flexible training arrangements available across both BST and HST. It should address opportunities, processes (including keep in touch whilst out of training and return to work/training support), and any possible impact on the length of training. This should be provided to Trainees when developed and thereafter, to all Trainees commencing the training programme. Training Leads and Regional Programme Directors and National Specialty Directors should also be made aware of the flexible training policy and encouraged to promote and consider expressions of interest. The IOM should consider appointing a National lead to support flexible training including applications, facilitating arrangements and supporting Trainees returning to work.	

Whilst the training programmes are full-time, it is recognised that some Trainees may have individual circumstances that mean that training on a full-time, continuous basis would, for them, not be practical for well-founded reasons. It is crucial that such Trainees are not dissuaded from entering medical professions, forced to leave or attracted outside the jurisdiction due to an absence of flexible training opportunities. It is necessary to apply for flexible training each year. This is not practical for Trainees whose circumstances will remain unchanged from year to year, e.g. those with caring responsibilities. It is also important that Trainees in these situations have the peace of mind that they will be facilitated to train flexibly from year to year in order to successfully complete the training programmes.		

STANDARD 3 – THE EDUCATION AND TRAINING PROGRAMME – CURRICULUM CONTENT – FLEXIBLE TRAINING – 3.4.2 *There are opportunities for trainees to pursue studies of choice, consistent with training programme outcomes, which are underpinned by policies on the recognition of prior learning. These policies recognise demonstrated competencies achieved in other relevant training programmes both here and overseas, and give trainees appropriate credit towards the requirements of the training programme.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
3.4.2 In the self-evaluation submission, the IOM outlined the opportunities and supporting policies for Trainees to pursue studies of choice. The allocation of Trainees to training posts in the final years of HST is based in part on the Trainees' choice of future career path. Trainees can be allocated to posts that facilitate specific exposure to their chosen area of special interest. Trainees can also apply for Out of Clinical Programme Experience (OPE). While all specialties enable the pursuit of studies of choice - such as overseas, special interest and advanced training - the competencies and assessments to be achieved are not formalised and clearly defined. This has been addressed in **standards 2.2.1 and 8.2.4** and includes recommendations. In addition,	The IOM should ensure that Trainees completing training outside of the jurisdiction have a designated Trainer in Ireland who retains responsibility for the assessment of the Trainee whilst they are abroad. The IOM together with the Specialities should develop a policy which outlines the specific criteria for the recognition of prior learning or training undertaken outside of the programmes. For example, the setting up of a transferable competencies' framework should be considered.	**Partially Compliant**

when a Trainee is undertaking training outside of the jurisdiction, there is no formalised contact with an assigned Trainer based in Ireland. A number of the curricula for Specialty training indicate that recognition for prior experience for candidates can be considered, whilst others make no reference. Overall, across specialties, no instances of recognition of previous training in other specialties or other jurisdictions were heard. Trainers stated that Trainees can choose to apply for an alternative route to specialty registration. Some Trainees confirmed that training in other jurisdictions was not considered and they personally had to repeat training in the Irish system. The review or clarification of mandatory entry requirements in terms of prior experience is described in relation to two specialties under **standards 7.1.2 & 7.1.3.**		

STANDARD 4 – THE TRAINING PROGRAMME – TEACHING AND LEARNING – 4.1.1 The training is practice-based involving the trainees' personal participation in relevant aspects of the health services and, for clinical specialties, direct patient care.		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
4.1.1 The self-evaluation submission states that Trainees are directly involved in patient care and attend a mandated amount of outpatient clinics and ward rounds/consultations as part of the programme. Trainees also have to record a number of procedures as listed in the curricula. CPT Trainers reported that due to the nature of the small specialty, they were able to keep in contact with Trainees when they were completing their dedicated year in GIM. They also outlined how they could adapt a Trainee's programme to reflect their preferences and ensure that there were no gaps	IOM should oversee the GIM elements of the dual specialty programmes (both BST and HST) to ensure that appropriate training experience and supervision is delivered. This includes ensuring that Trainees are placed in sites which facilitate appropriate GIM training and supervision. While they are undertaking their dedicated GIM year, links/communication should be maintained with Trainees and clarity provided with respect to the maintenance of skills in their other	**Partially Compliant**

in experience. Trainees praised their Trainers in relation to the support provided including the flexible approach to their training.	Specialty. If necessary, support should be provided to assist Trainees to refresh their skills. It is suggested that the IOM appoints a lead for the management of both the BST and HST GIM training. The IOM should develop a formal system to ensure that Trainees on extended leave (e.g. Out of Programme Experience (OPE)) maintain their skills in both their Specialty and GIM. A return-to-work programme/process in both (dual) Specialties should also be established.	

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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
5.1.2 The self-evaluation submission outlined that both formative and summative assessments utilise internationally accepted assessment methods such as Directly Observed Procedural Skills Assessment (DOPS), Mini-Clinical Evaluation Exercise (Mini-Cex), Case Based Discussion (CBD), EPA forms, Self-Assessment forms, Quarterly/End of Post Assessment and End of Year Evaluation. However, it was found that the assessment methods outlined in some curricula do not maximise the range of available assessment tools available. RCPI employs education specialists to assist the National Specialty Director and Specialty Training Committee in the review, improvement and development of programmes over time.	Specialties should utilise a much wider range of assessment formats and learning methods. The IOM together with BST GIM and the Specialties should formalise input from an appropriate range of stakeholders (i.e. nurses, allied health care professionals, support staff) as part of the assessment of Trainees, to ensure evaluation and assessment of all aspects of training including non-clinical. The IOM should monitor the quality of completed assessments through a random review of e-Portfolio records. The IOM should ensure that the e-Portfolio fully supports Trainees, Trainers and NSDs enabling not only the recording of assessments but	**Partially Compliant**

As detailed under **standards 8.1.3 & 8.1.5**, the IOM described plans to develop a Trainer handbook to outline the composition of an assessment. However, there are currently no decision aids or quality indicators available for assessors to support them while assessing Trainees. All Specialties and BST GIM reported inconsistent use of the e-Portfolio by Trainers and across sites. The e-Portfolio is an essential tool for the formal recording of assessments and the progress of Trainees at all levels. It should run seamlessly through BST to HST and across Specialties when Trainees are on their dedicated GIM year. Such issues are also reflected in **standards 5.1.1** and **8.1.3 & 8.1.5.**	also the review of Trainee and Trainer engagement, Trainer performance and attainment of curriculum requirements. The IOM should establish regional e-Portfolio leads/ assessment leads to provide support. It is recommended that the IOM develops 'decision aids' and 'quality indicators' for each Specialty at each stage of the training programme to outline the minimum level of skills, knowledge and experience that a Trainee should achieve before progressing to the next year of training. This will ensure consistency among Trainees and across sites and also enable IOM to monitor Trainers and ensure a consistent approach to assessment.	

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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
5.2.1 The IOM outlined in the self-evaluation submission that where a Trainer is concerned about a Trainees performance, based on assessment or other feedback, a meeting is arranged with the Regional Programme Director or Associate Dean. In cases where enduring professionalism deficits have been identified, the National Speciality Director (NSD) will refer the Trainee to the RCPI Health and Wellbeing Department. This Department will work closely with the Trainee, Trainer and NSD to design a bespoke remediation plan and arrange regular meetings to review progress. It is noted that IOM has a protocol for the identification of a Trainee in difficulty, however without clear outcomes at specific points within each curricula and matching decision aids for assessors, it is difficult to see how the identification will occur at an early stage and enable remediation. The management processes for a trainee in difficulty, including self-referral, are	IOM should enhance its current protocol for the identification of a Trainee in difficulty in parallel with the development of the outcomes based curricula and ensure that Trainers are trained in the resultant national key outcomes and that the IOM monitor consistency of assessment against these outcomes. It may also be helpful to have a (clinical) lead to provide advice to Trainers in addition to the current administrative support available. The IOM should explore how to make the best use of the e-Portfolio, not just for recording assessments but also for monitoring progress and the early identification of difficulties. The IOM should review the formative and summative assessment structures for each Specialty and put systems in place that ensure that	**Partially Compliant**

included within the more general Health and Wellbeing document published April 2020. However, Trainers showed little awareness of documentation on managing trainees in difficulty during the accreditation interviews. All Specialties and BST GIM had knowledge of the IOM process for raising a concern relating to a Trainee although they asserted that they have not had reason to use it. The 'Train the Trainer' course content provided by the IOM covers the issue of Trainees struggling both educationally and with mental health issues. In addition, Trainees who had experience outside the jurisdiction felt that the systems in place may not facilitate early identification of a Trainee in difficulty. For example, the e-Portfolio does not flag to Trainers and Training Leads that assessments are not completed. All specialties, except for BST GIM, referenced the Penultimate Year Assessment (PYA) as a particularly important assessment point. It was described by some specialties as a key opportunity to identify any issues or deficits with Trainees to be addressed in their final year. The Specialty of CPT gave an example whereby a Trainee was facilitated to access additional experience for an extended period of time in a training site. It was emphasised that the small size of the Specialty allows for flexibility in training. Trainees were complimentary of the accessibility of their Trainers but indicated there may be occasions when it could be difficult to raise issues due to the small size of the training community.	progression is formalised and recorded throughout the programme thereby reducing reliance on the Penultimate Year Assessment (PYA) as a means of identifying any issues and ensuring a national assessment standard. The e-Portfolio would be a good tool to monitor this progression.	

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.*
OUTCOME EVALUATION – 6.2.2 *Supervisors, trainees, health care administrators, other health care professionals and consumers contribute to evaluation processes.*

FINDING	REQUIREMENT / RECOMMENDATION	COMPLIANCE
6.1.1 & 6.2.2 It was found that the process for evaluating and reviewing curricula was broadly similar for all Specialties. However, the provision of feedback on curricula and evaluation is limited in terms of stakeholders. Many Specialties indicated that they are assured that curricula are satisfactory because graduates progress to Consultant posts or are appointed to overseas roles. It is felt that this not an appropriate evaluation process and this is further addressed under **standard 6.2.1.** The submission states that mandatory RCPI courses are reviewed on a regular basis and the course review policy was provided as supporting documentation. Feedback is sought from course facilitators and course participants and RCPI education specialists observed the courses. The end of year evaluation process is subject to periodic review in terms of suitability and operations. The quarterly / end of post assessment process and forms facilitates a review of supervision, assessment and Trainee progress. However, as described under **standards 6.1.3 & 7.4.1,** there are concerns relating to the openness of Trainee feedback. In the self-evaluation, the IOM states that there is no direct input from non-medical healthcare professionals in the design of the evaluation process or the evaluation itself, however any given Trainer may seek input from such sources if deemed required. It was outlined that currently, only Trainers (or assessment panels) contribute to assessments due to the technical knowledge and skills along with skills relevant to Medical Council domains of good medical practice required. The context of the clinical training environment was emphasised in that Trainers observe and assess Trainees in engaging with patients, families, and other health care professionals. These observations are a formative part of the feedback and annual assessment.	Reviews of curricula should include all aspects of the curriculum such as quality of teaching supervision, assessment and Trainee progress. The IOM together with BST GIM and all the Specialties should develop a system to ensure that external stakeholders contribute to the review and evaluation of curricula, such as employers, health care administrators, other health care professionals and consumers. The IOM should formalise the role of all Trainees in providing input into the review and evaluation of training programmes and not rely fully on Trainee representatives. The process for gathering feedback should be formalised and take place outside the annual assessment process and separated from the review of Trainee performance.	**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.* **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.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
6.1.3 & 7.4.1 The specialty is partially compliant with standard 6.1.3 and fully compliant with standard 7.4.1 with the exception of the confidentiality element which is covered under standard 6.1.3. In the self-evaluation submission, the IOM details that Trainee representation has been established on the key committees involved in programme development including the HST Specialty Training Committee, IOM Education and Training Committee, RCPI Education and Quality Committee, Trainee Health and Wellbeing Committee and RCPI'S Trainees Committee. It is important that all Trainees are formally involved in curriculum development and review as disseminating information through Trainee representatives appears to not be fully working for all specialties. As detailed in the self-evaluation and discussions with GIM, issues with training supervision and requirements are managed through the governance structures of the IOM. Each IOM training programmes has an assigned coordinator within the IOM to ensure problems are managed discreetly and escalated in the correct manner. In addition, Trainers and Trainees are encouraged, where possible, to raise complaints on an informal basis with the Trainer, Trainee or the National Specialty Director/ Regional Programme Director in the first instance before invoking the formal grievance procedure. Trainee feedback is sought informally through engagement with the Health and Wellbeing Department, prior to site inspection through the Trainee feedback form, following educational events and course delivery and	A system should be established to enable confidential feedback from Trainees – such as collecting aggregated feedback from Trainees. The IOM should explore with other Specialties (not limited to medical specialties) how anonymity and confidentiality is facilitated in feedback processes. This is especially relevant in relation to specialties with small Trainee numbers. The IOM together with BST GIM and all the Specialties should examine its communication strategy regarding feedback processes in order to alleviate the concerns of the Trainees regarding confidentiality. There should be a formal opportunity – separated from the review of Trainee performance - for Trainees to provide open feedback on their training programme and experience, including feedback on the quality of supervision, and any other issues they may wish to raise.	**Partially Compliant**

anonymously through the Training Post Evaluation. Examples of several Trainee engagement initiatives established by the IOM were provided. Overall, Trainees indicated that there was someone they could approach if there were a specific issue, for example the NSD. Despite all the feedback mechanisms in place, Trainees have concerns with the level of anonymity provided, this was reported in the discussion with Trainees across specialties. Trainees felt smaller specialties in particular are identifiable. This is also described under **standard 8.2.1**. It is not clear whether feedback on Trainer performance is consistently and actively sought by the Specialties as part of ongoing monitoring and evaluation. Trainees in small specialties are easily identifiable and so there are limitations in the current opportunities available to Trainees in providing feedback particularly on the quality of teaching and supervision. The Specialty of CPT indicated that if a Trainee had a difficulty with their Trainer, there were several people both at a local and college level that the Trainee could approach. Trainees felt that they worked in an open environment where issues could be raised. However, both Trainers and Trainees felt that due to the small size of the Specialty it could be difficult for a Trainee to raise issues confidentially.		

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS – 8.1.3 *The training organisation routinely evaluates supervisor and trainer effectiveness including feedback from trainees and offers guidance in their professional development in these roles.*

8.1.5 *The training organisation has processes to evaluate the effectiveness of its assessors/examiners including feedback from trainees, and to assist them in their professional development in this role.*

FINDING	REQUIREMENT / RECOMMENDATION	COMPLIANCE
8.1.3 & 8.1.5 In the self-evaluation submission, the IOM detailed that it routinely evaluates Trainer effectiveness through Trainee surveys, hospital-based inspections and workplace-based assessments. The IOM does not currently have a performance management framework for Trainers. It was confirmed that there is a process for reviewing training posts but not the individual Trainer. In the self-evaluation, the IOM also indicated that there is no formal mechanism of feedback to Examiners directly. However, should an issue arise, it is discussed at the Examination Board meeting with the respective Examiner. In the submission, the IOM described plans to develop a Trainer handbook as a part of a Trainer engagement project. The handbook will outline the detail of each assessment and provide decision making tools to Trainers in relation to assessments. All Specialties detailed that in recent years and in accordance with RCPI policy, on appointment Trainers have to complete the RCPI Physicians as Trainers Essential Skills course. However, longstanding Trainers may not have received this training as they were already instated as Trainers prior to the requirement coming in. In addition, there is no ongoing refresher training requirement. Some Trainers reported that they didn't have allocated time to undertake the courses that form part of the approved Trainer training. As detailed in **condition (c)** and **standard 8.1.6,** it is essential that Trainers receive adequate protected time to fulfil their roles. While the compulsory Essential Skills course has been commended as part of the formal approval process in place for the selection of new Trainers, it was found that further training for Trainers is required. **Condition (b)** identifies the need for training in assessment methods and the use of the e-Portfolio (in particular undertaking and recording workplace-based assessments). It was found that there is a need for more active participation in the assessment process as well as greater and more timely communication to Trainers regarding their assigned Trainees.	Assessments are an important part of ensuring that Trainees fulfil the curriculum requirements and for facilitating individual development. As such, the IOM must take action to encourage Trainer's active and positive participation in the assessment system ensuring that it is not approached as a routine administrative task. Trainers must be made aware of their role and responsibilities and assigned Trainees in a timely manner. This allocation must be notified to Trainees in advance of starting their training post; it is recommended that this is recorded on the e-Portfolio. This must be introduced at the next round of Trainee placements and no later than within **3 months** of the final report. The IOM must clearly define the roles of Trainers and Educators (e.g. Clinical Trainer/Clinical Supervisor and Educational Oversight Trainer/Educational Supervisor). This must be completed within **6 months** of the final report. The IOM should formally acknowledge and champion the role of the Trainer, showing that it is a desirable role and one to aspire to and be proud of. The development of the Trainer handbook should be completed to reinforce and support a Trainer's designated role, in particular the effective delivery of formative and summative assessment as well as the provision of constructive feedback that is linked to performance and identifies areas for remediation and commendation. It is recommended that quality indicators are included in the Trainer Handbook. In line with **condition (b)**, the IOM must determine a suitable mecha-nism to ensure supervisor and assessor (and Examiner in relation to BST GIM) effectiveness and this should not be solely measured by feedback	**Partially Compliant with CONDITION (B) attached**

In relation to the use of Trainee feedback in the evaluation of supervisor and Trainer effectiveness, the issue of confidentiality was raised by Trainees. In the majority of Specialties, Trainees stated that they considered there was a lack of confidentiality and were concerned about what they perceived as a potential negative impact on those raising concerns, particularly in smaller specialties. A similar finding is also discussed under **standards 6.1.3 & 7.4.1** and **8.2.1** and is accompanied by recommendations. It is important to have a system in place particularly in small specialties to enable confidential feedback from Trainees. Feedback also aids a Trainer's personal development in the role. Many different terms were heard across the course of the accreditation such as 'Trainer', 'Educator' 'Clinical Trainer', 'Clinical Supervisor', 'Educational Oversight Trainer', 'Educational Supervisor', 'mentor', etc. This variance caused confusion and drew attention to the need for roles to be defined and for the use of consistent terminology across specialities. Criteria published on the RCPI website for becoming a Trainer includes registration on the relevant specialist division of the Medical Council register. However, at the accreditation interview with the Specialty of CPT, it was noted that not all Trainers are on the Specialist Division in Clinical Pharmacology and Therapeutics.	from Trainees. If Trainee feedback is being sought, the Institute should ensure it is anonymous. The IOM's formal performance management system / methods for assessing effectiveness for both Trainers (and Examiners in relation to BST GIM) should include a support system for Trainers to ensure consistent standards. This should also include a process whereby the designation/status of Trainer can be withdrawn in certain circumstances. All Trainers must be given appropriate (protected) time to engage with the Train the Trainer / Essential Skills course as well as additional supplementary courses. The National Specialty Directors (NSDs) should undergo development to enable evaluation of the effectiveness of educators and clinical supervisors. This should include the regular review of the e-Portfolio and quality of assessments to ensure appropriate supervision /assessment/ delegation by Trainers. The IOM should ensure its Continuous Professional Development (CPD) includes content relating to the education and training roles and introduce ongoing / refresher training for Trainers and Examiners. The IOM should ensure that Educators are on the relevant specialist division of the Medical Council register. If they are registered in a different specialty, it must be ensured that evidence has been provided that they are qualified to supervise, assess and support Trainees in the Specialty.	

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS – 8.1.4 *The training organisation has processes for selecting assessors in written, oral and performance-based assessments who have demonstrated relevant capabilities.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.1.4 In the self-evaluation submission, the IOM detailed that the criteria for the approval of physicians as RCPI Trainers includes the requirement for completion of the RCPI Physicians as Trainers Essential Skills online course and this equips them with the capability for the basic forms of assessment. It was noted that it is intended that more Trainer training will be undertaken on work-based assessments when the e-Portfolio is complete. Online courses are available for supplementary skills. However, as outlined in **standards 8.1.3 & 8.1.5,** Trainees expressed concern about the engagement of some Trainees in assessments and with the e-Portfolio. The submission states that by-laws set out the criteria to become an Examiner. Examiners for the written and clinical examinations can be nominated by their colleagues or they can contact the RCPI directly. All applications are reviewed by the Dean of Examinations. However, there was no evidence provided of a formal recruitment process for Assessors / Examiners.	The IOM should publish the competency requirements to be an assessor (and Examiner in relation to the BST in GIM) and the application process. A structured, competency-based recruitment process should be followed for the appointment of assessors (and Examiners in BST GIM). The IOM together with the Specialties and BST GIM should review the effectiveness of the Essential Skills course and ensure that all Trainers (including longstanding Trainers appointed before the current appointment process) are appropriately trained in the various assessment methods and how to record them on the e-Portfolio.	**Partially Compliant**

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – CLINICAL AND OTHER EDUCATIONAL RESOURCES – 8.2.1 *The training organisation has a process and criteria to select and recognise hospitals, sites and posts for training purposes. The accreditation standards of the training organisation are publicly available.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**

8.2.1 In the self-evaluation submission, the IOM outlined the inspection policy and process for the selection and recognition of hospitals, sites and posts for training purposes and provided the related policy as evidence. RCPI has a designated coordinator who assists the National Specialty Director, Associate Director for Training Site Accreditation and Director of Training IOM with the administration of these inspections. The IOM reported that it is transitioning to a '*more responsive and robust*' accreditation model '*reflecting international best practice*'. It acknowledged the inefficiency and challenges of individual inspections given the number of individual training sites as well as the number programmes/specialties delivering training at sites. The accreditation model will inspect and accredit all IOM specialties at a clinical training site every 5 years. Should issues arise during the interval, a triggered inspection will be organised The RCPI indicated that while the new process is waiting to be implemented, it has initiated a short-term risk-based mitigation process. This is a 3-year plan with the first accreditation expected to take place in Q2 2021. (It was originally due to begin earlier but was delayed due to COVID-19 restrictions). Accreditation standards are currently not published, this is planned as part of the rollout in 2021. As described under **standard 5.1.1** and in recognition of the dual nature of qualifications, it is crucial that equal weight is given to both specialties. It was recommended that the IOM's accreditation process should be used as a means of verifying this. The IOM indicated that the Trainee feedback form which it provided as documentary evidence, facilitates honest feedback from Trainees regarding training sites. However, the majority of Trainees interviewed across the specialties reported that they didn't feel confident in the anonymity of the forms and the process and therefore were unlikely to feel comfortable in providing honest feedback. This represents a notable discrepancy between the perceptions of Trainees and management in the provision of feedback	The IOM accreditation model must ensure that training programmes deliver the necessary competencies and outcomes for both the Specialty and GIM, making use of data on what opportunities individual sites are able to provide The IOM must provide detail of how accreditations of clinical training sites (of all Specialties, including both BST and HST GIM) will provide satisfactory evidence that the dual nature of the programmes is being appropriately delivered and assessed. Accreditation standards and criteria for a 'triggered visit' must be developed and disseminated in advance of the first cycle of accreditation visits. These should reflect and be mapped to the Standards for Medical Education and Training published by the Medical Council. The Institute and Specialties must publish the accreditation standards for site selection, training sites and training posts.	**Partially Compliant**

regarding clinical training sites. This is also described under **standards 6.1.3 & 7.4.1** where it is accompanied by a recommendation.		

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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.2.2 In the self-evaluation submission, the IOM outlined that the clinical and practical experience required of Trainees is described in terms of training outcomes in the specialty curricula. The generic/core infrastructural requirements of the training site and training post are set out in the training site activities and specialty specific forms which were provided as evidence. While these requirements are not currently specified in formal arrangements with training sites, it was noted as part of the accreditation model project, the RCPI/IOM is developing standards as well as Memoranda of Understanding with clinical training sites. Some Specialties indicated that educational resources varied across sites. Any such deficiencies should be identified by the accreditation process and subsequently monitored with clear plans for resolving issues.	A Memorandum of Understanding between the IOM and all of the various clinical training sites must be formulated with immediate effect. MOUs should not be finalised only when an inspection takes place as this would represent an inappropriate time delay. The Institute must inform the Medical Council when the development of the accreditation model and MOUs are complete. The Institute should publish the accreditation model and MOU on their website when complete. Where IOM site inspections identify deficiencies in compliance with agreed standards, both generic and specialty-specific, a formal action plan must be agreed between the IOM and site including timeframes for improvement. The IOM must have processes for the withdrawal of training from a clinical training site / post to enable effective action where improvements are not made. Both of these processes must be provided to the Medical Council within **12 months** of the final report.	**Partially Compliant with CONDITION (H) attached to Infectious Diseases**

The following standards were found to be fully compliant for the programme of specialist training in Clinical Pharmacology and Therapeutics & General Internal Medicine (HST). Although the programmes are complying with these standards, recommendations have been made for further improvement.

STANDARD 3 – THE EDUCATION AND TRAINING PROGRAMME – CURRICULUM CONTENT – RESEARCH IN THE TRAINING PROGRAMME – 3.3.1 *The training programme includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, and encourages the trainee to participate in research.* **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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
3.3.1 & 3.3.2 The self-evaluation submission states that it is mandatory for Trainees to attend the *Introduction to Health Research* Course as well as the programmes, *Ethics Foundation* and *Performing Audit.* Trainees have access to SPSS, statistical software for data analysis (SPSS) and a related course *An Introduction to Data Analysis Using SPSS*. Trainees are also required to perform a clinical trial and to present at national international meetings. The submission also states that Trainees are encouraged to undertake Research as an Out of Programme Experience (OPE) and a period of 12 months specialty credit is available. However, there were no	The IOM should review the inclusion of research within all curricula and ensure that it is clear what is mandatory/essential and what is optional in terms of research. This should be communicated to Trainers and Trainees. In line with **condition (d)**, mandatory components of programmes must be funded. The Specialty should explore research funding options to facilitate research.	**Fully Compliant**

Trainees in CPT undertaking research or on OPE in the academic year 2020/2021. It was heard from the specialty of CPT that research funding does not come centrally from the programme but through grant applications at local site level or through the Irish Clinical Academic Training (ICAT) programme. Due to the expansion of clinical research facilities within Ireland, increasing opportunities are available. Trainees detailed they were encouraged and facilitated to undertake a research qualification. At times, Trainees had funded these qualifications personally.		

STANDARD 4 – THE TRAINING PROGRAMME – TEACHING AND LEARNING – 4.1.2 *The training programme includes appropriately integrated practical and theoretical instruction.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
4.1.2 The self-evaluation submissions referred to an apprentice model whereby Trainees engage in practical instruction supported by their Trainer while rotating through different posts/sites. The submission states that Trainers are responsible for performing workplace-based assessments and providing feedback at quarterly and end of post assessments. Trainees use the e-Portfolio which identifies the curriculum activities which are required to be performed and recorded – including theoretical instruction such as courses, study days, grand rounds, journal clubs, research and audit.	It is essential that Trainees are facilitated to access practical and theoretical instruction. As such, when the IOM is developing its quality indicators for the approval of training sites and establishing MOUs with sites, it should include the release of Trainees for educational activity in these items.	**Fully Compliant**

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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
4.1.3 The self-evaluation submission states that Trainees should fulfil all competencies of the training programme but acknowledges that a specific time scale for the acquisition of competencies is not described. It does clarify that failure to make progress towards meeting these objectives at an early stage would cause concern about a Trainee's suitability and ability to become independently capable as a specialist. When the new outcomes-based curriculum is in place, Trainees can advance at different levels and will have different strengths and areas to work on. In this way, it is expected that specific elements of independent practice will be easier to identify. The submission also states that independent practice is observed and judged by Trainers during training and assessments. As Trainees progress through the programme, their knowledge and hands on experience grow and they are encouraged to assume a greater degree of responsibility and independence. Some specialties reported arrangements to train Trainees as Trainers such as clinical educators and lecturers. This is encouraged in all specialties.	The IOM should work with all Specialties to encourage and facilitate the formal training of Trainees as future Trainers. This should not be limited to the role of Clinical Lecturer. It is encouraged that the skills to become a Trainer form part of every curriculum so that by the time a Trainee completes training, they have the skills to become an approved Trainer. This will also assist with the training of more junior Trainees. The Specialty of Gastroenterology is a useful example of good practice in this area.	**Fully 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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**

5.1.1 The self-evaluation submissions state that it is mandatory for Trainees to undergo a defined amount of formative and summative assessments on an annual basis. Each curricula has a section dedicated to 'Learning and Assessment Methods' and provide examples of methods used for demonstrating that learning goals have been met such as a combination of day-to-day practice, attendance at courses (or other educational activity), engaging in a relevant workplace based assessment (formative assessment) and undergoing formal assessment (end of post or end of year – summative assessment of progress). End of Post and Annual Evaluation forms for BST GIM were provided as documentary evidence, as well as HST Mini Clinical Evaluation Exercise (CEX), HST Quarterly/End of Post Assessment and HST End of Year Evaluation forms. The majority of specialties use exams from outside the jurisdiction (for example, EULAR for Rheumatology, ITE for Infectious Diseases, ESC exam for Cardiology, European Board for Gastroenterology and ASN exam for Nephrology). Despite information in curricula, it is often not clear to Trainees and Trainers whether these exams are mandatory or not. In the accreditation meetings, Trainers and Trainees in the majority of specialties described the assessment system as a 'tick box exercise' with inconsistent use of assessment tools and the e-Portfolio. The completion of formal assessments was indicated as challenging due to busy clinical environments. Trainees clarified that engagement in assessment and with the e-Portfolio was Trainer-dependent. The Specialty described efforts to ensure a balance between CPT and GIM service and training components and to ensure Trainee exposure to the specialty aspects of CPT. It was detailed this is dependent on the individual training site and is easier to manage within smaller training units. CPT Trainees were aware of how their curriculum was mapped to outcomes and indicated they were confident they will have met their outcomes by the end of all their rotations. However, Trainees also stated that the balance between service and training was sometimes an issue when in the GIM	The IOM must review how the assessment for dual training is undertaken to ensure that the full competencies for both GIM and the Specialty are fulfilled, and that equal weight is given to both Specialties. This includes considering who undertakes the assessments, when they are carried out, and how it is ensured that Trainees have fulfilled the curricula requirements. The IOM should quality assure the award of CSCSTs using the e-Portfolio as evidence of satisfactory completion of all assessments in both GIM and the Specialty. Appropriately trained and qualified individuals (e.g. practising consultants in the relevant specialty) must undertake separate assessments against each curriculum throughout each of the training programmes. The IOM and Specialties should consider the educational benefits of providing Trainees undertaking a dual qualification with two Trainers throughout their training, a lead Trainer in GIM and another in their other Specialty. The e-Portfolio should enable ongoing monitoring by both sets of Trainers. The IOM together with each Specialty should review the use of exams from outside the jurisdiction and consider their appropriateness in relation to the Irish health care system. The IOM and Specialties should clearly outline to applicants and Trainees whether exams are mandatory or recommended in addition to its inclusion in the curricula. This should also be communicated by Trainers. Trainees should be supported to undertake the required assessments in a timely manner throughout the programme.	**Fully Compliant with CONDITION (A) attached**

element of the dual programme in that there was a shortage of GIM training due to service demands.		

STANDARD 5 – THE CURRICULUM – ASSESSMENT OF LEARNING – FEEDBACK AND PERFORMANCE - 5.2.2 *The training organisation facilitates regular feedback to trainees on performance to guide learning.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
5.2.2 It is important to harmonise the delivery of this standard by promoting the methodologies used by and learning from the four specialties that are fully compliant such as the specialty of Clinical Pharmacology and Therapeutics. The self-evaluation detailed that Trainees receive informal feedback on a regular basis both in a structured format (workplace-based assessments, end of year evaluations) and in day-to-day practice. The IOM noted that the move to outcomes-based curricula will result in more focused feedback for Trainees. The self-evaluation also indicated that written feedback contains ratings of performance and comments together with commendations and recommendations. However, some Specialties stated that the structured feedback Trainees receive may not always be documented. Trainers and Trainees across specialties confirmed that the type of feedback varies and is primarily driven by the performance of the individual Trainee. The majority of Trainees across the Specialties and BST GIM expressed the view that feedback provided by some Trainers at the end of a rotation was considered a routine administrative task rather than a meaningful way to engage with Trainees and provide valuable insight on their performance and progress. There seems to be a mismatch between the IOM / Specialties and Trainees perceptions in relation to the regularity of feedback. This needs to be rectified. Training in assessment for Trainers is addressed in **condition (b)** and in **standards 8.1.3 and 8.1.5.** Difficulties in achieving regular assessment (and receiving the corresponding feedback) was detailed under **standard 5.1.1** in relation to a number of specialties. The development of decision aids as identified in **standard 5.1.2** should ensure that assessments are consistent and robust.	Trainers should be trained in the delivery of constructive feedback that is linked to performance and identifying areas for improvement and remediation. Trainers should be encouraged to commend a Trainee on good performance on a regular basis so that a positive culture around feedback becomes embedded within the training programmes. This should be reflected in the training undertaken by Trainers outlined in **condition (b)** and the recommendation relating to the Trainer Handbook in **standards 8.1.3 & 8.1.5.** The IOM should ensure that the feedback process used by each Specialty is formalised and that feedback given to Trainees at assessment is documented through the e-Portfolio.	**Fully Compliant**

STANDARD 5 – THE CURRICULUM – ASSESSMENT OF LEARNING – FEEDBACK AND PERFORMANCE - 5.2.3 *The training organisation provides feedback to supervisors of training on trainee performance, where appropriate*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
5.2.3 In the self-evaluation submission, the IOM clarified that the outcome of the end of HST annual evaluations is made available to the succeeding Trainer in order to ensure continuity of training and the training plan. Trainers also have access to the Trainee's e-Portfolio. The submission also stated that annual reporting on the Trainee feedback survey began in 2019 and is intended to continue. A Trainer Engagement Project was launched in August 2020 and feedback loops will be reviewed and modified as part of this two-year project. A link was provided to the Training Post Evaluation aggregate three-year report 2015-2018.	The IOM should provide an update on the outcomes of the Trainer Engagement Project and the action that is to be taken.	**Fully Compliant**

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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
6.2.1 The IOM detailed in the self-evaluation submission that all graduates from the HST training programme are members of the RCPI therefore records on them are maintained. IOM stated that in 2020, HST graduates will be asked to complete a survey outlining their career intentions for the next three years. 'Where Are They Now' graduate data is available on the RCPI website since 2017. Furthermore, within the RCPI research department the Doctor Retention and Motivation Project has been established seeking to identify solutions to help retain doctors within the Irish health care system. It was found that there is need for enhanced recording of graduate outcomes in relation to establishing a formal system for both gathering and graduate measuring outcomes. Gastroenterology graduates go abroad for Advanced Training upon completion of the programme while Nephrology graduates go overseas to gain more exposure to a broader variety of conditions. **Condition (g)** is attached to these specialties and requires them to review their programmes to determine whether the curriculum and graduate outcomes enable graduates to occupy a consultant role in the Irish health service upon completion – without further training or experience. Similarly, the need to define outcomes for special interest training is addressed under **standard 2.2.1.**	The IOM should collect both quantitative and qualitative information on graduate outcomes and use this information to develop and amend curricula outcomes as required. This should include questions relating to the preparedness of Trainees for their next role whether BST to HST or HST to consultant. It should also include input from end users such as the HSE. The IOM should develop a formal system of monitoring the career path of graduates, including tracking those who do not progress into a HST programme. It is necessary to understand this attrition and the reasons for it. The IOM should produce a report for the Medical Council on how it is going to address a lack of progression from BST to HST. A plan for the introduction of the two systems above should be provided within **6 months** of receipt of the final report. This should include how retrospective data on outcomes as well as tracking a lack of progression will be sought. The IOM should complete the move to outcomes-based curricula and ensure that the outcomes for BST GIM and each Specialty are evidence-based. For example, outcomes should take into consideration the needs of the Irish health care system, HSE requirements and the views of each Specialty.	**Fully Compliant with CONDITION (G) attached to Gastroenterology & Nephrology**

STANDARD 7 – IMPLEMENTING THE CURRICULUM – TRAINEES – ADMISSION POLICY AND SELECTION – 7.1.2 *The processes for selection into the training programme *are based on the published criteria and the principles of the training organisation concerned * are evaluated with respect to validity, reliability and feasibility * are transparent, rigorous and fair * are capable of standing up to external scrutiny * include a formal process for review of decisions in relation to selection, and information on this process is outlined to candidates prior to the selection process.* ***7.1.3** The training organisation documents and publishes its selection criteria. Its recommended weighting for various elements of the selection process, including previous experience in the discipline, is described. The marking system for the elements of the process is also described.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
7.1.2 & 7.1.3 The self-evaluation submission states that the selection of candidates is overseen by the Director of Education and Training / Associate Director HST and the Associate Director of BST reporting to the IOM. The application process ensures that applicants possess the minimum entry criteria for each programme. Shortlisting criteria and interview guidelines are followed and online training, *Interviewer Skills is provided* for all members of the Interview Committees. The entry requirements, shortlisting criteria and interview marking schemes for all programmes are reviewed annually and published on the RCPI web-site in advance of the opening of applications. Appropriate links to material on the RCPI website were provided. The Specialty of CPT reported that Trainees who enter the programme tend to be mature and have not come directly from BST and as such, have previous experience / training. The curriculum states that prior training in CPT is desirable but does not indicate that recognition for prior experience can be considered. This was confirmed in interviews with Trainees. It was stated that as a result of this, some Trainees are required to repeat aspects of training already completed. Recognition of previous experience is addressed under **standard 3.4.2.**	All those who are involved in selection must be trained, including in unconscious bias and rules around the appointment of non-EU candidates. The IOM should include lay representation in the recruitment process, including on recruitment panels 'Vouching' for candidates and thereby potentially giving people an unfair advantage is not appropriate practice. The IOM must make this clear to all staff and suitable action taken where this is not followed. The IOM must review the recruitment literature for each Specialty to ensure that the full range of entry requirements, including any desirable criteria are clear for all (including Trainers and interviewers), are published and linked with the selection criteria and scoring. Recruitment material needs to be regularly reviewed to ensure that it reflects current practice and avoids unintentional bias or indirect discrimination, e.g. disability and appointment of EU and international candidates. It is important that the mandatory entry requirements for the CPT programme are appropriate in relation to the curriculum and programme duration. The IOM together with the Specialty should review whether previous experience is necessary in order to achieve curriculum requirements in the duration outlined. If is it found that	**Fully Compliant**

	previous experience is necessary, this should be reflected in entry requirements – or the curriculum and programme duration changed.	

