FINAL - Report on the Accreditation of the Faculty of Pathology and its six programmes of specialist training.

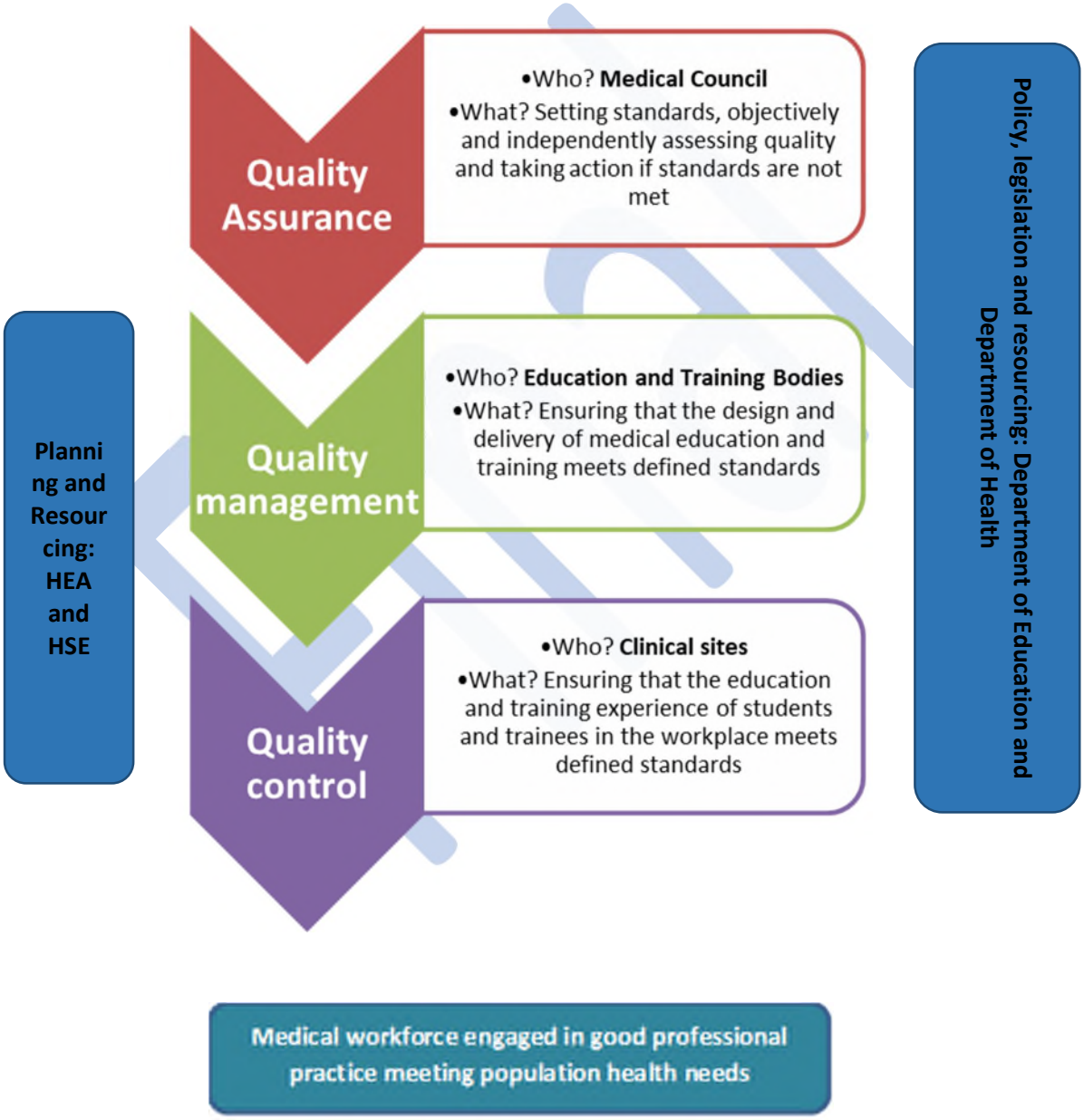
Approved by ETC 21 September 2021

Ministerial Approval 19 October 2021

Comhairle na nDochtúirí Leighis
Medical Council

1. Role of the Medical Council under Part 10 of the Medical Practitioners Act 2007.

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



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

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

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

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

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

I. *"approve;*

II. *approve subject to conditions attached to the approval of;*

III. *amend or remove conditions attached to the approval of or*

IV. *Withdraw the approval of – "*

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

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

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

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

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

2. Preface

1. Context of the Accreditation Session

The Medical Council Assessor Team met with the Faculty of Pathology ('The Faculty') and the Royal College of Physicians in Ireland (RCPI) between 9 – 12 March 2020. The Assessor Team's remit was to assess six pathology programmes of specialist training against the '*Medical Council Accreditation Standards for Postgraduate Medical Education and Training*' (approved 1st June 2010 and revised 25th October 2011)("Standards") and to subsequently formulate a recommendation to the Medical Council's Education and Training Committee (ETC).

The six programmes of specialist training included:

Clinical Microbiology	Histopathology
Haematology	Neuropathology
Immunology	Chemical Pathology

The compliance of the Faculty of Pathology and the above-mentioned programmes of specialist training with the Medical Council's Postgraduate Medical Education Standards was assessed. The Assessors recommended a rating of the Body to be either non, partially or fully complying with the Medical Council's standards.

2. The Team

The visiting Assessor Team comprised of a Council member, External Assessors with a relevant background/interest in medicine and/or medical education/training; and included medically qualified and non-medically qualified persons, representing public/patient interests together with support from the Medical Council Executive. The Medical Council Assessor Team is listed in Appendix A of this Report. The Council particularly appreciates the contribution of the Assessors. The Team comprised of Professor Jason Last (Chair), Mr John Murray (Council member), Dr Críona Walshe, Mr Declan Ashe Dr David Wareham, (Clinical Microbiology), Dr Donal Mc Lornan, (Haematology), Dr Ravishankar Sargur, (Immunology) Prof Peter Johnson, (Histopathology), Prof Colin Smith, (Neuropathology) and Dr Vinita Mishra, (Chemical Pathology). They brought additional expertise in quality assurance of medical education to the accreditation and generously gave of their time and expertise to help with the accreditation process.

The Medical Council also thanks the representatives from the Faculty of Pathology and the RCPI, for their co-operation. In addition, the Medical Council wishes to thank the trainers and trainees who met the Team, and whose feedback was most helpful in formulating aspects of this report. Assessor Teams met with the training body management and programme training directors of the specialist training programmes and interviewed trainee specialists participating in each of the specialist training programmes.

3. Documentation

As part of the accreditation process, the Faculty of Pathology, RCPI was asked to complete and document a self-evaluation process based upon the Standards. This documentation along with supporting evidence was reviewed by the Team. The documentation is listed at Appendix B.

4. Schedule

The accreditation session included an in-depth discussion between the Team and representatives from the Faculty of Pathology, the RCPI, trainers and trainees. Topics covered included: the syllabus; training methods; formative and summative assessment tools; standards; outcome measures; workforce planning consideration; flexible training; learners in difficulty; mentorship, and lifelong learning including Continuous Professional Development. Discussions were audio-recorded and documented through real-time stenography.

5. Appendices

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

6. The Report

The Standards formed the basis of the evaluation of both the Faculty of Pathology, RCPI and the programmes of specialist training in Clinical Microbiology, Haematology, Immunology, Histopathology, Neuropathology and Chemical Pathology. The observations, comments and recommendations contained in this Report are grouped under the relevant section of these standards.

3. Summary and General Assessment

1. Conclusion

Approval status for the programmes of specialist training in Clinical Microbiology, Haematology, Immunology, Histopathology, Neuropathology and Chemical Pathology

i. **The Programmes of Specialist Training in Clinical Microbiology, Haematology, Immunology, Histopathology, Neuropathology and Chemical Pathology** are approved for a period of five years *with conditions*, by the Council under the terms of Section 89(3)(a)(i) of the Medical Practitioners Act 2007.

ii. The **Faculty of Pathology, RCPI** is approved for a period of five years, by the Council under section 89(3)(a)(ii) of the Medical Practitioners Act as the body which may grant evidence of the satisfactory completion of Specialist Training in **Clinical Microbiology, Haematology, Immunology, Histopathology, Neuropathology and Chemical Pathology** approved under (i) above.

iii. A certificate of satisfactory completion in specialist training (CSCST) in **Clinical Microbiology, Haematology, Immunology, Histopathology, Neuropathology and Chemical Pathology** is the title and designation of qualification granted in the State, by the Medical Council, to enable a medical practitioner to secure registration in the Specialist Division of the register, under the terms of Section 89(2) of the Medical Practitioners Act 2007.

This approval is from the date of approval by the Education and Training Committee of the Medical Council (21.09.21) and the Minister of Health (19.10.21) as set out in Statutory Instrument 529 of 2010.

CONDITIONS APPLICABLE TO FACULTY OF PATHOLOGY AND ALL PATHOLOGY PROGRAMMES ACCREDITED

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

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

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

CONDITIONS APPLICABLE TO HAEMATOLOGY, HISTOPATHOLOGY, NEUROPATHOLOGY AND CHEMICAL PATHOLOGY

b. The role of a trainer is an important one and as such all trainers must be appropriately trained for their roles, which may be through a Train the Trainers / Essential Skills course and should include trainee mentorship and communication skills, registered, i.e. on the specialist division of the Medical Council Register and appointed to the role through a transparent process.

Condition (b) is consistent with findings in "Implementing the Training Programme – Delivery of Educational Resources" under standard 8.1.2 for Haematology, Histopathology Neuropathology and Chemical Pathology. This is to be addressed within twelve months and reported to the Education and Training Committee.

CONDITIONS APPLICABLE TO CLINICAL MICROBIOLOGY, HAEMATOLOGY, IMMUNOLOGY HISTOPATHOLOGY, AND CHEMICAL PATHOLOGY

c. The Faculty of Pathology, RCPI must introduce a programme for trainer development, in particular, for those involved as current trainers and members of the Specialty Training Committee (STC). This condition must be completed within twelve months of receipt of the final report and reported to the Education and Training Committee.

Condition (c) is consistent with findings in "Implementing the Training Programme – Delivery of Educational Resources" of the report under standard 8.1.3 This is to be addressed within twelve months and reported to the Education and Training Committee. ***Please note that in the interest of a consistent approach this condition is applicable to all Faculty of Pathology programmes.***

CONDITIONS APPLICABLE TO HISTOPATHOLOGY

d. The Faculty of Pathology, RCPI must support the specialty of Histopathology in ensuring the health and safety of trainees in the laboratory environment. The concerns noted by Trainees at one site during the accreditation represented unacceptable health and safety issues that required immediate as well as ongoing attention.

A system to facilitate Trainee feedback with regards to the working environments must be established and mechanisms put in place to ensure feedback is acted upon. Histopathology must ensure that trainees are only allocated to laboratories that adhere to the highest possible health and safety standards and provide a full report to the Medical Council in relation to the progress and resolution of the concerns outlined in relation to this standard.

Condition (d) is consistent with findings in "Implementing the Training Programme – Delivery of Educational Resources" of the Histopathology report under standard 8.2.5 This is to be addressed within six months and reported to the Education and Training Committee.

4. Overview of compliance rating for the Faculty of Pathology, RCPI and the six programmes of specialist training.

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

Levels of compliance

Compliance ratings are determined based on each Assessor Teams appraisal of evidence provided for each standard. Documentary evidence considered including self-evaluation submissions from the Body prior to accreditation together with evidence obtained through meetings during the accreditation with management, trainees, trainers and programme directors.

The compliance ratings are:

- **Fully compliant** (FC) – All requirements of a standard are adhered to
- **Partially compliant** (PC) – Parts but not all requirements of a standard are adhered to
- **Non-compliant** (NC) – No requirements of a standard are adhered to

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

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

Please note standards rated as fully compliant for the Faculty of Pathology, RCPI and specialties contained in this report are based on the documentary evidence provided (listed in Appendix B) and discussions with the RCPI and Faculty Executive, National Speciality Directors, trainers and trainees.

Standards rated as fully compliant are outlined in the overview of compliance rating tables for the Body and the individual specialties. In some instances, it was considered that specialties are meeting the standard and they have been rated as fully compliant, however a recommendation may have been added to encourage improvement.

Overview of compliance rating for the Faculty of Pathology (Training Body)

The table presented below compares compliance ratings of the Faculty of Pathology against the Medical Council's Postgraduate Medical Education and Training standards. The table provides a summary overview of the compliance rating for each sub-standard. Where a specialty is partially or non-compliant with a standard, the lowest compliance rating allocated by the Team is presented as the overall rating.

For example, if one speciality is non-compliant with standard 1.2.3 and the remaining five specialties are fully compliant with the standard, the judgement framework applied to the Faculty of Pathology as the Body with overall responsibility of the programme is non-compliant.

MEDICAL COUNCIL'S ACCREDITATION STANDARDS FOR POSTGRADUATE MEDICAL EDUCATION AND TRAINING	FACULTY OF PATHOLOGY COMPLIANCE RATING PER STANDARD												
1. Context of Training	1.1.1	1.1.2	1.1.3	1.2.1	1.2.2	1.2.3	1.3.1	1.3.2	1.4.1	1.4.2	1.5.1		
2. The Outcomes of the Training Programme	2.1.1	2.1.2	2.2.1	2.2.2	2.2.3	2.2.4							
3. The Education and Training Programme – Curriculum Content	3.1.1	3.2.1	3.2.2	3.3.1	3.3.2	3.4.1	3.4.2	3.5.1					
4. The Training Programme – Teaching and Learning	4.1.1	4.1.2	4.1.3										
5. The Curriculum - Assessment and Learning	5.1.1	5.1.2	5.1.3	5.2.1	5.2.2	5.2.3	5.3.1	5.4.1					
6. The Curriculum – Monitoring and Evaluation	6.1.1	6.1.2	6.1.3	6.2.1	6.2.2								
7. Implementing the Curriculum -Trainee s	7.1.1	7.1.2	7.1.3	7.1.4	7.1.5	7.2.1	7.3.1	7.3.2	7.3.3	7.4.1	7.4.2	7.4.3	7.4.4
8. Implementing the Training Programme and Delivery of Educational Resources	8.1.1	8.1.2	8.1.3	8.1.4	8.1.5	8.1.6	8.2.1	8.2.2	8.2.3	8.2.4	8.2.5		
9.Continuing Professional Development	9.1.1	9.1.2	9.1.3	9.1.4	9.1.5	9.1.6	9.2.1	9.3.1					

Fully Compliant
Partially Compliant
Non-Compliant

COMMENDATIONS FOR THE FACULTY OF PATHOLOGY, RCPI

- The Faculty of Pathology and RCPI are to be commended on their specific campaign to improve trainee engagement and have provided evidence of trainee engagement in feedback processes through representation on committees.
- The National Quality Improvement programme initiative was found to be impressive, in particular, how the Faculty of Pathology measure their KPI's against the operation of Pathology services in Ireland.
- The Faculty and RCPI are to be commended for their approach to health and wellbeing and the initiative to create a wellbeing department that is accessible to both trainees and trainers. The Faculty should continue to promote and seek additional resources to further expand and enhance this initiative.
- RCPI is to be commended for the HRB funded Hospital Doctor Retention and Motivation research initiative on the retention and motivation of Irish hospital doctors during 2019.
- The Faculty is commended for having patient advocates in attendance at the first International Pathology day held in 2019.

5. Evaluation of Compliance with Medical Council Standards

Training Body: Faculty of Pathology, RCPI

The following standards were found to be non-compliant for the Faculty of Pathology, RCPI.

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS – 8.1.6 *Organisation and development of trainers – instructional activities must be included as responsibilities in the work schedules of trainers and their relationship to work schedules of trainees must be described*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.1.6. In the self-evaluation submission and in the interviews conducted with the Faculty and representatives from each of the pathology specialties, overall, it was found there is a clear lack of protected time for trainers. The Faculty equally noted trainees do not have protected time to attend training and meetings. The Faculty acknowledges there should be protected time for trainees, and it should be part of the work plan. The extraordinary effort of the National Specialty Directors (NSD) was noted, in managing the programmes, supporting trainees, undertaking assessments and chairing committee meetings. As of now this is entirely voluntary and relies on colleagues for support. This is ultimately unsustainable, and consideration must be given to engaging with the Health Service Executive (HSE) and other bodies in order that these posts are properly resourced moving forward. The Faculty of Pathology, RCPI acknowledges the difficulty in delivering training against the backdrop of increasing service requirements of consultants, especially when sufficient time for instructional activities is not reflected in the work schedules of supervisors (such as	Protected time should be provided to trainers, the National Specialist Directors (NSD) and Regional Specialty Advisor (RSA). This is not criticism for work being carried out, but to fully be able to deliver effectively in their role's trainers, National Specialist Directors and Regional Speciality Advisors require adequate protected time.	**Non-Compliant**

trainers, National Specialty Director (NSD), Regional Specialty Advisor (RSA)). There should be time put aside for supervisors in their weekly job plans within the consultant contract. This also relates to standard 1.4.2.		

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – CLINICAL AND OTHER EDUCATIONAL RESOURCES – 8.2.5 *The training organisation should monitor the working environment to ensure it is a safe environment for training.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
8.2.5 Clinical Microbiology, Haematology and Immunology were found to be partially compliant with this standard, while Histopathology was non-compliant with this standard. Therefore, making the Faculty of Pathology as the Body non-compliant. For further specific details please refer to the speciality reports. The Faculty monitors the working environment via the inspections process and laboratories are subject to accreditation by the Irish National Accreditation Board (INAB). The Faculty outlined in their submission they recognise the need to ensure that the workplace is a safe place for training and as such it has a process to ensure this is the case. This is achieved primarily through their training site inspection process. Samples of trainee feedback were provided which specifically asks for details about the trainee's working environment. Trainees can also provide feedback in relation to the working environment at their Annual Evaluation of Progress and by participating in an anonymous training post evaluation survey. The Faculty has advised that from the due list of inspections at the start of 2019, 40% of clinical sites have yet to be inspected. The Faculty advised that workplace safety issues are the remit of the HSE and the overall responsibility of the working environment rests with the site management or the Health	**Histopathology Recommendation** The Faculty and Specialty must address the issues described in the findings and in doing so satisfy the health and safety concerns of the current trainees in relation to laboratories. The Faculty and Specialty must monitor the situation of future trainees on an annual basis. The programme is required to engage with the Irish National Accreditation Board and the training sites with regard to the issues raised. Measures to address these issues should be reported to the Medical Council within six months of the publication of the report.	**Non-Compliant**

and Safety Department. However, as the Faculty advised, health and safety in the workplace is assured through the inspection process referenced in standard 8.2.3. As noted under standard 8.2.3 there are a number of outstanding clinical site inspections for Clinical Microbiology, Immunology, Haematology, Histopathology and Chemical Pathology making these specialties partially compliant with this standard. Concerns were also raised by trainees in Haematology in relation to compliance of the European Working Time Directive (EWTD). Concerns were raised by trainees in Histopathology regarding the consistent application of safety standards in the laboratory, details of which can be found the specialty specific report. The safety issues identified were a major concern and required urgent resolution. The NSD was contacted immediately about the safety concerns raised and the urgency of resolving the situation was highlighted. The Medical Council has since received updates on progress but will still need each recommendation to be formally addressed following the publication of this report.	The Faculty and Specialty should seek, encourage and act upon the open and frank feedback of trainees in respect to laboratory conditions as part of the annual feedback cycle and to demonstrate the design of this annual exercise to Council within 3 months. **Clinical Microbiology, Immunology, Haematology, Histopathology and Chemical Pathology** Clinical Microbiology, Immunology, Haematology, Histopathology and Chemical Pathology should complete the site inspections as this is their mechanism to ensure safe environment for training. **Haematology Recommendation(s)** Haematology should liaise with sites to put necessary measures in place to ensure compliance with EWTD.	

The following standards were found to be partially compliant for the Faculty of Pathology, RCPI.

1.CONTEXT OF TRAINING – INTERACTION WITH THE HEALTH SECTOR - 1.4.2. *The training organisation works with healthcare institutions to facilitate clinicians employed by them to contribute to high quality teaching and supervision, and to foster peer review and professional development.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
1.4.2. It was found there is no Memorandum of Understanding (MOU) currently in place with clinical training sites. However, it was noted as part of the accreditation model project, the Royal College of Physicians of Ireland (RCPI) are developing MOUs with clinical institutions, which the College hopes to roll out for the next academic year (July 2020). Also please refer to standard 8.1.6 above for findings. The Faculty advised clinical sites are inspected and have to be approved by the Faculty as an approved training site from the outset before a trainee is sent to the site. Inspections are conducted on a five-year cycle. However, the Faculty have not yet set standards for clinical site inspection. Currently the process includes the completion of a departmental facilities form, which the NSD reviews in advance of physical site inspection. It was noted that there is an accreditation project underway which has representation from all six training bodies and their associated clinical sites. Out of this project the Faculty and RCPI will develop a Memorandum of Understanding (MOU) with the clinical sites. There is currently no MOU in place. Evidence was heard that on occasion the Faculty have identified clinical training sites in difficulty, where this occurs the Faculty would conduct a 'triggered' inspection to assist in resolving the concerns identified.	A Memorandum of Understanding between the various hospital sites should be formulated with immediate effect. The Faculty should inform the Medical Council when the development of the accreditation model and MOU are complete. The Faculty should publish the accreditation model and MOU on their website when complete. There should be provision in the consultant contract for protected time for training activities and sufficient time should be put aside for trainers in their weekly job plan to undertake the role.	**Partially Compliant**

2. THE OUTCOMES OF THE TRAINING PROGRAMME - GRADUATE OUTCOMES – 2.2.1 *The training organisation has defined graduate outcomes for each training programme including any sub-specialty programmes. These outcomes are based on the nature of the discipline and the practitioners' role in the delivery of health care. The outcomes are related to community need.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
2.2.1 All specialties are fully complying with this standard with the exception of Histopathology which were found to be partially compliant with this standard. Therefore, making the Faculty of Pathology as the Body partially compliant. In the Histopathology report it is noted there is no formal process to routinely consider community need and to ensure that outcomes in Histopathology are related to any such needs. For further information please refer to the speciality specific report.	**Recommendation(s) for Histopathology** Histopathology should put in place a process to identify community need and endeavour to align graduate outcomes in Histopathology to community need.	**Partially Compliant**

2. THE OUTCOMES OF THE TRAINING PROGRAMME - GRADUATE OUTCOMES – 2.2.3 *Outcomes must reflect domains of professionalism as defined by the Medical Council with particular reference to patient safety*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
2.2.3. The Medical Council's Eight Domains of Good Professional Practice are built into the curriculum for all specialties. The Faculty confirmed the Medical Council's Eight Domains of Good Professional Practice are integrated into what the Faculty consider as the 'generic' section of the curriculum. This includes communications, professionalism, and patient safety. They are also assessed in tandem with the tangible components of the curriculum speciality section as part of the case-based discussions or mini clinical exercises or DOPs. However, in the discussions with specialties and trainees, trainees indicated that they are unaware that the curriculum reflects these domains.	Training in the Medical Council's Eight Domains of Good Professional Practice should be mandatory for all trainees. This needs to be explicit and embedded into learning agreements and be part of everyday teaching and learning including when on placements.	**Partially Compliant**

Trainees were unable to demonstrate when asked, how the Medical Council's Eight Domains of Good Professional Practice are intertwined into the curriculum. There was variability across specialties in the accessibility to management and leadership skills training. Trainees noted they would welcome more opportunities to develop leadership and management skills.	There should be greater emphasis and awareness of the 'Eight Domains' for both trainers and trainees. The Faculty should ensure trainees across all specialties have access to management meetings and opportunities to develop leadership and management skills.	

3. THE EDUCATION AND TRAINING PROGRAMME – CURRICULUM CONTENT – 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.*		
FINDING	**REQUIREMENT /RECOMMENDATION(S)**	**COMPLIANCE**
3.2.1 Haematology and Histopathology were found to be partially compliant with this standard. Therefore, making the Faculty of Pathology as the Body partially compliant. Below is a summary of the findings, for more specific details please refer to the speciality reports. In Haematology it was found there is a challenge to ensure trainee morphological and basic clinical skills are developed within year one and year two due to insufficient laboratory exposure ahead of FRCPath examination In Histopathology, the outcomes-based curriculum has been developed for BST, this new curriculum requires trainees to demonstrate a specific proficiency or capability in an area rather than perform a certain amount of procedures. However, upon reviewing the new	**Recommendation(s) for Haematology** Haematology should formalise an introductory course for trainees to attend on site which addresses laboratory aspects of Haematology, such as coagulation, blood transfusion and morphology. **Recommendation(s) for Histopathology** Histopathology should increase engagement with Trainees with regard to the new outcomes-based curricula	**Partially Compliant**

curriculum, there does not appear to be clear guidance for trainees transitioning to this new type of outcomes-based education and does not assist their understanding in meeting the outcomes described. An outcomes-based curriculum for the HST in Histopathology is under development and the Faculty should be conscious of providing clear guidance when this transition takes place. Although Clinical Microbiology was found to be fully compliant with the standard, trainees noted laboratory exposure can vary between clinical sites, which can lead to gaps in training.	and should ensure clear communication in relation to any changes. The specialty of Histopathology should develop a strategy for ensuring curricula and assessment system changes are appropriately consulted on within the national context and that the outcomes are suitably exampled. Trainees should be provided with an opportunity to review the new curriculum and provide feedback before it is finalised. The specialty of Histopathology should provide clear guidance to trainees and trainers in relation to meeting the new outcomes. **Recommendation for Clinical Microbiology** The speciality of Clinical Microbiology should review the perception that there is no structure to laboratory exposure and address the consequent gaps identified by trainees.	

