Comhairle na nDochtúirí Leighis
Medical Council

Driving Quality:

Guidelines to support the National Standards for Medical Education and Training

Contents

Acknowledgements

We give our sincere thanks to Cardiff University who were commissioned by the Medical Council to review and edit the standards and to develop the suite of guidelines. Our thanks also extends to the Project Team who generously gave their time and expertise in overseeing the development of the standards and guidelines, and to our wider national and international stakeholders who participated in the consultation process. The role of the Medical Council's Regulatory Standards and Professional Development functions in facilitating this project is also recognised.

About the Medical Council

Comhairle na nDochtúirí Leighis
Medical Council

The Medical Council is the independent body responsible for the regulation of registered medical practitioners in Ireland under the Medical Practitioner's Act 2007, as amended (the Act).

Our primary responsibility is the protection of the public and we have a range of functions that enable us to fulfil this responsibility:

- Setting, monitoring and maintaining the –
  - Standards for medical education and training in Ireland. This covers the approval of programmes, the bodies that deliver those programmes and the places where such education and training take place.
  - Standards for the maintenance of professional competence.
  - Standards of professional conduct for registered medical practitioners.
- Maintaining the register of registered medical practitioners, establishing procedures and criteria for registration and the issue of certificates of registration and renewal.
- Managing complaints made about doctors to ensure that the public is protected and that doctors are fit to practise.

Who is this document for?

This document is for Irish medical education and training providers (described in this document as 'providers'). By providers we mean organisations involved in the management and/or delivery of medical education or training.

These are usually universities, medical schools, clinical training sites, and postgraduate training bodies. These organisations must meet our quality standards for medical education and training.

Our regulatory role includes quality assuring medical education and training through setting and monitoring adherence to our standards. Quality assurance is a broad-based range of activity, under which quality management and quality control are included. Providers' responsibilities are outlined in figure 1.

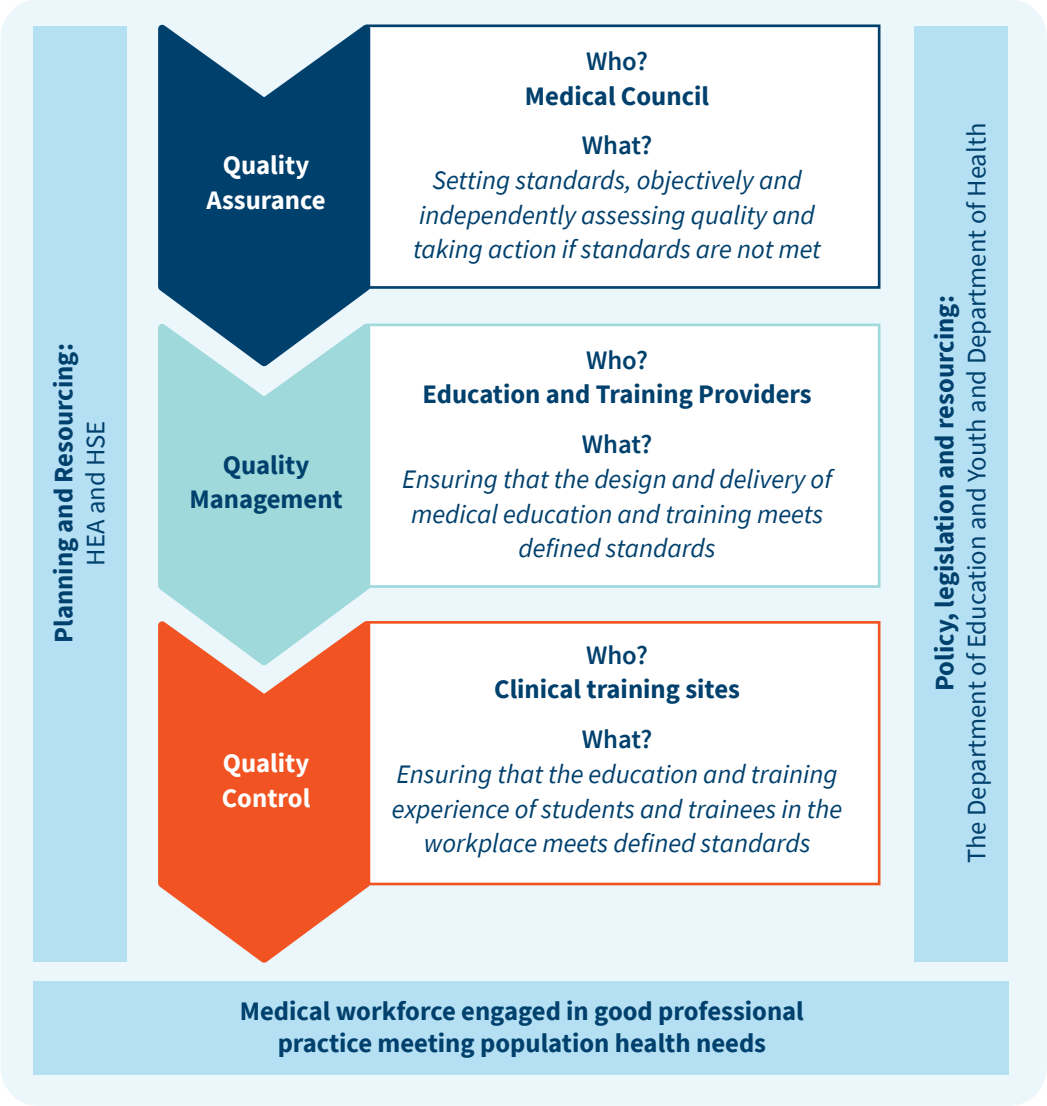


Figure 1 - Illustrates how quality is governed

A collegiate and collaborative approach is required by all providers involved in the delivery of medical education and training. Quality assurance relies on a partnership between providers where the sharing of data information is key to supporting safe and high-quality medical education and training.

Regulatory context

In an ever-evolving healthcare landscape, medical education and training must keep up pace and continue to diversify. This means that providers are tasked with the demands of delivering high-quality education and training to learners to produce a workforce that meets the needs of patients. We are conscious of this environment, the demands placed on providers, and we are committed to taking a proportionate and compassionate approach to regulation.

To be an effective, compassionate regulator, we constantly review our own activities and processes and their impact on the profession and the public. This is how we have come to develop our standards and criteria for medical education and training and the associated guidelines that support their interpretation and implementation.

The standards, criteria and guidelines have been carefully designed to enhance our quality assurance system. They allow us to take a holistic approach to quality assuring medical education and training and reinforce the necessity of an outcome-orientated and integrated approach across the continuum of learners' professional development. This more unified position allows for smoother and safer transitions between the different stages of training and supports a more joined up approach to the governance and delivery of medical education and training. It also enables providers to foster a culture of transparency and open communication, so that together we can all contribute to delivering high-quality medical education and training in Ireland.

As an organisation, we are continuing to adopt the principles of right-touch regulation to ensure that the actions we take are risk-based, robust and proportionate. In practice, this means that we are working with providers more closely to reduce the regulatory burden, to develop more positive and collaborative approaches to quality assurance, and importantly to create a culture of regulation that supports innovation, collegiality and quality improvement. The standards, criteria and guidelines are a key tool in achieving this.

Whilst this brings about a change for providers, your dedication to deliver high-quality medical education and training will allow us to continue to promote pioneering examples of good practice in medical education and training and the tangible difference such innovations make to learners and patients.

Patient safety is a priority

Patient safety is at the core of our standards, criteria and guidelines. As a regulator, it is our responsibility to promote patient safety, uphold standards of care and take steps to ensure that the public is safe in their interactions with doctors. This involves setting, monitoring and maintaining standards of medical education and training in Ireland and working in partnership with providers to uphold these standards.

The Guide to Professional Conduct and Ethics for Registered Medical Practitioners outlines the values and principles that underpin professionalism and good medical practice in the interests of patients and the broader population. It also specifies how these values and principles apply in various aspects of professional practice. A learner's ability to develop the appropriate professional values, knowledge and skills is influenced by the learning environment in which they are educated and trained.

Education and training must take place where patients are safe. Our standards, criteria and guidelines are the foundation to providing excellent education and training, developing high-quality, skilled, professional, and well-rounded doctors that are equipped to achieve the safest outcomes for patients.

We know that successful regulation is cultivated through providing guidance, support and working in partnership with those that we regulate. As patient safety is a priority of providers, we will continue to work collaboratively to promote a shared goal of patient safety, and to collectively help shape a future where every patient in Ireland receives safe, effective and compassionate care from our doctors.

About the standards, criteria and guidelines

Background

We have reviewed our standards for medical education and training for undergraduate and postgraduate programmes, intern training and clinical training sites. The result of this is a single set of principle-based standards and criteria that adopt an outcomes-based approach across the continuum of medical education and training.
To support providers with the interpretation and implementation of the standards for medical education and training, we have developed a suite of guidelines to reduce ambiguity and provide more detail on how our standards and criteria may be demonstrated in practice.

Understanding the standards, criteria and guidelines

The standards and criteria are divided into five main themes:

Theme 1: Clinical Learning Environment

Theme 2: Mission and Governance

Theme 3: Educators

Theme 4: Learners

Theme 5: Curriculum and Assessment

Under each theme there is a global statement, several standards, criteria and guidelines (global and sector-specific). Understanding the language we use is key to knowing what is required.

- A global statement is a high-level *'why'* and thematic statement of **purpose.** It addresses why something must happen and who must do it.
- A standard is a collection of the minimum **requirements** necessary for safe, effective and regulatory compliant medical education and training and is relevant to all medical providers. Standards typically use the word *'must'*; this means there is an absolute requirement on providers to comply.
- Criteria are the **individual requirements** for compliance with the standard. They set out how providers *'will'* meet the standard and typically use the word 'are' or 'is'.
- Guidelines (global and sector-specific) are a tool or **practical advices** to provide further information and **direction** on the implementation or assessment of standards and criteria. For example, how individual elements could or should be done, and how providers *'may'* demonstrate compliance with our standards. Guidelines typically use the word 'should' as they are not mandatory.

For each standard and criteria there are global and/or sector-specific guidelines. The following definitions are included in the guidelines:

- **Global guidelines** (marked **All**)
  – These guidelines apply to all providers.
- **Undergraduate** (marked **UG**)
  – These additional guidelines apply to the undergraduate sector.
- **Intern** (marked **I**)
  – These additional guidelines apply to the intern sector.
- **Postgraduate** (marked **PG**)
  – These additional guidelines apply to the postgraduate sector.
- **Clinical training sites** (marked **CTS**)
  – These additional guidelines apply to clinical training sites.

How to use the guidelines

It is expected that providers read the standards, criteria and guidelines in their entirety, so it can be identified where roles and responsibilities coincide, and where providers should work together to continue to provide high standards of education and training in Ireland.

Where there are global guidelines and sector-specific guidelines, it's intended that both the global and sector-specific guidelines are considered. At times, sector-specific guidelines apply to multiple sectors, and this is conveyed through the abbreviations for each sector. For example, (UG, I, PG) or (CTS, UG). If your sector does not appear, this means there is no sector-specific additional guideline, and the global guideline is what should be considered. Additionally, where possible, we have included some illustrative examples of good practice against criteria as a means to demonstrate how a provider is working towards a standard in practice.

We accept that it may not always be practicable to follow the guidelines, or that another approach may be appropriate in particular circumstances. Providers should exercise their judgement in such cases. Exercising judgement means that providers may reach different conclusions when faced with the same situation. If providers apply the principles presented in these guidelines, act in good faith and in the interest of medical education and training, providers will be in a good position to explain their decisions and actions.

We understand that education and training is continuously evolving, and we support and promote innovation. Therefore, it is not our intention for the guidelines to be used prescriptively. If providers feel they have a more innovative way of meeting our standards and criteria this will be identified through our quality assurance activity.

Figure 2 is a labelled illustration of a theme, global statement, sub-theme, standard, criterion, global guideline, sector-specific guideline, and illustrative example.

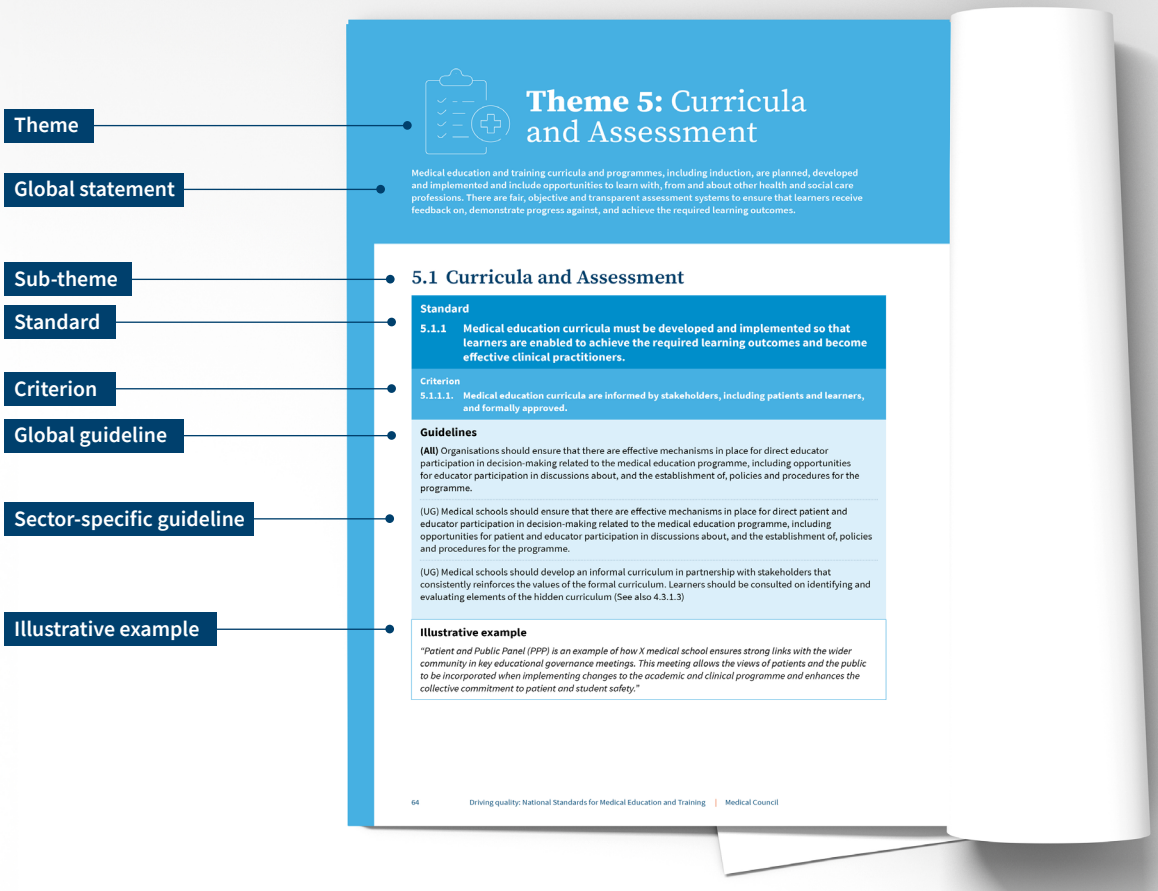


Figure 2 - Please note this is an example only.
Please see Theme 5 for the full guidelines and illustrative examples for 5.1.1.1

Overview of the standards

Theme 1:
Clinical Learning Environment

1.1	Care, Safety and Learning
1.2	Learner Support and Supervision
1.3	Staffing and Resources

Theme 2:
Mission and Governance

2.1	Educational Governance and Leadership
2.2	Programme Management
2.3	Quality and Safety

Theme 3:
Educators

3.1	Recruitment and Appointment
3.2	Educator Training, Support and Evaluation

Theme 4:
Learners

4.1	Learner Admission, Induction and Progression
4.2	Learner Health, Wellbeing and Support
4.3	Learner Feedback

Theme 5:
Curricula and Assessment

5.1	Curricula and Assessment

Theme 1: Clinical Learning Environment

The focus of this theme is the Clinical Learning Environment but matters of care, safety and learning, learner support and supervision and staff and resources apply to all learning environments where medical education and training takes place. The learning environment is safe for patients and provides a good standard of patient-centred care. The learning environment and organisational culture value and support education and training so that learners are safely and effectively supervised and supported to achieve the learning outcomes required by their curriculum.

