FINAL Report on the Accreditation of The Programme of Specialist Training in Anaesthesiology, 2020

Approved by ETC 17 November 2021

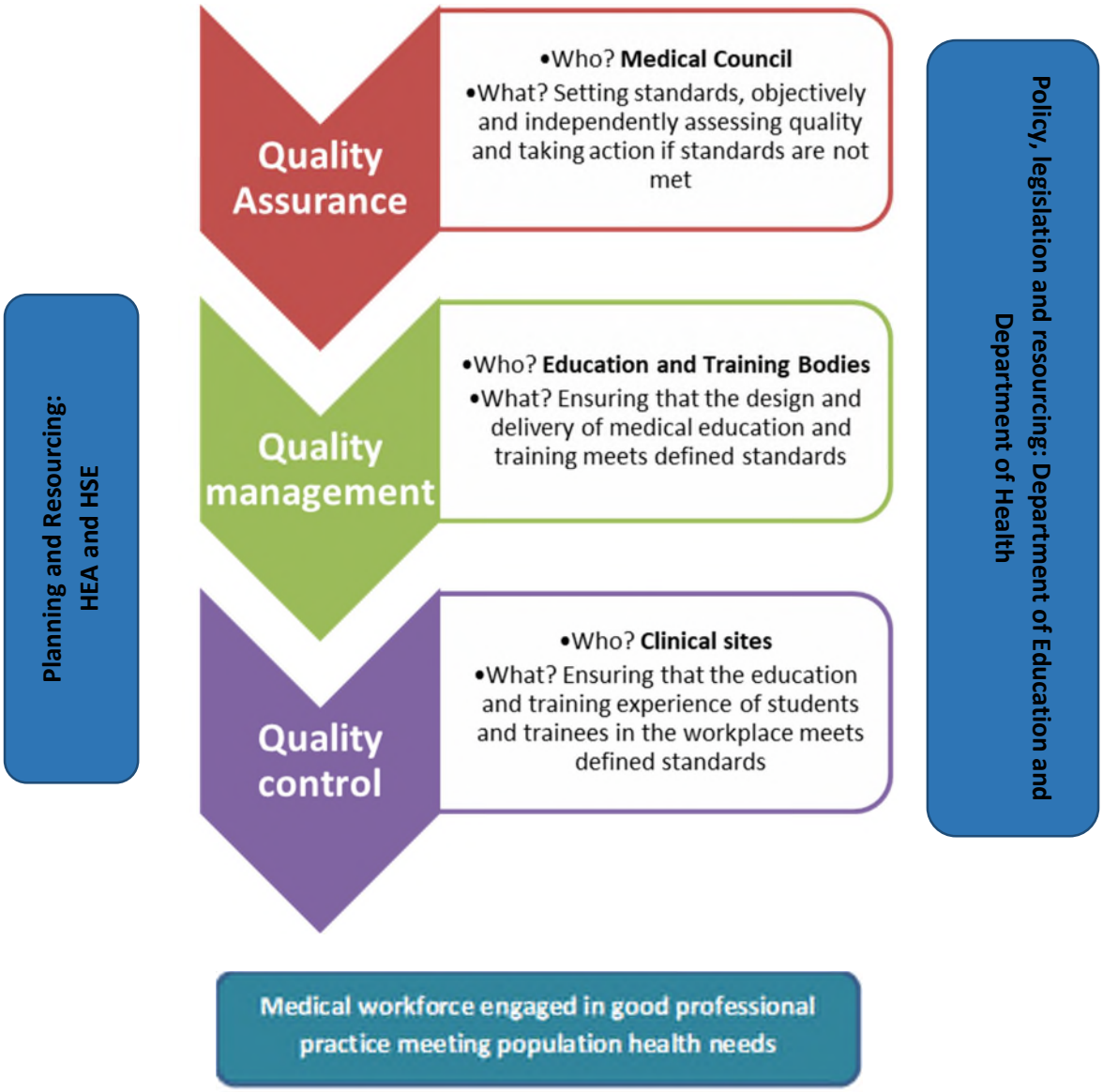
Ministerial Approval 14 December 2021

Comhairle na nDochtúirí Leighis
Medical Council

Contents

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

[1] Part 10 of the Medical Practitioners Act 2007 as amended (MPA 2007)