STANDARD 3 – THE EDUCATION AND TRAINING PROGRAMME – CURRICULUM CONTENT – 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.*

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

FINDING(S)	REQUIREMENT /RECOMMENDATION(S)	COMPLIANCE
3.3.1; 3.3.2 All specialties are fully complying with this standard with the exception of Histopathology which was found to be partially compliant with this standard. Therefore, making the Faculty of Pathology as the Body partially compliant. While the research component of the Histopathology programme is clearly outlined in the curriculum, the specialty identified the need to place greater emphasis on research and identified some of the barriers to the lack of trainee involvement in research, these include impact of GDPR on health research, the need to take Out of Clinical Programme Experience (OCPE) and the lack of clinical academic posts in Ireland. It was also noted that there has been a vacancy for a professor of Pathology for a number of years. There is concern about the lack of resources to facilitate opportunities for trainees to engage in research at all levels. Trainees agreed that they would prefer to engage in more structured research. They stated that research opportunities vary according to sites and that developing an interest in a research area is difficult when you are moving from site to site every six months. For further information please refer to the speciality specific report.	**Recommendation(s) for Histopathology** The Faculty and the speciality of Histopathology should improve communication and uptake of research opportunities available.	**Partially Compliant**

STANDARD 3 - THE EDUCATION AND TRAINING PROGRAMME - 3.4.2 *There are opportunities for Trainees to pursue studies of choice, consistent with training programme outcomes, which are underpinned by policies on the recognition of prior learning. These policies recognise demonstrated competencies achieved in other relevant training programmes both here and overseas, and give Trainees appropriate credit towards the requirements of the training programme.*

FINDING	REQUIREMENT / RECOMMENDATION(S)	COMPLIANCE
3.4.2. Haematology, Immunology and Histopathology were found to be partially compliant with this standard. Therefore, making the Faculty of Pathology as the Body partially compliant. Below is a summary of the findings, for more specific details please refer to the speciality reports. The HST programme of ***Haematology***, ***Immunology and Histopathology*** outlined that trainees have opportunities to pursue studies of choice or Out of Clinical Programme Experience (OCPE), which contributed to a maximum of one-year credit to the overall HST training programme. The prospective approval of such studies, clinical and research related must be consistent with the training programme outcomes. However, in the discussions with: • Haematology, representatives advised it was not clear how "out of programme" trainees achieve competencies and how this is fed back into the training scheme. • Immunology, representatives advised there is no formal mechanism to recognise prior learning experience. If a trainee from another programme applied for recognition of prior learning (RPL) experience it would be dealt with on a case by case basis. It was not clear what policies underlie adequate recognition of training taken outside the training programme to ensure it is equivalent and appropriate. • Histopathology, representative advised the recognition of prior learning is dealt with on a case-by-case basis. However, it noted significant difficulty in assessing equivalence of experience in Histopathology. Also reference finding and recommendation in standard 7.1.3.	The Faculty of Pathology should develop a policy which outlines the specific criteria for the recognition of prior learning or training taken outside of the training programme. The Faculty should clarify its criteria for assessing equivalent experience. Trainees should be made aware of the RPL policy in advance of entering a training programme. **Recommendation(s) for Haematology** Haematology should outline how relevant competencies will be met when the trainee is "out of programme" and how these are recorded and validated. **Recommendation(s) for Immunology** Immunology should develop a policy that outlines specific criteria for the recognition of prior learning or training taken outside of the training programme.	**Partially Compliant**

	Recommendation(s) for Histopathology Histopathology should produce a document that captures how prior learning in other specialties is recognised. The Faculty should clarify its criteria for assessing equivalence of experience in Histopathology.	

STANDARD 4 – THE TRAINING PROGRAMME – TEACHING AND LEARNING – 4.1.1 *The training is practice-based involving the trainees' personal participation in relevant aspects of the health services and, for clinical specialties, direct patient care.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
4.1.1. All specialties are fully complying with this standard with the exception of Histopathology and Chemical Pathology who were found to be partially compliant with this standard. Therefore, making the Faculty of Pathology as the Body partially compliant. Below is a summary of the findings, for more specific details please refer to the speciality reports. The Faculty advised there is a variation of practice-based learning across the different pathology specialties. For example, Histopathology is very much laboratory based, while Haematology and Clinical Microbiology require more patient interaction. The Faculty vary their teaching programme to take both lab and hospital-based teaching into consideration. It was also noted the Faculty is moving towards outcome-based curriculum, feedback is received from trainees from different specialties via the Education and Training Committee	**Recommendation(s) for Histopathology**. The Faculty and Specialty should work with training sites and trainers to identify solutions to address gaps in training. **Recommendation (s) for Chemical Pathology** The Faculty and Speciality should improve the level of trainee exposure to	**Partially Compliant**

as to whether the mandatory courses are still relevant to the individual pathology specialties and adapted accordingly.

One method of standardising programmes across different sites is via their e-Portfolio system, which specifies certain training opportunities for a trainee to avail of during each year of training. Trainees and trainers develop a training plan which is submitted and agreed between both trainers and trainees, this is monitored an logged through the e-Portfolio and trainers can see if the trainee is getting the adequate exposure to the different competencies that are presented in the log book. Trainees meet with their trainers four times per year and review the trainee's progression as well as at end of year assessment.

Histopathology identified the provision of training in autopsy as a challenge. It reported that two hospitals are no longer performing coronial autopsies and that it is difficult when the Office of the State Pathologist is under the jurisdiction of the Department of Justice and Equality rather than the Department of Health.

Trainees identified gaps in relevant aspects of their training such as adequate exposure to autopsy. Exposure to other aspects of training vary depending on the location of the clinical training site. Training sites in North Dublin no longer provide adequate exposure to paediatric and pancreatic pathology and training in South Dublin is limited in terms of exposure to heart biopsies and transplant pathology. It is noted that paediatric pathology, heart biopsies and transplant pathology are not mandatory components of the curriculum, however, it is important that trainees have an overview of these elements of Histopathology. It was also noted there is inadequate exposure to cytology which requires trainees to pay for supplementary courses in order to meet exam requirements.

Trainees reported that resource issues and service needs in Histopathology services lead trainers to limit trainees' exposure to aspects of Histopathology in the programme, for

laboratory-based learning opportunities**.**

Recommendation(s) for Haematology

The Faculty and Specialty should improve on the advance planning of rotations throughout the five-year programme.

example, cut ups are allocated to trainees while access to cytology, gastrointestinal histopathology, cervical histopathology, reporting, etc is not prioritised and therefore difficult for trainees to gain sufficient experience. In Chemical Pathology the ratio of training for clinical and laboratory exposure was described by trainers as approximately 30% clinical to 70% laboratory. The training opportunities were noted to vary at each site, providing trainees with different areas of exposure at each one. Trainees reported that the frequency of laboratory exposure varies at each site, noting that they would like to see an increase in the level of laboratory exposure. While Haematology is fully complying with this standard, trainees advised that in advanced planning of rotations is problematic and affects exposure to sub-specialties e.g. transfusion. Furthermore, it creates challenges at a personal level with insufficient time to identify accommodation, schools and childcare.		

STANDARD 4 – THE TRAINING PROGRAMME – TEACHING AND LEARNING – 4.1.3 *The training process ensures an increasing degree of independent responsibility as skills, knowledge and experience grow.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
4.1.3. All specialties are fully complying with this standard with the exception of Histopathology which was found to be partially complying with this standard. Therefore, making the Faculty of Pathology as the Body partially compliant. Below is a summary of the findings, for more specific details please refer to the speciality reports. In terms of promoting increasing independent practice among trainees, the Faculty described a study day that is partly trainee-led with the trainees giving presentations to	**Recommendation(s) for Histopathology** Histopathology should encourage an increasing degree of independent responsibility among trainees at an early stage in the programme in preparation for the transition to consultant roles.	**Partially Compliant**

their peers. It was noted by trainees that it is only when they have completed the Part II FRCPath examination, that they get the opportunity to begin reporting independently, on a phased basis subject to a consultant's review. The Faculty clarified that the rationale behind this is the nature of the medico-legal environment in Ireland. It was noted that there are ongoing discussions in the STC about how to introduce independent reporting. In interviews with trainees and the Faculty, they both spoke of trainees being 'protected' in relation to this standard and suggested that an increasing degree of independent responsibility could be better facilitated. Trainees reported concern at the leap between the transition of trainee and consultant due to this protection. Clinical Microbiology was found to be fully complying with this standard. Specialty representatives indicated that standardisation of attendance at mandatory training days is needed across sites and trainees need to be allocated a block of time to attend. Clinical time should be separate to these training days.	This should be reflected in individual training plans. **Recommendation(s) for Clinical Microbiology** Steps should be taken to ensure the standardisation of attendance at mandatory training days.	

STANDARD 5 – THE CURRICULUM – ASSESSMENT OF LEARNING – FEEDBACK AND PERFORMANCE - 5.2.2 *The training organisation facilitates regular feedback to trainees on performance to guide learning.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
5.2.2 All specialties are fully complying with this standard with the exception of Histopathology who were found to be partially compliant with this standard. Therefore, making the Faculty of Pathology as the Body partially compliant. Below is a summary of the findings, for more specific details please refer to the speciality reports. Histopathology identified the provision of negative feedback to trainees with regard to their performance, especially in terms of professionalism, as a challenge for trainers. The Faculty stated that it would like trainers to inform it of any such concerns so that it can	**Recommendation (s) for Histopathology** The Faculty and Specialty should ensure that all trainers in Histopathology deliver high quality feedback consistently across all sites which	**Partially Compliant**

help to address any issues. The Faculty also stated that the 'Train the Trainer' course addresses such concerns, including the provision of feedback to trainees and reporting concerns to the Faculty. Some trainees reported that they do not receive direct informal feedback on a regular basis; they reported concerns about regular feedback and stated that feedback can vary according to sites, and individual trainers and training styles. Others stated that they were happy with the level of feedback received from their trainers. One Trainee described receiving collective feedback from consultants in the department at one training site, and noted it was very useful. Neuropathology was found to be fully complying with this standard, while trainees described feedback as constructive and, timely and stated that they were comfortable asking for feedback when necessary, it was felt a more detailed syllabus containing a benchmarking feature to measure a trainees progress for each stage of their training would be beneficial. Particularly in smaller specialties where there may be only one trainee in the programme and therefore comparison with peers cannot be made.	constructively assists the development of trainees. **Recommendation(s) for Neuropathology** The Specialty should develop a defined benchmarking tool for trainees to measure their progress. This would be useful in the absence of other trainees at equivalent stages of the programme.	

STANDARD 5 – THE CURRICULUM – ASSESSMENT OF LEARNING – ASSESSMENT QUALITY - 5.3.1 *The training organisation has a policy on the evaluation of the reliability and validity of assessment methods, the educational impact of the assessment on trainee learning, and the feasibility of the assessment items. It introduces new assessment methods where required.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
5.3.1. Clinical Microbiology and Histopathology were found to be partially compliant with this standard. Therefore, making the Faculty of Pathology as the Body partially compliant. Below is a summary of the findings, for more specific details please refer to the speciality reports.	**Recommendation(s) for Clinical Microbiology** The Faculty and Specialty should review the e-Portfolio as a form of assessment	**Partially Compliant**

Feedback from trainees in Clinical Microbiology with regards to the assessment element of the e-Portfolio was largely negative. Trainees noted there is a lack of clarity regarding logbook requirements. Many trainees felt there was a lot of repetition and ambiguity within the e-Portfolio i.e. DOPs and mini CEX they were unclear as to whether they are competency based or check off exercise. Trainees in Histopathology reported disparities between exposure provided by placements in the training programme and the standard required of the FRCPath examination, for example in areas such as cytology and autopsy. They attribute these gaps in training to service pressures and insufficient resources, as well as a lack of alignment between the UK-based exam and Histopathology practice in Ireland. Trainees advised that they spend significant sums of money on supplementary courses in order to sufficiently prepare for the exam in order to make up for the gap in training experience. (Another aspect of the financial burden facing Trainees in Histopathology is also described under 7.1.4.) Trainees stated that they did not feel that they can input into the curriculum in relation to this issue and asserted that the issue is widely known.	(DOPs and Min CEX) in terms of its practicality and relevance to the specialty, ensuring trainees are clear on what is being asked of them. The Faculty should develop an explicit policy on the evaluation of the reliability and validity of assessment methods. **Recommendation(s) for Histopathology** Histopathology should ensure better alignment between opportunities for training and the assessed curriculum, including the FRCPath examination.	

STANDARD 6 – THE CURRICULUM – MONITORING AND EVALUATION – ONGOING MONITORING – 6.1.1 *The training organisation regularly evaluates and reviews its training programmes. Its processes address curriculum content, quality of teaching and supervision, assessment and trainee progress.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
6.1.1. All specialties were found to be partially complying with this standard. Therefore, making the Faculty of Pathology as the Body partially compliant. Below is a summary of the findings, for more specific details please refer to the speciality reports. The Faculty of Pathology advised at the end of every year there is a formal end of year evaluation for the trainee which both the trainee and their trainer attend. A trainee has an	**Recommendation (s) for the Faculty and all Specialities** The Faculty and specialities should develop a mechanism to review the quality of teaching and supervision provided to	**Partially Compliant**

opportunity to provide confidential feedback on the training post and on the training experience at a site and then that feedback is discussed at the end of year evaluation. Any deficits in training can be discussed and addressed at this meeting. There is also an external UK examination, the FRCPath examination which the Faculty noted validates the quality control of the training programme, as trainees in general tend to do very well in this examination. It was noted the Faculty of Pathology training programmes are structured very similar to the training programmes in the UK and outcomes appear to reflect that. The Faculty provided an example of where in Clinical Microbiology the FRCPath examination had a greater emphasis on virology. In response the NSD and the STC reviewed the curriculum and the training days for those SPRs and ensured there was a greater focus on that aspect of the training.

The Faculty noted trainees have the opportunity to provide feedback on the quality of training and also noted there is trainee representation on the STC for each of the pathology's specialties and BST programme.

The curriculum for each of the programmes is reviewed on an annual basis through the Specialist Training Committee for each of the specialties and this is led by the NSD. Amendments are discussed and approved by the STC. The review of the curriculum takes into account feedback on courses, and national and international issues that arise and require prompt changes to the curriculum. Trainees have the opportunity via the trainee representative on the STC to provide their input into the curriculum review. Trainees also provide feedback on the annual trainee day, which is trainee led, the Faculty noted they find this input invaluable. Trainees in Immunology felt they had input into the curriculum as their consultant trainers and the National Specialty Director had asked for their input but on an informal basis.

However, in discussions with the trainees, it was noted that the Faculty and individual specialties do not appear to have an effective process by which it reviews the quality of the trainees and should not be solely reliant on the feedback of trainees.

The assessment and progression processes for trainees should undergo formal review.

Also see recommendations listed in 6.1.3.

Recommendation(s) for Haematology

The Faculty and Speciality should embed laboratory time within the curriculum to ensure adequate exposure for those in the early years of their training and in advance of professional examinations.

Recommendation(s) for Immunology

Trainee input into the curriculum review should be formalised by the specialty.

Recommendation(s) for Chemical Pathology

Feedback on individual trainee performance should be collated from other clinical supervisors and shared with trainees at the annual review meeting.

teaching and supervision that is provided in each programme. Trainees raised concerns about lack of anonymity in providing such feedback. This is further described under standards 6.1.3 and 8.1.3. Trainees in Haematology highlighted it was difficult to get sufficient laboratory experience ahead of examinations. Programme representatives also confirmed it is a challenge to protect laboratory time within year one and two. Trainees in Chemical Pathology also noted access to laboratory exposure varies at each of the four training sites, but trainees described securing such exposure as a challenge.		

STANDARD 6 – THE CURRICULUM – MONITORING AND EVALUATION – ONGOING MONITORING – 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.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
6.1.3 All specialties were found to be partially complying with this standard. Therefore, making the Faculty of Pathology as the Body partially compliant. Below is a summary of the findings, for more specific details please refer to the speciality reports. The Faculty does not have an effective process in place to facilitate confidential feedback. The Faculty submitted the Training Post Evaluation form, which is a short, anonymous survey for trainees to complete regarding their last training post. It primarily asks closed questions, some dealing with supervision, with a range of answer choices for trainees to choose from, e.g. strongly agree, agree, neutral, disagree, strongly disagree. However, this survey does not appear to be popular among trainees. According the RCPI's aggregate three-year report, only 3% of BST trainees and 16% of HST trainees from the Faculty of	The Faculty of Pathology should put in place a mechanism to seek and anonymise trainee feedback. This should include a communication with trainees about their anonymity. Opportunities for formal and informal feedback between trainees and trainers should be increased. Consideration	**Partially Compliant**

Pathology have completed these evaluations. A further breakdown of the participation rates within the Pathology specialties was not provided. The RCPI advised they have taken measures to improve the feedback process. There has been a college wide initiative over a three-year period to receive feedback from trainees at the end of every posting. At the time of this meeting, the RCPI had a 35% trainee participation rate. However, with the agreement of the training committee this is due to be made compulsory. A RCPI representative noted they are seeking a third party who will gather and collate trainee feedback, the outcome of the anonymous feedback will be analysed by an independent entity which will provide and additional level of anonymity and protection for individuals providing feedback. In general trainees have the opportunity to provide feedback at their end of year assessments, during training site inspections by Faculty and through the anonymised feedback form. Trainees are also asked for feedback on their training and training site in their end of year evaluation form and this is discussed at their end of year evaluation with the NSD. Despite all the feedback mechanisms in place by both the College and the Faculty of Pathology, trainees have concerns with the level of anonymity provided, this was reported in the discussion with trainees in all specialties. Trainees felt smaller specialties are identifiable. It was noted that feedback on trainer performance and the quality of training and supervision is not actively sought by the Faculty as part of ongoing monitoring and evaluation and would be difficult to provide due to the size of some specialties. Histopathology trainees in particular reported that the Annual Evaluation did not afford them the opportunity for open feedback, including feedback on the quality of training and supervision. Trainees noted they would welcome the opportunity to provide feedback with regards to the quality of training and supervision.	should be given to utilising the scheduled quarterly meetings as part of addressing this requirement. The Faculty should reform the Annual Evaluation to ensure that there is time for trainees to provide open feedback on their training programme and experience, including feedback on the quality of supervision, and any other issues they may wish to raise. Please also refer to the recommendations listed in standard 6.1.1 **Recommendation(s) for Neuropathology** Trainees in Neuropathology should be able to provide feedback with Histopathology feedback to protect their anonymity.	

STANDARD 6 – THE CURRICULUM – MONITORING AND EVALUATION – OUTCOME EVALUATION – 6.2.2 *Supervisors, trainees, health care administrators, other health care professionals and consumers contribute to evaluation processes.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
6.2.2 All specialties were found to be partially complying with this standard with the exception of Immunology which was found to be fully compliant. Below is a summary of the findings, for more specific details please refer to the speciality reports. The Faculty noted in their self-evaluation that only trainers and trainees formally contribute to the evaluation processes in relation to the progress of individual trainees. The self-evaluation submission also states that an external assessor participates in the Penultimate Year Assessments. In discussions with the Faculty, it was noted they look for external stakeholder involvement with regards to the Royal College of Pathology exam in terms of the evaluation of the curriculum. This is an external exam and very much led by trainee's performance in the exam. For example, part of the exam refers to autopsy techniques which a number of candidates who sat the exam were not successful with this component. Trainees informed the Faculty of items they did not expect to see in relation to that component, in response the NSD, the STC and trainers met with the their colleagues in the UK who set the exam and as a result a symposium was arranged for trainees with regards to the FRCPath examination. The Faculty noted they continue to identify issues raised by trainees, take the necessary steps to rectify it while at the same time strengthening the links between Royal College of Pathology (UK). However, it was noted from their discussion with the Faculty, they do not appear to collect data from other healthcare professionals with regards the monitoring and evaluation of the curriculum. There is no formal process in place to facilitate feedback from other stakeholders and confirmed that there are no immediate plans to formalise the	The Faculty of Pathology should develop a mechanism to incorporate feedback from health care professionals, administrators and consumers as part of the curriculum and monitoring evaluation process, such as Multi Source Feedback. This should be incorporated as part of the specialties move to Outcomes Based Education.	**Partially Compliant**

contribution of health care administrators and health care professionals to the evaluation process. This was a consistent finding across all specialties.		

STANDARD 7 – IMPLEMENTING THE CURRICULUM – TRAINEES – ADMISSION POLICY AND SELECTION – 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.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
7.1.3 In its self-evaluation submission, the Faculty states that the programme facilitates *Out Of Clinical Programme Experience* (OCPE), such as research, in line with RCPI policy in that it must be prospectively approved and deemed appropriate to the speciality. OCPE contributes a maximum of one-year credit to the overall HST training programme. The Faculty advised that recognition of prior learning is assessed on a case-by-case basis. However, it noted significant difficulty in assessing equivalence of experience in Histopathology. Also please reference finding and recommendation in standard 3.4.2 in relation to RPL.	The Faculty should produce a document that captures how prior learning in other specialties is recognised. The Faculty should clarify its criteria for assessing equivalence of experience in Histopathology.	**Partially Compliant**

STANDARD 7 – IMPLEMENTING THE CURRICULUM – TRAINEES – ADMISSION POLICY AND SELECTION – 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.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**

7.1.4 All specialties are fully complying with this standard with the exception of Histopathology who was found to be partially compliant with this standard. Therefore, making the Faculty of Pathology as the Body partially compliant. Below is a summary of the findings, for more specific details please refer to the speciality report. Trainees in Histopathology advised that exposure to sub-specialisations varies greatly across training sites, especially in autopsy and cytology. Trainees confirmed that if they are lacking exposure in a certain area, they are accommodated with placements in appropriate sites where they can gain the necessary experience. This situation is often facilitated by job swopping with another trainee. As a result, there is a perception among trainees that they will have to rotate outside of their geographical region either to gain or to facilitate a colleague's exposure to a sub-specialty area. Trainees reported that this possibility is a cause of huge concern - in terms of the potential financial cost as well as disruption to family life. Trainees added that they do not feel that these particular concerns are being listened to and addressed.	The Specialty should engage with trainees in an open manner to discuss and address concerns around potential trainee placements outside of designated training hubs. The Specialty should work with training sites and Trainers to identify potential solutions to the variability of exposure to the breadth of the discipline of Histopathology across training sites and hubs. Covered in another standard.	**Partially Compliant**

STANDARD 7 – COMMUNICATION WITH TRAINEES –7.3.3 *The training organisation provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.*		
	REQUIREMENT / RECOMMENDATION(S)	**COMPLIANCE**
7.3.3 All specialties are fully complying with this standard with the exception of Clinical Microbiology who were found to be partially compliant with this standard. Therefore, making the Faculty of Pathology as the Body partially compliant. It was noted the assessment breakdown, which is both formative and summative, consists of the mini CEX, workplace-based, FRCPath examinations, logbook/e-Portfolio.	**Recommendation(s) for Clinical Microbiology** The assessments should undergo a review given the discrepancy between speciality perception of the logbook and trainee. The e-Portfolio needs to be re-	**Partially Compliant**

Clinical Microbiology representatives spoke favourably about the e-Portfolio with regards to reviewing and monitoring trainees progression and the end of year assessments, however, trainee feedback overall was negative with the vast majority stating that the platform does not function as it should. Trainees felt it is in need of revision and should be more competency practical based. Further information can be found in the speciality specific report.	viewed to ensure the logbook is an effective assessment tool and "fit for purpose".	

STANDARD 8 – IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – 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.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
8.1.2. In the discission with the Faculty and all speciality representatives, it was noted that all physicians within the RCPI and Faculty must apply to become a trainer in line with required criteria. This process was outlined in the Faculty's submission. Potential trainer applications are considered by the NSD and Director of Training Site Accreditation. Trainers must complete the 'Essential Skills' or 'Train the Trainer' programme and the continued approval of trainers is monitored through the assessment of training posts, rotations and site inspections. However, it was found some longstanding trainers have not completed the 'Train the Trainer' course in full, as they were already instated as trainers prior to the requirement coming in. There appears to be a lack of quality control in relation to the training of both new and longstanding trainers within the Faculty. Longstanding trainers may not have even completed the course while other trainers need only complete the course once in their careers without having to do a refresher course. It was noted that although refresher training is	**Recommendation (s) for Haematology, Histopathology, Neuropathology and Chemical Pathology.** Ongoing trainer development is required to ensure the quality of the programme delivery. This should be followed by routine appraisal and engagement with the Faculty of Pathology, which should be mandatory. All trainers should complete the 'Train the Trainer course', including longstanding appointed trainers.	**Partially Compliant**

required as part of the ongoing trainer development, in some specialties the refresher training for trainers has not been undertaken.	The 'Train the Trainer' or 'Essential Skills' programme should include a system of continuous monitoring of its effectiveness in practice.	

