APPROVAL OF PROGRAMMES OF SPECIALIST TRAINING AND BODIES, WHICH MAY GRANT SATISFACTORY COMPLETION OF TRAINING UNDER THE MEDICAL PRACTITIONERS ACT 2007 (as amended)

AN INFORMATION GUIDE FOR POSTGRADUATE TRAINING BODIES

Approved by ETC 27.07.22

Comhairle na nDochtúirí Leighis
Medical Council

Version Control			
Version	**Author**	**Date**	**Changes**
1.0	Aoife Fitzsimons Head of Quality Improvement Education & Training	October 2019	
2.0	Ellen Moran Accreditation Manager, Education & Training	April 2021	Reference to Standard 9 (page 6) Policy on Third Party info (page 7) Assessor Team (page 8) Reference to Trainee Survey (page 9) Contact details (page 11) Sample Agenda (page 20)
3.0	Elizabeth Molloy Accreditation Executive, Education & Training	September 2021	Review process removed
4.0	Elizabeth Molloy Accreditation Executive, Education & Training	May 2022	Added 5.1.2 Fair Procedures Policy
5.0	Marian Brosnan, Postgraduate Accreditation Manager, Education & Training	July 2022	E+T Committee feedback incorporated

Contents

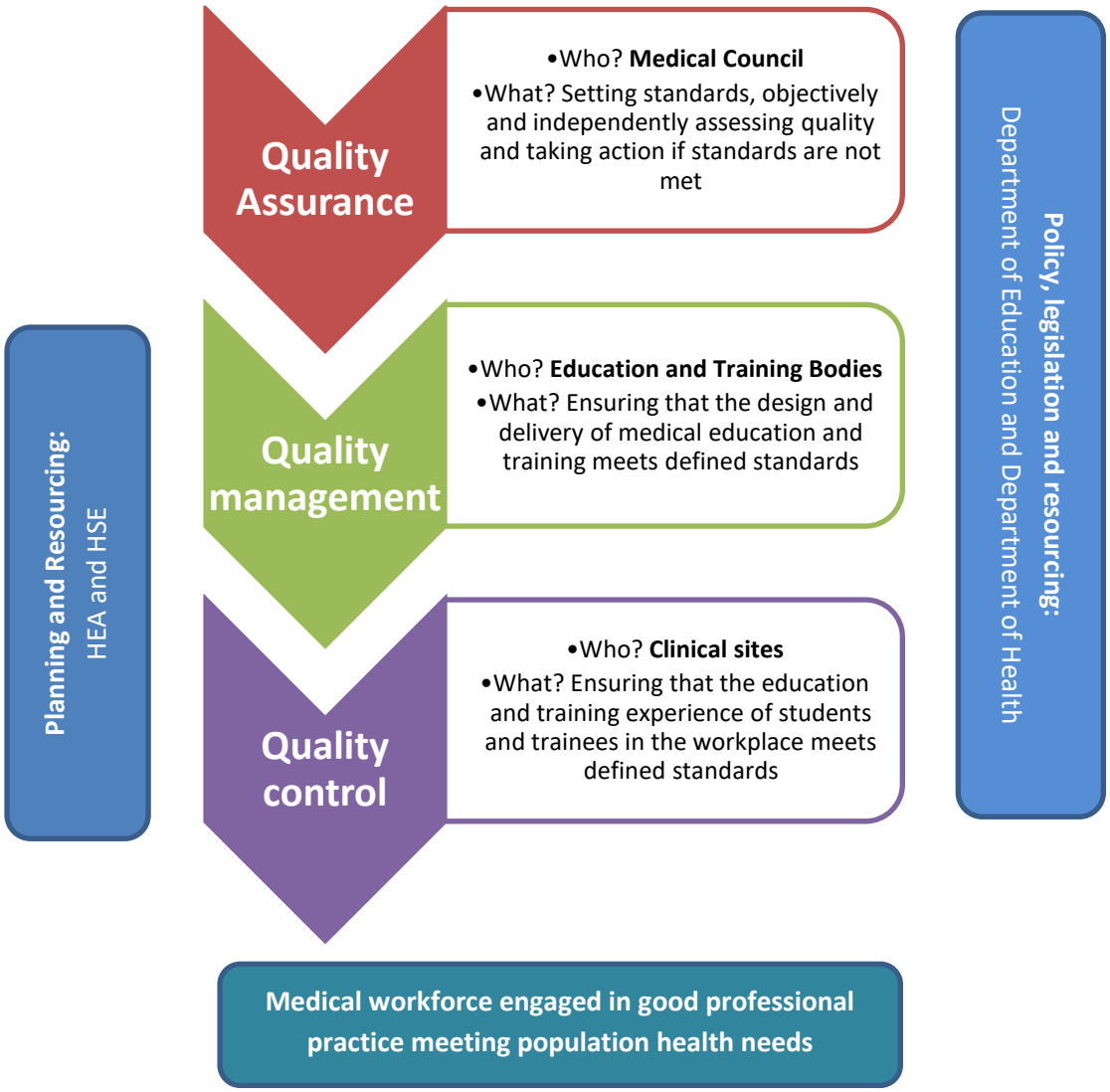
1. Context of the accreditation

1.1 Role of the Medical Council in the approval of programmes of specialist training and bodies which may grant satisfactory completion of training under the Medical Practitioners Act 2007 (as amended)

The Medical Council's primary statutory responsibility, under the Medical Practitioners Act 2007 (MPA 2007), is to protect the interests of the public. As part of this role, it sets standards for undergraduate and postgraduate education and training and monitors compliance with those standards.[1] This includes responsibility for approving or otherwise the programmes and the bodies, which may grant evidence of the satisfactory completion of specialist training in relation to medical specialties recognised by Council.[2]

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

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



1.2 The Medical Council's Accreditation Standards for Postgraduate Medical Education and Training

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

The Medical Council approved the "*Accreditation Standards for Postgraduate Medical Education and Training*" ("the Standards") in June 2010 and amended them in October 2011. (Appendix A)

A body which was recognised under the previous Medical Practitioners Act 1978 for the purpose of granting evidence of satisfactory completion of specialist training[3] was, on commencement of the 2007 Act, deemed to be a body approved under the 2007 Act for the same purposes. The Medical