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 – "

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

[2] MPA 2007, Section 89(3)(a)(ii)

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

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

2. Preface

1. Context of the Accreditation Session

The Medical Council Assessor Team (the Assessor Team) met with representatives of the College of Anaesthesiologists of Ireland (CAI) (the College), on 15 September 2020. The Assessor Team's remit was to assess the Programme of Specialist Training in Anaesthesiology against the '*Medical Council Accreditation Standards for Postgraduate Medical Education and Training*' (approved 1st June 2010 and revised 25th October 2011)("Standards") and to subsequently formulate a recommendation to the Medical Council's Education and Training Committee (ETC).

2. The Team

The Visiting Assessor Team comprised of two Council members, 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 with support from the Medical Council Executive. The Assessor Team is listed in Appendix One of this Report. The Medical Council particularly appreciates the contribution of the Assessors. The Team comprised of Professor Mary O'Sullivan (Chair and Council member), Dr Ailís ní Riain, Dr John Barragry (Council member), and Dr Janet Barrie. 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 College of Anaesthesiologists of Ireland, for their co-operation. In addition, the Medical Council wishes to thank the Tutors and Trainees who met the Team on the day, and whose feedback was most helpful in formulating aspects of this report.

The Assessor Team met with the Training Body management including the President, CEO, the Director and Deputy Director of the specialist training programme in Anaesthesiology and interviewed Tutors and Trainees participating in specialist training programmes.

3. Documentation

As part of the accreditation process, the College of Anaesthesiologists of Ireland 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. This documentation is listed at Appendix 2.

4. Schedule

The accreditation session included an in-depth discussion between the Assessor Team and representatives from the College of Anaesthesiologists of Ireland, Tutors and Trainees.

5. Appendices

The attendance record for the accreditation session, including details of the visiting Assessor Team, are attached in Appendix One. The list of supporting documentary evidence that was provided to support the self-evaluation under each standard is attached as Appendix Two. The accreditation standards which were applied throughout this process can be referenced 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 College of Anaesthesiologists of Ireland and the Programme of Specialist Training in Anaesthesiology. The observations, comments and recommendations contained in this Report are grouped under the relevant sections of these standards.

3. Summary and General Assessment

1. Conclusion

Approval status for the programme of specialist training in Anaesthesiology

i. **The Programmes of Specialist Training in Anaesthesiology** is approved initially for a period of five years *with three condition(s)*, by the Council under the terms of Section 89(3)(a)(i) of the Medical Practitioners Act 2007.

ii. The **College of Anaesthesiologists of Ireland** is approved initially 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 **Anaesthesiology** approved under (i) above.

iii. A certificate of satisfactory completion in specialist training (CSCST) in Anaesthesiology 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 (17 November 2021) consent by the Minister of Health (14 December 2021) as set out in Statutory Instrument 529 of 2010.

Conditions

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 College of Anaesthesiologists of Ireland 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 Directors of Training, Tutors 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 under standards 1.4.2 and 8.1.6

b. The College of Anaesthesiologists must be explicit in specifying the minimum number of directly supervised clinical sessions per week to ensure an appropriate balance between the service needs of the clinical training sites and Trainees educational needs.

