Report on the Accreditation of The Programme of Sports and Exercise Medicine, 2021

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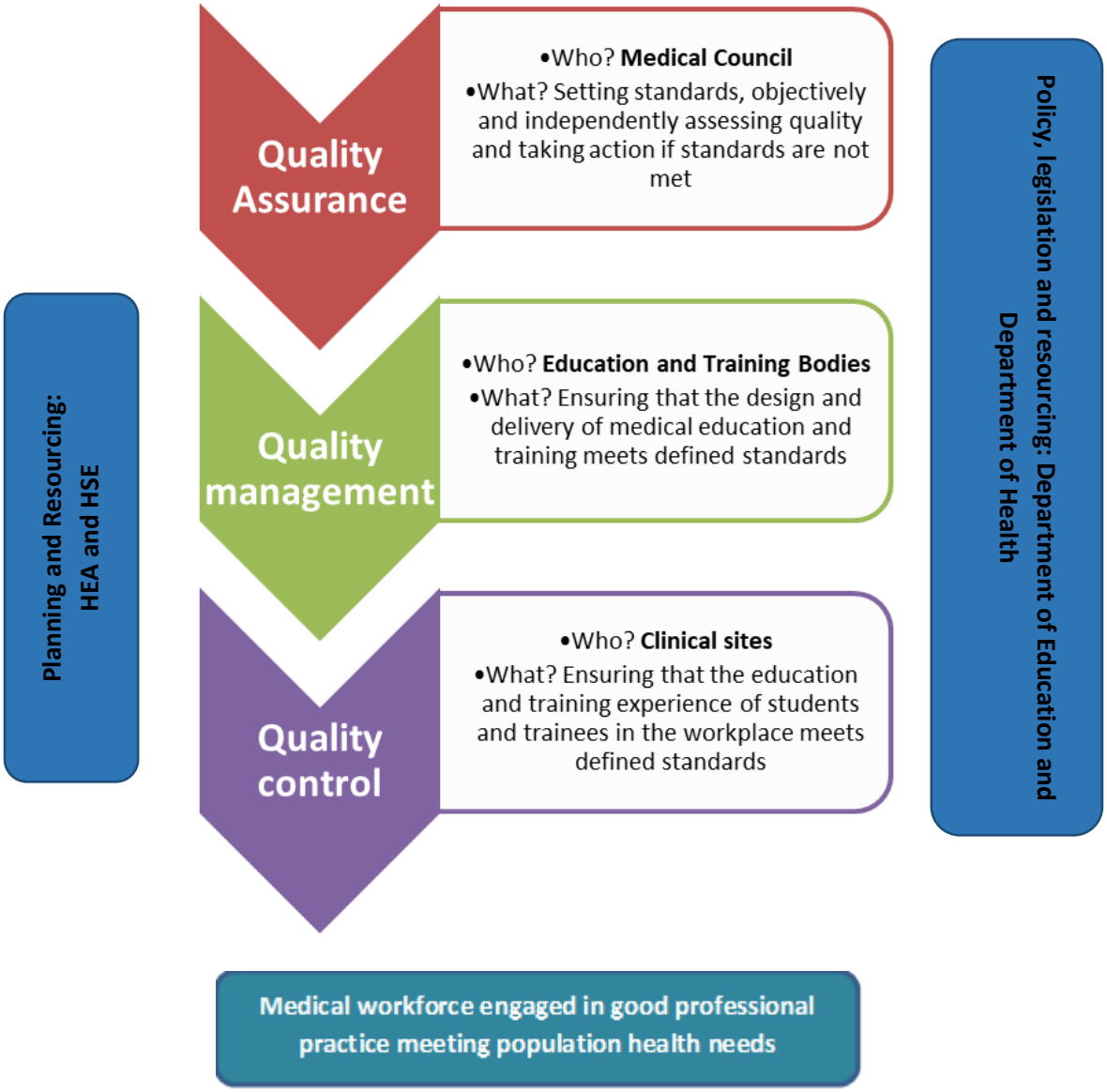
Comhairle na nDochtúirí Leighis
Medical Council

Contents

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

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



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

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

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

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

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

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

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

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

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

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

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

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

2. Preface

1. Context of the Accreditation Session

The Medical Council Assessor Team (the Assessor Team) met with representatives of Faculty of Sports and Exercise Medicine on 6 December 2021. The Assessor Team's remit was to assess the Programme of Specialist Training in Sports and Exercise Medicine 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).

2. The Team

The visiting Assessor Team comprised of one Education and Training Committee member, one former Medical 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 Prof Barry Lewis (Chair and External Assessor), Dr Ailís ní Ríain, Mr Declan Ashe and Prof Angus Wallace. They brought additional expertise in the quality assurance of medical education to the accreditation and generously gave of their time and expertise to help with the accreditation process.

The Medical Council also thanks the representatives from the Faculty of Sports and Exercise Medicine (FSEM) for their co-operation. In addition, the Medical Council wishes to thank the Trainers, Trainees and recent programme Graduates 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 of the specialist training programme in Sports and Exercise Medicine and interviewed Trainers and Trainee/Graduates specialists participating in specialist training programmes. Five Trainers and Three Trainees/Two Graduates were present and represented training sites in St Vincent's Hospital, The National Orthopaedic Hospital, Cappagh, Tallaght University Hospital, The National Rehabilitation Hospital and Sports Surgery Clinic, Santry. The invitation to attend the accreditation interviews went out to all Trainers and Trainees/Graduates.

3. Documentation

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

4. Schedule

The accreditation session included an in-depth discussion between the Assessor Team and representatives from FSEM, Trainers and Trainees.

5. Appendices

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

6. The Report

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

3. Summary and General Assessment

1. Conclusion

Approval Status

I. **The Programme of Specialist Training in Sports and Exercise Medicine** is approved for a period of two years with five conditions, by the Council under the terms of Section 89(3)(a)(i) of the Medical Practitioners Act 2007 (as amended).

II. **The Faculty of Sports and Exercise Medicine** is approved for a period of two 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 Sports and Exercise Medicine 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 (insert date) of the Medical Council and the Minister of Health (insert date) as set out in Statutory Instrument 529 of 2010.

III. A certificate of satisfactory completion in specialist training (CSCST) in Sports and Exercise Medicine 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

a. A Sustainability Plan for the Specialty must be developed in conjunction with the Institute of Medicine within the RCPI and with the Irish Surgical Postgraduate Training Committee ("ISPTC"), RCSI, ICGP and the HSE NDTP. This Plan must demonstrate budget, Trainee numbers and a plan for clinical rotations on a broader national base. A progress update on the Sustainability Plan must be provided to the Medical Council within **six months** and the final draft of the confirmed Sustainability Plan including implementation timelines within **12 months** of the final report.

Condition (a) is consistent with findings in "Context of Education and Training – Governance and Programme Management" of the report under standard 1.1.1 and 1.2.3.

b. The Faculty must demonstrate formal engagement with its partner/parent bodies to gain input from a range of educational expertise, including the ICGP, Allied Health and Public Health Professionals, in the development, management and continuous improvement of the curriculum and programme. An update must be provided to the Medical Council within **12 months** of the final report.

Condition (b) is consistent with findings in "Context of Education and Training – Governance" of the report under standard 1.3.1.

c. The Faculty must develop clear standards and criteria for the recognition of competencies achieved in other relevant training programmes for candidates to the SEM programme (e.g., Emergency Medicine, Trauma and Orthopaedic Surgery, Rehabilitation Medicine, Cardiology). A progress update must be provided to the Medical Council within **6 months** and the full set of transferable competencies within **12 months** of the final report.

Condition (c) is consistent with findings in "The Education and Training Programme – Curriculum Content – Flexible Training" of the report under standard 3.4.2.

d. Where a Trainee is undertaking a MSc during the programme, the Faculty must demonstrate appropriate integration of curriculum delivery and practical experience to reflect the Trainee's gradual acquisition of theoretical knowledge as they progress through the MSc. A progress update must be provided to the Medical Council within **6 months** and the condition addressed within **12 months** of the final report.

Condition (d) is consistent with findings in "The Training Programme – Teaching and Learning" of the report under standard 4.1.2.

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

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

Condition (e) is consistent with findings in "Implementing the Training Programme – Delivery of Educational Resources – Supervisors, Assessors, Trainers and Mentors" of the report under standard 1.4.2 and 8.1.6.

4. Overview of compliance ratings for the Programme of Specialist Training in Sports and Exercise Medicine

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

Levels of compliance

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

The compliance ratings are:

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

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

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

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

Please note standards rated as fully compliant for the FSEM and the programme of specialist training in Sports and Exercise Medicine contained in this report are based on the documentary evidence provided (listed in Appendix 2) and discussions with the FSEM Executive, Trainers and Trainees/Graduates. 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.