[3] MPA 2007, Section 89(7)(b)

Council now undertakes a process of formal accreditation of such bodies under section 89 (3) of the 2007 Act. The aforementioned accreditation standards are used as the benchmark to determine whether a body and its associated programmes of specialist training are fit for purpose and of the requisite quality. Section 5.2.1 of this document outlines the *"Options available to the ETC in respect of Accreditation*".

In 2011, amendments made to the Medical Practitioners Act 2007 initiated an accreditation process involving 13 postgraduate training bodies (PGTBs) and their associated programmes of specialist training.

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2. Preparing for an accreditation

A flow chart of the accreditation process is appended to this document (Appendix E).

2.1 Information meeting with the postgraduate representatives

Medical Council staff are keen to support the PGTB's in preparing for an accreditation and will offer to meet with the PGTB representatives at the beginning of the process, to provide guidance and information on the requirements of an accreditation. It is during this meeting that the issue date of the self-evaluation documentation is confirmed. (see part 2.2).

Medical Council staff aim to meet with PGTB representatives around 6 months in advance of the accreditation-taking place. A Medical Council Liaison Officer (MCLO) will be assigned to the training body by the Medical Council. The PGTB will also appoint a nominated Postgraduate Liaison Officer (PGLO).

The PGTB will be then asked to coordinate all correspondence through the postgraduate liaison officer, to support coordination of the accreditation and avoid duplication, errors or confusion.

2.2 Documentation to be provided by the Postgraduate Training Body

The postgraduate liaison officer (PGLO) will coordinate the gathering of data on behalf of the PGTB which demonstrates compliance with the Standards. The PGLO will liaise and report directly to the MCLO.

The PGTB will be asked to consider and complete the Standards compliance **self-evaluation form.** The Standards should be addressed on a point-by-point basis demonstrating how the PGTB adheres to the Council's standards across a range of themes including governance, programme management and learning outcomes. Documentary evidence of compliance in support of the submission should also be provided. The PGTB agrees to return all requested documentation to the Medical Council within an identified timeframe.