   Condition (b) is consistent with findings in "Implementing the training programme – delivery of educational resources of the report under standard 8.2.4. This is to be addressed within twelve months from receipt of the final report and reported to the Education and Training Committee.

c. 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 (d) is consistent with findings in "Implementing the Training Programme – Delivery of Educational Resources" under standard 8.1.2

4. Overview of compliance ratings for the CAI and the Programme of Specialist Training in Anaesthesiology

In this report, a number of conditions, recommendations and commendations have been made to ensure the College of Anaesthesiologists of Ireland complies, improves compliance and/or continues to comply with all training standards. The College of Anaesthesiologists of Ireland 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 the Assessor Team's appraisal of evidence provided for each standard. Documentary evidence considered includes the self-evaluation submissions from the College of Anaesthesiologists of Ireland, together with evidence obtained through meetings on the day of accreditation with Management, Directors of Training, Tutors and Trainees

The compliance ratings are:

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

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

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

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

Please note standards rated as fully compliant for the College and the programme of specialist training in Anaesthesiology contained in this report are based on the documentary evidence provided (see Appendix 2) and discussions with the CAI Executive, Directors of Training, Tutors and Trainees. In some instances, it was considered that the specialty is 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 College of Anaesthesiologists

The table presented below compares compliance ratings of the College of Anaesthesiologists 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.

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

The CAI is to be commended for:

5.1.1 The significant work undertaken to adapt their examinations during the pandemic and descriptions of the rationale for their decisions.

5.2.1 The identification and support of trainees who are underperforming.

7.1.2 The process of trainee selection, in particular the transparency of the rubric for selection and the standardisation of the interview process.

8.1.3 The selection and professional development processes for examiners.

8.2.5 The commitment to safety which is explicit in the new curriculum

Evaluation of Compliance with Medical Council Standards

Training Body: College of Anaesthesiologists of Ireland (CAI)
Programme of Specialist Training: Anaesthesiology

The following standards were found to be non-compliant for the programme of Anaesthesiology

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 College's Draft Guidelines for Tutors it states that it is critical that the Anaesthesiology Department at each clinical site supports the Tutors in carrying out their duties. The Draft Guidelines recommends the Department provides appropriate support, including making protected time available. The Draft Guidelines notes that while it is difficult to be prescriptive it is expected that Tutors will need the equivalent of six working days throughout a six-month rotation, allowing time at the critical start, middle and end periods for appropriate consultation with trainees. Tutors stated that their contracts do not provide for protected time. They detailed they have never had protected time particularly in the teaching hospitals in Dublin. Some Tutors are having to go in to work on their days off in order to fit training around clinical workloads. They reported that it is difficult to focus on training for any particular length of time as there	Protected time so far as possible should be provided for Tutors and Trainers. This is not criticism for work being carried out, but to be fully able to deliver effectively in their roles the Tutors and Trainers require adequate protected time.	**Non-Compliant with CONDITION**

are constant interruptions. Tutors detailed that Trainees are pulled in all directions and the service commitment often overrides their educational needs. The Trainees reported that the vast majority of the time they are expected to be service providers and that they do not have a minimum number of clinical sessions per week for directly supervised practice and training. The Trainees confirmed that every solo clinical session is supervised by a named consultant, however consultants may be supervising two or three Trainees at a given time, potentially reducing their ability to provide support to the Trainees in a timely manner.		

The following standards were found to be partially compliant for the College of Anaesthesiologists

STANDARD 1. CONTEXT OF EDUCATION AND TRAINING - GOVERNANCE – 1.1.2 *The governance structures describe the composition and terms of reference for each committee, and allow all relevant groups to be represented in decision-making.*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
1.1.2 The College had rated themselves as being fully compliant with this standard in their self-evaluation submission. Following the publication of their Strategic Objectives, the CAI had reformatted the committee structure to enable them to fulfil their roles and objectives. The Terms of Reference (TOR) for the following Committees are still in draft form: • Committee of Anaesthesia Trainees (CAT) • Education and Professional Development Committee • Council Committee	The College should formalise membership selection of all key committees. The College should include representation from Allied Health Professionals and consumer interest at higher levels of CAI governance.	**Partially Compliant**

• Executive Committee The membership section of the TOR does not specify how members are appointed to the Board or to Committees. In response to an enquiry at the accreditation interview on how the non-executive directors are appointed to the Board, the College advised that when a vacancy arises there is an open invitation for applications and people are chosen by their Council following interview. The College advised that the non-executive directors have no other allegiance to the College and bring complete independence and a patient perspective.	The College should approve all current draft TOR within 12 months of receipt of final report.	