Summary table of compliance for the programme of specialist training in Sports and Exercise Medicine below.

MEDICAL COUNCIL'S ACCREDITATION STANDARDS FOR POSTGRADUATE MEDICAL EDUCATION AND TRAINING	AND 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

Commendations

The Faculty of Sports and Exercise Medicine, RCSI was found to have a rigorous recruitment and selection process.

The Faculty of Sports and Exercise Medicine is to be commended on the calibre of the administrative support provided.

Trainees spoke highly of the Faculty and Trainers including how invested they are in the programme.

The Faculty is commended for its links to undergraduate educational activity.

The Team found the following standards to be non-compliant for the programme of specialist training in Sports and Exercise Medicine

STANDARD 1. CONTEXT OF EDUCATION AND TRAINING – GOVERNANCE – 1.1.1 *The training organisation's governance structures and its education and training, assessment and continuing professional development functions are defined.* **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.*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
1.1.1 & 1.2.3 The Faculty is non-compliant with standard 1.1.1 and partially compliant with standard 1.2.3. The self-evaluation submission states that the Faculty of Sports and Exercise Medicine was established as a postgraduate training body in 2002 and is recognised by the Medical Council within the provisions of the Medical Practitioners Act 2007 as the body which may grant evidence of the satisfactory completion of Specialist Training in Sports and Exercise Medicine (SEM). The Faculty noted in its submission that '*The core function of the Faculty is the development and implementation of world-class education – including Higher Specialist Training in Sports and Exercise Medicine'.* The Faculty has been subject to an internal review in RCSI, in line with other postgraduate faculties and internal departments. The Faculty is a joint Faculty of RCSI and RCPI. The overall governance of the Faculty of Sports and Exercise Medicine is overseen by the Board of the Faculty. The Faculty Board has ex-officio membership which includes the President of each College as well as two additional Board members representing each College. The names of the Board members and their affiliations were provided as well as an organogram of the corporate structure. There are twenty-five members of the Faculty Board. It is felt that the large membership is essential to ensure that the Board has sufficient breadth of knowledge and experience and	The Sustainability Plan must determine the medium-term and long-term viability of the programme, with respect to the key challenges which have been identified in the report. These are principally: I. the uncertainties in respect of fully funded training posts II. the probability of a four-year programme becoming a requirement in harmony with European standards and III. the inter-relationship of these two issues i.e., the sustainable funding of a four-year training programme. In the context of these issues, the Sustainability Plan must demonstrate budget, Trainee numbers and a plan for	**Non-Compliant with CONDITION (a) attached**

avails of the expertise and the perspectives of established training bodies, public members and Trainees. However, overall, a robust governance structure was not demonstrated. It was found that there is no official reporting structure into the management committees of or engaged governance inputs by either partner/parent bodies. These deficiencies constitute significant issues with the governance of the programme that need to be addressed. The need for a clear governance link between these bodies is reflected in **condition (a).** The condition also calls for a sustainability plan. The sustainability of the programme in terms of its duration and funding must be addressed urgently. The Faculty is heavily reliant on the HSE NDTP. It was noted that the programme was originally designed as a four-year programme, but that, due to funding issues in 2011/2012, the HSE NDTP could not provide funds for a four-year programme. As such, a two- year programme was developed and implemented. Funding will be a major consideration going forward as the Faculty works towards the development of a four-year programme in line with the EU Directive 2005/36/EC. This is further described under **Professional Qualifications Directive 2005/36/EC** on page 13. The Faculty reported receiving a stipend for each Trainee from the HSE NDTP. However, at the accreditation interview the Faculty stated that it did not receive a Training Directorate salary due to the small size of the specialty. The Trainees did not describe challenges relating to the funding arrangements. The funding and resource allocation for the programme within the Faculty was not clearly outlined in the self-evaluation submission. Although the Faculty stated in the accreditation interview that it works with RCSI's Department of Surgical Affairs to monitor funding, there was no clear line of responsibility and authority for budgeting of training resources. This finding was further supported during the meeting with the Faculty. At the accreditation interview, the Faculty described the current SEM programme where Trainees undertake SEM having already received a qualification in another specialty as	clinical rotations on a broader national base. The Plan will require pro-active engagement with all of the key stakeholders. A progress update on the sustainability plan must be provided within **six months**. Status update meetings must be organised **every six months** until key agreed milestones are achieved. The RCPI and the Irish Surgical Postgraduate Training Committee ("ISPTC") must each have a representative on the other's Training Committees to ensure that both parties come together to consider SEM recruitment, curriculum, programme delivery and feedback from graduates. There should be a clear line of responsibility and authority for the budgeting of training resources. The Faculty SEM should submit its audited accounts to the Medical Council within **12 months** and include an Income /Expenditure statement specific to the programme.	

providing realistic job opportunities. The current absence of career opportunities in the public health service is a concern for the Faculty in the creation of a four-year programme where a CSCST is not a requirement. Trainees were also aware of the lack of opportunities in SEM in the public sector. Please see **standard 8.2.4**.		

STANDARD 1. CONTEXT OF EDUCATION AND TRAINING – 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.*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
1.3.1 In its self-evaluation submission, the Faculty outlines its associations with numerous organisations in developing its education, training assessment and continuing professional development activities. This included the intercollegiate structure of FSEM and FSEM UK, its partner/parent colleges, the RCPI and RCSI, in the development of the HST SEM programme and CPD activities, colleagues in the ICGP regarding the Diploma in Musculoskeletal Examination and Injury Management, and the physical activity modular programme as well as links with the European Federations of Sports Medicine Association (EFSMA), the Fédération Internationale de la Médecine du Sport (FIMS), and the European College of Sports and Exercise Physicians (ECOSEP) regarding the on-going development of the specialty at international level. However, there was limited evidence provided in the self-evaluation submission of the use of educational expertise in the development, management and continuous improvement of the Faculty's education, training, assessment or continuing professional development activities. There was also an absence of evidence regarding collaboration with other educational institutions in comparing its curriculum, training programme and assessment with that of other relevant programmes. The Faculty did not describe any input into the programme in respect to curriculum design or programme management from the ICGP, nor relevant Allied Health or Public Health Professionals. **Condition (b)** is attached to this	In line with **condition b,** The Faculty must: • engage with the Irish College of General Practitioners ("ICGP") to carry out curriculum mapping with GP training and examine how the broader health benefits of Sports and Exercise medicine could be delivered in the community. • work with Allied Health Professionals (AHPs) and Public Health ("PH") Professionals to integrate Sports and Exercise Medicine and the delivery of public health. Public Health input to the curriculum including taught programme and practical	**Non-Compliant with CONDITION (b) attached**

standard to reflect these issues. It is important that the Faculty broadens the range of stakeholders who input into curriculum and assessment of Trainees, and to perhaps even include training exchanges. There was limited evidence of engagement with Irish College of General Practitioners (ICGP) – the College where all FSEM Trainees and graduates have come from so far. Other than running a joint Diploma on Musculoskelatal Examination and Injury Management, the Faculty noted that it does not have a formal arrangement with the ICGP, and they are not part of the formal Faculty governance structure. Trainers agree that there was a need for this relationship to be developed. There was limited evidence of input from Allied Health or Public Health Professionals such as Physio, Occupational Health, Dietetics and Nutrition etc. The Faculty stated that they have access to such professionals through a colleague's involvement with the Sport Ireland Institute and with some delivering lectures. Trainers stated that interdisciplinary team working is key to a specialty such as Rehabilitation Medicine. Although some Trainers described informally asking colleagues in other professions for feedback on the performance of Trainees, it didn't extend to all and the processes are not formalised. Engagement with HSE/NDTP provides only limited educational funding. Two out of five posts are supernumerary. The Faculty has flagged securing funded posts for the four-year programme as the major challenge.	exposure should be actively sought. • formalise, within the curriculum, the existing relationship with AHPs in the Irish Institute of Sport and broaden engagement with AHPs from a range of disciplines. The Faculty should engage with HSE/NDTP on post and funding requirements.	