Please note:

1. The Body should ensure that the following information is provided as part of its submission:

    - The curriculum and syllabus for both the Primary and Final Membership examinations
    - Examination outcomes, attrition rates and remediation statistics
    - Details of the process by which applications to the Specialist Division of the Register are assessed along with the associated timescale
    - A brief history of the Body including dates of establishment and initial recognition as a Training Body
    - A chart of the Body's organisational and committee structure
    - A schematic outline of the training structure

2. The detailed submission should be accompanied by a concise summary addressing the headings of the standards ("Context of Education and Training", "The Outcomes of the Training Programme" etc.).

3. The Body should ensure that all material submitted to Council throughout this process is as relevant and current as possible.

4. An unqualified "yes" or "no" is not an adequate response.

5. The Body's submission should be presented to Council in a clear, thorough and sequential manner. If acronyms are included in the Body's submission, a glossary should be included.

6. The Body's submission and relevant documentary evidence should be clearly referenced in the Body's responses to standards and, where appropriate, the relevant page number/s should be noted. All material should be collated in a list of appendices for ease of reference.

7. The "Domains of Good Professional Practice" referred to under 2.2.3 of the standards comprises the Medical Councils "Three Pillars of Professionalism" (Appendix B) ***and*** the "Eight Domains of Good Professional Practice" (Appendix C) as devised by the Medical Council and are attached to these standards.[4]

It is imperative that the Medical Council receives this information in a timely fashion, to allow all parties to adequately prepare. This data (and all other information available*) will be used to inform the assessors in advance of the accreditation. Upon reviewing the submission, the Medical Council may make requests for additional evidence and / or seek clarifications.

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

[4] Accreditation Process approved by the Medical Council 18th January 2011

The information provided by the Third Party is subject to Freedom of Information Act 2014.

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

As part of the accreditation process, Council may, at its discretion, decide to concurrently accredit other training programmes, which are delivered by the PGTB.

3. Assessor team

Accreditations are conducted by a team of experienced assessors, comprising of at least 1 Medical Assessor, at least 1 non-medical Assessor (at least one of whom will be a current or former member of Council/ETC member), at least 1 External Assessor, with expertise in medical education and/or quality assurance (preferably from outside the jurisdiction) and a senior member of the Executive (of Senior Executive Officer grade or higher). The Medical Council will endeavour to include trainee representatives from our assessor panel on the - team, if available. When compiling assessor teams, any potential conflicts of interest are taken into consideration[5]. Once the team has been identified a chairperson is appointed. The PGTB is notified of the assessor team members in advance of accreditation.

3.1. Role of the Assessor Team

The role of the assessor team is to appraise evidence of compliance with the Medical Council's Accreditation Standards for Postgraduate Medical Education and Training and determine a compliance rating with each standard.

In advance of the accreditation process, the completed documentation provided by the Body will be made available and assessed by an assessor team. The assessor team will identify issues to discuss with the Faculty and triangulate the evidence provided with the trainees at the accreditation meeting. Where necessary, the assessor team may request clarification or additional information from the PGTB in relation to their submitted documentation before, during or after the accreditation.

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4. Accreditation meeting

There will be consultation with the PGTB in setting the dates and drawing up the agenda for the accreditation, (sample agenda included as Appendix D) although the assessor team reserves the right to vary the agenda within reasonable limits.

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

The assessor team will meet with the PGTB as per the agreed timetable and agenda. The accreditation meeting normally takes place in the Medical Council. The plenary session(s) are intended to foster structured interaction between the assessor team and the PGTB and senior support staff.

The assessor team will expect to meet, in a private session, with representatives from the PGTB. This is to ascertain the programme's perspectives on the curriculum, training pathway, assessment and other matters. **For existing programmes, it is essential that trainees meet with the team**. Representatives from the training body are not permitted to attend the meetings between the assessor team and trainees. It is also crucial to the integrity of the process that training bodies or trainers do not influence trainees in advance of accreditation meetings or discourage trainees in any way from taking part. Trainees will also be surveyed ahead of the accreditation meeting on their experiences of the training programme.

Trainee numbers for these meetings will be agreed in advance of the accreditation. Trainees should be encouraged and accommodated to attend. It is made clear at the outset of these meetings that discussions with the assessor team are confidential, and views will not be attributed to individuals in discussions with the postgraduate training body or in the accreditation report.

The assessor team will take contemporaneous notes throughout the accreditation. There will also usually be a stenographer present to record discussions to inform the drafting of the accreditation report. Both the transcripts and the notes will be destroyed once the report is published.