STANDARD 1.CONTEXT OF TRAINING – INTERACTION WITH THE HEALTH SECTOR - 1.4.2. *The training organisation works with healthcare institutions to facilitate clinicians employed by them to contribute to high quality teaching and supervision, and to foster peer review and professional development.*		
FINDING	**REQUIREMENT / RECOMMENDATION**	**COMPLIANCE**
1.4.2 It was noted from the self-evaluation submission that the College had rated themselves fully compliant under this Standard. The CAI indicated that it is a mandatory condition that each clinical site facilitates Tutors to contribute to high quality teaching and supervision, and to foster peer review and professional development. The Tutors interviewed reported they had no protected time in their contract to deliver high quality training. Tutors have to facilitate the training out of their own time including coming in to provide training on their days off. Please refer to finding in 8.1.6 Tutors detailed the training opportunities available to them. They undertake regional and local courses which are accredited by the College. They felt there were opportunities for	The Faculty should advocate with the HSE (or other employer) both directly and also through the Forum of PGTBs for provision in the consultant contract for protected time for training	**Partially Compliant** **with CONDITION**

them to be trained further in different aspects of delivering training, but they do not have enough time to attend training events.		

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.* **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**
2.2.1; 2.2.2 In their self-evaluation submission the College described the aims of the Training Programme and the skills, competencies and attributes that graduates from the programme should have. While there are defined learning outcomes for the various modules within the new curriculum, the College do not have a single distinct document with overall defined graduate outcomes.	The College should generate a summary document of the graduate outcomes.	**Partially Compliant**

STANDARD 2. THE OUTCOMES OF THE TRAINING PROGRAMME - GRADUATE OUTCOMES – 2.2.4 *The training organisation makes information on graduate outcomes publicly available.*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
2.2.4 It was detailed in the self-evaluation submission that doctors who have successfully completed their training are listed in the annual report which is publicly available on the CAI website. However, although the College share data with the HSE on Trainee attrition rates, no such data is published. The College agreed there would be no impediment to detailing the attrition rates on the website. The College stated at the accreditation interview that they work with the HSE and NDTP on an annual basis to understand why Trainees leave the programme and there is a move at national level to provide better information through the Forum and HSE. The HSE manage a website to include some information on each specialty; for example, how many people were shortlisted, how many attended for interview and the attrition rate.	The College should publish information about graduate outcomes including attrition rates on its website.	**Partially Compliant**

STANDARD 3. THE EDUCATION AND TRAINING PROGRAMME– CURRICULUM STRUCTURE, COMPOSITION AND DURATION 3.2.2 *Successful completion of the training programme must be certified by a diploma or other formal award.*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
3.2.2 The title and designation of the qualification granted in the State, by the Medical Council, to enable a medical practitioner to secure registration in the Specialist Division of the Register in Anaesthesiology under Section 89(2) of the Medical Practitioners Act 2007 (the "Act"), is a CSCST in Anaesthesiology. The speciality of Anaesthesiology is harmonised for the purpose of automatic recognition in Europe pursuant to Directive 2005/36 on the recognition of professional qualifications (the "Directive"). The title of the training programme listed for Ireland in Annex V point 5.1.3 of the Directive is Anaesthesiology. The College confirmed in their self-evaluation form that a "CSCST in Specialist Anaesthesiologist Training is awarded". It was noted that the CSCST states "a fellow of this College by Examination completed the approved programme of Specialist Training on (date) in Anaesthesiology to include Intensive Care Medicine and Pain Medicine to the satisfaction of the Council of the College given under the College Seal." The title on the CSCST does not align with the approved title for the programme, as designated by the Council under Section 89(2) of the Act, for the purposes of registration on the Specialist Division of the Register in the specialty of Anaesthesiology.	Upon successful completion of the training programme in Anaesthesiology, a practitioner must be awarded a Certificate of Satisfactory Completion in Specialist Training in Anaesthesiology.	**Partially Compliant**