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS – 8.1.3 *The training organisation routinely evaluates supervisor and trainer effectiveness including feedback from trainees and offers guidance in their professional development in these roles.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
8.1.3. All specialties were found to be partially complying with this standard, with the exception of Neuropathology. Despite the no finding in Neuropathology, the Faculty should ensure the recommendations is applied to all six pathology specialties. Below is a summary of the findings, for more specific details please refer to the speciality reports. As detailed in the self-evaluation submission the Faculty of Pathology routinely evaluates supervisor and trainer effectiveness through trainee surveys, hospital-based inspections and workplace-based assessments. The Faculty confirmed they do have a feedback mechanism with regards to trainer effectiveness, this involves speaking to the trainer in the first instance and then escalating to the STC for decision. However, the Faculty noted they do not have a standard performance methodology for assessing trainer's effectiveness. A lack of consistency was found in the evaluation of supervisor / trainer effectiveness. It was noted that this is particularly difficult in smaller specialties where feedback from trainees cannot be adequately anonymised with regards to trainer's effectiveness. NSD's	The Faculty should determine a suitable mechanism to ensure supervisor effectiveness is not solely measured by feedback from trainees. If trainee feedback is being sought, the Faculty should ensure trainee feedback is anonymous. Full use of the data within the e-portfolio showing delegation and assessment could be explored. The Faculty should continue engaging with the 'Train the Trainer' programme and establish Continuous Professional Development (CPD) pertaining to training and the educational role.	**Partially Compliant**

noted this can be at times difficult to manage but that they deal with those situations diplomatically if they occur. The Faculty noted the limitations of trainer's time given the current challenges within the Irish healthcare system and the engagement of trainers within such a complex and difficult working environment has been a particular challenge. It was noted trainee feedback is the primary means by which the Faculty ascertains the quality of teaching. Trainees expressed concerns about the anonymity of providing feedback on specific trainers in end of year assessment. It was noted that trainees are easily identifiable in smaller specialties and so there are limitations on the current opportunities available to trainees in providing feedback on the quality of teaching and supervision. Despite the processes that are in place and in line with the findings in 6.1.1 and 6.1.3, trainees in Histopathology reported that they do not feel they are afforded the opportunity to provide specific feedback on supervision at the Annual Evaluation, and trainee response rates to the Training Post Evaluation survey are extremely low.	The National Specialty Directors (NSDs) undergo development to enable evaluation of the effectiveness of educators and clinical supervisors. Including regular review of logbooks to ensure appropriate supervision / delegation by trainers.	

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – CLINICAL AND OTHER EDUCATIONAL RESOURCES – 8.2.1 *The training organisation has a process and criteria to select and recognise hospitals, sites and posts for training purposes. The accreditation standards of the training organisation are publicly available.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**

8.2.1 The Faculty has a clearly defined policy in relation to the selection and accreditation of sites and posts for training. The policy is based on the principle of ensuring that a consistent and effective approach is used to assess and accredit training sites and posts to facilitate a high standard for training. The Faculty confirmed the current inspection process for clinical training sites is not published on the RCPI's website for all pathology specialties. The Faculty are currently in the process of developing an accreditation model and move to a risk-based approach for clinical site inspection. The current process of inspecting every clinical site with 38 -39 programmes is becoming unsustainable. The Faculty noted they have moved to a 'blitz' inspection approach whereby, for example, the Faculty visited four pathology specialties in Dublin based sites in one day which proved to be very effective. This is the approach the Faculty plan on taking as part of the accreditation model. The Faculty also noted laboratory practices are accredited by INAB.	The Faculty and Specialties should publish the accreditation standards for site selection, training sites and training posts in advance of the next annual return.	**Partially Compliant**

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – CLINICAL AND OTHER EDUCATIONAL RESOURCES – 8.2.3 *The training organisation's accreditation requirements cover: orientation, clinical and/or other experience, appropriate supervision, structured educational programmes, educational and infrastructure supports such as access to the internet, library, journals and other learning facilities, continuing medical education sessions accessible to the trainee, dedicated time for teaching and training and opportunities for informal teaching and training in the work environment.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.2.3. With the exception of Neuropathology, all other pathology specialties were found to be partially compliant with this standard. Therefore, making the Faculty of Pathology as the Body partially compliant. Below is a summary of the findings, for more specific details please refer to the speciality reports.	**Recommendation (s) for the Faculty** Protected time in so far as possible should be provided to Trainees in order for them to make their formal teaching	**Partially Compliant**

As referenced in standard 8.1.6 trainees find it difficult to attend structured educational sessions mainly due to the high volume of service demands. This varies and can be site dependent, this can be difficult for trainees in particularly when preparing for exams.

The Faculty has advised that from the due list of inspections at the start of 2019, 40% of clinical sites have yet to be inspected. It was acknowledged that the current inspection process is not sustainable and welcome the Faculty's initiative in moving towards a 'blitz' accreditation model.

It was noted in Chemical Pathology there are variations in the quality of the laboratory facilities across four sites, these facilities are shared with other specialties there is a lack of dedicated private office space close the laboratory areas for private and confidential calls regarding patient details.

sessions. Trainees should be routinely permitted to attend their formal teaching sessions.

The Faculty should develop the blitz accreditation model in order to reach compliance with this standard. An update should be provided in the next annual return.

Recommendation(s) for Clinical Microbiology, Haematology, Immunology, Histopathology and Chemical Pathology

Any outstanding inspections and accreditations of training sites should be prioritised in advance of the next annual return.

Recommendation (s) for Chemical Pathology

Noting the spatial limitations at some of the sites, efforts should be made to ensure trainee access to dedicated office space adjacent to laboratories.

STANDARD 9 - CONTINUING PROFESSIONAL DEVELOPMENT - 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.*		
FINDING	**REQUIREMENT / RECOMMENDATIONS(S)**	**COMPLIANCE**
9.2.1. The Faculty does not have a specific process to respond to requests from the Medical Council for the retraining of doctors who have been absent from practice for a period of time. The Faculty has not yet received such a request from the Medical Council. The Faculty stated that should such a request be made; it would deal with it on a case-by-case basis. The Faculty noted as a member of the Forum of Irish Postgraduate Medical Training Bodies, RCPI co-operates in the exchange of information between postgraduate training bodies in the following areas: Remediation, retraining, return to work after absence, adverse incident investigations and service safety reviews. Specific guidance has been developed by the Forum to provide advice to clinicians and Clinical Directors, regarding returning to work following a period of absence.	The Faculty should advocate for sufficient resources for the development of a formal retraining programme.	**Partially Compliant**

STANDARD 9 - CONTINUING PROFESSIONAL DEVELOPMENT - 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.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
9.3.1. The Faculty does not have a specific process to respond to requests from the Medical Council for the assessment and remediation of doctors where concerns have been identified that a doctor maybe underperforming. However, the Faculty stated that it has never had such a request and noted that it would respond positively if one were made.	The Body should commence discussion with the Medical Council on the appropriate process and funding mechanism	**Partially Compliant**

The Faculty noted as a member of the Forum of Irish Postgraduate Medical Training Bodies, RCPI co-operates in the exchange of information between postgraduate training bodies in the following areas: Remediation, retraining, return to work after absence, adverse incident investigations and service safety reviews. Specific guidance has been developed by the Forum to provide advice to clinicians and Clinical Directors, regarding returning to work following a period of illness. It is noted that where remediation of a RCPI trainee is required, it is addressed through the RCPI "Progression Through Training Policy".	to explore the establishment of a pro-gramme of remediation for doctors who have difficulties	

The following standards were found to be fully compliant for the Faculty of Pathology, RCPI. Although the Faculty of Pathology is complying with these standards recommendations have been made for further improvement.

STANDARD 1. CONTEXT OF EDUCATION AND TRAINING – INTERACTION WITH THE HEALTH SECTOR – 1.4.1 *The training organisation seeks to maintain constructive working relationships with relevant health departments and government, non-government and community agencies to promote the education, training and ongoing professional development of medical specialists.*		
FINDING(S)	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
1.4.1 All specialties were found to be fully complying with this standard, however, the Medical Council was disappointed with the lack of progress to have lay representation on its training committees (the Specialty Training Committee (STC) and the Education and Training Committee (ETC)). This is not something that is under consideration, despite a similar recommendation being made in the Medical Council's 2013 Histopathology Report. There were similar findings in Clinical Microbiology, Haematology, Immunology and Chemical Pathology where there is currently no lay or patient representation on the Specialty Training Committee. It is acknowledged that the self-evaluation submission	**Recommendation(s) for Clinical Microbiology, Histopathology, Haematology, Immunology and Chemical Pathology** The Faculty and the specialties should explore opportunities to improve lay	**Fully Compliant**

states that the Board of the Faculty of Pathology appointed its first lay member in 2017. Since the accreditation took place, an update was received that a second lay member has been appointed. Education and Training is a standing agenda item of the Board.	and patient representation on the Speciality Training Committee. **Recommendation(s) for Immunology** The Specialty should also form relationships with patient advocacy groups.	

STANDARD 2. THE OUTCOMES OF THE TRAINING PROGRAMME - PURPOSE OF THE TRAINING ORGANISATION –2.1.2 In *defining its purpose, the training organisation has consulted fellows and trainees, and relevant groups of interest.*		
FINDING	**REQUIREMENT / RECOMMENDATION (S)**	**COMPLIANCE**
2.1.2. The Faculty of Pathology have stated objectives to advance the science and practice of Pathology in Ireland. The Faculty advised the objectives were developed at the time of the Faculty of Pathology's commencement. The Faculty confirmed they are currently in the process of reviewing these objectives. Evidence was heard of many examples' of engagement with the Department of Health, Health Service Executive, national cancer control and representatives of patient advocate groups, however it was unclear if these objectives were derived from interest groups.	Where appropriate the Faculty of Pathology should consult with patient interest groups in defining the purpose of the training organisation.	**Fully Compliant**

STANDARD 2. THE OUTCOMES OF THE TRAINING PROGRAMME - GRADUATE OUTCOMES – 2.2.2 *The outcomes address the broad roles of practitioners in the discipline as well as technical and clinical expertise.*		
FINDING	**REQUIREMENT / RECOMMENDATION (S)**	**COMPLIANCE**

2.2.2 All specialties are fully complying with this standard. However, in Clinical Microbiology, Haematology, Immunology, Histopathology, Neuropathology and Chemical Pathology it was found that the HST programme does not include outcomes or competencies associated with attitudes and behaviours, this is due to be addressed when the specialties moves to an outcomes based education model.	With the move toward the implementation of outcomes-based education, the Faculty of Pathology should ensure a more balanced approach to trainee's acquisition of each of the competencies associated with attitudes, behaviours and professionalism.	**Fully Compliant**

STANDARD 3 - THE EDUCATION AND TRAINING PROGRAMME - 3.4.1 *The programme structure and training requirements recognise part-time, interrupted and other flexible forms of training.*		
FINDING	**REQUIREMENT / RECOMMENDATION (S)**	**COMPLIANCE**
3.4.1. The Faculty of Pathology advised both in their submission and in their discussions at the accreditation of the range of flexible training options available to trainees. The first being the HSE NDTP Supernumerary Flexible Training Scheme which is separately funded by the HSE. Another option for flexible training is via the RCPI job sharing policy which works on the basis that two trainees will share one full-time post with each trainee working 50% of the hours. When approaching the subject of flexible training with trainees across all six specialties, their response varied. While trainees are aware of the options available to them with regards to flexible training. In some specialties, trainees indicated that flexible training may not be practical due to the small size of the specialty and / or service provision. It was also noted that jobs sharing can prove difficult to access in the smaller training hubs where	The Faculty of Pathology should ensure the Flexible Training Scheme and RCPI job sharing policies enable trainees to fully participate in flexible training opportunities. These opportunities should be made clear to trainees before the training placements commence as well as during the training.	**Fully Compliant**

there are fewer trainees. It is most accessible to trainees based in Dublin. Good examples of where some specialties have been able to facilitate flexible training were heard.		

STANDARD 3 – THE EDUCATION AND TRAINING PROGRAMME – CURRICULUM CONTENT – 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.*		
FINDING	**REQUIREMENT /RECOMMENDATION (S)**	**COMPLIANCE**
3.5.1 All specialties were found to be fully compliant with this standard. It was noted in Histopathology that trainees are regularly involved in teaching undergraduate Histopathology however, their level of involvement is dependent on the associated universities. The Specialty identified a need for hospitals and universities to work together and to increase the numbers of joint clinical and academic training posts. The exposure to Chemical Pathology at undergraduate level varies across the medical schools and that this is an area requiring improvement.	**Recommendation (s) for Histopathology** The Faculty of Pathology should ensure all specialist training programmes contributes to articulation between the specialist training programme and prevocational and undergraduate stages of the medical training continuum.	**Fully Compliant**

STANDARD 4 – THE TRAINING PROGRAMME – TEACHING AND LEARNING – 4.1.2 *The training programme includes appropriately integrated practical and theoretical instruction.*		
FINDING	**REQUIREMENT / RECOMMENDATION (S)**	**COMPLIANCE**
4.1.2 It was found that all specialties are fully complying with this standard.	**Recommendation (s) for Chemical Pathology**	**Fully Compliant**

It was noted Chemical Pathology has recently established a programme of regular teaching tutorials which was due to be implemented in the coming months following the accreditation meeting. However, there is no joint teaching with clinical scientists (having similar laboratory curriculum objectives) but it was noted that this is something that would be of benefit to trainees. It was noted that this could be used as an opportunity to empower trainees and develop management skills by inviting them to lead the initiative and have this facilitated by trainers. In Immunology trainees advised that they were appreciative of input and support from trainers into the Specialist Registrar (SPR) led training days. However, going forward as the specialty expands increased support and contribution from consultants in relation to study days as seen in the UK would be valued.	Chemical Pathology should consider implementing the programme of tutorials in conjunction with clinical scientist involvement. **Recommendation (s) for Immunology** The support of Consultant trainers for the study day initiative is appreciated. The specialty and its trainers should further develop the support of formal teaching sessions. Mapping the training days to curriculum delivery would be beneficial.	

STANDARD 6 – THE CURRICULUM – MONITORING AND EVALUATION – 6.2.1– *The training organisation maintains records on the graduates of its training programme, is developing methods to measure outcomes of training and is collecting qualitative information on outcomes.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
6.2.1 It was found all specialties are fully complying with this standard. The Faculty noted it maintains records of graduate Members. In addition, trainees graduating from HST are asked to complete a survey outlining their career intentions for the next three years. Histopathology and Neuropathology stated that it does not currently formally collect qualitative information on outcomes but that it has anecdotal information on its graduates. It is acknowledged that the College is working towards the digitalisation of capturing graduate outcomes. There should be a systematic mechanism adopted by all specialties within the	The Faculty should formalise its process of maintaining graduate records and collecting qualitative information on outcomes across all specialties.	**Fully Compliant**

Faculty to facilitate qualitative feedback on outcomes. Such a system should also accommodate larger specialties in maintaining records and measuring graduate outcomes.		

STANDARD 7 – IMPLEMENTING THE CURRICULUM – TRAINEES – ADMISSION POLICY AND SELECTION – 7.1.1 *A clear statement of principles underpins the selection process, including the principle of merit-based selection.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
7.1.1. As outlined in the submission from the training body, the recruitment and selection processes for entry into training are based on the principles of fair and open competition, equality of opportunity, and merit. Details of the RCPI policy statements for recruitment and selection, along with information on the processes were provided as part of the training body submission. This was corroborated by trainees across all specialties. A self-rating of partial compliance in this area was provided. This was based on the current requirements for the training body to apply EU community preference to the selection process. This was noted by the training body as a barrier to compliance as recruitment is not solely based on merit, but also citizenship. However, it was found that all aspects of the admission and selection process within the control of the Faculty have been met.	No recommendation made.	**Fully Compliant**

STANDARD 7 – IMPLEMENTING THE CURRICULUM – TRAINEES – RESOLUTION OF TRAINING PROBLEMS AND DISPUTES – 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.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
7.4.2. Faculty confirmed they have an anti-bullying policy in the College, the first step if there is an issue with bullying on site is to contact the College and they will assist in mediation. It was noted trainees are bound by their own employer policies and if a trainee	The Faculty should ensure the consistent application of the processes aligned to the anti-bullying policy,	**Fully Compliant**

makes a decision to report bullying through the employer, the RCPI via their anti-bullying policy support them through health and wellbeing. There is also a policy and procedure for the RCPI to investigate any incident related to trainer or trainee. Despite the anti-bullying and harassment policy in place trainees in Immunology were unaware of a formal process for raising issues such as bullying other than discussing it with their consultant trainer. The Faculty noted that trainees are very reluctant to formally report any incidents of bullying as they have fears how it could potentially impact on their careers, this was corroborated by some of the trainees in smaller specialties. Trainees in this speciality also noted the end of year assessment is not sufficient, often too late to raise a problem / concern that needs resolving. The RCPI confirmed the Health and Wellbeing Department provides workshops on trainers providing effective feedback and civility in the workplace. However, trainees in Histopathology were unaware of the new Health and Wellbeing Department and the supports offered.	health and well-being or similar initiatives across all specialties. The Faculty should promote the anti-bullying policy and the well-being initiative to assure awareness of these practices to all trainees and trainers.	

Overview of compliance rating for the programme of specialist training in Clinical Microbiology

MEDICAL COUNCIL'S ACCREDITATION STANDARDS FOR POSTGRADUATE MEDICAL EDUCATION AND TRAINING	CLINICAL MICROBIOLOGY COMPLIANCE RATING PER STANDARD												
1. Context of Training	*1.1.1*	*1.1.2*	*1.1.3*	*1.2.1*	*1.2.2*	*1.2.3*	*1.3.1*	*1.3.2*	*1.4.1*	*1.4.2*	*1.5.1*		
2. The Outcomes of the Training Programme	*2.1.1*	*2.1.2*	*2.2.1*	*2.2.2*	*2.2.3*	*2.2.4*							
3. The Education and Training Programme – Curriculum Content	*3.1.1*	*3.2.1*	*3.2.2*	*3.3.1*	*3.3.2*	*3.4.1*	*3.4.2*	*3.5.1*					
4. The Training Programme – Teaching and Learning	*4.1.1*	*4.1.2*	*4.1.3*										
5. The Curriculum - Assessment and Learning	*5.1.1*	*5.1.2*	*5.1.3*	*5.2.1*	*5.2.2*	*5.2.3*	*5.3.1*	*5.4.1*					
6. The Curriculum – Monitoring and Evaluation	*6.1.1*	*6.1.2*	*6.1.3*	*6.2.1*	*6.2.2*								
7. Implementing the Curriculum -Trainee s	*7.1.1*	*7.1.2*	*7.1.3*	*7.1.4*	*7.1.5*	*7.2.1*	*7.3.1*	*7.3.2*	*7.3.3*	*7.4.1*	*7.4.2*	*7.4.3*	*7.4.4*
8. Implementing the Training Programme and Delivery of Educational Resources	*8.1.1*	*8.1.2*	*8.1.3*	*8.1.4*	*8.1.5*	*8.1.6*	*8.2.1*	*8.2.2*	*8.2.3*	*8.2.4*	*8.2.5*		

Fully Compliant
Partially Compliant
Non-Compliant

Evaluation of Compliance with Medical Council Standards

Training Body: Faculty of Pathology, the Royal College of Physicians of Ireland (RCPI)
Programmes of Specialist Training: Clinical Microbiology

The following standard(s) were found to be non-compliant for the programme of specialist training in Clinical Microbiology.

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS – 8.1.6 *Organisation and development of trainers – instructional activities must be included as responsibilities in the work schedules of trainers and their relationship to work schedules of trainees must be described.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.1.6 During the meeting with programme representatives, it was advised that the recent review of capacity for training showed concerns for protected time and highlighted the need for additional time. It was evident from discussions that the role of the trainer is under-recognised. Consultant workload can be divided across multiple sites meaning that consultant availability onsite for an assigned trainee is not always possible. Trainees also highlighted the need for more 1-2-1 time with trainers on site, stating that although they link with trainers for support, it is not formally scheduled. Trainers have no protected time to teach and some training is largely informal with trainees brought along to meetings, often come in early, use lunch time etc. RCPI recognise the difficulty in delivering training for posts that are not funded or when time for training is not included in job plans against the backdrop of increasing service requirements from consultants. This also relates to standard 1.4.2. For example, there	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Non-Compliant**

should be time put aside for educational supervisors in their weekly job plan within the consultant contract. Enabling trainers to spend time undertaking activities that are essential to the long-term maintenance of the quality of the health service through supporting the education of our future medical practitioners should form part of agreements between postgraduate bodies and training sites.		

The following standard(s) were found to be partially compliant for the programme of specialist training in Clinical Microbiology.

1.CONTEXT OF TRAINING – INTERACTION WITH THE HEALTH SECTOR - 1.4.2. *The training organisation works with healthcare institutions to facilitate clinicians employed by them to contribute to high quality teaching and supervision, and to foster peer review and professional development.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
1.4.2 All elements of this standard are being fulfilled with the exception of protected time. Please refer to the finding in standard 8.1.6.	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Partially Compliant**

STANDARD 2. THE OUTCOMES OF THE TRAINING PROGRAMME - GRADUATE OUTCOMES – 2.2.3 *Outcomes must reflect domains of professionalism as defined by the Medical Council with particular reference to patient safety.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
2.2.3. In the discussion with the Specialty, it was noted the Medical Council's Eight Domains of Good Professional Practice ('Eight Domains') is built into the generic section of the	Please reference the recommendation listed under Faculty of Pathology report	**Partially**

Clinical Microbiology curriculum. The Eight Domains are mapped to each topic of the curriculum in the speciality section. The curriculum outlines the expectations of good professional practice and the knowledge required to raise concerns about patient safety. Each topic of the curriculum contains information in relation to how each of the domains impact and are impacted by patient safety. Whilst this is evidenced in the curriculum documentation, it was noted that there is a lack of trainee awareness as to how these domains are embedded within the programme. The Speciality advised that each of the areas of the eight domains are discussed on a regular basis in case-based discussions with trainers throughout the training programme and at quarterly assessment and annual evaluation. BST trainees appeared to be aware of the Medical Council's the Eight Domains and how they are embedded into the curriculum. However, in discussions with HST trainees, they were unaware of the Eight Domains and their application to the curriculum and unsure how they are reflected in their training. Trainees noted they would like the training programme to include and place emphasis on management and leadership skills. Trainees feedback highlighted the need for revision of soft skills such as leadership, communication and management which they felt are not comprehensively covered in the curriculum.	for this standard as it is applicable to all pathology specialties.	**Compliant**

STANDARD 5 – THE CURRICULUM – ASSESSMENT OF LEARNING – ASSESSMENT QUALITY - 5.3.1 *The training organisation has a policy on the evaluation of the reliability and validity of assessment methods, the educational impact of the assessment on trainee learning, and the feasibility of the assessment items. It introduces new assessment methods where required.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**

5.3.1. In their self-evaluation submission, the Faculty detailed how they employ the use of validated assessment methods to meet the objectives set out in the curriculum. This includes case-based discussion (CBD), mini-CEX and directly observed procedural skills (DOPS) as part of a centrally planned and coordinated approach emphasising assessment for learning through the use of the e-portfolio. In addition to workplace-based assessments, Clinical Microbiology trainees are expected to undergo an Objective Structured Practical Examination (OSPE) once during the training programme. A further curriculum requirement is to pass both FRCPath Part I and Part II examinations. Finally, all trainees undergo, quarterly and annual evaluation assessments before being allowed to progress to the next year of the training programme. Feedback from trainees with regards to the assessment element of the e-Portfolio was largely negative. Also refer to standard 5.1.2. Trainees noted there is a lack of clarity regarding logbook requirements. Many trainees felt there was a lot of repetition and ambiguity within the e-Portfolio i.e. DOPs and mini CEX were unclear as to whether they are competency based or check off exercise. The Specialty advised that this assessment feedback from trainees is reported back through the trainee representative to the Specialty Training Committee (STC) and Education and Training Committee (ETC). The STC contacts trainees for feedback, compiles reports and then circulates outcomes to trainees.	The Faculty and Specialty should review the e-Portfolio as a form of assessment (DOPs and Min CEX) in terms of its practicality and relevance to the specialty, ensuring trainees are clear on what is being asked of them. The Faculty should develop an explicit policy on the evaluation of the reliability and validity of assessment methods.	**Partially Compliant**

STANDARD 6 – THE CURRICULUM – MONITORING AND EVALUATION – ONGOING MONITORING – 6.1.1 *The training organisation regularly evaluates and reviews its training programmes. Its processes address curriculum content, quality of teaching and supervision, assessment and trainee progress.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**

6.1.1. Evidence provided demonstrates the curriculum is reviewed on an annual basis by the NSD and any proposed amendments to the curriculum are discussed and approved by (STC). This review of the curriculum also includes input from stakeholders, training site inspections and feedback from trainers and trainees. With regard to trainee assessment, the Faculty supplied testimony that assessment of trainee progress does include trainer input. Whilst the Annual Evaluation of Progress (AEP) form confirms processes of trainee evaluation and progression, evidence of the review of this process was lacking. The STC, which is reviewed every three years, outline evaluation processes/panels for training programmes to ensure educational aspects of training programme are in line with best practice. Changes and updates to the programme are agreed by training body. This STC also includes a trainee representative as part of its membership. It was noted the Specialty does not have a process by which provision and quality of teaching and supervision is reviewed. During the discussion with trainees it was found that the end of year assessment has limitations to the feedback that is provided by the trainee and trainer, particularly when there is only one trainee in the programme as they are easily identifiable. Examples of the feedback received during the interviews from trainees noted they would like to see more exam focused training and additional (virology) teaching sessions for the virology part of the FRCPath examination. Changes being made in the curriculum is a direct result coming from trainee feedback given to STC identifying gaps in their training.	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Partially Compliant**

STANDARD 6 – THE CURRICULUM – MONITORING AND EVALUATION – ONGOING MONITORING – 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.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
6.1.3 It was noted the Specialty does not have an effective process by which they review the provision and quality of teaching and supervision. Although the Speciality provided assurances with regard to confidentiality of feedback from trainees, due to the nature and size of the specialty, trainees do not believe that they can provide confidential feedback on the quality of supervision.	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties. Please also refer to the recommendations listed in standard 6.1.1	**Partially Compliant**

STANDARD 6 – THE CURRICULUM – MONITORING AND EVALUATION – OUTCOME EVALUATION – 6.2.2 *Supervisors, trainees, health care administrators, other health care professionals and consumers contribute to evaluation processes.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
6.2.2. The Faculty noted in their self-evaluation that only trainers and trainees formally contribute to the evaluation processes in relation to the progress of individual trainees. For WBAs, trainees rate their own proficiencies and identify their own shortcomings. This is then discussed with the trainer during the assessment. An assessment panel is formed for the AEP, the panel consists of the NSD and an external assessor. Comments from trainers who have assessed trainees in other training posts are reviewed by the panel. Trainers observe interactions between trainees and patients during Mini-CEX and in clinical DOPS. Trainers also discuss specific cases with trainees during	Please reference the recommendation listed under the Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Partially Compliant**

DOPS. In this way interaction with patients is observed by trainers and specific feedback is provided. Inter professional communication is observed during outpatient clinics, procedures and other activities and feedback can also be provided through trainers. It was also noted that trainers often seek feedback from the wider team as part of the trainee evaluation process. The Faculty identified challenges in complying with this standard and stated they had no immediate plans to formalise the contribution of health care (HC) administrators and HC professionals in the evaluation process. The Specialty advised that the programme receives administrative support for the STC, ETC, the Faculty of Pathology and for the interview process.		