STANDARD 7 – IMPLEMENTING THE CURRICULUM – TRAINEES – COMMUNICATION WITH TRAINEE – 7.3.3 *The training organisation provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
7.3.3 The self-evaluation details the ways that the IOM communicates with Trainees. Following the Annual Evaluations, Trainees are informed of their status within a specified timeframe, usually withing 48 hours. The e-Portfolio provides an easily accessible progress report which allows Trainees to see at a glance their mandatory requirements such as the number of clinics, work-based assessments etc required and how many are outstanding. Finally, ongoing communications are carried out by the assigned National Specialty Director throughout the course of the training programme. It is important that there is strong communication between the IOM and training sites in terms of communications on training issues.	The IOM and RCPI should review its communication strategies to ensure it makes best use of the local site level systems in relation to all specialties.	**Fully Compliant**

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – CLINICAL AND OTHER EDUCATIONAL RESOURCES – 8.2.3 *The training organisation's accreditation requirements cover: orientation, clinical and/or other experience, appropriate supervision, structured educational programmes, educational and infrastructure supports such as access to the internet, library, journals and other learning facilities, continuing medical education sessions accessible to the trainee, dedicated time for teaching and training and opportunities for informal teaching and training in the work environment.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.2.3 In the self-evaluation submission, the IOM detailed that all training posts are inspected every five years in order to assess the training provided. The site visit involves a RCPI appointed inspection panel reviewing training by meeting with hospital management, Trainers and Trainees on the training site, reviewing site facilities pertaining to training and review of documentation pertaining to the site. It was reported that this process has been interrupted by the COVID-19 situation. This is further described under **standard 8.2.1.** The completion of the accreditation model and MOUs are crucial to ensuring that training requirements and standards are met at training sites. At both Trainee and Trainer level, all Specialties reported a lack of dedicated time for teaching and training. It appeared particularly challenging in GIM at both BST and HST level.	The IOM must inform the Medical Council when the development of the accreditation model and MOU are complete and provide detail of the planned schedule of accreditations/inspections. Updates must be provided with **6 months** of the final report. The IOM should also update the Medical Council on the outcome of inspections of clinical training sites and share any reports produced as part of the Annual Return to the Medical Council including action plans.	**Fully Compliant with CONDITION (F) attached**

8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES - CLINICAL AND OTHER EDUCATIONAL RESOURCES - 8.2.5 *The training organisation should monitor the working environment to ensure it is a safe environment for training.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.2.5 In the self-evaluation submission, the IOM detailed that it ensures the workplace is a safe place for training primarily through the Training Site Inspections process as well seeking Trainee feedback at annual evaluation of progress (AEP) meetings and through Training Post Evaluation surveys. It is important that all Trainees are empowered and supported to report instances of safety breaches, bullying or unprofessionalism and be provided with the information about how to do so confidentially. Rotas were described as compliant with EWTD with the exception of the BST in GIM. The issues of rotas facilitating educational needs as well as service needs was raised in the Specialty of Infectious Diseases. Compliance with EWTD and access to supervision and education is crucial at all training sites.	The IOM must monitor every training location to ensure suitability for training and fulfilment of the Medical Council's Standards. If a site is unable to facilitate appropriate working hours, supervision, learning or workload then it must not be a designated training site for a programme. A clear path for confidential reporting / whistle blowing must be available.	**Fully Compliant with CONDITION (i) attached to BST GIM & Infectious Diseases**

Overview of compliance ratings for the programme of specialist training in Gastroenterology & General Internal Medicine (HST)

Medical Council's Accreditation Standards for Postgraduate Medical Education and Training	Gastroenterology & General Internal Medicine (HST) - Compliance Rating per Standard												
1. Context of Training	*1.1.1*	*1.1.2*	*1.1.3*	*1.2.1*	*1.2.2*	*1.2.3*	*1.3.1*	*1.3.2*	*1.4.1*	*1.4.2*	*1.5.1*		
2. The Outcomes of the Training Programme	*2.1.1*	*2.1.2*	*2.2.1*	*2.2.2*	*2.2.3*	*2.2.4*							
3. The Education and Training Programme – Curriculum Content	*3.1.1*	*3.2.1*	*3.2.2*	*3.3.1*	*3.3.2*	*3.4.1*	*3.4.2*	*3.5.1*					
4. The Training Programme – Teaching and Learning	*4.1.1*	*4.1.2*	*4.1.3*										
5. The Curriculum - Assessment and Learning	*5.1.1*	*5.1.2*	*5.1.3*	*5.2.1*	*5.2.2*	*5.2.3*	*5.3.1*	*5.4.1*					
6. The Curriculum – Monitoring and Evaluation	*6.1.1*	*6.1.2*	*6.1.3*	*6.2.1*	*6.2.2*								
7. Implementing the Curriculum -Trainee s	*7.1.1*	*7.1.2*	*7.1.3*	*7.1.4*	*7.1.5*	*7.2.1*	*7.3.1*	*7.3.2*	*7.3.3*	*7.4.1*	*7.4.2*	*7.4.3*	*7.4.4*
8. Implementing the Training Programme and Delivery of Educational Resources	*8.1.1*	*8.1.2*	*8.1.3*	*8.1.4*	*8.1.5*	*8.1.6*	*8.2.1*	*8.2.2*	*8.2.3*	*8.2.4*	*8.2.5*		

Fully Compliant
Partially Compliant
Non-Compliant

Evaluation of Compliance with Medical Council Standards

Training Body: Institute of Medicine (IOM)
Programme of Specialist Training: Gastroenterology & General Internal Medicine (HST)

***The following standards were found to be non-compliant for* the programme of specialist training in Gastroenterology & General Internal Medicine (HST)**

8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS - 8.1.6 *Organisation and development of Trainers – instructional activities must be included as responsibilities in the work schedules of trainers and their relationship to work schedules of trainees must be described.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.1.6 Overall, it was found that there is a clear lack of protected time for Trainers across BST GIM and all seven specialities. This was evident from the self-evaluation submission and in the interviews conducted with the Institute and representatives from each of the specialties. In addition, the Training Leads do not have protected time for educational and administrative roles. In the self-evaluation submission, the IOM highlighted the challenges in progressing this area. It was indicated that protection of training time is difficult in the current hospital environment due to service demands and that service can overshadow training. Some Specialties also cited a shortage of consultants as a further challenge. The commitment of Trainers is noted	Protected time in so far as possible should be provided to those involved in training at all levels. This includes Trainees as well as Trainers and Training Leads. This is not criticism for work being carried out, but to fully be able to deliver effectively in their roles Trainers and Programme Directors require adequate protected time.	**Non-Compliant with CONDITION (C) attached**

and in the absence of protected time, they fulfil their training roles on a voluntary goodwill basis. One specialty described the role of the National Specialty Director as requiring at minimum, an average of four hours per week. It was clarified that this estimate does not account for tasks such as making improvements to the curriculum / programme. The contribution of Trainers, National Specialty Directors & Training administrators during the COVID-19 pandemic is acknowledged. It is also essential that Trainers are appropriately trained to undertake their roles and have protected time to undertake such training and development. This is addressed under **condition (b)** and **standards 8.1.3 & 8.1.5**. The IOM equally noted that Trainees do not have protected time to attend training and meetings. The Institute acknowledges there should be protected time for Trainees, and it should be part of the work plan. For example, as described in **standard 8.2.4,** some Trainees experienced difficulty attending training courses or educational activities / study days.		

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – CLINICAL AND OTHER EDUCATIONAL RESOURCES – 8.2.4 *The training organisation works with the health services to ensure that the capacity of the health care system is effectively used for service-based training, and that trainees can experience the breadth of the discipline. It uses an appropriate variety of clinical settings, patients and clinical problems for training purposes, while respecting service functions.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**

8.2.4 The self-evaluation submission states that training is hospital-based and is integrated with the requirements of the health care system, with patient care as its focus. Training requirements are detailed in the specific curricula and set out the breadth of the discipline including the variety of clinical settings, patients and clinical problems. The IOM acknowledges the challenges posed by the healthcare system and the difficulty in securing protected time for teaching. However, a number of specialties indicated that educational programmes were not formalised and not always Trainer led, varying in quality from site to site. Trainees in all Specialties indicated that at times, service provision prevented attendance at training courses or educational activities / study days. This tended to be site dependent or related to time spent training in GIM. It was noted that with many educational activities going online due to COVID-19, educational opportunities have become more accessible, especially outside of working hours. Although, the CEO and President of IOM stated that they have engaged very closely with the HSE NDTP to advocate for an increase in training positions, it seems that a potential increase in Trainee numbers has not been linked with the need for additional consultant posts. Overall, there appears to be little forward planning undertaken by the IOM in relation to Trainee numbers and linking curricula with the current or future needs of the Irish health care system. This is reflected in **condition (d).** It seems to be a particular issue in Cardiology and Nephrology (**see Standard 6.2.1**) where Consultant opportunities were described as limited and potentially impacting on recruitment and retention within the Specialties.	Any training that is mandatory within a curriculum must be funded and appropriate time made available within work plans to facilitate training. This includes training that is undertaken outside of Ireland. The IOM should work with Specialties to ensure that their respective educational programmes are formalised. This includes advanced planning of educational activities, tailoring training to the relevant curriculum outcomes and individual Trainees needs and ensuring that programmes are Trainer-led and consistently delivered across the various sites. The IOM must work with the HSE using data from all Specialties to develop a system to inform workforce planning and identify appropriate Trainee numbers and Consultant expansion. Information on career opportunities and the availability of consultant posts should be clearly communicated to prospective Trainees prior to entering the programme. An update on action taken must be provided to the Medical Council within **12 months** of the final report. Trainees' attendance at weekly teaching should be monitored, this could be done via the e-Portfolio. Regional programme directors can use this information to ascertain whether lack of attendance at weekly teaching is site specific/workload dependent or due to other reasons. The Specialty should work with the IOM to produce workforce planning proposals and engage with the HSE regarding plans for expansion.	**Non-Compliant with CONDITION (D) attached**

The NSD of Gastroenterology explained that she is the lead for workforce planning with regards the national programme for Gastroenterology and stated that she anticipates the need for an additional 70 or 80 Gastroenterologists in Ireland within the next 10 years. This will require an increase in the number of Trainees completing specialist training. However, at the moment and indeed historically, the Specialty is understaffed in comparison to the UK and Europe. The Gastroenterology curriculum outlines that the European Board examination is desirable, and the Trainers reported that Trainees are encouraged to sit the exam particularly if they are considering working in the UK. It was reported that Trainees must pay for the examination themselves. It was further reported by Trainers that the examination may become compulsory. If it is to become compulsory, funding must be made available for Trainees in line with **condition (d)** and recommendations issued.	It is important that all involved in training are clear on the role of the European Board examination in the curriculum. If the exam is to become compulsory, funding must be made available for Trainees in line with **condition (d)** and recommendations issued.	

***The following standards were found to be partially compliant for the* programme of specialist training in Gastroenterology & General Internal Medicine (HST)**

STANDARD 1. CONTEXT OF TRAINING – EDUCATIONAL EXPERTISE AND EXCHANGE - 1.3.2 *The training organisation collaborates with other educational institutions and compares its curriculum, training programme and assessment with that of other relevant programmes.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**

1.3.2 As detailed in the self-evaluation, the IOM collaborates with a number of educational institutions and compares the curricula in development. The evaluation and review of training programmes and stakeholder contribution to evaluation processes are described under **standards 6.1.1 & 6.2.2.** The process for curriculum changes and development is broadly similar for all Specialties. It is usually led by the NSD and undertaken through a partnership with the Specialty Training Committee (STC) which has Trainer and Trainee representatives on it. The Education Department of the RCPI undertakes an annual review. Trainers felt that they had the ability to inform discussions both formally and informally. The external representative on the annual assessments panels also have the opportunity to comment on the curriculum. However, the IOM acknowledges that curricula are not evaluated by bodies outside of the RCPI. As described under **standards 6.1.1 & 6.2.2,** the provision of feedback on curricula and evaluation is limited in terms of stakeholders. An appropriate recommendation is made under these standards. A recommendation relating to stakeholder involvement in assessment is made under **standard 5.1.2.**	**Please see recommendations made under standard 5.1.2 and 6.1.1 & 6.2.2 regarding stakeholder involvement in curricula, evaluation and assessment.**	**Partially Compliant**

1.CONTEXT OF TRAINING – INTERACTION WITH THE HEALTH SECTOR - 1.4.2. *The training organisation works with healthcare institutions to facilitate clinicians employed by them to contribute to high quality teaching and supervision, and to foster peer review and professional development.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
1.4.2 It was found all elements of this standard are being fulfilled with the exception of protected time. Please refer to the finding in **standard 8.1.6.**	There should be provision in the consultant contract for protected time for training activities and sufficient time put aside for Trainers in their weekly job plan to undertake the role. The IOM should include this as a requirement of the MOU and review the consultant contracts to ensure that this is happening. This could be managed going forward as part of the approval of individual consultants as Trainers.	**Partially Compliant with CONDITION (C) attached**

2.THE OUTCOMES OF THE TRAINING PROGRAMME - GRADUATE OUTCOMES – 2.2.1 *The training organisation has defined graduate outcomes for each training programme including any sub-specialty programmes. These outcomes are based on the nature of the discipline and the practitioners' role in the delivery of health care. The outcomes are related to community need.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
2.2.1 There are outcomes and assessments listed in each curriculum with the exception of outcomes for special interest training. Currently, there is an absence of decision aids or quality indicators available for assessing outcomes. The development of such is recommended under **standard 5.1.2.** It is acknowledged that Specialties will be moving to outcomes-based curricula. Concerns are described throughout the report about whether dual specialties are given equal weight and both specialties (GIM in particular) appropriately delivered and assessed. This is also reflected in **condition (a).** The need to ensure that curricula, outcomes and the number of Trainee posts are linked with community need – or the current or future needs of the Irish health care system and the requirements of consultant roles is described under **standards 6.2.1 and 8.2.4** and includes recommendations. Similarly, it is important that the outcomes of the programmes deliver what the Irish health care system requires, so a balance needs to be struck between the personal preferences of Trainees (in terms of the areas of special interest they pursue) and future service requirements. As such, future service requirements need to be clearly described and planned.	The IOM should ensure that the competencies, assessments and outcomes for each of the Specialties, including the BST in GIM and any special interest areas are clearly defined with appropriate assessment tools (including an appropriate range) and methods for recording those assessments.	**Partially Compliant**

2. THE OUTCOMES OF THE TRAINING PROGRAMME - GRADUATE OUTCOMES – 2.2.3 *Outcomes must reflect domains of professionalism as defined by the Medical Council with particular reference to patient safety.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
2.2.3 The Medical Council's Eight Domains of Good Professional Practice are built into the curriculum for all specialities. Trainees across all Specialties broadly reported the same information including formal courses / study days covering these areas; that professionalism is taught informally and is sometimes site and Specialty specific. For example, BST Trainees detailed that there are formal courses provided on prescribing and medical ethics however these are not evaluated or reviewed as part of workplace assessments. Cardiology Trainees reported that they attend compulsory formal courses/ study days. Human Factors training which includes the Medical Council's Eight Domains of Good Professional Practice is mandatory for all Trainees. However, the discussions with Specialities and Trainees indicated that it was felt that here was little emphasis on professionalism and linking it with daily work. There was also no indication of evaluation or workplace-based assessments on professionalism.	There should be greater emphasis on and awareness of the 'Eight Domains' within the Human Factors for both Trainers and Trainees. This needs to be explicit and embedded into learning agreements and be part of everyday teaching and learning including when on placements. The IOM should ensure that there is support for Trainers to deliver training in professionalism and that there are also assessment tools to record attainment of appropriate competencies.	**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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**

3.2.1 The minimum duration of the GIM component of the dual specialty programmes is not clear. This is described below and carries a condition (e) as well as a recommendation. The BST curriculum is organised into four sections – introduction, core professional skills, specialty section and concurrent training activities. Each Specialty curriculum is divided into five sections – introduction, generic components, GIM, specialty sections, and minimum requirements for training where the domains of competency are described. The assessment methods are also outlined but it was noted that the full range of available assessment tools are not used across specialties. This is addressed under **standard 5.1.2**. In addition, specific competencies and outcomes were not clearly defined in relation to specialties and special interest areas as detailed under **standard 2.2.1.** **Standards 5.1.1 and 5.2.1** detail the need for assessment structures to record Trainee progress throughout programmes. Requirements for programmes to be more formalised, Trainer-led and reflective of Irish health service are described in **standard 8.2.4.** The Medical Council supports the move to outcomes-based, rather than time-based, postgraduate training. However, ensuring that Trainees spend a minimum specified amount of time in specialist training increases the opportunity for Trainees to gain as much experience as possible, which enhances competency. The minimum duration of the GIM component of the dual specialty programmes is not clear from the information provided by the Institute of Medicine. The Medical Council is statutorily required to ensure that the duration of the training programme is not less than the minimum training duration set out in the EU Directive on the mutual recognition of	The Institute must engage with the Medical Council in relation to the statutory minimum duration of programmes as outlined in the EU Directive on the mutual recognition of professional qualifications (2005/36/EC).	**Partially Compliant with CONDITION (E) attached**

professional qualifications (2005/36/EC), which is 5 years for GIM. The Institute will need to work with the Medical Council to identify the duration of GIM.		

3. THE EDUCATION AND TRAINING PROGRAMME - CURRICULUM CONTENT– 3.4.1 *The programme structure and training requirements recognise part-time, interrupted and other flexible forms of training.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
3.4.1 In the self-evaluation submission, the IOM stated that it is its policy to facilitate flexible training within the Higher Specialist Training Programmes. It recognises and supports part time, interrupted, and other forms of flexible training. Part time training is facilitated through the HSE NDTP Supernumerary Flexible Training Scheme and RCPI job sharing policy. It was indicated that Trainees at Basic Specialist Training (BST) level may also apply for periods of leave and flexible training during their training. The IOM outlined in its submission that there are challenges in the uptake (less compared to international comparators) and the ability to provide part-time posts. All Trainees confirmed that they received communication about flexible training options. In the accreditation interview, the IOM acknowledged the need for flexibility throughout the continuum of a doctor's career encompassing both training and consultant work. They were also sensitive to the issue of flexible training as a choice as well as a need and see both rationales as part of a more long-term plan. It was reported that the IOM is working with the HSE NDTP on a pilot programme relating to flexible training to be rolled out in 2021 and that it is also looking at more flexibility in the delivery of sessional cover to facilitate part-time training.	The IOM must progress work with the HSE NDTP to roll out the planned pilot programme relating to flexible training. It is necessary for each Specialty to engage in this process. The Medical Council requires a report within **12 months** of receipt of the final report, of the outcomes of the pilot programme and any resulting planned actions. It is crucial that Trainees are enabled to pursue specialty training (for BST and HST) and that personal circumstances such as caring responsibilities are accommodated through the provision of adequate flexible training options. As such, the IOM must advocate to the HSE for an increase in the number of flexible training positions available. It should also advocate for a move away from an annual application process for flexible training in relation to those with ongoing needs such as parental or carer responsibilities. An IOM flexible training policy should be developed detailing flexible training arrangements available across both BST and HST. It should address opportunities, processes (including keep in touch whilst out of training and return to work/training support), and any possible impact on the length of training. This should be provided to Trainees when	**Partially Compliant**

Trainers across the Specialties indicated that the number of posts provided by the HSE NDP Supernumerary Flexible Training scheme were limited by funding which was allocated centrally across all Specialties. They further indicated that the application process for Out of Programme Experience (OPE) was slow and that research opportunities for example, could be missed due to the length of time it took to apply for funding and approval granted. Funding can also be an issue. These points are described under **standards 3.3.1 & 3.3.2.** It was confirmed in the self-evaluation submission that two Trainees are training flexibly in the 2020-2021 academic year – one from ID and one from Gastroenterology. Other examples heard in accreditation interviews were slightly dated. The Specialty of Gastroenterology confirmed that there was a Trainee currently considering options for flexible training and referenced another Trainee who in the last five years had trained flexibly. Although all Trainees across specialties receive communications about flexible training, their wider responses varied. While there were some examples of Trainees training flexibly (for one year) to undertake research, The majority of Trainees across specialties were not aware of any colleagues who had taken up the option outside of research. Some Trainees felt that flexible training may not be supported, indicating it may not be practical due to the demands of service provision. In BST GIM, the inability to backfill positions due to staffing numbers was also seen by Trainees as a challenge in facilitating flexible training. Overall, there does not seem to be a culture of flexible training. Whilst the training programmes are full-time, it is recognised that some Trainees may have individual circumstances that mean that training on a full-time, continuous basis would, for them, not be practical for well-founded reasons. It is crucial that such Trainees are not dissuaded from entering medical professions, forced to leave or attracted outside the jurisdiction due to an absence of flexible training opportunities.	developed and thereafter, to all Trainees commencing the training programme. Training Leads and Regional Programme Directors and National Specialty Directors should also be made aware of the flexible training policy and encouraged to promote and consider expressions of interest. The IOM should consider appointing a National lead to support flexible training including applications, facilitating arrangements and supporting Trainees returning to work.	

It is necessary to apply for flexible training each year. This is not practical for Trainees whose circumstances will remain unchanged from year to year, e.g. those with caring responsibilities. It is also important that Trainees in these situations have the peace of mind that they will be facilitated to train flexibly from year to year in order to successfully complete the training programme.		

STANDARD 3 – THE EDUCATION AND TRAINING PROGRAMME – CURRICULUM CONTENT – FLEXIBLE TRAINING – 3.4.2 *There are opportunities for trainees to pursue studies of choice, consistent with training programme outcomes, which are underpinned by policies on the recognition of prior learning. These policies recognise demonstrated competencies achieved in other relevant training programmes both here and overseas, and give trainees appropriate credit towards the requirements of the training programme.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
3.4.2 In the self-evaluation submission, the IOM outlined the opportunities and supporting policies for Trainees to pursue studies of choice. The allocation of Trainees to training posts in the final years of HST is based in part on the Trainees' choice of future career path. Trainees can be allocated to posts that facilitate specific exposure to their chosen area of special interest. Trainees can also apply for Out of Clinical Programme Experience (OPE). While all specialties enable the pursuit of studies of choice - such as overseas, special interest and advanced training - the competencies and assessments to be achieved are not formalised and clearly defined. This has been addressed in **standards 2.2.1 and 8.2.4** and includes recommendations. In addition, when a Trainee is undertaking training outside of the jurisdiction, there is no formalised contact with an assigned Trainer based in Ireland. A number of the curricula for Specialty training indicate that recognition for prior experience for candidates can be considered, whilst	The IOM should ensure that Trainees completing training outside of the jurisdiction have a designated Trainer in Ireland who retains responsibility for the assessment of the Trainee whilst they are abroad. The IOM together with the Specialities should develop a policy which outlines the specific criteria for the recognition of prior learning or training undertaken outside of the programmes. For example, the setting up of a transferable competencies' framework should be considered.	**Partially Compliant**

others make no reference. Overall, across specialties, no instances of recognition of previous training in other specialties or other jurisdictions were heard. Trainers stated that Trainees can choose to apply for an alternative route to specialty registration. Some Trainees confirmed that training in other jurisdictions was not considered and they personally had to repeat training in the Irish system. The review or clarification of mandatory entry requirements in terms of prior experience is described in relation to two specialties under **standards 7.1.2 & 7.1.3.**		

STANDARD 4 – THE TRAINING PROGRAMME – TEACHING AND LEARNING – 4.1.1 The training is practice-based involving the trainees' personal participation in relevant aspects of the health services and, for clinical specialties, direct patient care.		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
4.1.1 The self-evaluation submission states that Trainees are directly involved in patient care and attend a mandated amount of outpatient clinics and ward rounds/consultations as part of the programme. Trainees also have to record a number of procedures as listed in the curricula. Trainees in Gastroenterology described their GIM commitment as demanding whilst on the GIM dedicated year. However, it is noted that Trainees spending half a day a week maintaining specialty skills in endoscopy is a positive development.	IOM should oversee the GIM elements of the dual specialty programmes (both BST and HST) to ensure that appropriate training experience and supervision is delivered. This includes ensuring that Trainees are placed in sites which facilitate appropriate GIM training and supervision. While they are undertaking their dedicated GIM year, links/communication should be maintained with Trainees and clarity provided with respect to the maintenance of skills in their other	**Partially Compliant**

	Specialty. If necessary, support should be provided to assist Trainees to refresh their skills. It is suggested that the IOM appoints a lead for the management of both the BST and HST GIM training. The IOM should develop a formal system to ensure that Trainees on extended leave (e.g. Out of Programme Experience (OPE)) maintain their skills in both their Specialty and GIM. A return-to-work programme/process in both (dual) Specialties should also be established. Clarity should be provided regarding whether Trainees are expected to attend ongoing Gastroenterology clinics whilst on the dedicated in year of GIM training. If it is required, this commitment needs to be formalised in work plans and form part of the MOU.	

STANDARD 4 – THE TRAINING PROGRAMME – TEACHING AND LEARNING – 4.1.2 *The training programme includes appropriately integrated practical and theoretical instruction.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
4.1.2 The self-evaluation submissions referred to an apprentice model whereby Trainees engage in practical instruction supported by their Trainer while rotating through different posts/sites. The submission states that Trainers are responsible for performing workplace-based assessments and providing feedback at quarterly and end of post assessments. Trainees use	It is essential that Trainees are facilitated to access practical and theoretical instruction. As such, when the IOM is developing its quality indicators for the approval of training sites and establishing MOUs with sites, it should include the release of Trainees for educational activity in these items.	**Partially Compliant**

the e-Portfolio which identifies the curriculum activities which are required to be performed and recorded – including theoretical instruction such as courses, study days, grand rounds, journal clubs, research and audit. Gastroenterology Trainers outlined that the HSE had committed to investing in endoscopy training and that a series of courses were in development. It was also heard that a new competency framework is in development which will provide an overarching structure for endoscopy training for both Trainees and Gastroenterologists. In addition, Trainees use the National Quality Improvement programme and e-Portfolio to record their endoscopy outcomes in terms of competency level and the number of procedures undertaken. Gastroenterology Trainers reported that the programme would benefit from increased access to simulation training. Overall, Gastroenterology Trainees indicated they would welcome more protected dedicated didactic teaching. They reported that service commitments don't always allow dedicated on-site training. Training is often delivered indirectly through clinics, meetings, on the wards. The Trainees felt that study days go some way towards compensating for the lack of didactic teaching. Trainees stated that in collaboration with the NSDs they now have monthly Zoom teaching delivered by individual hospitals. The Trainees found them excellent.	The IOM and Specialty should work with the HSE to finalise the development of the endoscopy courses and ensure that they are not only included in the training programme but also available to specialists. The IOM should work with the Specialty to increase the availability of simulation within the training programme. The Specialty should look at the programme of didactic teaching and ensure there are protected dedicated training opportunities with time ring fenced in the Trainee timetables/work plans.	

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	REQUIREMENT / RECOMMENDATION	COMPLIANCE
5.1.2 The self-evaluation submission outlined that both formative and summative assessments utilise internationally accepted assessment methods such as Directly Observed Procedural Skills Assessment (DOPS), Mini-Clinical Evaluation Exercise (Mini-Cex), Case Based Discussion (CBD), EPA forms, Self-Assessment forms, Quarterly/End of Post Assessment and End of Year Evaluation. However, it was found that the assessment methods outlined in some curricula do not maximise the range of available assessment tools available. RCPI employs education specialists to assist the National Specialty Director and Specialty Training Committee in the review, improvement and development of programmes over time. As detailed under **standards 8.1.3 & 8.1.5**, the IOM described plans to develop a Trainer handbook to outline the composition of an assessment. However, there are currently no decision aids or quality indicators available for assessors to support them while assessing Trainees. All Specialties and BST GIM reported inconsistent use of the e-Portfolio by Trainers and across sites. The e-Portfolio is an essential tool for the formal recording of assessments and the progress of Trainees at all levels. It should run seamlessly through BST to HST and across Specialties when Trainees are on their dedicated GIM year. Such issues are also reflected in **standards 5.1.1** and **8.1.3 & 8.1.5.**	Specialties should utilise a much wider range of assessment formats and learning methods. The IOM together with BST GIM and the Specialties should formalise input from an appropriate range of stakeholders (i.e. nurses, allied health care professionals, support staff) as part of the assessment of Trainees, to ensure evaluation and assessment of all aspects of training including non-clinical. The IOM should monitor the quality of completed assessments through a random review of e-Portfolio records. The IOM should ensure that the e-Portfolio fully supports Trainees, Trainers and NSDs enabling not only the recording of assessments but also the review of Trainee and Trainer engagement, Trainer performance and attainment of curriculum requirements. The IOM should establish regional e-Portfolio leads/ assessment leads to provide support. It is recommended that the IOM develops 'decision aids' and 'quality indicators' for each Specialty at each stage of the training programme to outline the minimum level of skills, knowledge and experience that a Trainee should achieve before progressing to the next year of training. This will ensure consistency among Trainees and across sites and	**Partially Compliant**

	also enable IOM to monitor Trainers and ensure a consistent approach to assessment.	

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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
5.2.1 The IOM outlined in the self-evaluation submission that where a Trainer is concerned about a Trainees performance, based on assessment or other feedback, a meeting is arranged with the Regional Programme Director or Associate Dean. In cases where enduring professionalism deficits have been identified, the National Speciality Director (NSD) will refer the Trainee to the RCPI Health and Wellbeing Department. This Department will work closely with the Trainee, Trainer and NSD to design a bespoke remediation plan and arrange regular meetings to review progress. It is noted that IOM has a protocol for the identification of a Trainee in difficulty, however without clear outcomes at specific points within each curricula and matching decision aids for assessors, it is difficult to see how the identification will occur at an early stage and enable remediation. The management processes for a trainee in difficulty, including self-referral, are included within the more general Health and Wellbeing document published April 2020. However, Trainers showed little awareness of documentation on managing trainees in difficulty during the accreditation interviews.	IOM should enhance its current protocol for the identification of a Trainee in difficulty in parallel with the development of the outcomes based curricula and ensure that Trainers are trained in the resultant national key outcomes and that the IOM monitor consistency of assessment against these outcomes. It may also be helpful to have a (clinical) lead to provide advice to Trainers in addition to the current administrative support available. The IOM should explore how to make the best use of the e-Portfolio, not just for recording assessments but also for monitoring progress and the early identification of difficulties. The IOM should review the formative and summative assessment structures for each Specialty and put systems in place that ensure that progression is formalised and recorded throughout the programme thereby reducing reliance on the Penultimate Year Assessment (PYA) as a means of identifying any issues and ensuring a national	**Partially Compliant**

All Specialties and BST GIM had knowledge of the IOM process for raising a concern relating to a Trainee although they asserted that they have not had reason to use it. The 'Train the Trainer' course content provided by the IOM covers the issue of Trainees struggling both educationally and with mental health issues. In addition, Trainees who had experience outside the jurisdiction felt that the systems in place may not facilitate early identification of a Trainee in difficulty. For example, the e-Portfolio does not flag to Trainers and Training Leads that assessments are not completed. All specialties, except for BST GIM, referenced the Penultimate Year Assessment (PYA) as a particularly important assessment point. It was described by some specialties as a key opportunity to identify any issues or deficits with Trainees to be addressed in their final year. In the accreditation interview, Gastroenterology Trainers reported that Trainees tend to progress well through training and any issues that may not have been addressed are caught at the Penultimate Year Assessment (PYA). The PYA includes feedback from Trainers as well as NSDs for General Internal Medicine and Gastroenterology and an external assessor. The evaluation panel identifies recommendations which must be met by the Trainee.	assessment standard. The e-Portfolio would be a good tool to monitor this progression.	

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.*
OUTCOME EVALUATION – 6.2.2 *Supervisors, trainees, health care administrators, other health care professionals and consumers contribute to evaluation processes.*

FINDING	REQUIREMENT / RECOMMENDATION	COMPLIANCE
6.1.1 & 6.2.2 It was found that the process for evaluating and reviewing curricula was broadly similar for all Specialties. However, the provision of feedback on curricula and evaluation is limited in terms of stakeholders. Many Specialties indicated that they are assured that curricula are satisfactory because graduates progress to Consultant posts or are appointed to overseas roles. It is felt that this not an appropriate evaluation process and this is further addressed under **standard 6.2.1.** The submission states that mandatory RCPI courses are reviewed on a regular basis and the course review policy was provided as supporting documentation. Feedback is sought from course facilitators and course participants and RCPI education specialists observed the courses. The end of year evaluation process is subject to periodic review in terms of suitability and operations. The quarterly / end of post assessment process and forms facilitates a review of supervision, assessment and Trainee progress. However, as described under **standards 6.1.3 & 7.4.1,** there are concerns relating to the openness of Trainee feedback. In the self-evaluation, the IOM states that there is no direct input from non-medical healthcare professionals in the design of the evaluation process or the evaluation itself, however any given Trainer may seek input from such sources if deemed required. It was outlined that currently, only Trainers (or assessment panels) contribute to assessments due to the technical knowledge and skills along with skills relevant to Medical Council domains of good medical practice required. The context of the clinical training environment was emphasised in that Trainers observe and assess Trainees in	Reviews of curricula should include all aspects of the curriculum such as quality of teaching supervision, assessment and Trainee progress. The IOM together with BST GIM and all the Specialties should develop a system to ensure that external stakeholders contribute to the review and evaluation of curricula, such as employers, health care administrators, other health care professionals and consumers. The IOM should formalise the role of all Trainees in providing input into the review and evaluation of training programmes and not rely fully on Trainee representatives. The process for gathering feedback should be formalised and take place outside the annual assessment process and separated from the review of Trainee performance.	**Partially Compliant**

engaging with patients, families, and other health care professionals. These observations are a formative part of the feedback and annual assessment.		

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.* **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.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
6.1.3 & 7.4.1 The specialty is partially compliant with standard 6.1.3 and fully compliant with standard 7.4.1 with the exception of the confidentiality element which is covered under standard 6.1.3. In the self-evaluation submission, the IOM details that Trainee representation has been established on the key committees involved in programme development including the HST Specialty Training Committee, IOM Education and Training Committee, RCPI Education and Quality Committee, Trainee Health and Wellbeing Committee and RCPI'S Trainees Committee. It is important that all Trainees are formally involved in curriculum development and review as disseminating information through Trainee representatives appears to not be fully working for all specialties. As detailed in the self-evaluation and discussions with GIM, issues with training supervision and requirements are managed through the governance structures of the IOM. Each IOM training programmes has an assigned coordinator within the IOM to ensure problems are managed discreetly and escalated in the correct manner. In addition, Trainers and Trainees are encouraged, where possible, to raise complaints on an informal basis with the	A system should be established to enable confidential feedback from Trainees – such as collecting aggregated feedback from Trainees. The IOM should explore with other Specialties (not limited to medical specialties) how anonymity and confidentiality is facilitated in feedback processes. This is especially relevant in relation to specialties with small Trainee numbers. The IOM together with BST GIM and all the Specialties should examine its communication strategy regarding feedback processes in order to alleviate the concerns of the Trainees regarding confidentiality. There should be a formal opportunity – separated from the review of Trainee performance - for Trainees to provide open feedback on their training programme and experience, including feedback on the quality of supervision, and any other issues they may wish to raise.	**Partially Compliant**

Trainer, Trainee or the National Specialty Director/ Regional Programme Director in the first instance before invoking the formal grievance procedure. Trainee feedback is sought informally through engagement with the Health and Wellbeing Department, prior to site inspection through the Trainee feedback form, following educational events and course delivery and anonymously through the Training Post Evaluation. Examples of several Trainee engagement initiatives established by the IOM were provided. Overall, Trainees indicated that there was someone they could approach if there were a specific issue, for example the NSD. Despite all the feedback mechanisms in place, Trainees have concerns with the level of anonymity provided, this was reported in the discussion with Trainees across specialties. Trainees felt smaller specialties in particular are identifiable. This is also described under **standard 8.2.1**. It is not clear whether feedback on Trainer performance is consistently and actively sought by the Specialties as part of ongoing monitoring and evaluation. Trainees in small specialties are easily identifiable and so there are limitations in the current opportunities available to Trainees in providing feedback particularly on the quality of teaching and supervision. Overall, Gastroenterology Trainees were happy that they could raise issues about their training but stated that they may not feel comfortable raising issues about individuals. They cited confidentiality as the barrier.		