STANDARD 3 – THE EDUCATION AND TRAINING PROGRAMME – RESEARCH IN THE TRAINING PROGRAMME - 3.3.1. *The training programme includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, and encourages the Trainee to participate in research.*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
3.3.1 It was noted from the self-evaluation submission that the College provides opportunity for research during the training programme and Trainees are encouraged to participate**.** However, the curriculum does not include formal training in or assessment of research methodology or critical appraisal of scientific literature. The College noted at the accreditation interview that they had identified a need for formal structures to teach critical evaluation and evaluation of evidence. They stated that they have facilitated academic Trainees by ensuring that a PhD option is available through the Irish Clinical Academic Training programme (ICAT). Traditionally in each department there is an academic with an interest in research methodology and they develop the skill base of Trainees. The College have put in a submission for funding for this. They have looked at the basic programme offered by the Royal College of Physician of Ireland (RCPI) and would like to replicate that for their Trainees. Trainees reported receiving no formal teaching on critical appraisal of research evidence. They have informal teaching at departmental meetings, journal club and discussions about papers at these meetings. Trainees stated that the opportunities for informal training vary from site to site.	The College should develop formal training to ensure Trainees are taught research methodology and critical evaluation of evidence.	**Partially Compliant**

STANDARD 3 – THE EDUCATION AND TRAINING PROGRAMME – CURRICULUM CONTENT – FLEXIBLE TRAINING – 3.4.1 *The programme structure and training requirements recognise part-time, interrupted and other flexible forms of training.*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
3.4.1 As indicated in the self-evaluation form and from discussions with the College, it is their policy to facilitate and support flexible training. There a number of routes, the first being the HSE NDTP Supernumerary Flexible Training Scheme which is separately funded by the HSE. The other routes are through 'Swaps' and 'Job Sharing'. Trainees can only swap with Trainees in the same year of the training programme. Notice of a potential swap is required at least nine months in advance of the start date, so by 31 March for a January swap and by 30 September for a July swap. All Trainees can avail of job-sharing opportunities within the SAT programme for a set period of time – maximum two years. The College stated at the accreditation interview that flexible training is a standard item each year during their Service Level Agreement (SLA) discussion with the HSE. They detailed that they encourage their Trainees to take up flexible training but, while there is some initial expression of interest, they find that there is not much take up. On the day of the accreditation College confirmed they had two flexible Trainees, with a third starting in January. The Trainees reported opportunities for flexible training are limited and they would welcome more extensive and varied options that adapt to personal needs and requirements. There are a number of difficulties which prevent Trainees from taking up the current flexible training scheme. The first is that, with frequent and short rotations, there is an incentive to finish their training more quickly so that they can take up a permanent post. The second is that the frequent geographical moves are an issue nationally which needs to be addressed. In particular, there needs to be some means for Trainees to rotate with their partners or to have their family life taken into account.	The College should ensure the Flexible Training Scheme and 'swaps' or 'job sharing' policies enable trainees to fully participate in flexible training opportunities and are more responsive to Trainee needs. These opportunities should be made clear to Trainees before the training placements commence as well as during the training.	**Partially Compliant**

STANDARD 3 – THE EDUCATION AND TRAINING PROGRAMME – CURRICULUM CONTENT – FLEXIBLE TRAINING – 3.4.2 *There are opportunities for trainees to pursue studies of choice, consistent with training programme outcomes, which are underpinned by policies on the recognition of prior learning. These policies recognise demonstrated competencies achieved in other relevant training programmes both here and overseas, and give trainees appropriate credit towards the requirements of the training programme.*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
3.4.2 In their self-evaluation the College stated that it no longer offers Trainees the option to take a year out of the programme to pursue studies of choice in Ireland or outside Ireland. However, an exception is made for academic leave where a Trainee obtains external funding to enable them to undertake a PhD / MD programme. The number availing of this is currently very small. The College confirmed at the accreditation interview that it does not give any recognition to training undertaken overseas, though it does recognise up to two years of prior learning in Ireland. Trainees advised that, although the College value prior experience in Anaesthesiology, in the recruitment process it is not expected.	The College should look at examples of best practice internationally in developing a policy which outlines the specific criteria for the recognition of prior learning or training taken outside of the training programme. The College should clarify its criteria for assessing equivalence experience. The College should develop mechanisms by which trainees can pursue studies of choice, consistent with training programme outcomes other than the provision for academic leave.	**Partially Compliant**