Before closing the accreditation meeting, the team may choose to provide key personnel (from the PGTB) with high level feedback on issues arising during the accreditation or provide an overview of the consensus on the programme.

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5. Post-accreditation

5.1 Accreditation report

Following the accreditation process, a draft report will be prepared based on the assessor team's appraisal of evidence provided via:

- documentation supplied by the training body;
- meetings between the team and representatives of the training body;
- meetings between the team and trainers
- meetings between the team and trainees.

The Council is keen to highlight and encourage areas in which a programme / training body is performing to a high standard, as well as those where improvement is needed.

5.1.2. Fair Procedures Policy

In line with the Fair Procedures policy, the PGTB is entitled to engage in a feedback process and may provide written observations and comments on:

- the factual accuracy of the content of the Draft Report.
- the proposed Decision on Accreditation, including whether conditions should be attached.
- the findings and recommendations in the Draft Report.
- publication of the Draft Report and
- any other matters it considers appropriate in respect of the Draft Report.

To facilitate this, the final draft report, a letter and a template document which can be used to make submissions is sent to the PGTB for observation review with a deadline of approximately two weeks.

If the PGTB does **not** provide observations or comments, an updated report will not be issued and the Assessor Team's Draft Report will be deemed to constitute the Final Draft Report which is to be referred to the ETC for its consideration and decision.

The observations of the PGTB is sent to the Assessor Team for review. The Assessor Team will not consider any submissions which relate to the publication of the Draft Report or connected matters. The submissions in relation to publication will be considered by the ETC, given that it is the decision maker on this matter).

The agreed changes are made to the report by the Executive. This is the final draft report.

The Executive, on behalf of the Assessor Team, will notify the Postgraduate Training Body regarding the outcome of the feedback process in writing. This correspondence will include the following:

- An outline of the Assessor Team's documented review of the responses/submission received, to include: consideration of each response, any changes made to the Assessor Team's Draft Report and reasons for changing, or not changing, the Draft Report.
- A copy of the Final Draft Report or extract from the Final Draft Report,
- Notification that the Final Draft Report is being referred to the ETC for a (i) Decision on Accreditation, including whether conditions should be attached, (ii) approval of the Final Draft Report and (iii) publication of the Final Draft Report, and the date upon which the ETC will consider these matters.

Where there is likely to be a significant issue or concern, the Chair of the ETC may invite the Postgraduate Training Body to attend the ETC meeting to make representations.

5.1.3. Compliance

The compliance ratings are:

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

5.2 Decision-making process

The draft report will be considered by the ETC of the Medical Council in conjunction with any response or comments from the PGTB. The Committee will then make a final decision.

5.2.1. Options available to the ETC in respect of Accreditation

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

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

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

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

In line with the Medical Council **Publication Policy**, there are two options available to ETC regarding the publication of accreditation reports:

- Publish full report, or
- Publish redacted version.

In general, it is Council policy to support transparency (via publication) unless there is good reason to opt for publishing a redacted version of the report. The reasons for the decision will be provided to the training body.

5.3 Options available to a body following ETC's decision

Following a decision regarding the accreditation of a body, Council shall notify the body in writing as soon as is practicable as to (a) the decision made by ETC, (b) the date on which the decision was made and (c) the reasons for this decision. Upon receipt of this notification, under section 90 of the Act 2007, a body may choose to appeal the decision made by the Council in relation to the body which may grant evidence of the satisfactory completion of specialist training (section 89(3)(a)(ii)). The body must make its appeal to the High Court within 21 days of receipt of notification by Council.[6]

5.4 Publication of the accreditation report

[6] Section 90 of MPA 2007 – "*A body the subject of a decision made by the Council under section 88(2)(a)(i)(II) or (ii) or 89(3)(a)(ii) or (b) may, not later than 21 days after the body received notice of the decision under section 88(5) or 89(6), as the case may be, appeal to the Court against the decision.*"

The Medical Council may decide to publish details of all specialist training programme accreditations it carries out. Accreditation reports/detail of activity will normally be published on the Medical Council website.

