Assessors Guide under the Medical Practitioners Act 2007 (as amended)

Guidance for members of the Assessor Team

Approved by ETC 01.06.21

Comhairle na nDochtúirí Leighis
Medical Council

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1. THE MEDICAL COUNCIL

The objective of the Medical Council is to protect the public by promoting and better ensuring high standards of professional conduct and professional education, training and competence among registered medical practitioners.

Established by the Medical Practitioners Act 1978 (updated in 2007 and 2020 as amended), the principal functions of the Medical Council are to;

- Establish and maintain the register of medical practitioners.
- Approve and review programmes of education and training necessary for the purposes of registration and continued registration.
- Specify and review the standards required for the purpose of the maintenance of professional competence of registered medical practitioners.
- Specify standards of practice for registered medical practitioners including providing guidance on all matters related to professional conduct and ethics.
- Conduct disciplinary procedures.

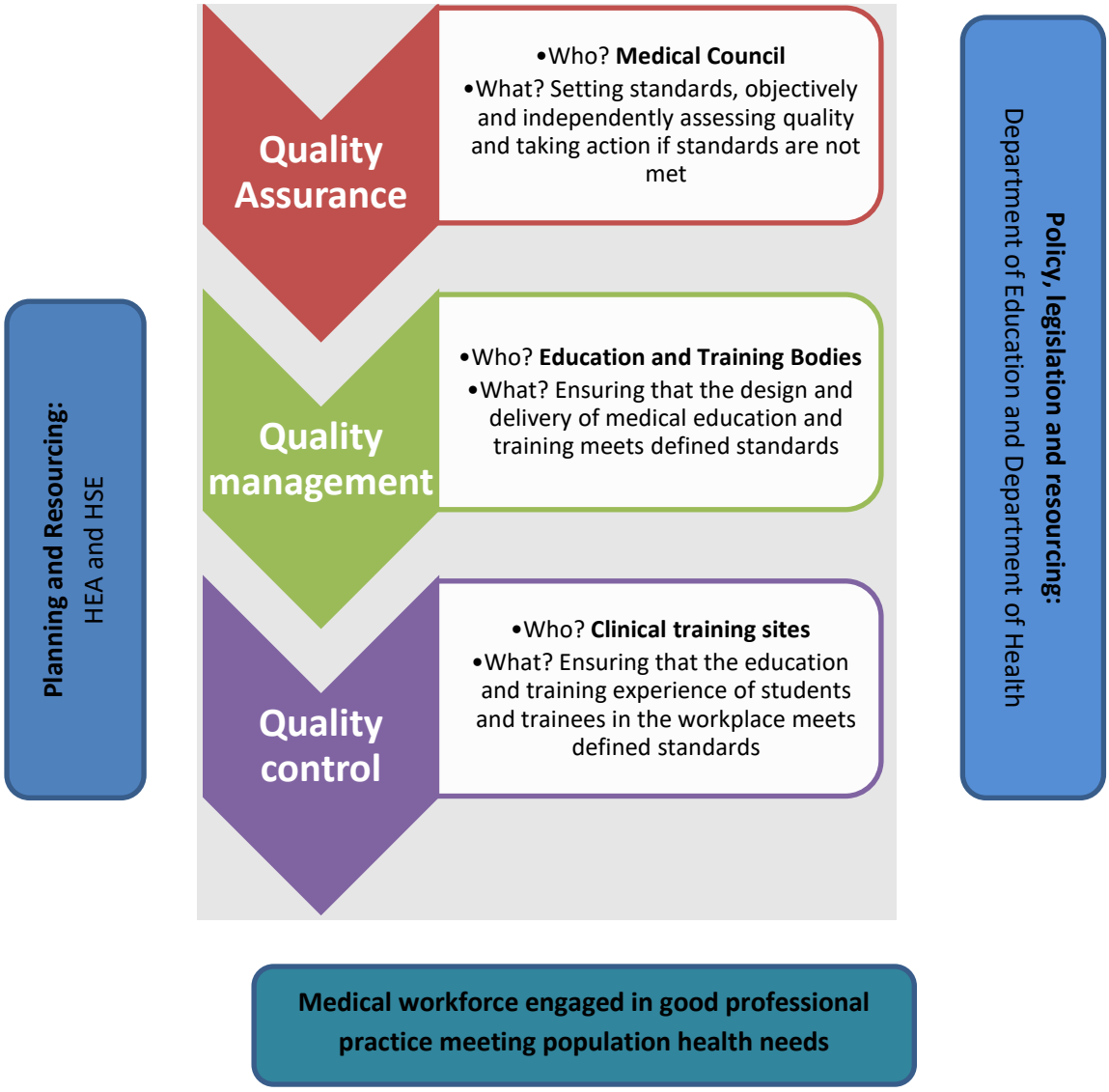
The Council has a membership of 25 including both elected and appointed members all of whose appointments have been approved by the Minister for Health. The current Council's period of office is 2019 to 2023.

The main functions of the Medical Council revolve around registration, professional standards, education and training and professional competence.

The Medical Council's current direction and strategic objectives are set out in detail in the Statement of Strategy 2019 – 2023.

2. THE ROLE OF THE MEDICAL COUNCIL IN MEDICAL EDUCATION AND TRAINING

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 the quality assurer of medical education and training in Ireland across the continuum, which spans the undergraduate, intern and specialist training stages of professional development. This includes the approval of programmes of medical education leading to the award of a 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. This is achieved by setting standards, rules, criteria and guidelines for medical education and training and monitoring adherence to them.

Part 10 of the Medical Practitioners Act 2007 (the MPA 2007) (amended in 2020 Regulated Health Professions Act) concerns the Council's duties and powers regarding medical education and training. The Council is obliged to prepare and publish rules, criteria, standards and guidelines covering basic, intern and specialist medical education and training. The Council is also required to approve programmes for the delivery of education and training and the bodies which deliver these programmes. The Council can also determine medical specialties it recognises and approve programmes of specialist training.

