Report on the Accreditation of The Programme of Clinical Neurophysiology.

2 October 2023.

Comhairle na nDochtúirí Leighis
Medical Council

Contents

1. ROLE OF THE MEDICAL COUNCIL

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]. The Medical Practitioners Act 2007 (as amended) sets out the Medical Council's responsibility for accrediting specialist training programmes and the postgraduate training bodies that deliver the programmes. 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.

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.

- → **Quality Assurance:** The Medical Council is responsible for setting standards, objectively and independently assessing quality, and taking action if standards are not met.
- → **Quality Management:** The Education and Training Bodies are responsible for ensuring that the design and delivery of medical education and training meets defined standards.
- → **Quality Control:** Clinical sites are responsible for ensuring that the education and training experience of the students and trainees in the workplace meets defined standards.

A body which was recognised under the previous Medical Practitioners Act 1978 for the purpose of granting evidence of satisfactory completion of specialist training[2] was, on commencement of the 2007 Act, deemed to be a body approved under the 2007 Act for the same purposes. The Medical Council now undertakes a process of formal accreditation of such bodies under section 89(3) of the 2007 Act (as amended). The postgraduate 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 Team's finding is based on the programme and Body's adherence to the rules, criteria, guidelines, and standards approved by Council as specified in Sections 87(3), 88(1)(a), 88(4)(b), 88(4)(d) and 89(3) of the Medical Practitioners Act 2007 (as amended).

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

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

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

2. PREFACE

The Medical Council Assessor Team (the Assessor Team) met with representatives of Clinical Neurophysiology on 2 October 2023. The Assessor Team's remit was to assess the Programme of Specialist Training in Clinical Neurophysiology 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).

1. The Team

The visiting Assessor Team comprised of one former Council member, External Assessors with a relevant background/interest in medicine and/or medical education/training; and included medically qualified and non-medically qualified persons, representing public/patient interests and Council Executive. The Assessor Team is listed in Appendix One of this Report. The Medical Council particularly appreciates the contribution of the Assessors. The Team comprised of Dr Ailis Ni Riain (Chair and former Council member), Prof Jason Last, Ms Ger Feeney, and Dr Gareth Payne. They brought additional expertise in the quality assurance of medical education to the accreditation and generously gave of their time and expertise to help with the accreditation process.

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

The Assessor Team met with the Training Body management including the Dean and CEO of the specialist training programme in Clinical Neurophysiology and interviewed Trainers and Trainee representative specialists participating in specialist training programmes. The invitation to attend the accreditation interviews went out to all Trainers. Doctors who have recently completed Clinical Neurophysiology training or who are currently in training in the UK were also invited as trainee representatives.

3. Documentation

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

4. Schedule

The accreditation session included an in-depth discussion between the Assessor Team and representatives from the Institute of Medicine, Trainers, and Trainee representatives.

5. Appendices

The attendance record for the accreditation session, including details of the Assessor Team, are attached in Appendix One. The list of supporting documentary evidence that was provided to support the self-evaluation under each standard is attached as Appendix Two. The accreditation

standards which were applied throughout this process can be found here: **Medical Council Accreditation Standards for Postgraduate Medical Education and Training.**

6. The Report

The Standards formed the basis of the evaluation of both the Institute of Medicine and the Programme of Specialist Training in Clinical Neurophysiology. The observations, comments and recommendations contained in this Report are grouped under the relevant sections of these standards.

3. SUMMARY AND GENERAL ASSESSMENT

Approval Status

I. The Programme of Specialist Training in Clinical Neurophysiology is approved for a period of three years with three conditions, by the Council under the terms of Section 89(3)(a)(i) of the Medical Practitioners Act 2007 (as amended).

II. The Institute of Medicine is approved for a period of three years by the Council under section 89(3)(a)(ii) of the Medical Practitioners Act as the body which may grant evidence of the satisfactory completion of Specialist Training in Clinical Neurophysiology approved under (i) above subject to the compliance with the conditions outlined below. This approval is from the date of approval by the Education and Training Committee (5 March 2024) of the Medical Council and the Minister of Health (12 March 2024) as set out in Statutory Instrument 529 of 2010.

III. A certificate of satisfactory completion in specialist training (CSCST) in Clinical Neurophysiology 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.

Conditions

1. 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 Institute of Medicine (IoM), RCPI 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 Directors of Training, Tutors, Trainers, and Supervisors to enable high quality delivery of the training programme. The IoM is expected to submit evidence of advocating (minutes, letters, etc.) on a yearly basis to demonstrate advocating for protected time.

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

2. The first full training cycle must be completed leading to the award of a Certificate of Satisfactory Completion of Specialist Training to each successful graduate of the programme. The first trainee(s) to complete the Clinical Neurophysiology programme must be awarded a CSCST. As Clinical Neurophysiology is a 4-year training programme, it would be expected to complete this condition 4 years after the programme commences (pending approved leave for trainees).

Condition (b) is consistent with findings in "the Education and Training Programme – Curriculum Content of the report under Standard 3.2.2

3. The Institute of Medicine must formally appoint a National Specialty Director for Clinical Physiology prior to the programme commencing. The appointment of the NSD must be fair and transparent. In addition, the Institute of Medicine must appoint representatives to the Specialty Training Committee. The STC must be appointed and commenced prior to trainees being registered to the programme.

Condition (c) is consistent with findings in "Context of Education and Training – Programme Management of the report under Standard 1.2.1

4. 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 all trainer training must be provided to the Medical Council within 6 months of the final accreditation report receiving Ministerial Consent. In addition, 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. 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 (d) is consistent with findings in "Implementing the Training Programme – Delivery of Educational Resources" under standard 8.1.2

4. OVERVIEW OF COMPLIANCE

Levels of compliance

GREEN = Full compliance (FC) all requirements of a standard are adhered to**.**
ORANGE = Partial compliance (PC) parts but not all requirements of a standard are adhered to.
RED = Non-compliance (NC) no requirements of a standard are adhered to.
Yellow = Not Assessable (NA) – This standard cannot be assessed until such time as the Higher Specialist Training (HST) programme in Clinical Neurophysiology commences and evidence of implementation can be demonstrated. See Appendix Three for the list of Specialist Training Standards.