STANDARD 1. CONTEXT OF EDUCATION AND TRAINING – 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.*		
FINDING	**REQUIREMENT/ RECOMMENDATION**	**COMPLIANCE**

1.4.1 According to its self-evaluation submission, the Faculty is represented on the European Union of Medical Specialists (UEMS) and is actively engaged in the development of Sports Medicine through the European Federation of Sports Medicine Associations (EFSMA). It also states that it works with the FORUM of Post-graduate Training Bodies, other training bodies, HSE, HSE NDTP and Medical Council on common matters affecting the service, training, accreditation and professional development agenda. The Faculty also has close links with Sport Ireland through representation on FSEM Board meetings at the Irish Institute of Sport and mentions links with the Sports Institute of Northern Ireland, Paralympic Council of Ireland, Olympic Council of Ireland (OCI) and the Anti-Doping Working Group. There was limited evidence provided to demonstrate that the Faculty sought to maintain constructive working relationships with relevant health departments, government, non-government and community agencies to promote the education, training and ongoing professional development of medical specialists.	The Faculty must establish organisational links with Public Health, General Practitioners and community based Allied Health Professional organisations to develop SEM services in community-based settings.	**Non-Compliant**

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 The Faculty provided evidence that the entry requirement will no longer include a two-year MSc in advance of entering the programme. Instead, this MSc must be completed by the end of the programme. The self-evaluation submission states that currently, all Trainees on the SEM programme come from a General Practice background. In the accreditation interview, the Faculty described the SEM Trainees as having a certain amount of autonomy to self-direct or self-	The Faculty must work with the HSE NDTP to secure alternative rotations and funded posts for Trainees. These should be considerate of an individual Trainee's prior learning and experience.	**Non-Compliant with CONDITION (c) attached**

customise their training in order to gain experience in areas where they perceive they may have a weakness. Trainees corroborated this and described training as individualised. A Trainee's needs are considered as well as the curriculum and the context of the training. The Faculty anticipates that in time, Trainees with backgrounds in specialties such as Emergency Medicine, Trauma and Orthopaedic Surgery, Rehabilitation Medicine or Cardiology will join the SEM programme and, in such cases, there may be overlap with competencies already achieved in those specialties. Due to this possibility, the Faculty is considering additional optional rotations for future Trainees in recognition of competencies achieved in other relevant training programmes. For instance, a Trainee who has already completed the SpR programme in Emergency Medicine could choose an alternative rotation, rather than repeating a 6-month rotation in Emergency Medicine. The Faculty reported that this is something that needs to be discussed further with the HSE NDTP in line with the requirement to implement a competency/outcomes-based programme with explicit training outcomes delivered over a 4-year period. It is important that there is open and equitable access to the programme. The Faculty also noted in its submission that credit for competencies achieved through prior rotations in other programmes can only be reviewed and sanctioned by the Training Committee if funding has been secured for alternative rotations with HSE NDTP. Posts cannot remain vacant just because a Trainee has completed SpR training in that specialty prior to entering the scheme.		

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 It is at present a requirement of graduation that a Trainee will have completed the two-year MSc. The programme relies heavily on the two-year MSc in Sports and Exercise Medicine for the theoretical element of training. Trainers confirmed that the Masters comprises the theoretical basis for the specialty. However, it was found that once Trainees have completed the Masters, very little theoretical instruction is delivered thereafter. Similarly, there is an absence of practical experience during the theory focused Masters. Therefore, overall, it was found that the training programme does not include appropriately integrated practical and theoretical instruction. At all times during training, Trainees should be provided with a balance of theoretical and practical experience. It is also important that in instances where a Trainee is undertaking a MSc during the programme, their training placements and related clinical experience reflect that they are gradually acquiring the theoretical knowledge required for practice. **Condition (d)** is attached to the programme to ensure this. Both the Trainees and Trainers reported that the Trainees had a half-day release on Wednesdays where they received additional training including lectures and presentations. Trainees also have online access to a number of modules delivered by Australasian College of Sports and Exercise Physicians but described free access as limited. Some Trainees referenced attending teaching sessions in other specialties. Trainees reported that in the private hospital where training occurs, Trainees are not permitted to practice ultrasound guided joint injection procedures. Trainees felt that this was a considerable limitation to their training. The Trainers also stated that they are unable to allow a Registrar carry out these injections due to both insurance and billing practices in the private setting. The Trainees posited a solution that they could spend an afternoon a week in one of the public hospitals in order to cover the insufficiencies of the practical education received during their placement in private training sites. This is also described under **standard 8.2.2** and is accompanied by a recommendation. Trainees also noted that it can also be difficult to access experience in undertaking these injections in other sites due to competition and overlap with Trainees from other specialties such as Radiology.	The Faculty must ensure that Workplace Based Assessments (WBAs) are appropriate to Trainees undertaking the MSC during the programme. WBAs (and clinical practice) should be commensurate with the level of theoretical knowledge the individual Trainee is gradually attaining through the MSc. The relationship between theoretical knowledge and practical experience should be made clear to Trainees as they progress through the MSc in tandem with the SEM programme.	**Non-Compliant WITH CONDITION (d) attached**

STANDARD 5 – THE CURRICULUM – ASSESSMENT OF LEARNING – ASSESSMENT APPROACH - 5.1.3 *The training organisation has policies relating to disadvantage and special consideration in assessment, including making reasonable adjustments for trainees with a disability*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
5.1.3 There was no policy in place relating to Trainees with a disability. It was noted that there is a RCSI policy for the support of Trainees with a disability, but this has not been tailored to the programme. At the accreditation interview, the Faculty confirmed that they have not yet had experience of a Trainee with a disability in relation to this programme. They also noted that facilitating a Trainee with a disability would depend on the type of disability and the Trainee's end goals.	The Faculty must adopt the current RCSI policy relating to disadvantage and special consideration in assessment, including making reasonable adjustments for Trainees with a disability. Trainees and Trainers need to be made aware of the disability policy and implementation of same. This policy should also be made publicly available.	**Non-Compliant**

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS – 8.1.6 *Organisation and development of trainers – instructional activities must be included as responsibilities in the work schedules of trainers and their relationship to work schedules of trainees must be described.*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
8.1.6 During the accreditation interview, Trainees described advocating to the Training Committee for the introduction of protected training time and have subsequently received a half day on Wednesday afternoons. During the Trainee interview, Trainees noted that during protected time, they have lectures and presentations from specialists in adjacent specialties, such as orthopaedics, exercise medicine and specialists in elite sports. The Trainers similarly reported that protected teaching time is provided for Trainees, and that as many consultants as possible come these Wednesday training sessions. It was reported that Trainees are encouraged to attend all training sessions, and in certain cases, to give	Protected time in so far as possible should be provided to those involved in training at all levels. This includes Trainees as well as Clinical and Educational Supervisors. Tutors, Trainers and Training Programme Directors.	**Non-Compliant with CONDITION (e) attached**

presentations themselves. The Trainers reported that these Wednesday evening sessions are never cancelled, despite the pressures of service delivery. The Trainers acknowledged that they do not have time for training, teaching and supervision within contracts. Trainers also stated that protected time for teaching could not always be prioritised due to the challenges of their workloads; all Trainers are practicing clinicians and cannot always excuse themselves from clinical practice. Overall, they have to merge training and clinical time. It was also noted during the accreditation interview that COVID-19 had restricted a lot of external things, such as access to the anatomy lab as well as face-to-face, hands-on clinical teaching sessions. It was also noted by Trainees that Trainer time was restricted by service commitments and that specific, 'ring fenced' Trainer time would be appreciated.	This is not criticism for work being carried out, but to fully be able to deliver effectively in their roles Trainers must have adequate protected time. The Faculty must ensure that each type of Trainee contract (supernumerary, private etc.) includes the provision for protected time. The Specialty should ensure that the following issues as they relate to the FSEM are continually addressed and remain a focus of the Executive. Each should be included as standing items on the agenda for meetings of the FSEM Training Committee / ISPTC: (i) protected time for training, (ii) the impact of service on training, (iii) meeting ISPTC standards, and (iv) Trainers' involvement in the development of the training programme and the sustainability plan of the programme.	

The Team found the following standards to be partially compliant for the programme of specialist training in Sports and Exercise Medicine

STANDARD 1. CONTEXT OF EDUCATION AND TRAINING - GOVERNANCE – 1.1.2 *The governance structures describe the composition and terms of reference for each committee and allow all relevant groups to be represented in decision-making.*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
1.1.2 In its self-evaluation, the Faculty reported that there is a Trainee representative on the Training Committee and that a Trainee has recently been appointed to the FSEM Board. In the accreditation interview, Trainees confirmed that they are able to raise training issues through the Committee. They also reported that Trainees were recently given the opportunity to co-chair the Education Committee. The self-evaluation submission outlined that the Faculty has seven Committees including the Training, Education, PCS, Fellowship & Membership, Corporate, Exercise Medicine and Faculty Officers Committee. The Terms of Reference of Faculty's Committees were not provided except in the case of the Education Committee, which is fully described as an example. The Education Committee develops, co-ordinates and delivers Continuing Professional Development (CPD) activities for Fellows and Members, RMPs on the PCS in SEM, and other healthcare professionals with an interest in SEM. However, no evidence was provided that a review of the seven Committees had been undertaken in the context of the future delivery of the programme, particularly the four-year programme.	A review of the seven Committees should be completed to adequately plan for future delivery of the four-year programme of specialist training in Sports and Exercise Medicine. Each Committee including the Training, Education, PCS, Fellowship & Membership, Corporate, Exercise Medicine and Faculty Officers Committee should have its own Terms of Reference which demonstrate that there are clear links with partner/parent Bodies. These should be submitted to the Medical Council.	**Partially Compliant**