1.1 Care, Safety and Learning

Standard

1.1.1 The clinical learning environment must reflect a culture of safety, while providing effective patient-centred care.

Criterion

1.1.1.1. A good standard of care for patients, carers and families is provided and the physical, emotional, and psychological safety of patients is protected in line with national safeguarding standards.

Guidelines

(All) All organisations involved in medical education should promote and teach the primacy of patient safety.

(All) Organisations should ensure that all individuals who teach, supervise, counsel, employ or work with medical learners accept professional responsibility for promoting patient safety.

(All) Organisations should demonstrate a culture that allows learners and educators to raise concerns about patient safety openly and safely without fear of adverse consequences.

(All) Learning and teaching should promote safe, quality care in partnership with patients.

(All) Organisations should be aware of the Patient Safety Act (Notifiable Incidents and Open Disclosure) Act 2023. This requires organisations to ensure that any notifiable incidents that occur during health service provision to a patient are disclosed.

(All) Organisations should ensure learners practise effective communication with and compassionate interaction with patients, carers and families.

(UG) Medical schools' curricula should aim to cultivate patient-centred skills and behaviours in all future doctors.

(I, PG, CTS) Organisations responsible for intern and postgraduate training should monitor the working environment to ensure it provides a safe environment for training.

Illustrative examples

"There is a robust process in place to tackle low level concerns to prevent them escalating, and students are encouraged to raise concerns through a confidential yellow-flag system."

"The 'Partner' patient educator programme at X medical school gives students valuable patient contact early on in their medical learning. 'Partner' members are involved in every aspect of student education, including representation at different governance levels. They are consulted about curriculum changes, sit on the Support and Progression Committee, and are involved in interviewing and assessment. Their strength is delivering sessions on patient-centred care in medicine and reminding students that they treat people, not illnesses or conditions."

"The organisation can produce case studies of concerns learners have raised which were dealt with promptly by the organisation."

"In X network, educators conduct post-call debriefs after interns complete their first set of nights. During these debriefs, interns can raise any concerns about their learning experience. Where appropriate, educators go on to pass concerns on to the NCHD committee to enable further investigation and action."

Criterion

1.1.1.2. A culture of patient safety and wellbeing is promoted, and risks related to learners in the clinical environment are managed.

Guidelines

(All) Organisations should investigate and take appropriate action locally to make sure concerns relating to patient safety and wellbeing are properly dealt with.

(All) Organisations should immediately and effectively address any concerns affecting the safety of patients or learners.

(All) Educational and clinical governance should be integrated so that learners do not pose a safety risk, and so that education and training take place in a safe environment and culture.

(UG, I, PG) Training programmes should ensure that learners are placed in sites that have clear procedures to immediately address any concerns about patient safety related to learner performance, including procedures to inform the employer and the regulator, where appropriate.

(UG) Medical schools should implement policies and timely procedures for identifying, managing and supporting learners whose professional behaviour raises concerns about their fitness to practise medicine or their ability to interact with patients, including in a culturally safe way.

(CTS) Clinical training sites should ensure that risks relating to learners in the clinical environment are identified, recorded, reported and managed.

(CTS) Learners should be informed about and adhere to the rules, regulations, policies and procedures governing the training site.

(CTS) Clinical training sites should have clear procedures to immediately address any concerns about patient safety related to learner performance, including procedures to inform the employer and the regulator, where appropriate.

Illustrative examples

"X hospital group works with the medical school to provide all students with a handbook containing useful information detailing the policies and procedures that govern its sites. It includes information on data security and IT access; details of how to report an accident; what to do and whom to contact in an emergency such as a fire, cardiac arrest, personal attack or threat; needlestick injury protocols; infection control and manual handling information; advice on accurate record keeping and other important information."

"X medical school became aware that students were reluctant to report concerns about placements to the clinical sites. It now offers opportunities to students to report concerns about a placement directly back to and through its own concerns process, raising them anonymously with the sites where appropriate."

Criterion

1.1.1.3. The physical, psychological, and professional safety of the learners is protected.

Guidelines

(All) Organisations should have systems and processes to make sure learners have appropriate supervision, mentoring and wellbeing support. (See also 4.2.2.2)

(All) Organisations should ensure that adequate security systems are in place at all locations at which learners are present and that policies and procedures to ensure learner safety are prepared and published.

(UG) Medical schools should:

a) Implement a strategy across the medical programme to support learner wellbeing and inclusion.
b) Require adequate security systems to be in place at all locations at which learners are present.
c) Ensure that learners are adequately indemnified and insured for all education activities.

(I, PG, CTS) The duties, rostering, working hours and supervision of learners should be consistent with delivering high-quality, safe patient care.

(I, PG, CTS) All those who teach, supervise, counsel, employ, or work with learners should take responsibility for ensuring learners can meet their educational goals and service delivery requirements within safe working hours.

Illustrative examples

"*Medical students praised the different mechanisms of support the school offers, such as through the Wellbeing Advisor and their team, their studies advisors and through peer support. Students meet with their studies advisors a minimum of three times per year, but usually more frequently, and they are always accessible for additional meetings."*

"Learners reported appreciating the physical safety measures put in place on the ward, especially the use of clip alarms that alert other members of staff to an emergency."

"On X university campus, students reported that the presence of a security card system and security guards helped to enhance a feeling of physical safety. This could be further enhanced by the installation of emergency communication posts, where a button could be used to trigger emergency services."

"In X medical school, posters and materials displayed in the hospital and teaching areas clearly set out what to do in the event of needle stick injuries and other types of injury. This means that students are prepared when they may encounter injuries and know what systems to follow in response."

Criterion

1.1.1.4. Professional attitudes and behaviours of all staff and learners are promoted.

Guidelines

(All) Organisations should demonstrate a culture that both seeks and responds to feedback from learners and educators regarding standards of patient safety and care, and on education and training.

(All) Ethical standards included in the Medical Council's "Guide to Professional Conduct and Ethics for Registered Medical Practitioners" should be promoted and supported by all involved in education and training.

(All) Organisations should promote strategies to enable a supportive learning environment.

(All) Organisations should ensure that learners are informed and aware of how to raise with their tutor, clinical supervisor or other appropriate person, any ethical or personal issues that may affect their own or others' performance.

(UG, I, CTS) Medical schools and their clinical affiliates should share the responsibility for periodic evaluation of the learning environment to identify positive and negative influences on the maintenance of professional standards, develop and conduct appropriate strategies to enhance positive and mitigate negative influences, and identify and promptly correct violations of professional standards.

(UG) Medical schools should develop systems to record learner attendance, including at clinical training sites, and enforce minimum attendance as an indicator of professionalism, with consequences (e.g. exclusion from examinations) for an unsatisfactory attendance level. There should be clear specification as to what constitutes acceptable reasons for absence.

(I, PG, CTS) Training organisations should ensure that there is emphasis on professionalism and the development and maintenance of the relevant knowledge, skills, attitude and behaviour as part of the delivery of training in the clinical training environment. This should include communication skills, integrity, compassion, honesty, adherence to professional codes, and respect for patients and their families, colleagues and self-care.

Illustrative example

"X intern training provider ensures that all interns undertake an induction that includes sessions on professionalism, medical ethics and open disclosure. Each intern is provided with links to download the Medical Council's Guidelines relevant to their role as junior doctors."

Criterion

1.1.1.5. Opportunities to learn with, from and about other health and social care professionals and patients are provided to support collaborative practice.

Guidelines

(All) Organisations should support every learner to be an effective member of the wider professional team by promoting a culture of learning and collaboration between specialties and professions.

(All) Organisations should work with the health services to ensure that the capacity of the healthcare system is effectively used for service-based training, and that learners can experience the breadth of the discipline.

(All) Organisations should ensure access to an appropriate variety of clinical settings, patients and clinical problems for training purposes, while respecting service functions.

(UG) Medical schools should ensure that their core curricula prepare learners to function collaboratively on healthcare teams that include health professionals from other disciplines. These curricular experiences should include practitioners and learners from the other health professions.

(I) Intern training providers should ensure that there are regular opportunities for learners to work as an integral part of a team composed of a variety of disciplinary backgrounds.

(I, PG) Training bodies should ensure that learners are placed in sites that facilitate opportunities for collaborative practice.

(CTS) Clinical training sites should work with the health services to ensure that the capacity of the healthcare system is effectively used for service-based training, and that learners can experience the breadth of the discipline. They should offer an appropriate variety of clinical settings, patients and clinical problems for training purposes, while respecting service functions.

Illustrative example

"X School of Healthcare has developed a course known as Interprofessional Healthcare Teams. It focuses on developing a collaborative approach to patient-centred care with medical and other healthcare students. It emphasises team interaction, communication and evidence-based practice and contains a service-learning element where students engage with local community projects."

Standard

1.1.2 To support the provision of learner education, the clinical learning environment must reflect a culture of good governance.

Criterion

1.1.2.1. An effective quality and safety management system is implemented and facilitated through effective, timely reporting mechanisms and feedback.

Guidelines

(All) Organisations should inform learners about the local processes for educational and clinical governance and local protocols for clinical activities.

(All) Organisations should ensure learners know what to do if they have concerns about the quality or safety of care, and they should encourage learners to engage with these processes.

(All) Approved bodies should submit annual declarations in respect of approved programmes.

(PG) Training organisations should ensure that sites have adequate local processes and protocols for educational and clinical governance and for clinical activities in place, that learners are aware of them and are encouraged to engage with them when needed.

(PG) Mechanisms should be in place to facilitate learners' timely reporting to their training organisations.

(PG) Training organisations should have a process and criteria to select and recognise hospitals, sites and posts for training purposes. The accreditation standards of training organisations should be publicly available.

Illustrative examples

"The medical school's quality management (QM) policy indicates there is a multifaceted approach to QM, which frequently references Medical Council processes and requirements. The organisation uses a self-assessment questionnaire to proactively review its performance and its own teaching, and feedback from learners is used extensively as part of this review."

"The Education Committee's terms of reference require it to take responsibility for quality management. This forum gives the opportunity to receive information from various stakeholders, as well as to update stakeholders on pertinent quality issues in return. Students and faculty attend to provide feedback, and actions and decisions from the meeting are clearly recorded."

Criterion

1.1.2.2. The clinical learning environment supports a culture of candour and open disclosure that: encourages reflection and learning from mistakes; supports learners to raise patient safety concerns openly and without detriment; and effectively investigates and learns from adverse events, incidents and near misses.

Guidelines

(All) All organisations should follow Guidelines regarding open disclosure. Organisations should demonstrate a learning environment and culture that supports learners to be open and honest with patients when things go wrong – known as their professional duty of candour – and help them to develop the skills to communicate with tact, sensitivity and empathy.

(All) Organisations should demonstrate a culture that investigates and learns from mistakes and reflects on incidents and near misses.

(UG) Patient safety, open disclosure, incident reporting and adverse event management should be embedded in the programme, including at pre-clinical levels. Such education should also include up-to-date information on relevant national policy.

(I, PG) Training bodies should ensure that patient safety, open disclosure, incident reporting and adverse event management are embedded in sites approved for training, and that learners are aware of how to raise concerns.

(CTS) Clinical training sites should ensure that learners are informed and aware of how to raise with their clinical supervisor or other appropriate person, any patient safety concerns.

Illustrative examples

"X medical school can show how mistakes have been learnt from. For example, when introducing themselves to a patient, a medical student used terminology that resulted in the patient feeling misled. To rectify this, the medical school now requires medical students to wear lanyards and name badges that clearly identify them as medical students to avoid any ambiguity."

"A student was involved in a 'near-miss' incident. The professionalism and openness with which the clinical team dealt with the incident was a model of good practice. Additionally, emotional and education support was provided for the student to ensure they learned from the incident and were able to reflect on it with appropriate reassurance and Guidelines."

"In X training body, concerns relating to trainee competency are flagged within the training body but also to the Medical Council to enable data gathering and improvement strategies."

Criterion

1.1.2.3. Where the learner is present during, or participates in the provision of care, this is made known to the patient or their representative and consent obtained as appropriate.

Guidelines

(All) Patients or their representatives are informed if a learner is present or involved in their care, and consent is obtained as appropriate.

(All) Learners should take consent only for procedures appropriate for their level of competence.

(All) Learners should act in accordance with current relevant Guidelines on consent.

(All) Clinical supervisors should assure themselves that a learner understands any proposed intervention for which they will take consent, its risks and alternative treatment options.

Illustrative examples

"Learners wear badges or crests or coloured scrubs that mark them out in terms of their training level – this shows their educational level not only to patients but to other clinicians to ensure appropriate level of tasks. Colour coded lanyards also signal learner level."

"Posters situated in reception areas and wards inform patients that medical students and interns are present in the hospital and may be involved in their care. This messaging is repeated in other communication with patients such as letters confirming appointments and patient information leaflets."

1.2 Learner Support and Supervision

Standard

1.2.1 The clinical learning environment must reflect a culture that values learning and supports learners to achieve the required learning outcomes.

Criterion

1.2.1.1. Learners are adequately prepared for their clinical placement within the clinical learning environment through effective induction and orientation ensuring familiarity with key staff, systems and processes in that environment.

Guidelines

(All) Organisations should ensure learners have an induction in preparation for each placement or rotation that clearly sets out:

a) Their duties and supervision arrangements.
b) Their role in the team.
c) How to gain support from senior colleagues.
d) How to report concerns.
e) The clinical or medical guidelines and workplace policies they should follow.
f) How to access clinical and learning resources.

(All) As part of the process, learners should meet their team and the other healthcare professionals they will be working with. Handover of care should be organised and scheduled to provide continuity of care for patients and maximise the learning opportunities for learners in clinical practice.

(All) Induction to the overall programme and site should conform to the relevant national standards and occur at the start of the programme, while orientation at the start of each rotation or placement should also be facilitated and supported with a written role description.

(All) Organisations should collaborate to ensure the provision of mandatory orientation and induction programmes that are designed and evaluated to ensure relevant learning.

(UG, CTS) Clinical training sites and medical schools should collaborate to ensure that learners on observational visits at early stages of their medical degree have clear Guidelines about the placement and what will be expected of them.

(I) Intern training programmes should include orientation and induction programmes, designed and evaluated to ensure relevant learning occurs; induction to the overall programme and site should occur at the start of the programme, while orientation at the start of each rotation should also be facilitated and supported with a written role description.

(I, PG, CTS) Clinical training sites should collaborate with intern training providers and postgraduate training bodies to ensure that induction and orientation processes cover employer policies and procedures, particularly in relation to rights and responsibilities, supervision, assessment and performance management, learner welfare and support, and grievance handling procedures.