STANDARD 7 – COMMUNICATION WITH TRAINEES –7.3.3 *The training organisation provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.*		
	REQUIREMENT / RECOMMENDATION(S)	**COMPLIANCE**
7.3.3 It was noted the assessment breakdown, which is both formative and summative, consists of the mini-clinical exercise (mini-CEX), workplace-based assessments, FRCPath examinations part I and II, logbook/e-Portfolio. In discussions with the trainers the e-logbook was looked upon positively. It was noted specific elements of the curriculum are mapped in the e-Portfolio and this is used to review and monitor trainee's progression at the end of year assessment. It was stated that the logbook guides the trainees in relation to the training opportunities that have to be captured during a trainee's attachment to the site. Trainees' feedback with regards to the e-Portfolio was overall negative, with the vast	The assessments should undergo a review given the discrepancy between speciality perception of the logbook and trainee. The e-Portfolio needs to be reviewed to ensure the logbook is an effective assessment tool and "fit for purpose".	**Partially Compliant**

majority stating that the platform does not function as it should. There is a lack of understanding regard-ing the logbook and reportedly too much repetition in what is required to be uploaded. The trainees advised mini CEX's and patient discussion are difficult to understand which in turn makes the e-Portfolio hard to complete. Trainees find the mini CEXs 'very strange' as trainees in Clinical Microbiology are not 'on the wards', they go to ICU. Trainees felt mini CEX need to be more clinical and tailored for laboratory-based speciality like Clinical Microbiology. Trainees felt the logbook is in need of revision and should be more competency and practical based. Trainees are made aware of expectations through regular ICU wards rounds.		

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS – 8.1.3 *The training organisation routinely evaluates supervisor and trainer effectiveness including feedback from trainees and offers guidance in their professional development in these roles.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
8.1.3. The Faculty advised that trainer effectiveness is monitored through annual evaluations (each trainee is asked to complete a confidential report on their training experience which includes feedback on their trainer), site inspections (engages trainees in feedback on the training posts and the relevant trainers), workplace-based assessments (gives visibility of specific, tangible engagement of trainee and trainer in training and supervision) and surveys (annual Training Post Evaluation invites feedback from trainees on their training experience, including on-site training and their trainer). The limitations of trainers' time given the current challenges within the Irish healthcare system is recognised by the Faculty. The engagement of trainers within such a complex	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Partially Compliant**

and difficult working environment has been a particular challenge. Feedback from trainers and trainees indicate the amount of time trainers can devote to training is under severe pressure. The Faculty does not currently have a performance management framework for trainers and noted the difficulties in trainees ability to provide feedback due to concerns over anonymity. The implementation of this will make a meaningful contribution to trainer feedback and professional development however, the challenges described above must be taken into consideration when considering a meaningful approach. It was noted trainee feedback is the primary means by which the Faculty ascertains the quality of teaching. The Specialty advised feedback from each discipline from the trainer representative (which is the NSD) and the trainee perspective is a standing item on ETC agenda. Trainee feedback influences any curriculum changes needed, helps determine whether training opportunities align with curriculum and training needs.		

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – CLINICAL AND OTHER EDUCATIONAL RESOURCES – 8.2.1 *The training organisation has a process and criteria to select and recognise hospitals, sites and posts for training purposes. The accreditation standards of the training organisation are publicly available.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
8.2.1. The Faculty has a clearly defined policy in relation to the selection and accreditation of sites and posts for training. The policy is based on the principle of ensuring that a consistent and effective approach is used to assess and accredit training sites and posts to facilitate a high standard for training. The Faculty outlined the training site inspection policy and advised the training sites are inspected at five-year intervals. These inspections incorporate trainees' feedback with regard to the training site and its facilities.	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Partially Compliant**

It was noted the accreditation standards for the sites are currently not published but this is planned as part of the Training Site Accreditation project.		

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – CLINICAL AND OTHER EDUCATIONAL RESOURCES – 8.2.3 *The training organisation's accreditation requirements cover: orientation, clinical and/or other experience, appropriate supervision, structured educational programmes, educational and infrastructure supports such as access to the internet, library, journals and other learning facilities, continuing medical education sessions accessible to the trainee, dedicated time for teaching and training and opportunities for informal teaching and training in the work environment.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
8.2.3. A site visit involves a RCPI appointed inspection panel reviewing training by meeting with hospital management, trainers and trainees on the training site, reviewing site facilities pertaining to training and review of documentation pertaining to the department. The Faculty has advised that from the due list of inspections at the start of 2019, 40% of clinical sites have yet to be inspected. Clinical Microbiology have advised they have 13 approved training sites and there are three training sites inspections outstanding by the training body. The Speciality advised the Faculty's transitioning to a different accreditation model. The Faculty confirmed this move towards the "blitz" accreditation model and welcome this initiative.	Any outstanding inspections and accreditations of training sites should be prioritised in advance of the next annual return.	**Partially Compliant**

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – CLINICAL AND OTHER EDUCATIONAL RESOURCES – 8.2.5 *The training organisation should monitor the working environment to ensure it is a safe environment for training.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**

8.2.5. The Faculty recognise the need to ensure that the workplace is a safe place for training and as such it has processes to ensure this is the case. They outlined the mechanisms by which a safe working environment is maintained, this is achieved primarily through the training site inspections process. As reference in standard 8.2.3 When questioned on safe environment for training, the Specialty advised that they utilise trainee feedback to improve the working environment e.g. One centre has a landlocked office, this goes into the site report and is fed back to executive management team. They stated feedback is very much taken on board, management will then look for alternate space and solutions. As regards to laboratory, the Speciality stated all are accredited and health & safety is part of the requirement. However, as advised by the Faculty health and safety in the work place is assured through the inspection process referenced in 8.2.3 as there are three outstanding training site inspections remaining, the Specialty are partially complying with this standard.	Clinical Microbiology should complete the site inspections as this is their mechanism to ensure safe environment for training.	**Partially Compliant**

The following standard(s) were found to be fully compliant for the programme of specialist training in Clinical Microbiology. Although Clinical Microbiology is complying with these standards recommendations have been made for further improvement.

STANDARD 1. CONTEXT OF EDUCATION AND TRAINING – INTERACTION WITH THE HEALTH SECTOR – 1.4.1 *The training organisation seeks to maintain constructive working relationships with relevant health departments and government, non-government and community agencies to promote the education, training and ongoing professional development of medical specialists.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
1.4.1. As outlined in the self-evaluation submission and in discussions with specialty representatives, there is lay and patient representation on courses run by RCPI whereby there is interaction with patients in terms of the education component. In addition, the Board of	The Faculty and the Specialty of Clinical Microbiology should explore opportunities to improve lay and patient	**Fully Compliant**

the Faculty of Pathology appointed its first lay member in 2017. Since the accreditation took place, an update was received that a second lay member has been appointed. Education and Training is a standing agenda item of the Board. However, there is currently no lay or patient representation on the Specialty Training Committee. The first international pathology day was held in 2019, Clinical Microbiology noted it was the first time to have patient advocates at this meeting, it was noted the event was well attended and very successful.	representation on the Specialty Training Committee.	

STANDARD 2. THE OUTCOMES OF THE TRAINING PROGRAMME - PURPOSE OF THE TRAINING ORGANISATION –2.1.2 *In defining its purpose, the training organisation has consulted fellows and trainees, and relevant groups of interest.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
2.1.2. Please refer to the overall Faculty finding in standard 2.1.2	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Fully Compliant**

STANDARD 2. THE OUTCOMES OF THE TRAINING PROGRAMME - GRADUATE OUTCOMES – 2.2.2 *The outcomes address the broad roles of practitioners in the discipline as well as technical and clinical expertise.*		
FINDING(S)	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
2.2.2 The role(s) and expected behaviours of specialists in Clinical Microbiology are described in the curriculum.	Please reference the recommendation listed under Faculty of Pathology report	**Fully Compliant**

It was noted the differences between the BST and HST programme is that the HST programme does not include outcomes or competencies associated with attitudes and behaviours. Clinical Microbiology advised that while some of the attitudes and behaviours are explicit within the skills, there isn't a separate category and that this will be achieved when HST programme moves to the outcome-based curriculum. Generic outcomes for HST have already been defined, it will be up to each STC to take on the specific curriculum outcomes.	for this standard as it is applicable to all pathology specialties.	

STANDARD 3 – THE EDUCATION AND TRAINING PROGRAMME – CURRICULUM CONTENT - 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.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
3.1.1. The Clinical Microbiology programme provides generic skills across all pathology specialties and this is well documented. An overview of the Clinical Microbiology curriculum was provided, which is divided into four sections; introduction (aims, entry requirements), generic component (interpersonal skills; professionalism), speciality section and minimum requirements which covers the list of minimum requirements for training which will be recorded in the logbook. It was noted the Faculty is moving towards outcomes-based education similar to the European conversion of curriculum. This is currently under development for Clinical Microbiology over the next two – three years (Histopathology being next). The Faculty should inform the Medical Council of progress in particular when the OBE is being put into place.	The Faculty should inform the Medical Council of the progress with regards to the development of moving the curriculum to Outcomes Based Education. The Faculty should follow the Medical Council's 'significant changes' policy and procedure and notify the Medical Council of curriculum changes through this process.	**Fully Compliant**

All Faculty curricula are publicly available and accessible via the RCPI website. Outcome Based Education is in the process of being implemented for all training programmes in the Faculty (and moreover for all programmes in all Training Bodies affiliated with RCPI).		

STANDARD 3 – THE EDUCATION AND TRAINING PROGRAMME – CURRICULUM CONTENT – 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.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
3.2.1. It was found the learning objectives, methods of assessment and expected outcomes are all clearly defined. Within the overview of the curriculum the Faculty gave insight into the specialist laboratory section in which trainees directly observed procedures, gained experience in infection control and recorded techniques and practises in logbook. The e-Portfolio and training plan is reviewed every quarter and at the end of year assessment and areas from improvement are identified at these junctures. The areas for improvement areas are then handed onto the next years trainer. The Specialty advised the curriculum is very closely aligned with the FRCPath in the UK and with the European curricula. A UK representative attends the clinical microbiology national symposium. Trainees expressed concern regarding the UK exam, they noted topics in the UK examination are UK focused e.g. questions on virology, which are not specific to the Irish curricula. Trainees noted soft skills such as leadership, communication and management require updating as they may not be comprehensively covered in teaching and newer techniques such as molecular skills need to be emphasized and implemented. Trainees noted exposure to such skills varies according to placement.	Clinical Microbiology should review the perception that there is no structure to laboratory exposure and address the consequent gaps identified by trainees.	**Fully Compliant**

Trainees stated there is very little structure to laboratory exposure, one gets exposure where possible from site to site. They declared that this can lead to gaps in training.		

STANDARD 3 – THE EDUCATION AND TRAINING PROGRAMME – CURRICULUM CONTENT – FLEXIBLE TRAINING – 3.4.1 *The programme structure and training requirements recognise part-time, interrupted and other flexible forms of training.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
3.4.1 In their self-evaluation the Faculty stated it is their policy to facilitate flexible training within the Higher Specialist Training Programmes. Whilst the training programmes are full-time it is recognised that some trainees may have individual circumstances that mean that training on a full-time, continuous basis would, for them, not be practical for well-founded reasons. The Faculty recognises and supports part-time, interrupted, and other forms of flexible training. All trainees entering the SpR grade will be eligible to apply for flexible forms of training for a period. It was noted trainees at BST level may also apply for periods of leave during their training. Clinical Microbiology trainers noted the flexible training programme has limited availability per year but it is hoped availability will expand in time. In 2020 Clinical Microbiology had two trainees who job shared. The Specialty recognises that flexible training can pose challenging in terms of meeting their curriculum requirements. They stated that patient care is the priority and if care provided by a trainee training flexibly is too fragmented, they will try and place them into a larger centre with other SpRs so there is that continuity of care for the service.	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all Pathology specialties.	**Fully Compliant**

Trainees reported that undertaking flexible training programme can be challenging and that it is a yearly struggle to ensure curriculum outcomes are met within the time allocated. Trainees report that they are not getting a 50/50 split, in fact getting less than 50% training and 50% experience as they are receiving fewer opportunities with audit and projects, currently 70% full time. There is limited availability of flexible training positions and concern regarding the impact it has on patient care and fragmented teaching.		

STANDARD 4 – THE TRAINING PROGRAMME – TEACHING AND LEARNING – 4.1.3 *The training process ensures an increasing degree of independent responsibility as skills, knowledge and experience grow.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
4.1.3 The training programme is predominantly clinical based - centres are focussed around laboratories and trainees are involved in other training opportunities when they arise e.g. on the job learning in relation to Covid 19 infection control. The Faculty states that it is trying to get the balance right, ensure it is not too prescriptive. RCPI is very responsive to what is going on in the community. Regarding site allocation, many trainees reported that some sites are busier than others which can impact their popularity among trainees. The balance between clinical and non clinical practice varies across sites but overall, trainees felt that this is evened out. This year 60% of trainees received their first choice of placement. Trainees do not want to go to certain sites due to geographical challenges. Trainee experience fluctuates according to site and they expressed the wish to have more representation at allocation meetings to understand the process of identifying and assigning site preferences.	Steps should be taken to ensure the standardisation of attendance at mandatory training days.	**Fully Compliant**

Trainees noted they felt very supported, trainers encourage decision making which in turn increases their sense of responsibility and independence. Attendance at the four yearly courses is site specific, while some let all attend, others make them stay behind. The Specialty indicated that standardisation of attendance at mandatory training days is needed across sites and trainees need to be allocated a block of time to attend. Clinical time should be separate to these training days.		

STANDARD 7 – IMPLEMENTING THE CURRICULUM – TRAINEES – RESOLUTION OF TRAINING PROBLEMS AND DISPUTES – 7.4.1 *The training organisation has processes to address confidentially problems with training supervision and requirements.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
7.4.1. The Faculty and all its training programmes have developed mechanisms to address problems with training supervision and their timely resolution. These are upheld and facilitated by the trainer and the National Specialty Director (NSD). The Pathology training programmes have a dedicated coordinator within the Faculty with whom the trainees will build a relationship - allowing for problems to be managed discreetly and escalated correctly. There is a grievance policy in place, along with confidentiality, disability, referral and remediation policies. The Speciality advised about their approach to health and wellbeing and the initiative to develop a wellbeing department that is accessible to both trainees and trainers. They stated that on one occasion, this department was of huge support to a particular trainee, and believe that the process of addressing problems reflects well on the College. Trainees stated that they are aware of the relatively new process of reporting a well-being issue, and that dependant on the issue there are different avenues to use. Trainees	The Faculty and the Specialty are encouraged to further promote and seek additional resources to enhance the well-being initiative.	**Fully Compliant**

reported that they would feel comfortable to report the issue to NSD or the College. Trainees did state that on the whole they do not know how it has been received and believe that as yet is not well publicised.		

STANDARD 7 – IMPLEMENTING THE CURRICULUM – TRAINEES – RESOLUTION OF TRAINING PROBLEMS AND DISPUTES – 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.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
7.4.2. Training-related disputes between trainees and trainers will be dealt with by the Pathology NSDs. If the issue relates to bullying and harassment the Faculty has in place an Anti-Bullying and Harassment Policy which outlines the process for dealing with issues related to bullying. While the Faculty has put in place processes to allow for the trainees to report issues there is reluctance on the part of the trainees given the size of the specialty and concerns that the information given could potentially be traced back to the individual trainee. Trainees confirmed their fear of retribution and mentioned one colleague who had experienced bullying and received no support. They did state that they felt this was one isolated incident. Trainees felt that the end of year assessment is not sufficient, and often come too late if there is a problem that needs resolving. The trainees stated they would feel uncomfortable reporting an issue if they were in first year and if they were the only trainee and therefore identifiable.	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all Pathology specialties	**Fully Compliant**

Overall, trainees did not have any direct experience with bullying and asserted there was no culture of bullying in Clinical Microbiology.		

Overview of compliance rating for the programme of specialist training in Haematology

MEDICAL COUNCIL'S ACCREDITATION STANDARDS FOR POSTGRADUATE MEDICAL EDUCATION AND TRAINING	HAEMATOLOGY COMPLIANCE RATING PER STANDARD												
1. Context of Training	*1.1.1*	*1.1.2*	*1.1.3*	*1.2.1*	*1.2.2*	*1.2.3*	*1.3.1*	*1.3.2*	*1.4.1*	*1.4.2*	*1.5.1*		
2. The Outcomes of the Training Programme	*2.1.1*	*2.1.2*	*2.2.1*	*2.2.2*	*2.2.3*	*2.2.4*							
3. The Education and Training Programme – Curriculum Content	*3.1.1*	*3.2.1*	*3.2.2*	*3.3.1*	*3.3.2*	*3.4.1*	*3.4.2*	*3.5.1*					
4. The Training Programme – Teaching and Learning	*4.1.1*	*4.1.2*	*4.1.3*										
5. The Curriculum - Assessment and Learning	*5.1.1*	*5.1.2*	*5.1.3*	*5.2.1*	*5.2.2*	*5.2.3*	*5.3.1*	*5.4.1*					
6. The Curriculum – Monitoring and Evaluation	*6.1.1*	*6.1.2*	*6.1.3*	*6.2.1*	*6.2.2*								
7. Implementing the Curriculum -Trainee s	*7.1.1*	*7.1.2*	*7.1.3*	*7.1.4*	*7.1.5*	*7.2.1*	*7.3.1*	*7.3.2*	*7.3.3*	*7.4.1*	*7.4.2*	*7.4.3*	*7.4.4*
8. Implementing the Training Programme and Delivery of Educational Resources	*8.1.1*	*8.1.2*	*8.1.3*	*8.1.4*	*8.1.5*	*8.1.6*	*8.2.1*	*8.2.2*	*8.2.3*	*8.2.4*	*8.2.5*		

Fully Compliant
Partially Compliant
Non-Compliant

COMMENDATIONS FOR THE PROGRAMME OF SPECIALIST TRAINING IN HAEMATOLOGY

- A strong ethos of teamwork among trainers and trainers is to be commended in the specialty of Haematology, in particular towards assessment and feedback.

Evaluation of Compliance with Medical Council Standards

Training Body: Faculty of Pathology, RCPI
Programme of Specialist Training: *Haematology*

The following standards were found to be non-compliant for the programme of specialist training in Haematology

STANDARD 8 – IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES - 8.1.6 *Organisation and development of Trainers – instructional activities must be included as responsibilities in the work schedules of Trainers and their relationship to work schedules of Trainees must be described.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
8.1.6. From the self-evaluation submission and discussions with programme representatives it was noted there is no protected training time due to service provision demands. The Specialty is reliant on the goodwill and interest of trainers whom are given no resources or allocated time to be trainers. Trainees confirmed that staffing shortages and service provision pose challenges to training.	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Non-Compliant**

The following standards were found to be partially compliant for the programme of specialist training in Haematology

STANDARD 1 – CONTEXT OF EDUCATION AND TRAINING – 1.4.2 – *The training organisation works with healthcare institutions to facilitate clinicians employed by them to contribute to high quality teaching and supervision, and to foster peer review and professional development.*		
FINDING(S)	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
1.4.2. All elements of this standard are being fulfilled with the exception of protected time. Please refer to the finding in standard 8.1.6.	There should be sufficient time put aside for Educational Supervisors in their	**Partially Compliant**

	weekly job plan within the consultant contract to undertake the role.	

STANDARD 2 - THE OUTCOMES OF THE TRAINING PROGRAMME - GRADUATE OUTCOMES – 2.2.3. *Outcomes must reflect domains of professionalism as defined by the Medical Council with particular reference to patient safety.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
2.2.3. As detailed in the self-evaluation submission and in discussions with programme representatives the Haematology curriculum references the Medical Council's Eight Domains of good professional practice in its generic section. Each topic in the specialty section is mapped to the relevant Medical Council Eight Domains of Good Professional Practice ('Eight Domains). Patient Safety is fully integrated into each of the topics in the specialty section. Each topic contains information on how that topic impacts and is impacted by patient safety concerns. The knowledge and skills expected to be attained and demonstrated are listed as are the methods of assessment (an acquisition of knowledge and skills). In outlining the expectations of good professional practice, the curriculum outlines the knowledge required to raise concerns about patient safety. There is also significant reference to patient safety in descriptions of competencies for leadership, quality improvement, standards of care, safe prescribing. Programme representatives detailed that trainees are exposed to management and leadership through committees. One example provided was that trainees have many opportunities to attend laboratory management meetings. Trainees advised the Eight Domains was not something highlighted to them but aspects such as ethics, communication, professionalism and leadership were covered in compulsory courses. Trainees also detailed that attending management committees was challenging due to service commitments.	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Partially Compliant**

STANDARD 3 – THE EDUCATION AND TRAINING PROGRAMME – CURRICULUM CONTENT -CURRICULUM STRUCTURE, COMPOSITION AND DURATION 3.2.1 *- For each of its education and training programmes, the training organisation has a framework for the curriculum organised according to the overall graduate outcomes. The framework is publicly available*.		
FINDING(S)	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
3.2.1. Both the programme representatives and trainees noted it is a challenge to ensure trainee morphological and laboratory skills are developed within year one and two through protected laboratory time. The Specialty indicated it is an issue raised consistently at the specialist training committee by both trainers and trainees. Trainees detailed this varied across training sites and at times it was difficult to get sufficient laboratory exposure ahead of FRCPath examinations.	The speciality of Haematology should formalise introductory course for trainees to attend on site in laboratory aspects of haematology, such as coagulation, blood transfusion and morphology.	**Partially Compliant**

STANDARD 3 - THE EDUCATION AND TRAINING PROGRAMME - 3.4.2 *There are opportunities for Trainees to pursue studies of choice, consistent with training programme outcomes, which are underpinned by policies on the recognition of prior learning. These policies recognise demonstrated competencies achieved in other relevant training programmes both here and overseas, and give Trainees appropriate credit towards the requirements of the training programme.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
3.4.2. In the self-evaluation submission and in discussions with programme representatives, it was outlined that trainees on the HST programme have opportunities to pursue studies of choice. The prospective approval of such studies, clinical and research related must be consistent with the training programme outcomes. The Faculty adheres to the RCPI policy on research that such studies must be prospectively approved by the National Specialty Director and/or Specialty Training Committee, be appropriate to the Speciality, and contribute a maximum of one year credit to the overall HST training programme. The self-evaluation submission also detailed that retrospective recognition may be considered if the previous experience formed part of a structured training programme. Furthermore,	The Faculty should outline how relevant competencies will be met when the trainee is “out of programme” and how these are recorded and validated	**Partially Compliant**

following discussions with programme representatives it was not clear how "out of programme" trainees achieve competencies and how this is fed back into the training scheme.		

STANDARD 6 – THE CURRICULUM MONITORING AND EVALUATION – ONGOING MONITORING 6.1.1 *The training organisation regularly evaluates and reviews its training programmes. Its processes address curriculum content, quality of teaching and supervision, assessment and trainee progress.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
6.1.1. It was outlined in the self-evaluation submission and meetings with the programme representatives that the curriculum is reviewed on an annual basis. Changes to the curriculum may come from multiple sources including feedback from trainers and/or trainee(s). Trainees confirmed they are involved in feeding back for study day design. They also detailed the trainee representatives and NSDs are easily approachable with issues. One issue raised by trainees was getting sufficient laboratory experience ahead of examinations. Programme representatives confirmed it is a challenge to protect laboratory time within year one and two.	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties. The Faculty and Specialty should embed laboratory time within the curriculum to ensure adequate exposure for those in the early years of their training and in advance of professional examinations.	**Partially Compliant**

STANDARD 6 – THE CURRICULUM MONITORING AND EVALUATION – ONGOING MONITORING 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.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**

6.1.3. As detailed in the self-evaluation submission trainees have the opportunity to provide feedback at their end of year assessments, during training site inspections by Faculty and through the anonymised feedback form. Programme representatives indicated there were challenges with the uptake of the anonymised trainee feedback. Trainees indicated concerns regarding the anonymity of the feedback form.	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Partially Compliant**

STANDARD 6 – THE CURRICULUM MONITORING AND EVALUATION – OUTCOME EVALUATION – 6.2.2 *Supervisors, trainees, health care administrators, other health care professionals and consumers contribute to evaluation processes.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
6.2.2. It was outlined in the self-evaluation submission that there are no immediate plans to formalise the evaluation process of individual trainers as it would be quite difficult and challenging to implement in the current healthcare setting. In discussion with programme representatives it was noted this happens in an informal way, but no process has been formalised.	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Partially Compliant**

STANDARD 8 – IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – 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.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
8.1.2. It was found all elements of this standard are being fulfilled with the exception of training for trainers. Programme representatives advised it is not mandatory for historically appointed trainers to complete the 'Train the Trainer course. Trainers currently complete	Ongoing trainer development is required to ensure the quality of the programme delivery. This should be	**Partially Compliant**

the course once and refresher training is not undertaken. Furthermore, qualitative feedback is not currently given on the course.	followed by routine appraisal and engagement with the Faculty of Pathology, which should be mandatory. The 'Train the Trainer' or 'Essential Skills' programme should include a system of continuous monitoring of its effectiveness in practice.	