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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
6.2.1 The IOM detailed in the self-evaluation submission that all graduates from the HST training programme are members of the RCPI therefore records on them are maintained. IOM stated that in 2020, HST graduates will be asked to complete a survey outlining their career intentions for the next three years. 'Where Are They Now' graduate data is available on the RCPI website since 2017. Furthermore, within the RCPI research department the Doctor Retention and Motivation Project has been established seeking to identify solutions to help retain doctors within the Irish health care system. It was found that there is need for enhanced recording of graduate outcomes in relation to establishing a formal system for both gathering and graduate measuring outcomes. Gastroenterology graduates go abroad for Advanced Training upon completion of the programme while Nephrology graduates go overseas to gain more exposure to a broader variety of conditions. **Condition (g)** is attached to these specialties and requires them to review their programmes to determine whether the curriculum and graduate outcomes enable graduates to occupy a consultant role in the Irish health service upon completion – without further training or experience. Similarly, the need to define outcomes for special interest training is addressed under **standard 2.2.1.**	The IOM should collect both quantitative and qualitative information on graduate outcomes and use this information to develop and amend curricula outcomes as required. This should include questions relating to the preparedness of Trainees for their next role whether BST to HST or HST to consultant. It should also include input from end users such as the HSE. The IOM should develop a formal system of monitoring the career path of graduates, including tracking those who do not progress into a HST programme. It is necessary to understand this attrition and the reasons for it. The IOM should produce a report for the Medical Council on how it is going to address a lack of progression from BST to HST. A plan for the introduction of the two systems above should be provided within **6 months** of receipt of the final report. This should include how retrospective data on outcomes as well as tracking a lack of progression will be sought. The IOM should complete the move to outcomes-based curricula and ensure that the outcomes for BST GIM and each Specialty are evidence-based. For example, outcomes should take into consideration the needs of the Irish health care system, HSE requirements and the views of each Specialty.	**Partially Compliant with CONDITION (G) attached to Gastroenterology & Nephrology**

Gastroenterology Trainers felt that that the outcomes of the programme exceed those of other countries because Trainees are competitive in overseas appointments and gain experience overseas. This was further reflected by comments around the volume of work in Ireland being significantly higher than other jurisdictions and thereby providing more training opportunities to Trainees. Gastroenterology Trainers reported that many of the Trainees go overseas for Advanced Training, having completed their programme.	The IOM must work with the Specialty and the HSE to determine whether the outcomes of the training programme fulfil the requirements of a Consultant role in the Irish health care system without further Advanced Training or whether further Advanced Training is required. If it is required, it must be outlined in the curriculum and become a requirement for completion of training, arrangements must also be formalised to include any overseas training within the programme. The outcome of the review must be provided to the Medical Council within **12 months** of the final report. If the review determines that Advanced Training is required then a report must also be provided concurrently, outlining next steps for inclusion of Advanced Training within the programme **one year thereafter.**	

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS – 8.1.3 *The training organisation routinely evaluates supervisor and trainer effectiveness including feedback from trainees and offers guidance in their professional development in these roles.* **8.1.5** *The training organisation has processes to evaluate the effectiveness of its assessors/examiners including feedback from trainees, and to assist them in their professional development in this role.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**

8.1.3 & 8.1.5 In the self-evaluation submission, the IOM detailed that it routinely evaluates Trainer effectiveness through Trainee surveys, hospital-based inspections and workplace-based assessments. The IOM does not currently have a performance management framework for Trainers. It was confirmed that there is a process for reviewing training posts but not the individual Trainer. In the self-evaluation, the IOM also indicated that there is no formal mechanism of feedback to Examiners directly. However, should an issue arise, it is discussed at the Examination Board meeting with the respective Examiner. In the submission, the IOM described plans to develop a Trainer handbook as a part of a Trainer engagement project. The handbook will outline the detail of each assessment and provide decision making tools to Trainers in relation to assessments. All Specialties detailed that in recent years and in accordance with RCPI policy, on appointment Trainers have to complete the RCPI Physicians as Trainers Essential Skills course. However, longstanding Trainers may not have received this training as they were already instated as Trainers prior to the requirement coming in. In addition, there is no ongoing refresher training requirement. Some Trainers reported that they didn't have allocated time to undertake the courses that form part of the approved Trainer training. As detailed in **condition (c)** and **standard 8.1.6,** it is essential that Trainers receive adequate protected time to fulfil their roles. While the compulsory Essential Skills course has been commended as part of the formal approval process in place for the selection of new Trainers, it was found that further training for Trainers is required. **Condition (b)** identifies the need for training in assessment methods and the use of the e-Assessments are an important part of ensuring that Trainees fulfil the curriculum requirements and for facilitating individual development. As such, the IOM must take action to encourage Trainer's active and positive participation in the assessment system ensuring that it is not approached as a routine administrative task. Trainers must be made aware of their role and responsibilities and assigned Trainees in a timely manner. This allocation must be notified to Trainees in advance of starting their training post; it is recommended that this is recorded on the e-Portfolio. This must be introduced at the next round of Trainee placements and no later than within **3 months** of the final report. The IOM must clearly define the roles of Trainers and Educators (e.g. Clinical Trainer/Clinical Supervisor and Educational Oversight Trainer/Educational Supervisor). This must be completed within **6 months** of the final report. The IOM should formally acknowledge and champion the role of the Trainer, showing that it is a desirable role and one to aspire to and be proud of. The development of the Trainer handbook should be completed to reinforce and support a Trainer's designated role, in particular the effective delivery of formative and summative assessment as well as the provision of constructive feedback that is linked to performance and identifies areas for remediation and commendation. It is recommended that quality indicators are included in the Trainer Handbook.	**Partially Compliant with CONDITION (B) attached**

Portfolio (in particular undertaking and recording workplace-based assessments). It was found that there is a need for more active participation in the assessment process as well as greater and more timely communication to Trainers regarding their assigned Trainees. In relation to the use of Trainee feedback in the evaluation of supervisor and Trainer effectiveness, the issue of confidentiality was raised by Trainees. In the majority of Specialties, Trainees stated that they considered there was a lack of confidentiality and were concerned about what they perceived as a potential negative impact on those raising concerns, particularly in smaller specialties. A similar finding is also discussed under **standards 6.1.3 & 7.4.1** and **8.2.1** and is accompanied by recommendations. It is important to have a system in place particularly in small specialties to enable confidential feedback from Trainees. Feedback also aids a Trainer's personal development in the role. Many different terms were heard across the course of the accreditation such as 'Trainer', 'Educator' 'Clinical Trainer', 'Clinical Supervisor', 'Educational Oversight Trainer', 'Educational Supervisor', 'mentor', etc. This variance caused confusion and drew attention to the need for roles to be defined and for the use of consistent terminology across specialities. It was found that more formal methods are required to measure Trainer performance. Gastroenterology Trainers reported that there are more Trainers than Trainees in the Specialty and as a result, Trainees indicate which Trainers they wish to work with. Trainers felt that if they were not performing to a high level in their role as Trainers that they would not continue to be chosen by Trainees. In this way they consider their selection as Trainers by Trainees as positive feedback.	In line with **condition (b)**, the IOM must determine a suitable mechanism to ensure supervisor and assessor (and Examiner in relation to BST GIM) effectiveness and this should not be solely measured by feedback from Trainees. If Trainee feedback is being sought, the Institute should ensure it is anonymous. The IOM's formal performance management system / methods for assessing effectiveness for both Trainers (and Examiners in relation to BST GIM) should include a support system for Trainers to ensure consistent standards. This should also include a process whereby the designation/status of Trainer can be withdrawn in certain circumstances. All Trainers must be given appropriate (protected) time to engage with the Train the Trainer / Essential Skills course as well as additional supplementary courses. The National Specialty Directors (NSDs) should undergo development to enable evaluation of the effectiveness of educators and clinical supervisors. This should include the regular review of the e-Portfolio and quality of assessments to ensure appropriate supervision /assessment/ delegation by Trainers. The IOM should ensure its Continuous Professional Development (CPD) includes content relating to the education and training roles and introduce ongoing / refresher training for Trainers and Examiners.	

	The IOM should ensure that Educators are on the relevant specialist division of the Medical Council register. If they are registered in a different specialty, it must be ensured that evidence has been provided that they are qualified to supervise, assess and support Trainees in the Specialty.	

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS – 8.1.4 *The training organisation has processes for selecting assessors in written, oral and performance-based assessments who have demonstrated relevant capabilities.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.1.4 In the self-evaluation submission, the IOM detailed that the criteria for the approval of physicians as RCPI Trainers includes the requirement for completion of the RCPI Physicians as Trainers Essential Skills online course and this equips them with the capability for the basic forms of assessment. It was noted that it is intended that more Trainer training will be undertaken on work-based assessments when the e-Portfolio is complete. Online courses are available for supplementary skills. However, as outlined in **standards 8.1.3 & 8.1.5,** Trainees expressed concern about the engagement of some Trainees in assessments and with the e-Portfolio. The submission states that by-laws set out the criteria to become an Examiner. Examiners for the written and clinical examinations can be nominated by their colleagues or they can contact the RCPI directly. All	The IOM should publish the competency requirements to be an assessor (and Examiner in relation to the BST in GIM) and the application process. A structured, competency-based recruitment process should be followed for the appointment of assessors (and Examiners in BST GIM). The IOM together with the Specialties and BST GIM should review the effectiveness of the Essential Skills course and ensure that all Trainers (including longstanding Trainers appointed before the current appointment process) are appropriately trained in the various assessment methods and how to record them on the e-Portfolio.	**Partially Compliant**

applications are reviewed by the Dean of Examinations. However, there was no evidence provided of a formal recruitment process for Assessors / Examiners.		

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – CLINICAL AND OTHER EDUCATIONAL RESOURCES – 8.2.1 *The training organisation has a process and criteria to select and recognise hospitals, sites and posts for training purposes. The accreditation standards of the training organisation are publicly available.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.2.1 In the self-evaluation submission, the IOM outlined the inspection policy and process for the selection and recognition of hospitals, sites and posts for training purposes and provided the related policy as evidence. RCPI has a designated coordinator who assists the National Specialty Director, Associate Director for Training Site Accreditation and Director of Training IOM with the administration of these inspections. The IOM reported that it is transitioning to a '*more responsive and robust*' accreditation model '*reflecting international best practice'*. It acknowledged the inefficiency and challenges of individual inspections given the number of individual training sites as well as the number programmes/specialties delivering training at sites. The accreditation model will inspect and accredit all IOM specialties at a clinical training site every 5 years. Should issues arise during the interval, a triggered inspection will be organised	The IOM accreditation model must ensure that training programmes deliver the necessary competencies and outcomes for both the Specialty and GIM, making use of data on what opportunities individual sites are able to provide The IOM must provide detail of how accreditations of clinical training sites (of all Specialties, including both BST and HST GIM) will provide satisfactory evidence that the dual nature of the programmes is being appropriately delivered and assessed. Accreditation standards and criteria for a 'triggered visit' must be developed and disseminated in advance of the first cycle of accreditation visits. These should reflect and be mapped to the Standards for Medical Education and Training published by the Medical Council.	**Partially Compliant**

The RCPI indicated that while the new process is waiting to be implemented, it has initiated a short-term risk-based mitigation process. This is a 3-year plan with the first accreditation expected to take place in Q2 2021. (It was originally due to begin earlier but was delayed due to COVID-19 restrictions). Accreditation standards are currently not published, this is planned as part of the rollout in 2021. As described under **standard 5.1.1** and in recognition of the dual nature of qualifications, it is crucial that equal weight is given to both specialties. It was recommended that the IOM's accreditation process should be used as a means of verifying this. The IOM indicated that the Trainee feedback form which it provided as documentary evidence, facilitates honest feedback from Trainees regarding training sites. However, the majority of Trainees interviewed across the specialties reported that they didn't feel confident in the anonymity of the forms and the process and therefore were unlikely to feel comfortable in providing honest feedback. This represents a notable discrepancy between the perceptions of Trainees and management in the provision of feedback regarding clinical training sites. This is also described under **standards 6.1.3 & 7.4.1** where it is accompanied by a recommendation.	The Institute and Specialties must publish the accreditation standards for site selection, training sites and training posts.	

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	REQUIREMENT / RECOMMENDATION	COMPLIANCE
8.2.2 In the self-evaluation submission, the IOM outlined that the clinical and practical experience required of Trainees is described in terms of training outcomes in the specialty curricula. The generic/core infrastructural requirements of the training site and training post are set out in the training site activities and specialty specific forms which were provided as evidence. While these requirements are not currently specified in formal arrangements with training sites, it was noted as part of the accreditation model project, the RCPI/IOM is developing standards as well as Memoranda of Understanding with clinical training sites. Some Specialties indicated that educational resources varied across sites. Any such deficiencies should be identified by the accreditation process and subsequently monitored with clear plans for resolving issues.	A Memorandum of Understanding between the IOM and all of the various clinical training sites must be formulated with immediate effect. MOUs should not be finalised only when an inspection takes place as this would represent an inappropriate time delay. The Institute must inform the Medical Council when the development of the accreditation model and MOUs are complete. The Institute should publish the accreditation model and MOU on their website when complete. Where IOM site inspections identify deficiencies in compliance with agreed standards, both generic and specialty-specific, a formal action plan must be agreed between the IOM and site including timeframes for improvement. The IOM must have processes for the withdrawal of training from a clinical training site / post to enable effective action where improvements are not made. Both of these processes must be provided to the Medical Council within **12 months** of the final report.	**Partially Compliant with CONDITION (H) attached to Infectious Diseases**

The following standards were found to be fully compliant for the programme of specialist training in* programme of specialist training in Gastroenterology & General Internal Medicine (HST)*. Although the programmes are complying with these standards, recommendations have been made for further improvement.

STANDARD 3 – THE EDUCATION AND TRAINING PROGRAMME – CURRICULUM CONTENT – RESEARCH IN THE TRAINING PROGRAMME – 3.3.1 *The training programme includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, and encourages the trainee to participate in research.* **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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
3.3.1 & 3.3.2 The self-evaluation submission states that it is mandatory for Trainees to attend the *Introduction to Health Research* Course as well as the programmes, *Ethics Foundation* and *Performing Audit.* Trainees have access to SPSS, statistical software for data analysis (SPSS) and a related course *An Introduction to Data Analysis Using SPSS*. Trainees are also required to perform a clinical trial and to present at national international meetings The submission also states that Trainees are encouraged to undertake Research as an Out of Programme Experience (OPE) and a period of 12 months specialty credit is available. There were no Trainees undertaking research but 8 Trainees on OPE in the academic year 2020/2021. Both Trainees and Trainers in Gastroenterology stated that research is very much encouraged and supported in the programme. Trainers reported that although it is still common for Trainees to take time out of the programme to undertake research, the numbers of Trainees opting to do this has reduced in	The IOM should review the inclusion of research within all curricula and ensure that it is clear what is mandatory/essential and what is optional in terms of research. This should be communicated to Trainers and Trainees. In line with **condition (d)**, mandatory components of programmes must be funded. The Specialty should monitor the uptake of research opportunities among Trainees and ensure that research is encouraged.	**Fully Compliant**

the last five years. They suggested that career intentions and the availability of consultant posts have been an influence.		

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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
5.1.1 The self-evaluation submissions state that it is mandatory for Trainees to undergo a defined amount of formative and summative assessments on an annual basis. Each curricula has a section dedicated to 'Learning and Assessment Methods' and provide examples of methods used for demonstrating that learning goals have been met such as a combination of day-to-day practice, attendance at courses (or other educational activity), engaging in a relevant workplace based assessment (formative assessment) and undergoing formal assessment (end of post or end of year – summative assessment of progress). End of Post and Annual Evaluation forms for BST GIM were provided as documentary evidence, as well as HST Mini Clinical Evaluation Exercise (CEX), HST Quarterly/End of Post Assessment and HST End of Year Evaluation forms. The majority of specialties use exams from outside the jurisdiction (for example, EULAR for Rheumatology, ITE for Infectious Diseases, ESC exam for Cardiology, European Board for Gastroenterology and ASN exam for Nephrology). Despite information in curricula, it is often not clear to Trainees and Trainers whether these exams are mandatory or not.	The IOM must review how the assessment for dual training is undertaken to ensure that the full competencies for both GIM and the Specialty are fulfilled, and that equal weight is given to both Specialties. This includes considering who undertakes the assessments, when they are carried out, and how it is ensured that Trainees have fulfilled the curricula requirements. The IOM should quality assure the award of CSCSTs using the e-Portfolio as evidence of satisfactory completion of all assessments in both GIM and the Specialty. Appropriately trained and qualified individuals (e.g. practising consultants in the relevant specialty) must undertake separate assessments against each curriculum throughout each of the training programmes. The IOM and Specialties should consider the educational benefits of providing Trainees undertaking a dual qualification with two Trainers	**Fully Compliant with CONDITION (A) attached**

In the accreditation meetings, Trainers and Trainees in the majority of specialties described the assessment system as a 'tick box exercise' with inconsistent use of assessment tools and the e-Portfolio. The completion of formal assessments was indicated as challenging due to busy clinical environments. Trainees clarified that engagement in assessment and with the e-Portfolio was Trainer-dependent.	throughout their training, a lead Trainer in GIM and another in their other Specialty. The e-Portfolio should enable ongoing monitoring by both sets of Trainers. The IOM together with each Specialty should review the use of exams from outside the jurisdiction and consider their appropriateness in relation to the Irish health care system. The IOM and Specialties should clearly outline to applicants and Trainees whether exams are mandatory or recommended in addition to its inclusion in the curricula. This should also be communicated by Trainers. Trainees should be supported to undertake the required assessments in a timely manner throughout the programme.	

STANDARD 5 – THE CURRICULUM – ASSESSMENT OF LEARNING – FEEDBACK AND PERFORMANCE - 5.2.2 *The training organisation facilitates regular feedback to trainees on performance to guide learning.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
5.2.2 It is important to harmonise the delivery of this standard by promoting the methodologies used by and learning from the four specialties that are fully compliant such as the specialty of Gastroenterology. The self-evaluation detailed that Trainees receive informal feedback on a regular basis both in a structured format (workplace-based assessments, end of year evaluations) and in day-to-day practice. The IOM noted that the move to outcomes-based curricula will result in more focused feedback for Trainees. The self-evaluation also indicated that written feedback contains ratings of performance and comments together with commendations and recommendations. However, some Specialties stated that the structured feedback Trainees receive may not always be documented. Trainers and Trainees across specialties confirmed that the type of feedback varies and is primarily driven by the performance of the individual Trainee. The majority of Trainees across the Specialties and BST GIM expressed the view that feedback provided by some Trainers at the end of a rotation was considered a routine administrative task rather than a meaningful way to engage with Trainees and provide valuable insight on their performance and progress. There seems to be a mismatch between the IOM / Specialties and Trainees perceptions in relation to the regularity of feedback. This needs to be rectified. Training in assessment for Trainers is addressed in **condition (b)** and in **standards 8.1.3 and 8.1.5.** Difficulties in achieving regular assessment (and receiving the corresponding feedback) was detailed under **standard 5.1.1** in relation to a number of specialties. The development of decision	Trainers should be trained in the delivery of constructive feedback that is linked to performance and identifying areas for improvement and remediation. Trainers should be encouraged to commend a Trainee on good performance on a regular basis so that a positive culture around feedback becomes embedded within the training programmes. This should be reflected in the training undertaken by Trainers outlined in **condition (b)** and the recommendation relating to the Trainer Handbook in **standards 8.1.3 & 8.1.5.** The IOM should ensure that the feedback process used by each Specialty is formalised and that feedback given to Trainees at assessment is documented through the e-Portfolio.	**Fully Compliant**

aids as identified in **standard 5.1.2** should ensure that assessments are consistent and robust.		

STANDARD 5 – THE CURRICULUM – ASSESSMENT OF LEARNING – FEEDBACK AND PERFORMANCE - 5.2.3 *The training organisation provides feedback to supervisors of training on trainee performance, where appropriate*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
5.2.3 In the self-evaluation submission, the IOM clarified that the outcome of the end of HST annual evaluations is made available to the succeeding Trainer in order to ensure continuity of training and the training plan. Trainers also have access to the Trainee's e-Portfolio. The submission also stated that annual reporting on the Trainee feedback survey began in 2019 and is intended to continue. A Trainer Engagement Project was launched in August 2020 and feedback loops will be reviewed and modified as part of this two-year project. A link was provided to the Training Post Evaluation aggregate three-year report 2015-2018.	The IOM should provide an update on the outcomes of the Trainer Engagement Project and the action that is to be taken.	**Fully Compliant**

STANDARD 7 – IMPLEMENTING THE CURRICULUM – TRAINEES – ADMISSION POLICY AND SELECTION – 7.1.2 *The processes for selection into the training programme *are based on the published criteria and the principles of the training organisation concerned * are evaluated with respect to validity, reliability and feasibility * are transparent, rigorous and fair * are capable of standing up to external scrutiny * include a formal process for review of decisions in relation to selection, and information on this process is outlined to candidates prior to the selection process.*

7.1.3 *The training organisation documents and publishes its selection criteria. Its recommended weighting for various elements of the selection process, including previous experience in the discipline, is described. The marking system for the elements of the process is also described.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
7.1.2 & 7.1.3 The self-evaluation submission states that the selection of candidates is overseen by the Director of Education and Training / Associate Director HST and the Associate Director of BST reporting to the IOM. The application process ensures that applicants possess the minimum entry criteria for each programme. Shortlisting criteria and interview guidelines are followed and online training, *Interviewer Skills is provided* for all members of the Interview Committees. The entry requirements, shortlisting criteria and interview marking schemes for all programmes are reviewed annually and published on the RCPI web-site in advance of the opening of applications. Appropriate links to material on the RCPI website were provided. In some specialties, additional or desirable criteria for candidates such as previous experience was sometimes perceived as mandatory by Trainees for successful appointment to programmes. Recognition of prior experience is addressed under **standard 3.4.2**.	All those who are involved in selection must be trained, including in unconscious bias and rules around the appointment of non-EU candidates. The IOM should include lay representation in the recruitment process, including on recruitment panels 'Vouching' for candidates and thereby potentially giving people an unfair advantage is not appropriate practice. The IOM must make this clear to all staff and suitable action taken where this is not followed. The IOM must review the recruitment literature for each Specialty to ensure that the full range of entry requirements, including any desirable criteria are clear for all (including Trainers and interviewers), are published and linked with the selection criteria and scoring. Recruitment material needs to be regularly reviewed to ensure that it reflects current practice and avoids unintentional bias or indirect discrimination, e.g. disability and appointment of EU and international candidates.	**Fully Compliant**

STANDARD 7 – IMPLEMENTING THE CURRICULUM – TRAINEES – COMMUNICATION WITH TRAINEE – 7.3.3 *The training organisation provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.*

FINDING	REQUIREMENT / RECOMMENDATION	COMPLIANCE
7.3.3 The self-evaluation details the ways that the IOM communicates with Trainees. Following the Annual Evaluations, Trainees are informed of their status within a specified timeframe, usually withing 48 hours. The e-Portfolio provides an easily accessible progress report which allows Trainees to see at a glance their mandatory requirements such as the number of clinics, work-based assessments etc required and how many are outstanding. Finally, ongoing communications are carried out by the assigned National Specialty Director throughout the course of the training programme. It is important that there is strong communication between the IOM and training sites in terms of communications on training issues.	The IOM and RCPI should review its communication strategies to ensure it makes best use of the local site level systems in relation to all specialties.	**Fully Compliant**

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – CLINICAL AND OTHER EDUCATIONAL RESOURCES – 8.2.3 *The training organisation's accreditation requirements cover: orientation, clinical and/or other experience, appropriate supervision, structured educational programmes, educational and infrastructure supports such as access to the internet, library, journals and other learning facilities, continuing medical education sessions accessible to the trainee, dedicated time for teaching and training and opportunities for informal teaching and training in the work environment.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.2.3 In the self-evaluation submission, the IOM detailed that all training posts are inspected every five years in order to assess the training provided. The site visit involves a RCPI appointed inspection panel reviewing training by meeting with hospital management, Trainers and Trainees on the training site, reviewing site facilities pertaining to training and review of documentation pertaining to the site. It was reported that this process has been interrupted by the COVID-19 situation. This is further described under **standard 8.2.1.** The completion of the accreditation model and MOUs are crucial to ensuring that training requirements and standards are met at training sites. At both Trainee and Trainer level, all Specialties reported a lack of dedicated time for teaching and training. It appeared particularly challenging in GIM at both BST and HST level.	The IOM must inform the Medical Council when the development of the accreditation model and MOU are complete and provide detail of the planned schedule of accreditations/inspections. Updates must be provided with **6 months** of the final report. The IOM should also update the Medical Council on the outcome of inspections of clinical training sites and share any reports produced as part of the Annual Return to the Medical Council including action plans.	**Fully Compliant with CONDITION (F) attached**

8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES - CLINICAL AND OTHER EDUCATIONAL RESOURCES - 8.2.5 *The training organisation should monitor the working environment to ensure it is a safe environment for training.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.2.5 In the self-evaluation submission, the IOM detailed that it ensures the workplace is a safe place for training primarily through the Training Site Inspections process as well seeking Trainee feedback at annual evaluation of progress (AEP) meetings and through Training Post Evaluation surveys. Rotas were described as compliant with EWTD with the exception of the BST in GIM. The issues of rotas facilitating educational needs as well as service needs was raised in the Specialty of Infectious Diseases. Gastroenterology Trainees in the Specialty reported that their workload in the GIM dedicated year is high but that they have seen improvements due to the EWTD requirements.	The IOM must monitor every training location to ensure suitability for training and fulfilment of the Medical Council's Standards. If a site is unable to facilitate appropriate working hours, supervision, learning or workload then it must not be a designated training site for a programme. A clear path for confidential reporting / whistle blowing must be available.	**Fully Compliant with CONDITION (i) attached to BST GIM & Infectious Diseases**

Overview of compliance ratings for the programme of specialist training in Infectious Diseases & General Internal Medicine (HST)

Medical Council's Accreditation Standards for Postgraduate Medical Education and Training	Infectious Diseases (ID) & General Internal Medicine (HST) - Compliance Rating per Standard												
1. Context of Training	*1.1.1*	*1.1.2*	*1.1.3*	*1.2.1*	*1.2.2*	*1.2.3*	*1.3.1*	*1.3.2*	*1.4.1*	*1.4.2*	*1.5.1*		
2. The Outcomes of the Training Programme	*2.1.1*	*2.1.2*	*2.2.1*	*2.2.2*	*2.2.3*	*2.2.4*							
3. The Education and Training Programme – Curriculum Content	*3.1.1*	*3.2.1*	*3.2.2*	*3.3.1*	*3.3.2*	*3.4.1*	*3.4.2*	*3.5.1*					
4. The Training Programme – Teaching and Learning	*4.1.1*	*4.1.2*	*4.1.3*										
5. The Curriculum - Assessment and Learning	*5.1.1*	*5.1.2*	*5.1.3*	*5.2.1*	*5.2.2*	*5.2.3*	*5.3.1*	*5.4.1*					
6. The Curriculum – Monitoring and Evaluation	*6.1.1*	*6.1.2*	*6.1.3*	*6.2.1*	*6.2.2*								
7. Implementing the Curriculum -Trainee s	*7.1.1*	*7.1.2*	*7.1.3*	*7.1.4*	*7.1.5*	*7.2.1*	*7.3.1*	*7.3.2*	*7.3.3*	*7.4.1*	*7.4.2*	*7.4.3*	*7.4.4*
8. Implementing the Training Programme and Delivery of Educational Resources	*8.1.1*	*8.1.2*	*8.1.3*	*8.1.4*	*8.1.5*	*8.1.6*	*8.2.1*	*8.2.2*	*8.2.3*	*8.2.4*	*8.2.5*		

Fully Compliant
Partially Compliant
Non-Compliant

Evaluation of Compliance with Medical Council Standards

Training Body: Institute of Medicine (IOM)
Programme of Specialist Training: Infectious Diseases & General Internal Medicine (HST)

The following standards were found to be non-compliant for the programme of specialist training in Infectious Diseases & General Internal Medicine (HST)

8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS - 8.1.6 *Organisation and development of Trainers – instructional activities must be included as responsibilities in the work schedules of trainers and their relationship to work schedules of trainees must be described.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.1.6 Overall, it was found that there is a clear lack of protected time for Trainers across BST GIM and all seven specialities. This was evident from the self-evaluation submission and in the interviews conducted with the Institute and representatives from each of the specialties. In addition, the Training Leads do not have protected time for educational and administrative roles. In the self-evaluation submission, the IOM highlighted the challenges in progressing this area. It was indicated that protection of training time is difficult in the current hospital environment due to service demands and that service can overshadow training. Some Specialties also cited a shortage of consultants as a further challenge. The commitment of Trainers is noted	Protected time in so far as possible should be provided to those involved in training at all levels. This includes Trainees as well as Trainers and Training Leads. This is not criticism for work being carried out, but to fully be able to deliver effectively in their roles Trainers and Programme Directors require adequate protected time.	**Non-Compliant with CONDITION (C) attached**

and in the absence of protected time, they fulfil their training roles on a voluntary goodwill basis. One specialty described the role of the National Specialty Director as requiring at minimum, an average of four hours per week. It was clarified that this estimate does not account for tasks such as making improvements to the curriculum / programme. The contribution of Trainers, National Specialty Directors & Training administrators during the COVID-19 pandemic is acknowledged. It is also essential that Trainers are appropriately trained to undertake their roles and have protected time to undertake such training and development. This is addressed under **condition (b)** and **standards 8.1.3 & 8.1.5**. The IOM equally noted that Trainees do not have protected time to attend training and meetings. The Institute acknowledges there should be protected time for Trainees, and it should be part of the work plan. For example, as described in **standard 8.2.4,** some Trainees experienced difficulty attending training courses or educational activities / study days.		

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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**

8.2.2 In the self-evaluation submission, the IOM outlined that the clinical and practical experience required of Trainees is described in terms of training outcomes in the specialty curricula. The generic/core infrastructural requirements of the training site and training post are set out in the training site activities and specialty specific forms which were provided as evidence. While these requirements are not currently specified in formal arrangements with training sites, it was noted as part of the accreditation model project, the RCPI/IOM is developing standards as well as Memoranda of Understanding with clinical training sites. Some Specialties indicated that educational resources varied across sites. Any such deficiencies should be identified by the accreditation process and subsequently monitored with clear plans for resolving issues. Infectious Diseases Trainers detailed that many of them are working in a healthcare system that is not adequately funded, not adequately staffed and where physical facilities are not fully fit for purpose. This has led to compromises and the Trainees being advised to accept inadequate working conditions. ID Consultants reported working in sites where physical facilities were not fully fit for purpose. Trainees detailed how educational resources vary across sites. Sufficient study space is an issue at some sites and has been further exacerbated by social distancing requirements resulting from COVID-19. They further described the variability of internet access across training sites. The Specialty detailed that microbiology laboratory experience is a requirement within the curriculum. However, Trainees reported that there is difficulty in getting protected microbiology laboratory time and microbiology laboratory training wasn't sufficiently formalised between microbiology and ID. Trainers also confirmed that links with laboratories need to be strengthened.	A Memorandum of Understanding between the IOM and all of the various clinical training sites must be formulated with immediate effect. MOUs should not be finalised only when an inspection takes place as this would represent an inappropriate time delay. The Institute must inform the Medical Council when the development of the accreditation model and MOUs are complete. The Institute should publish the accreditation model and MOU on their website when complete. Where IOM site inspections identify deficiencies in compliance with agreed standards, both generic and specialty-specific, a formal action plan must be agreed between the IOM and site including timeframes for improvement. The IOM must have processes for the withdrawal of training from a clinical training site / post to enable effective action where improvements are not made. Both of these processes must be provided to the Medical Council within **12 months** of the final report. The IOM must work with the Specialty of Infectious Diseases to formalise laboratory time and ensure that Trainees receive protected time in the laboratory. The IOM and Specialty must define which educational resources and facilities are essential and use MOUs with sites to ensure a suitable range of resources (both educational and wellbeing) are available to Trainees. The IOM must review training sites to review resources and facilities. Where IOM site inspections have identified deficiencies, the Specialty must work with clinical sites to ensure that ID Trainers and Trainees are fully supported in accessing resources and facilities required for delivery of the programme.	**Non-Compliant with CONDITION (H)**

	The IOM must support the Specialty to develop a national action plan to address the issues in ID relating to funding, staffing and facilities. The IOM should then champion with the Specialty the delivery of the plan. The review and the action plan must be provided to the Medical Council within **12 months** of the final report. The action plan must demonstrate how this will be achieved within one year.	

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – CLINICAL AND OTHER EDUCATIONAL RESOURCES – 8.2.4 *The training organisation works with the health services to ensure that the capacity of the health care system is effectively used for service-based training, and that trainees can experience the breadth of the discipline. It uses an appropriate variety of clinical settings, patients and clinical problems for training purposes, while respecting service functions.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.2.4 The self-evaluation submission states that training is hospital-based and is integrated with the requirements of the health care system, with patient care as its focus. Training requirements are detailed in the specific curricula and set out the breadth of the discipline including the variety of clinical settings, patients and clinical problems. The IOM acknowledges the challenges posed by the healthcare system and the difficulty in securing protected time for teaching. However, a number of specialties indicated that educational programmes were not formalised and not always Trainer led, varying in quality from site to site. Trainees in all Specialties indicated that at times, service provision prevented attendance at training courses or educational activities / study days. This tended to be site dependent or related to time spent training in GIM. It was noted that with many educational activities going online due	Any training that is mandatory within a curriculum must be funded and appropriate time made available within work plans to facilitate training. This includes training that is undertaken outside of Ireland. The IOM should work with Specialties to ensure that their respective educational programmes are formalised. This includes advanced planning of educational activities, tailoring training to the relevant curriculum outcomes and individual Trainees needs and ensuring that programmes are Trainer-led and consistently delivered across the various sites. The IOM must work with the HSE using data from all Specialties to develop a system to inform workforce planning and identify appropriate Trainee numbers and Consultant expansion.	**Non-Compliant with CONDITION (D) attached**

to COVID-19, educational opportunities have become more accessible, especially outside of working hours. Although, the CEO and President of IOM stated that they have engaged very closely with the HSE NDTP to advocate for an increase in training positions, it seems that a potential increase in Trainee numbers has not been linked with the need for additional consultant posts. Overall, there appears to be little forward planning undertaken by the IOM in relation to Trainee numbers and linking curricula with the current or future needs of the Irish health care system. This is reflected in **condition (d).** It seems to be a particular issue in Cardiology and Nephrology (**see Standard 6.2.1**) where Consultant opportunities were described as limited and potentially impacting on recruitment and retention within the Specialties. As detailed by the Specialty of Infectious Diseases in **standard 5.2.2,** Trainees are invited to take the Fellows in Training Exam (FITE) examination which is facilitated by the Infectious Diseases Society of America (IDSA). Trainees were of the view it was important to take an examination as a benchmark of learning but felt a European version would be of more relevance.	Information on career opportunities and the availability of consultant posts should be clearly communicated to prospective Trainees prior to entering the programme. An update on action taken must be provided to the Medical Council within **12 months** of the final report. Trainees' attendance at weekly teaching should be monitored, this could be done via the e-Portfolio. Regional programme directors can use this information to ascertain whether lack of attendance at weekly teaching is site specific/workload dependent or due to other reasons. The use of the Fellows in Training Exam (FITE) exam should be clarified for all involved, i.e., whether it is formative or summative assessment. The Specialty should consider adopting an alternative exam or knowledge-based assessment that is more Europe oriented (rather than North American).	

The following standards were found to be partially compliant for the programme of specialist training in Infectious Diseases & General Internal Medicine (HST)

STANDARD 1. CONTEXT OF TRAINING – EDUCATIONAL EXPERTISE AND EXCHANGE - 1.3.2 *The training organisation collaborates with other educational institutions and compares its curriculum, training programme and assessment with that of other relevant programmes.*

FINDING	REQUIREMENT / RECOMMENDATION	COMPLIANCE
1.3.2 As detailed in the self-evaluation, the IOM collaborates with a number of educational institutions and compares the curricula in development. The evaluation and review of training programmes and stakeholder contribution to evaluation processes are described under **standards 6.1.1 & 6.2.2.** The process for curriculum changes and development is broadly similar for all Specialties. It is usually led by the NSD and undertaken through a partnership with the Specialty Training Committee (STC) which has Trainer and Trainee representatives on it. The Education Department of the RCPI undertakes an annual review. Trainers felt that they had the ability to inform discussions both formally and informally. The external representative on the annual assessments panels also have the opportunity to comment on the curriculum. However, the IOM acknowledges that curricula are not evaluated by bodies outside of the RCPI. As described under **standards 6.1.1 & 6.2.2,** the provision of feedback on curricula and evaluation is limited in terms of stakeholders. An appropriate recommendation is made under these standards. A recommendation relating to stakeholder involvement in assessment is made under **standard 5.1.2.**	**Please see recommendations made under standard 5.1.2 and 6.1.1 & 6.2.2 regarding stakeholder involvement in curricula, evaluation and assessment.**	**Partially Compliant**

1.CONTEXT OF TRAINING – INTERACTION WITH THE HEALTH SECTOR - 1.4.2. *The training organisation works with healthcare institutions to facilitate clinicians employed by them to contribute to high quality teaching and supervision, and to foster peer review and professional development.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
1.4.2 It was found all elements of this standard are being fulfilled with the exception of protected time. Please refer to the finding in **standard 8.1.6.**	There should be provision in the consultant contract for protected time for training activities and sufficient time put aside for Trainers in their weekly job plan to undertake the role.	**Partially Compliant with CONDITION (C) attached**

	The IOM should include this as a requirement of the MOU and review the consultant contracts to ensure that this is happening. This could be managed going forward as part of the approval of individual consultants as Trainers.	

2.THE OUTCOMES OF THE TRAINING PROGRAMME - GRADUATE OUTCOMES – 2.2.1 *The training organisation has defined graduate outcomes for each training programme including any sub-specialty programmes. These outcomes are based on the nature of the discipline and the practitioners' role in the delivery of health care. The outcomes are related to community need.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
2.2.1 There are outcomes and assessments listed in each curriculum with the exception of outcomes for special interest training. Currently, there is an absence of decision aids or quality indicators available for assessing outcomes. The development of such is recommended under **standard 5.1.2.** It is acknowledged that Specialties will be moving to outcomes-based curricula. Concerns are described throughout the report about whether dual specialties are given equal weight and both specialties (GIM in particular) appropriately delivered and assessed. This is also reflected in **condition (a).** The need to ensure that curricula, outcomes and the number of Trainee posts are linked with community need – or the current or future needs of the Irish health care system and the requirements of consultant roles is described under **standards 6.2.1 and 8.2.4** and includes recommendations. Similarly, it is important that the outcomes of the programmes deliver what the Irish health care system requires, so a balance needs to be struck between the personal preferences of Trainees (in terms of the areas of special interest they pursue) and future service requirements. As such,	The IOM should ensure that the competencies, assessments and outcomes for each of the Specialties, including the BST in GIM and any special interest areas are clearly defined with appropriate assessment tools (including an appropriate range) and methods for recording those assessments.	**Partially Compliant**

future service requirements need to be clearly described and planned.		

2. THE OUTCOMES OF THE TRAINING PROGRAMME - GRADUATE OUTCOMES – 2.2.3 *Outcomes must reflect domains of professionalism as defined by the Medical Council with particular reference to patient safety.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
2.2.3 The Medical Council's Eight Domains of Good Professional Practice are built into the curriculum for all specialities. Trainees across all Specialties broadly reported the same information including formal courses / study days covering these areas; that professionalism is taught informally and is sometimes site and Specialty specific. For example, BST Trainees detailed that there are formal courses provided on prescribing and medical ethics however these are not evaluated or reviewed as part of workplace assessments. Cardiology Trainees reported that they attend compulsory formal courses/ study days. Human Factors training which includes the Medical Council's Eight Domains of Good Professional Practice is mandatory for all Trainees. However, the discussions with Specialities and Trainees indicated that it was felt that here was little emphasis on professionalism and linking it with daily work. There was also no indication of evaluation or workplace-based assessments on professionalism.	There should be greater emphasis on and awareness of the 'Eight Domains' within the Human Factors for both Trainers and Trainees. This needs to be explicit and embedded into learning agreements and be part of everyday teaching and learning including when on placements. The IOM should ensure that there is support for Trainers to deliver training in professionalism and that there are also assessment tools to record attainment of appropriate competencies.	**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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
3.2.1 The minimum duration of the GIM component of the dual specialty programmes is not clear. This is described below and carries a **condition (e)** as well as a recommendation. The BST curriculum is organised into four sections – introduction, core professional skills, specialty section and concurrent training activities. Each Specialty curriculum is divided into five sections – introduction, generic components, GIM, specialty sections, and minimum requirements for training where the domains of competency are described. The assessment methods are also outlined but it was noted that the full range of available assessment tools are not used across specialties. This is addressed under **standard 5.1.2**. In addition, specific competencies and outcomes were not clearly defined in relation to specialties and special interest areas as detailed under **standard 2.2.1.** **Standards 5.1.1 and 5.2.1** detail the need for assessment structures to record Trainee progress throughout programmes. Requirements for programmes to be more formalised, Trainer-led and reflective of Irish health service are described in **standard 8.2.4.** The Medical Council supports the move to outcomes-based, rather than time-based, postgraduate training. However, ensuring that Trainees spend a minimum specified amount of time in specialist training increases the opportunity for Trainees to gain as much experience as possible, which enhances competency. The minimum duration of the GIM component of the dual specialty programmes is not clear from the information provided by the Institute of Medicine. The Medical Council is statutorily required to ensure that the duration of the training programme is not less than the minimum training duration set out in the EU Directive on the mutual recognition of	The Institute must engage with the Medical Council in relation to the statutory minimum duration of programmes as outlined in the EU Directive on the mutual recognition of professional qualifications (2005/36/EC). The Specialty should ensure that the rationale for the mentorship scheme is communicated to Trainees to enable them to get the best use of the scheme.	**Partially Compliant with CONDITION (E) attached**

professional qualifications (2005/36/EC), which is 5 years for GIM. The Institute will need to work with the Medical Council to identify the duration of GIM. It was found at the time of the accreditation that a previous version of the Infectious Diseases curriculum (dated 2018) was still available on the RCPI website. It has since been updated. The Speciality described a mentorship programme which is in its second year. Upon entering the programme, each Trainee is assigned a mentor to guide and advise them during their five years of training. Trainees indicated they were aware of the mentorship scheme but viewed it as another form of supervision as opposed to mentorship. The Specialty and Trainees confirmed that study days have been introduced following Trainee feedback on concerns relating to career development and the transition from Trainee to Consultant.		