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

Summary table of compliance for the programme of specialist training in Clinical Neurophysiology

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	7.3.2	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	

Commendations

The following commendations were noted:

1. Arising from standard 1.4.1 Commend those involved in increasing the recognition of the specialty as distinct from Neurology within Ireland, and for the effective engagement with the HSE, NDTP and other stakeholders to increase number of Clinical Neurophysiology SpR posts.

2. The training organisation should be commended for its proactive engagement with IoM trainees, and particularly initiatives supporting trainee health and wellbeing. We anticipate similar engagement with Clinical Neurophysiology trainees when the programme is up and running.

5. EVALUATION OF COMPLIANCE WITH MEDICAL COUNCIL STANDARDS

Training Body: Institute of Medicine, Royal College of Physicians in Ireland.
Programme of Specialist Training: Clinical Neurophysiology.

Finding	Requirement/ Recommendation	Compliance
STANDARD 1. CONTEXT OF EDUCATION AND TRAINING - GOVERNANCE		
1.1.2 *The governance structures describe the composition and terms of reference for each committee and allow all relevant groups to be represented in decision-making.* The Governance Framework and associated appendices provide a comprehensive description of the composition and terms of reference for each existing Institute of Medicine committee. It was recognised that relevant groups are generally well represented in current committees. However, there is uncertainty regarding membership of the future Clinical Neurophysiology Specialty Training Committee. The membership of the Committee must be defined by the IoM.	▪ The structure of the Clinical Neurophysiology Specialty Training Committee should be provided within 3 months of the accreditation report being approved by Medical Council's Education and Training Committee. ▪ The Institute should ensure that there is non-medical representation in the Committee structure for Clinical Neurophysiology. This should include Allied Health Professional and patient interest representation. This must be formed and commenced in advance of trainee registration.	**Partially compliant**
1.2.1. *The training organisation has established a committee or committees with the responsibility, authority, and capacity to direct the following key functions:* *1. planning, implementing and reviewing the training programme(s) and setting relevant policy and procedures.* *2. setting and implementing policy and procedures relating to the assessment of overseas-trained specialists* *setting and implementing policy on continuing professional development and reviewing the effectiveness of continuing professional development activities.* The training organisation has well established structures with responsibility, authority, and capacity to plan, implement and review programmes.	▪ There is a need to establish a Specialty Training Committee for Clinical Neurophysiology and ensure representatives are included in relevant committees within the IoM. This must be formed and commenced in advance of trainee registration.	**Partially Compliant with Condition (3) attached**

Assessment of overseas trained specialists is described, but the current practice regarding Clinical Neurophysiology is not described – and neither is a future practice specifically outlined. The role of the organisation in supporting Continuing Professional Development is clear. Current and future planning in support of CPD for clinical neurophysiologists is not presented in supporting documentation. It was noted training committees are established within IoM. The Clinical Neurophysiology Specialty Training Committee is not yet established – therefore Clinical Neurophysiology currently has no formal input or influence. It was agreed the appropriate structures exist within IoM; they need to be established for Clinical Neurophysiology. The specialty training committee need is addressed in condition 3 and under **1.1.2** and is accompanied by a recommendation.		
1.2.2. *The training organisation's education and training activities are supported by appropriate resources including sufficient administrative and technical staff.* Clear descriptions of some dedicated administrative and technical support staff specific to education and training are presented within the documentation. Some further clarity was provided during the meeting with management. Management confirmed negotiations are ongoing with NDTP to secure the funding required for the additional administrative and technical staff required for RCPI to run the Clinical Neurophysiology programme. Due to the size of the IoM and RCPI there are a number of existing administrative and technical staff available to assist with the initial set-up of the programme . The PGTB noted while it is a relatively small	▪ The training organisation should continue to assess additional administrative and technical support needs and resource those appropriately. ▪ The training organisation should appoint National Specialty Director in advance of trainee registration.	**Partially Compliant with Condition (3) attached**

training programme, some dedicated support will be required. Negotiations are ongoing with NDTP to establish funding for administrative support of the CN training programme. This recommendation supports Condition (3) attached.		
1.2.3. *Funding and Resource Allocation – there must be a clear line of responsibility and authority for budgeting of training resources. The training body must be adequately funded in order to plan and deliver the programme.* General funding for the IOM and resource allocation is well described within the documentation and the latest annual report contains governance and finance sections that position the training organisation in good financial health. It was noted the resource allocation to the proposed new training programme has not yet been presented and therefore this standard is not assessable.	▪ The training organisation should identify and document resources necessary to plan and deliver the proposed new training programme within three months of the accreditation report being approved by ETC.	Not Assessable
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. The training organisation collaborates and compares curricula but does not yet seek external evaluation. IoM have indicated the IoM and RCPI plan to address the lack of external evaluation through the inclusion of external assessments in the future for the Clinical Neurophysiology programme. This should continue to be pursued. As per the faculty at the accreditation: *For the training programme, as the trainer comes to meet with the Clinical Neurophysiology programme each year, we will be asking specifically about the*	▪ The training organisation should collaborate with other educational institutions and compare its curriculum, training programme and assessment with that of other relevant programmes. This should be done within 24 months of the accreditation report being approved by ETC.	Partially Compliant