1. CONTEXT OF EDUCATION AND TRAINING - PROGRAMME MANAGEMENT - 1.2.1. *The training organisation has established a committee or committees with the responsibility, authority and capacity to direct the following key functions:*

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*
3. *setting and implementing policy on continuing professional development and reviewing the effectiveness of continuing professional development activities.*

FINDING	REQUIREMENT/RECOMMENDATION	COMPLIANCE
1.2.1 The responsibility for the development, implementation and review of training programmes in Sports and Exercise Medicine rests with the Training Committee. The Education Committee and the Professional Competence Scheme ("PCS") Committee work in collaboration regarding the development of CPD activities. It was detailed in the self-evaluation that responsibility for the assessment of overseas-trained doctors for specialist registration under routes E and F rests with the Training Committee. Recommendations are then forwarded to the Board so that a decision can be made on all applications, before formal recommendations are forwarded to the Medical Council within the agreed timeline, as per the agreement in place. The Committees established to plan, implement, and review the training programme do not appear to have the capacity to act strategically. The Faculty should harness its links with its partner/parent bodies to increase its strategic capacity.	The Faculty should use its partner / parent bodies strategic capacity to enable the planning, implementing, and reviewing of the current programme and the proposed four-year programme.	**Partially Compliant**

STANDARD 1. CONTEXT OF EDUCATION AND 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 In its self-evaluation submission, the Faculty states that is has a strong collaborative relationship with the UK Faculty of Sports and Exercise Medicine. They have reciprocal representation on each other's Boards. The Irish Faculty reviews any changes and developments to the UK programme. It also reports that representatives from the UK Faculty have participated in its Annual Scientific Conference over the years, and a variety	The Faculty should remove references in the current curriculum document(s) pertaining to recommendations from the UK Postgraduate Medical Education and Training Board (PMETB).	

of workshops. The Faculty also participates in the RCSI Postgraduate Surgery and Faculties Board (SPFB) and the Forum of Postgraduate Medical Training Bodies (FORUM). The curriculum referenced the UK Postgraduate Medical Education and Training Board ("PMETB"). However, this is an outdated reference as this Board dissolved in 2010. It was proposed that the Faculty review any reference to PMETB and remove where applicable. The evidence provided indicated that there has been limited organisational collaboration with other educational institutions. This has also been addressed in **standard 1.3.1.**		**Partially Compliant**

STANDARD 1.CONTEXT OF TRAINING – INTERACTION WITH THE HEALTH SECTOR - 1.4.2. *The training organisation works with healthcare institutions to facilitate clinicians employed by them to contribute to high quality teaching and supervision, and to foster peer review and professional development.*		
FINDING	**REQUIREMENT/ RECOMMENDATION**	**COMPLIANCE**
1.4.2 It was found that all elements of this standard were 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 should be put aside for Trainers in their weekly job plan to undertake the role.	**Partially Compliant**

STANDARD 1.CONTEXT OF EDUCATION AND TRAINING – 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*

FINDING	REQUIREMENT/ RECOMMENDATION	COMPLIANCE
1.5.1 In its self-evaluation submission, the Faculty highlighted some examples of reviewing and updating its structures, functions and policies. This included a reorganisation of Committees in 2012 to provide a better reporting structure to the Board, and this was further reviewed in the last two years. In 2014, the Faculty set up a number of Working Groups to bring additional expertise to the Faculty, and to assist Committees with new CPD activities. However, it was felt that there was too many working groups and they have been reviewed and the relevant changes made to the corporate governance structure. The Faculty also reported reviewing Board, Committee and Working Groups' memberships on an on-going basis. The Faculty reported in their submission that they recently underwent an internal review in RCSI, in line with other postgraduate faculties and internal departments. At the time of the accreditation, they were developing a Quality Improvement Plan (QIP) to address recommendations. At the accreditation interview, the Faculty shared its plan to hold a formal review meeting with graduates to gather their feedback on the SEM programme, this is planned to take place in early 2022.	The Faculty should demonstrate that action has been taken in response to the findings of its quality review.	**Partially Compliant**

STANDARD 2. THE OUTCOMES OF THE TRAINING PROGRAMME - PURPOSE OF THE TRAINING ORGANISATION – 2.1.2 *In defining its purpose, the training organisation has consulted fellows and trainees, and relevant groups of interest*		
FINDING	**REQUIREMENT/ RECOMMENDATION**	**COMPLIANCE**

2.1.2 In its self-evaluation submission, the Faculty referred to several feedback surveys completed by members and fellows since 2012 as engagement by circular e-mails, newsletters and the website. However, none of the questions contained in the surveys (Appendices 34 and 35) refer to the purpose of the training organisation. In the accreditation interview with the Faculty, it was noted that the Standing Orders of the Faculty highlight the goals and the role of the Faculty. These were submitted as part of the supporting documentation. The Standing Orders were developed by the Board and are re-evaluated regularly. However, it was found that the Faculty should consult more widely in relation to its purpose including with Public Health and Allied Health Professionals.	The Faculty should consult with relevant groups of interest, including Public Health and Allied Health Professionals, in defining its purpose. The Faculty should also continue its engagements with major sporting organisations/bodies.	**Partially Compliant**

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.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
2.2.1 & 2.2.2 In its self-evaluation the Faculty refers to two documents – its Curriculum (Appendix 8) and the HST SEM Programme document (Appendix 9). Both documents contain elements that would inform the definition of graduate outcomes, but neither includes an explicit statement of graduate outcomes. In the Faculty interview, it was reported that graduate outcomes are defined and highlighted on the Faculty website. The Faculty also reported that the first section of the curriculum outlines what a graduate of the programme should be capable of and should be able to do. However, upon review of the noted documents, no explicit definition of graduate outcomes was found. There was limited evidence provided that graduate outcomes	The Faculty should develop a statement of graduate outcomes. Graduate outcomes should address community needs relating to public health, chronic diseases, in addition to sport and elite sport.	**Partially Compliant**

indicated the Trainees' technical competencies and clinical expertise. A statement of overall graduate outcomes should be developed. In its self-evaluation, the Faculty made reference to an emphasis in the curriculum on exercise medicine and its role in combating obesity and metabolic disorders such as Type 2 diabetes. They identified this as a direct response to community need and the major public health need of our time. However, Trainees reported that they have raised the need for more focus on exercise medicine with the Education Committee and are currently in discussions. Overall, it was found that there was an absence of evidence provided to demonstrate that community needs across public health and chronic diseases had been considered as part of the outcomes of the programme. Appendices 8 and 9 address the broad role of practitioners in the discipline of Sports and Exercise Medicine. However, the broad roles are focused on the needs of sports teams and elite athletes and are not community based. In the accreditation interview, Trainees stated that they thought it would be beneficial if the programme incorporated a greater proportion of exercise medicine in the context of exercise prescription for chronic disease management. Trainees also described nutrition and related areas such as obesity and lifestyle as areas that requires more focus.		

STANDARD 2 – THE OUTCOMES OF THE TRAINING PROGRAMME - THE PURPOSE OF THE TRAINING ORGANISATION – 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 In its self-evaluation, the Faculty refers to the HST SEM document which maps SEM training activities to the Medical Council's Eight Domains of Good Professional Practice. However, it was found that this document references rather than maps the Domains. However, there is no mapping of the curriculum itself against the Eight Domains. On	Human Factors, including training in the Medical Council's Eight Domains of Good Professional Practice, should be mandatory for all Trainees. This needs	

review of the curriculum as part of the accreditation, it was noted that it contained three statements of Good Medical Practice. Although Trainees were familiar with the Eight Domains, which had been emphasised in their previous training, but were not able to refer to any instances where they are taught in the SEM programme. The Trainees stated that the e-Portfolio, which was not mapped to their programme, did not include outcomes mapped against the Eight Domains. It is not clear where the Eight Domains are mapped in their entirety. The Faculty reported that Trainees generally arrive to the programme with a solid understanding of adverse event management and patient safety, having already acquired a CSCST in another field. (The four-year programme will not have the requirement that candidates hold a CSCST). The Faculty noted that any patient safety issues that arose would be dealt with through RITA (Record of In-Training Assessment), but that no specific Human Factors / adverse event management and patient safety training were provided to Trainees in SEM. The self-evaluation submission however did state that the Training Programme Director had been in contact with the Department of Surgical Affairs with a view to developing one or two annual classes in Human Factors for the SEM Trainees. Trainees' reported that adverse event management and patient safety is acquired through the one-to-one relationship with their supervisors. Trainers described this as site specific. An example from Emergency Medicine was heard whereby Trainees attend a monthly meeting where complaints and serious incidents are discussed. Trainees also have to option to undertake training on complaint management. Trainees also noted that they would be very familiar with patient safety and adverse event management from their other specialty but would welcome a more formal approach in SEM training.	to be explicit and embedded into learning agreements and become part of everyday teaching and learning, including when on placements. There should be greater emphasis and awareness of the 'Eight Domains' within the Human Factors for both Trainers and Trainees. The Faculty should explicitly map graduate outcomes to the Eight Domains of Good Professional Practice. This must be completed and submitted within **12 months**.	**Partially Compliant**