3. THE EDUCATION AND TRAINING PROGRAMME - CURRICULUM CONTENT– 3.4.1 *The programme structure and training requirements recognise part-time, interrupted and other flexible forms of training.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
3.4.1 In the self-evaluation submission, the IOM stated that it is its policy to facilitate flexible training within the Higher Specialist Training Programmes. It recognises and supports part time, interrupted, and other forms of flexible training. Part time training is facilitated through the HSE NDTP Supernumerary Flexible Training Scheme and RCPI job sharing policy. It was indicated that Trainees at Basic Specialist Training (BST) level may also apply for periods of leave and flexible training during their training. The IOM outlined in its submission that there are challenges in the uptake (less	The IOM must progress work with the HSE NDTP to roll out the planned pilot programme relating to flexible training. It is necessary for each Specialty to engage in this process. The Medical Council requires a report within **12 months** of receipt of the final report, of the outcomes of the pilot programme and any resulting planned actions.	**Partially Compliant**

compared to international comparators) and the ability to provide part-time posts. All Trainees confirmed that they received communication about flexible training options. In the accreditation interview, the IOM acknowledged the need for flexibility throughout the continuum of a doctor's career encompassing both training and consultant work. They were also sensitive to the issue of flexible training as a choice as well as a need and see both rationales as part of a more long-term plan. It was reported that the IOM is working with the HSE NDTP on a pilot programme relating to flexible training to be rolled out in 2021 and that it is also looking at more flexibility in the delivery of sessional cover to facilitate part-time training. Trainers across the Specialties indicated that the number of posts provided by the HSE NDP Supernumerary Flexible Training scheme were limited by funding which was allocated centrally across all Specialties. They further indicated that the application process for Out of Programme Experience (OPE) was slow and that research opportunities for example, could be missed due to the length of time it took to apply for funding and approval granted. Funding can also be an issue. These points are described under **standards 3.3.1 & 3.3.2.** It was confirmed in the self-evaluation submission that two Trainees are training flexibly in the 2020-2021 academic year – one from ID and one from Gastroenterology. Other examples heard in accreditation interviews were slightly dated. Although all Trainees across specialties receive communications about flexible training, their wider responses varied. While there were some examples of Trainees training flexibly (for one year) to undertake research, The majority of Trainees across specialties were not aware of any colleagues who had taken up the option outside of research. Some Trainees felt that flexible training may not be supported, indicating it may not be practical due to the demands of service provision. In BST GIM, the inability to backfill positions due to staffing numbers was also seen by Trainees as a challenge in	It is crucial that Trainees are enabled to pursue specialty training (for BST and HST) and that personal circumstances such as caring responsibilities are accommodated through the provision of adequate flexible training options. As such, the IOM must advocate to the HSE for an increase in the number of flexible training positions available. It should also advocate for a move away from an annual application process for flexible training in relation to those with ongoing needs such as parental or carer responsibilities. An IOM flexible training policy should be developed detailing flexible training arrangements available across both BST and HST. It should address opportunities, processes (including keep in touch whilst out of training and return to work/training support), and any possible impact on the length of training. This should be provided to Trainees when developed and thereafter, to all Trainees commencing the training programme. Training Leads and Regional Programme Directors and National Specialty Directors should also be made aware of the flexible training policy and encouraged to promote and consider expressions of interest. The IOM should consider appointing a National lead to support flexible training including applications, facilitating arrangements and supporting Trainees returning to work.	

facilitating flexible training. Overall, there does not seem to be a culture of flexible training. Whilst the training programmes are full-time, it is recognised that some Trainees may have individual circumstances that mean that training on a full-time, continuous basis would, for them, not be practical for well-founded reasons. It is crucial that such Trainees are not dissuaded from entering medical professions, forced to leave or attracted outside the jurisdiction due to an absence of flexible training opportunities. It is necessary to apply for flexible training each year. This is not practical for Trainees whose circumstances will remain unchanged from year to year, e.g. those with caring responsibilities. It is also important that Trainees in these situations have the peace of mind that they will be facilitated to train flexibly from year to year in order to successfully complete the training programmes.		

STANDARD 3 – THE EDUCATION AND TRAINING PROGRAMME – CURRICULUM CONTENT – FLEXIBLE TRAINING – 3.4.2 *There are opportunities for trainees to pursue studies of choice, consistent with training programme outcomes, which are underpinned by policies on the recognition of prior learning. These policies recognise demonstrated competencies achieved in other relevant training programmes both here and overseas, and give trainees appropriate credit towards the requirements of the training programme.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
3.4.2 In the self-evaluation submission, the IOM outlined the opportunities and supporting policies for Trainees to pursue studies of choice. The allocation of Trainees to training posts in the final years of HST is based in part on the Trainees' choice of future career path. Trainees can be allocated to posts that facilitate specific exposure to their chosen area of special interest. Trainees can also apply for Out of Clinical Programme Experience (OPE).	The IOM should ensure that Trainees completing training outside of the jurisdiction have a designated Trainer in Ireland who retains responsibility for the assessment of the Trainee whilst they are abroad. The IOM together with the Specialities should develop a policy which outlines the specific criteria for the recognition of prior	**Partially Compliant**

While all specialties enable the pursuit of studies of choice - such as overseas, special interest and advanced training - the competencies and assessments to be achieved are not formalised and clearly defined. This has been addressed in **standards 2.2.1 and 8.2.4** and includes recommendations. In addition, when a Trainee is undertaking training outside of the jurisdiction, there is no formalised contact with an assigned Trainer based in Ireland. A number of the curricula for Specialty training indicate that recognition for prior experience for candidates can be considered, whilst others make no reference. Overall, across specialties, no instances of recognition of previous training in other specialties or other jurisdictions were heard. Trainers stated that Trainees can choose to apply for an alternative route to specialty registration. Some Trainees confirmed that training in other jurisdictions was not considered and they personally had to repeat training in the Irish system. The review or clarification of mandatory entry requirements in terms of prior experience is described in relation to two specialties under **standards 7.1.2 & 7.1.3.**	learning or training undertaken outside of the programmes. For example, the setting up of a transferable competencies' framework should be considered.	

STANDARD 4 – THE TRAINING PROGRAMME – TEACHING AND LEARNING – 4.1.1 The training is practice-based involving the trainees' personal participation in relevant aspects of the health services and, for clinical specialties, direct patient care.		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
4.1.1 The self-evaluation submission states that Trainees are directly involved in patient care and attend a mandated amount of outpatient clinics and ward rounds/consultations as part of the programme. Trainees also have to record a number of procedures as listed in the curricula.	IOM should oversee the GIM elements of the dual specialty programmes (both BST and HST) to ensure that appropriate training experience and supervision is delivered. This includes ensuring that Trainees are placed in sites which facilitate appropriate GIM training and supervision.	

Infectious Diseases Trainees reported that generally there is a good balance between GIM and ID training. However, they did report that in some circumstances such as staff shortages, the GIM service delivery supersedes the training in ID.	While they are undertaking their dedicated GIM year, links/communication should be maintained with Trainees and clarity provided with respect to the maintenance of skills in their other Specialty. If necessary, support should be provided to assist Trainees to refresh their skills. It is suggested that the IOM appoints a lead for the management of both the BST and HST GIM training. The IOM should develop a formal system to ensure that Trainees on extended leave (e.g. Out of Programme Experience (OPE)) maintain their skills in both their Specialty and GIM. A return-to-work programme/process in both (dual) Specialties should also be established.	**Partially Compliant**

STANDARD 4 – THE TRAINING PROGRAMME – TEACHING AND LEARNING – 4.1.2 *The training programme includes appropriately integrated practical and theoretical instruction.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
4.1.2 The self-evaluation submissions referred to an apprentice model whereby Trainees engage in practical instruction supported by their Trainer while rotating through different posts/sites. The submission states that Trainers are responsible for performing workplace-based assessments and providing feedback at quarterly and end of post assessments. Trainees use the e-Portfolio which identifies the curriculum activities which are required to be performed and recorded – including theoretical instruction such as courses, study days, grand rounds, journal clubs, research and audit. Infectious Diseases Trainees reported that prior to COVID-19, it had not always been possible to attend formal teaching (due to service	It is essential that Trainees are facilitated to access practical and theoretical instruction. As such, when the IOM is developing its quality indicators for the approval of training sites and establishing MOUs with sites, it should include the release of Trainees for educational activity in these items. The IOM should work with the Specialty of Infectious Diseases to enhance access to educational activity. The Specialty should ensure Trainees are released for educational activity and monitor that this is happening. As stated in a previous recommendation, when the IOM is developing its quality indicators for the approval of training sites and	**Partially Compliant**

requirements) and that approximately 50% of the teaching was peer-to-peer rather consultant-led. The introduction of online education has increased accessibility with Trainees able to access recordings if they are not free at the allocated time. There has also been an increase in consultant-led education, which was welcomed.	establishing MOUs with sites, it should include the release of Trainees for educational activity in these items.	

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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
5.1.1 The self-evaluation submissions state that it is mandatory for Trainees to undergo a defined amount of formative and summative assessments on an annual basis. Each curricula has a section dedicated to 'Learning and Assessment Methods' and provide examples of methods used for demonstrating that learning goals have been met such as a combination of day-to-day practice, attendance at courses (or other educational activity), engaging in a relevant workplace based assessment (formative assessment) and undergoing formal assessment (end of post or end of year – summative assessment of progress). End of Post and Annual Evaluation forms for BST GIM were provided as documentary evidence, as well as HST Mini Clinical Evaluation Exercise (CEX), HST Quarterly/End of Post Assessment and HST End of Year Evaluation forms. The majority of specialties use exams from outside the jurisdiction (for example, EULAR for Rheumatology, ITE for Infectious Diseases, ESC exam for Cardiology, European Board for Gastroenterology and ASN exam for Nephrology). Despite information in curricula, it is often not clear to Trainees and Trainers whether these exams are mandatory or not.	The IOM must review how the assessment for dual training is undertaken to ensure that the full competencies for both GIM and the Specialty are fulfilled, and that equal weight is given to both Specialties. This includes considering who undertakes the assessments, when they are carried out, and how it is ensured that Trainees have fulfilled the curricula requirements. The IOM should quality assure the award of CSCSTs using the e-Portfolio as evidence of satisfactory completion of all assessments in both GIM and the Specialty. Appropriately trained and qualified individuals (e.g. practising consultants in the relevant specialty) must undertake separate assessments against each curriculum throughout each of the training programmes. The IOM and Specialties should consider the educational benefits of providing Trainees undertaking a dual qualification with two Trainers throughout their training, a lead Trainer in GIM and another in their	**Partially Compliant with CONDITION (A) attached**

In the accreditation meetings, Trainers and Trainees in the majority of specialties described the assessment system as a 'tick box exercise' with inconsistent use of assessment tools and the e-Portfolio. The completion of formal assessments was indicated as challenging due to busy clinical environments. Trainees clarified that engagement in assessment and with the e-Portfolio was Trainer-dependent. The Specialty of Infectious Diseases indicated the e-Portfolio is a useful tool for Trainers and Trainees to track progress through training and to benchmark against what's required in the curriculum. However, Trainers stated that the e-Portfolio was used by Trainees to record cases and the feedback that they had received and it was not used to record assessments. Trainees confirmed that regular assessment using the e-Portfolio was not routine practice. They described concerns over a lack of regular assessment and formal feedback from Trainers via the e-Portfolio. Trainees noted that they meet with their Trainer at the beginning of the year and set goals which are supposed to be formally reviewed every quarter but that this didn't tend to happen. Although they meet with their Trainers, often daily, a limited number of formal reviews were described.	other Specialty. The e-Portfolio should enable ongoing monitoring by both sets of Trainers. The IOM together with each Specialty should review the use of exams from outside the jurisdiction and consider their appropriateness in relation to the Irish health care system. The IOM and Specialties should clearly outline to applicants and Trainees whether exams are mandatory or recommended in addition to its inclusion in the curricula. This should also be communicated by Trainers. Trainees should be supported to undertake the required assessments in a timely manner throughout the programme. The function of the e-Portfolio must be clearly communicated to both Trainers and Trainees in the specialty of Infectious Diseases.	

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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
5.1.2 Infectious Diseases Trainees exiting the Infectious Diseases (ID) & GIM programme require both knowledge and technical skills in addition to communication skills, interdisciplinary care, evidence and system-based care	Specialties should utilise a much wider range of assessment formats and learning methods.	**Partially Compliant**

and professionalism. Three forms of Workplace Based Assessment (WBA) methods are used to assess ID Trainees including Directly Observed Procedural Skills (DOPS), Case Based Discussions (CBD) and Mini-Clinical Exercise (Mini-CEX). Formally, Trainees are assessed by Quarterly/End of Post Assessment and End of Year Evaluation. However, it was found that the assessment methods outlined in some curricula do not maximise the range of available assessment tools available and that Trainees would benefit for an increased number of WBAs. RCPI employs education specialists to assist the National Specialty Director and Specialty Training Committee in the review, improvement and development of programmes over time. As detailed under **standards 8.1.3 & 8.1.5**, the IOM described plans to develop a Trainer handbook to outline the composition of an assessment. However, there are currently no decision aids or quality indicators available for assessors to support them while assessing Trainees. All Specialties and BST GIM reported inconsistent use of the e-Portfolio by Trainers and across sites. The e-Portfolio is an essential tool for the formal recording of assessments and the progress of Trainees at all levels. It should run seamlessly through BST to HST and across Specialties when Trainees are on their dedicated GIM year. Such issues are also reflected in **standards 5.1.1** and **8.1.3 & 8.1.5.** As described in **standard 5.1.1**, Trainees outlined that completion of assessments within the e-Portfolio was viewed by both Trainees and Trainers as a 'tick- box exercise' and regular assessments using the e-Portfolio was not routine practice. As detailed by the Specialty in **standard 5.2.2,** ID Trainees are also invited to take the Fellows in Training Exam (FITE) examination which is facilitated by the Infectious Diseases Society of America (IDSA). Trainees were of the view it was important to take an examination as a benchmark of learning but felt a European version would be of more relevance.	The IOM together with BST GIM and the Specialties should formalise input from an appropriate range of stakeholders (i.e. nurses, allied health care professionals, support staff) as part of the assessment of Trainees, to ensure evaluation and assessment of all aspects of training including non-clinical. The IOM should monitor the quality of completed assessments through a random review of e-Portfolio records. The IOM should ensure that the e-Portfolio fully supports Trainees, Trainers and NSDs enabling not only the recording of assessments but also the review of Trainee and Trainer engagement, Trainer performance and attainment of curriculum requirements. The IOM should establish regional e-Portfolio leads/ assessment leads to provide support. It is recommended that the IOM develops 'decision aids' and 'quality indicators' for each Specialty at each stage of the training programme to outline the minimum level of skills, knowledge and experience that a Trainee should achieve before progressing to the next year of training. This will ensure consistency among Trainees and across sites and also enable IOM to monitor Trainers and ensure a consistent approach to assessment. The use of workplace-based assessment (WBA) as formative learning experiences should be encouraged at all times during the Infectious Diseases programme. It is important to have a knowledge-based assessment (KBA) at some time during the programme both to "drive learning" and make Trainees aware of the more esoteric conditions that they may not encounter during their training clinical placements. Specific feedback should be provided to Trainees after the Fellows in Training Exam (FITE) (or equivalent) exam.	

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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
5.2.1 The IOM outlined in the self-evaluation submission that where a Trainer is concerned about a Trainees performance, based on assessment or other feedback, a meeting is arranged with the Regional Programme Director or Associate Dean. In cases where enduring professionalism deficits have been identified, the National Speciality Director (NSD) will refer the Trainee to the RCPI Health and Wellbeing Department. This Department will work closely with the Trainee, Trainer and NSD to design a bespoke remediation plan and arrange regular meetings to review progress. It is noted that IOM has a protocol for the identification of a Trainee in difficulty, however without clear outcomes at specific points within each curricula and matching decision aids for assessors, it is difficult to see how the identification will occur at an early stage and enable remediation. The management processes for a trainee in difficulty, including self-referral, are included within the more general Health and Wellbeing document published April 2020. However, Trainers showed little awareness of documentation on managing trainees in difficulty during the accreditation interviews. All Specialties and BST GIM had knowledge of the IOM process for raising a concern relating to a Trainee although they asserted that they have not had reason to use it. The 'Train the Trainer' course content provided by the IOM covers the issue of Trainees struggling both educationally and with mental health issues. In addition, Trainees who had experience outside the jurisdiction felt that the systems in place may not facilitate early	IOM should enhance its current protocol for the identification of a Trainee in difficulty in parallel with the development of the outcomes based curricula and ensure that Trainers are trained in the resultant national key outcomes and that the IOM monitor consistency of assessment against these outcomes. It may also be helpful to have a (clinical) lead to provide advice to Trainers in addition to the current administrative support available. The IOM should explore how to make the best use of the e-Portfolio, not just for recording assessments but also for monitoring progress and the early identification of difficulties. The IOM should review the formative and summative assessment structures for each Specialty and put systems in place that ensure that progression is formalised and recorded throughout the programme thereby reducing reliance on the Penultimate Year Assessment (PYA) as a means of identifying any issues and ensuring a national assessment standard. The e-Portfolio would be a good tool to monitor this progression.	**Partially Compliant**

identification of a Trainee in difficulty. For example, the e-Portfolio does not flag to Trainers and Training Leads that assessments are not completed. All specialties, except for BST GIM, referenced the Penultimate Year Assessment (PYA) as a particularly important assessment point. It was described by some specialties as a key opportunity to identify any issues or deficits with Trainees to be addressed in their final year. The Specialty of Infectious Diseases detailed that the performance of Trainees is confirmed through assessment by the individual Trainer, e-Portfolio review on an annual basis as well as the penultimate year assessment (PYA) in conjunction with an external Examiner. The experience of the Specialty is that challenges in Trainee performance tend to be identified at intern and SHO level and rarely arise at SpR level. Trainees are met every year and the e-Portfolio reviewed and deficits identified which can inform Trainee placement at training sites in subsequent years. A gap analysis takes place at the PYA when Trainees have one outstanding year of clinical medicine. This allows Trainees to address any training gaps in their final year. Academic Trainees are called to the PYE each year to ensure contact with the clinical supervisors. Trainees were aware of the process outlined above but felt that an underperforming Trainee could be missed due to inconsistent use of the e-Portfolio for recording / managing assessments. There is a perception that Trainees in difficulty only exist at BST level. It is important to acknowledge that difficulties can manifest at any time in a Trainees career and a protocol must be in place that recognises that.		

STANDARD 5 – THE CURRICULUM – ASSESSMENT OF LEARNING – FEEDBACK AND PERFORMANCE - 5.2.2 *The training organisation facilitates regular feedback to trainees on performance to guide learning.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
5.2.2 It is important to harmonise the delivery of this standard by promoting the methodologies used by and learning from the four specialties – Clinical Pharmacology and Therapeutics, Gastroenterology, Nephrology and Rheumatology - that are fully compliant. The self-evaluation detailed that Trainees receive informal feedback on a regular basis both in a structured format (workplace-based assessments, end of year evaluations) and in day-to-day practice. The IOM noted that the move to outcomes-based curricula will result in more focused feedback for Trainees. The self-evaluation also indicated that written feedback contains ratings of performance and comments together with commendations and recommendations. However, some Specialties stated that the structured feedback Trainees receive may not always be documented. Trainers and Trainees across specialties confirmed that the type of feedback varies and is primarily driven by the performance of the individual Trainee. The majority of Trainees across the Specialties and BST GIM expressed the view that feedback provided by some Trainers at the end of a rotation was considered a routine administrative task rather than a meaningful way to engage with Trainees and provide valuable insight on their performance and progress. There seems to be a mismatch between the IOM / Specialties and Trainees perceptions in relation to the regularity of feedback. This needs to be rectified. Training in assessment for Trainers is addressed in **condition (b)** and in **standards 8.1.3 and 8.1.5.** Difficulties in achieving regular assessment (and receiving the corresponding feedback) was detailed under **standard 5.1.1** in relation to a number of specialties. The development of decision aids as identified in **standard 5.1.2** should ensure that assessments are consistent and robust.	Trainers should be trained in the delivery of constructive feedback that is linked to performance and identifying areas for improvement and remediation. Trainers should be encouraged to commend a Trainee on good performance on a regular basis so that a positive culture around feedback becomes embedded within the training programmes. This should be reflected in the training undertaken by Trainers outlined in **condition (b)** and the recommendation relating to the Trainer Handbook in **standards 8.1.3 & 8.1.5.** The IOM should ensure that the feedback process used by each Specialty is formalised and that feedback given to Trainees at assessment is documented through the e-Portfolio. Specific feedback should be provided to Infectious Diseases Trainees after the Fellows in Training Exam (FITE) (or equivalent) exam. The Specialty should use the Fellows In Training Exam (FITE) exam results to inform Trainee progression and programme development.	**Partially Compliant**

Infectious Diseases Trainees indicated there was no formal emphasis on feedback during training, that it is generally received if there was a performance issue and limited positive feedback was provided. Trainees detailed they were not always clear if they were meeting the curriculum requirements due to the informal nature of feedback received and the inconsistent use of the e-Portfolio by Trainers. Trainers indicated that recording of feedback in the e-Portfolio is Trainee-led with cases selected by the Trainee. This was further descried under **standard 5.1.1.** Detailed feedback is provided on the Fellows in Training Exam (FITE) exam, a knowledge-based exam that Trainees are invited to do twice during their training. Trainees receive a feedback document afterwards outlining their score in each individual category, their overall score and median score in comparison to other participants. The Specialty found the FITE exam very helpful as the feedback is specific around areas where a Trainee may be stronger or weaker and they use it to design study days to address areas of weakness.		

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.* **OUTCOME EVALUATION – 6.2.2** *Supervisors, trainees, health care administrators, other health care professionals and consumers contribute to evaluation processes.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
6.1.1 & 6.2.2 It was found that the process for evaluating and reviewing curricula was broadly similar for all Specialties. However, the provision of feedback on curricula and evaluation is limited in terms of stakeholders. Many Specialties indicated that they are assured that curricula are satisfactory because graduates progress to Consultant posts or are	Reviews of curricula should include all aspects of the curriculum such as quality of teaching supervision, assessment and Trainee progress. The IOM together with BST GIM and all the Specialties should develop a system to ensure that external stakeholders contribute to the	**Partially Compliant**

appointed to overseas roles. It is felt that this not an appropriate evaluation process and this is further addressed under **standard 6.2.1.** The submission states that mandatory RCPI courses are reviewed on a regular basis and the course review policy was provided as supporting documentation. Feedback is sought from course facilitators and course participants and RCPI education specialists observed the courses. The end of year evaluation process is subject to periodic review in terms of suitability and operations. The quarterly / end of post assessment process and forms facilitates a review of supervision, assessment and Trainee progress. However, as described under **standards 6.1.3 & 7.4.1,** there are concerns relating to the openness of Trainee feedback. In the self-evaluation, the IOM states that there is no direct input from non-medical healthcare professionals in the design of the evaluation process or the evaluation itself, however any given Trainer may seek input from such sources if deemed required. It was outlined that currently, only Trainers (or assessment panels) contribute to assessments due to the technical knowledge and skills along with skills relevant to Medical Council domains of good medical practice required. The context of the clinical training environment was emphasised in that Trainers observe and assess Trainees in engaging with patients, families, and other health care professionals. These observations are a formative part of the feedback and annual assessment. It was heard that Infectious Diseases Trainers review outcomes of the Fellows In Training Exam (FITE) outcomes and design study days to address areas of weakness. However, no mention was made as to whether this also feeds into curriculum or programme design. In addition, some Trainers do not seem to provide consistent and constructive feedback to Trainees. This is addressed under **standard 5.2.2**. The Specialty detailed that the curriculum is developed and reviewed by the National Specialty Director in collaboration with the RCPI education specialists. The Specialty Training Committee which has Trainer representation from every department is also involved. The curriculum is	review and evaluation of curricula, such as employers, health care administrators, other health care professionals and consumers. The IOM should formalise the role of all Trainees in providing input into the review and evaluation of training programmes and not rely fully on Trainee representatives. The process for gathering feedback should be formalised and take place outside the annual assessment process and separated from the review of Trainee performance.	

reviewed annually with the Education Department of the RCPI. Trainers felt that they had the ability to inform discussions both formally and informally both at a site and specialty level. The external representative on the annual assessments also has the opportunity to comment on the curriculum. ID Trainees indicated they provide informal feedback on the curriculum at annual assessments.		

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.* **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.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
6.1.3 & 7.4.1 The specialty is partially compliant with standard 6.1.3 and fully compliant with standard 7.4.1 with the exception of the confidentiality element which is covered under standard 6.1.3. In the self-evaluation submission, the IOM details that Trainee representation has been established on the key committees involved in programme development including the HST Specialty Training Committee, IOM Education and Training Committee, RCPI Education and Quality Committee, Trainee Health and Wellbeing Committee and RCPI'S Trainees Committee. It is important that all Trainees are formally involved in curriculum development and review as disseminating information through Trainee representatives appears to not be fully working for all specialties. As detailed in the self-evaluation and discussions with GIM, issues with training supervision and requirements are managed through the governance structures of the IOM. Each IOM training programmes has an assigned coordinator within the IOM to ensure problems are managed discreetly and escalated in the correct manner. In addition, Trainers and Trainees are encouraged, where possible, to raise complaints on an informal basis with the Trainer, Trainee or the National Specialty Director/ Regional Programme Director in the first instance before invoking the formal grievance procedure. Trainee feedback is sought informally through engagement with the Health and Wellbeing Department, prior to site inspection through the Trainee feedback form, following educational events and course delivery and	A system should be established to enable confidential feedback from Trainees – such as collecting aggregated feedback from Trainees. The IOM should explore with other Specialties (not limited to medical specialties) how anonymity and confidentiality is facilitated in feedback processes. This is especially relevant in relation to specialties with small Trainee numbers. The IOM together with BST GIM and all the Specialties should examine its communication strategy regarding feedback processes in order to alleviate the concerns of the Trainees regarding confidentiality. There should be a formal opportunity – separated from the review of Trainee performance - for Trainees to provide open feedback on their training programme and experience, including feedback on the quality of supervision, and any other issues they may wish to raise.	**Partially Compliant**

anonymously through the Training Post Evaluation. Examples of several Trainee engagement initiatives established by the IOM were provided. Overall, Trainees indicated that there was someone they could approach if there were a specific issue, for example the NSD. Despite all the feedback mechanisms in place, Trainees have concerns with the level of anonymity provided, this was reported in the discussion with Trainees across specialties. Trainees felt smaller specialties in particular are identifiable. This is also described under **standard 8.2.1**. It is not clear whether feedback on Trainer performance is consistently and actively sought by the Specialties as part of ongoing monitoring and evaluation. Trainees in small specialties are easily identifiable and so there are limitations in the current opportunities available to Trainees in providing feedback particularly on the quality of teaching and supervision.		

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS – 8.1.3 *The training organisation routinely evaluates supervisor and trainer effectiveness including feedback from trainees and offers guidance in their professional development in these roles.* **8.1.5** *The training organisation has processes to evaluate the effectiveness of its assessors/examiners including feedback from trainees, and to assist them in their professional development in this role.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.1.3 & 8.1.5 The specialty was found to be partially compliant with standard 8.1.3 and fully compliant with standard 8.1.5. In the self-evaluation submission, the IOM detailed that it routinely evaluates Trainer effectiveness through Trainee surveys, hospital-based	Assessments are an important part of ensuring that Trainees fulfil the curriculum requirements and for facilitating individual development. As such, the IOM must take action to encourage Trainer's active and positive participation in the assessment system ensuring that it is not approached as a routine administrative task.	**Partially Compliant**

inspections and workplace-based assessments. The IOM does not currently have a performance management framework for Trainers. It was confirmed that there is a process for reviewing training posts but not the individual Trainer. In the self-evaluation, the IOM also indicated that there is no formal mechanism of feedback to Examiners directly. However, should an issue arise, it is discussed at the Examination Board meeting with the respective Examiner. In the submission, the IOM described plans to develop a Trainer handbook as a part of a Trainer engagement project. The handbook will outline the detail of each assessment and provide decision making tools to Trainers in relation to assessments. All Specialties detailed that in recent years and in accordance with RCPI policy, on appointment Trainers have to complete the RCPI Physicians as Trainers Essential Skills course. However, longstanding Trainers may not have received this training as they were already instated as Trainers prior to the requirement coming in. In addition, there is no ongoing refresher training requirement. Some Trainers reported that they didn't have allocated time to undertake the courses that form part of the approved Trainer training. As detailed in **condition (c)** and **standard 8.1.6,** it is essential that Trainers receive adequate protected time to fulfil their roles. While the compulsory Essential Skills course has been commended as part of the formal approval process in place for the selection of new Trainers, it was found that further training for Trainers is required. **Condition (b)** identifies the need for training in assessment methods and the use of the e-Portfolio (in particular undertaking and recording workplace-based assessments). It was found that there is a need for more active participation in the assessment process as well as greater and more timely communication to Trainers regarding their assigned Trainees. In relation to the use of Trainee feedback in the evaluation of supervisor and Trainer effectiveness, the issue of confidentiality was raised by Trainees. In the majority of Specialties, Trainees stated that they considered there was a	Trainers must be made aware of their role and responsibilities and assigned Trainees in a timely manner. This allocation must be notified to Trainees in advance of starting their training post; it is recommended that this is recorded on the e-Portfolio. This must be introduced at the next round of Trainee placements and no later than within **3 months** of the final report. The IOM must clearly define the roles of Trainers and Educators (e.g. Clinical Trainer/Clinical Supervisor and Educational Oversight Trainer/Educational Supervisor). This must be completed within **6 months** of the final report. The IOM should formally acknowledge and champion the role of the Trainer, showing that it is a desirable role and one to aspire to and be proud of. The development of the Trainer handbook should be completed to reinforce and support a Trainer's designated role, in particular the effective delivery of formative and summative assessment as well as the provision of constructive feedback that is linked to performance and identifies areas for remediation and commendation. It is recommended that quality indicators are included in the Trainer Handbook. In line with **condition (b)**, the IOM must determine a suitable mechanism to ensure supervisor and assessor (and Examiner in relation to BST GIM) effectiveness and this should not be solely measured by feedback from Trainees. If Trainee feedback is being sought, the Institute should ensure it is anonymous. The IOM's formal performance management system / methods for assessing effectiveness for both Trainers (and Examiners in relation to BST GIM) should include a support system for Trainers to ensure consistent standards. This should also include a process whereby the	**with CONDITION (B) attached**

lack of confidentiality and were concerned about what they perceived as a potential negative impact on those raising concerns, particularly in smaller specialties. A similar finding is also discussed under **standards 6.1.3 & 7.4.1** and **8.2.1** and is accompanied by recommendations. It is important to have a system in place particularly in small specialties to enable confidential feedback from Trainees. Feedback also aids a Trainer's personal development in the role. Many different terms were heard across the course of the accreditation such as 'Trainer', 'Educator' 'Clinical Trainer', 'Clinical Supervisor', 'Educational Oversight Trainer', 'Educational Supervisor', 'mentor', etc. This variance caused confusion and drew attention to the need for roles to be defined and for the use of consistent terminology across specialities.	designation/status of Trainer can be withdrawn in certain circumstances. All Trainers must be given appropriate (protected) time to engage with the Train the Trainer / Essential Skills course as well as additional supplementary courses. The National Specialty Directors (NSDs) should undergo development to enable evaluation of the effectiveness of educators and clinical supervisors. This should include the regular review of the e-Portfolio and quality of assessments to ensure appropriate supervision /assessment/ delegation by Trainers. The IOM should ensure its Continuous Professional Development (CPD) includes content relating to the education and training roles and introduce ongoing / refresher training for Trainers and Examiners. The IOM should ensure that Educators are on the relevant specialist division of the Medical Council register. If they are registered in a different specialty, it must be ensured that evidence has been provided that they are qualified to supervise, assess and support Trainees in the Specialty.	

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS – 8.1.4 *The training organisation has processes for selecting assessors in written, oral and performance-based assessments who have demonstrated relevant capabilities.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**

8.1.4 In the self-evaluation submission, the IOM detailed that the criteria for the approval of physicians as RCPI Trainers includes the requirement for completion of the RCPI Physicians as Trainers Essential Skills online course and this equips them with the capability for the basic forms of assessment. It was noted that it is intended that more Trainer training will be undertaken on work-based assessments when the e-Portfolio is complete. Online courses are available for supplementary skills. However, as outlined in **standards 8.1.3 & 8.1.5,** Trainees expressed concern about the engagement of some Trainees in assessments and with the e-Portfolio. The submission states that by-laws set out the criteria to become an Examiner. Examiners for the written and clinical examinations can be nominated by their colleagues or they can contact the RCPI directly. All applications are reviewed by the Dean of Examinations. However, there was no evidence provided of a formal recruitment process for Assessors / Examiners.	The IOM should publish the competency requirements to be an assessor (and Examiner in relation to the BST in GIM) and the application process. A structured, competency-based recruitment process should be followed for the appointment of assessors (and Examiners in BST GIM). The IOM together with the Specialties and BST GIM should review the effectiveness of the Essential Skills course and ensure that all Trainers (including longstanding Trainers appointed before the current appointment process) are appropriately trained in the various assessment methods and how to record them on the e-Portfolio.	**Partially Compliant**

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – CLINICAL AND OTHER EDUCATIONAL RESOURCES – 8.2.1 *The training organisation has a process and criteria to select and recognise hospitals, sites and posts for training purposes. The accreditation standards of the training organisation are publicly available.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.2.1 In the self-evaluation submission, the IOM outlined the inspection policy and process for the selection and recognition of hospitals, sites and posts for training purposes and provided the related policy as evidence. RCPI has a designated coordinator who assists the National Specialty Director, Associate Director for Training Site Accreditation and Director of Training IOM with the administration of these inspections.	The IOM accreditation model must ensure that training programmes deliver the necessary competencies and outcomes for both the Specialty and GIM, making use of data on what opportunities individual sites are able to provide The IOM must provide detail of how accreditations of clinical training sites (of all Specialties, including both BST and HST GIM) will provide satisfactory evidence that the dual	**Partially Compliant**

The IOM reported that it is transitioning to a '*more responsive and robust*' accreditation model '*reflecting international best practice'*. It acknowledged the inefficiency and challenges of individual inspections given the number of individual training sites as well as the number programmes/specialties delivering training at sites. The accreditation model will inspect and accredit all IOM specialties at a clinical training site every 5 years. Should issues arise during the interval, a triggered inspection will be organised The RCPI indicated that while the new process is waiting to be implemented, it has initiated a short-term risk-based mitigation process. This is a 3-year plan with the first accreditation expected to take place in Q2 2021. (It was originally due to begin earlier but was delayed due to COVID-19 restrictions). Accreditation standards are currently not published, this is planned as part of the rollout in 2021. As described under **standard 5.1.1** and in recognition of the dual nature of qualifications, it is crucial that equal weight is given to both specialties. It was recommended that the IOM's accreditation process should be used as a means of verifying this. The IOM indicated that the Trainee feedback form which it provided as documentary evidence, facilitates honest feedback from Trainees regarding training sites. However, the majority of Trainees interviewed across the specialties reported that they didn't feel confident in the anonymity of the forms and the process and therefore were unlikely to feel comfortable in providing honest feedback. This represents a notable discrepancy between the perceptions of Trainees and management in the provision of feedback regarding clinical training sites. This is also described under **standards 6.1.3 & 7.4.1** where it is accompanied by a recommendation.	nature of the programmes is being appropriately delivered and assessed. Accreditation standards and criteria for a 'triggered visit' must be developed and disseminated in advance of the first cycle of accreditation visits. These should reflect and be mapped to the Standards for Medical Education and Training published by the Medical Council. The Institute and Specialties must publish the accreditation standards for site selection, training sites and training posts.	

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – CLINICAL AND OTHER EDUCATIONAL RESOURCES – 8.2.3 *The training organisation's accreditation requirements cover: orientation, clinical and/or other experience, appropriate supervision, structured educational programmes, educational and infrastructure supports such as access to the internet, library, journals and other learning facilities, continuing medical education sessions accessible to the trainee, dedicated time for teaching and training and opportunities for informal teaching and training in the work environment.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.2.3 In the self-evaluation submission, the IOM detailed that all training posts are inspected every five years in order to assess the training provided. The site visit involves a RCPI appointed inspection panel reviewing training by meeting with hospital management, Trainers and Trainees on the training site, reviewing site facilities pertaining to training and review of documentation pertaining to the site. It was reported that this process has been interrupted by the COVID-19 situation. This is further described under **standard 8.2.1.** At both Trainee and Trainer level, all Specialties reported a lack of dedicated time for teaching and training. It appeared particularly challenging in GIM at both BST and HST level. As outlined under **standard 8.2.2,** there are major concerns in the Specialty of Infectious Diseases about access to appropriate resources and physical facilities. This is also reflected in **condition (i).**	The IOM must inform the Medical Council when the development of the accreditation model and MOU are complete and provide detail of the planned schedule of accreditations/inspections. Updates must be provided with **6 months** of the final report. The IOM should also update the Medical Council on the outcome of inspections of clinical training sites and share any reports produced as part of the Annual Return to the Medical Council including action plans.	**Partially Compliant with CONDITION (F) attached**

8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES - CLINICAL AND OTHER EDUCATIONAL RESOURCES - 8.2.5 *The training organisation should monitor the working environment to ensure it is a safe environment for training.*

FINDING	REQUIREMENT / RECOMMENDATION	COMPLIANCE
8.2.5 In the self-evaluation submission, the IOM detailed that it ensures the workplace is a safe place for training primarily through the Training Site Inspections process as well seeking Trainee feedback at annual evaluation of progress (AEP) meetings and through Training Post Evaluation surveys. Rotas were described as compliant with EWTD with the exception of the BST in GIM. The issues of rotas facilitating educational needs as well as service needs was raised in the Specialty of Infectious Diseases. The Specialty of Infectious Diseases detailed that it is adhering to the EWTD with increased staffing on rotas facilitating compliance and allowing for a more positive Trainee experience. Trainees reported that generally rotas are arranged in compliance with EWTD but as a result, do not always facilitate educational needs. Rotas tended to be based on service need rather than a combination of educational and service needs.	The IOM must monitor every training location to ensure suitability for training and fulfilment of the Medical Council's Standards. If a site is unable to facilitate appropriate working hours, supervision, learning or workload then it must not be a designated training site for a programme. A clear path for confidential reporting / whistle blowing must be available. The Specialty must undertake a formal review of the delivery of education and training experience particularly where Trainees report that rotas do not facilitate attendance at formal teaching sessions. The IOM must provide a report on progress with this to the Medical Council within **6 months** of the date of the final report.	**Partially Compliant with CONDITION (i) attached to BST GIM & Infectious Diseases**

The following standards were found to be fully compliant for the programme of specialist training in Infectious Diseases & General Internal Medicine (HST). Although the programmes are complying with these standards, recommendations have been made for further improvement.