Arising out of the establishment of these rules, standards and criteria, Council is obliged to monitor adherence to and carry out and publish details of any inspections of the institutions and places where the training takes place.

Hereinafter any reference to:

- *"accreditation"* refers to the formal process of assessing a medical school, postgraduate training body and their associated programmes adherence to rules, criteria, guidelines and standards approved by Council as specified in Sections 87(3), 88(1)(a), 88 (2) and 89(3)of the Medical Practitioners Act 2007.

- *"inspection"* refers to the formal process of assessing a clinical training site or hospital group adherence to the rules, criteria, guidelines and standards approved by Council as specified in Sections 88 (3) and 88 (4) of the Medical Practitioners Act 2007.

- *"Body"* refers to a Medical School, Clinical Training Site or Postgraduate Training Body

Section 88 of the MPA 2007 deals specifically with accrediting medical education and training programmes and the bodies that deliver them; and inspecting clinical sites where medical training is provided ('clinical training sites'). The Medical Council sets out Part 10 Rules in respect of the duties of Council in relation to Medical Education and Training (Section 88).

Section 89 of the MPA 2007 is specific to accrediting specialist medical education and training programmes and the bodies that deliver them. The Medical Council sets out Part 10 Rules in respect of training bodies and qualifications for the purpose of specialist and trainee specialists divisions (Section 89).

2.1 Strategic Direction

The Medical Council's strategic objective for Education and Training, in its Statement of Strategy 2019 -2023, is to "e*nsure consistency in application of quality assured standards across the continuum of education, training and lifelong learning*". To achieve this objective the Council is committed to "*continued development of a proportionate, evidence-led, regulatory model to quality assure medical education, training and lifelong learning*".

2.2 The Medical Council's suite of standards

Currently, the Medical Council has four different set of standards and guidelines for each level of medical education and training.

2.2.1 Undergraduate Medical Education (Section 88(1)(2), Rules 1 and 2)

There are six medical schools in Ireland providing nine basic medical education and training programmes (five direct entry and four graduate entry). Council also accredits three medical schools

and their medical programmes based overseas that award or intend to award, an Irish undergraduate medical degree.

Since 2003, the Medical Council evaluates programmes using internationally recognised standards: those of the World Federation for Medical Education (WFME), as laid out in the WFME's *Global Standards for Quality Improvement in Medical Education; 2015 revision.* These have been adopted by Council and can be seen at http://wfme.org/standards/

The Council's processes for accreditation are consistent with best practice as set out in the World Federation for Medical Education's *Guidelines for Accreditation of Basic Medical Education*, which can be seen at http://wfme.org/accreditation/

In 2019, the Medical Council was assessed by the WFME in order to ensure compliance with Education Commission for Foreign Medical Graduates (ECFMG) requirements for all physicians applying for ECFMG Certification will be required to graduate from a medical school that has been appropriately accredited by a recognised accrediting agency. The Medical Council was awarded a 10 Year Recognition Status by the WFME in 2020.

The Medical Council also regularly undergoes an evaluation of its process of accreditation of basic medical education and training programmes, in order to determine the comparability of those standards to standards applied to medical schools in the United States. A determination of comparability of accreditation standards by the *National Committee on Foreign Medical Education and Accreditation* (NCFMEA) is an eligibility requirement for foreign medical schools to participate in the William D. Ford Federal Direct Student Loan Program. It is imperative for the Medical Council to continue to meet these standards.

2.2.2 Intern Training Sites (Section 88(3)(a), Section 88 Rule 3)
The Medical Council is obliged to inspect all sites (new and existing) where intern training is provided before issuing Certificates of Experience to interns who successfully complete the intern year.

The Medical Council approved Standards for the Training and Experience Required for Granting a Certificate of Experience to an intern in September 2010, which were then revised April 2011; and Guidelines on Medical Education and Training for Interns in October 2010, which were then revised April 2011. Guidelines on remediation for doctors in the intern year were approved and published in June 2018.

2.2.3 Specialist Training Sites (Section 88 (4)(a), Section 88 Rule 4)
The Council is also obliged to inspect all sites where specialist training is provided. In 2014, in preparation for evaluating training sites that support the delivery of specialist programmes, the Medical Council defined the criteria which must be met by clinical training sites. The criteria form the basis of direct inspections of specialist training sites by the Medical Council.

2.2.4 Specialist Training Programmes (Section 89, Section 89 Rules 1 and 2)
There are 13 postgraduate training bodies in Ireland with responsibility for the delivery of programmes of specialist training in 57 recognised medical specialties. In 2010 the Council published the Accreditation Standards for Postgraduate Medical Education and Training. These standards, largely based on the Australian Medical Council's postgraduate standards[1], were revised and approved by Council in October 2011.