STANDARD 2. THE OUTCOMES OF THE TRAINING PROGRAMME - GRADUATE OUTCOMES – 2.2.4 *The training organisation makes information on graduate outcomes publicly available.*

FINDING	REQUIREMENT/RECOMMENDATION	COMPLIANCE
2.2.4 Please see findings and recommendations in **standards 2.2.1 & 2.2.2** in relation to the definition of graduate outcomes. It is understood that the first graduate has recently completed training in SEM and received a CSCST. It is important that there is a formal process in place to maintain contact with graduates and access information on graduate outcomes. This information should be made publicly available. Please also refer to **standard 6.2.1.**	The Faculty should make the statement of graduate outcomes publicly available. The RCSI should establish a formal line of communication with graduate members to gather and publish relevant data. The Faculty should publish data on graduate attributes and qualifications i.e., roles taken up, specialist interests and research expertise of graduates on completion of training, etc. Anonymised data of aggregate graduate outcomes should be made publicly available.	**Partially Compliant**

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.*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
3.1.1 On page 4 of the curriculum, it states – "*The (Irish) Faculty of Sports and Exercise Medicine wishes to acknowledge copyright © and thank the Faculty of Sports and Exercise Medicine (UK) for agreeing to allow use of the Training Curriculum in Sports and Exercise Medicine document (January 2006) as a template for draft submissions in relation to Sports*	The presentation of the curriculum should be reviewed so that it is easier to find modules and specific areas of curriculum content.	

and Exercise Medicine to the relevant Government Agencies in Ireland". This is appropriate and will result in the Education & Training Programmes being comparable. There is minimal reference to Sexual Harassment in the curriculum (see p18 on "Maintaining Trust"). In relation to the HST SEM document (Appendix 9), there is a brief reference to Safeguarding and Child Protection at 7.2 on p8. Sexual Harassment and Child Protection are two important areas that should be addressed in more detail. It is important that such information is up-to-date and made clear in a specialty such as Sports and Exercise Medicine due to its physical nature. Trainees also indicated that they would welcome formal training on these items as part of the curriculum. The curriculum is available online. However, there is no clear mapping of the curriculum to the teaching programme. This includes placements and the taught programme. During the Trainer interview, it was not evident that all Trainers were able to clearly outline the curriculum outcomes they were responsible for. The outcomes of each training period in specific placements were not clearly stated in the private clinic training posts. It was also found that the curriculum was poorly presented. A clear summary of the list of modules with their page numbers at the beginning of the curriculum was absent. At the start of the accreditation visit, a detailed discussion took place with the Faculty on its progress in developing a 4-year curriculum. The Faculty is progressing this in order to satisfy the requirements of the EU Directive 2005/36/EC in such time as the requisite number of EU countries registering a regulated SEM programme is reached. Developing a four-year curriculum, assessment framework and programme would ensure future FSEM graduates would qualify for automatic recognition in the EU and other countries adhering to the EU regulations. The Faculty stated that development of the four-year programme was in its very early stages. They have met with the HSE NDTP and the Specialties they would like to work with. It was noted that obtaining funding for the four-year programme is the biggest challenge and their main focus. The Faculty noted that it has not yet turned its attention towards the development of a four-year curriculum as it is looking to first put in place a defined funding pathway. However, it did state that it would be looking at increasing the number of	The curriculum should contain compulsory modules on Sexual Harassment and Child Protection. The curriculum should be mapped to the training placements and supported by a bespoke Sports and Exercise Medicine e-Portfolio. The Faculty should ensure Exercise and Health is developed as a key component of the new curriculum.	**Partially Compliant**

exercise medicine rotations and areas of special interest within exercise medicine and sport science. Overall, it was found that no clear plan has been put in place as to the planning, development, and implementation of the four-year programme. Sufficient evidence demonstrating the viability of the programme in the medium term was not provided by the Faculty. It was found that there was limited input apparent from the two 'umbrella' Colleges - RCSI and RCPI. Previous engagement with RCPI on the development of the current curriculum was referenced and it was noted that they would have access to experts in both Colleges when they start looking at curriculum development for a four-year programme. However, apart from the FSEM Board, there is no formal interaction between the partner/parent Colleges and the Faculty. FSEM has clarified that the MSc is no longer an entry requirement to the programme but remains an exit requirement. Trainees confirmed that overall, there would be adequate time within the two-year programme to complete the Masters.		

STANDARD 3 – THE EDUCATION AND TRAINING PROGRAMME – CURRICULUM CONTENT - 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 In the self-evaluation submission, the Faculty stated that the educational objectives and outcomes of the curriculum detail the nature and range of clinical experience required to meet these objectives (see appendix 8). The curriculum also outlines the knowledge, skills and professional qualities to be acquired.	The Faculty should develop an outcomes-based curriculum and assessment framework.	

The Trainers stated that curriculum outlines the key skills to be learned on each rotation. The mapping against Trainees' achievements within their training programmes and the Medical Council domains of professional conduct happens at the RITA assessments. While the Trainees are given access to an updated curriculum every year, as stated under **standard 2.2.3**, it is unclear to them how the Medical Council's Eight Domains of Good Professional Practice is mapped to the curriculum. During the Trainee interview, it was not clear that educational objectives and outcomes had been explained or detailed prior to commencing a training placement. The Trainees had difficulty documenting what training had been provided due to the inadequacy of the current e-portfolio. Trainees reported that they had been provided with an e-Portfolio mapped to the programme of specialist training in Rheumatology, which only had a partial bearing on their own specialty training. Trainees confirmed that they were not provided with an e-portfolio specific to SEM. In the accreditation interview Trainers described meeting with Trainees at the beginning to identify goals. These are reviewed at the mid-point and at end of their placements with RITA. Although it was noted by Trainers and Trainees that self-directed training was encouraged, evidence that this was monitored as part of the e-portfolio was absent. As in the last accreditation, it was found that there was an opportunity to revise the curriculum document to reflect both the Irish regulatory context, and the revised 2010 UK curriculum as appropriate.	The Faculty should develop a Trainee e-Portfolio specifically for SEM. The Faculty should revise the curriculum document to reflect both the Irish regulatory context, and the most recent EU and UK curriculums as appropriate. This should include the provision of evidence of collaboration in comparing its curriculum, training programme and assessment with that of other relevant programmes.	**Partially Compliant**

STANDARD 3 – THE EDUCATION AND TRAINING PROGRAMME – RESEARCH IN THE TRAINING PROGRAMME - 3.3.1. *The training programme includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, and encourages the Trainee to participate in research.*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
3.3.1 The Team discussed the research requirements and opportunities for research within the training programme with the Faculty. Instruction on research methodologies was provided during the MSc programme but not during the training programme. It was agreed that the two-year programme appeared to be challenging in terms of the overall breadth of content. During the accreditation interview, the Faculty reported that, due to short training placements (three months and six months), there was insufficient time to complete a research study under the guidance of an academic supervisor and a research studies panel. The Faculty reported that some Trainees were involved in audits, and that Trainees were encouraged to undertake research where they had the capacity to do so. It was also heard that sometimes, research projects could be commenced during one rotation and continued into the next. The Trainees reported collaborating on some studies, however this was not a formalised part of the programme.	The Faculty should produce evidence of research carried out by its Trainees during the MSc or during the training programme. The evidence should be submitted to the Medical Council. A journal club should be established to allow Trainees to competently assess and peer review research papers, as preparation for their role as consultants in Sports and Exercise Medicine.	**Partially Compliant**

STANDARD 3 – THE EDUCATION AND TRAINING PROGRAMME – CURRICULUM CONTENT – RESEARCH IN THE TRAINING PROGRAMME – 3.3.2 *The training programme allows appropriate candidates to enter research training during specialist education and to receive appropriate credit towards completion of specialist training.*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**

3.3.2 As the programme is currently configured, it is not possible for appropriate candidates to enter research training during specialist education. The submission outlined that if the programme had a 4-year training pathway in the future, this matter could be reviewed by the Training Committee, with specific criteria potentially put in place to consider the approval of research training as well as the provision of appropriate credit. The Trainees reported that there should be sufficient time during the two-year HST Sports and Exercise Medicine programme to concurrently complete the MSc and HST in SEM. Research training is contingent on the completion of the MSc. There was no evidence that the research/theoretical element of the HST programme had been appropriately mapped.	Trainees should be facilitated to complete appropriate research training during the programme of specialist training in Sports and Exercise Medicine.	**Partially Compliant**