Illustrative examples

"To support students as they move towards the end of year 5, X medical school includes a teaching unit to improve preparedness for their first post, with administrative support available to support applications to intern posts and to assist with registration."

"Year 4 and 5 students receive support for their clinical placements through regular scheduled meetings with tutors, opportunities to develop personal development plans, and access to clinical teaching fellows across placement providers."

"Interns in X hospital group receive a contract of employment that outlines their clinical responsibilities. They also receive an educational agreement that specifically addresses the learning expectations of each rotation including details of support available, time allocated for learning, mandatory and optional training opportunities, and information about key sources of support."

Criterion

1.2.1.2. The clinical learning environment maximises the learning opportunities to facilitate the development of the learner as required by the medical education programme curriculum.

Guidelines

(All) Organisations should ensure programmes and courses are designed to:

a) Provide learners with appropriate supervised clinical experience.

b) Support learners to develop the professional values, knowledge, skills and behaviours required of all doctors working in Ireland.

c) Offer learning opportunities that allow learners to meet the requirements of their curriculum and training programme.

d) Give learners access to educational supervisors and mentors and the provision of regular feedback and guidance.

e) Minimise the adverse effects of fatigue and workload.

(All) Organisations should ensure that work undertaken by learners provides learning opportunities and gives an appropriate breadth of clinical experience, and that feedback on performance is provided.

(UG) Medical schools should make available opportunities for learners to participate in research and other scholarly activities including self-selected components and clinically focussed electives.

(UG, CTS) Medical schools should work with health services and other partners to ensure that clinical learning environments provide high-quality clinical experiences that enable learners to achieve the medical programme learning outcomes.

(I) The intern training programme should provide opportunities for learners to engage in scholarly activity to support knowledge and understanding of their role; and, where appropriate, to undertake research, either as part of the programme or as time out of the programme.

(I, CTS) The intern training programme should provide clinical experiences that enable learners to fulfil the requirements of the curriculum framework for the internship programme in Ireland.

(I, CTS) Intern training providers should ensure that the intern programme comprises a combination of formal and informal training in an integrated manner, including theoretical learning, and practical training during service delivery.

(PG) Training programmes should allow appropriate candidates to enter research training during specialist education and to receive appropriate credit towards completion of specialist training.

(PG) Training programmes should include formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, and should encourage the learner to participate in research.

Illustrative examples

"To support students as they move towards the end of year 5, X medical school includes a teaching unit to improve preparedness for their first post, with administrative support available to support applications to intern posts and to assist with registration."

"Year 4 and 5 students receive support for their clinical placements through regular scheduled meetings with tutors, opportunities to develop personal development plans, and access to clinical teaching fellows across placement providers."

Criterion

1.2.1.3. An effective system of clinical supervision is in place to ensure safe involvement of learners in clinical practice.

Guidelines

(All) Organisations should make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.

(All) Clinical supervisors should be competent and qualified to supervise the learner; where this is not the case, a concern should be raised and action taken.

(All) Organisations should make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed.

(All) The appropriate level of support and clinical supervision to be provided during training should be clearly outlined to the learner and the supervisor.

(UG) Medical schools should ensure that:

a) Learners in clinical learning situations involving patient care are appropriately supervised at all times.
b) The level of responsibility delegated to the learner is appropriate to the learner's level of training.
c) The activities supervised are within the scope of practice of the supervising health professional.

(I, CTS) Intern training providers should collaborate with clinical training sites to ensure that learners are able to meet with their educational supervisor as frequently as required by the curriculum or training programme.

(I, CTS) Intern training providers should collaborate with clinical training sites to ensure that learners are supervised at all times and at a level appropriate to their experience and responsibilities. Supervision should be provided by qualified medical staff with appropriate competencies, skills, knowledge, authority, time, and resources to participate in training and orientation programmes.

(I, CTS) Intern training providers should collaborate with clinical training sites to ensure that there is effective overarching supervision of the intern's training and clinical practice by an identified clinician or clinicians of appropriately senior level.

(PG) Training organisations should have a process and criteria to select and recognise hospitals, sites and posts for training purposes. The accreditation standards of training organisations should be publicly available.

(PG, CTS) Postgraduate training bodies should collaborate with clinical training sites and other partners to ensure that they provide clinical experiences that enable learners to achieve required learning objectives and support the curriculum.

(I, PG, CTS) Training organisations should collaborate with clinical training sites to ensure learners are able to meet with their educational supervisor as frequently as required by their curriculum or training programme.

(I, PG, CTS) Training organisations should collaborate with clinical training sites to ensure that there is effective overarching supervision of the learners' training and clinical practice by an identified clinician or clinicians of appropriately senior level.

Criterion

1.2.1.4. An effective system is in place to identify the learner's stage of education and to ensure that learners have appropriate educational opportunities but do not work beyond their competence, unless supervised.

Guidelines

(All) The training process should ensure an increasing degree of independent responsibility as the skills, knowledge and experience of learners grow.

(All) Learners should have sufficient supervised involvement with patients to develop their clinical skills to the required level and have an increasing level of participation in clinical care as they proceed through the medical programme and become more competent.

(All) Educators should determine a learner's level of competence, confidence and experience and ensure that the level of supervision, and the learner's responsibilities, are appropriately graded.

(All) Organisations should have a reliable way of identifying learners at different stages of education and training, and make sure all staff members take account of this, so that learners are not expected to work beyond their competence.

(I) There should be personal participation by the learner at a level appropriate to their growing competence in all medical activities relevant to their training, including on-call duties.

(I) There should be regular opportunities for the learner to exercise responsibility and clinical decision-making appropriate to their growing competency, skills, knowledge and experience.

(I, CTS) Organisations should ensure that the training site has access to a sufficient number of patients and case mix to provide exposure to a broad range of clinical cases appropriate to the rotation.

(I, CTS) Intern training providers should collaborate with clinical training sites to ensure that learners have on-site access at all times to clinical staff and senior colleagues who are suitably qualified to deal with problems that may arise during service delivery.

Illustrative examples

"Medical students report that having small tasks to do while on placement greatly increases their motivation e.g., in X location, the 'rapid access pathway' allows students to undertake venepuncture, cannulation and blood sampling under supervision; despite being a relatively small task, students welcome the experience of being able to function as a member of the team."

"In X medical school, an 'early patient contact programme' matches first year students with a patient in the community (with their consent). The programme sees first year students meeting patients at their homes, travelling to their consultations with them, waiting for their consultation, going to get their bloods etc. This gives first year students an insight into the healthcare system from the patient perspective, putting patients at the heart of the medical education programme from the earliest stage. Programme evaluation suggests it enhances students' professional identities and is positively evaluated by patients."

Criterion

1.2.1.5. Reasonable adjustments are made during clinical placement to support the needs of learners and protect their human rights.

Guidelines

(All) Organisations should make reasonable adjustments in line with equality and disability legislation to help learners meet required levels of competence. Reasonable adjustments may be made to the way that the standards are assessed or performed (except where the method of performance is part of the competence to be attained), and to how curricula and clinical placements are delivered. (See also 4.2.3.2)

(All) Learners who require additional health and learning support, or reasonable adjustments or accommodations, should be identified and receive these in a timely manner.

(I, PG) Organisations should ensure that learners have access to systems and information to support flexible training and leave options and promote the uptake of these opportunities.

(I, PG, CTS) Organisations should ensure that learners returning to work after a career break or period of absence receive appropriate support, education and reskilling during this transition.

Illustrative examples

"X medical school has a data sharing agreement in place with placement providers to inform them of any reasonable adjustments which are required by students whilst they are on placement, and they only share relevant information. Any student who requires an adjustment whilst on placement has a meeting with the clinical placements lead to discuss them. Reasonable adjustments are reviewed periodically and following each placement where an adjustment is required, the team quality assure it to reflect upon whether it worked in the correct way."

"X medical school arranges for a student with caring responsibilities to have placements close to their home to minimise travel time."

"In X hospital group, as soon as it is known that an intern needs accommodations for any reason, multiple stakeholders (intern network, clinical training site, occupational health, the intern) meet to explore how they can work together to support the intern to maintain minimum standards for certification, balancing their needs for support with patient care. This happens before the intern is at a level where their training is being negatively impacted. If there are likely to be ongoing circumstances, this multi-party approach to problem solving will demonstrate to the intern what support should look like for them going forwards."

"An intern with a hearing impairment was provided with an amplified stethoscope while on clinical placement in the community care site."

1.3 Staffing and Resources

Standard

1.3.1 The capacity, facilities and resources must be sufficient in the clinical learning environment to provide learners with the clinical experience required by the medical education programme.

Criterion

1.3.1.1. The clinical learning environment is appropriately staffed and rostered to support the safety of patients and learners and learners' achievement of required learning outcomes.

Guidelines

(All) Organisations should have the capacity, resources, and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme. They should also provide the required educational supervision and support.

(All) Learners should have access to technology enhanced and simulation-based learning opportunities within their training programme as required by their curriculum.

(All) Organisations should ensure that learners are placed in sites that have the educational facilities and infrastructure needed to deliver training, such as access to the internet, library, journals and other learning facilities, and continuing medical education sessions.

(UG) Medical schools should recruit and retain sufficient academic staff to deliver the medical education programme for the number of learners and to ensure provision of the required learning, teaching and assessment activities.

(UG, CTS) Clinical training sites affiliated with a medical school that provides clinical learning experiences should have sufficient information resources and instructional facilities for learner education.

(I, PG) Organisations should ensure that learners are placed in sites that are supported by the provision of a safe physical environment and amenities.

(I, PG) Organisations should ensure that learners are placed in sites where the duties, rostering, working hours and supervision of learners are consistent with delivering high-quality, safe patient care.

(CTS) Clinical training sites should provide, or collaborate to ensure the provision, of the educational facilities and infrastructure needed to deliver training, such as access to the internet, library, journals and other learning facilities, and continuing medical education sessions.

(CTS) Clinical training sites should ensure that learners are supported by the provision of a safe physical environment and amenities.

(CTS) Clinical training sites should ensure that the duties, rostering, working hours and supervision of learners are consistent with delivering high-quality, safe patient care.

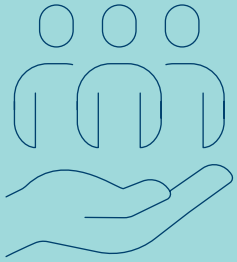
Criterion

1.3.1.2. The number of learners in the clinical learning environment does not exceed the number appropriate to the human and structural resources of that site.

Guidelines

(All) Organisations should admit only as many qualified applicants as their total resources can accommodate and should not permit financial or other influences to compromise their educational mission.

(All) There should be sufficient capacity within the clinical learning environment to ensure that learners are not overburdened with routine clinical tasks at the expense of their learning and skill development.



Theme 2: Mission and Governance

Effective systems of educational governance and leadership, informed by a clearly stated mission and ethos, are in place to manage, assure and improve the quality of medical education and training. Such systems are adequately resourced, fairly and transparently implemented, regularly reviewed and clearly communicated to stakeholders, including learners. Organisations providing medical education and training share information and collaborate with other bodies that have educational governance responsibilities to improve quality.

2.1 Educational Governance and Leadership

Standard

2.1.1 Mission must be embedded and reflected throughout the medical education programme.

Criterion

2.1.1.1. The medical education mission is developed, communicated and reviewed with key stakeholders, including learners, educators and patients.

Guidelines

(All) Organisations should seek and use necessary educational expertise in the development, management and continuous improvement of their education, training, assessment and continuing professional development activities.

(All) Organisations should support learners and educators to undertake activity that drives improvement in education and training to the benefit of the wider health service and in line with their declared mission.

(All) The organisation's mission should be reviewed regularly. Key stakeholders, including learners, educators and patients, should be involved in the development of the mission.

(All) The mission of the organisation should be easy to find and understand.

(All) Educators should contribute to monitoring and to programme development. Educators' feedback should be sought, analysed, and used as part of the review process.

(All) Learners should be involved in the governance of their learning. Where appropriate there should be learner, educator and patient representation on committees involved in the management of medical education.

(UG) Medical schools should define their purpose, which includes learning, teaching, research, and relationships with the healthcare service and communities.

(UG) Medical schools should be able to describe how their mission statement guides the curriculum and quality assurance.

(I, PG, CTS) Clinical training sites should give appropriate priority to medical education and training relative to other responsibilities.

(I, PG, CTS) The purpose of the clinical training sites which employ and train learners should include setting and promoting high standards of medical practice and training.

Illustrative examples

"In X training site, a clear mission statement detailing the values, purpose and aims of the organisation is printed on a plaque placed in view of everyone entering the building. It is also on the home page of their website together with examples of how the mission informs their activities and drives quality improvement."

"In X organisation, patients are involved in the development of medical education mission at the earliest possible stage. Patients are proactively contacted and invited to participate in discussion; there is a documented structure that shows how patient involvement is sought and maintained as a systematic part of mission development."

"X training body's mission statement is regularly reiterated in newsletters, where examples of the mission statement being actioned are included."

"Interns are actively encouraged to take part in clinical audit."

"In X hospital, interns are given time within their rotas to attend monthly Schwartz rounds. These meetings bring all staff together in a safe space to openly discuss the social and emotional issues they face in caring for patients and families; the hospital is able to show examples of where the meetings have had beneficial impacts on governance and processes."

"X clinical training site involves patients and learners in discussions about its educational activities, keeping them informed and involved in its plans for the future development of medical education provision."

Criterion

2.1.1.2. Strategic objectives for the achievement of the medical education programme are established.

Guidelines

(All) Organisations should consider the impact on learners of policies, systems or processes. They should take account of the views of learners, educators and, where appropriate, patients, the public, and employers. This is particularly important when services are being redesigned.

(All) Organisations should regularly define, review and publish the strategic objective for the programme.

(UG) Medical school curricula and programme delivery should be consistent with relevant legislation and directives, such as the National Graduate Outcomes.

(UG) Medical schools should engage in ongoing strategic planning and continuous quality improvement processes that establish programmatic goals and ensure effective monitoring of the medical education programme's compliance with standards.

(I) The intern training programme overall, and each rotation, is structured to reflect the requirements of the curriculum.

(PG) Training organisations should have defined graduate learning outcomes for each training programme. These learning outcomes should be based on the nature of the discipline and the practitioners' role in the delivery of healthcare. The learning outcomes should be related to community need.

(CTS) Clinical training sites should give appropriate priority to medical education and training relative to other responsibilities.

Standard

2.1.2 The governance and management framework must be defined, transparent, accessible and regularly monitored.

Criterion

2.1.2.1. The governance and management framework defines the authorities, accountability and responsibilities required to support the provision of a high-quality medical education programme.

Guidelines

(All) Organisations should have systems and processes to monitor the quality of teaching, support, facilities and learning opportunities in the clinical environments, and should respond quickly when standards are not being met.

(UG) Medical schools should have a documented governance structure that supports the participation of those delivering the medical programme as well as learner representation in its decision-making processes.

(UG) Medical schools should be accredited by the appropriate governmental or regulatory authority to offer courses of instruction in medicine and to award a medical degree.

(UG) Medical schools should ensure that their medical education programmes meet all statutory requirements for initial and continuing quality assurance.

(I) The governance of the intern training programme and assessment roles should be defined.

(I, CTS) The health services that contribute to the intern training programme should have a system of clinical governance or quality assurance that includes clear lines of responsibility and accountability for the overall quality of medical practice.