STANDARD 5 – THE CURRICULUM – ASSESSMENT OF LEARNING – ASSESSMENT APPROACH - 5.1.2 *The training organisation uses a range of assessment formats that are appropriately aligned to the components of the training programme*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
5.1.2 The Curriculum outlines a range Workplace Based Assessments (WBAs). The Tutors stated that they have not done any Direct Observation of Clinical Skills (DOPS) or mini-CEX (mini clinical exams) in the last year. They stated they received a lot of training on administering the new WBAs when they were being trialled. The Trainees are of the understanding that EPAs will be used with the new curriculum, but they have not received specific advice or training on how to conduct them yet.	The College should expedite the implementation of the range of assessments, including Workplace Based Assessment and other elements of a Competency Base Training Programme, as outlined in the curriculum and ensure alignment with the learning objectives. The College should report to the Medical Council via the significant changes process on progress in implementing the new curriculum.	**Partially Compliant**

STANDARD 5 – THE CURRICULUM – ASSESSMENT OF LEARNING – ASSESSMENT APPROACH - 5.1.3 *The training organisation has policies relating to disadvantage and special consideration in assessment, including making reasonable adjustments for trainees with a disability*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
5.1.3 The College stated that Trainees with disability are not disadvantaged within the training programme but the policy to underpin this is still in draft. The Tutors were not aware of the policy, but they have been able to discuss disadvantaged Trainees on a case-by-case basis with the College and have got support from them.	The College should move quickly to approve the draft policy document for Trainees with a disability and communicate it to Tutors/Trainees	**Partially Compliant**

The Trainees stated that if a Trainee with dyslexia, for example had difficulty with the timings when undertaking the fellowship exam that there would be allowances made.		

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 The College recently introduced new assessment methods (Workplace based assessments or WBAs) as part of competency based training. The CAI piloted the use of these WBAs in assessing progress via Entrustable Professional Activities (EPA) but these do not form part of the new curriculum. Whilst their self-evaluation submission states that the College is not reliant on the observation of a single consultant, there are some modules of training which only require one Work Based Assessment (WBA) for completion. The 'Evaluation of the Reliability and validity of Assessment Methods' Policy does not cover new WBAs or reliability, validity or training for Tutors, Trainers and Trainees on completing WBAs, or how Tutors and Trainers use WBAs to inform their end of placement reports. The College stated at the accreditation interview these elements of the policy are still a work in progress. The Tutors stated that they received a significant amount of training on the WBA and their role in their implementation including instructional videos on how to give constructive feedback.	The College should revise *the Evaluation of the Reliability and validity of Assessment Methods* draft policy document to cover missing elements, namely reliability, validity and training for Tutors, Trainers and Trainees on their use. The policy should formalise the structure of WBAs and ensure that no component of training can be completed on the basis of a single assessment. The roll-out of WBAs and competency based training should be expedited, once these adjustments have been made. Suitable training in these methods should be given to Trainers and Trainees.	**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 The self-evaluation submission indicates that monitoring and evaluation of the curriculum, both its content and its application, is achieved by a number of means, including use of international comparators, hospital accreditation via training site inspections, and multi-stream feedback. The College stated at the accreditation interview that they do not have a formal structure but that various groups have had an input including an in-house group with two directors of training and an external consultant who were involved in the process. They have asked international experts and an academic professor to be their key speakers at the launch of the new curriculum in October 2020. The College further stated that they would have to formalise their educational overview of the curriculum going forward. They are aware of the importance of involving all stakeholders including Tutors and Trainees. The College highlighted the launch of their new e-portfolio which is available to the directorate of Training and Tutors at each site which enables them to get a composite view of all the Trainees at any one site and what milestones they have reached. The College outlined their ways of ensuring that their curriculum remains in line with best international practice. They participate in the International Academy of Colleges of Anaesthesiologists. They regard patient safety as a central element which they try to incorporate across the domains of training, recognising the professional, ethical and legal	There should be a review and evaluation of the effectiveness of this curriculum with 6 months of receipt of this report. The College should formalise their process for review and evaluation of the training programme to include: • Curriculum content • Quality of teaching and supervision Assessment • Trainee progress • All stakeholders • Tutors and Trainees • External and international agencies • The progress of new consultants trained under the programme	**Partially Compliant**