input of that broader team, and particularly patients and how they perceived the trainee. So, they would be the external assessment of the actual training year, and the extern would sit on that. The Faculty indicated a review of the UK and US curriculums for Clinical Neurophysiology takes place and thus compares its curriculum of other relevant programmes. It was noted, the Training Body could have had the opportunity to collaborate with other relevant programmes in developing the programme and the curriculum, but this has not yet been done.		
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.* It was found all elements of this standard are being fulfilled by the training organisation with the exception of protected time. This standard is not yet assessable for the Clinical Neurophysiology training programme as the programme has not yet commenced and no trainers have been appointed yet. 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 should be put aside for Consultant Trainers, Supervisors and Tutors in their weekly job plan to undertake the role.	Not Assessable
STANDARD 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.* **2.2.2** *The outcomes address the broad roles of practitioners in the discipline as well as technical and clinical expertise.*	▪ The training organisation should specify graduate outcomes for Clinical Neurophysiology training programme within the curriculum document within **six** months of the accreditation report being approved by ETC.	Partially Compliant

It was noted graduate outcomes are not clearly defined in submitted documentation. Outcomes are implied throughout the curriculum but are not explicit. Competencies have been defined as have objectives for the components of the training programmes. However, it was noted there is a difference between competencies and outcomes. It was also noted the training programme for Clinical Neurophysiology was developed in 2022 and sets out what the programme covers over the 5 years of training. It seems a comprehensive programme however, it is difficult to ascertain how well the training outcomes address the broad role of the practitioners at this early stage. The faculty stated the curriculum will be reviewed annually like all other programmes		
2.2.4 *The training organisation makes information on graduate outcomes publicly available.* All graduate outcomes for established Basic Specialty Training and Higher Specialty Training programmes are published on the RCPI website. It is noted the graduate outcomes for this programme will be included when available.	▪ The training organisation should publish Clinical Neurophysiology graduate outcomes on RCPI website when available.	Not Assessable
STANDARD 3 – THE EDUCATION AND TRAINING PROGRAMME – CURRICULUM CONTENT		
3.1.1. *For each of its education and training programmes, the training organisation has a framework for the curriculum organised according to the overall graduate outcomes. The framework is publicly available.* The training organisation currently publishes the framework for all of its programmes on the RCPI website. The framework for Clinical Neurophysiology is currently not available on the RCPI website.	▪ The training organisation should publish the curriculum framework for Clinical Neurophysiology, including graduate outcomes within one month of ETC approval of the accreditation report.	Not Assessable

The framework is to be made publicly available when approved. It was noted this is implied in the documentation but not it is explicit.		
3.2.2 *Successful completion of the training programme must be certified by a diploma or other formal award.* It was noted the award of a CSCST was clearly described in the curriculum and a sample was provided in Appendix 15 of the supporting documentation. The title and designation of the qualification granted in the State, by the Medical Council, to enable a medical practitioner to secure registration in the Specialist Division of the Register in Clinical Neurophysiology under Section 89(2) of the Medical Practitioners Act 2007 (the "Act"), is a CSCST in Clinical Neurophysiology. A sample CSCST was provided in Appendix 15. The Institute of Medicine confirmed in its self-evaluation form: Completion of the programme will be recognised by the award of a Certificate of Satisfactory Completion of Specialist Training (CSCST). It is awarded when all components of training and curriculum have been completed and signed off by the National Specialty Director and approved by the Specialty Training Committee. The CSCST must state Clinical Neurophysiology as the designated title of the specialty when awarded to a doctor.	▪ Upon successful completion of the training programme in Clinical Neurophysiology, a practitioner must be awarded a Certificate of Satisfactory Completion in Specialist Training in Clinical Neurophysiology.	Not assessable with Condition (b) attached
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.*	▪ The training organisation should produce a report on the feasibility of introducing recognition of prior learning for trainees. This report should be made available to the Medical Council within 3 months of second cohort of trainees commencing the programme.	Partially Compliant

It was noted the curriculum provides opportunities for trainees to pursue studies of choice, beyond the mandatory core modules which must be completed by all, through advanced modules from which a trainee may choose a selection to complete. It was noted there are opportunities for OCPE to include research and overseas fellowships. At the accreditation faculty meeting, the Faculty stated that for the early years of the programme, training time would not be reduced for experience gained prior to joining the programme.		
3.5.1 *The training organisation contributes to articulation between the specialist training programme and prevocational and undergraduate stages of the medical training continuum.* The curriculum does not discuss the contribution to articulation between specialist training programme and prevocational and undergraduate stages of the medical training continuum. For most undergraduate schemes, most CN consultants are involved in teaching in pre-clinical. As per the self-evaluation form completed: *The trainers all have lecturer attachments, and the sites already facilitate undergraduate teaching placements in Clinical Neurophysiology. The trainers will also participate in the RCPI Basic Specialist training programme.* *All of the Clinical Neurophysiology Trainers are members of the Irish Institute of Clinical Neurosciences (IICN), which engages in prevocational teaching to promote awareness and appreciation of the diverse medical specialties that are involved in management of brain and neurological disorders an all day workshop for school children preceded the Annual scientific meetings.*	▪ The training organisation should expand and document the role of Clinical Neurophysiologists trainers in supporting the continuum of prevocational undergraduate and graduate medical training to promote the specialty within this group of students. This should be documented within **36** months of the accreditation report being approved by ETC. The role of Clinical Neurophysiologist trainers supporting the continuum of training is an ongoing developmental process.	Partially Compliant