3. COMPOSITION OF ACCREDITING / INSPECTION TEAMS

Accreditations / inspections are conducted by a team of assessors. The minimum composition of an assessor team for undergraduate and postgraduate medical education, training programmes and regional inspection visits to clinical training sites:

- At least 1 Medical Assessor and at least 1 non-medical Assessor (at least one of whom will be a current or former member of Council / Education and Training Committee);
- At least 1 External Assessor, with expertise in medical education and/or quality assurance (preferably from outside the jurisdiction);
- A senior member of the executive;
- A Student/Trainee representative (where possible).
- In order to avoid difficulty in ascertaining trainee representation on all accreditation / inspections visits, trainee representatives are considered 'ideal', rather than compulsory, to be included where available.
- With regards to Split Teams:
    a) If it is necessary for an Assessor Team to split during an accreditation/inspection, it will be at the discretion of the Chair of the Assessor Team to appoint a Chair of the "sub-Team".
    b) For accreditations, the overall composition will need to increase to ensure that, when the Team splits, each "sub-Team" includes a Medical Assessor, a non-medical Assessor, at least one of which must be an External Assessor. It is not necessary for each "sub-Team" to include a Council/former-Council/ETC Assessor.
    c) For clinical training site inspections, the overall composition will need to increase to ensure that, when the Team splits, each "sub-Team" includes a Medical Assessor and a non-medical Assessor. It is not necessary for each "sub-Team" to include a Council/former-Council/ETC Assessor.
    d) Senior staff (Manager/Senior Executive or higher grade) can fulfil the requirement for non-medical Assessors when any Assessor Team splits.
- With regard to the accreditation of Specialist Medical Education and Training Programmes, at least one member of the Assessor Team should have expertise in the relevant specialty.
- Each Assessor Team must have a Chair; and the Chair must be:
    - A member of the current Medical Council;
    - Former Council Member; and / or
    - Current member of the Education and Training Committee.

The Executive identify the Chair of each assessor team. The **Chair's Role in the Assessor Team** is attached as **Appendix A**.

The Body is notified of the names of the assessor team members in advance of each accreditation / inspection visit.

When compiling assessor teams, any potential conflicts of interest are taken into consideration[2]

3.1 Conflict of interest

[2] Please feel free to ask the Medical Council for further details on its conflict of interest policy.

The Council makes a special effort to maintain the integrity of all accreditation and inspection processes. To this end, assessors are expected to disclose any possible conflict of interest before accepting an assignment. The following are conditions under which an assessor should decline an invitation to an accreditation/inspection visit. As prescribed in the Council's Code of Conduct the Council will not knowingly invite or assign participation in the accreditation/inspection to anyone who:

- is currently employed (full or part-time) by the subject of the assessment (SOTA) or an overseas affiliate, or has been so employed within the last five years;
- has a close family member - e.g. spouse, partner, parent, child – who is employed (full or part–time) by the SOTA or an overseas affiliate;
- holds an unpaid academic appointment (full or part–time) with the SOTA or an overseas affiliate, or has held such an appointment within the last two years;
- has a close family member - e.g. spouse, partner, parent, child – who holds an academic appointment (full or part–time) with the SOTA or an overseas affiliate;
- is a current student or postgraduate trainee (full or part–time) on a programme run by the SOTA or an overseas affiliate;
- has a close family member - e.g. spouse, partner, parent, child – who is a current student or a trainee (full or part–time) of the SOTA or an overseas affiliate;
- provides clinical sessions for the SOTA;
- is an occasional Guest Lecturer/Visiting Speaker for the SOTA or an overseas affiliate;
- is (or has acted within the last two years as) an external examiner for the SOTA or an overseas affiliate;
- is a Member/Fellow of the SOTA;
- is a graduate of the SOTA or an overseas affiliate;
- is an Emeritus Professor of or has an Honorary degree from the SOTA or an overseas affiliate;
- is employed by or works on a clinical training site with a formal affiliation or established relationship (e.g. a Memorandum of Understanding) with the SOTA.

A conflict of interest arising from one of the relationships described above typically expires five years after the relationship ends. Assessors who have any questions about possible conflict of interest should contact the Medical Council's Education and Training Directorate.

3.2 Confidentiality and general conduct

The Council requires assessors to remain confidential on all institutional information examined or heard before, during, and after an accreditation / inspection. Assessors should refrain from discussing information obtained in the course of service as an assessor. Sources of information that should remain confidential include the self-evaluation forms; interviews and written communication with the body / clinical training site personnel, students, interns, trainees, trainers; evidentiary documents; and assessor team discussions.

It is not appropriate for assessor team members to fraternise, consort or socialise with personnel from the body / clinical training sites shortly before, during or soon after an accreditation / inspection.

4. COMPONENTS OF THE ACCREDITATION / INSPECTION PROCESS

The major components of the process are summarised below:

4.1 Pre-accreditation / inspection

a) Self-evaluation documentation is provided by each Body to be accredited / inspected (additional documentation may be sought where required);
b) Surveys completed by students, interns, trainees and academic staff / trainers.
c) Assessor availability and conflict of interest is assessed, leading to the formulation of each assessor team;
d) The Body is notified of the dates of the accreditation / inspection visit(s);
e) Assessor training is scheduled where required;
f) Process overview session is scheduled for all assessors attending the schedule of accreditations / inspections (where possible – based on availability this may be incorporated into the pre-meet;
g) Evaluation of the documentation by the Medical Council assessor team;
h) Pre-meeting of the assessor team in advance of the accreditation / inspection.

4.2 Day of accreditation / inspection

i) Meeting with the Body's representatives including meetings with management, students and / or, interns and / or trainees, academic staff and / or trainers (these meetings are always held privately). Undergraduate accreditation visits will also include observations of teaching and the inspection of teaching facilities at the Medical School and clinical teaching sites.
j) Private meeting(s) of the assessor team to review findings;

4.3 Post-accreditation / inspection

k) Compilation of draft report based on the assessor team's findings and recommendations;
l) The assessor team are asked to review the report and provide feedback. The draft report is then sent to the Body for review of factual accuracy;
m) Assessor team review and sign off on factual accuracy response;
n) The Body is sent the final draft report and is notified of the assessor team recommendation(s) to ETC and of the review process;
o) Review window made available to the Body;
p) **Optional**: If a request for a review of the process that led to the proposed overall recommendation is put forward, the review process is followed before proceeding to the next stage;
q) On expiry of the review window, assessor team report and recommendation(s) is considered by the Education and Training Committee for decision.
r) The Body is notified of the overall decision and provided with the final report;
s) The Body is also requested to respond to issues raised in the final report via an Action and Implementation Plan which is to be submitted within three months of the issue date of the accreditation / inspection report(s);
t) Feedback surveys for assessors and Bodies are issued;
u) Accreditation / Inspection report(s) is/are published on the Medical Council website;
v) The Body's leadership representatives are requested to present the Action and Implementation Plan to Medical Council representatives. This meeting also provides an opportunity for further feedback on the accreditation / inspection process to inform Council's continuous improvement efforts;
w) Future monitoring arrangements are notified to the Body.