STANDARD 8 – IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES - 8.1.3 *The training organisation routinely evaluates supervisor and Trainer effectiveness including feedback from Trainees and offers guidance in their professional development in these roles.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
8.1.3. As detailed in the self-evaluation submission the Faculty of Pathology routinely evaluates supervisor and trainer effectiveness through trainee surveys, hospital-based inspections and workplace-based assessments. The Faculty does not currently have a performance management framework for trainers. Specialty representatives outlined that they are dependent on trainees feeding back if assessments have not occurred. The e-Portfolio system is trainee led and feedback is not always captured through this but in a more informal way with their trainer. Trainees expressed concerns about the anonymity of providing feedback on specific trainers in end of year assessment forms.	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Partially Compliant**

STANDARD 8 – IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES - 8.2.1 *The training organisation has a process and criteria to select and recognise hospitals, sites and posts for training purposes. The accreditation standards of the training organisation are publicly available.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**

8.2.1. It was outlined in the self-evaluation submission and in discussions with the Specialty that there is a policy for the selection and accreditation of sites and posts for training. The standards for which such assessments are made are not published. The Faculty noted in the submission that publication of these standards is planned as part of a wider training site accreditation project.	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Partially Compliant**

STANDARD 8 – IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – 8.2.3 *The training organisation's accreditation requirements cover: orientation, clinical and/or other experience, appropriate supervision, structured educational programmes, educational and infrastructure supports such as access to the internet, library, journals and other learning facilities, continuing medical education sessions accessible to the Trainee, dedicated time for teaching and training and opportunities for informal teaching and training in the work environment.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
8.2.3. The self-evaluation submission outlined that all training posts are inspected regularly to assess the training provided. This 'site visit' involves a RCPI appointed inspection panel reviewing training by meeting with hospital management, trainers and trainees on the training site, reviewing site facilities pertaining to training and review of documentation pertaining to the department. In the interest of facilitating thorough preparation for the inspection, certain documents must be completed by the hospital prior to the inspection: This information is reviewed by the Training Site Inspection panel. The purpose of obtaining details from multiple sources is to cross check the information received in addition to obtaining multiple views on the process and how it is perceived and functions. The training site inspections department provides quarterly and annual progress reports to the Faculty Board and each Specialty Training Committee. Specialty representatives outlined progress completing hospital site inspections with seven sites outstanding at the time of the accreditation meeting. An example was provided of how a site inspection was triggered following a trainee contacting the College regarding lack of supervision. The Specialty also outlined	Any outstanding inspections and accreditations of training sites should be prioritised in advance of the next annual return.	**Partially Compliant**

in both the self-evaluation submission and in discussions the planned move toward site accreditations. Trainees were aware of the inspection process and noted a corrective action at a training site as a result of an inspection by the Faculty. It was noted that Haematology has 12 approved training sites and there are seven training site inspections outstanding.		

STANDARD 8 – IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES - 8.2.5 *The training organisation should monitor the working environment to ensure it is a safe environment for training.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
8.2.5. In the self-evaluation submission and in discussions with specialty representatives it was noted that the training environment is monitored through the inspection process as detailed in standard 8.2.3. Trainees advised they felt training sites were safe when well-staffed, however, staffing shortages caused challenges. However, the health and safety in the work place is assured through the inspection process referenced in 8.2.3 and there are seven outstanding training site inspections, the specialty are partially complying with this standard. It was also noted that at times trainees felt sites were not compliant with the European Working Time Directive (EWTD).	Haematology should complete the site inspections as this is their mechanism to ensure safe environment for training. Haematology should liaise with sites to put necessary measures in place to ensure compliance with EWTD.	**Partially Compliant**

The following standards were found to be fully compliant for the programme of specialist training in Haematology. Although Haematology is complying with these standards recommendations have been made for further improvement

STANDARD 1 – CONTEXT OF EDUCATION AND TRAINING – 1.1.2 *The governance structures describe the composition and terms of reference for each committee, and allow all relevant groups to be represented in decision-making.*		
FINDING(S)	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**

1.1.2 As outlined in the self-evaluation submission and in discussions with specialty representatives there is trainee representative on faculty committees such as the Specialty Training Committee. Following discussions with trainees it was noted that trainees were not fully aware of trainee representation on relevant committees.	Communication between the trainees and training committee via training representatives could be improved such that trainees are aware of representation on relevant committees	**Fully Compliant**

STANDARD 1 – CONTEXT OF EDUCATION AND TRAINING – 1.4.1 – *The training organisation seeks to maintain constructive working relationships with relevant health departments and government, non-government and community agencies to promote the education, training and ongoing professional development of medical specialists.*		
FINDING(S)	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
1.4.1 As outlined in the self-evaluation submission and in discussions with specialty representatives, there is lay and patient representation on courses run by RCPI whereby there is interaction with patients in terms of the education component. For example, patients are invited to speak during ethics and communication programmes. In addition, the Board of the Faculty of Pathology appointed its first lay member in 2017. Since the accreditation took place, an update was received that a second lay member has been appointed. Education and Training is a standing agenda item of the Board. However, there is currently no lay or patient representation on the Specialty Training Committee.	The Faculty and the specialty of Haematology should explore opportunities to improve lay and patient representation on the Speciality Training Committee.	**Fully Compliant**

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

2.1.2. Please refer to the overall Faculty finding in standard 2.1.2	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Fully Compliant**

STANDARD 2 – THE OUTCOMES OF THE TRAINING PROGRAMME – GRADUATE OUTCOMES – 2.2.2 *The outcomes address the broad roles of practitioners in the discipline as well as technical and clinical expertise.*		
FINDING(S)	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
2.2.2 As outlined in the self-evaluation submission and discussion with specialty representatives the role(s) and expected behaviours of specialists in Haematology are described in the curriculum. Both broad roles (in terms of roles being applicable to specialists in all specialties) are described in the generic section of the curriculum. Roles specific to the specialty are described in the specialty section of the curriculum. Furthermore, there are specific questions about attitudes, behaviours and professionalism in the end of post and the end of quarter assessments. It was noted attitudes are not listed as a separate category in the HST programme as they are in the BST programme. Specialty representatives indicated they are working towards including these attitudes in a move towards an outcomes-based education model.	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Fully Compliant**

STANDARD 3 - THE EDUCATION AND TRAINING PROGRAMME - 3.4.1 *The programme structure and training requirements recognise part-time, interrupted and other flexible forms of training.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**

3.4.1. As indicated in the self-evaluation form and from discussions with management it is the Faculty's policy to facilitate and support flexible training. This is available through two routes, the first being the HSE NDTP Supernumerary Flexible Training Scheme which is separately funded by the HSE. Another option for flexible training is via the RCPI job sharing policy which works on the basis that two trainees will share one full-time post with each trainee working 50% of the hours. Specialty representatives gave examples of where Trainees have been given extended periods in programme to support them to complete the exit examination. In discussions with both programme representatives and trainees it was noted the ability of different sites to accommodate flexible training varied due to the impact of service provision.	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Fully Compliant**

STANDARD 4 – THE TRAINING PROGRAMME – TEACHING AND LEARNING 4.1.1 - The training is practice-based involving the trainees' personal participation in relevant aspects of the health services and, for clinical specialties, direct patient care.		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
4.1.1. As detailed in the self-evaluation submission and in discussions with the specialty representatives it is noted how trainees rotate across training sites during the course of the five-year training programme. There is some sub-specialisation across sites but as trainees rotate ultimately, they do receive homogenous training over the course of the programme. Specialty representatives and trainees detailed that due to the clinical workload it is challenging to protect study leave and laboratory time. The Specialty indicated they try to support trainees and obtain a balance between service provision and training. Trainees advised that advance planning of rotations is problematic and affects exposure to sub-specialties e.g. transfusion. Furthermore, it creates challenges at a personal level with insufficient time to identify accommodation, schools and childcare.	The Faculty and specialty of Haematology should improve on the advance planning of rotations throughout the five-year programme.	**Fully Compliant**

Overview of compliance rating for the programme of specialist training in Immunology

MEDICAL COUNCIL'S ACCREDITATION STANDARDS FOR POSTGRADUATE MEDICAL EDUCATION AND TRAINING	IMMUNOLOGY COMPLIANCE RATING PER STANDARD												
1. Context of Training	*1.1.1*	*1.1.2*	*1.1.3*	*1.2.1*	*1.2.2*	*1.2.3*	*1.3.1*	*1.3.2*	*1.4.1*	*1.4.2*	*1.5.1*		
2. The Outcomes of the Training Programme	*2.1.1*	*2.1.2*	*2.2.1*	*2.2.2*	*2.2.3*	*2.2.4*							
3. The Education and Training Programme – Curriculum Content	*3.1.1*	*3.2.1*	*3.2.2*	*3.3.1*	*3.3.2*	*3.4.1*	*3.4.2*	*3.5.1*					
4. The Training Programme – Teaching and Learning	*4.1.1*	*4.1.2*	*4.1.3*										
5. The Curriculum - Assessment and Learning	*5.1.1*	*5.1.2*	*5.1.3*	*5.2.1*	*5.2.2*	*5.2.3*	*5.3.1*	*5.4.1*					
6. The Curriculum – Monitoring and Evaluation	*6.1.1*	*6.1.2*	*6.1.3*	*6.2.1*	*6.2.2*								
7. Implementing the Curriculum -Trainee s	*7.1.1*	*7.1.2*	*7.1.3*	*7.1.4*	*7.1.5*	*7.2.1*	*7.3.1*	*7.3.2*	*7.3.3*	*7.4.1*	*7.4.2*	*7.4.3*	*7.4.4*
8. Implementing the Training Programme and Delivery of Educational Resources	*8.1.1*	*8.1.2*	*8.1.3*	*8.1.4*	*8.1.5*	*8.1.6*	*8.2.1*	*8.2.2*	*8.2.3*	*8.2.4*	*8.2.5*		

Fully Compliant
Partially Compliant
Non-Compliant

COMMENDATIONS FOR THE PROGRAMME OF SPECIALIST TRAINING IN IMMUNOLOGY

- Trainees are to be commended for their initiative and leadership in introducing monthly trainee led training days.

Evaluation of Compliance with Medical Council Standards

Training Body: Faculty of Pathology, RCPI
Programme of Specialist Training: Immunology

The following standards were found to be non-compliant for the programme of specialist training in Immunology

STANDARD 8 – IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES - 8.1.6 *Organisation and development of Trainers – instructional activities must be included as responsibilities in the work schedules of Trainers and their relationship to work schedules of Trainees must be described.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
8.1.6. From the self-evaluation submission and discussions with programme representatives' trainers and trainees there is no protected training time due to service provision demands. Trainees praised the personal commitment trainers gave to the training scheme. Due to the small size of the specialty trainees received personalised attention regarding their individual training plans.	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Non- Compliant**

The following standards were found to be partially compliant for the programme of specialist training in Immunology.

STANDARD 1 – CONTEXT OF EDUCATION AND TRAINING– INTERACTION WITH THE HEALTH SECTOR - 1.4.2 *The training organisation works with healthcare institutions to facilitate clinicians employed by them to contribute to high quality teaching and supervision, and to foster peer review and professional development.*		
FINDING(S)	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**

1.4.2. All elements of this standard are being fulfilled with the exception of protected time. Please refer to the finding in standard 8.1.6.	There should be sufficient time put aside for Educational Supervisors in their weekly job plan within the consultant contract to undertake the role.	**Partially Compliant**

2. THE OUTCOMES OF THE TRAINING PROGRAMME - GRADUATE OUTCOMES – 2.2.3. *Outcomes must reflect domains of professionalism as defined by the Medical Council with particular reference to patient safety.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
2.2.3. As detailed in the self-evaluation submission and in discussions with programme representatives, the Immunology curriculum references the Medical Council Eight Domains of Good Professional Practice ('Eight Domains') in its generic section. Each topic in the specialty section is mapped to the relevant Medical Council Eight Domains. Patient Safety is fully integrated into each of the topics in the specialty section. Each topic contains information on how that topic impacts and is impacted by Patient Safety concerns. The knowledge and skills expected to be attained and demonstrated are listed as are the methods of assessment (an acquisition of knowledge and skills). In outlining the expectations of good professional practice, the curriculum outlines the knowledge required to raise concerns about patient safety. There is also significant reference to patient safety in descriptions of competencies for Leadership, Quality Improvement, Standards of Care, Safe Prescribing. Programme representatives detailed that while they don't systemically work through the Eight Domains, they encourage trainees to review updated Medical Council guidelines. Trainees are strongly encouraged to develop leadership and management through formal	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Partially Compliant**

courses offered by RCPI. Training outcomes reflect the Eight Domains however trainees did not seem fully aware of how they are embedded within the programme. Trainees advised they had experiential opportunities to develop management and leadership skills e.g. laboratory service delivery and clinical laboratory liaison. As the discipline is growing, they may require additional leadership skills. Trainees also indicated they would welcome peer support when starting out as independent consultants.		

STANDARD 3 - THE EDUCATION AND TRAINING PROGRAMME - 3.4.2 *There are opportunities for Trainees to pursue studies of choice, consistent with training programme outcomes, which are underpinned by policies on the recognition of prior learning. These policies recognise demonstrated competencies achieved in other relevant training programmes both here and overseas, and give Trainees appropriate credit towards the requirements of the training programme.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
3.4.2 As outlined in the self-evaluation submission the Faculty recognises that trainees on the HST programme have opportunities to pursue studies of choice. The prospective approval of such studies, clinical and research related must be consistent with the training programme outcomes. The Faculty adheres to the RCPI policy on research, as referenced above, that such studies must be prospectively approved by the NSD/STC, be appropriate to the specialty, and contribute a maximum of one-year credit to the overall HST training programme. Programme representatives advised there is no formal mechanism to recognise prior experience. If a trainee from another programme applied for recognition of prior experience it would be dealt with on a case by case basis. It was not clear what policies underly adequate recognition of training taken outside the training programme to ensure it is equivalent and appropriate.	Immunology should develop policy that outlines specific criteria for the recognition of prior learning or training taken outside of the training programme.	**Partially Compliant**

STANDARD 6 – THE CURRICULUM MONITORING AND EVALUATION – ONGOING MONITORING 6.1.1 *The training organisation regularly evaluates and reviews its training programmes. Its processes address curriculum content, quality of teaching and supervision, assessment and trainee progress.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
6.1.1 It was outlined in the self-evaluation submission and meetings with the Faculty that the curriculum is reviewed on an annual basis. Changes to the curriculum may come from multiple sources including feedback from trainers and/or trainee(s). Specialty representatives advised that trainee suggestions have been acted on and trainees have been leading on study days. Trainees felt they had input into the curriculum as their consultant trainers and the National Specialty Director had asked for their input informally.	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties. Trainee input into the curriculum review should be formalised by the speciality of Immunology.	**Partially Compliant**

STANDARD 6 – THE CURRICULUM MONITORING AND EVALUATION – ONGOING MONITORING 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.		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
6.1.3. As detailed in the self-evaluation submission trainees have the opportunity to provide feedback at their end of year assessments, during training site inspections by Faculty and through the anonymised feedback form. Specialty representatives advised during discussions that trainee feedback is encouraged, and trainee suggestions have led to changes. Trainees detailed they are comfortable providing feedback on the training and clinical site however due to the size of the specialty raising an issue regarding an individual consultant would be difficult.	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Partially Compliant**

STANDARD 8 – IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES - 8.1.3 *The training organisation routinely evaluates supervisor and Trainer effectiveness including feedback from Trainees and offers guidance in their professional development in these roles*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
8.1.3. In the self-evaluation submission the Faculty outlined the RCPI routinely evaluate supervisor and trainer effectiveness through trainee surveys, hospital-based inspections and workplace-based assessments. Specialty representatives advised that as well as formal feedback at end of year assessments informal day-to-day feedback from trainees is encouraged. In the discussion with trainees, they were asked what they would improve if they were in charge. Trainees indicated they were comfortable giving informal feedback on the quality of training and feel they have input into the curriculum. Trainees indicated it may be useful to have a way of giving anonymous feedback regarding a dispute with a trainer.	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Partially Compliant**

STANDARD 8 – IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES - 8.2.1 *The training organisation has a process and criteria to select and recognise hospitals, sites and posts for training purposes. The accreditation standards of the training organisation are publicly available.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
8.2.1. It was noted all elements of this standard are being fulfilled with the exception of publicly available accreditation standards. As detailed in the self-evaluation submission accreditation standards for the sites are currently not published but this is planned as part of the Training Site Accreditation project.	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Partially Compliant**

STANDARD 8 – IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – 8.2.3 *The training organisation's accreditation requirements cover: orientation, clinical and/or other experience, appropriate supervision, structured educational programmes, educational and infrastructure supports such as access to the internet, library, journals and other learning facilities, continuing medical education sessions accessible to the Trainee, dedicated time for teaching and training and opportunities for informal teaching and training in the work environment.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
8.2.3 The self-evaluation submission outlined that all training posts are inspected regularly to assess the training provided. This 'site visit' involves a RCPI appointed inspection panel reviewing training by meeting with hospital management, trainers and trainees on the training site, reviewing site facilities pertaining to training and review of documentation pertaining to the department. In the interest of facilitating thorough preparation for the inspection, certain documents must be completed by the hospital prior to the inspection. This information is reviewed by the Training Site Inspection panel. The purpose of obtaining details from multiple sources is to cross check the information received in addition to obtaining multiple views on the process and how it is perceived and functions. The training site inspections department provides quarterly and annual progress reports to the Faculty Board and each Specialty Training Committee. Specialty representatives provided an update with regards to the onsite inspection progress. It was noted one site is outstanding for inspection. They also outlined there is a programme for trainee induction at training sites including a hospital induction, departmental induction manual and laboratory health and safety training. Training site accreditation will involve review of clinical facilities and laboratory facilities for a trainee. It was noted that Immunology have three approved training sites and one training site inspection outstanding.	Any outstanding inspections and accreditations of training sites should be prioritised in advance of the next annual return.	**Partially Compliant**

STANDARD 8 – IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES - 8.2.5 *The training organisation should monitor the working environment to ensure it is a safe environment for training.*

FINDING	REQUIREMENT / RECOMMENDATION(S)	COMPLIANCE
8.2.5. In the self-evaluation submission and in discussion with the specialty representatives it was noted the training environment is monitored through the inspection process as detailed in standard 8.2.3. Trainees advised they felt their training sites were safe places to work. They confirmed they had received hospital inductions and were aware of the occupational health services available. However, as the health and safety in the workplace is assured through the inspection process referenced in 8.2.3 and there one training site inspection outstanding, the specialty is partially complying with this standard.	Immunology should complete the site inspections as this is their mechanism to ensure safe environment for training.	**Partially Compliant**

The following standards were found to be fully compliant for the programme of specialist training in Immunology. Although Immunology is complying with these standards recommendations have been made for further improvement

STANDARD 1 – CONTEXT OF EDUCATION AND TRAINING - 1.4.1 *The training organisation seeks to maintain constructive working relationships with relevant health departments and government, non-government and community agencies to promote the education, training and ongoing professional development of medical specialists.*		
FINDING(S)	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
1.4.1 As outlined in the self-evaluation submission and in discussions with specialty representatives there is lay and patient representation on courses run by RCPI whereby there is interaction with patients in terms of the education component. In addition, the Board of the Faculty of Pathology appointed its first lay member in 2017. Since the accreditation took place, an update was received that a second lay member has been appointed. Education and Training is a standing agenda item of the Board. However, there is currently no lay or patient representation on the Specialty Training Committee. Feedback is regularly taken from patients and when issues arise these are fed back into curriculum development. One	The Faculty and the Specialty should explore opportunities to improve lay and patient representative on the Specialty Training Committee. The Specialty should also form relationships with patient advocacy groups.	**Fully Compliant**

example provided is the rise in allergies and increased need in the community for services. The Specialty is examining increasing the pool of trainees as a result.		

2. THE OUTCOMES OF THE TRAINING PROGRAMME – PURPOSE OF THE TRAINING ORGANISATION – 2.1.2. *In defining its purpose, the training organisation has consulted fellows and trainees, and relevant groups of interest.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
2.1.2. Please refer to the overall Faculty finding in standard 2.1.2	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Fully Compliant**

STANDARD 2 – THE OUTCOMES OF THE TRAINING PROGRAMME 2.2.2 – *The outcomes address the broad roles of practitioners in the discipline as well as technical and clinical expertise.*		
FINDING(S)	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
2.2.2 As outlined in the self-evaluation submission and discussion with Faculty representatives the role(s) and expected behaviours of specialists in Immunology are described in the curriculum. Both broad roles (in terms of roles being applicable to specialists in all specialties) are described in the generic section of the curriculum. Roles specific to the specialty are described in the specialty section of the curriculum. Furthermore, there are specific questions about attitudes, behaviours and professionalism in the end of post and the end of quarter assessments. It was noted attitudes are not listed as a separate category in	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Fully Compliant**

the HST programme as they do in the BST programme. Specialty representatives indicated they are working towards including these attitudes in a move towards an outcomes-based education model. Trainees advised that these concepts come up in assessments with trainers and through interactions with patients and consultant trainers.		

STANDARD 3 THE EDUCATION AND TRAINING PROGRAMME - 3.4.1 *The programme structure and training requirements recognise part-time, interrupted and other flexible forms of training.*		
FINDING(S)	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
3.4.1. As indicated in the self-evaluation form and from discussions with management it is faculty policy to facilitate and support flexible training. This is available through two routes, the first being the HSE NDTP Supernumerary Flexible Training Scheme which is separately funded by the HSE. Another option for flexible training is via the RCPI job sharing policy which works on the basis that two trainees will share one full-time post with each trainee working 50% of the hours. In discussions with both programme representatives and trainees it was noted that job sharing may not be feasible due to the small size of the specialty. Trainees indicated they felt the Faculty supported flexible training and applications for it.	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Fully Compliant**

STANDARD 4 – THE TRAINING PROGRAMME – TEACHING AND LEARNING - 4.1.2 *The training programme includes appropriately integrated practical and theoretical instruction.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**

4.1.2 As indicated in the self-evaluation form and in the discussions with the specialty and trainees, monthly trainee led study days have now been introduced. This is as a result of trainee feedback with regards to difficulties trainees were experiencing with Immunology teaching. The study days are trainee led, trainees prepare and present on a focused area of Immunology. Trainees advised they were appreciative of input and support from trainers into the Specialist Registrar (SPR) led training days. However, going forward as the specialty expands increased support and contribution from consultants to study days as seen in the UK would be valued.	The specialty and its trainers should further develop the support of formal teaching sessions. Mapping the training days to curriculum delivery would be beneficial.	**Fully Compliant**

STANDARD 6 – THE CURRICULUM – MONITORING AND EVALUATION – 6.2.2 – *Supervisors, trainees, healthcare administrators, other health care professionals and consumers contribute to evaluation processes*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
6.2.2 As detailed in the self-evaluation submission and in discussions with the Specialty only trainers and trainees formally contribute to the evaluation processes in relation to the progress of individual trainees. Trainers often seeks feedback from the wider team (laboratory staff and allied health professionals) as part of the trainee evaluation process in an informal way.	A process to formalise the input of additional staff other than the trainer and trainee should be developed.	**Fully Compliant**

STANDARD 7 – IMPLEMENTING THE CURRICULUM – TRAINEES – 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.*		
FINDING	**RECOMMENDATION**	**COMPLIANCE**

7.4.2. As detailed in the self-evaluation submission training-related disputes between trainees and trainers will be dealt with by the National Specialty Director. The Faculty has in place a grievance procedure which outlines the process in dealing with training related disputes between trainees, supervisors or trainers and the organisation. If the issue relates to bullying and harassment the Faculty has in place an Anti-Bullying and Harassment Policy which outlines the process in dealing with issues related to bullying. Further to this if a trainee feels aggrieved at a decision arising from Annual Evaluation or any other training related decision/process within the training programme the trainee can appeal the decision. Specialty representatives advised they encourage trainees to flag issues early on and to speak with the NSD. Trainees were unaware of a formal process for raising issues such as bullying other than discussing it with their consultant trainer.	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all Pathology specialties.	**Fully Compliant**

Overview of compliance rating for the programme of specialist training in Histopathology

MEDICAL COUNCIL'S ACCREDITATION STANDARDS FOR POSTGRADUATE MEDICAL EDUCATION AND TRAINING	HISTOPATHOLOGY COMPLIANCE RATING PER STANDARD												
1. Context of Training	*1.1.1*	*1.1.2*	*1.1.3*	*1.2.1*	*1.2.2*	*1.2.3*	*1.3.1*	*1.3.2*	*1.4.1*	*1.4.2*	*1.5.1*		
2. The Outcomes of the Training Programme	*2.1.1*	*2.1.2*	*2.2.1*	*2.2.2*	*2.2.3*	*2.2.4*							
3. The Education and Training Programme – Curriculum Content	*3.1.1*	*3.2.1*	*3.2.2*	*3.3.1*	*3.3.2*	*3.4.1*	*3.4.2*	*3.5.1*					
4. The Training Programme – Teaching and Learning	*4.1.1*	*4.1.2*	*4.1.3*										
5. The Curriculum - Assessment and Learning	*5.1.1*	*5.1.2*	*5.1.3*	*5.2.1*	*5.2.2*	*5.2.3*	*5.3.1*	*5.4.1*					
6. The Curriculum – Monitoring and Evaluation	*6.1.1*	*6.1.2*	*6.1.3*	*6.2.1*	*6.2.2*								
7. Implementing the Curriculum -Trainee s	*7.1.1*	*7.1.2*	*7.1.3*	*7.1.4*	*7.1.5*	*7.2.1*	*7.3.1*	*7.3.2*	*7.3.3*	*7.4.1*	*7.4.2*	*7.4.3*	*7.4.4*
8. Implementing the Training Programme and Delivery of Educational Resources	*8.1.1*	*8.1.2*	*8.1.3*	*8.1.4*	*8.1.5*	*8.1.6*	*8.2.1*	*8.2.2*	*8.2.3*	*8.2.4*	*8.2.5*		

Fully Compliant
Partially Compliant
Non-Compliant

Evaluation of Compliance with Medical Council Standards

Training Body: Faculty of Pathology, Royal College of Physicians of Ireland (RCPI)
Programme of Specialist Training: Histopathology

The following standard(s) were found to be non-compliant for the programme of specialist training in Histopathology.