STANDARD 3 – THE EDUCATION AND TRAINING PROGRAMME – CURRICULUM CONTENT – RESEARCH IN THE TRAINING PROGRAMME – 3.3.1 *The training programme includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, and encourages the trainee to participate in research.* **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	REQUIREMENT / RECOMMENDATION	COMPLIANCE
3.3.1 & 3.3.2 The self-evaluation submission states that it is mandatory for Trainees to attend the *Introduction to Health Research* Course as well as the programmes, *Ethics Foundation* and *Performing Audit.* Trainees have access to SPSS, statistical software for data analysis (SPSS) and a related course *An Introduction to Data Analysis Using SPSS*. Trainees are also required to perform a clinical trial and to present at national international meetings. The submission also states that Trainees are encouraged to undertake Research as an Out of Programme Experience (OPE) and a period of 12 months specialty credit is available. There were 5 Trainees undertaking research and 1 Trainee on OPE in the academic year 2020/2021.	The IOM should review the inclusion of research within all curricula and ensure that it is clear what is mandatory/essential and what is optional in terms of research. This should be communicated to Trainers and Trainees. In line with **condition (d)**, mandatory components of programmes must be funded.	**Fully Compliant**

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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
4.1.3 The self-evaluation submission states that Trainees should fulfil all competencies of the training programme but acknowledges that a specific time scale for the acquisition of competencies is not described. It does clarify that failure to make progress towards meeting these objectives at an early stage would cause concern about a Trainee's suitability and ability to become independently capable as a specialist. When the new outcomes-based curriculum is in place, Trainees can advance at different levels and will have different strengths and areas to work on. In this way, it is expected that specific elements of independent practice will be easier to identify. The submission also states that independent practice is observed and judged by Trainers during training and assessments. As Trainees progress through the	The IOM should work with all Specialties to encourage and facilitate the formal training of Trainees as future Trainers. This should not be limited to the role of Clinical Lecturer. It is encouraged that the skills to become a Trainer form part of every curriculum so that by the time a Trainee completes training, they have the skills to become an approved Trainer. This will also assist with the training of more junior Trainees. The Specialty of Gastroenterology is a useful example of good practice in this area.	**Fully Compliant**

programme, their knowledge and hands on experience grow and they are encouraged to assume a greater degree of responsibility and independence. Some specialties reported arrangements to train Trainees as Trainers such as clinical educators and lecturers. This is encouraged in all specialties.		

STANDARD 5 – THE CURRICULUM – ASSESSMENT OF LEARNING – FEEDBACK AND PERFORMANCE - 5.2.3 *The training organisation provides feedback to supervisors of training on trainee performance, where appropriate*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
5.2.3 In the self-evaluation submission, the IOM clarified that the outcome of the end of HST annual evaluations is made available to the succeeding Trainer in order to ensure continuity of training and the training plan. Trainers also have access to the Trainee's e-Portfolio. The submission also stated that annual reporting on the Trainee feedback survey began in 2019 and is intended to continue. A Trainer Engagement Project was launched in August 2020 and feedback loops will be reviewed and modified as part of this two-year project. A link was provided to the Training Post Evaluation aggregate three-year report 2015-2018.	The IOM should provide an update on the outcomes of the Trainer Engagement Project and the action that is to be taken.	**Fully Compliant**

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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
6.2.1 The IOM detailed in the self-evaluation submission that all graduates from the HST training programme are members of the RCPI therefore records on them are maintained. IOM stated that in 2020, HST graduates will be asked to complete a survey outlining their career intentions for the next three years. 'Where Are They Now' graduate data is available on the RCPI website since 2017. Furthermore, within the RCPI research department the Doctor Retention and Motivation Project has been established seeking to identify solutions to help retain doctors within the Irish health care system. It was found that there is need for enhanced recording of graduate outcomes in relation to establishing a formal system for both gathering and graduate measuring outcomes. Gastroenterology graduates go abroad for Advanced Training upon completion of the programme while Nephrology graduates go overseas to gain more exposure to a broader variety of conditions. **Condition (g)** is attached to these specialties and requires them to review their programmes to determine whether the curriculum and graduate outcomes enable graduates to occupy a consultant role in the Irish health service upon completion – without further training or experience. Similarly, the need to define outcomes for special interest training is addressed under **standard 2.2.1.**	The IOM should collect both quantitative and qualitative information on graduate outcomes and use this information to develop and amend curricula outcomes as required. This should include questions relating to the preparedness of Trainees for their next role whether BST to HST or HST to consultant. It should also include input from end users such as the HSE. The IOM should develop a formal system of monitoring the career path of graduates, including tracking those who do not progress into a HST programme. It is necessary to understand this attrition and the reasons for it. The IOM should produce a report for the Medical Council on how it is going to address a lack of progression from BST to HST. A plan for the introduction of the two systems above should be provided within **6 months** of receipt of the final report. This should include how retrospective data on outcomes as well as tracking a lack of progression will be sought. The IOM should complete the move to outcomes-based curricula and ensure that the outcomes for BST GIM and each Specialty are evidence-based. For example, outcomes should take into consideration the needs of the Irish health care system, HSE requirements and the views of each Specialty.	**Fully Compliant with CONDITION (G) attached to Gastroenterology & Nephrology**

STANDARD 7 – IMPLEMENTING THE CURRICULUM – TRAINEES – ADMISSION POLICY AND SELECTION – 7.1.2 *The processes for selection into the training programme *are based on the published criteria and the principles of the training organisation concerned * are evaluated with respect to validity, reliability and feasibility * are transparent, rigorous and fair * are capable of standing up to external scrutiny * include a formal process for review of decisions in relation to selection, and information on this process is outlined to candidates prior to the selection process.* ***7.1.3** The training organisation documents and publishes its selection criteria. Its recommended weighting for various elements of the selection process, including previous experience in the discipline, is described. The marking system for the elements of the process is also described.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
7.1.2 & 7.1.3 The self-evaluation submission states that the selection of candidates is overseen by the Director of Education and Training / Associate Director HST and the Associate Director of BST reporting to the IOM. The application process ensures that applicants possess the minimum entry criteria for each programme. Shortlisting criteria and interview guidelines are followed and online training, *Interviewer Skills is provided* for all members of the Interview Committees. The entry requirements, shortlisting criteria and interview marking schemes for all programmes are reviewed annually and published on the RCPI web-site in advance of the opening of applications. Appropriate links to material on the RCPI website were provided. In some specialties, additional or desirable criteria for candidates such as previous experience was sometimes perceived as mandatory by Trainees for successful appointment to programmes. Recognition of prior experience is addressed under **standard 3.4.2**.	All those who are involved in selection must be trained, including in unconscious bias and rules around the appointment of non-EU candidates. The IOM should include lay representation in the recruitment process, including on recruitment panels 'Vouching' for candidates and thereby potentially giving people an unfair advantage is not appropriate practice. The IOM must make this clear to all staff and suitable action taken where this is not followed. The IOM must review the recruitment literature for each Specialty to ensure that the full range of entry requirements, including any desirable criteria are clear for all (including Trainers and interviewers), are published and linked with the selection criteria and scoring. Recruitment material needs to be regularly reviewed to ensure that it reflects current practice and avoids unintentional bias or indirect discrimination, e.g. disability and appointment of EU and international candidates.	**Fully Compliant**

STANDARD 7 – IMPLEMENTING THE CURRICULUM – TRAINEES – COMMUNICATION WITH TRAINEE – 7.3.3 *The training organisation provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.*

FINDING	REQUIREMENT / RECOMMENDATION	COMPLIANCE
7.3.3 The self-evaluation details the ways that the IOM communicates with Trainees. Following the Annual Evaluations, Trainees are informed of their status within a specified timeframe, usually withing 48 hours. The e-Portfolio provides an easily accessible progress report which allows Trainees to see at a glance their mandatory requirements such as the number of clinics, work-based assessments etc required and how many are outstanding. Finally, ongoing communications are carried out by the assigned National Specialty Director throughout the course of the training programme. It is important that there is strong communication between the IOM and training sites in terms of communications on training issues.	The IOM and RCPI should review its communication strategies to ensure it makes best use of the local site level systems in relation to all specialties.	**Fully Compliant**

Overview of compliance ratings for the programme of specialist training in Nephrology & General Internal Medicine (HST)

Medical Council's Accreditation Standards for Postgraduate Medical Education and Training	Nephrology & General Internal Medicine (HST) - Compliance Rating per Standard												
1. Context of Training	*1.1.1*	*1.1.2*	*1.1.3*	*1.2.1*	*1.2.2*	*1.2.3*	*1.3.1*	*1.3.2*	*1.4.1*	*1.4.2*	*1.5.1*		
2. The Outcomes of the Training Programme	*2.1.1*	*2.1.2*	*2.2.1*	*2.2.2*	*2.2.3*	*2.2.4*							
3. The Education and Training Programme – Curriculum Content	*3.1.1*	*3.2.1*	*3.2.2*	*3.3.1*	*3.3.2*	*3.4.1*	*3.4.2*	*3.5.1*					
4. The Training Programme – Teaching and Learning	*4.1.1*	*4.1.2*	*4.1.3*										
5. The Curriculum - Assessment and Learning	*5.1.1*	*5.1.2*	*5.1.3*	*5.2.1*	*5.2.2*	*5.2.3*	*5.3.1*	*5.4.1*					
6. The Curriculum – Monitoring and Evaluation	*6.1.1*	*6.1.2*	*6.1.3*	*6.2.1*	*6.2.2*								
7. Implementing the Curriculum -Trainee s	*7.1.1*	*7.1.2*	*7.1.3*	*7.1.4*	*7.1.5*	*7.2.1*	*7.3.1*	*7.3.2*	*7.3.3*	*7.4.1*	*7.4.2*	*7.4.3*	*7.4.4*
8. Implementing the Training Programme and Delivery of Educational Resources	*8.1.1*	*8.1.2*	*8.1.3*	*8.1.4*	*8.1.5*	*8.1.6*	*8.2.1*	*8.2.2*	*8.2.3*	*8.2.4*	*8.2.5*		

Fully Compliant
Partially Compliant
Non-Compliant

Evaluation of Compliance with Medical Council Standards

Training Body: Institute of Medicine (IOM)
Programme of Specialist Training: Nephrology & General Internal Medicine (HST)

The following standards were found to be non-compliant for the programme of specialist training in Nephrology & General Internal Medicine (HST)

8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS - 8.1.6 *Organisation and development of Trainers – instructional activities must be included as responsibilities in the work schedules of trainers and their relationship to work schedules of trainees must be described.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.1.6 Overall, it was found that there is a clear lack of protected time for Trainers across BST GIM and all seven specialities. This was evident from the self-evaluation submission and in the interviews conducted with the Institute and representatives from each of the specialties. In addition, the Training Leads do not have protected time for educational and administrative roles. In the self-evaluation submission, the IOM highlighted the challenges in progressing this area. It was indicated that protection of training time is difficult in the current hospital environment due to service demands and that service can overshadow training. Some Specialties also cited a shortage of consultants as a further challenge. The commitment of Trainers is noted	Protected time in so far as possible should be provided to those involved in training at all levels. This includes Trainees as well as Trainers and Training Leads. This is not criticism for work being carried out, but to fully be able to deliver effectively in their roles Trainers and Programme Directors require adequate protected time.	**Non-Compliant with CONDITION (C) attached**

and in the absence of protected time, they fulfil their training roles on a voluntary goodwill basis. One specialty described the role of the National Specialty Director as requiring at minimum, an average of four hours per week. It was clarified that this estimate does not account for tasks such as making improvements to the curriculum / programme. The contribution of Trainers, National Specialty Directors & Training administrators during the COVID-19 pandemic is acknowledged. It is also essential that Trainers are appropriately trained to undertake their roles and have protected time to undertake such training and development. This is addressed under **condition (b)** and **standards 8.1.3 & 8.1.5**. The IOM equally noted that Trainees do not have protected time to attend training and meetings. The Institute acknowledges there should be protected time for Trainees, and it should be part of the work plan. For example, as described in **standard 8.2.4,** some Trainees experienced difficulty attending training courses or educational activities / study days.		

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – CLINICAL AND OTHER EDUCATIONAL RESOURCES – 8.2.4 *The training organisation works with the health services to ensure that the capacity of the health care system is effectively used for service-based training, and that trainees can experience the breadth of the discipline. It uses an appropriate variety of clinical settings, patients and clinical problems for training purposes, while respecting service functions.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**

8.2.4 The self-evaluation submission states that training is hospital-based and is integrated with the requirements of the health care system, with patient care as its focus. Training requirements are detailed in the specific curricula and set out the breadth of the discipline including the variety of clinical settings, patients and clinical problems. The IOM acknowledges the challenges posed by the healthcare system and the difficulty in securing protected time for teaching. However, a number of specialties indicated that educational programmes were not formalised and not always Trainer led, varying in quality from site to site. Trainees in all Specialties indicated that at times, service provision prevented attendance at training courses or educational activities / study days. This tended to be site dependent or related to time spent training in GIM. It was noted that with many educational activities going online due to COVID-19, educational opportunities have become more accessible, especially outside of working hours. Although, the CEO and President of IOM stated that they have engaged very closely with the HSE NDTP to advocate for an increase in training positions, it seems that a potential increase in Trainee numbers has not been linked with the need for additional consultant posts. Overall, there appears to be little forward planning undertaken by the IOM in relation to Trainee numbers and linking curricula with the current or future needs of the Irish health care system. This is reflected in **condition (d).** It seems to be a particular issue in Cardiology and Nephrology (**see Standard 6.2.1**) where Consultant opportunities were described as limited and potentially impacting on recruitment and retention within the Specialties. The Specialty of Nephrology detailed there are four mandatory study days for Trainees with some additional non-mandatory ones. It is expected that Trainees are released for the study days however on occasion there can be local workforce issues which prevent this. The Specialty recently surveyed Trainees and found that a small percentage of Trainees had difficulty accessing study days. Trainees also detailed that local service constraints had impacted on attendance at study days off site. With the transition of	Any training that is mandatory within a curriculum must be funded and appropriate time made available within work plans to facilitate training. This includes training that is undertaken outside of Ireland. The IOM should work with Specialties to ensure that their respective educational programmes are formalised. This includes advanced planning of educational activities, tailoring training to the relevant curriculum outcomes and individual Trainees needs and ensuring that programmes are Trainer-led and consistently delivered across the various sites. The IOM must work with the HSE using data from all Specialties to develop a system to inform workforce planning and identify appropriate Trainee numbers and Consultant expansion. Information on career opportunities and the availability of consultant posts should be clearly communicated to prospective Trainees prior to entering the programme. An update on action taken must be provided to the Medical Council within **12 months** of the final report. Trainees' attendance at weekly teaching should be monitored, this could be done via the e-Portfolio. Regional programme directors can use this information to ascertain whether lack of attendance at weekly teaching is site specific/workload dependent or due to other reasons.	**Non-Compliant with CONDITION (D) attached**

training to a virtual format due to COVID-19, it was still challenging to attend without interruptions from service commitments and most reported they had watched the recordings in their own time.		

The following standards were found to be partially compliant for the programme of specialist training in Nephrology & General Internal Medicine (HST)

STANDARD 1. CONTEXT OF TRAINING – EDUCATIONAL EXPERTISE AND EXCHANGE - 1.3.2 *The training organisation collaborates with other educational institutions and compares its curriculum, training programme and assessment with that of other relevant programmes.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
1.3.2 As detailed in the self-evaluation, the IOM collaborates with a number of educational institutions and compares the curricula in development. The evaluation and review of training programmes and stakeholder contribution to evaluation processes are described under **standards 6.1.1 & 6.2.2.** The process for curriculum changes and development is broadly similar for all Specialties. It is usually led by the NSD and undertaken through a partnership with the Specialty Training Committee (STC) which has Trainer and Trainee representatives on it. The Education Department of the RCPI undertakes an annual review. Trainers felt that they had the ability to inform discussions both formally and informally. The external representative on the annual assessments panels also have the opportunity to comment on the curriculum. However, the IOM acknowledges that curricula are not evaluated by bodies outside of the RCPI. As described under **standards 6.1.1 & 6.2.2,** the provision of feedback on curricula and evaluation is limited in terms of stakeholders. An appropriate recommendation is made under	**Please see recommendations made under standard 5.1.2 and 6.1.1 & 6.2.2 regarding stakeholder involvement in curricula, evaluation and assessment.** The IOM should work with the Specialty to develop a robust system for updating/ reviewing the curriculum to reflect the needs of the Irish health care system whilst incorporating best practice from other jurisdictions. The Specialty should consider the ongoing role of the American Society of Nephrology (ASN) exam within the programme. Trainees are encouraged to sit this exam but are not required to pass.	**Partially Compliant**

these standards. A recommendation relating to stakeholder involvement in assessment is made under **standard 5.1.2.** The Specialty of Nephrology outlined that the NSD takes the lead on Curriculum development, sharing proposals with the STC which has Trainer representation from every site as well as Trainee representation. The NSD informally reviews and benchmarks the Irish curriculum against that of the UK to identify latest developments. Feedback on the curriculum is also obtained from the external reviewer at the annual assessments. Trainees indicated they are able to comment on the curriculum at annual assessments. It was indicated that Trainees are encouraged to take the American Society of Nephrology (ASN) exam twice during training. Trainees receive their results complete with a full breakdown of their score in different areas of the curriculum and a detailed report on areas for further reading. The results are also used by the NSD and the STC to identify areas of weakness within the programme and to update the study day schedule of topics. The original intention behind this was that Trainees would sit the exam without having studied specifically for it so that exam outcomes of Irish Trainees would provide an indication of the effectiveness of the Irish curriculum and identify areas that require review or update in the curriculum. However, it was reported that Trainees are now studying for the exam.		

1.CONTEXT OF TRAINING – INTERACTION WITH THE HEALTH SECTOR - 1.4.2. *The training organisation works with healthcare institutions to facilitate clinicians employed by them to contribute to high quality teaching and supervision, and to foster peer review and professional development.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**

1.4.2 It was found all elements of this standard are being fulfilled with the exception of protected time. Please refer to the finding in **standard 8.1.6.**	There should be provision in the consultant contract for protected time for training activities and sufficient time put aside for Trainers in their weekly job plan to undertake the role. The IOM should include this as a requirement of the MOU and review the consultant contracts to ensure that this is happening. This could be managed going forward as part of the approval of individual consultants as Trainers.	**Partially Compliant with CONDITION (C) attached**

2.THE OUTCOMES OF THE TRAINING PROGRAMME - GRADUATE OUTCOMES – 2.2.1 *The training organisation has defined graduate outcomes for each training programme including any sub-specialty programmes. These outcomes are based on the nature of the discipline and the practitioners' role in the delivery of health care. The outcomes are related to community need.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
2.2.1 There are outcomes and assessments listed in each curriculum with the exception of outcomes for special interest training. Currently, there is an absence of decision aids or quality indicators available for assessing outcomes. The development of such is recommended under **standard 5.1.2.** It is acknowledged that Specialties will be moving to outcomes-based curricula. Concerns are described throughout the report about whether dual specialties are given equal weight and both specialties (GIM in particular) appropriately delivered and assessed. This is also reflected in **condition (a).** The need to ensure that curricula, outcomes and the number of Trainee posts are linked with community need – or the current or future needs of the Irish health care system and the requirements of consultant roles is described under **standards 6.2.1 and 8.2.4** and includes recommendations. Similarly, it is important that the outcomes of the programmes deliver what the Irish health care system requires, so a balance needs to be struck	The IOM should ensure that the competencies, assessments and outcomes for each of the Specialties, including the BST in GIM and any special interest areas are clearly defined with appropriate assessment tools (including an appropriate range) and methods for recording those assessments.	**Partially Compliant**

between the personal preferences of Trainees (in terms of the areas of special interest they pursue) and future service requirements. As such, future service requirements need to be clearly described and planned.		

2. THE OUTCOMES OF THE TRAINING PROGRAMME - GRADUATE OUTCOMES – 2.2.3 *Outcomes must reflect domains of professionalism as defined by the Medical Council with particular reference to patient safety.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
2.2.3 The Medical Council's Eight Domains of Good Professional Practice are built into the curriculum for all specialities. Trainees across all Specialties broadly reported the same information including formal courses / study days covering these areas; that professionalism is taught informally and is sometimes site and Specialty specific. For example, BST Trainees detailed that there are formal courses provided on prescribing and medical ethics however these are not evaluated or reviewed as part of workplace assessments. Cardiology Trainees reported that they attend compulsory formal courses/ study days. Human Factors training which includes the Medical Council's Eight Domains of Good Professional Practice is mandatory for all Trainees. However, the discussions with Specialities and Trainees indicated that it was felt that here was little emphasis on professionalism and linking it with daily work. There was also no indication of evaluation or workplace-based assessments on professionalism.	There should be greater emphasis on and awareness of the 'Eight Domains' within the Human Factors for both Trainers and Trainees. This needs to be explicit and embedded into learning agreements and be part of everyday teaching and learning including when on placements. The IOM should ensure that there is support for Trainers to deliver training in professionalism and that there are also assessment tools to record attainment of appropriate competencies.	**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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
3.2.1 The minimum duration of the GIM component of the dual specialty programmes is not clear. This is described below and carries a **condition (e)** as well as a recommendation. The BST curriculum is organised into four sections – introduction, core professional skills, specialty section and concurrent training activities. Each Specialty curriculum is divided into five sections – introduction, generic components, GIM, specialty sections, and minimum requirements for training where the domains of competency are described. The assessment methods are also outlined but it was noted that the full range of available assessment tools are not used across specialties. This is addressed under **standard 5.1.2**. In addition, specific competencies and outcomes were not clearly defined in relation to specialties and special interest areas as detailed under **standard 2.2.1.** **Standards 5.1.1 and 5.2.1** detail the need for assessment structures to record Trainee progress throughout programmes. Requirements for programmes to be more formalised, Trainer-led and reflective of Irish health service are described in **standard 8.2.4.** The Medical Council supports the move to outcomes-based, rather than time-based, postgraduate training. However, ensuring that Trainees spend a minimum specified amount of time in specialist training increases the opportunity for Trainees to gain as much experience as possible, which enhances competency. The minimum duration of the GIM component of the dual specialty programmes is not clear from the information provided by the Institute of Medicine. The Medical Council is statutorily required to ensure	The Institute must engage with the Medical Council in relation to the statutory minimum duration of programmes as outlined in the EU Directive on the mutual recognition of professional qualifications (2005/36/EC).	**Partially Compliant with CONDITION (E) attached**

that the duration of the training programme is not less than the minimum training duration set out in the EU Directive on the mutual recognition of professional qualifications (2005/36/EC), which is 5 years for GIM. The Institute will need to work with the Medical Council to identify the duration of GIM.		

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.* **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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
3.3.1 & 3.3.2 The specialty was found to be partially compliant with standard 3.3.1 and fully compliant with standard 3.3.2. The self-evaluation submission states that it is mandatory for Trainees to attend the *Introduction to Health Research* Course as well as the programmes, *Ethics Foundation* and *Performing Audit.* Trainees have access to SPSS, statistical software for data analysis (SPSS) and a related course *An Introduction to Data Analysis Using SPSS*. Trainees are also required to perform a clinical trial and to present at national international meetings. The submission also states that Trainees are encouraged to undertake Research as an Out of Programme Experience (OPE) and a period of 12 months specialty credit is available. There were 7 Nephrology Trainees undertaking research, 4 Trainees on OPE and 4 on ICAT in the academic year 2020/2021.	The IOM should review the inclusion of research within all curricula and ensure that it is clear what is mandatory/essential and what is optional in terms of research. This should be communicated to Trainers and Trainees. In line with **condition (d)**, mandatory components of programmes must be funded. Mandatory research should be detailed in the Nephrology curriculum and appropriate arrangements made for it within the programme. Other (optional) research activity, other than for OPE research, should be included in a Trainee's work plan in order to fulfil the research requirements in parallel with clinical training. The Specialty should formalise its approach to research and consider ways to support Trainees in accessing it in a timely manner to prevent a negative impact on training. At an early stage in their training,	**Partially Compliant**

In the accreditation interview, the Specialty cited numerous funding options such as HRB grants, the ICAT programme and Richard Stevens Fellowship. This year, the Specialty asked Trainees taking a year out for research to complete an end of year assessment and requested a report from their supervisor. This approach was described as something they may continue to do in the future. The Specialty of Nephrology detailed that it is a common feature across HST for research to be considered and chosen towards the end of training. This was something they identified that could be improved on and discussions on OPE choices could be had earlier in the programme. It was felt that a more structured approach was necessary and advance planning required. The Nephrology curriculum does not indicate that a period of full-time research is mandatory but this appears to be the expectation for Trainees. Trainees indicated that research opportunities were available and Specialty supervisors were very supportive. However, service commitments made it challenging to identify time for research and it was noted that it is not possible whilst in full time clinical training. The availability of funding to undertake research was also described and it was stated that it is sporadically available making it challenging to arrange research within the programme. Trainees outlined that research opportunities could potentially be missed if funding is not awarded. It was felt that the limited number of consultant positions available in Ireland influenced the desire to undertake research to increase the competitiveness of Trainees. However, it was not clear to Trainees whether undertaking a year's research was mandatory or desirable.	Trainees should be supported to develop a research roadmap for the duration of their training; research should also be discussed at annual assessments. The Specialty should consider appointing a national research lead.	

3. THE EDUCATION AND TRAINING PROGRAMME - CURRICULUM CONTENT– 3.4.1 *The programme structure and training requirements recognise part-time, interrupted and other flexible forms of training.*

FINDING	REQUIREMENT / RECOMMENDATION	COMPLIANCE
3.4.1 In the self-evaluation submission, the IOM stated that it is its policy to facilitate flexible training within the Higher Specialist Training Programmes. It recognises and supports part time, interrupted, and other forms of flexible training. Part time training is facilitated through the HSE NDTP Supernumerary Flexible Training Scheme and RCPI job sharing policy. It was indicated that Trainees at Basic Specialist Training (BST) level may also apply for periods of leave and flexible training during their training. The IOM outlined in its submission that there are challenges in the uptake (less compared to international comparators) and the ability to provide part-time posts. All Trainees confirmed that they received communication about flexible training options. In the accreditation interview, the IOM acknowledged the need for flexibility throughout the continuum of a doctor's career encompassing both training and consultant work. They were also sensitive to the issue of flexible training as a choice as well as a need and see both rationales as part of a more long-term plan. It was reported that the IOM is working with the HSE NDTP on a pilot programme relating to flexible training to be rolled out in 2021 and that it is also looking at more flexibility in the delivery of sessional cover to facilitate part-time training. Trainers across the Specialties indicated that the number of posts provided by the HSE NDP Supernumerary Flexible Training scheme were limited by funding which was allocated centrally across all Specialties. They further indicated that the application process for Out of Programme Experience (OPE) was slow and that research opportunities for example, could be missed due to the length of time it took to apply for funding and approval granted. Funding can also be an issue. These points are described under **standards 3.3.1 & 3.3.2.** It was confirmed in the self-evaluation submission that two Trainees were training flexibly in the 2020-2021 academic year – one from ID and one from	The IOM must progress work with the HSE NDTP to roll out the planned pilot programme relating to flexible training. It is necessary for each Specialty to engage in this process. The Medical Council requires a report within **12 months** of receipt of the final report, of the outcomes of the pilot programme and any resulting planned actions. It is crucial that Trainees are enabled to pursue specialty training (for BST and HST) and that personal circumstances such as caring responsibilities are accommodated through the provision of adequate flexible training options. As such, the IOM must advocate to the HSE for an increase in the number of flexible training positions available. It should also advocate for a move away from an annual application process for flexible training in relation to those with ongoing needs such as parental or carer responsibilities. An IOM flexible training policy should be developed detailing flexible training arrangements available across both BST and HST. It should address opportunities, processes (including keep in touch whilst out of training and return to work/training support), and any possible impact on the length of training. This should be provided to Trainees when developed and thereafter, to all Trainees commencing the training programme. Training Leads and Regional Programme Directors and National Specialty Directors should also be made aware of the flexible training policy and encouraged to promote and consider expressions of interest. The IOM should consider appointing a National lead to support flexible training including applications, facilitating arrangements and supporting Trainees returning to work.	**Partially Compliant**

Gastroenterology. Other examples heard in accreditation interviews were slightly dated. Although all Trainees across specialties receive communications about flexible training, their wider responses varied. While there were some examples of Trainees training flexibly (for one year) to undertake research, The majority of Trainees across specialties were not aware of any colleagues who had taken up the option outside of research. Some Trainees felt that flexible training may not be supported, indicating it may not be practical due to the demands of service provision. In BST GIM, the inability to backfill positions due to staffing numbers was also seen by Trainees as a challenge in facilitating flexible training. Overall, there does not seem to be a culture of flexible training. Whilst the training programmes are full-time, it is recognised that some Trainees may have individual circumstances that mean that training on a full-time, continuous basis would, for them, not be practical for well-founded reasons. It is crucial that such Trainees are not dissuaded from entering medical professions, forced to leave or attracted outside the jurisdiction due to an absence of flexible training opportunities. It is necessary to apply for flexible training each year. This is not practical for Trainees whose circumstances will remain unchanged from year to year, e.g. those with caring responsibilities. It is also important that Trainees in these situations have the peace of mind that they will be facilitated to train flexibly from year to year in order to successfully complete the training programmes. The Specialty of Nephrology detailed that the HSE NDTP flexible training programme is a very competitive process. The NSD explained that since she began her role, there has been one Trainee on the HSE flexible training programme. The Specialty was not aware of a recent Trainee training flexibly. Trainees were aware of the flexible training options and had communications from the Specialty on how to go about applying.		

The Specialty provided an example of a Nephrology Trainee who successfully obtained one year of flexible training but not subsequent years. This led to the Trainee having to resign from the programme – although it was clarified that this may have not been the reason for leaving. It was added that a more accessible system would be particularly valuable for parents. The Specialty agreed that a lead person overlooking flexible training would be a good idea. It was noted that it can be challenging to accommodate a Trainee when they return to the programme after time out and ensure that they are supported and accommodated to meet all the remaining competencies.		

STANDARD 3 – THE EDUCATION AND TRAINING PROGRAMME – CURRICULUM CONTENT – FLEXIBLE TRAINING – 3.4.2 *There are opportunities for trainees to pursue studies of choice, consistent with training programme outcomes, which are underpinned by policies on the recognition of prior learning. These policies recognise demonstrated competencies achieved in other relevant training programmes both here and overseas, and give trainees appropriate credit towards the requirements of the training programme.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
3.4.2 In the self-evaluation submission, the IOM outlined the opportunities and supporting policies for Trainees to pursue studies of choice. The allocation of Trainees to training posts in the final years of HST is based in part on the Trainees' choice of future career path. Trainees can be allocated to posts that facilitate specific exposure to their chosen area of special interest. Trainees can also apply for Out of Clinical Programme Experience (OPE). While all specialties enable the pursuit of studies of choice - such as overseas, special interest and advanced training - the competencies and assessments to be achieved are not formalised and clearly defined. This has been addressed in **standards 2.2.1 and 8.2.4** and includes recommendations. In addition,	The IOM should ensure that Trainees completing training outside of the jurisdiction have a designated Trainer in Ireland who retains responsibility for the assessment of the Trainee whilst they are abroad. The IOM together with the Specialities should develop a policy which outlines the specific criteria for the recognition of prior learning or training undertaken outside of the programmes. For example, the setting up of a transferable competencies' framework should be considered.	**Partially Compliant**

when a Trainee is undertaking training outside of the jurisdiction, there is no formalised contact with an assigned Trainer based in Ireland. A number of the curricula for Specialty training indicate that recognition for prior experience for candidates can be considered, whilst others make no reference. Overall, across specialties, no instances of recognition of previous training in other specialties or other jurisdictions were heard. Trainers stated that Trainees can choose to apply for an alternative route to specialty registration. Some Trainees confirmed that training in other jurisdictions was not considered and they personally had to repeat training in the Irish system. The review or clarification of mandatory entry requirements in terms of prior experience is described in relation to two specialties under **standards 7.1.2 & 7.1.3.**		

STANDARD 4 – THE TRAINING PROGRAMME – TEACHING AND LEARNING – 4.1.1 The training is practice-based involving the trainees' personal participation in relevant aspects of the health services and, for clinical specialties, direct patient care.		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
4.1.1 The self-evaluation submission states that Trainees are directly involved in patient care and attend a mandated amount of outpatient clinics and ward rounds/consultations as part of the programme. Trainees also have to record a number of procedures as listed in the curricula. Owing to the nature of the specialty, Nephrology training includes requirements in other aspects of the health service such as attachments to other specialist units. These are outlined in the curriculum. It was heard from both Trainers and Trainees that opportunities for practical experience vary from site to site and some curriculum outcomes can be difficult to	IOM should oversee the GIM elements of the dual specialty programmes (both BST and HST) to ensure that appropriate training experience and supervision is delivered. This includes ensuring that Trainees are placed in sites which facilitate appropriate GIM training and supervision. While they are undertaking their dedicated GIM year, links/communication should be maintained with Trainees and clarity provided with respect to the maintenance of skills in their other	**Partially Compliant**

attain. For example, at some sites there have been challenges obtaining experience in GIM procedures. The Specialty also detailed that it is not always able to provide Intensive Treatment Unit (ITU) training as requested by Trainees as it is only available at certain sites and there is a lot of competition for placements at those sites with priority given to more senior Trainees. The Specialty described the split between Nephrology training and General Internal Medicine Training. It would appear that while Trainees are completing their dedicated year in GIM, there does not appear to be ongoing contact with their GIM training lead. Trainees indicated that it was unclear who they should turn to if there were a problem during their GIM year. It seems that if a Trainee is on extended time out for research that they maintain their Nephrology clinical commitments but not necessarily their GIM ones. The ongoing clinical commitment in the specialty appears to be arranged informally. The Specialty indicated that the current management of rotations on a yearly basis can lead, on occasion, to training bottlenecks. Trainees detailed that there have been times when they have been informed of their next training placement only two to three months in advance. This can be challenging in terms of making personal plans. The Trainees made several suggestions on how this could be improved.	Specialty. If necessary, support should be provided to assist Trainees to refresh their skills. It is suggested that the IOM appoints a lead for the management of both the BST and HST GIM training. The IOM should develop a formal system to ensure that Trainees on extended leave (e.g. Out of Programme Experience (OPE)) maintain their skills in both their Specialty and GIM. A return-to-work programme/process in both (dual) Specialties should also be established. The Specialty should engage with Trainees regarding the allocation of rotations. Allocation of posts and the occurrence of 'bottlenecks' described by Trainees in Nephrology should be reviewed and the issues addressed to prevent changes to the location of rotations at only 2-3 months' notice.	