(I, CTS) Intern training sites should be affiliated with a medical school or a postgraduate training body or network or health system which is accredited by the Medical Council. The responsible body for organising, coordinating, managing, and assessing training on the site should be clearly identified and work appropriately with relevant stakeholder organisations.

(PG) Training organisations' governance structures and their education and training, assessment and continuing professional development functions should be clearly defined.

(PG) Training organisations should have an active committee or committees with the responsibility, authority and capacity to direct the following key functions:

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

Illustrative examples

"X medical school was able to exemplify the path that a clinical training site-related issue took from the point it was raised by a student to the point that it was resolved. This included the names of each individual involved, their role, and responsibilities."

"At X hospital the Director of Medical Education and Training is an ex-officio member of the Executive Management Group. Medical education is a standing agenda item."

Criterion

2.1.2.2. Those with overall responsibility and accountability for the provision of the medical education programme are appropriately supported and qualified and provide educational leadership.

Guidelines

(All) Organisations' structure should include appropriately qualified staff, sufficient to meet the programme objectives (such as access to educational and administrative support personnel to plan, organise and evaluate the education and training programmes).

(UG) Medical schools should have a head of the medical programme, supported by a leadership team with dedicated and defined roles who have appropriate authority, resources and expertise.

(UG) Medical schools should have in place a sufficient number of leaders of organisational units, and senior administrative staff who are able to commit the time necessary to effectively accomplish the medical school's mission.

(I, PG) Training programmes should have a mechanism or structures with the responsibility, authority, capacity and appropriate resources to direct the planning, implementation and review of the training programme, and to set relevant policy and procedures.

Illustrative example

"The organisation used evidence from learning events to demonstrate how its hierarchy is learning together; the organisation conducted event analysis and were able to show who attended events, how senior they were, outcomes from the event, and resulting proposals for change."

2.2 Programme Management

Standard

2.2.1 The medical education programme must be provided in line with the mission and learning outcomes.

Criterion

2.2.1.1. The learning outcomes for the medical education programme are defined, approved, communicated and regularly reviewed.

Guidelines

(All) Medical education programmes' learning outcomes should address the broad roles of practitioners in the specialty or discipline as well as the technical, clinical and non-technical expertise required.

(All) Educators' and learners' feedback should be sought, analysed, and used as part of the monitoring and review of learning and teaching outcomes.

(UG, I, PG) The development of curricula should be informed by learners, educators, employers, other health and social care professionals and patients, families and carers.

(UG, I, PG) Education providers should engage in ongoing strategic planning and continuous quality improvement processes that establish their short and long-term programmatic goals. This should result in the achievement of measurable outcomes that are used to improve educational programme quality and ensure effective monitoring of the medical education programme's compliance with quality assurance standards.

(UG, I, PG) Training organisations should provide clear and easily accessible information about the training programme, costs and requirements, and any proposed changes.

(I, CTS) For each rotation, the education provider should identify the intern outcome statements that are relevant, the skills and procedures that can be achieved, and the nature and range of clinical experience available to meet these objectives.

Criterion

2.2.1.2. The learning outcomes for the medical education programme comply with all relevant Medical Council requirements.

Guidelines

(All) Organisations should have systems to make sure that education and training comply with all relevant current legislation and Medical Council requirements.

(All) There should be evidence that the content of training, syllabus and curriculum is consistent with the eight domains of good professional practice as adopted by the Medical Council.

(UG) Medical schools' medical programme learning outcomes for graduates should be consistent with:

a) The Medical Council's strategy and objectives.
b) A safe transition to supervised practice in internship.
c) The needs of the communities that the medical school serves, including community groups who experience health inequities.
d) The Medical Council's principles for teaching and learning professionalism.

(UG) Curriculum design and duration should enable graduates to demonstrate achievement of all medical programme learning outcomes and national graduate outcome statements.

(I, PG) Training organisations should ensure that learning outcomes include the eight domains of professionalism as defined by the Medical Council with particular reference to patient safety.

(I, PG) Training organisations should specify the clinical and other practical experience, infrastructure and educational support required of an accredited hospital or training position in terms of the learning outcomes for the training programme.

(I, PG) Training organisations should implement clear processes to assess the quality and appropriateness of the experience and support offered to learners to determine if these requirements are met.

Criterion

2.2.1.3. Equality, diversity and inclusion are actively supported throughout the medical education programme.

Guidelines

(All) Organisations should comply with their legal obligations to treat learners and employees fairly.

(All) Organisations should follow best practice in data collection and analysis by ensuring that information covering the range of protected characteristics is collected and used to support decision-making.

(All) Organisations should work to ensure that content of teaching is reflective of the diverse population in terms of race, age, gender, weight.

(All) Organisations should identify and make reasonable adjustments to support equality, diversity and inclusion.

(All) Organisations should address Irish culture and cultural differences in inductions and orientations, relevant to the context of medical practice.

(UG) Medical schools should examine learner performance in relation to learner characteristics and share these data with the committees responsible for learner selection, curriculum and learner support.

(UG) Medical schools should have effective policies and practices in place, and engage in ongoing, systematic, and focused recruitment and retention activities, to achieve mission-appropriate diversity outcomes among all members of its academic community. These activities should include the use of programmes and partnerships aimed at achieving diversity among qualified applicants for medical school admission and the evaluation of programme and partnership outcomes.

Illustrative examples

"X medical school's Equality, Diversity and Inclusion (EDI) Committee is an example of clear collaboration between staff and students on these issues, and students lead on several workstreams within the group. The group holds open discussions around the school's curriculum and ensures that students are involved in ongoing review of the curriculum in relation to equality, diversity and inclusion."

"An LGBTQ+ cultural competency and awareness module has been rolled out in X intern network and used as a learning tool during induction. The module is available to all learners and focusses on areas such as communication skills, taking a good sexual history and referring patients to personalised services."

"Interns on the Academic Track in X intern network have assisted in carrying out equality, diversity and inclusion (EDI) research looking at differential attainment in medical training. It has been internationally published and presented. Such research informs EDI initiatives within the training body."

"X training organisation has identified that in one regional hospital, some learners appear to struggle with communication skills assessments. The hospital has been supported to explore the issue and as a result, additional language support has been put in place."

"X hospital group's Equality, Diversity and Inclusion action plan shows a strong governance structure identifying who is responsible for each action, ensuring that the aims of the plan will be met. The plan discusses challenges anticipated and methods of evaluation for each of the measures showing insight into how progress will be monitored."

Criterion

2.2.1.4. Agreements are reached and documented that define the roles and responsibilities of all the organisations involved in the delivery of a medical education and training programme. There is ongoing collaboration between these organisations.

Guidelines

(All) Medical schools, postgraduate training organisations and bodies that commission or fund medical education programmes should have documented agreements with education providers to provide education and training to meet the standards. They should have systems and processes to monitor the quality of teaching, support, facilities and learning opportunities on placements, and should respond when standards are not being met.

(All) There should be clear evidence that organisations with joint responsibility for aspects of medical education and training have collaborative structures in place to ensure effective communication and co-ordinated action.

(UG) Medical schools should have effective partnerships to support the education and training of learners. These partnerships should be supported by formal agreements and memoranda of understanding and are entered into with, among others:

a) Community organisations.
b) Health service providers.
c) Local training providers.
d) Health and related human service organisations and sectors of government.

(UG) Medical schools should maintain in force at all times, a written affiliation agreement with each healthcare facility through which learners rotate. This agreement should outline the roles and responsibilities of both parties and includes educational objectives, faculty responsibilities, evaluation procedures and information on learner access to appropriate hospital resources and facilities.

(I) Intern training providers should support the delivery of intern training through constructive working relationships and meetings with other relevant agencies and facilities such as regional health authorities, the local intern training accreditation authority, medical schools, the local health network and others.

(PG, CTS) The respective and joint roles and responsibilities of training bodies and training sites regarding the delivery of training and the oversight of learners should be defined and agreed.

Illustrative examples

"In X intern network, the governance mechanisms are clearly documented in terms of responsibility for different areas of training (e.g., where interns are working across sites or organisations). These are listed in induction materials and are readily available online in order to ensure that learners know whom to go to when facing problems in different areas of their training."

"X medical school has written agreements with each of the clinical training sites to which it sends its learners, including GP clinics and community healthcare facilities. This ensures that they can have constructive conversations about solutions to any difficulties that may be encountered and a coherent, transparent and fair approach to management is in place."

Criterion

2.2.1.5. Effective processes are in place to manage changes to the medical education programme in line with statutory requirements.

Guidelines

(All) Organisations should have effective, transparent and clearly understood educational governance systems and processes to manage or control the quality of medical education and training.

(UG) Medical schools should have a defined risk management procedure.

(UG) Medical schools should assess the level of qualification offered against any national standards.

(UG, I) Intern training providers should document and report to medical schools and the relevant intern training governance body any changes in the programme, units, terms, or rotations, which may affect the programme delivery meeting the national standards.

(I) Intern training providers should have reconsideration, review, and appeals processes that provide for impartial review of decisions related to intern training. Information about these processes should be made publicly available.

(PG, CTS) Training organisations should review and update structures, functions and policies relating to education, training and continuing professional development to rectify deficiencies and to meet changing needs.

Illustrative examples

"X medical school has a differential attainment action group meeting. It is able to show how its action plan has been updated over the past year. Several specialties have been identified as areas of focus. Improvements are being made to existing workshops, new workshops are being planned, reverse mentoring schemes are being developed, and e-learning modules are being created. A Fellow in Medical Education has recently been appointed to help develop the action plan."

Standard

2.2.2 Adequate funding and resources must be in place to provide the medical education programme in line with the mission and learning outcomes.

Criterion

2.2.2.1. Adequate funding is in place together with the financial management capacity to effectively plan for the allocation of resources to develop, deliver, maintain and continuously improve the medical education programme.

Guidelines

(All) Organisations responsible for managing and providing education and training should monitor how educational resources are allocated and used, including ensuring time in educators' job plans.

(UG) Medical schools should possess sufficient financial resources to carry out their mission and to cover the cost of maintaining the school and its educational programme for the size of its learner body.

(UG) Medical schools should have a financial oversight committee to oversee the school's financial resources.

(UG) Medical schools should obtain officially audited financial statements annually.

(UG) Medical schools should have access to an unrestricted reserve of funds or line of credit sufficient to sustain operations for a period of three months.

(I, PG) There should be a clear line of responsibility and authority for budgeting of training resources. Training organisations should be adequately funded in order to plan and deliver the programme.

Criterion

2.2.2.2. The human and physical resources required to implement the medical education programme in line with the mission and learning outcomes are in place.

Guidelines

(All) Organisations should have the educational facilities and infrastructure to deliver the medical programme and achieve the medical programme learning outcomes. These resources should include sufficient teaching, administrative and technical staff, financial resources, physical facilities, equipment, and clinical, instructional, informational, technological, and other resources readily available to meet their organisations' needs and achieve their goals.

(UG) Medical schools' facilities should include the estate necessary for the implementation of the medical education programme and achievement of the defined learning outcomes. Such estate is likely to include classrooms, library, faculty and administration offices, laboratories and clinical skills facilities, in addition to student accommodation, dining and recreation facilities

(UG) Medical schools should ensure that learners, faculty and administration have access to sufficient technology resources including Wi-Fi, to support the achievement of the school's goals. Information technology staff with appropriate expertise should be available to assist learners, faculty and administration.

(UG, CTS) Medical schools should ensure that all learners have access to adequate personal study space, lounges, lockers or other secure storage facilities and secure call rooms (particularly when learners are required to participate in late night or overnight learning experiences) at each campus and affiliated clinical site.

(UG, CTS) Medical schools and the clinical sites at which learners are posted should maintain relationships; Medical schools should be aware of any changes to facilities.

(I) Intern training providers should supply the educational facilities and infrastructure needed to deliver intern training, such as access to the internet, physical or online materials such as journals and textbooks, other learning facilities and estate (such as simulation and technology-enabled facilities where possible), and continuing medical education sessions.

(I, PG) Training organisations should ensure that guidelines are met through effective oversight of the sites where learners are placed and through the effective selection and training of educators.

Illustrative examples

"X medical school facilitates access to online training quizzes often used in international training e.g., in Canada; supporting both home and international students in their educational development."

"X clinical training site makes excellent use of its medical library and the expertise of its medical librarian. They are an integral part of the training programmes, providing support, drop-ins and training sessions for learners to access information and resources, supporting them in literature searching and manuscript preparation, and providing a quiet study space to work in."

"Interns really appreciate the staff room at X clinical training site, which offers comfortable seating, a kettle, microwave and fridge so that they can prepare food and drink when the main canteen is closed, and a quiet and private place in which to relax."

2.3 Quality and Safety

Standard

2.3.1 A management system that supports the quality and safety of the medical education programme must be developed, implemented and regularly reviewed.

Criterion

2.3.1.1. An open and transparent culture that reflects and learns from mistakes is actively fostered.

Guidelines

(All) Organisations should foster a safe, non-punitive environment that encourages open reporting and reflection on near misses and mistakes.

(All) Organisations should conduct root cause analyses to identify system flaws that could have contributed to the error, provide timely feedback and offer targeted educational interventions such as training and mentorship.

(All) Lessons learned should be shared across the organisation, including to learners and educators. (See also 2.3.1.4)

(All) Organisations should ensure that relevant partner bodies are informed in a timely manner of any ongoing patient safety issues and risks relating to the training and welfare of learners.

(All) Organisations should quickly and effectively manage concerns about, or risks to, the quality of any aspect of the programme. (See also 5.1.1.2)

(All) Organisations should continuously evaluate and review their medical programmes both to identify and respond to areas for improvement, and also evaluate the impact of educational innovations. These reviews should include curriculum content, quality of teaching and supervision, assessment and learner progression decisions. (See also 2.2.1.1)

Illustrative examples

"At X medical school, both educator and learner induction and orientation sessions highlight remediation systems. The idea that remediation is proportionate is particularly emphasised. As a result, there is an open channel of communication in this medical school, where learners are less afraid to make mistakes, and educators are confident that mistakes can be rectified rather than punished in a first instance."

Criterion

2.3.1.2. A framework for the effective management of organisational, educational and clinical risks related to the provision of the medical education programme is developed and implemented.

Guidelines

(All) Organisations should have a policy in place that informs all learners about exposure to infectious and environmental hazards during their educational programme, methods of prevention, and procedures for care and treatment, before undertaking any educational activities that may place them at risk.

(All) Organisations should also inform learners who may have an infectious or environmental disease, disability or health condition of any implications for their educational activities.

(UG) Medical schools should have appropriate contingency arrangements to minimise disruption to the teaching programme by catastrophic events and natural disasters. Medical schools should ensure that learners are adequately indemnified and insured for all education activities.

(UG) Medical schools should ensure that arrangements are in place for indemnification of staff regarding their involvement in the development and delivery of the programme.

(UG) Medical schools should deliver an immunisation programme to all learners based on the current guidelines in place in the locations where learners are based or will rotate and monitor compliance with the programme.

Illustrative example

"X hospital's risk register is regularly discussed, reviewed and updated at management meetings. The risk register covers all risks relating to the organisation's provision of medical education and training."

Criterion

2.3.1.3. Programme data are collected, analysed, shared and utilised, in compliance with legislation, to plan and deliver the medical education programme.

Guidelines

(All) Organisations should evaluate information about learners' performance, progression and outcomes – such as the results of exams and assessments – by collecting, analysing and using data.

(All) Organisations should collaborate to share data, in compliance with legislation, to facilitate effective planning, management and delivery of education programmes and to enhance the quality of the programme as a whole.