5.5 Duration of Approval

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

5.6 Action and Implementation Plan

On receipt of the final accreditation report, the PGTB will be asked to respond to any conditions and / or recommendations in the report by a specified date, via an 'action and implementation plan'. The plan contains all conditions and / or recommendations detailed in the final accreditation report. The PGTB will be asked to respond to each condition and / or recommendation, indicating how compliance with the Standards will be maintained and/or improved and any future quality assurance arrangements will be determined. PGTB representatives will be invited to present the plan to key personnel in the Medical Council and this meeting also provides an opportunity for feedback on the experience of the accreditation process.

5.7 Ongoing monitoring arrangements

The PGTB will be notified of future compliance monitoring arrangements following submission of the action and implementation plan.

We hope you found this information helpful. If you have any queries or comments, please email Ellen Moran at educationandtraining@mcirl.ie or telephone 01-4983402.

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APPENDIX A

Comhairle na nDochtúirí Leighis
Medical Council

MEDICAL COUNCIL ACCREDITATION STANDARDS FOR POSTGRADUATE MEDICAL EDUCATION AND TRAINING

1. CONTEXT OF EDUCATION AND TRAINING

1.1 GOVERNANCE

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

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

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

1.2 PROGRAMME MANAGEMENT

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

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

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

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

1.3 EDUCATIONAL EXPERTISE AND EXCHANGE

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

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

1.3.2 The training organisation collaborates with other educational institutions and compares its curriculum, training programme and assessment with that of other relevant programmes.

1.4 INTERACTION WITH THE HEALTH SECTOR

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

1.4.2 The training organisation works with healthcare institutions to facilitate clinicians employed by them to contribute to high quality teaching and supervision, and to foster peer review and professional development.

1.5 CONTINUOUS RENEWAL

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

2. THE OUTCOMES OF THE TRAINING PROGRAMME

2.1 PURPOSE OF THE TRAINING ORGANISATION

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

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

2.2 GRADUATE OUTCOMES

2.2.1 The training organisation has defined graduate outcomes for each training programme including any sub-specialty programmes. These outcomes are based on the nature of the discipline and the practitioners' role in the delivery of health care. The outcomes are related to community need.

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

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

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

3. THE EDUCATION AND TRAINING PROGRAMME - CURRICULUM CONTENT

3.1 CURRICULUM FRAMEWORK

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

3.2 CURRICULUM STRUCTURE, COMPOSITION AND DURATION

3.2.1 For each component or stage, the curriculum specifies the educational objectives and outcomes, details the nature and range of clinical experience required to meet these objectives, and outlines the syllabus of knowledge, skills and professional qualities to be acquired.

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

3.3 RESEARCH IN THE TRAINING PROGRAMME

3.3.1 The training programme includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, and encourages the trainee to participate in research.

3.3.2 The training programme allows appropriate candidates to enter research training during specialist education and to receive appropriate credit towards completion of specialist training.

3.4 FLEXIBLE TRAINING

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

3.4.2 There are opportunities for trainees to pursue studies of choice, consistent with training programme outcomes, which are underpinned by policies on the recognition of prior learning. These policies recognise demonstrated competencies achieved in other relevant training programmes both here and overseas, and give trainees appropriate credit towards the requirements of the training programme.

3.5 THE CONTINUUM OF LEARNING

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

4. THE TRAINING PROGRAMME - TEACHING AND LEARNING

4.1.1 The training is practice-based involving the trainees' personal participation in relevant aspects of the health services and, for clinical specialties, direct patient care.

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

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

5. THE CURRICULUM - ASSESSMENT OF LEARNING

5.1 ASSESSMENT APPROACH

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

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

components of the training programme.

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

5.2 FEEDBACK AND PERFORMANCE

5.2.1 The training organisation has processes for early identification of trainees who are under performing and for determining programmes of remedial work for them.

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

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

5.3 ASSESSMENT QUALITY

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

5.4 ASSESSMENT OF SPECIALISTS TRAINED OVERSEAS

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

6. THE CURRICULUM - MONITORING AND EVALUATION

6.1 ONGOING MONITORING

6.1.1 The training organisation regularly evaluates and reviews its training programmes. Its processes address curriculum content, quality of teaching and supervision, assessment and trainee progress.

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

6.1.3 Trainees contribute to monitoring and to programme development. Their confidential feedback on the quality of supervision, training and clinical experience is systematically sought, analysed and used in the monitoring process. Trainee feedback is specifically sought on proposed changes to the training programme to ensure that existing trainees are not unfairly disadvantaged by such changes.