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4.4 Documentation for assessors

Members of an assessor team receive the following documentation for each accreditation / inspection activity:

- An agenda and any necessary additional information about arrangements;
- The information provided by the Body;
- The report of the Medical Council's most recent prior accreditation / inspection(s) to the Body (if any);
- Additional documentation deemed relevant by the Medical Council, including data from the Council's *Your Training Counts* survey and Annual Returns, if available;

Note: For undergraduate accreditation visits and clinical site inspections, hard copy versions of compliance documentation (documentary evidence) are provided by the site on the day of the inspection to facilitate the documentation review session(s).

Assessors may request the Body to provide additional specific information, either before and during the accreditation / inspection visits.

4.5 Third Party input into Council's accreditation/inspection processes

Third Party information which directly relates to the standards or criteria can be submitted to the Medical Council by emailing educationandtraining@mcirl.ie no later than close of business on the second-last day of the Medical Council accreditation/inspection visit. For accreditation/inspections that are one day or less in duration, information will not be taken into account if it is not received in sufficient time to be fully considered in advance of the close-out meeting with the subject of the accreditation.

The information provided by the Third Party will be treated in confidence. Information will not be attributed to a Third Party by the Medical Council in its report to the body/site.

1) The Assessor Team will decide whether or not to take into account any third-party information received.

2) Third party information will not be taken into account if it:
    a. does not directly relate to the undergraduate, intern, postgraduate or clinical training site standards and criteria; and/or
    b. is not received in sufficient time to be fully considered in advance of the close-out meeting for an accreditation / inspection.
        i. *In the case of accreditations / inspections that are more than one day in duration, this type of information should not be taken into account if it is received after close of business on the second-last day of the accreditation/ inspection.*
        ii. *In the case of accreditations / inspections that are one day or less in duration, this type of information should not be taken into account if it is not received in sufficient time to be fully considered in advance of the close-out meeting.*

3) With regard to any third-party information which the Assessor Team takes into account:
    a. the subject of the accreditation or inspection should be made aware of the issues raised and provided with an opportunity to respond to said issues, prior to the assessor team making judgements.

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b. the third-party information must be triangulated with the evidence gathered during an accreditation/inspection.

5 SCHEDULE AND STRUCTURE OF THE ACCREDITATION / INSPECTION

The detailed schedule of accreditation / inspections is provided separately by a member of the Executive.

Every accreditation / inspection must include:

- An appraisal of the educational opportunities, facilities and supports provided, including bedside teaching, structured programmes, assessment and feedback processes, libraries and IT facilities, i.e. physical inspection of learning environment where applicable
- A review of the Body's governance and quality assurance mechanisms, insofar as they are relevant to education and training.
- Meetings with Body's management representatives, interns, academic staff and students union, students, trainees and trainers.
- A review of the hospital infrastructure, insofar as it is relevant to education and training, including the residences, catering and social amenities available. *(Undergraduate accreditation and clinical training sites only).*

Accreditations / inspections are scheduled to take place over one day or several days. The length of each accreditation / inspection will vary, due to differences in the complexity of the issues to be explored. There will be liaison with the Body in setting the dates and drawing up agendas for each accreditation /inspection, but the Medical Council reserves the right to decide on the final dates and agendas for the accreditation / inspection(s). The Medical Council reserves the right to extend the accreditation / inspection, or a particular aspect of it, if further investigation of a particular issue is deemed to be necessary.

5.1 Pre-meeting prior to accreditation / inspection

The schedule for each accreditation / inspection visit is includes a pre-meet for each assessor team to prepare for the forthcoming visit. Where possible, this meeting is usually scheduled before the accreditation / inspection. This gives assessors an opportunity to prepare and ask questions about the process, to ensure everyone is clear about what is expected of them and to agree the areas of questioning assigned to each member of the assessor team.

5.2 First private session of the team of the day of accreditation / inspection

This meeting is crucial. It enables members to identify in advance the key issues that they wish to explore with the Body, including areas of concern. The Chair will lead on conducting a brief run through of the area(s) which each team member will initially address with the Body's management.

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5.3 The plenary session(s)

The plenary session(s) is/are intended to foster structured interaction. Timelines will be agreed in advance (as per agenda for day of accreditation / inspection). The assessor team will have the opportunity to discuss relevant issues with management, academic and clinical staff involved in the planning and delivery of undergraduate and postgraduate programmes and intern and specialist training.

5.4 Assessment

The role of the assessor team is to appraise evidence of compliance with Council's education and training standards, triangulate the evidence provided with the Body, students, interns, trainees and trainers and to determine a compliance rating with each standard for undergraduate, intern and specialist level. Evidence provided in advance of the accreditation / inspection as well as findings made during the accreditation / inspection, is used to determine the compliance rating. The following judgement framework is used to determine compliance ratings per standard:

- **Non-compliance (NC)** – No requirements of a standard are adhered to. No evidence is provided that demonstrates compliance with the standard. Significant action is required to achieve full compliance.

- **Partial compliance (PC)** – Some, but not all requirements of a standard are adhered to. A sufficient amount of evidence is provided to demonstrate partial compliance with the standard. Further action(s) is/are required to achieve full compliance.