obligations within the practice of medicine. They hold an annual patient safety day attended by international experts and papers are presented by Trainees. They have established a quarterly patient safety newsletter and 50 per cent of the articles come from the Trainees. They also engage with other stakeholders, including the Medical Council, the Coroner for Dublin City, the State Claims Agency and the HSE, to identify areas where they may be able to improve their standards.		

STANDARD 6 – THE CURRICULUM – MONITORING AND EVALUATION – OUTCOME EVALUATION – 6.2.1 *The training organisation maintains records on the graduates of its training programme, is developing methods to measure outcomes of training and is collecting qualitative information on outcomes.*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
6.2.1 The self-evaluation submission details that the College maintains records of its graduates' performance throughout the training programme, including in-course assessments, competencies achieved and overall outcomes. This data is retained locally and also forwarded to the HSE NDTP. No data is collected post-CCST, other than contact details and next position (if known). An alumni database with annotation of broader outcomes is planned. The College was asked if they were collecting information relating to the early consultant years that might be used to inform the future development of the curriculum. The College advised that they are not doing that the moment. The College advised that they intend to track the career progression of graduates in the 3 years post training.	The College should seek feedback from graduates in their early years as consultants in regard to the effectiveness of the programme and Trainees' preparation for practice, to inform future development of the programme.	**Partially Compliant**

STANDARD 6 – THE CURRICULUM – MONITORING AND EVALUATION – OUTCOME EVALUATION - 6.2.2. *Supervisors, Trainees, health care administrators, other health care professionals and consumers contribute to evaluation processes.*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
6.2.2. In the self-evaluation the College stated that Trainers, Tutors, and Trainees contribute to the evaluation process. Such a capacity is part of the assessment process which is integral to the interaction between supervisors and Trainees. Health care professionals and administrators contribute in an informal way. The Tutors reported that they were very involved with the development of the curriculum and were asked to contribute to formulation of the various modules. They also stated that they can feed back to the College on the Curriculum through the Tutors' Day and through their Lead Tutor. The Council of the College and the Training & Education Committee include administrators among their attendance. Allied health professionals and patients are not represented.	The College 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.	**Partially Compliant**

STANDARD 7 – IMPLEMENTING THE CURRICULUM – TRAINEES – RESOLUTION OF TRAINING PROBLEMS AND DISPUTES – 7.4.4 *The training organisation has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
7.4.4 All elements of this standard were found to be fully compliant with the exception of the Protected Disclosure Policy. The College confirmed at the accreditation interview that they do not have Protected Disclosure Policy but that they would implement a Protected Disclosure policy as part of their governance framework update.	The CAI should develop a Protected Disclosure Policy.	**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**
8.1.2 The criteria for selection of Tutors and Trainers is outlined in the 'Selection, Support and QA of Tutors'. It was noted from the self-evaluation submission that supervisors are encouraged to take part in College educational activities. Bi-annual education days are organized for Tutors and provides the agenda for a Tutor Training Day in Nov 2018. It was stated in the 2019 annual report that the October 2019 day for Tutors was "one of the most well attended training days". It appears approximately 30 of 60 Tutors attended. The College stated at the accreditation interview that while there is a "Train the Trainer" course, there is no specific or mandatory training for consultants who take up the role of Trainer and is an area to which the College have not paid significant attention. The Trainers reported that the College held an education day two years previously on how to be a Clinical Trainer which they found to be very beneficial.	Ongoing trainer development is required to ensure the quality of the programme delivery and should be mandatory. Trainers must be trained in the areas of supervision, assessment and feedback, and in supervising and supporting educational progress throughout the curriculum. There must be evidence of professional development of the Trainers. The CAI is required to develop minimum standards for Trainers and to develop the means by which trainers are supported in attaining and maintaining these. The CAI must provide systematic, regular ongoing training for Consultant Trainers to include training in advance of taking up the role.	**Partially Compliant** **With CONDITION**