(All) Organisations should make information on learner outcomes publicly available.

(All) Organisations should have a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.

(UG) Medical schools should document the achievement of their learners and graduates in verifiable ways that show the extent to which institutional and programme goals and objectives are being met.

(UG) Programme data should contribute to medical schools' continuous evaluation and review to identify and respond to areas for improvement and evaluate the impact of educational innovations. Areas evaluated and reviewed should include curriculum content, quality of teaching and supervision, assessment, and learner progress decisions.

(UG) High attrition rates should be investigated and improvements made.

(I) Intern assessment data should be routinely gathered and used to improve the intern training programme. Areas evaluated and reviewed should include curriculum content, quality of teaching and supervision, assessment, and learner progression decisions.

(PG) Training organisations should maintain records on the graduates of their training programme or programmes, develop methods to measure outcomes of training, and collect qualitative information on outcomes.

Illustrative example

"X medical school uses a standardised clinical placement index for the purpose of providing and receiving feedback from clinical sites."

Criterion

2.3.1.4. Learners and educators are supported in their duty to raise concerns openly and without detriment, there is a defined process for the investigation and management of concerns, and a culture of learning from adverse events and mistakes.

Guidelines

(All) Learners and educators should have a clear pathway to raise concerns.

(All) Organisations should have a defined system for addressing and managing concerns about education and training within the organisation. They should investigate and respond when such concerns are raised, and this should involve feedback to the individuals who raised the concerns.

(All) Learners should be supported to meet professional standards, as set out in the Medical Council's Guide to Professional Conduct and Ethics for Registered Medical Practitioners and any other Guidelines provided by the Medical Council to uphold standards of professionalism.

(All) Organisations should support learners to reflect on and learn from errors, critical incidents and near misses. (See also 2.3.1.1)

Illustrative examples

"In X medical school, there is a committee that meets every 3 weeks, where learner progress is discussed and any concerns raised. If a concern about a student is raised, the committee will agree on how to proceed e.g., whether it is something that can be solved locally and informally or whether it will need to be escalated to fitness to study etc."

"In X department at X hospital, the management of concerns has been identified as an area working well; there are independent members of staff separate from a learner's training (and outside of the department they're working in) who learners can report concerns to. This reduces conflicts of interest and prevents learners needing to raise concerns about departments with individuals from the same department."

"X ward runs daily five-minute safety huddles, which all learners are expected to attend. At these sessions the team discusses recent patient care incidents, near misses and potential risks."

"In X hospital, doctors in training can report concerns to independent members of staff separate from a trainee's training (and outside of the department in which they are working). Doctors in training are made aware of who these people are during induction. This reduces conflicts of interest and prevents doctors in training needing to raise concerns about departments with individuals from the same department."

"Learners are invited to attend and contribute to the regular monthly Schwartz Rounds in X hospital."

Theme 3: Educators

Educators include clinical supervisors, non-medically qualified educators and patients and all those responsible for, or contributing to, the delivery, management or support of medical education and training programmes. Educators are appropriately recruited and have the necessary knowledge and skills for their education and training responsibilities, and receive adequate support, time and resources to fulfil their defined roles and responsibilities.

3.1 Recruitment and Appointment

Standard

3.1.1 The recruitment, approval and appointment process for educators must be transparent and equitable and comply with national legislation.

Criterion

3.1.1.1. Educators are recruited or approved against a clearly defined professional profile that details the qualifications and specific attributes required to fulfil the educator roles and responsibilities within the medical education programme.

Guidelines

(All) Educators should be selected against suitable criteria and receive an appropriate induction to their role, access to appropriately funded professional development and training for their role, and an appraisal against their educational responsibilities.

Criterion

3.1.1.2. The recruiter maintains a secure personnel file for each educator.

Guidelines

(All) Organisations should have a central record of their educators in order to supply the necessary career support for their educational role, including appraisal and training.

3.2 Educator Training, Support and Evaluation

Standard

3.2.1 Educators must know their roles, rights and responsibilities in relation to the provision of the medical education programme.

Criterion

3.2.1.1. Orientation and induction are provided to educators to assist in their understanding of the medical education programme and the terms and conditions of their educator role.

Guidelines

(All) Organisations should define the responsibilities of hospital and community practitioners who contribute to the delivery of the medical education programme and the responsibilities of the training organisation to these practitioners.

(All) Organisations should support educators to liaise with each other to make sure they have a consistent approach to education and training, both locally and across specialties and professions.

(All) Organisations should provide induction and orientation so that educators understand the medical education programme, their responsibilities with respect to education and training, and the terms and conditions of their educator role.

(UG) Medical schools should ensure that clinical supervisors are provided with an induction and have access to training in supervision, assessment and the use of relevant health education technologies to deliver learning objectives of the course. Medical schools should provide central monitoring of participation in these opportunities.

(I) Staff involved in intern training should understand their roles and responsibilities in assisting learners to meet learning objectives and demonstrate a commitment to intern training.

Standard

3.2.2 Educators must be supported in their roles relating to the provision of the medical education programme.

Criterion

3.2.2.1. Educators are provided with protected time within their contracted work schedules to meet their educational roles and responsibilities.

Guidelines

(All) Educators should have sufficient protected time in job plans to meet their educational responsibilities so that they can carry out their role in a way that promotes safe and effective care and a positive learning experience.

(All) Organisations should monitor the provision of protected time for teaching to ensure that educators can meet their educational roles and responsibilities.

(UG, I, CTS) Medical schools should work in partnership with healthcare facilities and clinical training sites to ensure staff have time allocated for teaching within clinical service requirements.

(UG, I, CTS) Medical schools should ensure that there is an appropriate and equitable balance between teaching hours and other essential activities such as classroom preparation, learner tutoring and mentoring, research, and clinical duties.

(I, PG, CTS) Training organisations should ensure that instructional activities are included as responsibilities in the work schedules of educators and be compatible with the work schedules of learners.

Standard

3.2.3 All educators must engage in continuing professional development to support their role in the medical education programme and maintain or advance their career progression as educators.

Criterion

3.2.3.1. Educators are provided with protected time and resources to participate in training for their educator role.

Guidelines

(All) Educators should have access to appropriately funded resources they need to meet the requirements of the training programme or curriculum.

(UG) Medical schools should provide opportunities for professional development to each educator in the areas of discipline content, curricular design, programme evaluation, learner assessment methods, instructional methodology, and research to enhance skills and leadership abilities in these areas.

(UG) Medical schools should provide resources to support each educator to achieve their individual requirements for maintenance of competence and continuing education and provide opportunities for professional development in the areas of teaching and research.

(UG) Medical schools should provide central monitoring of educator participation in continuing professional development opportunities.

(I, PG, CTS) Staff involved in intern and postgraduate education and training should have access to professional development activities to support quality improvement in the programme or programmes.

Illustrative examples

"Clinical teachers and facilitators are given honorary contracts that enable them to have access to University libraries, professional development opportunities, and teaching software."

"In X intern network, 'Train the Trainer' training was rolled out for interns to participate in anticipation of them becoming educators themselves in the future. This training pilot was very popular and received excellent feedback from participating interns. Such a training pilot demonstrates good practice in both (future) educator training and workforce planning. It is currently being evaluated, and plans are in place to make it a regular event."

Criterion

3.2.3.2. Professional development and training for the educator role is regularly reviewed and evaluated for quality and relevance.

Guidelines

(All) Organisations should regularly review their basic and continuing medical education provision to ensure that the content is relevant and up to date. All educators, including part time and casual teaching staff, should have access to adequate professional development and training in preparation for their educational role.

(All) Organisations should support educators to liaise with each other to make sure they have a consistent approach to education and training, both locally and across specialities and professions.

(All) Training for the educator role should be relevant and fit for purpose.

(All) Educators undertaking training and professional development activities relating to the Educator role should receive appropriate documented recognition (such as a certificate of continuous professional development (CPD) points).

Illustrative examples

"The GP tutor training day is an area working well for the medical school. It provides a good example of how the school meets regulatory standards, specifically regarding the provision of educator networking opportunities. The high level of student involvement in the conference is an area of notable good practice."

"Trainers attend regular Teaching the Teacher update sessions. This helps them get a better understanding of the opportunities provided locally for educators to develop and reflect on their teaching roles."

"The organisation has developed a short training video to ensure that clinical supervisors have access to information about what is expected of them, the learning needs of the learners, the curriculum and assessment, and about how to deal with professionalism challenges. The video also supplies details of where to go if there are any difficulties or if they want further information. It is updated annually."

"At X organisation educators are encouraged to liaise together through an online forum to ensure a consistent approach to education and to act as peer mentors for each other."

Standard

3.2.4 Educator performance must be regularly evaluated and reviewed.

Criterion

3.2.4.1. There is a defined and documented process for the routine and fair evaluation of the performance of all educators against their roles and responsibilities.

Guidelines

(All) Organisations should support educators by dealing effectively with concerns or difficulties they face as part of their educational responsibilities.

(UG) Medical schools should establish and implement policies for the periodic evaluation of the performance of all staff engaged in education and training. These policies should include the procedures and standards against which evaluations are measured and should be periodically evaluated.

(UG) Medical schools should facilitate regular and timely feedback to educators on performance.

(I, PG) Training organisations should routinely evaluate supervisor and trainer effectiveness including feedback from learners and offer guidance in their professional development in these roles.

(I, PG) Training organisations should have processes to evaluate the effectiveness of their assessors and examiners including feedback from learners, and to assist them in their professional development in this role.

Criterion

3.2.4.2 There is a clear pathway for learners and others to raise concerns in confidence regarding an educator's performance and effective mechanisms for dealing with concerns.

Guidelines

(All) Data regarding educator fitness to practise should be shared as appropriate between organisations to enable the monitoring and management of educator and learner wellbeing and patient safety.

(All) Organisations should have clear policies to effectively identify, address and prevent bullying, harassment, racism and discrimination. These policies should include safe, confidential and accessible reporting mechanisms for all learning environments, and processes for timely follow-up and support.

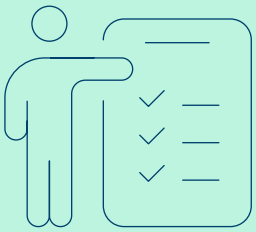
(All) Organisations should have clear, confidential policies to effectively support educators who have concerns filed against them.

(All) Organisations should maintain a log of complaints which have been submitted and processed, along with the actions taken to resolve them.

(UG) Medical schools should ensure that their procedures for learner complaints are published in the learner handbooks and a member of staff not involved in their assessment is available to counsel learners on filing a grievance.

(UG) Medical schools should provide learners with the name and contact information of an individual or body to whom learners may escalate complaints not resolved at the school level.

(I, PG, CTS) Training organisations and clinical training sites should have clear, impartial pathways for timely resolution of professional or training-related disputes between learners and supervisors, or learners and the health service.



Theme 4: Learners

Learners are appropriately and fairly selected for admission to education and training programmes. Learners receive effective and appropriate educational and wellbeing support to achieve the learning outcomes required by their programmes of learning.

4.1 Learner Admission, Induction and Progression

Standard

4.1.1 A defined admission process that includes a clear statement on the process of selection of learners must be developed, implemented, reviewed and published.

Criterion

4.1.1.1. The intake of learners to the medical education programme corresponds with the available resources, with targets for various applicant populations defined and reviewed.

Guidelines

(All) The size of the learner intake should be defined in relation to the organisation's capacity to resource all stages of the medical education programme; the organisation avoids enrolling more learners than existing resources can support in order to ensure that the educational programme is not adversely impacted.

(UG) In medical schools where enrolment occurs more than once a year, the school may adjust the numbers admitted in each cohort during that year to fit an overall approved annual target, provided that the largest cohort can be comfortably accommodated in terms of educator to learner ratio and physical and educational resources.

(I, PG, CTS) Organisations should review the workforce need and define the number of learners required accordingly.

Illustrative example

"X hospital group reviews its educator workforce at intervals to ensure that learner numbers are appropriate. Where educators have left the organisation or transferred to a different role, the position of the learners whom they supervised is reviewed to ensure continuity of supervision and training."

Criterion

4.1.1.2. The admission process is objective, transparent, valid, reliable and feasible.

Guidelines

(All) Organisations should make sure that processes for the recruitment, selection and appointment of learners are open, fair and transparent.

(All) Organisations should make admission and appeals policies available to applicants.

(All) The processes for selection into the education or training programme should be:

a) Based on the published criteria and the principles of the training organisation concerned.
b) Evaluated with respect to validity, reliability and feasibility.
c) Transparent, rigorous and fair.
d) Capable of standing up to external scrutiny.
e) Include a formal process for review of decisions in relation to selection, and information on this process is outlined to applicants prior to the selection process.

(UG) Medical schools' informational, advertising and recruitment materials should present a balanced and accurate representation of the mission and objectives of the medical education programme, state academic and other requirements for the medical degree, and describe all required courses offered.

(UG) Medical schools should provide prospective learners with a detailed summary of the estimated financial cost of the tuition and personal living expenses necessary to complete the entire programme of study.

(PG) Training organisations should document and publish their selection criteria. It is recommended that the various elements of the selection process, including previous experience in the discipline, should be described. The marking system for the elements of the process should also be described.

Illustrative example

"X medical school has a clear and accessible website that describes the medical education programme fairly and accurately and gives detailed information on entry requirements and admissions processes. The student case studies provide helpful information, as does the academic calendar and the short video introductions from key faculty and recent graduates."

Criterion

4.1.1.3. The admission process supports diversity and avoids unfair discrimination and bias.

Guidelines

(All) The selection policy and admission processes should be transparent and fair, and should not discriminate on the basis of age, religion, gender identity, race, nationality or ethnic or national origins, membership of Traveller community, sexual orientation, civil status, family status or disability.

(UG) Medical schools should have effective policies and practices in place, and engage in ongoing, systematic, and focused recruitment and retention activities, to achieve diversity among their learners and their wider academic community. These activities should include the use of programmes and partnerships aimed at achieving diversity among qualified applicants for medical school admission and the evaluation of programme and partnership outcomes.

(I, PG) Training organisations should monitor the consistent application of selection policies across regions.

Illustrative example

"X medical school's website shows how it is working with schools and training bodies to increase awareness of and interest in medicine as a career and to offer early experience of university life to school students through open days and summer schools. It offers a number of bursaries to students from disadvantaged backgrounds."

Criterion

4.1.1.4. Only applicants who meet the specified and published selection criteria are admitted to the medical education programme.

Guidelines

(All) A clear statement of principles should underpin the selection process, including the principle of merit-based selection.

(UG) Medical schools should select only those applicants for admission who possess the attributes necessary for them to become competent physicians as defined in the entry requirements shared in admission guidelines.

(UG) Medical schools should develop and publish their standards for the admission, retention, and graduation of applicants or learners in accordance with legal requirements.

(PG) Training organisations should publish their requirements for mandatory experience, such as rotation through a range of training sites. The criteria and process for seeking exemption from such requirements should be clearly communicated to educators and learners.

Criterion

4.1.1.5. There is an effective, defined and fair appeals process for admission decisions with provision of feedback to unsuccessful applicants where requested. Details of feedback and appeals processes are outlined to applicants prior to selection.

Guidelines

(All) The admission policy should include guidelines for re-application, deferred entry and transfer from other courses or programmes where applicable.

(All) Organisations should regularly review their appeals process for admission decisions to ensure its effectiveness.