- **Full compliance (FC)** – All requirements of a standard are adhered to. Evidence provided fully demonstrates compliance with the standard. No further action is required, although recommendations for further enhancement/improvement may still be made, if deemed appropriate.

The assessor team takes contemporaneous notes throughout the accreditation / inspection to facilitate the report writing process, ensuring that evidence is sought under each standard.

On occasion the assessor team splits into smaller groups during an accreditation / inspection to facilitate meetings with larger numbers of students, interns, trainees and/or trainers, to conduct the facilities walk around or to carry out the documentation review. (Also please refer to Section 3 above "Composition of Accreditation / Inspection Teams").

5.5 Meeting(s) with students, interns, trainees and trainers

The assessor team will expect to meet, in a private session,

- the majority of students from each year of the programme (Medical School Accreditation);
- representative groups of interns and trainees participating in a medical education/training programme at each clinical site visited (Clinical Site Inspection);
- representative of trainees from each year of the specialist training programme, in particular, trainee reps and trainees in their penultimate year and where possible ensuring diverse geographical representation (Postgraduate Accreditation).

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The team also expects to meet with a representative number of

- academic staff and student unions (Medical School Accreditation)
- with trainers who oversee intern training at a site, such as the Intern Supervisor and/or Coordinator (Hospital Group / Clinical Site inspections)
- trainers and speciality directors responsible for the delivery of education and training at the site.

The purpose of these meetings is to ascertain their perspective on the academic and pastoral matters. It is made clear to students, interns, trainees and trainers, that discussion is confidential and that views will not be attributed to individuals. General guidance for assessors on interactions with students, interns and trainees during regional visits is attached as **Appendix B**.

5.5.1 Observation of teaching at clinical training sites and tour of facilities (*Medical School Accreditation Only*)

The Team will expect to observe teaching which takes place at the clinical training sites and to see the facilities available to students.

5.6 Divergence from the agenda

While an agenda is agreed in advance of the site visits, the assessor team reserves the right to depart from the agenda, within reasonable limits, if further investigation of a particular issue is deemed to be necessary.

5.7 Serious and urgent issue

It would be very rare for the assessor team to discover an issue which they consider to be very serious and urgent. This type of situation may be a patient safety issue or relate to concerns around the safety and welfare of students, interns, trainees and/or trainers. The assessor team should raise the issue with Chair of the team in the first instance and the issue should also be flagged with the CEO of the Medical Council via members of the Executive on the team.

5.8 Review session(s)

The assessor team will normally take opportunities during the day(s) of the accreditation / inspection to have brief review sessions in private. These sessions are particularly helpful to briefly 'round-up' the findings and observations from the previous session. These sessions will be facilitated by the Executive on the assessor team, to confirm whether all areas of enquiry have been addressed or whether additional avenues need exploring based on the previous meeting.

The assessor team uses the final (private) session of the accreditation / inspection to sum up the key/major findings of the day. The assessor team should highlight areas in which a Body and programme is performing to a high standard, as well as those where improvement is needed.

This final private session is also an opportunity to address any points of clarification required from the Body after the accreditation / inspection.

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5.9 Feedback

It is inadvisable to give the Body feedback on the day of the visit as to the likely **outcome** of the accreditation / inspection. The assessor team is not a decision-making group and it would therefore be inappropriate to anticipate the decision of the Education and Training Committee. However, the assessor team may feel that it is appropriate to provide the Body with limited and general feedback on the accreditation / inspection.

6 REPORT, DECISION AND FOLLOW-UP

6.1 The Medical Council's options:

Undergraduate

Under Section 88(2) of the MPA 2007, following the accreditation and after consideration of the recommendation(s) contained in the report by the Assessor Team. The assessor team can recommend to ETC a number of options available to it in respect of accreditation

(i) approve, approve subject to conditions attached to the approval of, amend or remove conditions attached to the approval of, or withdraw the approval of—

(I) programmes of basic medical education and training, and

(II) the bodies which may deliver those programmes,

(ii) refuse to approve a body as a body which may deliver those programmes,

The Medical Council will consult with the Minister for Education and Science (Skills) before it approves, attaches conditions or withdraws approval from programmes or bodies which deliver such programmes. The Medical Council will be notified of the Medical Council's decision and a final report will be issued by the Medical Council.

However, not all of these options will be available to the Team at every visit:

- If the programme is a programme not yet commenced, the only options are either approval with conditions or refusal to approve.
- If the programme has previously been fully (unconditionally) approved a wider range of options - approve, approve subject to conditions attached, or withdraw approval – is open.
- If the programme has been provisionally approved (in effect approved with a condition, the condition being that the first cohort of graduates is deemed to be satisfactory), then at the end, or near the end, of the first intake graduating, that programme can be approved (with the previous condition being removed); approved subject to a different condition (s); or have its previous approval with conditions withdrawn.

The documentation will flag the scenarios that apply.

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Hospital Group / Clinical Site Inspection

With regard to Section 88(3) and 88(4) of the MPA 2007 for clinical training sites where intern or specialist training is provided, the MPA gives Council the option, following an inspection visit, to issue recommendations to the management of the clinical training site(s) on any improvements which may be required or any other issues arising from such inspection(s). If the assessor team finds that the clinical training site is not adhering to Medical Council's guidelines and standards, the recommendation may be that approval for intern and/or specialist training from the clinical training site be removed.

Note: Although an inspection of a clinical training site may include an assessment of the provision of undergraduate medical education/training, the findings with regard to the provision of undergraduate clinical education/training will be taken into account under a separate process for the undergraduate programme as referenced above.