6.2 OUTCOME EVALUATION

6.2.1 The training organisation maintains records on the graduates of its training programme, is developing methods to measure outcomes of training and is collecting qualitative information on outcomes.

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

7. IMPLEMENTING THE CURRICULUM – TRAINEES

7.1 ADMISSION POLICY AND SELECTION

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

7.1.2 The processes for selection into the training programme
- are based on the published criteria and the principles of the training organisation concerned
- are evaluated with respect to validity, reliability and feasibility
- are transparent, rigorous and fair
- are capable of standing up to external scrutiny
- include a formal process for review of decisions in relation to selection, and information on this process is outlined to candidates prior to the selection process.

7.1.3 The training organisation documents and publishes its selection criteria. Its recommended weighting for various elements of the selection process, including previous experience in the discipline, is described. The marking system for the elements of the process is also described.

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

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

7.2 TRAINEE PARTICIPATION IN TRAINING ORGANISATION GOVERNANCE

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

7.3 COMMUNICATION WITH TRAINEES

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

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

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

7.4 RESOLUTION OF TRAINING PROBLEMS AND DISPUTES

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

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

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

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

8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES

8.1 SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS

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

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

8.1.3 The training organisation routinely evaluates supervisor and trainer effectiveness including feedback from trainees and offers guidance in their professional development in these roles.

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

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

8.1.6 Organisation and development of trainers – instructional activities must be included as responsibilities in the work schedules of trainers and their relationship to work schedules of trainees must be described.

8.2 CLINICAL AND OTHER EDUCATIONAL RESOURCES

8.2.1 The training organisation has a process and criteria to select and recognise hospitals, sites and posts for training purposes. The accreditation standards of the training organisation are publicly available.

8.2.2 The training organisation specifies the clinical and/or other practical experience, infrastructure and educational support required of an accredited hospital/training position in terms of the outcomes for the training programme. It implements clear processes to assess the quality and appropriateness of the experience and support offered to determine if these requirements are met.

8.2.3 The training organisation's accreditation requirements cover: orientation, clinical and/or other experience, appropriate supervision, structured educational programmes, educational and infrastructure supports such as access to the internet, library, journals and other learning facilities, continuing medical education sessions accessible to the trainee, dedicated time for teaching and training and opportunities for informal teaching and training in the work environment.

8.2.4 The training organisation works with the health services to ensure that the capacity of the health care system is effectively used for service-based training, and that trainees can experience the breadth of the discipline. It uses an appropriate variety of clinical settings, patients and clinical problems for training purposes, while respecting service functions.

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

9. CONTINUING PROFESSIONAL DEVELOPMENT

9.1 CONTINUING PROFESSIONAL DEVELOPMENT PROGRAMMES

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

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

9.1.3 The process and criteria for assessing and recognising CPD providers and/or the individual CPD

activities are based on educational quality, the use of appropriate educational methods and resources, and take into consideration feedback from participants.

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

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

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

9.2 RETRAINING

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

9.3 ASSESSMENT AND REMEDIATION

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

Approved by the Medical Council
1st June 2010

and

Revised by the Medical Council
25th October 2011

APPENDIX B

The Three Pillars of Good Professional Practice

Partnership:

Good care depends on how doctors working together with patients and colleagues towards shared aims and with mutual respect

Practice:

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

Performance:

Describes the behaviours and processes that provide this foundation of good care

APPENDIX C

EIGHT DOMAINS OF GOOD PROFESSIONAL PRACTICE

Patient Safety and Quality of Patient Care

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

Clinical Skills

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

Professionalism

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

Scholarship

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

Relating to Patients

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

Communication and Interpersonal Skills

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

Collaboration and Teamwork

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

Management (including self-management)