It was noted the involvement of Clinical Neurophysiologists at pre-clinical and clinical level to varying degrees at undergraduate levels.		
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.* The submission outlines the general approach of the IoM to ensure their training programmes are practice-based. The curriculum provided outlines the elements of the training programme which will be practice-based. As the programme is not yet initiated, the current described practices relate to IoM rather than Clinical Neurophysiology specifically. Evidence demonstrating the application of this standard can only be assessed when Trainees commence the HST programme.	▪ The training organisation should demonstrate that training is practice-based involving the Trainees' personal participation in relevant aspects of the health services and, for clinical specialties, direct patient care. This recommendation should be fulfilled within 12 months of the cohort of trainees commencing.	Not Assessable
4.*1.2 The training programme includes appropriately integrated practical and theoretical instruction.* The submission outlines the proposed apprentice model operating in parallel to the formal curriculum. It outlines the responsibilities of trainers to undertake WBAs and provide feedback and the responsibilities of trainees to complete their ePortfolios. Appendices 16-18 provide (generic) copies of assessment tools. The training programme has made plans which are not yet implemented. The plans provided relate to IoM rather than Clinical Neurophysiology specifically. This standard is not assessable until trainees commence on the programme.	▪ The training organisation should develop a framework of appropriately integrated practical and theoretical instruction together with planned assessment methods. This should be made available to trainees prior to their registration on the training programme. This should be completed by June following the commencement of trainees on the training programme.	Not Assessable
4.1.3 *The training process ensures an increasing degree of independent responsibility as skills, knowledge and experience grow.*	▪ The Clinical Neurophysiology Programme should implement the plans outlined in the self-evaluation regarding the WBAs and assessments. This should be implemented by June following the	Not Assessable

The submission outlines the details of WBAs including DOPs, CBDs and observed interactions with patients referred to in Appendices 16-18. It describes the penultimate year assessment as following: *is of particular importance and assesses overall suitability for progression out of the programme and facilitates the Trainee focusing on particular aspects of the programme in response to feedback obtained. The submission mentions the plan to move to OBC "over the next number of years".* It was noted the moved to Outcomes Based Curriculum is planned but not implemented. It was also noted plans relate to IoM rather than CN specifically. The plans outlined for the training programme are sufficient – but cannot be assessed at this time.	commencement of trainees on the training programme.	
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.* It was noted, the assessments are well set out in the submission. It was noted assessment is by WBA, especially DOPS and CbD which are appropriate tools for assessing this practical and technical specialty. It was noted it is appropriate not to attempt a summative knowledge-based examination with small trainee numbers on the programme.	▪ The training programme should consider updating DOPS to the following: 'Trainees should be expected to complete at least 2 successful DOPS for every procedure by more than 1 trainer, on or before the end of training'. ▪ The training programme should increase the number of ultrasound procedures required to be performed by trainees to 150 in the curriculum.	Partially Compliant
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.* At the accreditation meeting, the faculty confirmed a number of ways of identifying the underperforming trainee.	▪ The training organisation should outline the process for identifying the underperforming trainee – e.g., determine the criteria for which a trainee can be identified as being underperforming. The training organisation should outline the supports available for any trainee who is struggling. This should be completed	Partially Compliant

Trainees can be identified by the trainer in the first instance, or through the Annual Evaluations, and through workplace-based assessments. The Faculty specified there are site offices outside of Dublin where the trainees are supervised. An interaction between the RCPI and the trainees can identify if there are issues with the trainee which need to be reported. The faculty noted trainees will be in small departments and working closely with their trainer. It is highly likely that the trainer will know if there are issues.	within **12** months of ETC approval of the accreditation report.	
5.2.2 *The training organisation facilitates regular feedback to trainees on performance to guide learning.* It is agreed the Work Placed Based Assessments including DOPS and CbD, outlined in the submission should facilitate regular feedback to trainees on performance to guide learning. The belief is this will happen, but it is not assessable as currently there are no trainees on the programme.	▪ The training organisation should provide evidence (such as completed WBAs) 12 months after training programme commencement, to demonstrate that regular feedback to trainees on performance is being facilitated.	Not Assessable
5.2.3 *The training organisation provides feedback to supervisors of training on trainee performance, where appropriate.* It was agreed that the processes are in place to meet this standard when the programme commences. This was seen through appendices 22, 27, 28 and 29.	▪ Upon commencement of the Clinical Neurophysiology programme, the evaluation forms provided in the submission as appendices 22, 27, 28 and 29 should be rolled out. This should be done within 12 months of the first cohort of trainees commencing on the programme.	Not Assessable
STANDARD 6 – THE CURRICULUM – MONITORING AND EVALUATION		
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.* The training organisation has policies and structures that support regular evaluation and review of its training programmes. Examples of the impact of trainee feedback are given elsewhere, but there is no evidence provided of	▪ The training organisation should develop a formal mechanism for evaluating and reviewing the CN curriculum. This mechanism should also address quality of teaching and supervision, assessment, Trainee progress and outcomes. This should be completed within 12 months of ETC approval of the accreditation report. ▪ The training organisation should submit further information on regularly evaluating and reviewing its training programmes and a redacted example.	Partially Compliant

curriculum content changes, or change in quality, supervision or assessment arising from evaluations and reviews. The training organisation should submit further information on regularly evaluating and reviewing its training programmes and a redacted example of changes in quality, supervision or assessment arising from evaluations and reviews.		
6.1.2 *Supervisors and trainers contribute to monitoring and to programme development. Their feedback is systematically sought, analysed, and used as part of the monitoring process.* It was agreed the training organisation has procedures in place to ensure trainers contribute to programme development in other specialty areas. As the Clinical Neurophysiology training programme has not yet commenced, there are no specific procedures relating to CN. *See condition (c) and recommendation for 1.2.1 in relation to the above observation.*	▪ The training programme should ensure formal procedures are in place for trainers to contribute to the programme development of Clinical Neurophysiology. This should be developed prior to the commencement of the first cohort of trainees. The formal procedures should be implemented within **12 months** of the commencement of the first trainees on the programme. ▪ The training organisation should provide evidence of feedback being sought from trainers and supervisors and it being analysed and implemented. The formal procedures should be implemented within **12 months** of the commencement of the first trainees on the programme.	Not Assessable
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.* Commendation: the RCPI and IOM should be commended for their proactive engagement with trainees, and particularly initiatives supporting trainee health and wellbeing. (RCPI) Not assessable until trainees are on programme.	▪ The training organisation should ensure the proactive approach taken with other specialties is applied to Clinical Neurophysiology when the programme commences.	Not Assessable