Standard

4.1.2 Key transition points in the learners' medical education experience must be identified and managed effectively.

Criterion

4.1.2.1. Learners are supported through educational transitions.

Guidelines

(All) Organisations should collaborate with other relevant organisations to create a smooth transition between the undergraduate, prevocational or intern, and specialist training stages of the medical training continuum.

(All) Learners should receive information and support to help them move between different stages of education and training. The needs of disabled learners should be considered, especially before they are required to move to a new location or site.

(All) Organisations should collaborate to share data, in compliance with legislation, to support learners through educational transitions and ensure safe clinical practice.

(All) The curriculum should enable learners to apply and integrate knowledge, skills and professional behaviours to ensure a safe transition to subsequent stages of training.

(All) Organisations should provide learners with adequate notice of the location of rotations and placements. When a learner is required to relocate geographically, meaning they must move house or find new accommodation, they should be given a minimum of six months' notice to prepare for the transition.

(UG) Shadowing should allow the learner to become familiar with their new working environment and involve tasks in which the learner can use their knowledge, skills and capabilities in the working environment they will join.

(UG) Medical schools should provide opportunities for reinforcing professionalism immediately pre-internship. It should consider the provision of sub-internships, completion modules, shadowing and comprehensive inductions with an emphasis on practical professionalism as well as practical clinical skills.

(UG, I) When learners progress from medical school to intern training, they should be supported by a period of shadowing. Shadowing should allow the learner to become familiar with their new working environment and involve tasks in which the learner can use their knowledge, skills and capabilities in the working environment they will join.

Illustrative examples

"X medical school arranges informal debriefing sessions that foster communication between third year and fifth year students, alongside educator reflections and inputs. These sessions run weekly at the start of the year and gradually change to once a month as learners become more familiar with the training environment. The sessions include informal conversions about personal experiences alongside reflections on how these situations could have been improved or handled differently in the future. In participating, learners become familiar with the people and structures in place to support them when they have concerns."

"X medical school works with clinical teaching fellows to organise a series of monthly workshops in its final year that focus on the key skills needed in the first year of practice. Topics covered include practical sessions on things like ward rounds, basic procedures, practical professionalism and handling common scenarios like on-call shifts."

"In X department at X hospital, staffing is increased to reflect the support needs of learners for the first few weeks."

"In X college, a Training Enhancement Programme has been developed in order to facilitate smooth transition to the next stage of training. This specifically takes into account that there are a large percentage of doctors in training who have primary medical qualifications from outside of Ireland. The college collected feedback on this programme and found that doctors in training felt supported and felt a sense of belonging from the start of their training as a result."

Criterion

4.1.2.2. Learners are appropriately inducted to the course or programme and, where applicable, the organisation they are joining.

Guidelines

(All) Induction and orientation processes should cover policies and procedures, particularly in relation to rights and responsibilities, supervision, assessment and performance management, learner welfare and support, and grievance handling procedures.

(I) Intern training providers should facilitate learner participation in induction and orientation programmes, which are designed and evaluated to ensure relevant learning occurs. Induction to the overall programme and site should occur at the start of the first rotation; orientation at the start of each placement or rotation should also take place and should be supported with a written description. Orientation sessions should ensure the learner is ready to commence safe, supervised practice during the placement or rotation.

(I, PG, CTS) Arrangements should be made to ensure that learners joining the programme after induction or orientation has taken place receive access to the appropriate training as soon as practicable. This should ideally be before they commence clinical work to ensure that they are prepared for practice.

Criterion

4.1.2.3. The process of transfer between programmes and institutions is fair, transparent, clearly defined and published.

Guidelines

(All) Organisations should collaborate closely to ensure that learners transferring between programmes are supported throughout the process by the provision of clearly defined and published information that outlines expectations, requirements, and available support. The information provided should ensure that learners understand their responsibilities, can plan their progression and are aware of resources available to support a smooth transition. (See also 4.1.2.1)

(All) Organisations should take joint responsibility for ensuring that relevant information about a learner (including professionalism issues, exam results and health and wellbeing status) is shared and received at the point of transition between programmes.

(All) Where data protection issues may apply, organisations should seek learner permission for the sharing of defined relevant data, especially where this relates to fitness to practise; where learner permission is withheld, the receiving organisation should be informed.

(All) Organisations should ensure learners can take time out of programmes to pursue studies aligned with training programme outcomes. Such opportunities should be promoted by organisations and supported by policies on awarding appropriate credit towards programme requirements.

(All) Policies on the recognition of prior learning should recognise demonstrated competencies achieved in other relevant training programmes both in Ireland and overseas and give learners appropriate credit towards the requirements of the training programme.

4.2 Learner Health, Wellbeing and Support

Standard

4.2.1 Learner health and wellbeing must be supported throughout the medical education programme and support systems publicised to learners.

Criterion

4.2.1.1. At each institution or organisation there is a named senior member of staff responsible for overseeing learner health and wellbeing.

Guidelines

(All) Organisations should implement a strategy across the medical programme to support learner wellbeing and inclusion and ensure that this is communicated to learners and educators.

(All) Organisations should make learners aware of the named senior member of staff responsible for overseeing learner health and wellbeing.

Illustrative examples

"In the X department at X clinical site, there is a senior, qualified member of staff responsible for overseeing the wellbeing and progress of each intern. This individual fosters mentor/mentee relationships, where mentees are encouraged to approach mentors and introduce themselves so as to facilitate an ongoing mentor support framework."

"The wellness manager at X training body has been recruited specifically to look after trainee wellbeing. This role includes carrying out research to inform how the training body can support doctors in training."

Criterion

4.2.1.2. Preventative strategies, initiatives, services and systems to support learner health, safety and wellbeing, are provided, promoted, monitored and reviewed.

Guidelines

(All) Organisations and clinical training sites should promote strategies to enable a supportive learning environment.

(All) Learners should be encouraged to take responsibility for looking after their own health and wellbeing. To assist them in this, learners should have access to resources to support their health and wellbeing, and to educational and personal support, including:

a) Confidential counselling services.
b) Careers advice and support.
c) Occupational and mental health services.

(UG) Medical schools should have in place an effective system of confidential, professional counselling services for its learners that includes programmes to promote their wellbeing and to facilitate their adjustment to the physical and emotional demands of medical education.

(UG) Medical schools should allow timely access to needed preventive, diagnostic and therapeutic medical services for its learners at sites in reasonable proximity to their locations and facilitate leave from studies where medically necessary.

(UG, I, PG) Organisations should offer accessible services, which include counselling, health, and learning support, to address learners' financial, social, personal, physical, and mental health needs. Wellbeing support services should be available to learners at all times, including when they are on leave or on placement in other sites.

Illustrative examples

"In X training body, 'debriefing workshops' are arranged. These workshops educate doctors in training on how to debrief one another in the event of a traumatic incident and also highlight how to access services such as counselling. In doing so, learners are made aware of support structures and how they should function."

"In X organisation, funding has been secured to set up a permanent wellbeing space. It is open to any staff member who needs somewhere quiet and comfortable to rest, relax and recharge. Neurodivergent staff and learners find it particularly valuable."

Criterion

4.2.1.3. There is an adequately resourced process for the provision of accredited, timely and confidential personal support services to learners experiencing difficulties during the medical education programme. Such support services are free from conflicts of interest and regularly reviewed.

Guidelines

(All) Organisations should have systems and processes to identify, support and manage learners when there are concerns about a learner's professionalism, progress, performance, health or conduct that may affect their wellbeing or patient safety.

(All) Academic counselling should be provided only by individuals who are not involved in assessing or making promotion decisions about the learners.

(UG) The provision of learner support should as far as possible be kept separate from decision-making processes about academic progression; the health professionals who provide health services, including psychiatric or psychological counselling to learners should not be involved in the academic assessment of the learner receiving those services.

(UG) Medical schools should encourage students with healthcare needs to seek appropriate support from their general practitioner or University support services.

(UG) There should be clear structures in place for learners on sites as well as on campus to access advice and support, which should include opportunities for reflection, feedback and discussion about their experiences. Clear information about what to do in the event of an ethical dilemma is important.

(I, PG, CTS) Organisations should ensure that timely and confidential processes are available to identify and support learners who are experiencing personal and professional difficulties that may affect their training, as well as career advice and confidential personal counselling. These services should be publicised to learners, their supervisors, and other team members.

Illustrative examples

"X medical school actively tracks student performance to identify when help is needed, particularly when progress slows. All students who have failed an assessment, those who miss administrative deadlines and those who receive unsatisfactory clinical placement reports, are offered the opportunity to speak to a member of staff. This approach has enabled the school to detect issues, such as mental health concerns, before students would typically report them."

"In X training body, campaigns have been run that specifically prioritise destigmatising the need for support and counselling. These campaigns have received support from clinicians, educators, and peer support leaders and highlight the support services available to doctors in training."

Criterion

4.2.1.4. There is provision for escalation of serious concerns regarding learner wellbeing.

Guidelines

(All) Organisations should formulate and disseminate a standardised procedure for escalating serious concerns regarding learner wellbeing. All organisations should ensure that educators, learners and other relevant staff are made aware of the process and have received training.

(All) Organisations should provide and promote clear, accessible, and confidential routes through which serious concerns regarding any aspect of a learner's wellbeing can be raised and addressed promptly and supportively. There should be an option to self-refer.

(All) Organisations should have a process for sharing information between all relevant organisations whenever they identify safety, wellbeing or fitness to practise concerns about a learner, particularly before a learner progresses to the next stage of training.

(All) Where a concern has been investigated locally and is deemed to have a potential impact on an individual's continuing fitness to practise, organisations have clear pathways for referral of the matter to the Medical Council.

Illustrative examples

"In X university, there is a dedicated 'Concerned about a student' 24-hour telephone hotline where students, parents and staff can report immediate and serious concerns about a student's health or wellbeing. Where there are concerns but it is not an emergency, an online student concern form can be completed that will be dealt with and responded to within 24 hours."

Standard

4.2.2 Learners must be treated with dignity and respect throughout their studies.

Criterion

4.2.2.1. A defined and effective process for promoting learners' dignity and respect is implemented and communicated to all relevant stakeholders.

Guidelines

(All) Organisations should ensure that their medical education programme occurs in professional, respectful, and intellectually stimulating academic and clinical environments. The organisation should develop good role models – including via staff development – and ensure learner exposure to them. Organisations also need to identify and remediate poor role models, and learner feedback can play an important part in this.

(UG) Medical schools should have a written code of conduct for faculty members, available to learners, which includes standards of conduct for teacher-learner relationships, the school's approach to potential areas of conflict of interest and the school's management of violation of the code of conduct.

Illustrative examples

"In X medical school, the promotion of learners' dignity and respect is well demonstrated via their use of role play-based anti-bullying workshops."

"In X medical school, not only are concerns relating to unprofessional behaviour noted, but exemplary professional behaviour is also noted in student records. As a result, when references are sought, students can be praised for positive behaviour. In this way, students are motivated to not only avoid a negative record, but to actively pursue a positive one."

"In X hospital, the X department run weekly simulations that include nursing staff. These meetings are followed by extensive debriefing where the 'flat hierarchy' is discussed and emphasised. The aim of these sessions is to create a safe space for staff to raise concerns relating to clinical practice. As part of this flat hierarchy, there is a first name culture. This has contributed to a strong team ethic, where consultants are approachable and function as approachable members of the team."

"In X department, an open culture is fostered where consultants will advocate on behalf of their team members. In this department, 'civility saves lives' is promoted. Interns in particular are encouraged to speak with their intern lecturer in the first instance who will then feed up as necessary."

Criterion

4.2.2.2. Behaviour that undermines learners' professional confidence, performance or self-esteem is dealt with promptly, impartially and confidentially.

Guidelines

(All) Learners should not be subjected to, or subject others to, behaviour that undermines their professional confidence, performance or self-esteem.

(All) Organisations should have policies and procedures aimed at identifying, addressing and preventing bullying, harassment and discrimination. These policies and procedures should be clearly communicated to all staff and learners, so as to remove any disincentives for learners to raise concerns about their education, training or employment, such as conflicts of interest. (See also 4.2.1.4)

(All) Organisations should develop effective written policies that define mistreatment and support educational activities aimed at preventing mistreatment.

(All) Organisations should have effective mechanisms in place for a prompt response to any complaints.

(All) Organisations should ensure that any violations can be registered and investigated without fear of retaliation.

(All) Organisations should deal with any violations promptly, impartially and confidentially.

Illustrative example

"In X intern network, interns are provided with a training intervention that explains the types of behaviours in the workplace that might constitute incivility, harassment, or bullying. As a result, interns are empowered to identify behaviour that undermines professional confidence, and an anti-bullying culture is fostered. This training intervention has been adopted by other intern networks, thus demonstrating its usefulness."

Standard

4.2.3 Reasonable adjustments and effective support must be provided to learners.

Criterion

4.2.3.1. A defined process for the support of individual learners with a disability to access and participate in the medical education programme, where their disability would not prevent the applicant from meeting the learning outcomes, is developed, implemented and communicated.

Guidelines

(All) Organisations should make reasonable adjustments for learners with disabilities, in line with relevant equality and anti-discrimination and safety at work legislation.

(All) Organisations should take appropriate measures to eliminate barriers that would otherwise prevent learners with disabilities from accessing their programmes or fulfilling their training requirements.

(All) Organisations should proactively take appropriate measures, such as providing assistive devices and making reasonable adjustments to ensure that learners with disabilities can perform their tasks safely without exposing themselves or others to risk.

(All) Organisations should regularly review the effectiveness of the accommodations and supports they provide to learners with disabilities to ensure that support systems continue to meet the evolving needs of individuals and the organisation.

(All) Where organisations have specific health and fitness requirements, they should be able to demonstrate that these requirements are necessary for safe and effective clinical practice and do not unnecessarily disadvantage learners with disabilities.

(All) Organisations should have policies in place to ensure that they do not discriminate on the basis of age, religion, gender identity, race, nationality or ethnic or national origins, membership of Traveller community, sexual orientation, civil status, family status or disability.

(UG, I) Medical schools should establish a safe and confidential process that allows learners to voluntarily disclose any information required to facilitate additional support and reasonable accommodations at any point within the programme. This process should be available both before and during the transition to internship.

Illustrative example

"In X medical school, there is a student-led 'ability co-op' supported by the College's disability service. It exists to provide an active student voice around disability and disability supports. The co-op is led by students with disabilities and contributes to the policymaking process by ensuring policies are fit for purpose to support students with disabilities."

Criterion

4.2.3.2. Learners have access to information about reasonable adjustments, including flexible training, with named contacts.

Guidelines

(All) Organisations should have policies relating to disadvantage and special consideration in assessment, including making reasonable adjustments for learners with a disability.

(All) Organisations should make sure learners have access to information about reasonable adjustments, with named contacts.

(All) Learners who require additional health and learning support, or reasonable adjustments and accommodations, should be identified and receive these in a timely manner.

(All) Organisations should ensure that the programme structure and training requirements recognise and facilitate part-time, interrupted, and other flexible forms of training wherever possible.

(All) Learners should be able to take study leave appropriate to their curriculum or training programme, to the maximum time permitted in their terms and conditions of service.

(All) Procedures for accessing appropriate professional development leave should be published, fair and practical.

(UG) Medical schools should implement flexible study policies relevant to the learners' individualised needs to support learner success.

(I, PG, CTS) Organisations should guide and support supervisors and learners in implementing and reviewing flexible training arrangements.

(I, PG, CTS) Organisations should provide learners with and publish information about flexible training and leave options, and promote the uptake of these opportunities.