STANDARD 3 – THE EDUCATION AND TRAINING PROGRAMME – CURRICULUM CONTENT – FLEXIBLE TRAINING – 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 There was no evidence provided in the submission, or during the Accreditation interview, that part-time or flexible forms of training were recognised. The Faculty confirmed its commitment to the principle of flexible training, but it was acknowledged that there may not be a sufficient critical mass of Trainees to meet requirements in this area. The document provided in the Appendices is the HSE National Flexible Training Scheme, applicable to Year 3 onwards and therefore not relevant to a 2-year training programme. The Faculty also described the practical challenges in facilitating flexible training in a short two-year programme. For instance, potentially disrupting service and compromising the good will of the specialties supporting training. One example was heard where interrupted training was facilitated for one Trainee to accommodate them in providing support during the COVID-19 crisis.	The Faculty should develop a policy for flexible training in line with RCSI and/or RCPI. It is important that flexible training is facilitated in all programmes irrespective of duration of specialist training.	**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 outlines the clinical and sporting environments where training occurs. The 3-month and 6-month rotations are listed. Currently all training sites are Dublin centric which brings with it advantages and disadvantages. A broader geographical spread of training should be considered during the planning of a 4-year programme, as this would facilitate access to a wider cohort of the general patient population. This requirement forms part of **condition (a)** and the supporting recommendation under **standard 1.1.1 and 1.2.3.** This calls for the development of a Sustainability Plan including a plan for clinical rotations on a broader national base. A Trainer described that in one of the training locations, clinical care was limited to observation for the first three months of a rotation. In addition, Trainees were not permitted to perform invasive procedures, in particular ultrasound-guided injections as it is a private clinic.	All training sites should provide full access to a broad range of training opportunities. This should feature in the MoUs/SLAs between the Faculty and the training sites and any additional future training sites. Copies of all training site MOUs/SLAs should be provided to the medical Council.	**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* **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**

5.2.1 & 5.2.2 It was detailed in the self-evaluation that the RITAs facilitate regular feedback to Trainees to guide their learning throughout their training on the HST SEM Programme. The Faculty stated that regular feedback is intended to support and reassure the Trainee who is performing well and to identify Trainees who are having difficulties or who are underperforming in order to activate early remediation procedures and reassessment in a timely manner. The Trainees have two RITAs a year which facilitate the identification of progression issues. However, apart from RITAs, there is no formal feedback on Trainees' assessments. The early identification of underperformance is highly dependent on the one-to-one relationship with the supervisor. The Trainers reported that, in the case of identification of a performance issue, they would address this on a case-by-case basis, but that it had not occurred to date. This process also had not been formalised or documented.	The Faculty should develop a policy and process for the early identification of Trainees who are underperforming, including remediation. The policy and process should be communicated to Trainers and Trainees. The Faculty should develop a structured feedback process to ensure that the provision of feedback to Trainees is formalised, regular and consistent across training sites.	**Partially 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 It was detailed in the self-evaluation that the Programme Director updates the Training Committee (which includes Trainers from all 5 units) after each RITA, and any areas of concern raised by Trainees and Trainers at the RITAs are discussed at length. The Training Programme Director and Dean liaise with each other and follow-up on specific action items with Trainers throughout the academic year. It was heard in discussions with Trainers that Trainer to Trainer handover is not undertaken, but that information is held within RITA documentation.	Please see recommendation under **standard 3.2.1.**	**Partially Compliant**

The Trainees reported not having access to a SEM-specific e-Portfolio, which would provide details on training and progression. This finding is also addressed under **standard 3.2.1** and carries an appropriate recommendation.		

STANDARD 5 – THE CURRICULUM – ASSESSMENT OF LEARNING - ASSESSMENT QUALITY- 5.3.1. *The training organisation has a policy on the evaluation of the reliability and validity of assessment methods, the educational impact of the assessment on Trainee learning, and the feasibility of the assessment items. It introduces new assessment methods where required.*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
5.3.1 In the self-evaluation submission, the Faculty stated that it follows the same approach as the other Faculties in RCSI and RCPI regarding assessment methods. The Surgery and Postgraduate Faculty Board (RCSI) and ISPTC meetings in RCSI facilitate exchange of knowledge with the Faculty considering the benefits of what other faculties have in place. It was heard during the accreditation interview that there are two assessment methods associated with the current programme: bi-annual RITAs and the MSc results. Consistency with RITAs was emphasised in that the same people tend to be involved and standardised questions used. No evidence was provided that the Faculty has a policy to monitor reliability and validity of the two existing assessment methods.	The Faculty should develop a policy to evaluate the reliability and validity of assessment methods as the programme evolves.	**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 first two graduates from the training programme completed their training in 2021; the first Trainee completed training in July 2021 and the second Trainee completed training in October 2021. There was a delay in the second Trainee completing the programme as the they had been released from the programme for three months to assist during the Covid-19 pandemic. In the accreditation interview, the Faculty described its intention to collect information from the first two graduates of the programme using a Quality Improvement Plan (QIP) in Q1 2022, to assess the positives and negatives, and any difficulties they had experienced during the programme. The Faculty also noted its intention to use the results of the QIP to make positive changes to the structure of the programme. The Faculty reported that it intends to introduce an additional form during the final RITA, where the delivery of programme competencies are outlined with the purpose of investigating what improvements could be made to the training programme. At present, the process for maintaining records on graduates, collecting qualitative information and developing methods to measure outcomes of training has not been formalised. However, plans are in place to document and formalise feedback forms, as well as Quality Assurance and Quality Improvement processes. The Faculty intends to review these processes on an ongoing basis. This finding also addressed under **standard 2.2.4** and is accompanied by a recommendation.	The Faculty should develop a procedure to maintain records of its graduates, develop methods to measure outcomes of training and collect qualitative information on graduates.	**Partially Compliant**

STANDARD 6 – THE CURRICULUM – MONITORING AND EVALUATION – OUTCOME EVALUATION - 6.2.2. *Supervisors, Trainees, health care administrators, other health care professionals and consumers contribute to evaluation processes.*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**

6.2.2 In its self-evaluation, the Faculty stated that Trainers, Supervisors and Trainees participate in evaluation processes and that informal feedback on Trainees is sought from other specialities. It also noted that there are lay members on the Faculty Board who are involved in reviewing the training programme. The Faculty reported that managers and administrators are in contact with their equivalents within RCSI and RCPI. There was no evidence provided that there was any formal or even semi-formal involvement of any other stakeholders in the evaluation process, including patients, athletes, public interest groups, Allied Health Professionals, GPs or the ICGP or healthcare managers. This is in spite of the fact that Trainees would have a lot of interaction with various Allied Health Professionals as part of their training (e.g., biomechanics, physiotherapy, etc.). At the accreditation interview, the Faculty reported that it does not formally request feedback from sports team bodies with regard to training but would receive informal updates. There was a similar finding in relation to the involvement of external stakeholders in the development, management and continuous improvement of the programme under **standard 1.3.1**.	The Faculty should engage with patient / public interest groups, consumers, Allied Health Professionals, sports team bodies, General Practitioners or the Irish College of General Practitioners and healthcare managers and facilitate their contribution to evaluation processes.	**Partially Compliant**

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS – 8.1.2 *The training organisation has processes for selecting supervisors who have demonstrated appropriate capability for this role. It facilitates the training of supervisors and trainers.* **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**
8.1.2 & 8.1.4 All Trainers are on the Specialist Register, and most are Fellows of the FSEM. The Trainers on the HST SEM programme are also Trainers on other training programmes in other specialties. The Faculty relies heavily on the Trainers being trained by their 'other' specialty. During the accreditation interview, the Faculty reported that Trainers and Supervisors complete Train the Trainer (TTT) courses provided by the RCSI or RCPI within	A SEM-specific training module for Trainers should be developed and all SEM Trainers should complete. This should include training in summative and formative assessments.	

the Trainer's own specialty, but there is no bespoke course for FSEM Trainers only. This represents a lack of consistency in relation to Trainers in SEM. However, the Faculty reported that it is working with the RCSI's Department of Surgical Affairs to facilitate Trainers in SEM with one tailored course for SEM. The self-evaluation submission states that Trainers and supervisors carry out RITA assessments. During the accreditation interview, some Trainers reported that they had not received training in summative and formative assessments. It is important that all Trainers receive this training. The establishment of a SEM-specific Train the Trainer module would facilitate this development. The submission also notes that external assessors from the UK are involved in FSEM recruitment, and that the Faculty aims to have colleague from FSEM in the UK on the assessor team for inspections. The Faculty also stated that overall, the selection of assessors is broadly in line with the ones in use by the RCSI Dept of Surgical Affairs. Documentary evidence of the specific requirements for selection of supervisors was not provided. This was also a finding at the previous accreditation.	The Faculty should develop and communicate its specific requirements for selecting supervisors in a way which would confirm to interested parties, including trainees, that objective requirements had been met.	**Partially Compliant**

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS – 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**
8.1.5 The self-evaluation submission states that an external assessor takes part in the HST SEM intake each year. The external assessor is asked to provide a report to the panel post-interviews, outlining any points they feel are relevant to the process that took place.	The Faculty should evaluate the effectiveness of its assessors/examiners, including feedback from Trainees.	