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.* It was noted the training organisation appear to maintain records of graduates of other training programme. The organisation has also provided strong evidence of research and scholarship in this domain. However, it is not clear what outcomes of training are measured and what data is collected.	▪ The training organisation should clarify what outcomes of training are going to be measured for the Clinical Neurophysiology training programme, what data will be collected and analysed. This should be implemented within **36 months** of the first cohort of trainees commencing on the programme.	Partially Compliant
6.2.2. *Supervisors, Trainees, health care administrators, other health care professionals and consumers contribute to evaluation processes.* The training organisation appears to have interpreted this standard to pertain to trainee assessment as opposed to outcome evaluation. As per the self-evaluation submitted by the training body: *Assessment and evaluation forms are designed to assess different caveats of a Trainees experience and exposure such as technical knowledge, communication skills, professionalism and patient safety. Currently there is no direct input from non-medical healthcare professionals to either design of the evaluation process or the evaluation itself, however any given Trainer may seek input from such sources if deemed required.*	▪ The IoM together with Clinical Neurophysiology 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. This should be implemented within **12 months** of ETC approval of the accreditation report. ▪ 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. This should be developed within **12 months** of ETC approval of the accreditation report.	Not Assessable
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.*	▪ The training body should implement the processes for selection as outlined in the submission. This should be implemented within **3 months** of ETC approval of the accreditation report and in advance of the recruitment for the first trainee cohort applying to the programme. Evidence of same should be provided to the Medical Council.	Not Assessable

• *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.* The information submitted indicates this standard will be met when the programme commences. The self-evaluation form indicates selection guidelines are reviewed on an annual basis by the individual Specialty Training Committees and the Education Training Committee. Plans are fine, but not in practice yet.		
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.* Both the selection process and the weighting criteria are well documented for established training programs. It was noted, Clinical Neurophysiology is not currently included in the disciplines listed. Equivalent information should be provided for Clinical Neurophysiology.	▪ The training organisation should provide the equivalent information for Clinical Neurophysiology within 12 **months** of ETC approval of the accreditation report.	Partially Compliant
7.3.2 *The training organisation provides clear and easily accessible information about the training programme, costs and requirements, and any proposed changes.* There is an abundance of information provided on training programmes and Continuing Professional Development for all specialties within the Institute of Medicine. It was noted that costs and requirements are not yet available for Clinical Neurophysiology training programme.	▪ The training organisation should make information on costs associated with the training programme available. This should be implemented within **3 months** of ETC approval of the accreditation report. ▪ The training organisation should ensure the information available for other specialties within the Institute of Medicine is available for Clinical Neurophysiology. This should be implemented within **3 months** of ETC approval of the accreditation report.	Partially Compliant

7.3.3. *The training organisation provides timely and correct information to Trainees about their training status to facilitate their progress through training requirements.* Based on the self-evaluation and the faculty meeting, it is noted the relevant information required in this standard will be available to trainees. However, as there are no trainees on this program it is not yet assessable.	▪ The training organisation should ensure to provide timely and correct information to Trainees about their training status as soon as trainees commence on the programme. This should be implemented within **12 months** of the first cohort of trainees commencing on the programme.	Not Assessable
7.4.1 *The training organisation has processes to address confidentially problems with training supervision and requirements.* The policy regarding confidentiality is clearly outlined in the Confidentiality Policy (Health and Wellbeing Office). The grievance procedure is also clear on confidentiality and compliance to GDPR. It outlines the specific circumstances where information may be shared. The training organisation should ensure the processes already in place will work for trainees within a small specialty. Processes are in place at a training organisation level.	▪ Develop and implement a process to gather anonymous trainee feedback which must address the confidentiality issues which may arise from a small specialty. This should **be developed within 6 months** of ETC approval of the accreditation report. It should be **implemented within 12 months** of the first cohort of trainees commencing on the programme.	Partially Compliant
STANDARD 8 – IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS		
8.1.1. *The training organisation has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the training programme and the responsibilities of the training organisation to these practitioners.* It was noted that the submitted self-evaluation form outlines responsibilities of practitioners who contribute to the delivery of current IOM training programmes and the responsibilities of the training organisation to these practitioners.	▪ The training organisation should define the responsibilities of hospital who contribute to the delivery of the Clinical Neurophysiology training programme when the programme commences.	Not Assessable
8.1.2 *The training organisation has processes for selecting supervisors who have demonstrated appropriate*	▪ The training organisation should ensure the selection criteria for supervisors is formally documented. This should be	Partially Compliant

capability for this role. It facilitates the training of supervisors and trainers. The processes for selecting supervisors by the IoM are clearly described in the submission, although they have not yet been implemented for the Clinical Neurophysiology programme. It was noted the supports for supervisors and trainers are also clearly outlined in the sel-evaluation submission. It was noted the selection criteria for recruiting supervisors is not formally documented by the IoM.	implemented within **3 months** of ETC approval of the accreditation report. ▪ The training organisation should ensure the training of the trainers on this new training programme is facilitated as outlined in the self-submission. This should include mandatory attendance at training courses, train the trainer, WBAs. This should be implemented within **12 months** of ETC approval of the accreditation report.	
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.* The self-evaluation form submitted provides details of how the IoM evaluates supervisor and trainee effectiveness. There are no trainers appointed to Clinical Neurophysiology programme yet.	▪ The training organisations should ensure the processes in place for other specialties to evaluate supervisor and Trainer effectiveness are applied to Clinical Neurophysiology on an on-going basis.	Not Assessable
8.1.4 *The training organisation has processes for selecting assessors in written, oral and performance-based assessments who have demonstrated relevant capabilities.* The IoM have outlined the processes for selection of assessors. 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. Online courses are available for supplementary skills. There are no trainers in place yet as the training programme has not commenced.	▪ The IoM should publish the competency requirements to be an assessor and the application process. This should be implemented within **6 months** of ETC approval of the accreditation report. A structured, competency-based recruitment process should be followed for the appointment of assessors.	Partially Compliant