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

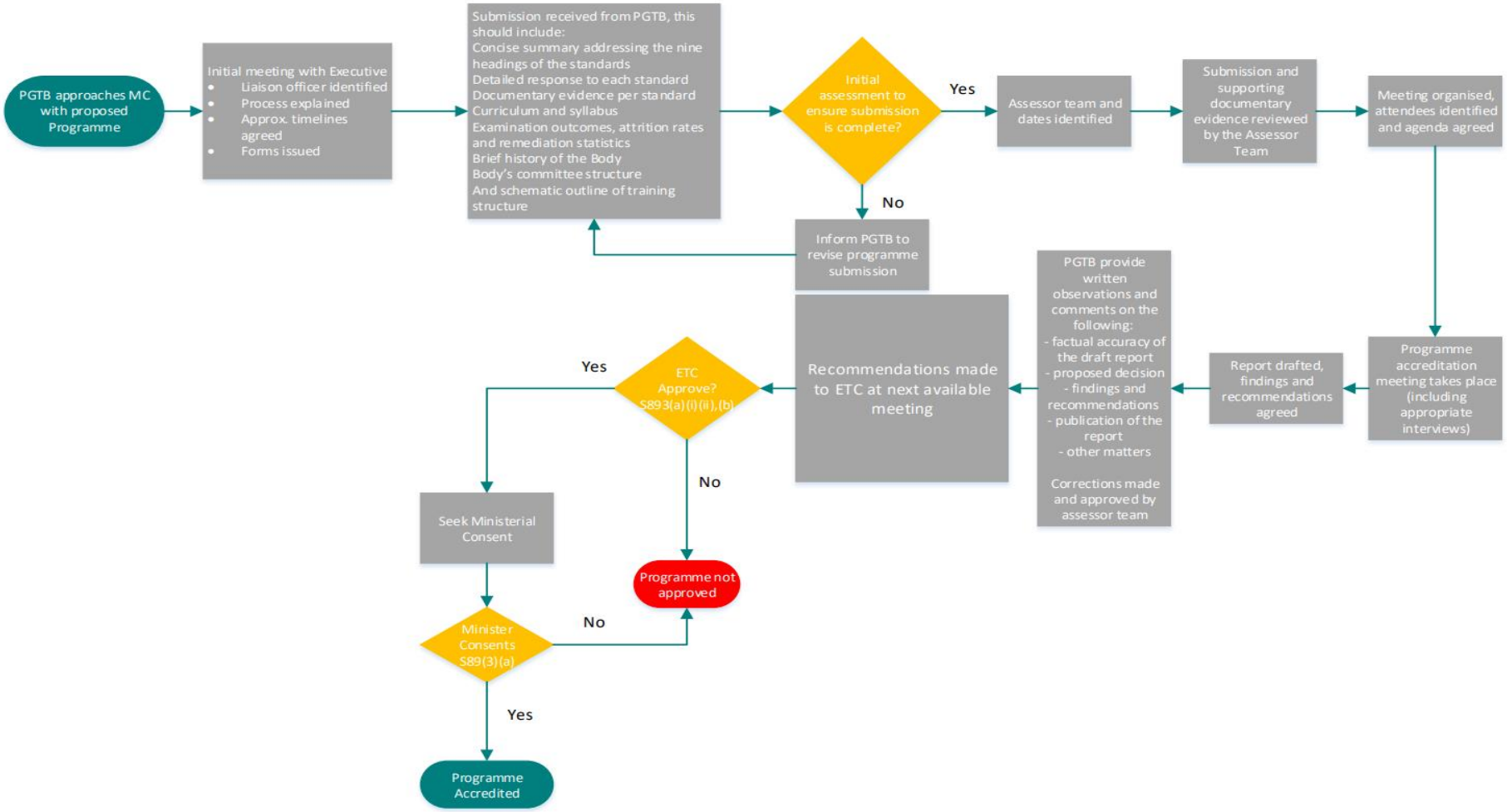
APPENDIX D

SAMPLE AGENDA FOR ACCREDITATION SESSIONS

Accreditation Session
Agenda

Time	Activity
7.45am	**Zoom Meeting Opens**
8am -8.30am	**Private Session of the Assessor Team**
8.30 am	**Zoom meeting opens**
8.40am-10.40am	**Meeting with College Representatives**
10.40am-11.10am	**Break (Offline)**
11.10am	**Zoom meeting opens**
11.20am -12.30pm	**Meeting with Trainers**
12.30pm-1.30pm	**Lunch (Offline)**
1.30pm	**Zoom meeting opens**
1.40pm-3pm	**Meeting with Trainees**
3pm-3.30pm	**Break (Offline)**
3.30 pm-4.30pm	**Meeting with Trainee Reps**
4.30 pm -5.00 pm	**Close out meeting with Faculty**

Appendix E - Postgraduate Programme Accreditation Process Map



Comhairle na nDochtúirí Leighis
Medical Council