The Faculty relies on the RITA process to facilitate Trainee feedback on Trainers and Assessors. There is no other process in place to facilitate feedback on assessors. The Trainees reported that they had ample opportunity to raise concerns in relation to anything they thought might be beneficial to their own training. The Trainees recounted that they were successful in being able to secure protected time for further education on a Wednesday afternoon, where they were presented to by external speakers. This is also referenced under **standard 8.1.6**.		**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 It was noted in the self-evaluation submission that the five training sites for SEM were "assessed" in 2019 before being established. However, details of site evaluation processes were not provided in the submission or during the accreditation interviews. Due to the limited level of SEM service provision in the country, it is not clear whether or not the location of training posts had been selected by default. There was no evidence of accreditation standards. The self-evaluation submission made considerable reference to the Trainee's placements being "busy posts". However, during the Trainee interview, it was noted that some Trainee positions were supernumerary. As a result, Trainees reported that such posts afforded flexibility in their roles, meaning that they had opportunity to undertake theoretical instruction such as reading or research during the week, in addition to their clinical duties.	The Faculty should adopt the site evaluation processes currently undertaken by the RCSI and/or RCPI. An update on any evaluations should be provided to the Medical Council. The Faculty should adopt and publish accreditation standards.	**Partially Compliant**

It is felt that the supernumerary status of posts makes a difference to the educational value of training posts. The Team also noted that any expansion of the SEM programme, either geographically or in the number of Trainees, would require the creation, evaluation and sign-off of new 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.* **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**
8.2.2 In its self-evaluation submission, the Faculty outlined that it specified the clinical and practical experience, infrastructure and educational support required for training sites and posts before the training programme launched in 2019. It also added that sites will be reviewed when hospital inspections are completed in the near future. In the accreditation interview, the Faculty reported that it had intended to carry out onsite assessments upon the graduation of its first Trainees. However, it stated that COVID-19 had prevented this. Overall, it was found that there was no evidence that a review of clinical or practical experience had been undertaken since the commencement of the programme or that there are definitive plans or timelines for such a review. Therefore, clear processes have not been put in place to assess the quality and appropriateness of Trainees' experience.	The clinical experience provided by the Santry Sports Surgery Clinic should be reviewed to ensure it enables Trainees to gain appropriate experience and fulfil the required competencies. In conjunction with its partner/parent bodies, the Faculty should adopt a hospital inspection/accreditation	**Partially Compliant**

In its self-evaluation, the Faculty outlines its consideration of each component of standard 8.2.3. However, it has not provided evidence of a formal accreditation process or standards. Such a mechanism is important to ensure the consistent review and delivery of educational and clinical resources. This is addressed in the recommendation for **standard 8.2.1**. The disparity in the practical experience available to Trainees in a private setting as opposed to public health facilities is a cause for concern. A recommendation has been added to ensure that such placements offer Trainees the appropriate experience and the opportunity to acquire the required competencies. Trainers described the large exposure to sports medicine in the private Santry Sports Surgery Clinic. However, both Trainees and Trainers reported that there was no process in place for Trainees to undertake ultrasound-guided injections in the clinic due to the insurance/billing requirements of procedures in the private settings. This is considered to be a serious issue and has also been described under **standard 4.1.2.** Trainees also noted that it can be difficult to access experience in undertaking these injections in other sites due to competition and overlap with Trainees from other specialties such as Radiology.	process and provide an update on progress to the Medical Council. The Faculty should undertake training site inspections/accreditations as a matter of urgency.	

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 In the self-evaluation submission, the Faculty states that it utilises a variety of clinical settings including hospital wards, emergency departments, outpatient clinics, and where appropriate, operating theatres, procedure room and simulation lab. However, during the accreditation interview, Trainees noted that the programme provided publicly-funded training for what would most likely turn into employment in a private sector. As it stands, the only two graduates of the programme have been hired directly by the Santry Sports Surgical Clinic, with no Trainees entering public practice. This is due in part to the fact that there are no vacant publicly funded SEM consultant posts for graduates. Please see standards **1.1.1& 1.2.3.** The Faculty noted that there was no clearly defined funding pathway for the programme. The funding that is currently in place for the programme is in part provided by a private clinic. The Faculty reported that it would be crucial for a defined public funding pathway to be in place to support a four-year SEM programme; the curriculum and assessment would also need to be expanded Due to the evident distinction between placements in public and private healthcare facilities in terms of specialisations, Trainees are unable to engage in the full spectrum of skills required by a SEM specialist at all points during their training. As outlined in **standard 8.2.1**, two out of five SEM Trainee posts are supernumerary, and are in place to provide educational support only.	The Faculty, RCSI and RCPI should engage with the HSE and HSE NDTP on the future development of SEM as a public service, including the development of consultant posts.	**Partially Compliant**

STANDARD 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 Faculty stated that it ensures a safe working environment through the inspection process. It also monitors compliance with the European Working Time Directive (EWTD). However, as outlined in **standard 8.2.1,** the self-evaluation submission reports that the five training sites for SEM were "assessed" in 2019 before being established and have not been assessed since. In addition, details of site evaluation processes were not provided during the accreditation and there was no evidence of accreditation standards.	See recommendation under **standard 8.2.1.**	**Partially Compliant**

The following standards were found to be fully compliant for Sports and Exercise Medicine. Although Sports and Exercise Medicine is complying with these standards, recommendations have been made for further improvement.

1. CONTEXT OF EDUCATION AND TRAINING - PROGRAMME MANAGEMENT - 1.2.2. *The training organisation's education and training activities are supported by appropriate resources including sufficient administrative and technical staff*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
1.2.2 The Faculty has been commended in relation to the administrative support provided. The Faculty and the Trainees noted that access for SEM Trainees to the RCSI anatomy lab was restricted due to COVID-19. The Trainees felt that it was being acted upon and that it would be resolved in the near future. This was echoed by the Faculty. Access to online anatomy resources does not appear to have been considered.	The use of online anatomy resources may be considered in terms of future proofing educational activity.	**Fully Compliant**

STANDARD 2. THE OUTCOMES OF THE TRAINING PROGRAMME - 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.*		
FINDING	**REQUIREMENT/ RECOMMENDATION**	**COMPLIANCE**
2.1.1 In its self-evaluation submission, the Faculty referred to its Standing Orders document (Appendix 10) which outlines the objectives for the SEM programme. During the Faculty interview, it was reported that the Standing Orders were developed, and are regularly re-evaluated, by the Board. The Team heard that the Standing Orders are changed and developed over the course of time, as fellows and members see change is required. The purpose is also discussed at the Faculty's AGM.	The purpose of the Faculty should be reviewed to include its social and community responsibilities.	**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 Record of In-Training Assessments (RITAs) are an essential component of the training programme, allowing for a formal review of the Trainees' competencies achieved. RITAs incorporate both formative and summative assessments of Trainee competency and performance, and link Trainee activity to outcomes and patient safety. During the interviews, the processes and content of formative and summative assessments were less clearly defined than one would hope. As such, clearer information in the	The processes, purpose and recording of formative and summative assessments should be clearly described in the curriculum. This should also be incorporated into a bespoke SEM e-portfolio.	**Fully Compliant**

curriculum outlining the specific goals of both types of assessment is required to support better comprehension. The recommendation accompanying **standard 8.1.2** highlights the need for a SEM-specific training module for Trainers including training in summative and formative assessments.		

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 Evidence was provided that supervisor assessments such as RITA were the only assessments conducted. Although, this may be appropriate due to the level of seniority and training background of the current Trainees, this should be reviewed in the context of a four year programme.	The Faculty should review the range of assessments and their appropriateness to an outcomes-based curriculum.	**Fully 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.*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
6.1.1 In its self-evaluation, the Faculty described an annual review undertaken by the Training Committee. This included a review of the curriculum at least once a year, training programme content and delivery, Trainee rotations and an evaluation of the RITA process.	The Faculty should formalise the processes for updating the curriculum, and for communicating any changes to Trainees and Trainers.	**Fully Compliant**

Appendix 8, the Curriculum document itself, is not dated and it is entitled 'website 2021'. It is evident that Appendix 9 HST SEM Training Programme was updated in August 2021 and this should be reflected in the document. **Standard 1.3.1** also contains a recommendation to remove an outdated reference to the UK Postgraduate Medical Education and Training Board (PMETB). **Standards 1.3.1** and I.4.1 detail the need for a broad range of input into programme development.	The Faculty should ensure that curricula are version controlled by inputting the date and version number when the curriculum is updated. Updated curricula should be communicated to the Trainees and made publicly available.	