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.* 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. The commitment of Trainers is noted and in the absence of protected time, they fulfil their training roles on a voluntary goodwill basis. IoM outlines in the submission that they continue to advocate for this but that it is not within their gift to address in its totality. It is noted there are no trainers yet in place to fully assess protected time for Clinical Neurophysiology.	▪ Protected time should be provided to those involved in training at all levels. This includes Trainees as well as Trainers and Training Leads.	Non-Complaint with Condition (a) attached
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***.** The self-evaluation submission detailed the process to select and recognise training sites (hospitals). This is supported by Appendix 29, Training Site Inspection Policy. The Institute of Medicine have provided evidence to demonstrate processes and criteria are in place for site inspections at an organisation level. It was noted as the programme has not yet commenced, no documentation was submitted to demonstrate the process for Clinical Neurophysiology posts. The IoM should	▪ The IoM accreditation model should ensure training programmes deliver the necessary competencies and outcomes for the Specialty by making use of data on what opportunities individual sites are able to provide. The accreditation model should be implemented by July 2024. ▪ Accreditation standards and criteria for a 'triggered visit' must be developed and disseminated **by July 2024.** It should be in place prior to 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 **within 3 months** of ETC approval of the accreditation report.	Partially Compliant

ensure Clinical Neurophysiology sites and posts are accredited as soon as possible.	▪ The IoM should prioritise inspection of sites associated with CN training programme.	
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.* The submission describes the IoM criteria for selecting training sites and includes a generic Training Site Activities template (Appendix 30). It states that a specific accreditation form is to be developed with the National Specialty Director following accreditation of the training programme. The submission also provides evidence of MoA with training site (Appendix 31) and Training Site Inspection Policy (Appendix 29). This standard is not yet assessable as the programme has not commenced. As outlined in **Condition (c)** and recommendation **1.2.2**, the training organisation must appoint a National Specialty Director in order to develop a specific accreditation form.	▪ The training organisation should ensure the criteria for selecting training sites are applied to Clinical Neurophysiology. This should be implemented within **6 months** of ETC approval of the accreditation report.	Not Assessable
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.* The submission provides a response relating IoM and outlines their limited	▪ The Training Organisation should agree the Service Level Agreement for Clinical Neurophysiology. This should be implemented within **3 months** of ETC approval of the accreditation report.	Partially Compliant

capacity in this area. There is nothing specific outlined in the submission directly relating to Clinical Neurophysiology. The Faculty noted, in recent years there has been an effort to get registrar positions appointed within the specialty in the hospitals. The Faculty also noted this is a struggle for a speciality like Clinical Neurophysiology. To get a registrar post in CN in one example hospital, two other registrar posts had to be suppressed. It was noted it took a long time to get that over the line. It was agreed current plans are impressive, however a Service Level Agreement needs to be put in place.		
8.2.5 *The training organisation should monitor the working environment to ensure it is a safe environment for training.* The self-evaluation submission outlines the processes in place for IoM in this area. The submission does not include any details specific to Clinical Neurophysiology. The IoM must be cognisant of the fact as a small specialty the processes may need to be adapted for Clinical Neurophysiology trainees to ensure the process developed for larger specialties work for a smaller specialty. 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. At the accreditation meeting, it was stated overall	▪ The IoM should 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 the training organisation should not designate the training site for a programme. The process for monitoring should be developed within **6 months** of ETC approval of the accreditation report. ▪ A clear path for confidential reporting / whistle blowing must be available. This should be implemented within **3 months** of ETC approval of the accreditation report.	Partially Compliant

responsibility for the working environment rests with the hospital. It was noted it is within the gift of the Training Programme, that if the working environment is not appropriate a trainee could be relocated to a safer working environment.		

6. NEXT STEPS

Action and Implementation Plan

The Institute of Medicine is to develop an Action and Implementation Plan (AIP) to address all conditions made in the Medical Council's Clinical Neurophysiology Accreditation Report. The Institute of Medicine 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 will be requested to present the Plan to Medical Council representatives. This meeting will also provide the Institute of Medicine 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 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.

Appendix One - Attendance Record

Medical Council Postgraduate Accreditation

Institute of Medicine - Programme of Specialist Training in Clinical Neurophysiology
Monday 2nd October 2023

Team in attendance:
Dr Ailís ní Ríain, Chair of the Accreditation Team and Assessor for the Medical Council
Prof Jason Last, Assessor for the Medical Council
Ms Ger Feeney, Assessor for the Medical Council
Dr Gareth Payne, Specialist Assessor for the Medical Council
Ms Denise Carroll, Head of Quality Assurance, Medical Council
Ms Zoë Trevaskis, Quality Assurance Manager, Medical Council
Ms Marian Brosnan, Quality Assurance Manager, Medical Council
Ms Faye Mangan, Quality Improvement Executive (observer), Medical Council

Institute of Medicine Representation in attendance:
Prof Anthony O'Regan, Dean IoM
Prof Ed McKone, Director of Education and Training, IoM
Dr Lucy Ann Behan, Dean of Examinations, IoM
Dr Sean Connolly, Consultant in Clinical Neurophysiology and Speciality Lead
Ms Audrey Houlihan, CEO, RCPI
Mr Colm Small, Head of Postgraduate Training and Education, RCPI
Mr Keith Farrington, Education Specialist, RCPI
Dr Yvonne Langan, Consultant in Clinical Neurophysiology
Dr Brian McNamara, Consultant in Clinical Neurophysiology
Ms Siobhan Kearns, Senior Admin IMC Accreditation & SDR Assessments, RCPI
Ms Jessica Dowling, Manager Accreditation & QA Dept, RCPI

Number of Trainers in attendance: 3 Trainers in attendance.