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS – 8.1.6 *Organisation and development of trainers – instructional activities must be included as responsibilities in the work schedules of trainers and their relationship to work schedules of trainees must be described.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
8.1.6. In the self-evaluation submission and in discussion with specialty representatives, the Specialty confirmed that there is no provision for protected time for Trainers and cited service demand as a barrier to implementing this. Trainees spoke positively of the personal commitment of their Trainers and stated their appreciation for the one-to-one access to supervision they receive at times. The Faculty of Pathology, RCPI acknowledges the difficulty in delivering training against the backdrop of increasing service requirements from consultants, especially when sufficient time for instructional activities is not reflected in the work schedules of supervisors (such as Trainers, National Specialty Director (NSD), Regional Specialty Advisor (RSA)). There should be time put aside for supervisors in their weekly job plans within the consultant contract. This also relates to standard 1.4.2. It was also heard in the interview with the Specialty that it can be difficult to foster enthusiasm about taking on the additional responsibility of a Trainer without the offer of remuneration or	**8.1.6.** Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Non-Compliant**

protected time. Both Trainers and Trainees agreed that they would like more recognition for the role of Trainers, including protected time.		

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – CLINICAL AND OTHER EDUCATIONAL RESOURCES – 8.2.5 *The training organisation should monitor the working environment to ensure it is a safe environment for training.*		
FINDING	**REQUIREMENT /RECOMMENDATION(S)**	**COMPLIANCE**
8.2.5 Trainees advised that they were happy with the culture of their working environments and described them as friendly, respectful and cordial places. They stated that they did not have personal experience of bullying and did not think it was an issue within the specialty. Trainees were also happy that they were aware of the reporting pathways if an issue were to arise. The Faculty monitors the working environment via the inspections process. As referenced in standard 8.2.3, at the time of accreditation, there were fourteen approved training sites for Histopathology and two training sites inspections remained outstanding. Laboratories are subject to accreditation by the Irish National Accreditation Board (INAB). However, during the interview with trainees, major concerns were raised regarding the consistent application of safety standards in the laboratory. Trainees described their concerns regarding formalin levels in the laboratory. It was noted that at one site, they reported the issue but had to wait seven weeks before receiving confirmation as to whether levels in a laboratory were safe. During this time trainees, including some pregnant trainees, continued to work in the laboratory. (Trainees confirmed that formalin levels were later deemed safe).	**8.2.5** The Faculty and Specialty must address the issues described in the findings and in doing so satisfy the health and safety concerns of the current trainees in relation to laboratories. The Faculty/Specialty must monitor the situation of future trainees on an annual basis. The programme is required to engage with the *Irish National Accreditation Board* and the training sites with regard to the issues raised. Measures to address these issues should be reported to the Medical Council within 3 months of the publication of the report.	**Non-Compliant**

Trainees described only having access to a hand-held dictaphone at one site rather than a pedal operated one and a microphone/ head peace. Trainees identified using a hand-held dictaphone while undertaking large surgical dissections and breast cut up as a potential safety risk. Trainees reported that cut-up rooms were too small, and the down draft is often insufficient. Trainees described sometimes feeling dizzy and getting nosebleeds due to their work environment. Trainees also stated that conditions in some laboratories during an inspection do not reflect the day-to-day reality of working in the laboratory e.g. windows are opened, fans are switched on, the amount of cut-up is reduced in order to meet safety standards. Trainees stated that they have continuously raised concerns with trainers and consultants about the safety of the laboratory and the potential for error regarding their work. Again, they described not having the opportunity to raise such issues at the Annual Evaluation. Trainee stated that these issues are not consistent across all sites. They also attributed the higher safety standards of some laboratories to the involvement of the scientists (who are separate from the programme) whom they share the space with. After hearing from the trainees, it was deemed the safety issues identified required urgent resolution. While maintaining the anonymity of individual trainees, contact was made with the NSD about the safety concerns raised and highlighted the urgency of resolving the situation, especially but not limited to one site which was named by trainees. Progress updates regarding the identified site have been provided[3]; a hands-free dictation service is now in operation, a Medical Laboratory Assistant has been assigned to cut-up and there are plans to refurbish the cut-up room. The Faculty of Pathology, RCPI also	The Faculty and Specialty should seek, encourage and act upon the open and frank feedback of trainees in respect to laboratory conditions as part of the annual feedback cycle and to demonstrate the design of this annual exercise to Council within 3 months. Histopathology should complete the site inspections as this is their mechanism to ensure safe environment for training.	

[3] Updated report received from Dean and NSD April 2020; RCPI Executive Inspection Report Dec 2020; Clinical site response June 2021.

informed Council that it carried out an inspection in December 2020 of the specific clinical site referenced and it was approved for training. The engagement and response of the Faculty and RCPI are acknowledged. However, it is crucial that trainees are enabled and empowered to provide feedback to training bodies about safety concerns and that ultimately, the health and safety of trainees is safeguarded at all clinical training sites.		

The following standard(s) to be partially compliant for the programme of specialist training in Histopathology.

STANDARD 1. CONTEXT OF EDUCATION AND TRAINING – INTERACTION WITH THE HEALTH SECTOR – 1.4.2 *The training organisation works with healthcare institutions to facilitate clinicians employed by them to contribute to high quality teaching and supervision, and to foster peer review and professional development.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
1.4.2. All elements of this standard are being fulfilled with the exception of protected time. Please refer to the finding in standard 8.1.6.	**1.4.2** Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Partially Compliant**

STANDARD 2. THE OUTCOMES OF THE TRAINING PROGRAMME - GRADUATE OUTCOMES – 2.2.1. *The training organisation has defined graduate outcomes for each training programme including any sub-specialty programmes. These outcomes are based on the nature of the discipline and the practitioners' role in the delivery of health care. The outcomes are related to community need.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**

2.2.1 In its self-evaluation submission, the Specialty states that graduate outcomes are defined in the curriculum and its accompanying assessments, and that trainees who have completed the programme are competent to practise Histopathology independently and unsupervised. In discussions, the Specialty described how trainee engagement extends beyond Histopathology when they take part in multidisciplinary meetings with other specialties. The Specialty also advised there is an ongoing review of the curriculum so that the necessary adjustments can be made. For instance, ethics is currently being reviewed and the Specialty is monitoring the exposure to autopsy training. The Specialty also stated that patients and various clinicians are involved in setting up screening programmes such as cervical and bowel screening. However, the Specialty confirmed that there is no formal process to routinely consider community need and to ensure that outcomes in Histopathology are related to any such needs.	**2.2.1** The Specialty should put in place a process to identify community need and endeavour to align graduate outcomes in Histopathology to community need.	**Partially Compliant**

STANDARD 2. THE OUTCOMES OF THE TRAINING PROGRAMME - GRADUATE OUTCOMES – 2.2.2 *The outcomes address the broad roles of practitioners in the discipline as well as technical and clinical expertise.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
2.2.3 The generic section of the Histopathology curriculum references the Medical Council's *Eight Domains of Good Professional Practice* ('Eight Domains'). However, trainees reported that they were only vaguely familiar with the Eight Domains and that they are not explicitly taught. Furthermore, trainees were not aware of how the eight domains are embedded within the programme. The Specialty stated that professionalism is encouraged on a daily basis and is assessed in Directly Observed Procedures (DOPS) and in Case-Based Discussions (CBDs). In terms of	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Partially Compliant**

leadership and management, there are similar opportunities for both the Specialty and trainees such as RCPI's *Leadership in Clinical Practice* course, getting involved with committees, and taking responsibility for the organisation of tutorials and rotas. Both also agreed that opportunities for leadership and management increase as a trainee progresses through the programme although some trainees advised they would welcome more opportunities for leadership and management.		

STANDARD 3 – THE EDUCATION AND TRAINING PROGRAMME – CURRICULUM CONTENT – 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.*		
FINDING	**REQUIREMENT /RECOMMENDATION(S)**	**COMPLIANCE**
3.2.1 It was noted that the BST and HST curricula are organised according to objectives, outcomes, knowledge and skills. An outcomes-based curriculum has been developed for BST which the Medical Council had sight of. The Specialty advised this new curriculum requires trainees to demonstrate a specific proficiency or capability in an area rather than perform a certain amount of procedures. However, upon reviewing the new curriculum, there does not appear to be clear guidance to trainees transitioning to this new type of outcomes-based education and to assist their understanding in meeting the outcomes described. The College is in the process of developing an outcomes-based curriculum for the HST in Histopathology and should be conscious of providing clear guidance when this transition takes place.	The specialty of Histopathology should increase engagement with trainees with regard to the new outcomes-based curricula, and should ensure clear communication in relation to any changes. The specialty of Histopathology should develop a strategy for ensuring curricula and assessment system changes are appropriately consulted on within the national context and that the outcomes are suitably exampled.	**Partially Compliant**

	Trainees should be provided with an opportunity to review the new curriculum and provide feedback before it is finalised. The specialty of Histopathology should provide clear guidance to trainees and trainers in relation to meeting the new outcomes.	

3. THE EDUCATION AND TRAINING PROGRAMME – CURRICULUM CONTENT – 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.* **STANDARD 3 – THE EDUCATION AND TRAINING PROGRAMME – CURRICULUM CONTENT – RESEARCH IN THE TRAINING PROGRAMME – 3.3.2** *The training programme allows appropriate candidates to enter research training during specialist education and to receive appropriate credit towards completion of specialist training.*		
FINDING(S)	**REQUIREMENT /RECOMMENDATION(S)**	**COMPLIANCE**
3.3.1; 3.3.2 The research components of the programme are clearly outlined in the curriculum. However, in its self-evaluation submission and interview, the Specialty identified the need to place a greater emphasis on research and identified some of the barriers to the lack of trainee involvement in research. These included the impact of GDPR on health research, particularly on early stage researchers; the need to take Out of Clinical Programme Experience (OCPE) in order to carry out significant research (the self-evaluation submission states that one trainee was availing of this in the 2019-20 academic	**3.3.1; 3.3.2** The Faculty and the Specialty of Histopathology should improve communication and uptake of research opportunities available.	**Partially Compliant**

year), and the lack of clinical academic posts in Ireland. It was also noted that there has been a vacancy for a professor of Pathology for a number of years. It was noted there are some fellowship opportunities including the HSE's Richard Stevens fellowship, an Aspire fellowship which is across disciplines, and RCPI's post-CSCST fellowships which require the use of a training post. There is concern about the lack of resources to facilitate opportunities for trainees to engage in research at all levels. Trainees reported that research tended to centre around audit which is carried out every six months and described it as a tick box exercise. Trainees agreed that they would prefer to engage in more structured research. They stated that research opportunities vary according to sites and that developing an interest in a research area is difficult when you are moving from site to site every six months. As a result, trainees have to be very proactive in creating opportunities to carry out research.		

STANDARD 3 – THE EDUCATION AND TRAINING PROGRAMME – CURRICULUM CONTENT – FLEXIBLE TRAINING – 3.4.2 *There are opportunities for trainees to pursue studies of choice, consistent with training programme outcomes, which are underpinned by policies on the recognition of prior learning. These policies recognise demonstrated competencies achieved in other relevant training programmes both here and overseas, and give trainees appropriate credit towards the requirements of the training programme.*		
FINDING	**REQUIREMENT /RECOMMENDATION**	**COMPLIANCE**
3.4.2 In its self-evaluation submission, the Faculty states that the programme facilitates *Out of Clinical Programme Experience* (OCPE), such as research, in line with RCPI policy in that it must be prospectively approved and deemed appropriate to the specialty. OCPE contributes a maximum of one-year credit to the overall HST training programme.	The Faculty and the Specialty should produce a document that captures how prior learning in other specialties is recognised. The Faculty and the Specialty should clarify its criteria for assessing	**Partially Compliant**

The Faculty advised it deals with the recognition of prior learning on a case-by-case basis. However, it noted significant difficulty in assessing equivalence of experience in Histopathology. Also please reference finding and recommendation in standard 7.1.3.	equivalence of experience in Histopathology.	

STANDARD 4 – THE TRAINING PROGRAMME – TEACHING AND LEARNING – 4.1.1 *The training is practice-based involving the trainees' personal participation in relevant aspects of the health services and, for clinical specialties, direct patient care.*		
FINDING	**REQUIREMENT /RECOMMENDATION (S)**	**COMPLIANCE**
4.1.1 The Specialty identified the provision of training in autopsy as a challenge. It reported that two hospitals are no longer performing coronial autopsies and that it is difficult when the Office of the State Pathologist is under the jurisdiction of the Department of Justice and Equality rather than the Department of Health. Trainees identified gaps in relevant aspects of their training. They reiterated the Specialty's statement that some hospitals no longer perform autopsy. They also reported that different training sites facilitate different sub-specialisations. For instance, trainees stated that training sites in north Dublin no longer provide adequate exposure to paediatric and pancreatic pathology and training in south Dublin is limited in terms of exposure to heart biopsies and transplant pathology. It is noted that paediatric pathology, heart biopsies and transplant pathology are not mandatory components of the curriculum, however, it is important that trainees have an overview of these elements. Trainees also described inadequate exposure to cytology which requires them to pay for supplementary courses in order to meet exam requirements. These issues are further described under 5.3.1, 7.1.4	The Faculty and Specialty should work with training sites and trainers to identify solutions to address gaps in training.	**Partially Compliant**

and 8.1.6. Trainees were unanimous in attributing gaps in their exposure to sub-specialties to service demand pressures. Despite their general high regard of their trainers, trainees reported that resource issues and service needs lead trainers to limit Trainees' exposure to aspects of Histopathology in the programme. For example, tasks such as cut ups are allocated to trainees while access to cytology, gastrointestinal histopathology, cervical histopathology, reporting, etc are not prioritised and therefore difficult to gain sufficient experience of. This issue is also described under standards 4.1.1, 5.3.1 and 7.1.4.		
STANDARD 4 – THE TRAINING PROGRAMME – TEACHING AND LEARNING – 4.1.3 *The training process ensures an increasing degree of independent responsibility as skills, knowledge and experience grow.*		
FINDING	**REQUIREMENT /RECOMMENDATION (S)**	**COMPLIANCE**
4.1.3 In terms of promoting increasing independent practice among trainees, the Faculty described a study day that is partly trainee-led with the trainees giving presentations to their peers. It was noted there is a trainee day that the Faculty organises based on feedback from the trainees and in which the trainee representative on the Faculty Board is heavily involved in. Trainees reported that it is only when they have completed the Part II exam, that they get the opportunity to begin reporting independently, on a phased basis subject to a consultant's review. The Faculty clarified that the rationale behind this is the nature of the medical-legal environment in Ireland. It was noted there are ongoing discussions in the STC about how to introduce independent reporting. Both the trainees and the Faculty spoke of trainees being 'protected' in relation to this standard and suggested that an increasing degree of independent responsibility could be better facilitated. Trainees	Histopathology should encourage an increasing degree of independent responsibility among trainees at an early stage in the programme in preparation for the transition to consultant roles. This should be reflected in individual training plans.	**Partially Compliant**

reported concern at the leap between the transition of trainee and consultant due to this protection		

STANDARD 5 – THE CURRICULUM – ASSESSMENT OF LEARNING – FEEDBACK AND PERFORMANCE - 5.2.2 *The training organisation facilitates regular feedback to trainees on performance to guide learning.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
5.2.2 In its self-evaluation submission, the Specialty outlined the assessment structures in place to facilitate regular feedback to trainees on performance, such as personal goal setting and review, quarterly and end of year assessments, Case Based Discussions (CBDs) and Directly Observable Procedures (DOPs). In its self-evaluation submission, the Specialty identified the provision of negative feedback to trainees with regard to their performance, especially in terms of professionalism, as a challenge for trainers. The Faculty stated that it would like trainers to inform it of any such concerns so that it can help to address any issues. The Faculty also stated that the 'Train the Trainer' course addresses such concerns, including the provision of feedback to trainees and reporting concerns to the Faculty. Some trainees reported that they do not receive direct informal feedback on a regular basis; they reported concerns about regular feedback and stated that feedback can vary according to sites, and individual trainers and training styles. Others stated that they were happy with the level of feedback received from their trainers. One trainee described receiving collective feedback from consultants in the department at one training site, and noted it was very useful.	The Faculty should ensure that all trainers in Histopathology deliver high quality feedback consistently across all sites which constructively assists the development of trainees.	**Partially Compliant**

STANDARD 5 – THE CURRICULUM – ASSESSMENT OF LEARNING – ASSESSMENT QUALITY - 5.3.1 *The training organisation has a policy on the evaluation of the reliability and validity of assessment methods, the educational impact of the assessment on trainee learning, and the feasibility of the assessment items. It introduces new assessment methods where required.*		
FINDING	**REQUIREMENT /RECOMMENDATION(S)**	**COMPLIANCE**
5.3.1 Trainees reported disparities between exposure provided by placements in the training programme and the standard required of the FRCPath examination, for example in areas such as cytology and autopsy. They attributed these gaps in training to service pressures and insufficient resources, as well as a lack of alignment between the UK-based exam and Histopathology practice in Ireland. Trainees advised that they spend significant sums of money on supplementary courses in order to sufficiently prepare for the exam in order to make up for the gap in training experience. (Another aspect of the financial burden facing trainees in Histopathology is also described under 7.1.4.) Trainees stated that they did not feel that they can input into the curriculum in relation to this issue and asserted that the issue is widely known.	Histopathology should ensure better alignment between opportunities for training and the assessed curriculum, including the FRCPath examination.	**Partially Compliant**

STANDARD 6 – THE CURRICULUM – MONITORING AND EVALUATION – ONGOING MONITORING – 6.1.1 *The training organisation regularly evaluates and reviews its training programmes. Its processes address curriculum content, quality of teaching and supervision, assessment and trainee progress.*		
FINDING	**REQUIREMENT /RECOMMENDATION(S)**	**COMPLIANCE**
6.1.1 In its self-evaluation submission, the Specialty states that curricula are reviewed on an annual basis by the National Specialty Director and amendments discussed and approved by the Specialty Training Committee. It is noted that the BST curriculum has recently changed to a outcomes-based format and the HST one is due to be converted also. It was heard that trainers input into the curriculum review process.	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Partially Compliant**

There are processes in place to facilitate trainee feedback including Annual Evaluations, the Training Post Evaluation survey, inspections, as well as governance structures. However, apart from potential trainee feedback, it was found that the Body does not have an effective process by which it reviews the quality of the teaching and supervision that is provided in the programme. This is further described under standards 6.1.3 and 8.1.3.		

STANDARD 6 – THE CURRICULUM – MONITORING AND EVALUATION – ONGOING MONITORING – 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.*		
FINDING	**REQUIREMENT / RECOMMENDATION (S)**	**COMPLIANCE**
6.1.3 It was found that the Faculty does not have an effective process by which it reviews the quality of the teaching and supervision that is provided in the programme. The mechanisms for trainee feedback were outlined in 6.1.1. In the accreditation interview, Histopathology trainees did state that they can raise issues via their representatives and the overall impression of trainees is that sites are happy to receive their feedback. However, the Annual Evaluation was found to have limitations in terms of Trainee feedback. Trainees reported that Annual Evaluations are focused on logbooks and confirmed that in their experience, they have not been presented with the opportunity for open feedback such as feedback on the quality of training and supervision. One trainee stated that despite not necessarily being presented with the platform to feedback directly, they have always been able to raise any issues they felt relevant. However, in some instances, trainees do not feel like their feedback is followed-up on, especially in relation to the variability of exposure at different sites and preparation for	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Partially Compliant**

part II of the exam. However, both the Specialty and trainees did note an example at one site where trainee feedback triggered an inspection and led to positive changes.		

STANDARD 6 – THE CURRICULUM – MONITORING AND EVALUATION – OUTCOME EVALUATION – 6.2.2 *Supervisors, trainees, health care administrators, other health care professionals and consumers contribute to evaluation processes.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
6.2.2 The self-evaluation submission outlines the mechanisms in place to take feedback from Fellows, trainees and interest groups such as governance structures and the National Histopathology Quality Improvement Programme. However, the Faculty also states that there is no formal process in place to facilitate feedback from other stakeholders and confirmed that there are no immediate plans to formalise the contribution of health care administrators and health care professionals to the evaluation process. The Specialty noted that while other stakeholders do not input directly, trainers do receive informal feedback on trainees. The Specialty also noted that the outcomes-based curriculum will involve feedback from medics other than a trainee's trainer but feedback from non-medics will not be formally sought as part of this process.	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Partially Compliant**

STANDARD 7 – IMPLEMENTING THE CURRICULUM – TRAINEES – ADMISSION POLICY AND SELECTION – 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.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**

7.1.3 In its self-evaluation submission, the Faculty states that the programme facilitates *Out Of Clinical Programme Experience* (OCPE), such as research, in line with RCPI policy in that it must be prospectively approved and deemed appropriate to the specialty. OCPE contributes a maximum of one-year credit to the overall HST training programme. The Faculty advised the recognition of prior learning is assessed on a case-by-case basis. However, it noted significant difficulty in assessing equivalence of experience in Histopathology. Also please reference finding and recommendation in standard 3.4.2 in relation to RPL.	The Faculty should produce a document that captures how prior learning in other specialties is recognised. The Faculty should clarify its criteria for assessing equivalence of experience in Histopathology.	**Partially Compliant**

STANDARD 7 – IMPLEMENTING THE CURRICULUM – TRAINEES – ADMISSION POLICY AND SELECTION – 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.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
7.1.4 Trainees reported that they were happy with the system regarding rotations whereby trainees are assigned to a training hub (and therefore a geographical area) for the two years of BST and the four years of HST. The Specialty representative advised trainees receive approximately four months advance notice of the location. Trainees advised that exposure to sub-specialisations varies greatly across training sites, especially in autopsy and cytology. Trainees confirmed that if they are lacking exposure in a certain area, they are accommodated with placements in appropriate sites where they can gain the necessary experience. This situation is often facilitated by job swapping with another trainee. As a result, there is a perception among trainees that they will have to rotate outside of their geographical region either to gain or to facilitate a colleague's	**7.1.4** The Specialty should engage with trainees in an open manner to discuss and address concerns around potential trainee placements outside of designated training hubs. The Specialty should work with training sites and trainers to identify potential solutions to the variability of exposure to the breadth of the discipline of	**Partially Compliant**

exposure to a sub-specialty area. Trainees reported that this possibility is a cause of huge concern in terms of the potential financial cost as well as disruption to family life. Trainees added that they do not feel that these particular concerns are being listened to and addressed.	Histopathology across training sites and hubs.	