Postgraduate Accreditation

Under Section 89(3) of the MPA 2007, following the accreditation and after consideration of the recommendation(s) contained in the report by the Assessor Team. The assessor team can recommend to ETC a number of options available to it in respect of accreditation: -

a) approve; approve subject to conditions attached to the approval of; amend or remove conditions attached to the approval of or Withdraw the approval of –

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

The Medical Council will then seek Ministerial approval from the Minister for Health on ETC decision. The PGTB will be notified of the Medical Council's decision and a final report will be issued to the PGTB by the Medical Council.

6.2 Report writing and Factual accuracy

A dedicated report writing day is arranged the day after an accreditation / inspection, in which all members of the accreditation / inspection team must attend. The team must decide on compliance ratings, and identify findings, conditions (if applicable to the activity), recommendations and commendations. It is important that all findings relate to standards and have been triangulated.

After the report writing session, a member of the Executive will review and edit the report to ensure the report has been triangulated with information from the self-evaluation submission, transcripts / notes and supporting documentation. The Executive will send a draft report to the team for review. Any clarifications, inconsistencies or issues arising post Executive review are highlighted as comments for the team to address. If the team identifies issues of concern or is not satisfied with the draft report, a meeting may be held with the team to discuss and agree the final report. All recommended amendments by the team will be made to the draft report. The final report is sent to the Chair of the assessor team for final approval.

Once the draft report has been agreed by the assessor team, the Body will be given the opportunity to highlight any **factual** corrections in it. The Medical Council reserves the right not to include the overall conditions (if any) and recommendation in the draft report that is sent **for factual correction only** to the Body. The assessor team will decide whether the draft report should be revised in light of the Body response(s) on matters of fact.

The draft report and Body's initial response(s) will be reviewed by the assessor team who will then make an overall recommendation concerning the approval. The assessor team's recommendation(s) will then be sent to Body along with notification of the review process.

6.3 Review Process

If the Body decides to request a review of the process leading to the overall recommendation(s), the review process will be followed.

6.4 Decision

On expiry of the review window, the reports and proposed conditions (if any) and recommendations will go to the first available ETC meeting. If a review process is undertaken, the proposed recommendation(s) of the Review Panel, will go to the first available ETC meeting.

If the ETC considers that a Body is no longer adhering to the Medical Council's standards it must first consult with the Minister, the Health Service Executive and the management of the Body. Having then taken into account the views expressed in that consultation, it is open to the Council to withdraw or refuse to approve a Body as a Body which may deliver undergraduate or postgraduate programmes or remove approval for intern and/or specialist training from clinical training site(s).

6.5 Duration of approval

Approval of Body will be for no longer than five years. Any significant alterations to the status and/or structure of an approved body will require the prior approval of the Medical Council.

The Body will be notified of the ETC's decision and a final report will be issued by the Medical Council. *(Please note for Postgraduate Reports the Body will be notified of the final report upon receipt of Ministerial approval).* The Body will be asked to respond to all issues raised in the report as part of the action and implementation plan and will be notified about future monitoring arrangements.

All members of the assessor team will be kept informed at all stages of the decision-making process.

7 LOGISTICAL ARRANGEMENTS AND EXPENSES FOR CLINICAL SITE VISITS

Except where assessors have specified otherwise, assessors participating in undergraduate or postgraduate accreditation normally arrange their own taxi transportation to and from airports and hotels. Transportation during a visit is usually organised by the Medical Council. The Liaison Officer will book any return taxis required by assessors.

For Hospital Group and clinical site inspections the travel and accommodation arrangements will be made by the relevant member of staff of the Medical Council. Travel and accommodation arrangements will be paid by the Medical Council. Assessors who are not members of Council will be

paid a fee for their services, unless they are subject to the OPOS rule. Relevant information can be provided about this by the Council Executive.

Post accreditation / inspection, information regarding the Medical Council's online expense system Concur is issued to all assessors. The assessors can request reimbursements for any ancillary expenses incurred via Concur(*For postgraduate accreditations, specialist experts do not need to submit expenses via Concur, the Liaison Officer will advise the best approach to claim expenses*). The Liaison Officer can assist the Assessor, if required. Attendance sheets will be provided for the period of each accreditation / inspection (pre-meet/accreditation /inspection/report writing) and must be completed and returned by the Liaison Officer to the Council's Finance Department to support expense claims and payment.

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APPENDIX A

THE CHAIR'S ROLE IN THE ASSESSOR TEAM

The Chair has an especially significant and important role to play in determining the success or otherwise of an inspection /accreditation. This paper highlights some particular elements of the Chair's role and responsibilities in the various stages of the Medical Council's inspection/accreditation process. These are in addition to the roles and responsibilities of all members of the Assessor Team.

1. Before the inspection / accreditation visit, the Chair:

- Liaises with Medical Council ('MC') staff on the agenda and conduct of the visit;
- Ensures they are familiar with all aspects of the MC's agreed inspection /accreditation processes and particularly their role in proceedings;
- Seeks advice from MC staff if they require clarification of any issue(s) arising;
- Leads on the pre-visit meeting or teleconference call with the Assessor Team.

2. The pre-meeting prior to an inspection or accreditation visit is an opportunity for information, discussion and preparation for the meeting /visit. During the pre-meeting, the Chair:

- Highlights any key issue(s) that, in his/her view, arise from the documentation;
- Asks members of the MC Assessor Team for their views on the key issue(s);
- Takes the lead in agreeing 'process/tactics' and dividing up standards and associated questions among the Assessor Team and MC staff and makes a note of the agreed approach, who will take which line of questioning, etc.

3. During the initial private meeting of the Assessor Team on the day of the visit/meeting:

(a) The Assessor Team, led by the Chair, recaps what was discussed during the pre-meet to ensure everyone is on the same page.