Number of Trainees in attendance: 4 Trainee Representatives in attendance.

Appendix Two – Overview of Documentation

List of documentation submitted by the Institute of Medicine

1	**IoM Governance Framework December 2019**
2	**TOR Council RCPI Final**
3	**TOR RCPI Executive**
4	**TORs College Training Committee**
5	**TOR RCPI College Exams Committee**
6	**Trainees Committee TOR V2 2023**
7	**TORs Trainee Health and Wellbeing Committee**
8	**IoM Officers Meeting – Sample Agenda**
9	**TORs Education Quality Committee**
10	**Programme Coordinator TFO – Job Specification**
11	**Role of Director of Professional Competence**
12	Role Director of Education and Professional Competence
13	TORs Academic Board
14	Clinical Lead RCPI Training Project – Final
15	Printable version HST Clinical Neurophysiology
16	Sample CSCST Certificate
17	HST Sample WBA Mini-CEX
18	HST QA EOPA
19	HST End of Year Evaluation
20	HST Annual Evaluation progress and PYA
21	Trainer Conference Programme 2022
22	Trainees Committee Meeting Agenda
23	Training Post Evaluation Survey
24	National Education Day Programme 2023
25	BST Guidelines for Interviewers
26	HST Guidelines for Interviewers
27	RCPI Presidents ezine May 2023
28	Course Evaluation Form
29	Trainees Feedback
30	Training Site Inspections Policy
31	Training Site Activities Form
32	Final MOA – RCPI and Training Sites
33	Final Irish Clinical Neurophysiology Curriculum Redraft September 2023
34	HST Curriculum Clinical Neurophysiology Updated September 2023

Appendix Three – Medical Council Accreditation Standards for Postgraduate Medical Education and Training

Compliance ratings are determined based on each of the Assessor Team's appraisal of evidence provided for each standard. Documentary evidence considered includes the self-evaluation submission from the Body submitted prior to accreditation, together with evidence obtained through meetings on the day of accreditation with Management, Trainee Representatives, and Programme Representatives.

Please note standards rated as fully compliant for the Institute of Medicine, and the programme of specialist training in Clinical Neurophysiology contained in this report are based on the documentary evidence provided (listed in Appendix 2) and discussions with the Institute of Medicine Executive, Clinical Neurophysiology Trainers and Trainee representatives. In some instances, it was considered that the speciality is meeting the standard and has been rated as fully compliant, however a recommendation may have been added to encourage improvement.

MEDICAL COUNCIL ACCREDITATION STANDARDS FOR POSTGRADUATE MEDICAL EDUCATION AND TRAINING

1. CONTEXT OF EDUCATION AND TRAINING

1.1 GOVERNANCE

1.1.1 The training organisation's governance structures and its education and training, assessment and continuing professional development functions are defined.

1.1.2 The governance structures describe the composition and terms of reference for each committee, and allow all relevant groups to be represented in decision-making.

1.1.3 The training organisation's internal structures give priority to its educational role relative to other activities.

1.2 PROGRAMME MANAGEMENT

1.2.1 The training organisation has established a committee or committees with the responsibility, authority and capacity to direct the following key functions:

- planning, implementing and reviewing the training programme(s) and setting relevant policy and procedures
- setting and implementing policy and procedures relating to the assessment of overseas-trained specialists
- setting and implementing policy on continuing professional development and reviewing the effectiveness of continuing professional development activities.
-

1.2.2 The training organisation's education and training activities are supported by appropriate resources including sufficient administrative and technical staff.

1.2.3 Funding and Resource Allocation - there must be a clear line of responsibility and authority for budgeting of training resources. The training bodies must be adequately funded in order to plan and deliver the programme.

1.3 EDUCATIONAL EXPERTISE AND EXCHANGE

1.3.1 The training organisation uses educational expertise in the development, management and

Continuous improvement of its education, training, assessment and continuing professional development activities, as required.

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.

1.4 INTERACTION WITH THE HEALTH SECTOR

1.4.1 The training organisation seeks to maintain constructive working relationships with relevant health departments and government, non-government and community agencies to promote the education, training and ongoing professional development of medical specialists.

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.

1.5 CONTINUOUS RENEWAL

1.5.1 The training organisation reviews and updates structures, functions and policies relating to education, training and continuing professional development to rectify deficiencies and to meet changing needs.

2. THE OUTCOMES OF THE TRAINING PROGRAMME

2.1 PURPOSE OF THE TRAINING ORGANISATION

2.1.1 The purpose of the training organisation includes setting and promoting high standards of medical practice, training, research, continuing professional development, and social and community responsibilities.

2.1.2 In defining its purpose, the training organisation has consulted fellows and trainees, and relevant groups of interest.

2.2 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.

2.2.2 The outcomes address the broad roles of practitioners in the discipline as well as technical and clinical expertise.

2.2.3 Outcomes must reflect domains of professionalism as defined by the Medical Council with particular reference to patient safety.

2.2.4 The training organisation makes information on graduate outcomes publicly available.

3. THE EDUCATION AND TRAINING PROGRAMME - CURRICULUM CONTENT

3.1 CURRICULUM FRAMEWORK

3.1.1 For each of its education and training programmes, the training organisation has a framework for the curriculum organised according to the overall graduate outcomes. The framework is publicly available.