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS – 8.1.2 *The training organisation has processes for selecting supervisors who have demonstrated appropriate capability for this role. It facilitates the training of supervisors and trainers.*		
FINDING	**REQUIREMENT /RECOMMENDATION(S)**	**COMPLIANCE**
8.1.2 The Specialty representatives noted it is now a requirement for trainers to complete the 'Train the Trainer' course. There are also other supplementary courses available to trainers through RCPI. The Specialty confirmed that while most trainers would have completed the course, there are some who haven't, as they were already instated as trainers prior to the requirement coming in. There appears to be a lack of quality control in relation to the training of both new and longstanding trainers. Longstanding trainers may not have even completed the course while other trainers need only complete the course once in their careers without having to do a refresher course.	Ongoing trainer development is required to ensure the quality of the programme delivery. This should be followed by routine appraisal of and engagement with the Faculty of Pathology, which should be mandatory. The 'Train the Trainer' or 'Essential Skills' programme should include a system of continuous monitoring of its effectiveness in practice.	**Partially Compliant**

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS – 8.1.3 *The training organisation routinely evaluates supervisor and trainer effectiveness including feedback from trainees and offers guidance in their professional development in these roles.*

FINDING	REQUIREMENT / RECOMMENDATION(S)	COMPLIANCE
8.1.3 The Faculty has processes in place to collect feedback from trainees in relation to supervision such as the Annual Evaluation, Training Post Evaluation survey and site inspections. The Specialty also described ad hoc feedback from trainees on individual trainers at a local level which is sometimes provided to the lead trainer or the Regional Specialty Adviser. It was noted that aside from trainee feedback, the Specialty does not have a mechanism to evaluate supervisor and trainer effectiveness. Despite the processes that are in place and in line with the findings in 6.1.1 and 6.1.3, trainees reported that they do not feel they are afforded the opportunity to provide specific feedback on supervision at the Annual Evaluation, and trainee response rates to the Training Post Evaluation survey are extremely low. Therefore, the Faculty needs to ensure a more effective mechanism is in place to collect trainee feedback on Trainers and ensure the quality of teaching.	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Partially Compliant**

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – CLINICAL AND OTHER EDUCATIONAL RESOURCES – 8.2.1 *The training organisation has a process and criteria to select and recognise hospitals, sites and posts for training purposes. The accreditation standards of the training organisation are publicly available.*		
FINDING	**REQUIREMENT /RECOMMENDATION(S)**	**COMPLIANCE**
8.2.1 In its self-evaluation submission, the Faculty outlined the process and criteria to select and recognise training sites and posts. The RCPI's provided the *Training Site Inspection Policy* as well as the template forms to be completed by trainers and representatives at sites. The Specialty also described how an inspection can be triggered if necessary, outside of the five-year cycle and provided one such example during the discussions. The Specialty described the inspection process relating to the example cited	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Partially Compliant**

as an effective process with positive outcomes. Trainees confirmed that improvements were made to the training site in this instance. The Specialty advised two Histopathology sites have yet to be inspected in the current accreditation cycle. It was noted that inspections were delayed due to resourcing issues outside the control of the Faculty. It was also noted that RCPI is moving towards an accreditation model. At present, the Faculty's accreditation standards are not published. The Faculty noted in its submission that publication of these standards is planned as part of the wider training site accreditation project.		

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – CLINICAL AND OTHER EDUCATIONAL RESOURCES – 8.2.3 *The training organisation's accreditation requirements cover: orientation, clinical and/or other experience, appropriate supervision, structured educational programmes, educational and infrastructure supports such as access to the internet, library, journals and other learning facilities, continuing medical education sessions accessible to the trainee, dedicated time for teaching and training and opportunities for informal teaching and training in the work environment.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
8.2.3 The Faculty operates a five-year inspection cycle unless an earlier inspection is triggered. The Faculty reported a hiatus in inspections due to staffing issues but stated that a lot of inspections were carried out in the last year. The Faculty clarified that there are fourteen approved sites for Histopathology and two remain to be inspected in the current cycle. The Faculty's moving towards a "blitz" accreditation model whereby multiple specialties within a site will be inspected is welcomed.	Any outstanding inspections and accreditations of training sites should be prioritised in advance of the next annual return.	**Partially Compliant**

The following standards were found to be fully compliant for Histopathology. Although Histopathology is complying with these standards recommendations have been made for further improvement.

STANDARD 1. CONTEXT OF EDUCATION AND TRAINING – INTERACTION WITH THE HEALTH SECTOR – 1.4.1 *The training organisation seeks to maintain constructive working relationships with relevant health departments and government, non-government and community agencies to promote the education, training and ongoing professional development of medical specialists.*		
FINDING(S)	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
1.4.1 In its self-evaluation submission, the Faculty states that the Board of the Faculty of Pathology appointed its first lay member in 2017. Since the accreditation took place, an update was received that a second lay member has been appointed. Education and Training is a standing agenda item of the Board. However, the Faculty advised it does not have lay representation on its training committees (the Specialty Training Committee (STC) and the Education and Training Committee (ETC), and it is not something that is under consideration. The Medical Council is disappointed with the lack of progress as a similar recommendation appeared in the last report in 2013. It is believed that lay involvement in Histopathology would be a strength, particularly as patient management is so central to the specialty. The Medical Council was informed of instances where the Faculty encourages patient involvement at events, for example, at the International Pathology Day and at a Quality Improvement (QI) Programme workshop. The Faculty also noted that in the context of the national issues with cervical screening, there has been an increased need to promote public awareness of the specialty.	The Faculty and the Specialty of Histopathology should explore opportunities to improve lay and patient representation on the Specialty Training Committee.	**Fully Compliant**

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

FINDING	REQUIREMENT / RECOMMENDATION (S)	COMPLIANCE
2.1.2. Please refer to the overall Faculty finding in standard 2.1.2	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Fully Compliant**

STANDARD 2. THE OUTCOMES OF THE TRAINING PROGRAMME - GRADUATE OUTCOMES – 2.2.2 *The outcomes address the broad roles of practitioners in the discipline as well as technical and clinical expertise.*		
FINDING(S)	**REQUIREMENT /RECOMMENDATION(S)**	**COMPLIANCE**
2.2.2 The new outcomes-based curriculum in BST lists the core knowledge, skills and attitudes required at the end of the BST Programme while the current HST curriculum does not address attitudes. It was noted the Faculty is working towards including attitudes in the new outcomes-based curriculum for HST. It was also noted that behaviours were not identified in either curriculum, as in the behavioural context within which knowledge is gained and applied, and skills are developed and practised. The Faculty advised that due to the extensive one-to-one relationship in Histopathology between the trainer and trainee, power is devolved to the trainer to influence and teach behaviours to trainees.	**2.2.2** Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Fully Compliant**

STANDARD 3 – THE EDUCATION AND TRAINING PROGRAMME – CURRICULUM CONTENT – FLEXIBLE TRAINING – 3.4.1 *The programme structure and training requirements recognise part-time, interrupted and other flexible forms of training.*		
FINDING	**REQUIREMENT /RECOMMENDATION(S)**	**COMPLIANCE**

3.4.1 The programme recognises part-time, interrupted and other flexible forms of training via the HSE NDTP Supernumerary Flexible Training Scheme, job sharing and post re-assignment; the accompanying policies were provided. The Faculty advised that trainees in Histopathology have been successfully accommodated by the HSE scheme in recent years but this year, only one out of seven trainees were successful. There are a limited number of posts available in this scheme and it is oversubscribed to in terms of applicants. The Specialty advised it is the first year where the programme has rolled out the option of job sharing for trainees. Currently, four trainees are in two job shares; next year, six of the seven incoming trainees will be in job shares. However, it was noted this option can prove difficult to access in the smaller training hubs where there are fewer trainees. It is most accessible to trainees based in Dublin. As an observation there appears to be a culture shift towards flexible training and working, and the need for national and local structures to accommodate this new wave of trainees. The increased demand for flexible training described by representatives of the programme of Histopathology reflects a nationwide systems issue. It requires a collective approach in order to nurture specialist medical professionals, accommodate work-life balance and support future workforce planning.	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Fully Compliant**

STANDARD 3 – THE EDUCATION AND TRAINING PROGRAMME – CURRICULUM CONTENT – 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.*		
FINDING	**REQUIREMENT /RECOMMENDATION (S)**	**COMPLIANCE**

3.5.1 In its self-evaluation submission, the Specialty states that trainees are regularly involved in teaching undergraduate Histopathology – but that their level of involvement is dependent on the associated universities. The Specialty identified a need for hospitals and universities to work together and to increase the numbers of joint clinical and academic training posts. It was noted this would help to promote the specialty at undergraduate level and the Specialty is encouraged in its efforts to achieve this.	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Fully Compliant**

STANDARD 6 – THE CURRICULUM – MONITORING AND EVALUATION – OUTCOME EVALUATION – 6.2.1 *The training organisation maintains records on the graduates of its training programme, is developing methods to measure outcomes of training and is collecting qualitative information on outcomes.*		
FINDING	**REQUIREMENT /RECOMMENDATION(S)**	**COMPLIANCE**
6.2.1 According to the Faculty 's self-evaluation submission, the Faculty maintains records of graduate Members. In addition, trainees graduating from HST are asked to complete a survey outlining their career intentions for the next three years. In discussions, the Specialty they stated that it does not currently formally collect qualitative information on outcomes but that it has anecdotal information on its graduates. It is acknowledged that the College is working towards the digitalisation of capturing graduate outcomes.	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Fully Compliant**

STANDARD 7 – IMPLEMENTING THE CURRICULUM – TRAINEES – RESOLUTION OF TRAINING PROBLEMS AND DISPUTES – 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.*		
FINDING	**RECOMMENDATION(S)/COMMENDATION(S)**	**COMPLIANCE**
7.4.2 . The Faculty provided policies relating to this standard including the Grievance, Anti-Bullying and Harassment, and the Appeals Policy. Trainees confirmed that they have not experienced bullying in Pathology – at a personal level or in relation to	Please reference the recommendation listed under Faculty of Pathology report for this	**Fully Compliant**

colleagues. Trainees reported that they are aware of the processes and guidelines in place were there an issue with bullying or wellbeing. They also stated that they were happy that they could go to their trainers with any problems and escalate the issue if necessary. However, it was found that trainees were unaware of the new Health and Wellbeing Department and the supports offered.	standard as it is applicable to all Pathology specialties.	

Overview of compliance rating for the programme of specialist training in Neuropathology

MEDICAL COUNCIL'S ACCREDITATION STANDARDS FOR POSTGRADUATE MEDICAL EDUCATION AND TRAINING	NEUROPATHOLOGY COMPLIANCE RATING PER STANDARD												
1. Context of Training	*1.1.1*	*1.1.2*	*1.1.3*	*1.2.1*	*1.2.2*	*1.2.3*	*1.3.1*	*1.3.2*	*1.4.1*	*1.4.2*	*1.5.1*		
2. The Outcomes of the Training Programme	*2.1.1*	*2.1.2*	*2.2.1*	*2.2.2*	*2.2.3*	*2.2.4*							
3. The Education and Training Programme – Curriculum Content	*3.1.1*	*3.2.1*	*3.2.2*	*3.3.1*	*3.3.2*	*3.4.1*	*3.4.2*	*3.5.1*					
4. The Training Programme – Teaching and Learning	*4.1.1*	*4.1.2*	*4.1.3*										
5. The Curriculum - Assessment and Learning	*5.1.1*	*5.1.2*	*5.1.3*	*5.2.1*	*5.2.2*	*5.2.3*	*5.3.1*	*5.4.1*					
6. The Curriculum – Monitoring and Evaluation	*6.1.1*	*6.1.2*	*6.1.3*	*6.2.1*	*6.2.2*								
7. Implementing the Curriculum -Trainee s	*7.1.1*	*7.1.2*	*7.1.3*	*7.1.4*	*7.1.5*	*7.2.1*	*7.3.1*	*7.3.2*	*7.3.3*	*7.4.1*	*7.4.2*	*7.4.3*	*7.4.4*
8. Implementing the Training Programme and Delivery of Educational Resources	*8.1.1*	*8.1.2*	*8.1.3*	*8.1.4*	*8.1.5*	*8.1.6*	*8.2.1*	*8.2.2*	*8.2.3*	*8.2.4*	*8.2.5*		

Fully Compliant
Partially Compliant
Non-Compliant

COMMENDATIONS FOR THE PROGRAMME OF SPECIALIST TRAINING IN NEUROPATHOLOGY

- The training programme retains the ability to enable trainees to enter a HST in Neuropathology post-HST in Histopathology. This is a very important route into Neuropathology, and a route that has been lost from training programmes in Neuropathology in other countries. In such a small Specialty it is an important pathway that facilitates recruitment, and the Faculty of Pathology is to be commended for retaining this option.

Evaluation of Compliance with Medical Council Standards

Training Body: Faculty of Pathology, RCPI
Programme of Specialist Training: Neuropathology

The following standard(s) were found to be non-compliant for the programme of specialist training in Neuropathology.

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS – 8.1.6 *Organisation and development of trainers – instructional activities must be included as responsibilities in the work schedules of trainers and their relationship to work schedules of trainees must be described.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.1.6. In the self-evaluation submission and during the interview process, the Specialty confirmed that there is no provision for protected time for trainers and cited service demand as a barrier to implementing this. Trainers described one-to-one training as part of their working day but stated that they have to put time aside out of their working day for other instructional activities such as formal teaching and journal clubs. The Faculty of Pathology, RCPI acknowledges the difficulty in delivering training against the backdrop of increasing service requirements from consultants, especially when sufficient time for instructional activities is not reflected in the work schedules of supervisors. There should be time put aside for supervisors in their weekly job plans within the consultant contract. This also relates to standard 1.4.2.	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Non-Compliant**

The following standards were found to be partially compliant for the programme of specialist training in Neuropathology.

STANDARD 1. CONTEXT OF EDUCATION AND TRAINING – INTERACTION WITH THE HEALTH SECTOR – 1.4.2 *The training organisation works with healthcare institutions to facilitate clinicians employed by them to contribute to high quality teaching and supervision, and to foster peer review and professional development.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
1.4.2 All elements of this standard are being fulfilled with the exception of protected time. Please refer to the finding in standard 8.1.6.	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Partially Compliant**

STANDARD 2. THE OUTCOMES OF THE TRAINING PROGRAMME - GRADUATE OUTCOMES – 2.2.3 *Outcomes must reflect domains of professionalism as defined by the Medical Council with particular reference to patient safety.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
2.2.3 In terms of professionalism, the self-evaluation submission stated that trainees are required to set personal training goals, reflect on their practice and identify areas of practice that require improvement. The outcomes in Neuropathology reference the Medical Council's *Eight Domains of Good Professional Practice ('Eight Domains)* in the generic section of the curriculum. In its self-evaluation submission, the Specialty stated that each topic in the specialty section is mapped to the relevant Medical Council domains. However, the Trainee was not familiar with the *Eight Domains* when asked. In terms of leadership and management, the Specialty stated that there are courses available – including a specific one relating to courtroom skills, and that trainees are encouraged to attend departmental meetings. There are also opportunities for trainees to	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Partially Compliant**

become trainee representatives. The trainee was aware of a RCPI leadership course specifically for pathology as well as other RCPI courses.		

STANDARD 6 – THE CURRICULUM – MONITORING AND EVALUATION – ONGOING MONITORING – 6.1.1 *The training organisation regularly evaluates and reviews its training programmes. Its processes address curriculum content, quality of teaching and supervision, assessment and trainee progress.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
6.1.1 The Specialty advised the curriculum is reviewed on an annual basis. The lead trainer contacts the National Specialty Director (NSD) of Histopathology and amendments are discussed and approved by the Histopathology Specialty Training Committee (STC). In the self-evaluation submission, the Specialty stated that changes are based on feedback from trainers and trainees, universal changes made by the Dean of Postgraduate Training, specific changes proposed by the NSD and STC, and that changes are also made in response to practices within the specialty. It was noted that the Specialty is moving towards an outcomes-based curriculum but that it has not yet been implemented. The Specialty stated that trainees have opportunities to contribute to the monitoring of the programme through the Histopathology governance structure. The trainee confirmed awareness of opportunities to raise issues through the Histopathology STC or ETC and stated that there would be a multitude of ways to potentially escalate issues, if necessary. The Faculty also facilitates trainee feedback through the Annual Evaluation, Training Post Evaluation and inspections. Although there are processes in place to facilitate trainee feedback, it was found that the Body does not have an effective process by which it reviews the quality of the teaching and supervision that is provided in the programme. Such a system should not be solely reliant on the feedback of trainees.	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Partially Compliant**

STANDARD 6 – THE CURRICULUM – MONITORING AND EVALUATION – ONGOING MONITORING – 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.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
6.1.3 The Trainee reported feeling comfortable providing feedback on the training programme and described Trainers as very approachable and accommodating. However, the Specialty does not have an effective process by which it reviews the quality of the teaching and supervision that is provided in the programme. There is a lack of anonymity in such a small specialty and the Specialty is encouraged to address this. The Specialty accepts that anonymity cannot be protected in a specialty of its size but considers the Histopathology STC to offer a degree of externality for trainees. The Specialty also maintained that they are satisfied that trainees have provided feedback when there were any issues. They explained that members of the Specialty are empathetic and mindful of the areas of complexity that they might have struggled with during their own training. As a result, they are open to referring trainees to other trainers or sites.	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties. Trainees in Neuropathology should be able to provide feedback with Histo-pathology feedback to protect their ano-nymity.	**Partially Compliant**

STANDARD 6 – THE CURRICULUM – MONITORING AND EVALUATION – OUTCOME EVALUATION – 6.2.2 *Supervisors, trainees, health care administrators, other health care professionals and consumers contribute to evaluation processes.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
6.2.2 The curriculum outlines the range of assessment formats used including Case Based Discussion (CBD), Directly Observed Procedural Skills (DOPS), Fellowship of the Royal College of Pathology (FRCPath) Examination, Quarterly Assessments, Annual Assessment. In its self-evaluation submission, the Faculty also states that trainees are required to have	Please reference the recommendation listed under Faculty of Pathology report	**Partially Compliant**

performed certain activities such as audit, Quality Improvement initiatives, participation in a research project and attendance at appropriate hospital-based learning. The Specialty confirmed that only informal Multi Source Feedback (MSF) takes place in the training programme with the laboratory and mortuary staff. The self-evaluation submission provided a description regarding the mechanisms in place to take feedback from Fellows, trainees and interest groups such as governance structures and the National Histopathology Quality Improvement Programme. However, the Medical Council would like to see a wider consultation process in relation to the review of the curriculum.	for this standard as it is applicable to all pathology specialties.	

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS – 8.1.2 *The training organisation has processes for selecting supervisors who have demonstrated appropriate capability for this role. It facilitates the training of supervisors and trainers.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
8.1.2 It was found that it is now a requirement for trainers to complete the 'Train the Trainer' course. However, the Specialty confirmed that some longstanding trainers have not completed the course in full, as they were already instated as Trainers prior to the requirement coming in. There appears to be a lack of quality control in relation to the training of both new and longstanding trainers within the Faculty. Longstanding trainers may not have even completed the course while other trainers need only complete the course once in their careers without having to do a refresher course.	All trainers should complete the 'Train the Trainer', including longstanding appointed trainers. Ongoing trainer development is required to ensure the quality of the programme delivery. This should be followed by routine appraisal and engagement with the Faculty of Pathology, which should be mandatory.	**Partially Compliant**

	The 'Train the Trainer' or 'Essential Skills' programme should include a system of continuous monitoring of its effectiveness in practice.	

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – CLINICAL AND OTHER EDUCATIONAL RESOURCES – 8.2.1 *The training organisation has a process and criteria to select and recognise hospitals, sites and posts for training purposes. The accreditation standards of the training organisation are publicly available.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.2.1 In its self-evaluation submission, the Faculty outlined the process and criteria for the selection and recognition of training sites and posts. The RCPI's *Training Site Inspection Policy* was provided as well as the template forms to be completed by Trainers and representatives at sites. The Faculty confirmed that there are two sites for Neuropathology, and both were approved last year. At present, the Faculty's accreditation standards are not published. The Faculty noted in its submission that publication of these standards is planned as part of the wider training site accreditation project.	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Partially Compliant**

The following standards were found to be fully compliant for Neuropathology. Although Neuropathology is complying with these standards recommendations have been made for further improvement.

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

FINDING	REQUIREMENT / RECOMMENDATION(S)	COMPLIANCE
2.1.2. Please refer to the overall Faculty finding in standard 2.1.2	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Fully Compliant**

STANDARD 2. THE OUTCOMES OF THE TRAINING PROGRAMME - GRADUATE OUTCOMES – 2.2.2 *The outcomes address the broad roles of practitioners in the discipline as well as technical and clinical expertise.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
2.2.2 It was noted the majority of Trainees in Neuropathology complete the BST in Histopathology before entering the HST in Neuropathology. While the new outcomes-based BST curriculum in Histopathology lists the core knowledge, skills and attitudes required at the end of the BST Programme, the current Neuropathology HST curriculum does not address attitudes. The Faculty advised it is working towards including attitudes in the new outcomes-based curriculum for HST. It was noted that behaviours are not identified in either curriculum, as in the behavioural context within which knowledge is gained and applied, and skills are developed and practised.	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Fully Compliant**

STANDARD 5 – THE CURRICULUM – ASSESSMENT OF LEARNING – FEEDBACK AND PERFORMANCE - 5.2.1 *The training organisation has processes for early identification of trainees who are under performing and for determining programmes of remedial work for them.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**

5.2.1 Please refer to finding and recommendation in standard 5.2.2 of the Neuropathology report.	**5.2.1** Please refer to the recommendation in standard 5.2.2 of the Neuropathology report.	**Fully Compliant**

STANDARD 5 – THE CURRICULUM – ASSESSMENT OF LEARNING – FEEDBACK AND PERFORMANCE - 5.2.2 *The training organisation facilitates regular feedback to trainees on performance to guide learning.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
5.2.2 In its self-evaluation submission, the Specialty states it has a regular system in place to provide feedback to trainees including personal goal setting and review, Case Based Discussion (CBD), Directly Observed Procedural Skills (DOPS)and the Annual Assessment. The Specialty also identifies mechanisms to identify underperforming trainees such as the End of Post or Quarterly Assessment form where strengths and weaknesses are identified with their trainer, and goals are set for the next post. In addition, the Specialty stated that depending on the opinion of the assessment panel during an Annual Evaluation, a trainee could be referred to the NSD where specific problems would be identified, and further work or remediation agreed. It was noted the close working relationship trainees in Neuropathology have with their trainers which facilitates the provision of feedback and the identification of difficulties. The trainee described feedback as constructive and timely, and reported feeling comfortable in asking for feedback when necessary. Trainers were described as supportive and accommodating and the trainee was happy with the clarity of training requirements outlined in the e-portfolio. However, the trainee agreed that a more detailed syllabus containing a benchmarking feature for each stage of training would be useful. A defined benchmarking tool would be an advantage in such a small specialty where there might be only one trainee in the programme and therefore a comparison with peers cannot be	The Specialty should develop a defined benchmarking tool for trainees to measure their progress. This would be useful in the absence of other trainees at equivalent stages of the programme.	**Fully Compliant**

made.		

STANDARD 6 – THE CURRICULUM – MONITORING AND EVALUATION – OUTCOME EVALUATION – 6.2.1 *The training organisation maintains records on the graduates of its training programme, is developing methods to measure outcomes of training and is collecting qualitative information on outcomes.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
6.2.1 According to the Faculty 's self-evaluation submission, the Faculty maintains records of graduate Members. In addition, HST graduates are asked to complete a survey outlining their career intentions for the next three years. The Specialty stated that it does not formally collect qualitative information on outcomes but that it has anecdotal information on its graduates. In such a small specialty, the Specialty described being in constant contact with graduates. The programme has had four graduates and there is currently one Trainee. It is acknowledged that the College is working towards the digitalisation of capturing graduate outcomes. There should be a systematic mechanism adopted by all specialties within the Faculty to facilitate qualitative feedback on outcomes. Such a system should also accommodate larger specialties in maintaining records and measuring graduate outcomes.	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Fully Compliant**

Overview of compliance rating for the programme of specialist training in Chemical Pathology

MEDICAL COUNCIL ACCREDITATION STANDARDS FOR POSTGRADUATE MEDICAL EDUCATION AND TRAINING	CHEMICAL PATHOLOGY COMPLIANCE RATING PER STANDARD												
1. Context of Training	*1.1.1*	*1.1.2*	*1.1.3*	*1.2.1*	*1.2.2*	*1.2.3*	*1.3.1*	*1.3.2*	*1.4.1*	*1.4.2*	*1.5.1*		
2. The Outcomes of the Training Programme	*2.1.1*	*2.1.2*	*2.2.1*	*2.2.2*	*2.2.3*	*2.2.4*							
3. The Education and Training Programme – Curriculum Content	*3.1.1*	*3.2.1*	*3.2.2*	*3.3.1*	*3.3.2*	*3.4.1*	*3.4.2*	*3.5.1*					
4. The Training Programme – Teaching and Learning	*4.1.1*	*4.1.2*	*4.1.3*										
5. The Curriculum - Assessment and Learning	*5.1.1*	*5.1.2*	*5.1.3*	*5.2.1*	*5.2.2*	*5.2.3*	*5.3.1*	*5.4.1*					
6. The Curriculum – Monitoring and Evaluation	*6.1.1*	*6.1.2*	*6.1.3*	*6.2.1*	*6.2.2*								
7. Implementing the Curriculum -Trainees	*7.1.1*	*7.1.2*	*7.1.3*	*7.1.4*	*7.1.5*	*7.2.1*	*7.3.1*	*7.3.2*	*7.3.3*	*7.4.1*	*7.4.2*	*7.4.3*	*7.4.4*
8. Implementing the Training Programme and Delivery of Educational Resources	*8.1.1*	*8.1.2*	*8.1.3*	*8.1.4*	*8.1.5*	*8.1.6*	*8.2.1*	*8.2.2*	*8.2.3*	*8.2.4*	*8.2.5*		

Fully Compliant
Partially Compliant
Non-Compliant

Evaluation of Compliance with Medical Council Standards

Training Body: Faculty of Pathology, RCPI
Programme of Specialist Training: Chemical Pathology

The following standard(s) were found to be non-compliant for the programme of specialist training in Chemical Pathology.

8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES (Supervisors, Assessors, Trainers and Mentors) - 8.1.6. *Organisation and development of Trainers – instructional activities must be included as responsibilities in the work schedules of trainers and their relationship to work schedules of trainees must be described.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.1.6 During the meeting with programme representatives, it was indicated that there is a supervisory ratio of at least 1:1 in terms of trainers and trainees. It was evident from discussions that consultant workload can be divided across multiple sites meaning that consultant availability onsite for an assigned trainee is not always possible. It was found trainers are available via phone for offsite support where required. Dedicated face to face supervisory time in this sense is not formally scheduled, with trainees linking with trainers for support as and when required. Other staff supports are available to trainees when their trainer is unavailable.	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Non-Compliant**

The following standards were found to be partially compliant for the programme of specialist training in Chemical Pathology.