Illustrative examples

"In X university, there is voluntary testing of learning preferences. Learners are then tracked through the year to see whether there are any changes that can be made to the training programme to widen accessibility."

"In X training body, there is a health and wellbeing manager who works with doctors in training each year to ensure that their posts are appropriate and approved for their training. The responsibility of this role is also to work with the trainee throughout their training programme in order to facilitate engagement with the programme."

"At X GP practice, a student whose close relative had just died of a particular disease was distressed at the thought of meeting patients with the same disease. As a temporary measure the medical school and GP worked together to ensure that the student was offered different learning opportunities. The situation was monitored closely until the student felt well enough to resume full patient contact."

"At X clinical training site, a NCHD returned to work after a long-term absence for a serious condition. The wellbeing support service co-ordinated a phased return with enhanced supervision and mentoring, and reasonable accommodations were put in place to ensure they were not required to stand up for long periods. In agreement with the trainee a 'catch-up' programme of revision and additional learning was provided to help them feel more confident and ready to return to full-time working."

Standard

4.2.4 Learners taking interruptions of study for any reason must be effectively supported to either return to their studies or exit the programme.

Criterion

4.2.4.1. There is a fair, transparent, defined process that specifies how interruptions, either planned or unplanned, to the medical education programme are managed.

Guidelines

(All) There is a clear, transparent, and structured process in place that outlines how interruptions, whether planned or unplanned, are handled within the medical education programme.

(All) Learners whose progress, performance, health or conduct gives rise to concerns should be supported where reasonable to overcome these concerns. If needed, they should be given advice on alternative career options.

(UG) Medical schools should provide advice on alternative career options, including pathways to gain a qualification, to learners who are not able to complete a medical qualification or to achieve the learning outcomes required for graduates.

(I, PG) Training organisations should ensure that learners who are not able to complete their training pathway are given appropriate career advice.

(I, PG) Training organisations should ensure that where learners cannot complete their training pathway, processes are in place and implemented for facilitating communication with learners, employers and other identified relevant organisations.

Criterion

4.2.4.2. Learners have guidance and support to assist their return to or exit from the programme.

Guidelines

(All) Organisations should establish an effective academic advice system that supports learners, including those returning from a leave of absence and those exiting either permanently or for a defined period. The system should coordinate input from relevant educators, student support staff, counselling services, career advice services and tutorial support.

(All) Organisations should publish clear policies for the refund of a learner's tuition, fees, and other allowable payments e.g. those made for parking, housing and other services for which a learner may not be eligible following withdrawal. The policy defines the procedure and formula used to calculate the amount of refund.

4.3 Learner Feedback

Standard

4.3.1 The views and experiences of learners must be sought, considered and acted on.

Criterion

4.3.1.1. There is an appropriate, defined process to systematically seek, analyse and respond to informal and formal learner feedback on the medical education programme in a timely manner.

Guidelines

(All) Organisations should actively seek and respond to feedback from both learners and educators regarding patient safety and care standards, as well as the quality of education and training.

(All) Organisations should have a defined and consistent process for informal and formal learner feedback. This process should outline how feedback is sought, analysed and responded to.

(UG) Medical schools should regularly and systematically seek and analyse the feedback of learners, staff, prevocational training providers, health services and communities, and use this feedback to continuously evaluate and improve the programme.

(I, PG) Organisations should ensure that learners have regular structured mechanisms for providing confidential feedback about their training, education experiences and the learning environment in the programme overall, and in individual terms.

Illustrative examples

"In X organisation, a "you said, we did" campaign is used to demonstrate how learner feedback has been taken on board and acted upon."

"In X medical school, a document is produced at the end of each academic year and distributed to students and staff. The document details what concerns have been raised during the year (e.g., during student/staff committee meetings), what has been done, why it was done, and if something has not been done, why not."

"In X medical school, feedback is sought at a module level through an end of year survey. These surveys tend to get more uptake than university-wide surveys and can gain more specific detail about course elements that students may be concerned about."

"In X hospital, doctors in training are invited to regular meetings with training leads to discuss potential improvements to their training within the clinical environment. Their suggestions are fed back to the management committee."

"X medical school is responsive to student feedback and there are a variety of ways this is achieved. These include open mic sessions, student representative meetings with the Dean, as well as feedback forms to ensure that the student voice is heard."

Criterion

4.3.1.2. Feedback results are used for monitoring and continuous improvement of the medical education programme.

Guidelines

(All) Learners' confidential feedback on the quality of education, supervision, training and clinical experience should be systematically sought, analysed and used as part of the monitoring process.

(All) Organisations should ensure that supervisors, educators, learners, healthcare administrators, other healthcare professionals, and other stakeholders (including patients and partner organisations where relevant) contribute to evaluation processes, and thus programme development.

(All) Organisations should make evaluation results available to learners and staff and seek and consider their views in the continuous evaluation and improvement of the medical programme.

(All) Learner feedback should be specifically sought on proposed changes to the medical education programme to ensure that existing learners are not unfairly disadvantaged by such changes.

(UG) Medical schools should have formal processes in place to collect and review learner feedback and evaluations of their education courses, teachers, and other relevant information.

(UG) Medical schools should engage academic staff in curricular revision and programme evaluation activities to ensure that medical education programme quality is maintained and enhanced and that learners achieve all medical education programme objectives and participate in required clinical experiences and settings.

(UG) Medical schools should quickly and effectively manage concerns about, or risks to, the quality of any aspect of the medical programme and escalate to the Medical Council as required.

(I) Intern training providers should act on feedback and modify the programme as necessary to improve the experience for interns, supervisors and healthcare facility managers.

Illustrative examples

"X medical school can show how findings from its internal quality improvement process have been used to make changes, such as their quality improvement plan that has recently been approved by the academic council."

"In X medical school, students reported frustrations at the length of time spent on clinical placements either doing passive observations or being pulled away from wards for classroom teaching. In response, the medical school has reduced the amount of time spent on clinical placements but ensured that this time is entirely dedicated to scheduled placement activities. Feedback suggests learners are receptive to this and are more enthusiastic about clinical placements as a result."

Criterion

4.3.1.3. Learners are provided with opportunities to be involved in decision-making processes in relation to their medical education programme.

Guidelines

(All) Organisations should develop and promote formal processes and structures that facilitate and support the involvement of learners in the governance of their training.

(All) Organisations should have mechanisms to inform learners about the activities of their decision-making committees, in addition to any voluntary communication undertaken by learner representatives and groups.

(All) Organisations should seek engagement from learners in decision making processes that relate to their medical education programme.

Illustrative example

"The Programme Management Board works to ensure that students are represented, and their feedback considered. Students from all years are involved and the chair actively brings the student representatives into the discussion after every single agenda item, asking if they have any comments or queries."

Theme 5: Curricula and Assessment

Medical education and training curricula and programmes, including induction, are planned, developed and implemented and include opportunities to learn with, from and about other health and social care professions. There are fair, objective and transparent assessment systems to ensure that learners receive feedback on, demonstrate progress against, and achieve the required learning outcomes.

5.1 Curricula and Assessment

Standard

5.1.1 Medical education curricula must be developed and implemented so that learners are enabled to achieve the required learning outcomes and become effective clinical practitioners.

Criterion

5.1.1.1. Medical education curricula are informed by stakeholders, including patients and learners, and formally approved.

Guidelines

(All) Organisations should ensure that there are effective mechanisms in place for direct educator participation in decision-making related to the medical education programme, including opportunities for educator participation in discussions about, and the establishment of, policies and procedures for the programme.

(UG) Medical schools should ensure that there are effective mechanisms in place for direct patient and educator participation in decision-making related to the medical education programme, including opportunities for patient and educator participation in discussions about, and the establishment of, policies and procedures for the programme.

(UG) Medical schools should develop an informal curriculum in partnership with stakeholders that consistently reinforces the values of the formal curriculum. Learners should be consulted on identifying and evaluating elements of the hidden curriculum (See also 4.3.1.3)

Illustrative example

"Patient and Public Panel (PPP) is an example of how X medical school ensures strong links with the wider community in key educational governance meetings. This meeting allows the views of patients and the public to be incorporated when implementing changes to the academic and clinical programme and enhances the collective commitment to patient and student safety."

Criterion

5.1.1.2. Medical education curricula are regularly reviewed and evaluated to improve the quality of the provision. Any risks identified are managed in accordance with risk management processes.

Guidelines

(All) Organisations should regularly evaluate and review the curricula and assessment frameworks, education and training programmes, and placements they are responsible for to ensure standards are being met and to improve the quality of education and training.

(All) Organisations should collaborate with other educational organisations and compare their curriculum, education or training programme and assessment with that of other relevant programmes as a way of improving quality throughout the system.

(UG) Medical schools should continuously evaluate curricular weaknesses, goals, content, effectiveness, instructional methods and the degree to which the school goals are achieved in order to remedy areas of the preclinical and clinical curricula which require strengthening.

Illustrative examples

"X medical school routinely collects performance data to help its quality improvement. Data collected include attrition rate, learner performance on standardised examinations, progress into internship posts, preparedness to practise, and sampling the opinions of learners and graduates."

Criterion

5.1.1.3. Learning outcomes are clearly defined, and effective teaching methods are employed to support the achievement of the learning outcomes. The attainment of required learning outcomes determines learner progress.

Guidelines

(All) Organisations should ensure that for each of their education and training programmes, there is a framework for the curriculum organised according to the overall learning outcomes. The framework should be publicly available.

(All) Organisations should ensure that for each component or stage, the curriculum specifies the educational objectives and learning 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.

(All) There should be alignment between the learning outcomes, learning and teaching methods, and assessments.

(UG) Medical schools' curricula should be planned and show how learners can meet the learning outcomes for graduates across the whole programme.

(UG) Medical schools should outline the specific learning outcomes expected of learners at each stage of the medical education programme and effectively communicate these to staff and learners to enable safe progression to the next stage of training or practice after graduation.

(UG) Medical schools should define and publish a structured educational programme which includes:

a) A defined set of programme outcomes regarding knowledge, skills, competencies, values and attitudes, informed by core sets of principles as outlined in national and international guidelines on medical education.

b) A programme structure which outlines how programme outcomes are to be achieved, defining core, optional and elective modules and programme regulations.

c) A curriculum for each module including details of module co-ordinators, learning outcomes, assessment, core content, instructional methodology, clinical placements, facilities and staffing.

(I, PG) Training providers should ensure that learners are provided with sufficient training and practical experience to:

a) Enable them to achieve learning outcomes.

b) Achieve and maintain the competencies required by their curriculum.

(I, PG) Education and training should not be compromised by the demands of regularly carrying out routine tasks or out-of-hours cover that do not support learning and have little educational or training value.

(I, PG) Training organisations should ensure that their programmes are based on self-directed learning. The programmes should assist participants to maintain and develop knowledge, skills, and attitudes essential for meeting the changing needs of patients and the healthcare delivery system, and for responding to scientific developments in medicine as well as changing societal expectations.

(PG) Training organisations should have defined graduate learning outcomes for each training programme. These learning outcomes should be based on the nature of the discipline and the practitioners' role in the delivery of healthcare. The learning outcomes should be related to community need.

Illustrative examples

"X medical school is working collaboratively with other medical schools within the region on a range of issues and are co-developing case-based scenarios with the physician associate, physiotherapy and nursing programmes around physical and mental health."

"In X medical school, students have undertaken a range of interdisciplinary tasks including simulations alongside dietician and speech and language therapy trainees and role play tasks requiring each member of a group to act as a different health professional to facilitate an understanding of how different members of a clinical team can work together. These kinds of simulations run twice a year around changeover time and as such may contribute to supporting doctors in training through educational transitions."

"The one-day traffic accident simulation event is an area working well for the medical school. It is a good example of how the school meets Medical Council standards, specifically regarding the provision of simulation and technology enhanced learning and multi-professional learning opportunities."

"Students appreciate the timetabled clinical skills simulation sessions and report feeling that simulation exercises were of vital importance when preparing for internship and that they should occur as early as possible during undergraduate training."

Criterion

5.1.1.4. Learners are given opportunities to learn with, from and about other health and social care professions to support interprofessional and multidisciplinary education and practice.

Guidelines

(All) Organisations should support every learner to be an effective member of the multiprofessional team by promoting a culture of learning and collaboration between specialties and professions.

(UG) Medical schools should involve nurses and midwives, health and social care professions, doctors (including non-consultant grades and general practitioners), fellows, and graduate teaching assistants in their teaching programmes.

(UG) Medical schools should provide opportunities for and encourage learner participation in, service-learning and community service activities, that is, structured learning experiences that combine community service with preparation and reflection.

Illustrative example

"X medical school routinely collects performance data to help its quality improvement. Data collected include attrition rate, learner performance on standardised examinations, progress into internship posts, preparedness to practise, and sampling the opinions of learners and graduates."

Criterion

5.1.1.5. Sufficient supervised practical experience is included to achieve the required learning outcomes.

Guidelines

(All) Organisations should have a clear reporting structure to allow learners to report if they are not receiving adequate supervision. Prompt action should be taken to address any reported supervision failures or concerns. (See also 1.2.1.2 and 1.2.1.3)

(All) Organisations should ensure that supervised practical experience is appropriately balanced with theoretical education.

(UG) Medical schools should ensure that there is an effective system of clinical supervision to ensure safe involvement of learners in clinical practice.

(UG) Medical schools should ensure that supervision is carried out by clinicians who are qualified to fulfil the educator role, are available in-house, and have been evaluated for teaching, patient care, and clinical research.

(I) Intern training providers should ensure learners are provided with clinical experience consistent with national standards. The intern training programme should conform to guidelines on opportunities to develop knowledge and skills, as outlined in the curriculum.

(I, PG, CTS) Training organisations should ensure that learners receive practice-based training that enables achievement of learning outcomes. This should involve the learner's personal participation, at an appropriate level, in the services and responsibilities of patient-care activity in the training site.

Criterion

5.1.1.6. Sufficient time within the programme is provided in accordance with regulatory requirements.

Guidelines

(All) Learners should have protected time for learning while they are doing clinical or medical work, or during academic training. They should also have protected time for attending organised educational sessions and training days, courses and other learning opportunities to meet the requirements of their curriculum.

(All) During scheduled educational sessions, learners should not be interrupted, except in exceptional cases where an unanticipated clinical need arises to ensure patient safety.

(UG) Medical schools should ensure that all teaching includes an appropriate amount of contact time with educators each week (such as during seminars, tutorials and practical teaching sessions).

(UG) Medical schools should ensure that adequate free time is built into medical programmes to enable learners to read and study and reflect on the lessons and cases of the day.

(I) Intern training should be of sufficient duration to meet regulatory requirements. It should be organised around, comply with, and deliver the outcomes required by the national curriculum for the intern programme.

(I, PG, CTS) Training organisations and the clinical supervisor should ensure that learners can attend formal education sessions, and that they are supported by senior medical staff to do so.

Standard

5.1.2 Ongoing assessment of learners' progression and their achievement of learning outcomes must be an objective, fair, appropriate and transparent process.

Criterion

5.1.2.1. Effective assessment processes and methods are employed to support learning and progression, and assessment data are regularly reviewed.

Guidelines

(All) Organisations should have systems to manage learners' progression, with input from a range of relevant qualified individuals, such as academic staff, clinical supervisors, members of the wider multidisciplinary team, assessment committees and programme directors, to inform decisions about their progression.

(All) Organisations should have processes for selecting assessors in written, oral, and performance-based assessments who have demonstrated relevant capabilities.