STANDARD 4 – THE TRAINING PROGRAMME – TEACHING AND LEARNING – 4.1.2 *The training programme includes appropriately integrated practical and theoretical instruction.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**

4.1.2 The self-evaluation submissions referred to an apprentice model whereby Trainees engage in practical instruction supported by their Trainer while rotating through different posts/sites. The submission states that Trainers are responsible for performing workplace-based assessments and providing feedback at quarterly and end of post assessments. Trainees use the e-Portfolio which identifies the curriculum activities which are required to be performed and recorded – including theoretical instruction such as courses, study days, grand rounds, journal clubs, research and audit. It was heard from both Nephrology Trainers and Trainees that the availability of practical training opportunities varies from site to site. For example, it was reported that at some sites there have been challenges in obtaining experience in GIM procedures. The Specialty also detailed that it is not always able to provide ITU training as requested by Trainees as this is only available at certain sites. There is a lot of competition for placements at these sites. Nephrology Trainees expressed concern as to whether it would be feasible to meet the minimum curriculum requirements for certain procedures and interventions (only one procedure is required in Nephrology, 10 Vascaths over 5 years of training) due to the limited number of sites where these were performed routinely.	It is essential that Trainees are facilitated to access practical and theoretical instruction. As such, when the IOM is developing its quality indicators for the approval of training sites and establishing MOUs with sites, it should include the release of Trainees for educational activity in these items. The IOM should support and encourage the Specialty to review access to Intensive Treatment Unit (ITU) experience for all Trainees across the training programme including Trainee use of OPE in ITU to inform future rotation planning. The IOM should support the Specialty in reviewing the procedures Trainees wish to undertake beyond their current curriculum requirement. The IOM should ensure the e-Portfolio enables NSDs to clearly review and monitor the achievement of the required procedures and interventions (such as ITU training).	**Partially Compliant**

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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**

5.1.2 The self-evaluation submission outlined that both formative and summative assessments utilise internationally accepted assessment methods such as Directly Observed Procedural Skills Assessment (DOPS), Mini-Clinical Evaluation Exercise (Mini-Cex), Case Based Discussion (CBD), EPA forms, Self-Assessment forms, Quarterly/End of Post Assessment and End of Year Evaluation. However, it was found that the assessment methods outlined in some curricula do not maximise the range of available assessment tools available. RCPI employs education specialists to assist the National Specialty Director and Specialty Training Committee in the review, improvement and development of programmes over time. As detailed under **standards 8.1.3 & 8.1.5**, the IOM described plans to develop a Trainer handbook to outline the composition of an assessment. However, there are currently no decision aids or quality indicators available for assessors to support them while assessing Trainees. All Specialties and BST GIM reported inconsistent use of the e-Portfolio by Trainers and across sites. The e-Portfolio is an essential tool for the formal recording of assessments and the progress of Trainees at all levels. It should run seamlessly through BST to HST and across Specialties when Trainees are on their dedicated GIM year. Such issues are also reflected in **standards 5.1.1** and **8.1.3 & 8.1.5.**	Specialties should utilise a much wider range of assessment formats and learning methods. The IOM together with BST GIM and the Specialties should formalise input from an appropriate range of stakeholders (i.e. nurses, allied health care professionals, support staff) as part of the assessment of Trainees, to ensure evaluation and assessment of all aspects of training including non-clinical. The IOM should monitor the quality of completed assessments through a random review of e-Portfolio records. The IOM should ensure that the e-Portfolio fully supports Trainees, Trainers and NSDs enabling not only the recording of assessments but also the review of Trainee and Trainer engagement, Trainer performance and attainment of curriculum requirements. The IOM should establish regional e-Portfolio leads/ assessment leads to provide support. It is recommended that the IOM develops 'decision aids' and 'quality indicators' for each Specialty at each stage of the training programme to outline the minimum level of skills, knowledge and experience that a Trainee should achieve before progressing to the next year of training. This will ensure consistency among Trainees and across sites and also enable IOM to monitor Trainers and ensure a consistent approach to assessment.	**Partially Compliant**

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	REQUIREMENT / RECOMMENDATION	COMPLIANCE
5.2.1 The IOM outlined in the self-evaluation submission that where a Trainer is concerned about a Trainees performance, based on assessment or other feedback, a meeting is arranged with the Regional Programme Director or Associate Dean. In cases where enduring professionalism deficits have been identified, the National Speciality Director (NSD) will refer the Trainee to the RCPI Health and Wellbeing Department. This Department will work closely with the Trainee, Trainer and NSD to design a bespoke remediation plan and arrange regular meetings to review progress. It is noted that IOM has a protocol for the identification of a Trainee in difficulty, however without clear outcomes at specific points within each curricula and matching decision aids for assessors, it is difficult to see how the identification will occur at an early stage and enable remediation. The management processes for a trainee in difficulty, including self-referral, are included within the more general Health and Wellbeing document published April 2020. However, Trainers showed little awareness of documentation on managing trainees in difficulty during the accreditation interviews. All Specialties and BST GIM had knowledge of the IOM process for raising a concern relating to a Trainee although they asserted that they have not had reason to use it. The 'Train the Trainer' course content provided by the IOM covers the issue of Trainees struggling both educationally and with mental health issues. In addition, Trainees who had experience outside the jurisdiction felt that the systems in place may not facilitate early identification of a Trainee in difficulty. For example, the e-Portfolio does not flag to Trainers and Training Leads that assessments are not completed. All specialties, except for BST GIM, referenced the Penultimate Year Assessment (PYA) as a particularly important assessment point. It was described by some specialties as a key opportunity to identify any issues or deficits with Trainees to be addressed in their final year.	IOM should enhance its current protocol for the identification of a Trainee in difficulty in parallel with the development of the outcomes based curricula and ensure that Trainers are trained in the resultant national key outcomes and that the IOM monitor consistency of assessment against these outcomes. It may also be helpful to have a (clinical) lead to provide advice to Trainers in addition to the current administrative support available. The IOM should explore how to make the best use of the e-Portfolio, not just for recording assessments but also for monitoring progress and the early identification of difficulties. The IOM should review the formative and summative assessment structures for each Specialty and put systems in place that ensure that progression is formalised and recorded throughout the programme thereby reducing reliance on the Penultimate Year Assessment (PYA) as a means of identifying any issues and ensuring a national assessment standard. The e-Portfolio would be a good tool to monitor this progression.	**Partially Compliant**

The Specialty of Nephrology detailed that generally, any issues are dealt with informally at a local level by the Trainer. If this were not possible, the formal RCPI process would be engaged. They also detailed plans to add the topic of 'Trainee in difficulty' as a standing item on the Specialty Training Committee agenda. The Specialty outlined how it has previously worked with Trainees who had reservations about continuing the programme and stated that they found solutions to enable the Trainee to continue the training programme.		

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.* **OUTCOME EVALUATION – 6.2.2** *Supervisors, trainees, health care administrators, other health care professionals and consumers contribute to evaluation processes.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
6.1.1 & 6.2.2 It was found that the process for evaluating and reviewing curricula was broadly similar for all Specialties. However, the provision of feedback on curricula and evaluation is limited in terms of stakeholders. Many Specialties indicated that they are assured that curricula are satisfactory because graduates progress to Consultant posts or are appointed to overseas roles. It is felt that this not an appropriate evaluation process and this is further addressed under **standard 6.2.1.** The submission states that mandatory RCPI courses are reviewed on a regular basis and the course review policy was provided as supporting documentation. Feedback is sought from course facilitators and course participants and RCPI education specialists observed the courses. The end of year evaluation process is subject to periodic review in terms of suitability and operations. The quarterly / end of post assessment process and forms facilitates a review of supervision, assessment and Trainee progress.	Reviews of curricula should include all aspects of the curriculum such as quality of teaching supervision, assessment and Trainee progress. The IOM together with BST GIM and all the Specialties should develop a system to ensure that external stakeholders contribute to the review and evaluation of curricula, such as employers, health care administrators, other health care professionals and consumers. The IOM should formalise the role of all Trainees in providing input into the review and evaluation of training programmes and not rely fully on Trainee representatives. The process for gathering feedback should be formalised and take place outside the annual assessment process and separated from the review of Trainee performance.	**Partially Compliant**

However, as described under **standards 6.1.3 & 7.4.1,** there are concerns relating to the openness of Trainee feedback. In the self-evaluation, the IOM states that there is no direct input from non-medical healthcare professionals in the design of the evaluation process or the evaluation itself, however any given Trainer may seek input from such sources if deemed required. It was outlined that currently, only Trainers (or assessment panels) contribute to assessments due to the technical knowledge and skills along with skills relevant to Medical Council domains of good medical practice required. The context of the clinical training environment was emphasised in that Trainers observe and assess Trainees in engaging with patients, families, and other health care professionals. These observations are a formative part of the feedback and annual assessment. Nephrology Trainees indicated they provide informal feedback on the curriculum at annual assessments.		

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.* **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.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
6.1.3 & 7.4.1 The specialty is partially compliant with standard 6.1.3 and fully compliant with standard 7.4.1 with the exception of the confidentiality element which is covered under standard 6.1.3. In the self-evaluation submission, the IOM details that Trainee representation has been established on the key committees involved in programme development including the HST Specialty Training Committee, IOM Education and Training Committee, RCPI Education and Quality Committee, Trainee Health and Wellbeing Committee and RCPI'S Trainees Committee. It is important that all Trainees are formally involved in curriculum development and review as disseminating information through Trainee representatives appears to not be fully working for all specialties. As detailed in the self-evaluation and discussions with GIM, issues with training supervision and requirements are managed through the governance structures of the IOM. Each IOM training programmes has an assigned coordinator within the IOM to ensure problems are managed discreetly and escalated in the correct manner. In addition, Trainers and Trainees are encouraged, where possible, to raise complaints on an informal basis with the Trainer, Trainee or the National Specialty Director/ Regional Programme Director in the first instance before invoking the formal grievance procedure. Trainee feedback is sought informally through engagement with the Health and Wellbeing Department, prior to site inspection through the Trainee feedback form, following educational events and course delivery and	A system should be established to enable confidential feedback from Trainees – such as collecting aggregated feedback from Trainees. The IOM should explore with other Specialties (not limited to medical specialties) how anonymity and confidentiality is facilitated in feedback processes. This is especially relevant in relation to specialties with small Trainee numbers. The IOM together with BST GIM and all the Specialties should examine its communication strategy regarding feedback processes in order to alleviate the concerns of the Trainees regarding confidentiality. There should be a formal opportunity – separated from the review of Trainee performance - for Trainees to provide open feedback on their training programme and experience, including feedback on the quality of supervision, and any other issues they may wish to raise.	**Partially Compliant**

anonymously through the Training Post Evaluation. Examples of several Trainee engagement initiatives established by the IOM were provided. Overall, Trainees indicated that there was someone they could approach if there were a specific issue, for example the NSD. Despite all the feedback mechanisms in place, Trainees have concerns with the level of anonymity provided, this was reported in the discussion with Trainees across specialties. Trainees felt smaller specialties in particular are identifiable. This is also described under **standard 8.2.1**. It is not clear whether feedback on Trainer performance is consistently and actively sought by the Specialties as part of ongoing monitoring and evaluation. Trainees in small specialties are easily identifiable and so there are limitations in the current opportunities available to Trainees in providing feedback particularly on the quality of teaching and supervision.		

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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
6.2.1 The IOM detailed in the self-evaluation submission that all graduates from the HST training programme are members of the RCPI therefore records on them are maintained. IOM stated that in 2020, HST graduates will be asked to complete a survey outlining their career intentions for the next three years. 'Where Are They Now' graduate data is available on the RCPI website since 2017. Furthermore, within the RCPI research department the Doctor Retention and Motivation Project has been established seeking to identify solutions to help retain doctors within the Irish health care system. It was found that there is need for enhanced recording of graduate outcomes in relation to establishing a formal system for both gathering and graduate measuring outcomes. Gastroenterology graduates go abroad for Advanced Training upon completion of the programme while Nephrology graduates go overseas to gain more exposure to a broader variety of conditions. **Condition (g)** is attached to these specialties and requires them to review their programmes to determine whether the curriculum and graduate outcomes enable graduates to occupy a consultant role in the Irish health service upon completion – without further training or experience. Similarly, the need to define outcomes for special interest training is addressed under **standard 2.2.1.** The Specialty of Nephrology described one workplace-based assessment as an observed consultant ward round for Trainees in their penultimate year at one particular site. Here the Trainee leads the ward round and the Trainer will comment on their ability to act at that senior level.	The IOM should collect both quantitative and qualitative information on graduate outcomes and use this information to develop and amend curricula outcomes as required. This should include questions relating to the preparedness of Trainees for their next role whether BST to HST or HST to consultant. It should also include input from end users such as the HSE. The IOM should develop a formal system of monitoring the career path of graduates, including tracking those who do not progress into a HST programme. It is necessary to understand this attrition and the reasons for it. The IOM should produce a report for the Medical Council on how it is going to address a lack of progression from BST to HST. A plan for the introduction of the two systems above should be provided within **6 months** of receipt of the final report. This should include how retrospective data on outcomes as well as tracking a lack of progression will be sought. The IOM should complete the move to outcomes-based curricula and ensure that the outcomes for BST GIM and each Specialty are evidence-based. For example, outcomes should take into consideration the needs of the Irish health care system, HSE requirements and the views of each Specialty. The IOM must work with the Specialty of Nephrology and the HSE to determine whether the outcomes of the training programme fulfil the requirements of a Consultant role in the Irish health care system without further training or whether further exposure to a variety of conditions is required. If further training is required, this must be	**Partially Compliant with CONDITION (G) attached to Gastroenterology & Nephrology**

The Specialty detailed that there is no formal log of graduates from the Nephrology programme, but that they would be aware of where graduates are based and would maintain informal links through events such as those organised by the Irish Society of Nephrology. In accreditation interview, Trainees stated that usually, Trainees do not take up Consultant posts immediately on completion of training rather they tend to go overseas for further training. It was stated that Trainees gain experience of a diversity of patients when they work overseas. If it is necessary for Trainees to be exposed to a diversity of patients not available within the Irish jurisdiction, then this should be a formal part of the curriculum and not a post-CSCST experience. Trainees reported that when they applied to the programme, it was not clear that there was a lack of consultant posts in Ireland for them to enter on completion of training. According to Trainees, it was only after commencing training that they become aware that they will need to leave the jurisdiction in order to work in the specialty until a vacancy arises.	outlined in the curriculum and become a requirement for completion of training, even if the additional exposure occurs outside the jurisdiction. The outcome of the review must be provided to the Medical Council within **12 months** of the final report. If the review determines that further exposure to a variety of conditions is required then a report must also be provided concurrently, outlining next steps for inclusion of that exposure within the programme **one year thereafter.** The IOM should work with the Specialty to champion a career pathway for Trainees to enable them to remain working in Ireland. With no clear pathway, there is a danger that Trainees will be dissuaded from entering the profession or attracted outside the jurisdiction. This work should be fed into the Doctor Retention and Motivation project	

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS – 8.1.3 *The training organisation routinely evaluates supervisor and trainer effectiveness including feedback from trainees and offers guidance in their professional development in these roles.* **8.1.5** *The training organisation has processes to evaluate the effectiveness of its assessors/examiners including feedback from trainees, and to assist them in their professional development in this role.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**

8.1.3 & 8.1.5 The specialty of Nephrology was found to be partially compliant with standard 8.1.3 and fully compliant with standard 8.1.5. In the self-evaluation submission, the IOM detailed that it routinely evaluates Trainer effectiveness through Trainee surveys, hospital-based inspections and workplace-based assessments. The IOM does not currently have a performance management framework for Trainers. It was confirmed that there is a process for reviewing training posts but not the individual Trainer. In the self-evaluation, the IOM also indicated that there is no formal mechanism of feedback to Examiners directly. However, should an issue arise, it is discussed at the Examination Board meeting with the respective Examiner. In the submission, the IOM described plans to develop a Trainer handbook as a part of a Trainer engagement project. The handbook will outline the detail of each assessment and provide decision making tools to Trainers in relation to assessments. All Specialties detailed that in recent years and in accordance with RCPI policy, on appointment Trainers have to complete the RCPI Physicians as Trainers Essential Skills course. However, longstanding Trainers may not have received this training as they were already instated as Trainers prior to the requirement coming in. In addition, there is no ongoing refresher training requirement. Some Trainers reported that they didn't have allocated time to undertake the courses that form part of the approved Trainer training. As detailed in **condition (c)** and **standard 8.1.6,** it is essential that Trainers receive adequate protected time to fulfil their roles. While the compulsory Essential Skills course has been commended as part of the formal approval process in place for the selection of new Trainers, it was found that further training for Trainers is required. **Condition (b)** identifies the need for training in assessment methods and the use of the e-Portfolio (in particular undertaking and recording workplace-based assessments). It was found that there is a need for more active participation	Assessments are an important part of ensuring that Trainees fulfil the curriculum requirements and for facilitating individual development. As such, the IOM must take action to encourage Trainer's active and positive participation in the assessment system ensuring that it is not approached as a routine administrative task. Trainers must be made aware of their role and responsibilities and assigned Trainees in a timely manner. This allocation must be notified to Trainees in advance of starting their training post; it is recommended that this is recorded on the e-Portfolio. This must be introduced at the next round of Trainee placements and no later than within **3 months** of the final report. The IOM must clearly define the roles of Trainers and Educators (e.g. Clinical Trainer/Clinical Supervisor and Educational Oversight Trainer/Educational Supervisor). This must be completed within **6 months** of the final report. The IOM should formally acknowledge and champion the role of the Trainer, showing that it is a desirable role and one to aspire to and be proud of. The development of the Trainer handbook should be completed to reinforce and support a Trainer's designated role, in particular the effective delivery of formative and summative assessment as well as the provision of constructive feedback that is linked to performance and identifies areas for remediation and commendation. It is recommended that quality indicators are included in the Trainer Handbook. In line with **condition (b)**, the IOM must determine a suitable mechanism to ensure supervisor and assessor (and Examiner in relation to BST GIM) effectiveness and this should not be solely measured by feedback from Trainees. If Trainee feedback is being sought, the Institute should ensure it is anonymous.	**Partially Compliant with CONDITION (B) attached**

in the assessment process as well as greater and more timely communication to Trainers regarding their assigned Trainees. In relation to the use of Trainee feedback in the evaluation of supervisor and Trainer effectiveness, the issue of confidentiality was raised by Trainees. In the majority of Specialties, Trainees stated that they considered there was a lack of confidentiality and were concerned about what they perceived as a potential negative impact on those raising concerns, particularly in smaller specialties. A similar finding is also discussed under **standards 6.1.3 & 7.4.1** and **8.2.1** and is accompanied by recommendations. It is important to have a system in place particularly in small specialties to enable confidential feedback from Trainees. Feedback also aids a Trainer's personal development in the role. Many different terms were heard across the course of the accreditation such as 'Trainer', 'Educator' 'Clinical Trainer', 'Clinical Supervisor', 'Educational Oversight Trainer', 'Educational Supervisor', 'mentor', etc. This variance caused confusion and drew attention to the need for roles to be defined and for the use of consistent terminology across specialities.	The IOM's formal performance management system / methods for assessing effectiveness for both Trainers (and Examiners in relation to BST GIM) should include a support system for Trainers to ensure consistent standards. This should also include a process whereby the designation/status of Trainer can be withdrawn in certain circumstances. All Trainers must be given appropriate (protected) time to engage with the Train the Trainer / Essential Skills course as well as additional supplementary courses. The National Specialty Directors (NSDs) should undergo development to enable evaluation of the effectiveness of educators and clinical supervisors. This should include the regular review of the e-Portfolio and quality of assessments to ensure appropriate supervision /assessment/ delegation by Trainers. The IOM should ensure its Continuous Professional Development (CPD) includes content relating to the education and training roles and introduce ongoing / refresher training for Trainers and Examiners. The IOM should ensure that Educators are on the relevant specialist division of the Medical Council register. If they are registered in a different specialty, it must be ensured that evidence has been provided that they are qualified to supervise, assess and support Trainees in the Specialty.	

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS – 8.1.4 *The training organisation has processes for selecting assessors in written, oral and performance-based assessments who have demonstrated relevant capabilities.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.1.4 In the self-evaluation submission, the IOM detailed that the criteria for the approval of physicians as RCPI Trainers includes the requirement for completion of the RCPI Physicians as Trainers Essential Skills online course and this equips them with the capability for the basic forms of assessment. It was noted that it is intended that more Trainer training will be undertaken on work-based assessments when the e-Portfolio is complete. Online courses are available for supplementary skills. However, as outlined in **standards 8.1.3 & 8.1.5,** Trainees expressed concern about the engagement of some Trainees in assessments and with the e-Portfolio. The submission states that by-laws set out the criteria to become an Examiner. Examiners for the written and clinical examinations can be nominated by their colleagues or they can contact the RCPI directly. All applications are reviewed by the Dean of Examinations. However, there was no evidence provided of a formal recruitment process for Assessors / Examiners.	The IOM should publish the competency requirements to be an assessor (and Examiner in relation to the BST in GIM) and the application process. A structured, competency-based recruitment process should be followed for the appointment of assessors (and Examiners in BST GIM). The IOM together with the Specialties and BST GIM should review the effectiveness of the Essential Skills course and ensure that all Trainers (including longstanding Trainers appointed before the current appointment process) are appropriately trained in the various assessment methods and how to record them on the e-Portfolio.	**Partially Compliant**

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – CLINICAL AND OTHER EDUCATIONAL RESOURCES – 8.2.1 *The training organisation has a process and criteria to select and recognise hospitals, sites and posts for training purposes. The accreditation standards of the training organisation are publicly available.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**

8.2.1 In the self-evaluation submission, the IOM outlined the inspection policy and process for the selection and recognition of hospitals, sites and posts for training purposes and provided the related policy as evidence. RCPI has a designated coordinator who assists the National Specialty Director, Associate Director for Training Site Accreditation and Director of Training IOM with the administration of these inspections. The IOM reported that it is transitioning to a '*more responsive and robust'* accreditation model '*reflecting international best practice'*. It acknowledged the inefficiency and challenges of individual inspections given the number of individual training sites as well as the number programmes/specialties delivering training at sites. The accreditation model will inspect and accredit all IOM specialties at a clinical training site every 5 years. Should issues arise during the interval, a triggered inspection will be organised The RCPI indicated that while the new process is waiting to be implemented, it has initiated a short-term risk-based mitigation process. This is a 3-year plan with the first accreditation expected to take place in Q2 2021. (It was originally due to begin earlier but was delayed due to COVID-19 restrictions). Accreditation standards are currently not published, this is planned as part of the rollout in 2021. As described under **standard 5.1.1** and in recognition of the dual nature of qualifications, it is crucial that equal weight is given to both specialties. It was recommended that the IOM's accreditation process should be used as a means of verifying this. The IOM indicated that the Trainee feedback form which it provided as documentary evidence, facilitates honest feedback from Trainees regarding training sites. However, the majority of Trainees interviewed across the specialties reported that they didn't feel confident in the anonymity of the forms and the process and therefore were unlikely to feel comfortable in providing honest feedback. This represents a	The IOM accreditation model must ensure that training programmes deliver the necessary competencies and outcomes for both the Specialty and GIM, making use of data on what opportunities individual sites are able to provide The IOM must provide detail of how accreditations of clinical training sites (of all Specialties, including both BST and HST GIM) will provide satisfactory evidence that the dual nature of the programmes is being appropriately delivered and assessed. Accreditation standards and criteria for a 'triggered visit' must be developed and disseminated in advance of the first cycle of accreditation visits. These should reflect and be mapped to the Standards for Medical Education and Training published by the Medical Council. The Institute and Specialties must publish the accreditation standards for site selection, training sites and training posts.	**Partially Compliant**

notable discrepancy between the perceptions of Trainees and management in the provision of feedback regarding clinical training sites. This is also described under **standards 6.1.3 & 7.4.1** where it is accompanied by a recommendation.		

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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.2.2 In the self-evaluation submission, the IOM outlined that the clinical and practical experience required of Trainees is described in terms of training outcomes in the specialty curricula. The generic/core infrastructural requirements of the training site and training post are set out in the training site activities and specialty specific forms which were provided as evidence. While these requirements are not currently specified in formal arrangements with training sites, it was noted as part of the accreditation model project, the RCPI/IOM is developing standards as well as Memoranda of Understanding with clinical training sites. Some Specialties indicated that educational resources varied across sites. Any such deficiencies should be identified by the accreditation process and subsequently monitored with clear plans for resolving issues.	A Memorandum of Understanding between the IOM and all of the various clinical training sites must be formulated with immediate effect. MOUs should not be finalised only when an inspection takes place as this would represent an inappropriate time delay. The Institute must inform the Medical Council when the development of the accreditation model and MOUs are complete. The Institute should publish the accreditation model and MOU on their website when complete. Where IOM site inspections identify deficiencies in compliance with agreed standards, both generic and specialty-specific, a formal action plan must be agreed between the IOM and site including timeframes for improvement.	**Partially Compliant with CONDITION (H) attached to Infectious Diseases**

	The IOM must have processes for the withdrawal of training from a clinical training site / post to enable effective action where improvements are not made. Both of these processes must be provided to the Medical Council within **12 months** of the final report.	

The following standards were found to be fully compliant for the programme of specialist training in Nephrology & General Internal Medicine (HST). Although the programmes are complying with these standards, recommendations have been made for further improvement.

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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
4.1.3 The self-evaluation submission states that Trainees should fulfil all competencies of the training programme but acknowledges that a specific time scale for the acquisition of competencies is not described. It does clarify that failure to make progress towards meeting these objectives at an early stage would cause concern about a Trainee's suitability and ability to become independently capable as a specialist. When the new outcomes-based curriculum is in place, Trainees can advance at different levels and will have different strengths and areas to work on. In this way, it is expected that specific elements of independent practice will be easier to identify. The submission also states that independent practice is observed and judged by Trainers during training and assessments. As Trainees progress through the programme, their knowledge and hands on experience grow and they are encouraged to assume a greater degree of responsibility and independence.	The IOM should work with all Specialties to encourage and facilitate the formal training of Trainees as future Trainers. This should not be limited to the role of Clinical Lecturer. It is encouraged that the skills to become a Trainer form part of every curriculum so that by the time a Trainee completes training, they have the skills to become an approved Trainer. This will also assist with the training of more junior Trainees. The Specialty of Gastroenterology is a useful example of good practice in this area.	**Fully Compliant**

Some specialties reported arrangements to train Trainees as Trainers such as clinical educators and lecturers. This is encouraged in all specialties.		

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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
5.1.1 The self-evaluation submissions state that it is mandatory for Trainees to undergo a defined amount of formative and summative assessments on an annual basis. Each curricula has a section dedicated to 'Learning and Assessment Methods' and provide examples of methods used for demonstrating that learning goals have been met such as a combination of day-to-day practice, attendance at courses (or other educational activity), engaging in a relevant workplace based assessment (formative assessment) and undergoing formal assessment (end of post or end of year – summative assessment of progress). End of Post and Annual Evaluation forms for BST GIM were provided as documentary evidence, as well as HST Mini Clinical Evaluation Exercise (CEX), HST Quarterly/End of Post Assessment and HST End of Year Evaluation forms. The majority of specialties use exams from outside the jurisdiction (for example, EULAR for Rheumatology, ITE for Infectious Diseases, ESC exam for	The IOM must review how the assessment for dual training is undertaken to ensure that the full competencies for both GIM and the Specialty are fulfilled, and that equal weight is given to both Specialties. This includes considering who undertakes the assessments, when they are carried out, and how it is ensured that Trainees have fulfilled the curricula requirements. The IOM should quality assure the award of CSCSTs using the e-Portfolio as evidence of satisfactory completion of all assessments in both GIM and the Specialty. Appropriately trained and qualified individuals (e.g. practising consultants in the relevant specialty) must undertake separate assessments against each curriculum throughout each of the training programmes.	**Fully Compliant with CONDITION (A) attached**

Cardiology, European Board for Gastroenterology and ASN exam for Nephrology). Despite information in curricula, it is often not clear to Trainees and Trainers whether these exams are mandatory or not. In the accreditation meetings, Trainers and Trainees in the majority of specialties described the assessment system as a 'tick box exercise' with inconsistent use of assessment tools and the e-Portfolio. The completion of formal assessments was indicated as challenging due to busy clinical environments. Trainees clarified that engagement in assessment and with the e-Portfolio was Trainer-dependent. It was heard that not all Nephrology Trainers are trained in the use of assessment tools. As stated in **standards 8.1.3 & 8.1.5**, although all new Trainers complete the Essential Skills course, longstanding Trainers may not have received this training.	The IOM and Specialties should consider the educational benefits of providing Trainees undertaking a dual qualification with two Trainers throughout their training, a lead Trainer in GIM and another in their other Specialty. The e-Portfolio should enable ongoing monitoring by both sets of Trainers. The IOM together with each Specialty should review the use of exams from outside the jurisdiction and consider their appropriateness in relation to the Irish health care system. The IOM and Specialties should clearly outline to applicants and Trainees whether exams are mandatory or recommended in addition to its inclusion in the curricula. This should also be communicated by Trainers. Trainees should be supported to undertake the required assessments in a timely manner throughout the programme.	

STANDARD 5 – THE CURRICULUM – ASSESSMENT OF LEARNING – FEEDBACK AND PERFORMANCE - 5.2.2 *The training organisation facilitates regular feedback to trainees on performance to guide learning.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
5.2.2 It is important to harmonise the delivery of this standard by promoting the methodologies used by and learning from the four specialties that are fully compliant such as the specialty of Nephrology. The self-evaluation detailed that Trainees receive informal feedback on a regular basis both in a structured format (workplace-based assessments, end of year evaluations) and in day-to-day practice. The IOM noted that the move to outcomes-based curricula will result in more focused feedback for Trainees. The self-evaluation also indicated that written feedback contains ratings of performance and comments together with commendations and recommendations. However, some Specialties stated that the structured feedback Trainees receive may not always be documented. Trainers and Trainees across specialties confirmed that the type of feedback varies and is primarily driven by the performance of the individual Trainee. The majority of Trainees across the Specialties and BST GIM expressed the view that feedback provided by some Trainers at the end of a rotation was considered a routine administrative task rather than a meaningful way to engage with Trainees and provide valuable insight on their performance and progress. There seems to be a mismatch between the IOM / Specialties and Trainees perceptions in relation to the regularity of feedback. This needs to be rectified. Training in assessment for Trainers is addressed in **condition (b)** and in **standards 8.1.3 and 8.1.5.** Difficulties in achieving regular assessment (and receiving the corresponding feedback) was detailed under **standard 5.1.1** in relation to a number of specialties. The development of decision aids as identified in **standard 5.1.2** should ensure that assessments are consistent and robust.	Trainers should be trained in the delivery of constructive feedback that is linked to performance and identifying areas for improvement and remediation. Trainers should be encouraged to commend a Trainee on good performance on a regular basis so that a positive culture around feedback becomes embedded within the training programmes. This should be reflected in the training undertaken by Trainers outlined in **condition (b)** and the recommendation relating to the Trainer Handbook in **standards 8.1.3 & 8.1.5.** The IOM should ensure that the feedback process used by each Specialty is formalised and that feedback given to Trainees at assessment is documented through the e-Portfolio.	**Fully Compliant**

STANDARD 5 – THE CURRICULUM – ASSESSMENT OF LEARNING – FEEDBACK AND PERFORMANCE - 5.2.3 *The training organisation provides feedback to supervisors of training on trainee performance, where appropriate*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
5.2.3 In the self-evaluation submission, the IOM clarified that the outcome of the end of HST annual evaluations is made available to the succeeding Trainer in order to ensure continuity of training and the training plan. Trainers also have access to the Trainee's e-Portfolio. The submission also stated that annual reporting on the Trainee feedback survey began in 2019 and is intended to continue. A Trainer Engagement Project was launched in August 2020 and feedback loops will be reviewed and modified as part of this two-year project. A link was provided to the Training Post Evaluation aggregate three-year report 2015-2018.	The IOM should provide an update on the outcomes of the Trainer Engagement Project and the action that is to be taken.	**Fully Compliant**

STANDARD 7 – IMPLEMENTING THE CURRICULUM – TRAINEES – ADMISSION POLICY AND SELECTION – 7.1.2 *The processes for selection into the training programme *are based on the published criteria and the principles of the training organisation concerned * are evaluated with respect to validity, reliability and feasibility * are transparent, rigorous and fair * are capable of standing up to external scrutiny * include a formal process for review of decisions in relation to selection, and information on this process is outlined to candidates prior to the selection process.* ***7.1.3** The training organisation documents and publishes its selection criteria. Its recommended weighting for various elements of the selection process, including previous experience in the discipline, is described. The marking system for the elements of the process is also described.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**

7.1.2 & 7.1.3 The self-evaluation submission states that the selection of candidates is overseen by the Director of Education and Training / Associate Director HST and the Associate Director of BST reporting to the IOM. The application process ensures that applicants possess the minimum entry criteria for each programme. Shortlisting criteria and interview guidelines are followed and online training, *Interviewer Skills is provided* for all members of the Interview Committees. The entry requirements, shortlisting criteria and interview marking schemes for all programmes are reviewed annually and published on the RCPI web-site in advance of the opening of applications. Appropriate links to material on the RCPI website were provided. In some specialties, additional or desirable criteria for candidates such as previous experience was sometimes perceived as mandatory by Trainees for successful appointment to programmes. Recognition of prior experience is addressed under **standard 3.4.2**.	All those who are involved in selection must be trained, including in unconscious bias and rules around the appointment of non-EU candidates. The IOM should include lay representation in the recruitment process, including on recruitment panels 'Vouching' for candidates and thereby potentially giving people an unfair advantage is not appropriate practice. The IOM must make this clear to all staff and suitable action taken where this is not followed. The IOM must review the recruitment literature for each Specialty to ensure that the full range of entry requirements, including any desirable criteria are clear for all (including Trainers and interviewers), are published and linked with the selection criteria and scoring. Recruitment material needs to be regularly reviewed to ensure that it reflects current practice and avoids unintentional bias or indirect discrimination, e.g. disability and appointment of EU and international candidates.	**Fully Compliant**

STANDARD 7 – IMPLEMENTING THE CURRICULUM – TRAINEES – COMMUNICATION WITH TRAINEE – 7.3.3 *The training organisation provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
7.3.3 The self-evaluation details the ways that the IOM communicates with Trainees. Following the Annual Evaluations, Trainees are informed of their status within a specified timeframe, usually withing 48 hours. The e-Portfolio provides an easily accessible progress report which allows Trainees to see at a glance their mandatory requirements such as the number of clinics, work-based assessments etc required and how many are outstanding. Finally, ongoing communications are carried out by the assigned National Specialty Director throughout the course of the training programme. It is important that there is strong communication between the IOM and training sites in terms of communications on training issues.	The IOM and RCPI should review its communication strategies to ensure it makes best use of the local site level systems in relation to all specialties.	**Fully Compliant**

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – CLINICAL AND OTHER EDUCATIONAL RESOURCES – 8.2.3 *The training organisation's accreditation requirements cover: orientation, clinical and/or other experience, appropriate supervision, structured educational programmes, educational and infrastructure supports such as access to the internet, library, journals and other learning facilities, continuing medical education sessions accessible to the trainee, dedicated time for teaching and training and opportunities for informal teaching and training in the work environment.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.2.3 In the self-evaluation submission, the IOM detailed that all training posts are inspected every five years in order to assess the training provided. The site visit involves a RCPI appointed inspection panel reviewing training by meeting with hospital management, Trainers and Trainees on the training site, reviewing site facilities pertaining to training and review of documentation pertaining to the site. It was reported that this process has been interrupted by the COVID-19 situation. This is further described under **standard 8.2.1.** The completion of the accreditation model and MOUs are crucial to ensuring that training requirements and standards are met at training sites. At both Trainee and Trainer level, all Specialties reported a lack of dedicated time for teaching and training. It appeared particularly challenging in GIM at both BST and HST level.	The IOM must inform the Medical Council when the development of the accreditation model and MOU are complete and provide detail of the planned schedule of accreditations/inspections. Updates must be provided with **6 months** of the final report. The IOM should also update the Medical Council on the outcome of inspections of clinical training sites and share any reports produced as part of the Annual Return to the Medical Council including action plans.	**Fully Compliant with CONDITION (F) attached**

8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES - CLINICAL AND OTHER EDUCATIONAL RESOURCES - 8.2.5 *The training organisation should monitor the working environment to ensure it is a safe environment for training.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.2.5 In the self-evaluation submission, the IOM detailed that it ensures the workplace is a safe place for training primarily through the Training Site Inspections process as well seeking Trainee feedback at annual evaluation of progress (AEP) meetings and through Training Post Evaluation surveys. It is important that all Trainees are empowered and supported to report instances of safety breaches, bullying or unprofessionalism and be provided with the information about how to do so confidentially. Rotas were described as compliant with EWTD with the exception of the BST in GIM. The issues of rotas facilitating educational needs as well as service needs was raised in the Specialty of Infectious Diseases. Compliance with EWTD and access to supervision and education is crucial at all training sites.	The IOM must monitor every training location to ensure suitability for training and fulfilment of the Medical Council's Standards. If a site is unable to facilitate appropriate working hours, supervision, learning or workload then it must not be a designated training site for a programme. A clear path for confidential reporting / whistle blowing must be available.	**Fully Compliant with CONDITION (i) attached to BST GIM & Infectious Diseases**

Overview of compliance ratings for the programme of specialist training in Rheumatology & General Internal Medicine (HST)

Medical Council's Accreditation Standards for Postgraduate Medical Education and Training	Rheumatology & General Internal Medicine (HST) - Compliance Rating per Standard												
1. Context of Training	*1.1.1*	*1.1.2*	*1.1.3*	*1.2.1*	*1.2.2*	*1.2.3*	*1.3.1*	*1.3.2*	*1.4.1*	*1.4.2*	*1.5.1*		
2. The Outcomes of the Training Programme	*2.1.1*	*2.1.2*	*2.2.1*	*2.2.2*	*2.2.3*	*2.2.4*							
3. The Education and Training Programme – Curriculum Content	*3.1.1*	*3.2.1*	*3.2.2*	*3.3.1*	*3.3.2*	*3.4.1*	*3.4.2*	*3.5.1*					
4. The Training Programme – Teaching and Learning	*4.1.1*	*4.1.2*	*4.1.3*										
5. The Curriculum - Assessment and Learning	*5.1.1*	*5.1.2*	*5.1.3*	*5.2.1*	*5.2.2*	*5.2.3*	*5.3.1*	*5.4.1*					
6. The Curriculum – Monitoring and Evaluation	*6.1.1*	*6.1.2*	*6.1.3*	*6.2.1*	*6.2.2*								
7. Implementing the Curriculum -Trainee s	*7.1.1*	*7.1.2*	*7.1.3*	*7.1.4*	*7.1.5*	*7.2.1*	*7.3.1*	*7.3.2*	*7.3.3*	*7.4.1*	*7.4.2*	*7.4.3*	*7.4.4*
8. Implementing the Training Programme and Delivery of Educational Resources	*8.1.1*	*8.1.2*	*8.1.3*	*8.1.4*	*8.1.5*	*8.1.6*	*8.2.1*	*8.2.2*	*8.2.3*	*8.2.4*	*8.2.5*		

Fully Compliant
Partially Compliant
Non-Compliant

Evaluation of Compliance with Medical Council Standards

Training Body: Institute of Medicine (IOM)
Programme of Specialist Training: Rheumatology & General Internal Medicine (HST)

The following standards were found to be non-compliant for the programme of specialist training in Rheumatology & General Internal Medicine (HST)

8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS - 8.1.6 *Organisation and development of Trainers – instructional activities must be included as responsibilities in the work schedules of trainers and their relationship to work schedules of trainees must be described.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.1.6 Overall, it was found that there is a clear lack of protected time for Trainers across BST GIM and all seven specialities. This was evident from the self-evaluation submission and in the interviews conducted with the Institute and representatives from each of the specialties. In addition, the Training Leads do not have protected time for educational and administrative roles. In the self-evaluation submission, the IOM highlighted the challenges in progressing this area. It was indicated that protection of training time is difficult in the current hospital environment due to service demands and	Protected time in so far as possible should be provided to those involved in training at all levels. This includes Trainees as well as Trainers and Training Leads. This is not criticism for work being carried out, but to fully be able to deliver effectively in their roles Trainers and Programme Directors require adequate protected time.	**Non-Compliant with CONDITION (C) attached**

that service can overshadow training. Some Specialties also cited a shortage of consultants as a further challenge. The commitment of Trainers is noted and in the absence of protected time, they fulfil their training roles on a voluntary goodwill basis. One specialty described the role of the National Specialty Director as requiring at minimum, an average of four hours per week. It was clarified that this estimate does not account for tasks such as making improvements to the curriculum / programme. The contribution of Trainers, National Specialty Directors & Training administrators during the COVID-19 pandemic is acknowledged. It is also essential that Trainers are appropriately trained to undertake their roles and have protected time to undertake such training and development. This is addressed under **condition (b)** and **standards 8.1.3 & 8.1.5**. The IOM equally noted that Trainees do not have protected time to attend training and meetings. The Institute acknowledges there should be protected time for Trainees, and it should be part of the work plan. For example, as described in **standard 8.2.4,** some Trainees experienced difficulty attending training courses or educational activities / study days.		