4. During the meeting between the Medical Council Assessor Team and the senior managers representing the subject of the visit/accreditation, the Chair:

- Asks members of the MC Assessor Team and accompanying staff to introduce themselves;
- Briefly recaps on the purpose of the visit/meeting and the particular session;
- Asks the members of the MC Assessor Team to lead off with their questions;
- Generally facilitates the exchanges in a timely and appropriate manner;
- Delegates, as appropriate, questions from the School/Training Body /Hospital Group/clinical training site representatives to the appropriate member of the Assessor Team;
- Informs the School/Training Body/ Hospital Group/clinical training site(s) of any adjustments to the agreed schedule;
- Ensures adherence to the (original or adjusted) agreed schedule.

5. Before/during the assessment of facilities, the Chair:

- Decides on any 'splitting' of the Assessor Team into groups where necessary (not applicable for postgraduate programme accreditation). Where the Assessor Team splits, the Chair will appoint a Lead Assessor on the other team(s) to chair on their behalf.

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- Advises the group(s) of any facilities issue(s) requiring particular attention or investigation.

6. During the meeting(s) with students/ interns/ trainees/ trainers, the Chair:

- Asks members of the MC Assessor Team and accompanying staff to introduce themselves;
- Explains the purpose of the visit/meeting and of the particular session;
- Explains that students/interns/trainees/trainers have a key role to play in the evaluation;
- Briefly checks the composition of the group (e.g. medical school, year of programme, specialty rotation)
- Explains that any comments made are in confidence and will not be attributed in the report;
- Explains that students/interns/trainees/trainers have influence and that improvements in medical education and training have been in some cases directly due to their views;
- Asks the members of the Assessor Team to lead off with their questions;
- Generally facilitates the exchanges and manages time, ensuring each Assessors gets an opportunity to ask questions;
- Delegates, as appropriate, questions from the students/interns/trainees/trainers to the appropriate member(s) of the MC Assessor Team;
- Thanks all involved for their time.

7. In the case of findings of extreme and urgent concern

- If the Assessor Team has an extreme concern arising from findings during the visit, which requires immediate action, the Chair is responsible for raising the issue with the Chief Executive of the Medical Council in the first instance (via the Executive) and if, following discussions with the Chief Executive, it is deemed appropriate to do so, the Chair raises the matter with the senior management of the body/site/Group without delay and requests immediate remedial action to be taken.

8. During the clarification session between the Medical Council Assessor Team and senior management representing the body/site, the Chair:

- Highlights the areas where clarification is being sought;
- Asks the members of the MC Assessor Team to lead off with their questions;
- Generally facilitates the exchanges and manages time;
- May request further relevant documentation.

9. End of Visit

1) During the private meeting of the Assessor Team, the Chair:
(a) Accreditations and Inspections

- Takes the lead in pulling together the major points of the day's findings;
- Specifies if any further information is to be sought from the school/postgraduate training body/ Hospital Group/clinical training site(s).
- Briefs the Assessor Team on the agenda for the report writing session the following day.

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(b) Immediately prior to the departure of the Assessor Team[3], the Chair:

- May give *limited and general* feedback on the visit, e.g. on a particularly impressive facility or on the enthusiasm and contribution of the students/interns/trainees/trainers. The Chair **must not** provide any feedback suggesting that a decision has been taken, or feedback that might be seen to pre-empt the views, recommendation(s) or decision of the ETC or of Council.
- Briefly recaps on the next steps in the approved MC process, giving an indicative timeline, where possible;
- Thanks the School/Body/Hospital Group and/or individual clinical training site(s).

2) During the report-writing session(s) the day after the visit:

The Chair leads the Assessor Team in formulating the report of the visit and ensures that all required information, including findings, recommendations, commendations and compliance rating are agreed; and that the approach is consistent throughout the report and compatible with Medical Council standards and guidelines.

10. After the visit, the Chair:

- Reviews and approves the draft report, prior to it being circulated to other members of the MC Assessor Team and the School/Body/Hospital Group and/or individual clinical training site(s)Takes the lead in addressing any significant difference of opinion among members of the Assessor Team;
- Introduces the report to the ETC, or appoints an alternative Team member to do so on their behalf.
- Reviews Individual Assessor and Assessor Team Performance and makes any necessary recommendations regarding further training and education for Assessors.

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[3] In some cases, this element of the visit will be subsumed under Item 7, clarification session.

APPENDIX B –

GUIDANCE FOR ASSESSORS ON INTERACTIONS WITH STUDENTS, INTERNS AND TRAINEES

Accreditation and inspection visits include sessions with Students Interns and Trainees participating in training programmes. This guidance is intended to supplement the Medical Council's general guidance for Assessors by providing additional information on this aspect of the assessment process.

1. General approach to interaction with Interns and Trainees

- The Medical Council Assessor Team's questions are intended to stimulate a constructive and relatively informal dialogue and interaction between students, Interns, Trainees and the Assessor Team. A natural flow will hopefully develop. The list of questions provided by the Executive is not intended to be exhaustive or prescriptive – some questions may be omitted and other questions asked, but it is imperative that evidence is reported for each Standard.

- Usually, each member of the Assessor Team is allocated in advance a particular area of questioning to concentrate on, but they need not confine themselves exclusively to this area. In many cases, the issues to be raised with Students, Interns and Trainees will be similar to those raised with Medical School, Hospital Group/clinical training site / Training Body staff, and Trainers, but will come from a different angle and with less formality.

- The Assessor Team may begin with a specific question on a particular topic, followed by "tell me (more) about…" or "could you describe…", or in contrast, might move from the general to the more specific.

- The "you" in the questions asked by the Assessor Team will normally refer to the Student, Intern or Trainee cohort, as there will not be time to ascertain the views of each person attending. Obviously, there may be a consensus during the interactions, but there may also be none.

- Members should be careful of using an overt approach of "Medical School / the Hospital Group/clinical training site ' Training Body says that… is this true?", although a subtle version of this can be useful.