3.2 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.

3.2.2 Successful completion of the training programme must be certified by a diploma or other formal award.

3.3 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.

3.4 FLEXIBLE TRAINING

3.4.1 The programme structure and training requirements recognise part-time, interrupted and other flexible forms of 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.

3.5 THE CONTINUUM OF LEARNING

3.5.1 The training organisation contributes to articulation between the specialist training programme and prevocational and undergraduate stages of the medical training continuum.

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.

4.1.2 The training programme includes appropriately integrated practical and theoretical instruction.

4.1.3 The training process ensures an increasing degree of independent responsibility as skills, knowledge and experience grow.

5. THE CURRICULUM - ASSESSMENT OF LEARNING

5.1 ASSESSMENT APPROACH

5.1.1 The assessment programme, which includes both summative and formative assessments, reflects comprehensively the educational objectives of the training programme.

5.1.2 The training organisation uses a range of assessment formats that are appropriately aligned to the components of the training programme.

5.1.3 The training organisation has policies relating to disadvantage and special consideration in assessment, including making reasonable adjustments for trainees with a disability.

5.2 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.

5.2.2 The training organisation facilitates regular feedback to trainees on performance to guide learning.

5.2.3 The training organisation provides feedback to supervisors of training on trainee performance, where appropriate.

5.3 ASSESSMENT QUALITY

5.3.1 The training organisation has a policy on the evaluation of the reliability and validity of assessment methods, the educational impact of the assessment on trainee learning, and the feasibility of the assessment items. It introduces new assessment methods where required.

5.4 ASSESSMENT OF SPECIALISTS TRAINED OVERSEAS

5.4.1 The processes for assessing of specialists trained overseas are in accordance with the principles outlined by the Irish Medical Council

6. THE CURRICULUM - MONITORING AND EVALUATION

6.1 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.

6.1.2 Supervisors and trainers contribute to monitoring and to programme development. Their feedback is systematically sought, analysed and used as part of the monitoring process.

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.

6.2 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.

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

7. IMPLEMENTING THE CURRICULUM – TRAINEES

7.1 ADMISSION POLICY AND SELECTION

7.1.1 A clear statement of principles underpins the selection process, including the principle of merit-based 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.

7.1.4 The training organisation publishes its requirements for mandatory experience, such as rotation through a range of training sites. The criteria and process for seeking exemption from such requirements are made clear.

7.1.5 The training organisation monitors the consistent application of selection policies across training sites and/or regions.

7.2 TRAINEE PARTICIPATION IN TRAINING ORGANISATION GOVERNANCE

7.2.1 The training organisation has formal processes and structures that facilitate and support the involvement of trainees in the governance of their training.

7.3 COMMUNICATION WITH TRAINEES

7.3.1 The training organisation has mechanisms to inform trainees about the activities of its decision-making committees, in addition to communication by the trainee organisation or trainee representatives.

7.3.2 The training organisation provides clear and easily accessible information about the training programme, costs and requirements, and any proposed changes.

7.3.3 The training organisation provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.

7.4 RESOLUTION OF TRAINING PROBLEMS AND DISPUTES

7.4.1 The training organisation has processes to address confidentially problems with training supervision and requirements.

7.4.2 The training organisation has clear impartial pathways for timely resolution of training-related disputes between trainees and supervisors or trainees and the organisation.

7.4.3 The training organisation has reconsideration, review and appeals processes that allow trainees to seek impartial review of training-related decisions, and makes its appeals policies publicly available.

7.4.4 The training organisation has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.

8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES

8.1 SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS

8.1.1 The training organisation has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the training programme and the responsibilities of the training

organisation to these practitioners.

8.1.2 The training organisation has processes for selecting supervisors who have demonstrated appropriate capability for this role. It facilitates the training of supervisors and trainers.

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.

8.1.4 The training organisation has processes for selecting assessors in written, oral and performance-based assessments who have demonstrated relevant capabilities.

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.

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.

8.2 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.

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.

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.

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.

8.2.5 The training organisation should monitor the working environment to ensure it is a safe environment for training.

9. CONTINUING PROFESSIONAL DEVELOPMENT

9.1 CONTINUING PROFESSIONAL DEVELOPMENT PROGRAMMES

9.1.1 The training organisation's professional development programmes are based on self-directed learning. The programmes assist participants to maintain and develop knowledge, skills and attitudes essential for meeting the changing needs of patients and the health care delivery system, and for responding to scientific developments in medicine as well as changing societal expectations.

9.1.2 The training organisation determines the formal structure of the CPD programme in consultation with stakeholders, taking account of the requirements of relevant authorities such as medical boards.

9.1.3 The process and criteria for assessing and recognising CPD providers and/or the individual CPD activities are based on educational quality, the use of appropriate educational methods and resources, and take into consideration feedback from participants.

9.1.4 The training organisation documents the recognised CPD activities of participants in a systematic and transparent way, and monitors participation.

9.1.5 The training organisation has mechanisms to allow doctors who are not its Members and/or Fellows to access relevant continuing professional development and other educational opportunities.

9.1.6 The training organisation has processes to counsel fellows who do not participate in ongoing professional development programmes.

9.2 RETRAINING

9.2.1 The training organisation has processes to respond to requests from the Medical Council for retraining of doctors who have been absent from practice for a period of time.

9.3 ASSESSMENT AND REMEDIATION

9.3.1 The training organisation has processes to respond to requests from the Medical Council for assessment and remediation of doctors where concerns have been identified that these doctors may be under-performing.

Approved by the Medical Council
1st June 2010
and
Revised by the Medical Council
25th October 2011

Comhairle na nDochtúirí Leighis
Medical Council