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – CLINICAL AND OTHER EDUCATIONAL RESOURCES – 8.2.4 *The training organisation works with the health services to ensure that the capacity of the health care system is effectively used for service-based training, and that trainees can experience the breadth of the discipline. It uses an appropriate variety of clinical settings, patients and clinical problems for training purposes, while respecting service functions.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**

8.2.4 The self-evaluation submission states that training is hospital-based and is integrated with the requirements of the health care system, with patient care as its focus. Training requirements are detailed in the specific curricula and set out the breadth of the discipline including the variety of clinical settings, patients and clinical problems. The IOM acknowledges the challenges posed by the healthcare system and the difficulty in securing protected time for teaching. However, a number of specialties indicated that educational programmes were not formalised and not always Trainer led, varying in quality from site to site. Trainees in all Specialties indicated that at times, service provision prevented attendance at training courses or educational activities / study days. This tended to be site dependent or related to time spent training in GIM. It was noted that with many educational activities going online due to COVID-19, educational opportunities have become more accessible, especially outside of working hours. Although, the CEO and President of IOM stated that they have engaged very closely with the HSE NDTP to advocate for an increase in training positions, it seems that a potential increase in Trainee numbers has not been linked with the need for additional consultant posts. Overall, there appears to be little forward planning undertaken by the IOM in relation to Trainee numbers and linking curricula with the current or future needs of the Irish health care system. This is reflected in **condition (d).** It seems to be a particular issue in Cardiology and Nephrology (**see Standard 6.2.1**) where Consultant opportunities were described as limited and potentially impacting on recruitment and retention within the Specialties. Both Trainers and Trainees in Rheumatology detailed how GIM duties impacted on training and reduced time available to devote to Rheumatology clinics and research. Trainees observed that in their opinion, Trainees in procedural based specialties spent more time carrying out procedures than doing ward duties and suggested this way of working could benefit Rheumatology Trainees.	Any training that is mandatory within a curriculum must be funded and appropriate time made available within work plans to facilitate training. This includes training that is undertaken outside of Ireland. The IOM should work with Specialties to ensure that their respective educational programmes are formalised. This includes advanced planning of educational activities, tailoring training to the relevant curriculum outcomes and individual Trainees needs and ensuring that programmes are Trainer-led and consistently delivered across the various sites. The IOM must work with the HSE using data from all Specialties to develop a system to inform workforce planning and identify appropriate Trainee numbers and Consultant expansion. Information on career opportunities and the availability of consultant posts should be clearly communicated to prospective Trainees prior to entering the programme. An update on action taken must be provided to the Medical Council within **12 months** of the final report. Trainees' attendance at weekly teaching should be monitored, this could be done via the e-Portfolio. Regional programme directors can use this information to ascertain whether lack of attendance at weekly teaching is site specific/workload dependent or due to other reasons. The Specialty of Rheumatology should work with the IOM and NDTP to produce a clear workforce strategy for Trainee and consultant numbers using the information from the NDTP report. It is important that the Irish curriculum is written and designed for the needs of the Irish Health System and that the use of the EULAR core curriculum doesn't drive the Irish curriculum content.	**Non-Compliant with CONDITION (D) attached**

Trainers detailed that the European Alliance of Associations for Rheumatology (EULAR) core curriculum is mandatory for new entrants to the programme. Trainees are expected to sit the EULAR examination although it is not a requirement. It is essential that Trainees are adequately prepared to work in the Irish health service and as such, the programme's curriculum and assessment methods need to reflect the Irish context. It was also reported that the payment for registration on the EULAR core curriculum/ basic introductory course is covered however there is no funding for Trainees to attend EULAR hands-on courses. Trainers described rheumatic diseases as an increasing health issue across Europe and one that Ireland is under resourced to address in comparison to the UK and other European countries. They referenced a HSE NDTP report which highlighted the need for a 90% increase in the number of Rheumatologists in Ireland over the next number of years and whilst Trainee numbers have partially expanded, consultant numbers have not increased leading to insufficient roles for graduates who are forced to go overseas.	The IOM should champion the needs of the Specialty with the HSE in relation to Consultant expansion which should not only support patient care, but also contribute to Trainee retention.	

The following standards were found to be partially compliant for the programme of specialist training in Rheumatology & General Internal Medicine (HST)

STANDARD 1. CONTEXT OF TRAINING – EDUCATIONAL EXPERTISE AND EXCHANGE - 1.3.2 *The training organisation collaborates with other educational institutions and compares its curriculum, training programme and assessment with that of other relevant programmes.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**

1.3.2 As detailed in the self-evaluation, the IOM collaborates with a number of educational institutions and compares the curricula in development. The evaluation and review of training programmes and stakeholder contribution to evaluation processes are described under **standards 6.1.1 & 6.2.2.** The process for curriculum changes and development is broadly similar for all Specialties. It is usually led by the NSD and undertaken through a partnership with the Specialty Training Committee (STC) which has Trainer and Trainee representatives on it. The Education Department of the RCPI undertakes an annual review. Trainers felt that they had the ability to inform discussions both formally and informally. The external representative on the annual assessments panels also have the opportunity to comment on the curriculum. However, the IOM acknowledges that curricula are not evaluated by bodies outside of the RCPI. As described under **standards 6.1.1 & 6.2.2,** the provision of feedback on curricula and evaluation is limited in terms of stakeholders. An appropriate recommendation is made under these standards. A recommendation relating to stakeholder involvement in assessment is made under **standard 5.1.2.**	**Please see recommendations made under standard 5.1.2 and 6.1.1 & 6.2.2 regarding stakeholder involvement in curricula, evaluation and assessment.**	**Partially Compliant**

1.CONTEXT OF TRAINING – INTERACTION WITH THE HEALTH SECTOR - 1.4.2. *The training organisation works with healthcare institutions to facilitate clinicians employed by them to contribute to high quality teaching and supervision, and to foster peer review and professional development.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
1.4.2 It was found all elements of this standard are being fulfilled with the exception of protected time. Please refer to the finding in **standard 8.1.6.**	There should be provision in the consultant contract for protected time for training activities and sufficient time put aside for Trainers in their weekly job plan to undertake the role. The IOM should include this as a requirement of the MOU and review the consultant contracts to ensure that this is happening. This could be managed going forward as part of the approval of individual consultants as Trainers.	**Partially Compliant with CONDITION (C) attached**

2.THE OUTCOMES OF THE TRAINING PROGRAMME - GRADUATE OUTCOMES – 2.2.1 *The training organisation has defined graduate outcomes for each training programme including any sub-specialty programmes. These outcomes are based on the nature of the discipline and the practitioners' role in the delivery of health care. The outcomes are related to community need.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
2.2.1 There are outcomes and assessments listed in each curriculum with the exception of outcomes for special interest training. Currently, there is an absence of decision aids or quality indicators available for assessing outcomes. The development of such is recommended under **standard 5.1.2.** It is acknowledged that Specialties will be moving to outcomes-based curricula. Concerns are described throughout the report about whether dual specialties are given equal weight and both specialties (GIM in particular) appropriately delivered and assessed. This is also reflected in **condition (a).** The need to ensure that curricula, outcomes and the number of Trainee posts are linked with community need – or the current or future needs of the Irish health care system and the requirements of consultant roles is described under **standards 6.2.1 and 8.2.4** and includes recommendations. Similarly, it is important that the outcomes of the programmes deliver what the Irish health care system requires, so a balance needs to be struck between the personal preferences of Trainees (in terms of the areas of special interest they pursue) and future service requirements. As such, future service requirements need to be clearly described and planned.	The IOM should ensure that the competencies, assessments and outcomes for each of the Specialties, including the BST in GIM and any special interest areas are clearly defined with appropriate assessment tools (including an appropriate range) and methods for recording those assessments.	**Partially Compliant**

2. THE OUTCOMES OF THE TRAINING PROGRAMME - GRADUATE OUTCOMES – 2.2.3 *Outcomes must reflect domains of professionalism as defined by the Medical Council with particular reference to patient safety.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
2.2.3 The Medical Council's Eight Domains of Good Professional Practice are built into the curriculum for all specialities. Trainees across all Specialties broadly reported the same information including formal courses / study days covering these areas; that professionalism is taught informally and is sometimes site and Specialty specific. For example, BST Trainees detailed that there are formal courses provided on prescribing and medical ethics however these are not evaluated or reviewed as part of workplace assessments. Cardiology Trainees reported that they attend compulsory formal courses/ study days. Human Factors training which includes the Medical Council's Eight Domains of Good Professional Practice is mandatory for all Trainees. However, the discussions with Specialities and Trainees indicated that it was felt that here was little emphasis on professionalism and linking it with daily work. There was also no indication of evaluation or workplace-based assessments on professionalism.	There should be greater emphasis on and awareness of the 'Eight Domains' within the Human Factors for both Trainers and Trainees. This needs to be explicit and embedded into learning agreements and be part of everyday teaching and learning including when on placements. The IOM should ensure that there is support for Trainers to deliver training in professionalism and that there are also assessment tools to record attainment of appropriate competencies.	**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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
3.2.1 The minimum duration of the GIM component of the dual specialty programmes is not clear. This is described below and carries a **condition (e)** as well as a recommendation.	The Institute must engage with the Medical Council in relation to the statutory minimum duration of programmes as outlined in the EU Directive on the mutual recognition of professional qualifications (2005/36/EC).	

The BST curriculum is organised into four sections – introduction, core professional skills, specialty section and concurrent training activities. Each Specialty curriculum is divided into five sections – introduction, generic components, GIM, specialty sections, and minimum requirements for training where the domains of competency are described. The assessment methods are also outlined but it was noted that the full range of available assessment tools are not used across specialties. This is addressed under **standard 5.1.2**. In addition, specific competencies and outcomes were not clearly defined in relation to specialties and special interest areas as detailed under **standard 2.2.1.** **Standards 5.1.1 and 5.2.1** detail the need for assessment structures to record Trainee progress throughout programmes. Requirements for programmes to be more formalised, Trainer-led and reflective of Irish health service are described in **standard 8.2.4.** The Medical Council supports the move to outcomes-based, rather than time-based, postgraduate training. However, ensuring that Trainees spend a minimum specified amount of time in specialist training increases the opportunity for Trainees to gain as much experience as possible, which enhances competency. The minimum duration of the GIM component of the dual specialty programmes is not clear from the information provided by the Institute of Medicine. The Medical Council is statutorily required to ensure that the duration of the training programme is not less than the minimum training duration set out in the EU Directive on the mutual recognition of professional qualifications (2005/36/EC), which is 5 years for GIM. The Institute will need to work with the Medical Council to identify the duration of GIM.		**Partially Compliant with CONDITION (E) attached**

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.* **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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
3.3.1 & 3.3.2 The self-evaluation submission states that it is mandatory for Trainees to attend the *Introduction to Health Research* Course as well as the programmes, *Ethics Foundation* and *Performing Audit.* Trainees have access to SPSS, statistical software for data analysis (SPSS) and a related course *An Introduction to Data Analysis Using SPSS*. Trainees are also required to perform a clinical trial and to present at national international meetings. The submission also states that Trainees are encouraged to undertake Research as an Out of Programme Experience (OPE) and a period of 12 months specialty credit is available. There were 6 Trainees undertaking research and 8 Trainees on OPE in the academic year 2020/2021. Rheumatology Trainees detailed that options for an OPE experience tended to be identified later in a Trainee's training usually just prior to the Penultimate Year Assessment (PYA). This seems late in training to be considering research. Although OPE research is not mandatory, Trainees felt compelled to undertake it to increase their competitiveness for the limited number of consultant posts available. The Specialty stated that Trainers with active research interests are regularly asked to speak at Study Days to highlight opportunities and enable potential project development. In addition, the 'PYA' is now held after 2 years of Rheumatology training, to enable mid-point training assessment to ensure deficits are identified early and highlighted for additional supports or training.	The IOM should review the inclusion of research within all curricula and ensure that it is clear what is mandatory/essential and what is optional in terms of research. This should be communicated to Trainers and Trainees. In line with **condition (d)**, mandatory components of programmes must be funded. The Specialty of Rheumatology should review whether it considers full time research mandatory. If it is deemed a requirement, this should be made clear earlier in a Trainees training and not left until just before the PYA. Time should be included in the Trainees work plan for research whilst in the clinical setting at all sites and this should form part of the MOU. At an early stage in their training, Trainees should be supported to develop a research roadmap for the duration of their training; research should also be discussed at annual assessments.	**Partially Compliant**

Trainees also detailed there was variation across training sites in the opportunities and support available to carry out research during clinical training.		

3. THE EDUCATION AND TRAINING PROGRAMME - CURRICULUM CONTENT– 3.4.1 *The programme structure and training requirements recognise part-time, interrupted and other flexible forms of training.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
3.4.1 In the self-evaluation submission, the IOM stated that it is its policy to facilitate flexible training within the Higher Specialist Training Programmes. It recognises and supports part time, interrupted, and other forms of flexible training. Part time training is facilitated through the HSE NDTP Supernumerary Flexible Training Scheme and RCPI job sharing policy. It was indicated that Trainees at Basic Specialist Training (BST) level may also apply for periods of leave and flexible training during their training. The IOM outlined in its submission that there are challenges in the uptake (less compared to international comparators) and the ability to provide part-time posts. All Trainees confirmed that they received communication about flexible training options. In the accreditation interview, the IOM acknowledged the need for flexibility throughout the continuum of a doctor's career encompassing both training and consultant work. They were also sensitive to the issue of flexible training as a choice as well as a need and see both rationales as part of a more long-term plan. It was reported that the IOM is working with the HSE NDTP on a pilot programme relating to flexible training to be rolled out in 2021 and that it is also looking at more flexibility in the delivery of sessional cover to facilitate part-time training. Trainers across the Specialties indicated that the number of posts provided by the HSE NDP Supernumerary Flexible Training scheme were limited by funding which was allocated centrally across all Specialties. They further	The IOM must progress work with the HSE NDTP to roll out the planned pilot programme relating to flexible training. It is necessary for each Specialty to engage in this process. The Medical Council requires a report within **12 months** of receipt of the final report, of the outcomes of the pilot programme and any resulting planned actions. It is crucial that Trainees are enabled to pursue specialty training (for BST and HST) and that personal circumstances such as caring responsibilities are accommodated through the provision of adequate flexible training options. As such, the IOM must advocate to the HSE for an increase in the number of flexible training positions available. It should also advocate for a move away from an annual application process for flexible training in relation to those with ongoing needs such as parental or carer responsibilities. An IOM flexible training policy should be developed detailing flexible training arrangements available across both BST and HST. It should address opportunities, processes (including keep in touch whilst out of training and return to work/training support), and any possible impact on the length of training. This should be provided to Trainees when developed and thereafter, to all Trainees commencing the training programme.	**Partially Compliant**

indicated that the application process for Out of Programme Experience (OPE) was slow and that research opportunities for example, could be missed due to the length of time it took to apply for funding and approval granted. Funding can also be an issue. These points are described under **standards 3.3.1 & 3.3.2.** It was confirmed in the self-evaluation submission that two Trainees were training flexibly in the 2020-2021 academic year – one from ID and one from Gastroenterology. Other examples heard in accreditation interviews were slightly dated. The Specialty of Rheumatology provided examples of flexible arrangements that have been put in place for Trainees over the years. One Trainee was able to extend their training over a few years on a more part-time basis and is now fully trained and in a consultant post. Another person took a year out for personal reasons and later resumed and completed their training. Although all Trainees across specialties receive communications about flexible training, their wider responses varied. While there were some examples of Trainees training flexibly (for one year) to undertake research, The majority of Trainees across specialties were not aware of any colleagues who had taken up the option outside of research. Some Trainees felt that flexible training may not be supported, indicating it may not be practical due to the demands of service provision. In BST GIM, the inability to backfill positions due to staffing numbers was also seen by Trainees as a challenge in facilitating flexible training. Overall, there does not seem to be a culture of flexible training. Whilst the training programmes are full-time, it is recognised that some Trainees may have individual circumstances that mean that training on a full-time, continuous basis would, for them, not be practical for well-founded reasons. It is crucial that such Trainees are not dissuaded from entering medical professions, forced to leave or attracted outside the jurisdiction due to an absence of flexible training opportunities. It is necessary to apply for flexible training each year. This is not practical for Trainees whose circumstances will remain unchanged from year to year, e.g.	Training Leads and Regional Programme Directors and National Specialty Directors should also be made aware of the flexible training policy and encouraged to promote and consider expressions of interest. The IOM should consider appointing a National lead to support flexible training including applications, facilitating arrangements and supporting Trainees returning to work.	

those with caring responsibilities. It is also important that Trainees in these situations have the peace of mind that they will be facilitated to train flexibly from year to year in order to successfully complete the training programmes. Rheumatology Trainees were aware of options available for flexible training through communications from the RCPI. Trainees reported that although there was a HR process, there was not a formal return to training for those returning from full time research or maternity leave. The Specialty described the HSE flexible training programmes as limited and identified the need for more opportunities. It was also stated that a more efficient system is needed as it is very difficult for Trainees to plan appropriately. It was also acknowledged that the appetite for greater flexibility in both training and consultant work is increasing.		

STANDARD 3 – THE EDUCATION AND TRAINING PROGRAMME – CURRICULUM CONTENT – FLEXIBLE TRAINING – 3.4.2 *There are opportunities for trainees to pursue studies of choice, consistent with training programme outcomes, which are underpinned by policies on the recognition of prior learning. These policies recognise demonstrated competencies achieved in other relevant training programmes both here and overseas, and give trainees appropriate credit towards the requirements of the training programme.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
3.4.2 In the self-evaluation submission, the IOM outlined the opportunities and supporting policies for Trainees to pursue studies of choice. The allocation of Trainees to training posts in the final years of HST is based in part on the Trainees' choice of future career path. Trainees can be allocated to posts that facilitate specific exposure to their chosen area of special interest. Trainees can also apply for Out of Clinical Programme Experience (OPE).	The IOM should ensure that Trainees completing training outside of the jurisdiction have a designated Trainer in Ireland who retains responsibility for the assessment of the Trainee whilst they are abroad. The IOM together with the Specialities should develop a policy which outlines the specific criteria for the recognition of prior learning or training undertaken outside of the programmes. For	**Partially Compliant**

While all specialties enable the pursuit of studies of choice - such as overseas, special interest and advanced training - the competencies and assessments to be achieved are not formalised and clearly defined. This has been addressed in **standards 2.2.1 and 8.2.4** and includes recommendations. In addition, when a Trainee is undertaking training outside of the jurisdiction, there is no formalised contact with an assigned Trainer based in Ireland. A number of the curricula for Specialty training indicate that recognition for prior experience for candidates can be considered, whilst others make no reference. Overall, across specialties, no instances of recognition of previous training in other specialties or other jurisdictions were heard. Trainers stated that Trainees can choose to apply for an alternative route to specialty registration. Some Trainees confirmed that training in other jurisdictions was not considered and they personally had to repeat training in the Irish system. The review or clarification of mandatory entry requirements in terms of prior experience is described in relation to two specialties under **standards 7.1.2 & 7.1.3.**	example, the setting up of a transferable competencies' framework should be considered.	

STANDARD 4 – THE TRAINING PROGRAMME – TEACHING AND LEARNING – 4.1.2 *The training programme includes appropriately integrated practical and theoretical instruction.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
4.1.2 The self-evaluation submissions referred to an apprentice model whereby Trainees engage in practical instruction supported by their Trainer while rotating through different posts/sites. The submission states that Trainers are responsible for performing workplace-based assessments and providing feedback at quarterly and end of post assessments. Trainees use	It is essential that Trainees are facilitated to access practical and theoretical instruction. As such, when the IOM is developing its quality indicators for the approval of training sites and establishing MOUs with sites, it should include the release of Trainees for educational activity in these items.	**Partially Compliant**

the e-Portfolio which identifies the curriculum activities which are required to be performed and recorded – including theoretical instruction such as courses, study days, grand rounds, journal clubs, research and audit. It is acknowledged that the Specialty of Rheumatology has developed a curriculum for ultrasound training in Tallaght Hospital which they are hoping will be rolled out nationally. However, Trainees reported that they can have difficulty in getting adequate formal teaching in some areas of the curriculum such as ultrasound or microscopy. The Specialty later stated that such difficulty may be due to COVID-19.	The IOM should ensure the e-Portfolio enables NSDs to review and monitor that all Rheumatology Trainees are receiving the necessary formal teaching as required in the curriculum, such as microscopy and ultrasound. The IOM should also work with the Specialty to ensure that the programme is designed in line with the expertise of Trainers as well as the requirements of the specialist role. This will ensure that Trainee expectations of the delivery of the curriculum reflects the training experience available at sites.	

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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
5.1.2 The self-evaluation submission outlined that both formative and summative assessments utilise internationally accepted assessment methods such as Directly Observed Procedural Skills Assessment (DOPS), Mini-Clinical Evaluation Exercise (Mini-Cex), Case Based Discussion (CBD), EPA forms, Self-Assessment forms, Quarterly/End of Post Assessment and End of Year Evaluation. However, it was found that the assessment methods outlined in some curricula do not maximise the range of available assessment tools available. RCPI employs education specialists to assist the National Specialty Director and Specialty Training Committee in the review, improvement and development of programmes over time.	Specialties should utilise a much wider range of assessment formats and learning methods. The IOM together with BST GIM and the Specialties should formalise input from an appropriate range of stakeholders (i.e. nurses, allied health care professionals, support staff) as part of the assessment of Trainees, to ensure evaluation and assessment of all aspects of training including non-clinical. The IOM should monitor the quality of completed assessments through a random review of e-Portfolio records. The IOM should ensure that the e-Portfolio fully supports Trainees, Trainers and NSDs enabling not only the recording of assessments but	**Partially Compliant**

As detailed under **standards 8.1.3 & 8.1.5**, the IOM described plans to develop a Trainer handbook to outline the composition of an assessment. However, there are currently no decision aids or quality indicators available for assessors to support them while assessing Trainees. All Specialties and BST GIM reported inconsistent use of the e-Portfolio by Trainers and across sites. The e-Portfolio is an essential tool for the formal recording of assessments and the progress of Trainees at all levels. It should run seamlessly through BST to HST and across Specialties when Trainees are on their dedicated GIM year. Such issues are also reflected in **standards 5.1.1** and **8.1.3 & 8.1.5.** The Specialty of Rheumatology described that Trainers seek feedback from the wider multidisciplinary team on Trainee performance however this practice has not been formalised. Trainers were concerned that formalising this practice would lead to over-bureaucratising the process resulting in a 'tick-box' exercise. A more personal approach that is focused on the Trainee Rheumatology Trainees detailed that the approach to assessments by Trainers varied in formality and frequency. At times assessments were carried out in bulk before the end of year assessment to get a Trainees logbook signed off. They further indicated that the PYA is used as a means to ascertain any deficiencies.	also the review of Trainee and Trainer engagement, Trainer performance and attainment of curriculum requirements. The IOM should establish regional e-Portfolio leads/ assessment leads to provide support. It is recommended that the IOM develops 'decision aids' and 'quality indicators' for each Specialty at each stage of the training programme to outline the minimum level of skills, knowledge and experience that a Trainee should achieve before progressing to the next year of training. This will ensure consistency among Trainees and across sites and also enable IOM to monitor Trainers and ensure a consistent approach to assessment.	

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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
5.2.1 The IOM outlined in the self-evaluation submission that where a Trainer is concerned about a Trainees performance, based on assessment or	IOM should enhance its current protocol for the identification of a Trainee in difficulty in parallel with the development of the outcomes	

other feedback, a meeting is arranged with the Regional Programme Director or Associate Dean. In cases where enduring professionalism deficits have been identified, the National Speciality Director (NSD) will refer the Trainee to the RCPI Health and Wellbeing Department. This Department will work closely with the Trainee, Trainer and NSD to design a bespoke remediation plan and arrange regular meetings to review progress. It is noted that IOM has a protocol for the identification of a Trainee in difficulty, however without clear outcomes at specific points within each curricula and matching decision aids for assessors, it is difficult to see how the identification will occur at an early stage and enable remediation. The management processes for a trainee in difficulty, including self-referral, are included within the more general Health and Wellbeing document published April 2020. However, Trainers showed little awareness of documentation on managing trainees in difficulty during the accreditation interviews. All Specialties and BST GIM had knowledge of the IOM process for raising a concern relating to a Trainee although they asserted that they have not had reason to use it. The 'Train the Trainer' course content provided by the IOM covers the issue of Trainees struggling both educationally and with mental health issues. In addition, Trainees who had experience outside the jurisdiction felt that the systems in place may not facilitate early identification of a Trainee in difficulty. For example, the e-Portfolio does not flag to Trainers and Training Leads that assessments are not completed. All specialties, except for BST GIM, referenced the Penultimate Year Assessment (PYA) as a particularly important assessment point. It was described by some specialties as a key opportunity to identify any issues or deficits with Trainees to be addressed in their final year.	based curricula and ensure that Trainers are trained in the resultant national key outcomes and that the IOM monitor consistency of assessment against these outcomes. It may also be helpful to have a (clinical) lead to provide advice to Trainers in addition to the current administrative support available. The IOM should explore how to make the best use of the e-Portfolio, not just for recording assessments but also for monitoring progress and the early identification of difficulties. The IOM should review the formative and summative assessment structures for each Specialty and put systems in place that ensure that progression is formalised and recorded throughout the programme thereby reducing reliance on the Penultimate Year Assessment (PYA) as a means of identifying any issues and ensuring a national assessment standard. The e-Portfolio would be a good tool to monitor this progression.	**Partially Compliant**

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.* **OUTCOME EVALUATION – 6.2.2** *Supervisors, trainees, health care administrators, other health care professionals and consumers contribute to evaluation processes.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
6.1.1 & 6.2.2 It was found that the process for evaluating and reviewing curricula was broadly similar for all Specialties. However, the provision of feedback on curricula and evaluation is limited in terms of stakeholders. Many Specialties indicated that they are assured that curricula are satisfactory because graduates progress to Consultant posts or are appointed to overseas roles. It is felt that this not an appropriate evaluation process and this is further addressed under **standard 6.2.1.** The submission states that mandatory RCPI courses are reviewed on a regular basis and the course review policy was provided as supporting documentation. Feedback is sought from course facilitators and course participants and RCPI education specialists observed the courses. The end of year evaluation process is subject to periodic review in terms of suitability and operations. The quarterly / end of post assessment process and forms facilitates a review of supervision, assessment and Trainee progress. However, as described under **standards 6.1.3 & 7.4.1,** there are concerns relating to the openness of Trainee feedback. In the self-evaluation, the IOM states that there is no direct input from non-medical healthcare professionals in the design of the evaluation process or the evaluation itself, however any given Trainer may seek input from such sources if deemed required. It was outlined that currently, only Trainers (or assessment panels) contribute to assessments due to the technical knowledge and skills along with skills relevant to Medical Council domains of good medical practice required. The context of the clinical training environment was emphasised in that Trainers observe and assess Trainees in	Reviews of curricula should include all aspects of the curriculum such as quality of teaching supervision, assessment and Trainee progress. The IOM together with BST GIM and all the Specialties should develop a system to ensure that external stakeholders contribute to the review and evaluation of curricula, such as employers, health care administrators, other health care professionals and consumers. The IOM should formalise the role of all Trainees in providing input into the review and evaluation of training programmes and not rely fully on Trainee representatives. The process for gathering feedback should be formalised and take place outside the annual assessment process and separated from the review of Trainee performance.	**Partially Compliant**

engaging with patients, families, and other health care professionals. These observations are a formative part of the feedback and annual assessment.		

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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
6.2.1 The IOM detailed in the self-evaluation submission that all graduates from the HST training programme are members of the RCPI therefore records on them are maintained. IOM stated that in 2020, HST graduates will be asked to complete a survey outlining their career intentions for the next three years. 'Where Are They Now' graduate data is available on the RCPI website since 2017. Furthermore, within the RCPI research department the Doctor Retention and Motivation Project has been established seeking to identify solutions to help retain doctors within the Irish health care system. It was found that there is need for enhanced recording of graduate outcomes in relation to establishing a formal system for both gathering and graduate measuring outcomes. Gastroenterology graduates go abroad for Advanced Training upon completion of the programme while Nephrology graduates go overseas to gain more exposure to a broader variety of conditions. **Condition (g)** is attached to these specialties and requires them to review their programmes to determine whether the curriculum and graduate outcomes enable graduates to occupy a consultant role in the Irish health service upon completion – without further training or experience. Similarly, the need to define outcomes for special interest training is addressed under **standard 2.2.1.** In the accreditation interview, it was reported that given the small nature of the Specialty of Rheumatology, that they were able to keep in personal contact with the majority of Trainees to know where they are working. However, Trainers also reported that the graduate outcomes of the programme are not formally assessed. It would seem that there is a	The IOM should collect both quantitative and qualitative information on graduate outcomes and use this information to develop and amend curricula outcomes as required. This should include questions relating to the preparedness of Trainees for their next role whether BST to HST or HST to consultant. It should also include input from end users such as the HSE. The IOM should develop a formal system of monitoring the career path of graduates, including tracking those who do not progress into a HST programme. It is necessary to understand this attrition and the reasons for it. The IOM should produce a report for the Medical Council on how it is going to address a lack of progression from BST to HST. A plan for the introduction of the two systems above should be provided within **6 months** of receipt of the final report. This should include how retrospective data on outcomes as well as tracking a lack of progression will be sought. The IOM should complete the move to outcomes-based curricula and ensure that the outcomes for BST GIM and each Specialty are evidence-based. For example, outcomes should take into consideration the needs of the Irish health care system, HSE requirements and the views of each Specialty.	**Partially Compliant with CONDITION (G) attached to Gastroenterology & Nephrology**

perception that the outcomes of the programme exceed those of other countries because Trainees tend to be competitive in overseas appointments and produce high quality publications.		

STANDARD 7 – IMPLEMENTING THE CURRICULUM – TRAINEES – ADMISSION POLICY AND SELECTION – 7.1.2 *The processes for selection into the training programme *are based on the published criteria and the principles of the training organisation concerned * are evaluated with respect to validity, reliability and feasibility * are transparent, rigorous and fair * are capable of standing up to external scrutiny * include a formal process for review of decisions in relation to selection, and information on this process is outlined to candidates prior to the selection process.* ***7.1.3** The training organisation documents and publishes its selection criteria. Its recommended weighting for various elements of the selection process, including previous experience in the discipline, is described. The marking system for the elements of the process is also described.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
7.1.2 & 7.1.3 The specialty of Rheumatology was found to be fully compliant with standard 7.1.2 and partially compliant with standard 7.1.3. The self-evaluation submission states that the selection of candidates is overseen by the Director of Education and Training / Associate Director HST and the Associate Director of BST reporting to the IOM. The application process ensures that applicants possess the minimum entry criteria for each programme. Shortlisting criteria and interview guidelines are followed and online training, *Interviewer Skills is provided* for all members of the Interview Committees. The entry requirements, shortlisting criteria and interview marking schemes for all programmes are reviewed annually and published on the RCPI web-site in advance of the opening of applications. Appropriate links to material on the RCPI website were provided. Although basic criteria for candidates is provided, Rheumatology	All those who are involved in selection must be trained, including in unconscious bias and rules around the appointment of non-EU candidates. The IOM should include lay representation in the recruitment process, including on recruitment panels 'Vouching' for candidates and thereby potentially giving people an unfair advantage is not appropriate practice. The IOM must make this clear to all staff and suitable action taken where this is not followed. The IOM must review the recruitment literature for each Specialty to ensure that the full range of entry requirements, including any desirable criteria are clear for all (including Trainers and interviewers), are published and linked with the selection criteria and scoring. Recruitment material needs to be regularly reviewed to ensure that it reflects current practice and avoids unintentional bias or indirect	**Partially Compliant**

Trainers reported that it was generally understood that to be successful in an application for a role you needed to fulfil additional criteria. For instance, to have undertaken a SHO post in Rheumatology, carried out an audit or published in Rheumatology. Rheumatology Trainees described consultants as supportive and encouraging when applying to the programme. Trainees reported that prior to application for a Specialty post, it was known that consultants contact colleagues on the interview panel to 'vouch' for Trainees whom they have worked with. Trainees understood this to be an unwritten part of the selection process.	discrimination, e.g. disability and appointment of EU and international candidates. The entry requirements and the related scoring system need to be clarified and communicated to Rheumatology candidates. This includes whether criteria are mandatory or desirable and the scores allocated, for example, previous experience in Rheumatology.	

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS – 8.1.3 *The training organisation routinely evaluates supervisor and trainer effectiveness including feedback from trainees and offers guidance in their professional development in these roles.* **8.1.5** *The training organisation has processes to evaluate the effectiveness of its assessors/examiners including feedback from trainees, and to assist them in their professional development in this role.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.1.3 & 8.1.5 The specialty of Rheumatology was found to be partially compliant with standard 8.1.3 and fully compliant with standard 8.1.5. In the self-evaluation submission, the IOM detailed that it routinely evaluates Trainer effectiveness through Trainee surveys, hospital-based inspections and workplace-based assessments. The IOM does not currently have a performance management framework for Trainers. It was confirmed that there is a process for reviewing training posts but not the individual Trainer. In the self-evaluation, the IOM also indicated that there is no formal mechanism of feedback to Examiners directly. However, should an issue	Assessments are an important part of ensuring that Trainees fulfil the curriculum requirements and for facilitating individual development. As such, the IOM must take action to encourage Trainer's active and positive participation in the assessment system ensuring that it is not approached as a routine administrative task. Trainers must be made aware of their role and responsibilities and assigned Trainees in a timely manner. This allocation must be notified to Trainees in advance of starting their training post; it is recommended that this is recorded on the e-Portfolio. This must be	**Partially Compliant with CONDITION (B) attached**

arise, it is discussed at the Examination Board meeting with the respective Examiner. In the submission, the IOM described plans to develop a Trainer handbook as a part of a Trainer engagement project. The handbook will outline the detail of each assessment and provide decision making tools to Trainers in relation to assessments. All Specialties detailed that in recent years and in accordance with RCPI policy, on appointment Trainers have to complete the RCPI Physicians as Trainers Essential Skills course. However, longstanding Trainers may not have received this training as they were already instated as Trainers prior to the requirement coming in. In addition, there is no ongoing refresher training requirement. Some Trainers reported that they didn't have allocated time to undertake the courses that form part of the approved Trainer training. As detailed in **condition (c)** and **standard 8.1.6,** it is essential that Trainers receive adequate protected time to fulfil their roles. While the compulsory Essential Skills course has been commended as part of the formal approval process in place for the selection of new Trainers, it was found that further training for Trainers is required. **Condition (b)** identifies the need for training in assessment methods and the use of the e-Portfolio (in particular undertaking and recording workplace-based assessments). It was found that there is a need for more active participation in the assessment process as well as greater and more timely communication to Trainers regarding their assigned Trainees. In relation to the use of Trainee feedback in the evaluation of supervisor and Trainer effectiveness, the issue of confidentiality was raised by Trainees. In the majority of Specialties, Trainees stated that they considered there was a lack of confidentiality and were concerned about what they perceived as a potential negative impact on those raising concerns, particularly in smaller specialties. A similar finding is also discussed under **standards 6.1.3 & 7.4.1** and **8.2.1** and is accompanied by recommendations. It is important to have a system in place particularly in small specialties to enable confidential	introduced at the next round of Trainee placements and no later than within **3 months** of the final report. The IOM must clearly define the roles of Trainers and Educators (e.g. Clinical Trainer/Clinical Supervisor and Educational Oversight Trainer/Educational Supervisor). This must be completed within **6 months** of the final report. The IOM should formally acknowledge and champion the role of the Trainer, showing that it is a desirable role and one to aspire to and be proud of. The development of the Trainer handbook should be completed to reinforce and support a Trainer's designated role, in particular the effective delivery of formative and summative assessment as well as the provision of constructive feedback that is linked to performance and identifies areas for remediation and commendation. It is recommended that quality indicators are included in the Trainer Handbook. In line with **condition (b)**, the IOM must determine a suitable mechanism to ensure supervisor and assessor (and Examiner in relation to BST GIM) effectiveness and this should not be solely measured by feedback from Trainees. If Trainee feedback is being sought, the Institute should ensure it is anonymous. The IOM's formal performance management system / methods for assessing effectiveness for both Trainers (and Examiners in relation to BST GIM) should include a support system for Trainers to ensure consistent standards. This should also include a process whereby the designation/status of Trainer can be withdrawn in certain circumstances.	

feedback from Trainees. Feedback also aids a Trainer's personal development in the role. Many different terms were heard across the course of the accreditation such as 'Trainer', 'Educator' 'Clinical Trainer', 'Clinical Supervisor', 'Educational Oversight Trainer', 'Educational Supervisor', 'mentor', etc. This variance caused confusion and drew attention to the need for roles to be defined and for the use of consistent terminology across specialities.	All Trainers must be given appropriate (protected) time to engage with the Train the Trainer / Essential Skills course as well as additional supplementary courses. The National Specialty Directors (NSDs) should undergo development to enable evaluation of the effectiveness of educators and clinical supervisors. This should include the regular review of the e-Portfolio and quality of assessments to ensure appropriate supervision /assessment/ delegation by Trainers. The IOM should ensure its Continuous Professional Development (CPD) includes content relating to the education and training roles and introduce ongoing / refresher training for Trainers and Examiners. The IOM should ensure that Educators are on the relevant specialist division of the Medical Council register. If they are registered in a different specialty, it must be ensured that evidence has been provided that they are qualified to supervise, assess and support Trainees in the Specialty.	