STANDARD 6 – THE CURRICULUM – MONITORING AND EVALUATION – ONGOING MONITORING - 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.*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
6.1.2 In its self-evaluation, the Faculty stated that it liaises regularly with Trainers throughout the year and that the lead Trainers are on the Training Committee. However, it was found that formal feedback on monitoring and programme development is not systematically sought, and no evidence was presented as to how feedback is analysed and used as part of the monitoring process.	The Faculty should develop a formal process to systematically seek and analyse feedback from supervisors and Trainers as part of the monitoring process as the programme develops/grows.	**Fully Compliant**

STANDARD 7 – IMPLEMENTING THE CURRICULUM – TRAINEES – 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.*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
7.2.1 its self-evaluation the Faculty report that a Trainee has recently been appointed to the FSEM Board. This It was felt that there may be an opportunity to more fully avail of the Trainee perspective at a senior Board level.	The Faculty should harness Trainee representation at senior Board level to enhance awareness of the views and suggestions of Trainees.	**Fully Compliant**

STANDARD 7 – IMPLEMENTING THE CURRICULUM – TRAINEES – RESOLUTION OF TRAINING PROBLEMS AND DISPUTES – 7.4.4 *The training organisation has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
7.4.4 The Faculty stated in the self-evaluation that it currently has not had to deal with any appeals from Trainees. This is likely due to the fact that the training programme only launched in July 2019 and that to date, Trainees have progressed satisfactorily through the training programme. No evaluations have been undertaken under this standard as no appeals have been lodged. However, a RCSI Appeals Policy was provided (Appendix 67).	The Faculty should have a process for addressing anonymous appeals and complaints. This process should be documented and communicated to Trainees and Trainers.	**Fully Compliant**

STANDARD 8 – IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – 8.1.3. *The training organisation routinely evaluates supervisor and Trainer effectiveness including feedback from Trainees and offers guidance in their professional development in these roles.*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
8.1.3 It was stated in the self-evaluation that the Faculty evaluates supervisor and Trainer effectiveness on an on-going basis, mainly through the RITA process. Trainees are encouraged to be completely frank and open in their evaluation and critical assessment of the training post and of individual Trainers within those posts on their assessment forms. The Trainers stated that when have their RITAs, they do not sit in on the assessment of their performance within that department. This gives Trainees an opportunity to be open with other members of the Training Committee. The Trainers acknowledged however that due to the small number it's difficult to assure confidentiality. The Trainees reported that there are mechanisms to raise concerns but the confidentiality issue is a challenge in such a small speciality. Trainees have representation on the Training Committee meeting, but they are only present at the beginning of the meeting to raise any concerns Trainees might have. The Trainee representative then leaves, and the remainder of the Committee meeting is in private. This allows opportunity to discuss any confidential issues. The Trainees do not receive a copy of the minutes. At the accreditation interview, Trainers felt that it would be a good idea to have a formal mechanism whereby Trainees can provide confidential feedback. This is especially important in small specialties.	As the Specialty grows, a formal feedback process should be put in place to gather Trainee feedback on Trainer effectiveness.	**Fully Compliant**

Appendix One - Attendance Record

Medical Council Postgraduate Accreditation

Programme of Specialist Training in Sports and Exercise Medicine

Monday, 6 December2021

Virtual Accreditation

Team in attendance:

- Prof Barry Lewis, Assessor for the Medical Council & Chair of Accreditation Team
- Dr Ailis Ní Riain, Assessor for the Medical Council
- Mr Declan Ashe, Assessor for the Medical Council
- Prof Angus Wallace, Specialist Assessor for the Medical Council
- Ms Úna O'Rourke, Education and Training Director, Medical Council
- Ms Aoife Fitzsimons, Head of Quality Improvement, Medical Council
- Ms Ellen Moran, Accreditation Manager, Medical Council
- Ms Nicole Weldon, Accreditation Executive, Medical Council
- Ms Lucie Heseltine, Accreditation Manager, Medical Council
- Ms Colette Costello, Accreditation Executive, Medical Council
- Ms Elizabeth Molloy (Zoom Host), Accreditation Executive, Medical Council
- Ms Deirdre O'Malley, Epiq Global Stenography - Stenographer

Faculty of Sports and Exercise Medicine in attendance:

- Dr Philip Carolan, FSEM Dean
- Dr James O'Donovan, HST SEM Training Programme Director and Chairman of the FSEM Training Committee
- Dr Bryan Whelan, Deputy Chairman of the FSEM Training Committee and RCPI College representative on the board
- Mr Keith Synnott, RCSI College representative on the board
- Dr Suzi Clarke, Immediate past HST SEM Training Programme Director and FSEM Treasurer
- Ms Stephanie Billault, FSEM Administrator

Number of Trainers in attendance: 5 Trainers in attendance.

- Prof John Ryan, St Vincent's University Hospital
- Dr Eimear Smith, National Rehabilitation Hospital
- Dr Deirdre Ward, Tallaght University Hospital
- Dr Pat O'Neill, National Orthopaedic Hospital, Cappagh
- Dr Andy Franklyn-Miller, Sports Surgery Clinic

Number of Trainees/Graduates in attendance: 3 Trainees and 2 Graduates in attendance.

Appendix Two – Overview of Documentation

List of documentation submitted by the RCSI

List of documentation submitted by the Faculty of Sports and Exercise Medicine (FSEM)

1	FINAL - PG Self-Evaluation Template - 080921
2	Letter to Ms Aoife Fitzsimons – April 2017
3	SEM Annual Report 2018/2019
4	SEM Annual Report 2019/2020
5	Covid-19 impact on HST SEM – June 2020
6	Website Notice (MSc SEM) – August 2021
7	Funding correspondence with HSE NDTP
8	HST SEM Curriculum – 2021 website version
9	HST SEM Document – last revised July 2021
10	Standing Orders – last amended December 2019
11	FSEM Posters – 2018 version
12	Board Members list – revised July 2021
13	Corporate Governance graph – May 2021
14	Terms of Reference – Education Committee as example – last revised July 2021
15	FSEM PCS Qualitative Report (part of annual reports submission for PCS) – June 2021
16	CPD Accreditation Application Form – revised July 2021 (on-line payment option)
17	Fellowship nomination form – 2018
18	Application packs (Associate Membership, Membership and Fellowship) - 2021
19	RCSI Travel Flyer – 2021 version
20	WADA Prohibited List 2021
21	ASC programmes (2014 to 2019 – as example)
22	MSK Diploma general information
23	RCPI Masterclass in SEM programme
24	RCSI Charter Day meeting programme
25	Physical Activity is Medicine flyer (public event 2019)
26	RCPI Heritage Week flyer
27	RCSI Mini-Med School flyers
28	Injury Prevention in MMA fighting flyer and programme
29	EFSMA webinar – July 2021
30	SEMSEP modules flyers
31	SSD flyers
32	FSEM Newsletters
33	Webinars survey feedback – examples from 2020/2021
34	Fellows and Members survey feedback 2012
35	Fellows and Members survey feedback 2017
36	Fellows and Members survey results – QEO office for RCSI Internal review 2019
37	PCS RMPs survey results – QEO office for RCSI Internal review 2019

38	Curriculum Delivery (matrix) – 2021
39	CCST template – 2021
40	HSE NDTP Guidelines – Flexible Training
41	HST SEM Training agreement with trainees – template
42	FSEM Student Membership pack 2021
43	UCD Undergraduate evening event – careers in sport - 2019
44	List of SpR talks for trainees – 2020/2021
45	RITA process / timeline
46	Trainer's assessment form
47	Trainee self-assessment form
48	My Performance Appraisal form
49	RITA C form
50	RITA D form
51	Summary of the RITA forms
52	RCSI Student Services Disability Guidelines
53	Mentor Role Guidance Document
54	SDR Route E application pack 2017
55	SDR Route F listing – last up-dated – Nov. 2017
56	Training Post agreements / inspection forms (for all 5 units)
57	HST SEM Scoring System – 2021
58	HST SEM Guide & Template Marking System – 2021
59	Code of Practice – last up-dated 2020
60	HST SEM intake panel 2021
61	MSc SEM Assessment - diagram
62	MSc SEM Master list – last up-dated July 2021
63	MSc SEM course spec – University of South Wales (example)
64	HST SEM application form (example) – July 2021 intake
65	Dealing with inappropriate behaviour policy 2020
66	Resolution of training problems and disputes process
67	DoSA_ISPTC appeal process – version 2
68	Ethical guidelines

Comhairle na nDochtúirí Leighis
Medical Council