STANDARD 1. CONTEXT OF EDUCATION AND TRAINING – INTERACTION WITH THE HEALTH SECTOR – 1.4.2 *The training organisation works with healthcare institutions to facilitate clinicians employed by them to contribute to high quality teaching and supervision, and to foster peer review and professional development.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
1.4.2. All elements of this standard are being fulfilled with the exception of protected time. Please refer to the finding in standard 8.1.6.	There should be provision in the consultant contract for protected time for training activities and sufficient time should be put aside for Chemical Pathology trainers, in their weekly job plan to undertake the role.	**Partially Compliant**

STANDARD 4 – THE TRAINING PROGRAMME – TEACHING AND LEARNING – 4.1.1 *The training is practice-based involving the trainees' personal participation in relevant aspects of the health services and, for clinical specialties, direct patient care.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
4.1.1 Examples of the practice-based training available through the programme were outlined in the programme submission as well as during the meetings with trainers and trainees. Trainees rotate through laboratories based across the four approved training sites in Dublin. Opportunities for practice-based training include attendance at clinics which includes regular patient contact as well as multi-disciplinary teamwork with other specialties. Workplace-based assessments and supervisor feedback is used to assess this. The ratio of training for clinical and laboratory exposure was described by trainers as approximately 30% clinical to 70% laboratory. The training opportunities were noted to vary at each site, providing trainees with different areas of exposure at each one. Trainees reported that the	Chemical Pathology should improve the level of trainee exposure to laboratory-based learning opportunities**.**	**Partially Compliant**

frequency of laboratory exposure varies at each site, noting that they would like to see an increase in the level of laboratory exposure.		

STANDARD 6 – THE CURRICULUM – MONITORING AND EVALUATION – ONGOING MONITORING – 6.1.1 *The training organisation regularly evaluates and reviews its training programmes. Its processes address curriculum content, quality of teaching and supervision, assessment and trainee progress.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
6.1.1 Through review of the Specialty's self-evaluation submission and meetings on the day of accreditation, it was noted that the programme curriculum is reviewed on an annual basis and that this review includes consideration for trainee and trainer feedback. Chemical Pathology representatives advised that any deficiencies in the quality of training and supervision can be highlighted at this point and that the specialty very much depend on such feedback. It was further noted by specialty representatives that there have been very few issues reported but that if such arose, they would be brought the NSD in the first instance. Trainees reported that they can approach their trainee representative and also the NSD to raise training issues however, access to laboratory exposure was described as challenge. It was noted that exposure varies at each of the four training sites, but trainees described securing exposure as a challenge in that there is no assigned time and laboratory staff are very busy. Trainees were yet to undertake their annual end-of- year assessment and noted that such feedback may not have been provided at this stage. The move to an outcome-focussed programme is welcomed by trainees who view the upcoming tutorials as a positive improvement in assisting their exam preparations as the tutorials will be curriculum focussed.	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties. Feedback on individual trainee performance should be collated from other clinical supervisors and shared with trainees at the annual review meeting.	**Partially Compliant**

STANDARD 6 – THE CURRICULUM – MONITORING AND EVALUATION – ONGOING MONITORING – 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.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
6.1.3 Chemical Pathology advised that once the learning objectives for a rotation have been set, trainees and trainers meet on a quarterly basis to review learning progress and to address any training issues should they arise. Trainees spoke of being able to raise any training related issues with the NSD. It was noted that trainees have the opportunity to provide feedback at the end of year assessments and also during Faculty site inspections. However, trainees described how they had not yet had an opportunity to provide feedback to their trainers on the quality of their training and how they would like to have the opportunity to do so. Feedback on trainer performance is not actively sought by the Faculty as part of ongoing monitoring and evaluation. Given the small number of trainees in the programme, trainees are easily identifiable and so there are limitations in the current opportunities available to trainees in providing feedback particularly on the quality of teaching and supervision. This issue was acknowledged by programme representatives as an area that can be improved. It was acknowledged that the end-of -year assessment had yet to take place for the trainees who took part in the discussion.	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Partially Compliant**

STANDARD 6 – THE CURRICULUM – MONITORING AND EVALUATION – OUTCOME EVALUATION – 6.2.2 *Supervisors, trainees, health care administrators, other health care professionals and consumers contribute to evaluation processes.*

FINDING	REQUIREMENT / RECOMMENDATION	COMPLIANCE
6.2.2 It was noted during the meeting with specialty representatives that all trainers in the specialty are members of the STC. The STC also has representation from non-trainers who provide expertise from outside of the jurisdiction, and there is also a trainee representative on the Committee. At present there is no consumer involvement in the training committees overseeing the programme. Trainers and trainees meet formally four times a year following the development of an agreed training plan. This is to assess compliance with agreed training objectives. Informal support from trainers was described as being provided on an almost day-to-day basis. Informal feedback can also be received from clinical supervisors as trainees rotate through the different sites. Trainees have the opportunity to provide feedback at the end of year assessment and also during Faculty site inspections. Trainees also noted that they can raise training matters with the trainee representative of the STC. Specialty representatives advised that the programme will be moving to an outcomes-based education model via competency-based assessment, with trainees being required to demonstrate proficiency. This will include receiving feedback from other consultants in the area of practice. This feedback will help prepare trainees for the final assessment with their appointed trainer in a specified area. The move to this model of assessment will see improvements in the work-based place assessments, such as the mini clinical exercises, which will see an increase in the volume of formative feedback from more than one source, including from peers. It was also noted that consumer involvement is something that may be considered as part of curriculum reviews going forward. It was noted that the programme is undergoing curriculum change as part of the wider RCPI move to outcomes-based programmes. Programme representatives advised of the consultation process to date which includes the STC, the RCPI, Royal College of	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Partially Compliant**

Pathologists and other specialty areas such as Endocrinology to inform the clinical component. The involvement of wider interest groups including lay/patient involvement is not something that is currently being utilised as part of the curriculum revision		

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS – 8.1.2 *The training organisation has processes for selecting supervisors who have demonstrated appropriate capability for this role. It facilitates the training of supervisors and trainers.*		
FINDING	**REQUIREMENT / RECOMMENDATION (S)**	**COMPLIANCE**
8.1.2. All physicians within the RCPI and Faculty must apply to become a trainer in line with required criteria. This process was outlined in the Faculty's self-evaluation submission. Potential trainer applications are considered by the NSD and Director of Training Site Accreditation. Trainers must complete the 'Essential Skills' programme and the continued approval of trainers is monitored through the assessment of training posts, rotations and site inspections. Programme representatives advised that all trainers in Chemical Pathology have completed a 'Train the Trainer' course and acknowledged that refresher training is required as part of ongoing trainer development. It was reported that to date, refresher training has not been undertaken but it was advised that this is something that will be developed as part of the move to competency-based assessment, when assessment methods will change.	Ongoing trainer development is required to ensure the quality of the programme delivery. This should be followed by routine appraisal and engagement with the Faculty of Pathology, which should be mandatory. The 'Train the Trainer' or 'Essential Skills' programme should include a system of continuous monitoring of its effectiveness in practice.	**Partially Compliant**

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS – 8.1.2 *The training organisation has processes for selecting supervisors who have demonstrated appropriate capability for this role. It facilitates the training of supervisors and trainers.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
8.1.3 Feedback on trainer performance is not actively sought by the Faculty as part of ongoing monitoring and evaluation. It was noted that trainees have the opportunity to provide feedback at the end of year assessments and also during Faculty site inspections, in relation to the delivery of training. Examples of these opportunities were further outlined in the Faculty's self-evaluation submission, along with associated challenges. Currently there is no performance management framework for trainers. The Faculty acknowledged that this would be effective in informing trainer development requirements, but that such needs to be considered in the context of the current clinical environment and the challenges in providing protected time for trainer duties. It was noted however, that trainees in Chemical Pathology are easily identifiable due to the small number of trainees in the programme and so there are limitations in the current opportunities available to trainees in providing feedback on the quality of teaching and supervision. This was acknowledged by specialty representatives who noted that they aim to maintain the highest of standards in managing trainee feedback and that confidentiality is respected. Examples of how feedback can be provided to help maintain anonymity was given from a site issue perspective where feedback can be given directly to the NSD rather than the Trainer onsite.	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Partially Compliant**

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – CLINICAL AND OTHER EDUCATIONAL RESOURCES – 8.2.1 *The training organisation has a process and criteria to select and recognise hospitals, sites and posts for training purposes. The accreditation standards of the training organisation are publicly available.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
8.2.1 It was outlined in the Faculty's self-evaluation submission that there is a policy for the selection and accreditation of sites and posts for training. At present, the accreditation standards are not published. The Faculty noted in the self-evaluation submission that publication of these standards is planned as part of a wider training site accreditation project. For Chemical Pathology, it was noted during the meeting with trainers that from a site approval perspective, the Specialty would like to expand across the country. It was heard that whilst sessions are being requested at more sites, the Specialty cannot fully expand to other sites without first securing a funded training post at each site. In Ireland, hospitals are required to fund such training posts. Specialty representatives advised that this matter has been raised with the HSE's National Doctor Training and Planning Unit.	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Partially Compliant**

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – CLINICAL AND OTHER EDUCATIONAL RESOURCES – 8.2.3 *The training organisation's accreditation requirements cover: orientation, clinical and/or other experience, appropriate supervision, structured educational programmes, educational and infrastructure supports such as access to the internet, library, journals and other learning facilities, continuing medical education sessions accessible to the trainee, dedicated time for teaching and training and opportunities for informal teaching and training in the work environment.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**

8.2.3. It was evident through discussions with trainees in Chemical Pathology that there are variations in the quality of the laboratory facilities across the four sites. These facilities are shared with other specialties and evidence was heard how a lack of dedicated private office space close to the laboratory areas, for confidential phone calls regarding patient details etc. is an issue. It was noted from the discussion with the Specialty that site accreditation is currently under review and a large proportion of training sites approved by the Faculty have been inspected. There are four approved training sites for Chemical Pathology and one training site inspection outstanding.	Noting the spatial limitations at some of the sites, efforts should be made to ensure trainee access to dedicated office space adjacent to laboratories. Any outstanding inspections and accreditations of training sites should be prioritised in advance of the next annual return.	**Partially Compliant**

STANDARD 8 – IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES - 8.2.5 *The training organisation should monitor the working environment to ensure it is a safe environment for training.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
8.2.5. In the self-evaluation submission and in discussion with the specialty representatives it was noted the training environment is monitored through the inspection process as detailed in standard 8.2.3. Trainees advised they felt their training sites were safe places to work. However, as the health and safety in the workplace is assured through the inspection process referenced in 8.2.3 and there is one training site inspection outstanding, the specialty is partially complying with this standard.	Chemical Pathology should complete the site inspections as this is their mechanism to ensure safe environment for training.	**Partially Compliant**

The following standards were found to be fully compliant for the programme of specialist training in Chemical Pathology. Although Chemical Pathology is complying with these standards recommendations have been made for further improvement.

STANDARD 1. CONTEXT OF EDUCATION AND TRAINING – INTERACTION WITH THE HEALTH SECTOR – 1.4.1 *The training organisation seeks to maintain constructive working relationships with relevant health departments and government, non-government and community agencies to promote the education, training and ongoing professional development of medical specialists.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
1.4.1. Through discussion with Specialty representatives, it was evident that representation from lay and/ or patient groups was limited for Chemical Pathology. At the wider Faculty level, an example of patient involvement in the programme of Pathology's national critical alert system was cited and the Board of the Faculty of Pathology appointed its first lay member in 2017. Since the accreditation took place, an update was received that a second lay member has been appointed. Education and Training is a standing agenda item of the Board. In addition, at programme level, ideas of hosting some form of public lecture was suggested, following the UK model.	The Faculty and the specialty of Chemical Pathology should explore opportunities to improve lay and patient representation on the Specialty Training Committee.	**Fully Compliant**

STANDARD 2. THE OUTCOMES OF THE TRAINING PROGRAMME - PURPOSE OF THE TRAINING ORGANISATION –2.1.2 *In defining its purpose, the training organisation has consulted fellows and trainees, and relevant groups of interest.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
2.1.2. Please refer to the overall Faculty finding in standard 2.1.2	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Fully Compliant**

STANDARD 2. THE OUTCOMES OF THE TRAINING PROGRAMME - GRADUATE OUTCOMES – 2.2.2 *The outcomes address the broad roles of practitioners in the discipline as well as technical and clinical expertise.*		
FINDING	**REQUIREMENT / RECOMMENDATION(S)**	**COMPLIANCE**
2.2.2: It was noted that for the training programme in Chemical Pathology there are a lot of outcomes listed in relation to knowledge and skills but not for the behaviours and attitudes that trainees are expected to develop through training. It is acknowledged that a move to an outcomes-focussed curriculum will result in this matter being addressed. Trainees advised that areas such as ethics and professionalism feature in the curriculum through mandatory training courses as provided by the RCPI and also via informal learning opportunities through day to day observations of supervisors and colleagues. Trainees can also develop leadership and management skills through areas such assisting with laboratory accreditations, attending monthly quality meetings, and arranging teaching sessions and journal club.	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Fully Compliant**

STANDARD 3 – THE EDUCATION AND TRAINING PROGRAMME – CURRICULUM CONTENT – 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.*		
FINDING	**REQUIREMENT / RECOMMENDATION (S)**	**COMPLIANCE**
3.5.1 It was acknowledged in the self-evaluation submission, through a self-rating of partial compliance, that exposure to Chemical Pathology at undergraduate level varies across the medical schools and that this is an area requiring improvement. During the meeting with trainers, reference was made to ideas around promotion of the discipline at the national undergraduate meeting.	Please reference the recommendation listed under Faculty of Pathology report for this standard as it is applicable to all pathology specialties.	**Fully Compliant**

STANDARD 4 – THE TRAINING PROGRAMME – TEACHING AND LEARNING – 4.1.2 *The training programme includes appropriately integrated practical and theoretical instruction.*		
FINDING	**REQUIREMENT / RECOMMENDATION (S)**	**COMPLIANCE**
4.1.2 Practice-based learning opportunities available at training sites were noted, including trainee attendance at clinics and engagement with multi-disciplinary teams. The programme submission detailed courses and training days provided by the RCPI, and Chemical Pathology trainees can also avail of the associated MSc course. A programme of regular scheduled teaching tutorials has recently been established and is due to be implemented in the coming months. It was reported by trainees that at present, there is no joint teaching with clinical scientists (both having similar laboratory curriculum objectives). It was noted that this is something that would be of benefit to trainees. It was noted that this could be used as an opportunity to empower trainees and develop management skills by inviting them to lead the initiative and have this facilitated by trainers.	Chemical Pathology should consider implementing the programme of tutorials in conjunction with clinical scientist involvement.	**Fully Compliant**

STANDARD 6 – THE CURRICULUM – MONITORING AND EVALUATION – ONGOING MONITORING - 6.1.2 *Supervisors and trainers contribute to monitoring and to programme development. Their feedback is systematically sought, analysed and used as part of the monitoring process.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
6.1.2. The current procedures for supervisors and trainers to contribute to monitoring and programme development are outlined under standards 6.1.1 and 6.2.2. It was noted that feedback from clinical supervisors other than the assigned trainer is informally sought and	Consideration should be given to liaison with clinical science staff to ensure appropriate levels of laboratory-based supervision and exposure.	**Fully Compliant**

trainees advised that laboratory staff are very busy and so trainees face challenges in obtaining the relevant lab exposure required for the programme.		

6. Next steps

Action and Implementation Plan

The Faculty of Pathology, RCPI is to develop an Action and Implementation Plan (AIP) to address all conditions made in the Medical Council's Accreditation Report. The Faculty of Pathology, RCPI is also required to include a response to the recommendations in this AIP. The AIP must be submitted to the Medical Council no later than three months from receipt of the final Accreditation Report. On receipt of the AIP, key personnel from the Faculty of Pathology, RCPI will be requested to present the Plan to Medical Council representatives. This meeting will also provide the Faculty of Pathology, RCPI with an opportunity to give feedback on the accreditation process, or this can be provided separately to the Executive.

The Medical Council reserves the right to:

(a) share the AIP with the Health Service Executive, Forum of Irish Postgraduate Medical Training Bodies and/or Department of Health, as it sees fit; and

(b) recommend additional or alternative measures be taken to address the conditions and recommendations made in the Report.

It is recommended that the Training Body publishes this Accreditation Report and subsequent AIP on their website and shares it with trainers and trainees.

Conclusions of the Conditions

The Faculty of Pathology, RCPI is required to submit to the Education and Training Committee within 6 months or 12 months of receipt of the final Accreditation report:

1. Details of the introduction of a programme for trainer development.
2. A full progress and resolution report in relation the health and safety concerns raised in Histopathology.

Appendix A

Attendance Record

Medical Council Postgraduate Accreditation

The Royal College of Physicians of Ireland and Faculty of Pathology's

programmes of specialist training in Chemical Pathology, Clinical Microbiology,

Haematology, Histopathology, Immunology and Neuropathology

Monday 9th – Thursday 12th March 2020

Venue: Resource Room, Medical Council

Medical Council Core Assessor Team in attendance:

- Professor Jason Last, Assessor & Chair of Accreditation Team
- Mr John Murray, Medical Council member and Assessor for Medical Council
- Dr Críona Walshe, Assessor for Medical Council
- Mr Declan Ashe, Assessor for Medical Council

Specialist Assessors in attendance:

- Dr Vinita Mishra, Assessor for Medical Council (Chemical Pathology)
- Dr David Wareham, Assessor for Medical Council (Clinical Microbiology)
- Dr Donal Mc Lornan, Assessor for Medical Council (Haematology)
- Dr Ravishankar Sargur, Assessor for Medical Council (Immunology)
- Prof Peter Johnson, Assessor for Medical Council (Histopathology)
- Prof Colin Smith, Assessor for Medical Council (Neuropathology)

Medical Council Executive in attendance:

- Ms Aoife Fitzsimons, Postgraduate Accreditation Manager, Medical Council
- Dr Ellen Moran, Inspection Manger, Medical Council
- Ms Chloe Ryder, Acting Inspection Manager, Medical Council
- Ms Marian Brosnan, Postgraduate Accreditation Executive, Medical Council
- Ms Liz Mc Mahon, Inspection Executive, Medical Council

RCPI representation in attendance:

- Prof Louise Burke, Dean, Faculty of Pathology
- Dr Maeve Doyle, Director of Education & Training, Faculty of Pathology
- Prof Mary Horgan, President, RCPI
- Dr Terry Mc Wade, CEO, RCPI
- Ms Leah O'Toole, Head of Postgraduate Education & Training, RCPI
- Mr Keith Farrington, Education Specialist, RCPI
- Ms Georgina Farr, Manager, Accreditation & QA Dept, RCPI
- Ms Siobhán Kearns, Senior Administrator, Accreditation & SDR Assessments, RCPI

Chemical Pathology Representation in attendance:

- Dr Vivion Crowley, National Specialty Director; Consultant Chemical Pathologist, St James Hospital Dublin
- Dr Gerard Boran, Consultant Chemical Pathologist, Tallaght University Hospital
- Dr Shari Srinivasan, Consultant Chemical Pathologist, Beaumont Hospital
- Dr Patrick Twomey, Consultant Chemical Pathology, St Vincent's Hospital

Clinical Microbiology Representation in attendance:

- Dr Cillian De Gascun, National Specialty Director; Medical Virologist; Director of the National Virus Reference Laboratory
- Dr Breida Boyle, Consultant Microbiologist, St James Hospital
- Dr Anna-Rose Prior, Consultant Microbiologist, Tallaght University Hospital Dublin
- Dr Maeve Doyle, Consultant Microbiologist, University Hospital Waterford

Haematology Representation in attendance:

- Dr Jeremy Sargent, National Specialty Director; Consultant Haematologist
- Dr Clodagh Keohane, Consultant Haematologist, Cork
- Dr Catherine Flynn, Consultant Haematologist, St James Hospital
- Dr Kanthi Perera, Consultant Haematologist, Midland Regional Hospital Tullamore

Histopathology Representation in attendance:

- Dr Cynthia Heffron, National Specialty Director; Consultant Histopathologist, Cork University Hospital
- Dr Susan Conlon, Consultant Histopathologist, Mater Hospital
- Dr Helen Ingoldsby, Consultant Histopathologist, Galway
- Dr Brian Hayes, Consultant Histopathologist, Cork University Hospital
- Dr Mary Toner, Consultant Histopathologist

Immunology Representation in attendance:

- Dr Mary Keogan, National Specialty Director; Consultant Immunologist, Beaumont Hospital Dublin
- Dr Niall Conlon, Consultant Immunologist, St James Hospital
- Dr Khairin Khalib, Consultant Immunologist, Beaumont Hospital
- Dr Vincent Tormey, Consultant Immunologist, Galway

Neuropathology Representation in attendance:

- Dr Cynthia Heffron, National Specialty Director, Pathologist, Cork University Hospital
- Dr Niamh Bermingham, Neuropathologist, Cork
- Dr Alan Beausang, Neuropathologist, Beaumont Hospital

Number of Trainees in attendance:

- Chemical Pathology: 2
- Clinical Microbiology: 3
- Haematology: 3
- Histopathology: 9
- Immunology: 3
- Neuropathology: 1.

Appendix B

LIST OF DOCUMENTATION SUBMITTED BY THE

FACULTY OF PATHOLOGY, RCPI

Appendices	Doc Name
1	Faculty of Pathology Standing Orders FINAL - Sept 2014
2	HST_ Specialty Training Committee _TORs
3	NCP_CAG Group_TORs
4	TORs for EQ Committee
5	TORs - Trainee Committee
6	TORs_Advisory Committee
7	TORs_RCPI Executive
8	TORs_RCPI Council
9	TORs_RCPI Credentials Sub Committee
10	TORs_NIAC
11	Role of Dean of Faculty
12	Role Dean of Postgraduate Specialist Training
13	Quality Improvement_Course Outline
14	Ethics Foundation
15	Ethics for Pathology
16	Wellness Matters Programme 2018-2019
17	Mastering Communications
18	Leadership Course Outline 2019
19	Imrie Review 2014
20	IMELF Programme_October 2019
21	National QI Programme_Diploma in Leadership and Quality in Healthcare
22	PAT_Essential Skills Programme
23	Giving Effective Feedback
24	Masterclass Series 19/20 programme
25	Faculty Scientific Meeting_Feb 2020_Draft Programme
26	RCPI Peformance Mgt Template
27	HST Pathology Training Regulations Handbook FINAL
28	RCPI Strategic Plan 2015 – 2020
29	Course Feedback Form
30	TPE Survey
31	TPE Report 2019
32	HST Curriculum_Chemical Pathology
33	HST Curriculum_Clinical Microbiology
34	HST Curriculum_Haematology
35	HST Curriculum_Immunology
36	HST Curriculum_Neuropathology
37	An Introduction to Health Research
38	OCPE Form

39	HSE NDTP Flexible Training Policy 2018
40, 41, 42	Core Pathology Modules I, II, III
43	Role of the RCPI Trainer
44	Role of NSD
45	AEP Screenshot
46	Training Lead Forum Agenda
47	Trainee Feedback Form_Inspections
48	RCPI Co-ordinator Job Description
49, 50	BST & HST Induction Day Programmes
51	Role of Trainee Lead
52	Annual Trainee Day Programme
53	RCPI Digital Strategy
54	PAT Online Modules
55	Panel Member Guidance Document
56	RCPI Ezine
57	Communications Policy
58	HST Welcome Pack
59	RCPI Grievance Policy
60	RCPI Confidentiality Policy
61	RCPI Disability Policy Draft
62	RCPI Referral Policy
63	RCPI Remediation Policy Draft
64	RCPI Return to Training Policy
65	Sample WBA
66	Identifying and Managing the Distressed Trainee
67	Training Site Inspections Policy
68	Department Facilities Form – Chemical Pathology
69	Department Facilities Form – Clinical Microbiology
70	Department Facilities Form – Haeamatology
71	Department Facilities Form - Immunology
72	Department Facilities Form – Histopathology (note used for Neuropathology also)
73	Training Sites Activities Form
74	RCPI Guide to CPD Approval for Live Educational Events (LEE)
75	Application form for CPD Approval of Live Educational Events (LEE)
76	RCPI Policy on Industry Sponsorship and Support
77	CPD Conflict of Interest Disclosure Form
78	CPD Medical Organisers Declaration Form
79	FPath Sample PCS Annual Statement
80	RCPI PCS Ezine
81	RCPI Protocol for Doctors Returning to Work after a Period of Absence
82	RCPI Progression Through Training Policy
83	Role of Director of Accreditation

84	BST Histopathology Curriculum
85	Communication of Critical Results in the Community
86	Exit Interview Survey
87	HST Curriculum Histopathology
88	Role of Regional Specialty Advisor
89	RCPI Appeals Policy
90	FPath Board Minutes November 2019
91	FPath ETC Meeting December 2019
92	Minutes of Histopathology STC November 2019
93	RCPI HST Annual Evaluation
94	RCPI Programme Monitoring and Review Procedure
95	RCPI Training Site Inspection and Accreditation Office
96	RCPI Training Post Evaluation Aggregate Three Year Report 2015-2018
97	Excerpt from HSE Workforce Plan for Pathology
98	Pathology Trainees Exiting Programme before Completion
99	CSCSTs awarded 2003 - 2020
100	RCPI Physicians as Trainers: Interview Skills
101	Minutes of RCPI Trainees Committee February 2020
102	Health and Wellbeing Data
103	Breakdown of Number of Trainees per Site

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