(All) Learners should have information to help them understand:

a) What feedback they can expect to receive during the programme.

b) The purpose of the assessment.

c) What skills, knowledge, behaviours and capabilities they are expected to develop and demonstrate during the programme.

d) Which assessments are formative, which summative, and how assessments relate to one another to enable them to plan their learning and prepare for progression to the next stage of medical education.

(UG) Medical schools should assess learners throughout the medical programme using a documented system of assessment that:

a) Is consistent with the principles of fairness, flexibility, equity, validity and reliability,

b) is supported by research, evaluation, information and evidence.

(UG) Medical schools' assessment policy should have a centralised system that guides and supports its implementation.

(UG) The policy and the system should be responsive to the mission of the school, its specified learning outcomes, the resources available, and the context.

(PG) Training organisations should ensure that the processes for assessing learners trained overseas are in accordance with the principles outlined by the Medical Council.

Illustrative example

"The 'mini clinical exams' used in X medical school are a particularly helpful form of assessment; consultants observe learners taking a history or doing an examination [simulation] and give immediate feedback, helping to build learners' confidence in their own practice and prepare learners for later stages of training."

Criterion

5.1.2.2. Effective assessment includes valid determination of learners' attainment of programme outcomes.

Guidelines

(All) Organisations should have a policy on the evaluation of the reliability and validity of assessment methods, the educational impact of the assessment on learning, and the feasibility of the assessment items. They should introduce new assessment methods where required.

(UG) Assessment should entail the use of multiple summative and formative assessment methods that lead to acquisition of the knowledge, clinical skills, and behaviours needed to be a doctor.

(UG) Detailed curriculum mapping and assessment blueprinting should be undertaken for each stage of the medical programme.

(UG, I, PG) Organisations should ensure that the assessment programme, which should include both summative and formative assessments in various formats, reflects comprehensively the educational objectives of the medical education programme.

Illustrative example

"In X organisation, a 'failing to fail' workshop is used to facilitate accurate assessment procedures and emphasise each educator's responsibility in flagging concerns about trainee progress. The workshop highlights systems of escalation and thus demonstrates that noting one concern about a learner's communication will not result in their losing their place on the programme or failing an assessment; remediation should be proportionate. Noting such incidents, however, is essential in documenting where a pattern of behaviour emerges that may require further investigation and remediation."

Criterion

5.1.2.3. Learners are provided with adequate time and resources to complete the assessments required by the curriculum.

Guidelines

(All) Organisations should make sure that assessment is valued, and that learners and educators are given protected time and resources to complete the assessments required by the curriculum.

(UG) Medical schools should provide ready access to well-maintained library and information resources sufficient in breadth of holdings and technology to support their educational and other missions.

(UG) Library and information services should be supervised by professional staff familiar with regional and national information resources and data systems and responsive to the needs of the learners, faculty members, and others associated with the institution.

(UG) Library and information services should offer flexible access to electronic resources and convenient opening hours for in-person support.

(I) Assessments should be based on learners achieving the learning outcomes specified by the Medical Council in the Curriculum Framework for the Intern Programme.

(I) Those involved in the assessment of interns' progress should ensure that assessments are:

a) Mapped to the requirements of the approved curriculum and appropriately sequenced to match interns' progression through their education and training.
b) Carried out by someone with appropriate expertise in the area being assessed, and who has been appropriately selected, supported, and appraised.
c) Consistent with the guidelines on Intern training, particularly national guidance on assessing and certifying completion.

Illustrative example

"In X intern network, a payment mechanism has been put in place to compensate interns for participating in a mandatory module that has to be completed outside of the 39-hour working week due to time constraints."

Criterion

5.1.2.4. Learners are provided with regular, timely, fair, constructive and meaningful feedback regarding their educational progress, development and status within the medical education programme and guidance on next steps and career advice.

Guidelines

(All) Learners should receive timely and accurate information about their curriculum, assessment and clinical placements. Learners should receive regular, constructive and meaningful feedback on their performance, development and progress at appropriate points in their medical course or training programme and be encouraged to act on it.

(All) Feedback should come from educators, other doctors, health and social care professionals. Feedback from patients, families and carers should be sought wherever possible.

(UG) Medical schools should provide opportunities for learners to seek, discuss and be provided with constructive feedback on their performance in a way that is regular, timely, clearly outlined and serves to guide learner learning.

(UG) Medical schools should ensure that educators regularly observe, critique, and evaluate the development of appropriate professional attributes in learners.

(UG) Medical schools should ensure that each learner is aware of a named staff member that they can speak to for academic counselling, including mentoring and advocacy. Learners should have access to information about additional tutorial support where necessary, rules governing learner conduct, procedures for learner appeals, and filing grievances.

(UG) Medical schools should have a career advice system in place through which learners can access advice and support regarding issues such as medical specialty and career options, selection of electives, intern programme application and licensure.

(I) Intern training providers should ensure that learners are provided with:

a) Regular, formal, and documented feedback on their performance at least once within each placement or rotation,

b) Timely, progressive, and informal feedback from supervisors on a more frequent basis.

(I, PG) There should be evidence of regular and constructive feedback and assessment by the supervisor or trainer who has knowledge of the learner's development and performance and can verify their satisfactory progress.

(I, PG) Learners should have access to information about academic opportunities in their programme or specialty and be supported to pursue an academic career if they have the appropriate skills and aptitudes and are inclined to do so.

(I, PG) Training organisations should provide timely and correct information to learners about their training status to facilitate their progress through training requirements.

(PG) Training organisations should have mechanisms to allow doctors who are not their Members or Fellows to access relevant continuing professional development and other educational opportunities.

Illustrative examples

"Following their formative assessment in March, year one students in X medical school received a feedback document with their scores and analysis of the average scores for the cohort."

"Students reported that access to feedback on assessments where they had passed was just as meaningful and useful as those that had not gone so well. In X medical school, students received their marks alongside a marking rubric that highlighted stronger or weaker elements of their work."

Criterion

5.1.2.5. A fair and timely remediation process is implemented to address concerns about learners' knowledge, skills, performance, attitude or behaviour that may affect their ability to meet learning outcomes, their fitness to practise medicine or their ability to interact safely with patients.

Guidelines

(All) Organisations should provide regular evaluations and feedback in order to identify and support learners who are not performing to the expected level and provide performance improvement support in a timely manner.

(All) Performance improvement plans should be:

a) Individualised to the learner and the issue(s).

b) Transparent in terms of timescale and expected outcome(s).

c) Realistic.

d) Measurable in terms of evaluation of the learners' progress and the scope for attainment of the plan.

(All) Organisations should take the appropriate measures to ensure learners in the remediation process are fully supported and adequately supervised. Any potential patient safety risks should be managed and mitigated.

(All) Data regarding learner fitness to practise should be shared as appropriate between organisations to enable the monitoring and management of both learner wellbeing and patient safety.

(UG) Medical schools should develop and implement a learner attendance policy to identify learners with excessive or unexplained absenteeism so that appropriate action may be taken by the school.

(PG) Training organisations should have processes to respond to requests for assessment and remediation of doctors where concerns have been identified that these doctors may be under-performing.

(PG) Training organisations should have reconsideration, review and appeals processes that allow learners to seek impartial review of training-related decisions.

(PG) Training organisations should make their appeals policies publicly available.

(I, PG, CTS) There should be regular dialogue and updates between training organisations and clinical training sites regarding learners subject to remediation.

Illustrative examples

"X medical school has prepared an overview of the support process from referral to commencement of the case. This is a very well structured and informative document, detailing each stage of the process. There are clear mechanisms for students' referral into the process, and clear links with the professionalism committee."

"X medical school applies a number of different remediation activities depending on individual circumstances. An action plan may include commitments regarding:

- *attending remedial teaching*
- *attending a support service*
- *additional mentoring or supervision*
- *adhering to specified behaviour(s)*
- *discontinuing a specified behaviour."*

Criterion

5.1.2.6. Learners who have not attained the required programme outcomes or who are not fit to practise are not allowed to progress through programmes leading to graduation and certification.

Guidelines

(All) Learners should not progress if they fail to meet the required learning outcomes for graduates or approved postgraduate curricula.

(UG) Medical schools should develop policies and procedures for dismissal of learners who fail to meet the academic or behavioural standards of the school. Dismissal procedures should include provisions for due process and appeal, including providing notice to the learner of any impending action, disclosure of evidence on which actions may be based, and information on next steps.

(UG) Universities should ensure that their regulations allow medical schools to comply with Medical Council requirements with respect to primary medical qualifications.

(I) Intern training providers should ensure that there is early identification of learners who are not performing to the expected level and provide them with remediation in line with Medical Council Guidelines.

(I) Intern training providers should establish assessment and review groups, as required, to assist with more complex remediation decisions for learners who do not achieve satisfactory supervisor assessments.

(I, PG) Training organisations should ensure that learners are enabled to undertake any assessment required by or administered by the Medical Council, including any assessment of communication skills.

(I, PG) Where there are concerns that a registered medical learner may not be fit to practise then training organisations have a responsibility to report this to the Medical Council.

(PG) Training organisations should ensure that formal awards such as certificates and diplomas are awarded only to those who have successfully completed the relevant training programme.

Criterion

5.1.2.7. Assessment data and information regarding issues of safety, wellbeing or professionalism concerns about a learner are held securely and appropriately shared with relevant organisations.

Guidelines

(All) Organisations should share and report information about quality management and quality control of education and training with other bodies that have educational governance responsibilities. This is to identify risk, improve quality locally and more widely, and to identify good practice.

(All) Organisations should collect, manage and share all necessary data and reports to meet Medical Council approval requirements.

(UG) Medical schools should have robust procedures in place to safeguard the confidentiality of learner records; learner educational records should be made available only to relevant faculty and administrative staff, or on transfer to another programme, on a need-to-know basis in circumstances where a learner has given permission for records to be released.

(UG) Each learner should be able to review and challenge their academic record including the medical school performance evaluation or alternative letter of recommendation, if they believe the information contained may be inaccurate, misleading or inappropriate.

(UG) Medical schools should ensure that learner health records are maintained in accordance with legal requirements for security, privacy, confidentiality and accessibility.

(I, PG, CTS) Training organisations should have clear procedures to immediately address any concerns about patient safety related to learner performance, including procedures to inform the employer and the regulator, where appropriate.

(I, PG, CTS) Training organisations should provide feedback to educators and supervisors of training on learner performance, where appropriate.

Appendix: Glossary of Terms

Assessment

Assessment is the measurement or judgement of learner attainment. It involves gathering information about an individual learner's level of performance or achievement of learning objectives.

Clinical supervisor

A clinical supervisor is responsible for overseeing a specific learner's clinical work during a placement in a clinical or medical environment and is appropriately qualified and trained to do so. Clinical supervisors provide formal supervision, guidance and expertise. Some clinical supervisors also have responsibility for the completion of supervisor reports, which are crucial for decisions on the training progress of the learner; these supervisors may also be known as educational supervisors.

Clinical governance

Clinical governance is the system through which healthcare organisations are accountable for continuously monitoring and improving the quality of their care and services, and for safeguarding the high standard of care and services.

Educational supervisor

An educational supervisor is a more experienced or qualified professional who provides guidance, feedback, and mentorship to a learner through a structured and supportive relationship within a clinical or healthcare setting. This process is designed to support the learner's professional development, ensure safe and effective practice, and enhance the quality of care provided to patients or clients.

Clinical training site

A clinical training site is a healthcare or clinical facility (such as a hospital, primary care or community health centre, or long-term care centre) where learners gain hands-on experience of medical practice and apply their theoretical knowledge in real-world patient care settings.

Curriculum

A curriculum can be defined as a managerial, ideological and planning document that should:

- Tell the learner exactly what to expect including entry requirements, length and organisation of the programme and its flexibilities, the assessment system and methods of learner support.
- Provide guidance for educators on how to effectively impart knowledge and facilitate learners in their journey of individual and professional growth.
- Help the institution to set appropriate assessments of individuals' learning and implement relevant evaluations of the educational provision.
- Inform society about how the educational establishment is fulfilling its duty to competently train future generations of medical professionals.

Disability

Disability is widely defined as a substantial restriction in the capacity of the person to carry on a profession, business or occupation in the State or to participate in social or cultural life in the State by reason of an enduring physical, sensory, mental health or intellectual impairment.

Doctor in training/trainee

A doctor in training is any doctor participating in an approved intern training programme or an approved postgraduate training programme.

Educational governance

Educational governance refers to the frameworks, standards and systems that organisations use to manage their educational activities, ensuring accountability and fostering ongoing enhancement of educational quality.

Educational programme

An educational programme is a broad term for any coherent set of educational activities that is planned and organised to meet specific learning goals over a set period. In an educational programme, these activities can be divided into parts such as 'courses', 'modules', 'units', or 'subjects', depending on the context. Additionally, an educational programme may include other major elements such as electives, special study components, placements and other types of experiential or self-directed learning, and research projects which are not always considered part of courses or modules.

Educators

Individuals with a role in teaching, training, assessing and/or supervising learners. This includes:

1. Individuals who have specific responsibilities within their workload for aspects of learner learning and progression.
2. Other doctors or healthcare professionals involved in education and training as part of their routine clinical or medical practice.
3. Academic staff from a range of disciplines with a role in education and training.

Educators may also include patients, members of the public involved in medical teaching or training, and other individuals whose knowledge, experience, or expertise contributes to educational processes.

Education/training provider (see Organisations)

Entrustable professional activities (EPAs)

An EPA is defined as a unit of professional practice that a learner can be trusted to perform without direct supervision, once sufficient competence has been demonstrated.

Evaluation

Evaluation is the review of the conduct, delivery and outcomes of an educational activity such as a module, course or programme.

Learners

Learners are all those studying to improve their medical practice or obtain qualifications. They may be medical students receiving education leading to a basic medical degree, interns and specialty doctors in postgraduate training.

Learning outcomes

The competences that a learner must acquire and be able to demonstrate by the end of a period or programme of education or training.

Organisations

Refers to organisations that manage or deliver medical education or training to learners, usually medical schools, clinical training sites, community care centres, colleges, and postgraduate training bodies. These organisations must meet Medical Council standards for medical education and training. Organisations may handle various aspects of education, such as teaching, training, curriculum delivery, or assessment under agreements with other organisations or bodies.

Patient

Typically used to describe a person who is seeking or receiving medical care and treatment. In this document the term is used broadly to mean any recipient of healthcare services that are performed by a healthcare professional; this may include people who would prefer to be known as clients, service users, outpatients, persons receiving care or other synonyms. In some circumstances, it may also encompass family members, carers and patient representatives.

Placement

A structured period of practical training and education within a particular specialty or field of practice in a clinical or social care setting.

Basic medical degree

A first medical degree awarded by a body or combination of bodies that is recognised by the Medical Council for this purpose.

Student

A medical student is an individual who is pursuing an undergraduate medical degree, even if they already have a prior non-medical degree. These students are not registered with the Medical Council and are not authorised to perform activities legally restricted to registered medical practitioners.

Supervisor (see clinical/educational supervisor)

Training programme/Medical training programme

A formal and structured rotation of posts or courses that together comprise a programme of postgraduate training in a specific medical specialty. The term may also refer to an undergraduate medical education programme leading to a basic medical degree. A training programme may deliver the entire curriculum or focus on specific components, depending on the structure and goals of the programme.

Training provider (see organisations)

Comhairle na
nDochtúirí Leighis
Medical Council

Medical Council
Kingram House
Kingram Place
Dublin 2
D02 XY88

info@mcirl.ie
www.medicalcouncil.ie