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS – 8.1.4 *The training organisation has processes for selecting assessors in written, oral and performance-based assessments who have demonstrated relevant capabilities.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.1.4 In the self-evaluation submission, the IOM detailed that the criteria for the approval of physicians as RCPI Trainers includes the requirement for completion of the RCPI Physicians as Trainers Essential Skills online course and this equips them with the capability for the basic forms of assessment. It was noted that it is intended that more Trainer training will be undertaken on work-based assessments when the e-Portfolio is complete. Online	The IOM should publish the competency requirements to be an assessor (and Examiner in relation to the BST in GIM) and the application process. A structured, competency-based recruitment process should be followed for the appointment of assessors (and Examiners in BST GIM).	

courses are available for supplementary skills. However, as outlined in **standards 8.1.3 & 8.1.5,** Trainees expressed concern about the engagement of some Trainees in assessments and with the e-Portfolio. The submission states that by-laws set out the criteria to become an Examiner. Examiners for the written and clinical examinations can be nominated by their colleagues or they can contact the RCPI directly. All applications are reviewed by the Dean of Examinations. However, there was no evidence provided of a formal recruitment process for Assessors / Examiners.	The IOM together with the Specialties and BST GIM should review the effectiveness of the Essential Skills course and ensure that all Trainers (including longstanding Trainers appointed before the current appointment process) are appropriately trained in the various assessment methods and how to record them on the e-Portfolio.	**Partially Compliant**

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – CLINICAL AND OTHER EDUCATIONAL RESOURCES – 8.2.1 *The training organisation has a process and criteria to select and recognise hospitals, sites and posts for training purposes. The accreditation standards of the training organisation are publicly available.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.2.1 In the self-evaluation submission, the IOM outlined the inspection policy and process for the selection and recognition of hospitals, sites and posts for training purposes and provided the related policy as evidence. RCPI has a designated coordinator who assists the National Specialty Director, Associate Director for Training Site Accreditation and Director of Training IOM with the administration of these inspections. The IOM reported that it is transitioning to a '*more responsive and robust*' accreditation model '*reflecting international best practice*'. It acknowledged the inefficiency and challenges of individual inspections given the number of individual training sites as well as the number programmes/specialties delivering training at sites. The accreditation model will inspect and accredit	The IOM accreditation model must ensure that training programmes deliver the necessary competencies and outcomes for both the Specialty and GIM, making use of data on what opportunities individual sites are able to provide The IOM must provide detail of how accreditations of clinical training sites (of all Specialties, including both BST and HST GIM) will provide satisfactory evidence that the dual nature of the programmes is being appropriately delivered and assessed. Accreditation standards and criteria for a 'triggered visit' must be developed and disseminated in advance of the first cycle of accreditation visits. These should reflect and be mapped to the	**Partially Compliant**

all IOM specialties at a clinical training site every 5 years. Should issues arise during the interval, a triggered inspection will be organised The RCPI indicated that while the new process is waiting to be implemented, it has initiated a short-term risk-based mitigation process. This is a 3-year plan with the first accreditation expected to take place in Q2 2021. (It was originally due to begin earlier but was delayed due to COVID-19 restrictions). Accreditation standards are currently not published, this is planned as part of the rollout in 2021. As described under **standard 5.1.1** and in recognition of the dual nature of qualifications, it is crucial that equal weight is given to both specialties. It was recommended that the IOM's accreditation process should be used as a means of verifying this. The IOM indicated that the Trainee feedback form which it provided as documentary evidence, facilitates honest feedback from Trainees regarding training sites. However, the majority of Trainees interviewed across the specialties reported that they didn't feel confident in the anonymity of the forms and the process and therefore were unlikely to feel comfortable in providing honest feedback. This represents a notable discrepancy between the perceptions of Trainees and management in the provision of feedback regarding clinical training sites. This is also described under **standards 6.1.3 & 7.4.1** where it is accompanied by a recommendation.	Standards for Medical Education and Training published by the Medical Council. The Institute and Specialties must publish the accreditation standards for site selection, training sites and training posts.	

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	REQUIREMENT / RECOMMENDATION	COMPLIANCE
8.2.2 In the self-evaluation submission, the IOM outlined that the clinical and practical experience required of Trainees is described in terms of training outcomes in the specialty curricula. The generic/core infrastructural requirements of the training site and training post are set out in the training site activities and specialty specific forms which were provided as evidence. While these requirements are not currently specified in formal arrangements with training sites, it was noted as part of the accreditation model project, the RCPI/IOM is developing standards as well as Memoranda of Understanding with clinical training sites. Some Specialties indicated that educational resources varied across sites. Any such deficiencies should be identified by the accreditation process and subsequently monitored with clear plans for resolving issues.	A Memorandum of Understanding between the IOM and all of the various clinical training sites must be formulated with immediate effect. MOUs should not be finalised only when an inspection takes place as this would represent an inappropriate time delay. The Institute must inform the Medical Council when the development of the accreditation model and MOUs are complete. The Institute should publish the accreditation model and MOU on their website when complete. Where IOM site inspections identify deficiencies in compliance with agreed standards, both generic and specialty-specific, a formal action plan must be agreed between the IOM and site including timeframes for improvement. The IOM must have processes for the withdrawal of training from a clinical training site / post to enable effective action where improvements are not made. Both of these processes must be provided to the Medical Council within **12 months** of the final report.	**Partially Compliant with CONDITION (H) attached to Infectious Diseases**

8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES - CLINICAL AND OTHER EDUCATIONAL RESOURCES - 8.2.5 *The training organisation should monitor the working environment to ensure it is a safe environment for training.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**

8.2.5 In the self-evaluation submission, the IOM detailed that it ensures the workplace is a safe place for training primarily through the Training Site Inspections process as well seeking Trainee feedback at annual evaluation of progress (AEP) meetings and through Training Post Evaluation surveys. It is important that all Trainees are empowered and supported to report instances of safety breaches, bullying or unprofessionalism and be provided with the information about how to do so confidentially. Rotas were described as compliant with EWTD with the exception of the BST in GIM. The issues of rotas facilitating educational needs as well as service needs was raised in the Specialty of Infectious Diseases. Compliance with EWTD and access to supervision and education is crucial at all training sites. Trainees in Rheumatology detailed they would feel comfortable giving feedback on their post at their annual review. Two examples of feedback regarding safety issues were provided and it was confirmed that the issues raised appear to have been resolved. One related to covering two sites and one to insufficient cover for the volume of GIM patients. Rheumatology Trainees reported that they take part in GIM when they are not in the GIM dedicated year (e.g. covering wards). They described this involvement in GIM as heavy in comparison to other Specialties. They further indicated that they are aware of the curriculum requirements, but service needs of sites rather are often prioritised over educational needs. Rheumatology also Trainees also reported that the on-call requirement for GIM had increased and they considered that they were undertaking more on call in comparison to their fellow Trainees in procedural Specialties. However, they did clarify that this may just be due to COVID-19. Trainees suggested that a pure Rheumatology year based at a tertiary centre without GIM on-call would be beneficial for training.	The IOM must monitor every training location to ensure suitability for training and fulfilment of the Medical Council's Standards. If a site is unable to facilitate appropriate working hours, supervision, learning or workload then it must not be a designated training site for a programme. A clear path for confidential reporting / whistle blowing must be available. The IOM and the Specialty of Rheumatology should review the balance between GIM and Rheumatology outside of the dedicated GIM year, including the on-call commitment in GIM. This could be done through use of the e-Portfolio or a survey of Trainees and Trainers. If the Specialty finds that there is a lack of balance, it should work with the IOM to address this. The IOM and Specialty should review the on-call structure for Rheumatology Trainees, including the on-call commitment in GIM. It should ensure that it is comparable with other (procedural) Specialties and that arrangements are appropriate for the volume of patients. It should also ensure split site cover is appropriately managed (i.e. sufficient ratio of clinicians to Trainees). Where appropriate split cover is not possible, training cannot continue in those locations. A report on these points must be provided to the Medical Council within **6 months** of receipt of the final report.	**Partially Compliant with CONDITION (i) attached to BST GIM & Infectious Diseases**

The following standards were found to be fully compliant for the programme of specialist training in Rheumatology & General Internal Medicine (HST). Although the programmes are complying with these standards, recommendations have been made for further improvement.

STANDARD 4 – THE TRAINING PROGRAMME – TEACHING AND LEARNING – 4.1.1 The training is practice-based involving the trainees' personal participation in relevant aspects of the health services and, for clinical specialties, direct patient care.		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
4.1.1 The self-evaluation submission states that Trainees are directly involved in patient care and attend a mandated amount of outpatient clinics and ward rounds/consultations as part of the programme. Trainees also have to record a number of procedures as listed in the curricula. Concerns were raised in some specialties regarding HST training in GIM including achieving a balance between GIM and the other dual specialty, access to appropriate supervision in GIM, maintaining specialty skills and contact with the specialty trainer during the dedicated year in GIM as well as the variation in training across sites.	IOM should oversee the GIM elements of the dual specialty programmes (both BST and HST) to ensure that appropriate training experience and supervision is delivered. This includes ensuring that Trainees are placed in sites which facilitate appropriate GIM training and supervision. While they are undertaking their dedicated GIM year, links/communication should be maintained with Trainees and clarity provided with respect to the maintenance of skills in their other Specialty. If necessary, support should be provided to assist Trainees to refresh their skills. It is suggested that the IOM appoints a lead for the management of both the BST and HST GIM training.	**Fully Compliant**

	The IOM should develop a formal system to ensure that Trainees on extended leave (e.g. Out of Programme Experience (OPE)) maintain their skills in both their Specialty and GIM. A return-to-work programme/process in both (dual) Specialties should also be established.	

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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
4.1.3 The self-evaluation submission states that Trainees should fulfil all competencies of the training programme but acknowledges that a specific time scale for the acquisition of competencies is not described. It does clarify that failure to make progress towards meeting these objectives at an early stage would cause concern about a Trainee's suitability and ability to become independently capable as a specialist. When the new outcomes-based curriculum is in place, Trainees can advance at different levels and will have different strengths and areas to work on. In this way, it is expected that specific elements of independent practice will be easier to identify. The submission also states that independent practice is observed and judged by Trainers during training and assessments. As Trainees progress through the programme, their knowledge and hands on experience grow and they are encouraged to assume a greater degree of responsibility and independence. Some specialties reported arrangements to train Trainees as Trainers such as clinical educators and lecturers. This is encouraged in all specialties. It was heard that Rheumatology Trainees in clinical lecturer posts gain experience as teachers as part of the rota. These arrangements were less	The IOM should work with all Specialties to encourage and facilitate the formal training of Trainees as future Trainers. This should not be limited to the role of Clinical Lecturer. It is encouraged that the skills to become a Trainer form part of every curriculum so that by the time a Trainee completes training, they have the skills to become an approved Trainer. This will also assist with the training of more junior Trainees. The Specialty of Gastroenterology is a useful example of good practice in this area. The Rheumatology curriculum should include the objective to develop skills in teaching. This should be a formal part of the programme and open to all Trainees (not just those in clinical lecturer posts).	**Fully Compliant**

formal for other teaching roles such as Registrars and SpRs.		

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	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
5.1.1 The self-evaluation submissions state that it is mandatory for Trainees to undergo a defined amount of formative and summative assessments on an annual basis. Each curricula has a section dedicated to 'Learning and Assessment Methods' and provide examples of methods used for demonstrating that learning goals have been met such as a combination of day-to-day practice, attendance at courses (or other educational activity), engaging in a relevant workplace based assessment (formative assessment) and undergoing formal assessment (end of post or end of year – summative assessment of progress). End of Post and Annual Evaluation forms for BST GIM were provided as documentary evidence, as well as HST Mini Clinical Evaluation Exercise (CEX), HST Quarterly/End of Post Assessment and HST End of Year Evaluation forms. The majority of specialties use exams from outside the jurisdiction (for example, EULAR for Rheumatology, ITE for Infectious Diseases, ESC exam for Cardiology, European Board for Gastroenterology and ASN exam for Nephrology). Despite information in curricula, it is often not clear to Trainees and Trainers whether these exams are mandatory or not. In the accreditation meetings, Trainers and Trainees in the majority of specialties described the assessment system as a 'tick box exercise' with inconsistent use of assessment tools and the e-Portfolio. The completion of formal assessments was indicated as challenging due to busy clinical	The IOM must review how the assessment for dual training is undertaken to ensure that the full competencies for both GIM and the Specialty are fulfilled, and that equal weight is given to both Specialties. This includes considering who undertakes the assessments, when they are carried out, and how it is ensured that Trainees have fulfilled the curricula requirements. The IOM should quality assure the award of CSCSTs using the e-Portfolio as evidence of satisfactory completion of all assessments in both GIM and the Specialty. Appropriately trained and qualified individuals (e.g. practising consultants in the relevant specialty) must undertake separate assessments against each curriculum throughout each of the training programmes. The IOM and Specialties should consider the educational benefits of providing Trainees undertaking a dual qualification with two Trainers throughout their training, a lead Trainer in GIM and another in their other Specialty. The e-Portfolio should enable ongoing monitoring by both sets of Trainers.	**Fully Compliant with CONDITION (A) attached**

environments. Trainees clarified that engagement in assessment and with the e-Portfolio was Trainer-dependent. Trainees in Rheumatology reported that they are assessed by the same Trainer for both GIM and their Specialty. It was felt that while these Trainers would have specialist expertise in Rheumatology, they may not have the same level of specialist expertise in GIM. Rheumatology Trainers detailed that the European Alliance of Associations for Rheumatology (EULAR) core curriculum is mandatory for new entrants to the programme. The Specialty indicated that they expect Trainees to sit the EULAR examination following the course although it is not a requirement. Trainees were aware of the course and examination but were unsure whether it was mandatory.	The IOM together with each Specialty should review the use of exams from outside the jurisdiction and consider their appropriateness in relation to the Irish health care system. The IOM and Specialties should clearly outline to applicants and Trainees whether exams are mandatory or recommended in addition to its inclusion in the curricula. This should also be communicated by Trainers. Trainees should be supported to undertake the required assessments in a timely manner throughout the programme. It is important that clarity is provided to all involved in Rheumatology training on the role of the EULAR core curriculum and exam. If the exam is not to become mandatory, then the Specialty may wish to consider an alternative summative assessment.	

STANDARD 5 – THE CURRICULUM – ASSESSMENT OF LEARNING – FEEDBACK AND PERFORMANCE - 5.2.2 *The training organisation facilitates regular feedback to trainees on performance to guide learning.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
5.2.2 It is important to harmonise the delivery of this standard by promoting the methodologies used by and learning from the four specialties that are fully compliant such as the specialty of Rheumatology. The self-evaluation detailed that Trainees receive informal feedback on a regular basis both in a structured format (workplace-based assessments, end of year evaluations) and in day-to-day practice. The IOM noted that the move to outcomes-based curricula will result in more focused feedback for Trainees. The self-evaluation also indicated that written feedback contains ratings of performance and comments together with commendations and recommendations. However, some Specialties stated that the structured feedback Trainees receive may not always be documented. Trainers and Trainees across specialties confirmed that the type of feedback varies and is primarily driven by the performance of the individual Trainee. The majority of Trainees across the Specialties and BST GIM expressed the view that feedback provided by some Trainers at the end of a rotation was considered a routine administrative task rather than a meaningful way to engage with Trainees and provide valuable insight on their performance and progress. There seems to be a mismatch between the IOM / Specialties and Trainees perceptions in relation to the regularity of feedback. This needs to be rectified. Training in assessment for Trainers is addressed in **condition (b)** and in **standards 8.1.3 and 8.1.5.** Difficulties in achieving regular assessment (and receiving the corresponding feedback) was detailed under **standard 5.1.1** in relation to a number of specialties. The development of decision aids as identified in **standard 5.1.2** should ensure that assessments are consistent and robust.	Trainers should be trained in the delivery of constructive feedback that is linked to performance and identifying areas for improvement and remediation. Trainers should be encouraged to commend a Trainee on good performance on a regular basis so that a positive culture around feedback becomes embedded within the training programmes. This should be reflected in the training undertaken by Trainers outlined in **condition (b)** and the recommendation relating to the Trainer Handbook in **standards 8.1.3 & 8.1.5.** The IOM should ensure that the feedback process used by each Specialty is formalised and that feedback given to Trainees at assessment is documented through the e-Portfolio.	**Fully Compliant**

STANDARD 5 – THE CURRICULUM – ASSESSMENT OF LEARNING – FEEDBACK AND PERFORMANCE - 5.2.3 *The training organisation provides feedback to supervisors of training on trainee performance, where appropriate*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
5.2.3 In the self-evaluation submission, the IOM clarified that the outcome of the end of HST annual evaluations is made available to the succeeding Trainer in order to ensure continuity of training and the training plan. Trainers also have access to the Trainee's e-Portfolio. The submission also stated that annual reporting on the Trainee feedback survey began in 2019 and is intended to continue. A Trainer Engagement Project was launched in August 2020 and feedback loops will be reviewed and modified as part of this two-year project. A link was provided to the Training Post Evaluation aggregate three-year report 2015-2018.	The IOM should provide an update on the outcomes of the Trainer Engagement Project and the action that is to be taken.	**Fully Compliant**

STANDARD 7 – IMPLEMENTING THE CURRICULUM – TRAINEES – COMMUNICATION WITH TRAINEE – 7.3.3 *The training organisation provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
7.3.3 The self-evaluation details the ways that the IOM communicates with Trainees. Following the Annual Evaluations, Trainees are informed of their status within a specified timeframe, usually withing 48 hours. The e-Portfolio provides an easily accessible progress report which allows Trainees to see at a glance their mandatory requirements such as the number of clinics, work-based assessments etc required and how many are outstanding. Finally, ongoing communications are carried out by the assigned National Specialty Director throughout the course of the training programme.	The IOM and RCPI should review its communication strategies to ensure it makes best use of the local site level systems in relation to all specialties.	**Fully Compliant**

It is important that there is strong communication between the IOM and training sites in terms of communications on training issues.		

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – CLINICAL AND OTHER EDUCATIONAL RESOURCES – 8.2.3 *The training organisation's accreditation requirements cover: orientation, clinical and/or other experience, appropriate supervision, structured educational programmes, educational and infrastructure supports such as access to the internet, library, journals and other learning facilities, continuing medical education sessions accessible to the trainee, dedicated time for teaching and training and opportunities for informal teaching and training in the work environment.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.2.3 In the self-evaluation submission, the IOM detailed that all training posts are inspected every five years in order to assess the training provided. The site visit involves a RCPI appointed inspection panel reviewing training by meeting with hospital management, Trainers and Trainees on the training site, reviewing site facilities pertaining to training and review of documentation pertaining to the site. It was reported that this process has been interrupted by the COVID-19 situation. This is further described under **standard 8.2.1.** The completion of the accreditation model and MOUs are crucial to ensuring that training requirements and standards are met at training sites. At both Trainee and Trainer level, all Specialties reported a lack of dedicated time for teaching and training. It appeared particularly challenging in GIM at both BST and HST level.	The IOM must inform the Medical Council when the development of the accreditation model and MOU are complete and provide detail of the planned schedule of accreditations/inspections. Updates must be provided with **6 months** of the final report. The IOM should also update the Medical Council on the outcome of inspections of clinical training sites and share any reports produced as part of the Annual Return to the Medical Council including action plans.	**Fully Compliant with CONDITION (F)**

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.* **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.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
6.1.3 & 7.4.1 The specialty is partially compliant with standard 6.1.3 and fully compliant with standard 7.4.1 with the exception of the confidentiality element which is covered under standard 6.1.3. In the self-evaluation submission, the IOM details that Trainee representation has been established on the key committees involved in programme development including the HST Specialty Training Committee, IOM Education and Training Committee, RCPI Education and Quality Committee, Trainee Health and Wellbeing Committee and RCPI'S Trainees Committee. It is important that all Trainees are formally involved in curriculum development and review as disseminating information through Trainee representatives appears to not be fully working for all specialties. As detailed in the self-evaluation and discussions with GIM, issues with training supervision and requirements are managed through the governance structures of the IOM. Each IOM training programmes has an assigned coordinator within the IOM to ensure problems are managed discreetly and escalated in the correct manner. In addition, Trainers and Trainees are encouraged, where possible, to raise complaints on an informal basis with the Trainer, Trainee or the National Specialty Director/ Regional Programme Director in the first instance before invoking the formal grievance procedure. Trainee feedback is sought informally through engagement with the Health and Wellbeing Department, prior to site inspection through the Trainee feedback form, following educational events and course delivery and	A system should be established to enable confidential feedback from Trainees – such as collecting aggregated feedback from Trainees. The IOM should explore with other Specialties (not limited to medical specialties) how anonymity and confidentiality is facilitated in feedback processes. This is especially relevant in relation to specialties with small Trainee numbers. The IOM together with BST GIM and all the Specialties should examine its communication strategy regarding feedback processes in order to alleviate the concerns of the Trainees regarding confidentiality. There should be a formal opportunity – separated from the review of Trainee performance - for Trainees to provide open feedback on their training programme and experience, including feedback on the quality of supervision, and any other issues they may wish to raise. Rheumatology Trainees should be made aware of the IOM/RCPI governance structures and Trainee involvement.	**Partially Compliant**

anonymously through the Training Post Evaluation. Examples of several Trainee engagement initiatives established by the IOM were provided. Overall, Trainees indicated that there was someone they could approach if there were a specific issue, for example the NSD. Despite all the feedback mechanisms in place, Trainees have concerns with the level of anonymity provided, this was reported in the discussion with Trainees across specialties. Trainees felt smaller specialties in particular are identifiable. This is also described under **standard 8.2.1**. It is not clear whether feedback on Trainer performance is consistently and actively sought by the Specialties as part of ongoing monitoring and evaluation. Trainees in small specialties are easily identifiable and so there are limitations in the current opportunities available to Trainees in providing feedback particularly on the quality of teaching and supervision. Trainees in Rheumatology provided examples of issues they had previously raised and confirmed that their feedback was acted on. However, they felt that they weren't asked for specific feedback on Trainers or how departments are run. Rheumatology Trainers reported that curriculum reviews are led by the NSDs with input from the STC. However, there appears to be confusion among Trainees as to whether there is Trainee involvement in the STC. The Specialty later confirmed that a Trainee representative from Rheumatology attends all STC meetings. STC minutes are shared with Trainers and the Trainee representative is requested to share information with the other Trainees.		

6. Next steps

Action and Implementation Plan

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

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

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

Thereafter, the Institute of Medicine, RCPI will enter the Medical Council's Annual Returns monitoring process where it will provide updates on its progress towards the implementation of conditions and recommendations. This process applies to programmes and bodies approved under the terms of Section 89(3)(a)(i) and 89(3)(a)(ii) of the Medical Practitioners Act 2007 (as amended).

It is recommended that the Training Body publishes this Accreditation Report and subsequent Action and Implementation Plan on its website and shares it with Trainers and Trainees.

Overview of compliance ratings for each of the seven programmes accredited

Appendix A

Overview of compliance ratings for BST General Internal Medicine

Medical Council's Accreditation Standards for Postgraduate Medical Education and Training	Basic Specialist Training in General Internal Medicine (GIM) - 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

Overview of compliance ratings for Cardiology & General Internal Medicine (HST) and stand-alone Cardiology

Medical Council's Accreditation Standards for Postgraduate Medical Education and Training	Cardiology & General Internal Medicine (HST) and stand-alone Cardiology - 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

Overview of compliance ratings for Clinical Pharmacology and Therapeutics & General Internal Medicine (HST)

Medical Council's Accreditation Standards for Postgraduate Medical Education and Training	Clinical Pharmacology and Therapeutics & General Internal Medicine (HST) - 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

Overview of compliance ratings for Gastroenterology & General Internal Medicine (HST)

Medical Council's Accreditation Standards for Postgraduate Medical Education and Training	Gastroenterology & General Internal Medicine (HST) - Compliance Rating per Standard												
1. Context of Training	*1.1.1*	*1.1.2*	*1.1.3*	*1.2.1*	*1.2.2*	*1.2.3*	*1.3.1*	*1.3.2*	*1.4.1*	*1.4.2*	*1.5.1*		
2. The Outcomes of the Training Programme	*2.1.1*	*2.1.2*	*2.2.1*	*2.2.2*	*2.2.3*	*2.2.4*							
3. The Education and Training Programme – Curriculum Content	*3.1.1*	*3.2.1*	*3.2.2*	*3.3.1*	*3.3.2*	*3.4.1*	*3.4.2*	*3.5.1*					
4. The Training Programme – Teaching and Learning	*4.1.1*	*4.1.2*	*4.1.3*										
5. The Curriculum - Assessment and Learning	*5.1.1*	*5.1.2*	*5.1.3*	*5.2.1*	*5.2.2*	*5.2.3*	*5.3.1*	*5.4.1*					
6. The Curriculum – Monitoring and Evaluation	*6.1.1*	*6.1.2*	*6.1.3*	*6.2.1*	*6.2.2*								
7. Implementing the Curriculum -Trainee s	*7.1.1*	*7.1.2*	*7.1.3*	*7.1.4*	*7.1.5*	*7.2.1*	*7.3.1*	*7.3.2*	*7.3.3*	*7.4.1*	*7.4.2*	*7.4.3*	*7.4.4*
8. Implementing the Training Programme and Delivery of Educational Resources	*8.1.1*	*8.1.2*	*8.1.3*	*8.1.4*	*8.1.5*	*8.1.6*	*8.2.1*	*8.2.2*	*8.2.3*	*8.2.4*	*8.2.5*		

Fully Compliant
Partially Compliant
Non-Compliant

Overview of compliance ratings for Infectious Diseases & General Internal Medicine (HST)

Medical Council's Accreditation Standards for Postgraduate Medical Education and Training	Infectious Diseases (ID) & General Internal Medicine (HST) - Compliance Rating per Standard												
1. Context of Training	*1.1.1*	*1.1.2*	*1.1.3*	*1.2.1*	*1.2.2*	*1.2.3*	*1.3.1*	*1.3.2*	*1.4.1*	*1.4.2*	*1.5.1*		
2. The Outcomes of the Training Programme	*2.1.1*	*2.1.2*	*2.2.1*	*2.2.2*	*2.2.3*	*2.2.4*							
3. The Education and Training Programme – Curriculum Content	*3.1.1*	*3.2.1*	*3.2.2*	*3.3.1*	*3.3.2*	*3.4.1*	*3.4.2*	*3.5.1*					
4. The Training Programme – Teaching and Learning	*4.1.1*	*4.1.2*	*4.1.3*										
5. The Curriculum - Assessment and Learning	*5.1.1*	*5.1.2*	*5.1.3*	*5.2.1*	*5.2.2*	*5.2.3*	*5.3.1*	*5.4.1*					
6. The Curriculum – Monitoring and Evaluation	*6.1.1*	*6.1.2*	*6.1.3*	*6.2.1*	*6.2.2*								
7. Implementing the Curriculum -Trainee s	*7.1.1*	*7.1.2*	*7.1.3*	*7.1.4*	*7.1.5*	*7.2.1*	*7.3.1*	*7.3.2*	*7.3.3*	*7.4.1*	*7.4.2*	*7.4.3*	*7.4.4*
8. Implementing the Training Programme and Delivery of Educational Resources	*8.1.1*	*8.1.2*	*8.1.3*	*8.1.4*	*8.1.5*	*8.1.6*	*8.2.1*	*8.2.2*	*8.2.3*	*8.2.4*	*8.2.5*		

Fully Compliant
Partially Compliant
Non-Compliant

Overview of compliance ratings for Nephrology & General Internal Medicine (HST)

Medical Council's Accreditation Standards for Postgraduate Medical Education and Training	Nephrology & General Internal Medicine (HST) - Compliance Rating per Standard												
1. Context of Training	*1.1.1*	*1.1.2*	*1.1.3*	*1.2.1*	*1.2.2*	*1.2.3*	*1.3.1*	*1.3.2*	*1.4.1*	*1.4.2*	*1.5.1*		
2. The Outcomes of the Training Programme	*2.1.1*	*2.1.2*	*2.2.1*	*2.2.2*	*2.2.3*	*2.2.4*							
3. The Education and Training Programme – Curriculum Content	*3.1.1*	*3.2.1*	*3.2.2*	*3.3.1*	*3.3.2*	*3.4.1*	*3.4.2*	*3.5.1*					
4. The Training Programme – Teaching and Learning	*4.1.1*	*4.1.2*	*4.1.3*										
5. The Curriculum - Assessment and Learning	*5.1.1*	*5.1.2*	*5.1.3*	*5.2.1*	*5.2.2*	*5.2.3*	*5.3.1*	*5.4.1*					
6. The Curriculum – Monitoring and Evaluation	*6.1.1*	*6.1.2*	*6.1.3*	*6.2.1*	*6.2.2*								
7. Implementing the Curriculum -Trainee s	*7.1.1*	*7.1.2*	*7.1.3*	*7.1.4*	*7.1.5*	*7.2.1*	*7.3.1*	*7.3.2*	*7.3.3*	*7.4.1*	*7.4.2*	*7.4.3*	*7.4.4*
8. Implementing the Training Programme and Delivery of Educational Resources	*8.1.1*	*8.1.2*	*8.1.3*	*8.1.4*	*8.1.5*	*8.1.6*	*8.2.1*	*8.2.2*	*8.2.3*	*8.2.4*	*8.2.5*		

Fully Compliant
Partially Compliant
Non-Compliant

Overview of compliance ratings for Rheumatology & General Internal Medicine (HST)

Medical Council's Accreditation Standards for Postgraduate Medical Education and Training	Rheumatology & General Internal Medicine (HST) - Compliance Rating per Standard												
1. Context of Training	*1.1.1*	*1.1.2*	*1.1.3*	*1.2.1*	*1.2.2*	*1.2.3*	*1.3.1*	*1.3.2*	*1.4.1*	*1.4.2*	*1.5.1*		
2. The Outcomes of the Training Programme	*2.1.1*	*2.1.2*	*2.2.1*	*2.2.2*	*2.2.3*	*2.2.4*							
3. The Education and Training Programme – Curriculum Content	*3.1.1*	*3.2.1*	*3.2.2*	*3.3.1*	*3.3.2*	*3.4.1*	*3.4.2*	*3.5.1*					
4. The Training Programme – Teaching and Learning	*4.1.1*	*4.1.2*	*4.1.3*										
5. The Curriculum - Assessment and Learning	*5.1.1*	*5.1.2*	*5.1.3*	*5.2.1*	*5.2.2*	*5.2.3*	*5.3.1*	*5.4.1*					
6. The Curriculum – Monitoring and Evaluation	*6.1.1*	*6.1.2*	*6.1.3*	*6.2.1*	*6.2.2*								
7. Implementing the Curriculum -Trainee s	*7.1.1*	*7.1.2*	*7.1.3*	*7.1.4*	*7.1.5*	*7.2.1*	*7.3.1*	*7.3.2*	*7.3.3*	*7.4.1*	*7.4.2*	*7.4.3*	*7.4.4*
8. Implementing the Training Programme and Delivery of Educational Resources	*8.1.1*	*8.1.2*	*8.1.3*	*8.1.4*	*8.1.5*	*8.1.6*	*8.2.1*	*8.2.2*	*8.2.3*	*8.2.4*	*8.2.5*		

Fully Compliant
Partially Compliant
Non-Compliant

Appendix B

Attendance Record

Medical Council Postgraduate Accreditation
The Institute of Medicine's programmes of specialist training in
General Internal Medicine, Nephrology, Infectious Diseases, Cardiology
Clinical Pharmacology and Therapeutics, Rheumatology, Gastroenterology

Monday 9th – Thursday 12th November 2020

Venue: Zoom

Medical Council Core Assessor Team in attendance:

- Prof Barry Lewis, Chair and Assessor for Medical Council
- Dr Tom Crotty, Medical Council Member and Assessor for Medical Council
- Ms Katharine Bulbulia, Assessor for Medical Council
- Prof John Jenkins, Assessor for Medical Council

Specialist Assessors in attendance:

- Dr Ganesh Subramanian, Assessor for Medical Council (GIM)
- Mark Westwood, Assessor for Medical Council (Cardiology)
- Una Martin, Assessor for Medical Council (Clinical Pharmacology and Therapeutics)
- Chris Summerton, Assessor for Medical Council (Gastroenterology)
- Alastair Miller, Assessor Medical Council (Infectious Diseases)
- Aine Burns, Assessor for Medical Council (Nephrology)
- Venkat Chalam, Assessor for Medical Council (Rheumatology)

Medical Council Executive in attendance:

- Dr Ellen Moran, Postgraduate Accreditation Manager, Medical Council
- Ms Elizabeth Molloy, Postgraduate Accreditation Executive, Medical Council

IOM representation in attendance:

- Prof Anthony O'Regan, Dean IOM
- Prof Ed McKone, Director of Education & Training - IOM
- Prof Mary Horgan, President - RCPI
- Dr Terry McWade, Chief Executive Officer - RCPI
- Dr Ann O'Shaughnessy, Head of Education and Professional Development, RCPI
- Mr Colm Small, Head of Postgraduate Training & Education, RCPI
- Mr Louis Lavelle, Manager IOM Training, RCPI
- Ms Aisling Smith, RCPI Education Specialist, RCPI
- Ms Georgina Farr, Manager Accreditation & Quality Assurance Dept, RCPI
- Ms Siobhán Kearns, Senior Admin IMC Accreditation & SDR Assessments, RCPI

GIM BST Representation in attendance:

- Prof John McDermott, BST GIM Associate Director
- Dr Denise Sadlier, Regional Programme Director for the Mater scheme.
- Dr John McManus, Regional Programme Director for the mid-west BST scheme in GIM

- Dr Helen Tuite, Consultant and Infectious Diseases Physician, Galway University Hospital.
- Ms Aisling Smith, Education Specialist, RCPI

GIM HST Representation in attendance:

- Prof Michael Watts, National Specialty Director
- Professor Sean Kennelly, Geriatrician and Stroke Physician, Tallaght Hospital
- Dr Séan Fleming, Consultant Cardiologist and General Physician, Portlaoise General
- Dr Marcia Bell, Endocrinologist, Galway University Hospital
- Dr Clodagh O'Dwyer, Geriatrician and Stroke Physician, St Vincent's Hospital.
- Prof John Carey, Rheumatologist, Galway
- Ms Aisling Smith, RCPI Education Specialist, RCPI

Infectious Diseases Representation in attendance:

- Dr Catherine Fleming, National Specialty Director
- Prof Colm Bergin, National Specialty Director
- Prof Samuel McConkey, Head of the Department of International Heath and Tropical Medicine, RCSI
- Dr Eoghan de Barra, Infectious Disease Consultant, Beaumont Hospital.
- Dr Sarah O'Connell, Infectious Diseases Consultant, University Hospital Limerick
- Dr Corinna Sadlier, Infectious Diseases and GIM Consultant, Beaumont Hospital
- Dr Eoin Feeney, Infectious Diseases Consultant, St Vincent's
- Mr Keith Farrington, Education Specialist, RCPI

Clinical Pharmacology and Therapeutics Representation in attendance:

- Prof David Williams, National Specialty Director
- Dr Sheila Killalea, Clinical Pharmacologist, HPRA
- Dr Alice Stanton, Clinical Pharmacologist, RCSI and Devenish Nutrition
- Prof Martina Hennessy, Clinical Pharmacologist and General Physician, St James's Hospital
- Prof Laurence Egan, Clinical Pharmacologist, Galway University Hospital
- Mr Keith Farrington, Education Specialist, RCPI

Nephrology Representation in attendance:

- Dr Aisling O'Riordan, National Specialty Director
- Prof Conall O'Seaghdha, Consultant Nephrologist, Beaumont Hospital
- Dr Denise Sadlier, Consultant Nephrologist in Mater Hospital
- Dr Liam Plant Renal physician, Cork University Hospital.
- Dr Donal Reddan, Consultant Nephrologist in Galway
- Mr Keith Farrington, Education Specialist, RCPI

Cardiology Representation in attendance:

- Dr Ross Murphy, National Specialty Director
- Dr Briain MacNeill, Interventional Cardiologist, University Hospital Galway
- Dr Jim Crowley, Clinical Cardiologist at University Hospital Galway
- Ms Aisling Smith, Education Specialist, RCPI

Rheumatology Representation in attendance:

- Dr John Ryan, National Specialty Director
- Prof John Carey, Trainer, STC

- Dr Michelle Doran Michelle Doran, Rheumatologist, St James's Hospital
- Dr Ronan Mullan, Rheumatologist in Tallaght hospital
- Prof Alexander Fraser, Consultant Rheumatologist, Limerick
- Prof Geraldine McCarthy, Consultant Rheumatologist, Mater Hospital
- Dr Ausaf Mohammad, Rheumatologist, Midlands Hospital Tullamore
- Mr Keith Farrington, Education Specialist, RCPI

Gastroenterology Representation in attendance:

- Dr Aoibhlinn O'Toole, National Specialty Director
- Dr Eoin Slattery, National Specialty Director
- Prof Deirdre McNamara, Consultant Gastroenterologist, Tallaght hospital
- Dr Orlaith Kelly, Consultant Gastroenterologist, Blanchardstown
- Associate Prof Garry Courtney, Consultant Gastroenterologist in Kilkenny
- Prof Suzanne Norris, Consultant Hepatologist in St James's Hospital,
- Dr Glen Doherty, Consultant Gastroenterologist in St Vincent's Hospital
- Ms Aisling Smith, Education Specialist, RCPI

Number of Trainees in attendance:

- GIM BST: 8
- GIM HST: 4
- Infectious Diseases: 4
- Clinical Pharmacology and Therapeutics: 5
- Nephrology: 6
- Cardiology: 12
- Rheumatology: 9
- Gastroenterology: 5

Appendix C

LIST OF DOCUMENTATION SUBMITTED BY THE

INSTITUTE OF MEDICINE, RCPI

1	TORs RCPI Council
2	TORs RCPI Executive
3	IOM Governance Document
4	Letter to IMC Re COVID & Training Programmes 5 June 2020
5	TORs Advisory Committee
6	TORs Trainees Committee
7	TORs Trainee Health & Wellbeing Committee
8	TORs Education & Quality committee
9	IOM Officers Meeting Sample Agenda
10	Job spec Training Co-ordinators
11	Role of the Director of Professional Competence
12	Role of the Director of Education and Professional Development
13	Copy of IOM/HSE SLA
14-16	Abridged accounts for RCPI (2017, 2018, 2019)
17	Sample TORs Policy Working Group
18	TORs Clinical Advisory Groups
19	Curricula Review Policy
20	Performance, Coaching and Development Template
21	Samples of WBA (HST - Mini CeX)
22 & 23	HST Formal Assessments (Quarterly/End of Post/End of Year)
24	BST Sample WBA (BST - Mini CeX)
25 & 26	BST Formal Assessments End of post /End of year
27	Sample copy of CSCST
28	Draft Nephrology Study Day Schedule
29	• Course review policy • Access Transfer progression policy • Protection and Enrolled learners policy • Education programme request and approval procedure • Change current education programme procedure • Curriculum development procedure • Online and blended learning procedure • Handover from education development to delivery department procedure
30	Sample copy of Quarterly Email to Trainers
31	Trainee Committee Agenda
32	Agenda for Trainee Day 2019
33	TPE Survey
34	BST Panel Members Guidance
35	HST Panel Members Guidance
36	RCPI Ezine
37 & 38	Sample Agenda BST & HST Induction Days 2019
39	Trainee Feedback Form

40	Course Feedback form
41	Training Site Inspections Policy
42	Training Site Activities form
43-49	Specialty Accreditation forms BST: • GIM HST: • Cardiology • CPT • Gastroenterology • Infectious Diseases • Nephrology • Rheumatology
50	Associate Director of Training Site Accreditation
51	Copy of quarterly and annual progress reports
52	BST Certificate
53	HST Annual Evaluation progress and PYA Report
54	HST GIM Inspection Form

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Comhairle na nDochtúirí Leighis
Medical Council