2. Variables

The questions posed by the Assessor Team are likely to be influenced by a number of factors, including:

(a) The year of the programme that the Students/ Interns/Trainees are in;
- if medical students ask whether they are school leavers, or graduates with degrees and/ or prior work experience (and, in the latter case, their degree subject, whether science, arts, humanities etc).
- The number of previous meetings (if any) that students have had with an Assessor Team from the Medical Council.
- Whether the students are primarily campus or clinical training site–based.

(b) Issues arising from previous Medical Council evaluations of the programme / site.

(c) Issues arising from the Assessor Team's consideration of the documentation supplied or from discussions with Body / Hospital Group/clinical site staff or Trainers, prior to meeting with Students / Interns and Trainees.

3. Limitations of feedback

The Assessor Team should be aware of the limitations of this sort of face-to-face feedback, particularly if only a relatively small proportion of Student, Interns and Trainees body are present at the meeting. The number of representatives in these Groups that the Team meet should be noted. It is an opportunity to explore their perspective, which can be triangulated with those of the Assessor Team and those of representatives of the Body. Views (positive or negative) on certain issues may not in all cases appear to be borne out by the facts, but their perceptions are important and should be addressed. It is important that all feedback provided to the Assessor Team is taken on board but is reported in the manner that it was made known e.g. 'allegedly', 'reportedly'. This must be considered during report writing.

4. Confidentiality

The Council requires that Team members keep confidential all information examined or heard before, during, and after the accreditation / inspection visit. Assessors should refrain from discussing information obtained in the course of service as an Assessor Team member.

It is important for the Chair and all Assessor Team members to encourage an atmosphere of free expression, whether these views are positive or negative. It is the Chair's role to emphasise this at the beginning of the meeting and that views expressed will be given in the form of general feedback to the Body, without apportioning it to any Student, Intern or Trainee in particular. As views are treated in confidence and never attributed to individuals in the final report, names (particularly surnames) are not generally sought by the Medical Council Assessor Team. Although some attendees may provide their names during introductions, this detail does not need to be reported.

If a Student, Intern or Trainee shares with the Assessor Team a matter of a personal or professional nature of such major importance that the Assessor Team feel that the matter should be shared with the management of the Body, the Chair should clarify if that it is permissible for the Assessor Team to do so.

5. "Bank" of possible questions

Assessors should adapt their line of questioning appropriately for each cohort, as the overall aim is to ascertain if the Body, programme or clinical training site meets the standards of training required for each level of training provided. To assist you, the Medical Council liaison officer will provide you with a sample bank of questions for the type of accreditation or inspection activity you are participating in.

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APPENDIX C – The Three Pillars of Professionalism

1. **Partnership:** Good care depends on how doctors working together with patients and colleagues towards shared aims and with mutual respect

2. **Practice:** Describes the behaviour and values that support good care. It relies on putting the interest and wellbeing of patients first.

3. **Performance:** Describes the behaviours and processes that provide this foundation of good care

APPENDIX D – The Eight Domains of Good Professional Practice

Comhairle na nDochtúirí Leighis
Medical Council

Patient Safety and Quality of Patient Care

Patient safety and quality of patient care should be at the core of the health service delivery that a doctor provides. A doctor needs to be accountable to their professional body, to the organisation in which they work, to the Medical Council and to their patients thereby ensuring the patients whom they serve receive the best possible care.

Clinical Skills

The maintenance of Professional Competence in the clinical skills domain is clearly specialty-specific and standards should be set by the relevant Post-Graduate Training Body according to international benchmarks.

Professionalism

Medical practitioners must demonstrate a commitment to fulfilling professional responsibilities by adhering to the standards specified in the Medical Council's "Guide to Professional Conduct and Ethics for Registered Medical Practitioners".

Scholarship

Medical practitioners must systematically acquire, understand and demonstrate the substantial body of knowledge that is at the forefront of the field of learning in their specialty, as part of a continuum of lifelong learning. They must also search for the best information and evidence to guide their professional practice.

Relating to Patients

Good medical practice is based on a relationship of trust between doctors and society and involves a partnership between patient and doctor that is based on mutual respect, confidentiality, honesty, responsibility and accountability.

Communication and Interpersonal Skills

Medical practitioners must demonstrate effective interpersonal communication skills. This enables the exchange of information, and allows for effective collaboration with patients, their families and also with clinical and non-clinical colleagues and the broader public.

Collaboration and Teamwork

Medical practitioners must co-operate with colleagues and work effectively with healthcare professionals from other disciplines and teams. He/she should ensure that there are clear lines of communication and systems of accountability in place among team members to protect patients.

Management (including self-management)

A medical practitioner must understand how working in the health care system, delivering patient care and how other professional and personal activities affect other healthcare professionals, the healthcare system and wider society as a whole.

APPENDIX E – Incorporating the eight domains into the Three Pillars of Professionalism

Pillars of Professionalism					
Partnership		**Practice**		**Performance**	
Pillar Feature	**Domain Feature**	**Pillar Feature**	**Domain Feature**	**Pillar Feature**	**Domain Feature**
Collaboration	Management	Confidentiality	Relating to Patients	Competence	Clinical Skills
Communication	Collaboration and Teamwork	Management	Communication & interpersonal Skills	Quality & Practice Improvement	Professionalism
Advocacy	Relating to Patients	Self-Care	Clinical Skills	Reflection	Collaboration and Teamwork
Patient Centred Care	Communication and interpersonal skills	Conflict of Interest	Collaboration and Teamwork	Commitment to Lifelong Learning	Relating to Patients
Trust	Professionalism	Competence	Management	Role Model	Communication and interpersonal Skills
		Resources	Professionalism	Teaching	Scholarship
Patient Safety and Delivery of High-Quality Patient Care					

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