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 self-evaluation submission describes a five-year rolling accreditation of its hospital sites and list the Medical Council Accreditation Standards for Evaluation of Training Sites. In the documentary evidence provided the process for applying to be approved as a clinical training site is described. When the Anaesthesiology Department of a hospital applies to be accredited as a training site they must submit an accreditation application form to the College in order to be considered. They reported that some sites which apply to be accredited as training sites do not fulfil the minimum requirements and therefore are not accredited. The College stated at the accreditation interview that they are currently in transition from the old application form to a new version of this form. They confirmed that they plan to re-format their inspection reports to more closely align it with the College standards that are now used in the new application form. The College plan to make their accreditation standards publicly available on their website.	The College should publish the accreditation standards for site selection, training sites and training posts in advance of their 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 The College furnished a copy of an inspection report which provides evidence of sequential visits to one hospital. The report is narrative with no objective criteria outlined or specifically measured. The new criteria described in 2020 Curriculum Appendix on Application for Hospital Accreditation addresses these issues. The process to be accredited as a training site is outlined under Standard 8.2.1. The College confirmed that they plan to format their inspection reports to more closely align them with the standards in the new accreditation application form. The College stated at the accreditation interview that over the last two years a quality improvement plan has been put in place in sites where they had identified clear gaps in the expected standard. The Tutors stated that there is inadequate infrastructure for training. The current pandemic has put extra strain on available space. Rooms that would have been previously used by Trainees are being converted to meeting rooms or wards. In terms of day-to-day space where a Trainee might have finished a patient list early and might wish to stay on to do an audit, there is no available room with computer facilities at some sites.	The College should implement the new application and assessment procedure for training sites. The College should continue to work with training sites to ensure adequate space and facilities for Trainees' educational development. The application and assessment procedure should stipulate mechanisms by which training is protected in the face of pressures for service provision and monitor implementation.	**Partially Compliant**

The Trainees stated that there is no minimum number of directly supervised clinical sessions per week with just the Trainee and the consultant in the same room. It is primarily service provision.		

STANDARD 8. IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES – CLINICAL AND OTHER EDUCATIONAL RESOURCES – 8.2.4 *The training organisation works with the health services to ensure that the capacity of the health care system is effectively used for service-based training, and that trainees can experience the breadth of the discipline. It uses an appropriate variety of clinical settings, patients and clinical problems for training purposes, while respecting service functions.*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
8.2.4 It was noted in the self-evaluation submission that the College works with the National Acute Hospitals Office and the Clinical Care Programme to ensure consistency in their approach to the model of care that is delivered at site. The Faculty stated at the accreditation interview that all Trainees have mandatory simulation as part of their training programme which includes collaboration with their surgical colleagues and nursing staff. The Tutors stated that the Trainees interact with families and are also involved in end-of-life decisions and care. They advised that they are involved in administration, in drawing up the rota and in attending departmental meetings. The Tutors felt that Trainees are ready to take up a consultant role at the end of the programme. Trainees advised that they that they are often in theatre or on call with more senior registrars from whom they learn a significant amount. They stated that while it is not necessarily structured it is something that they get an lot of exposure to over the years.	The College must work with the Health Service Executive and hospitals to ensure that service commitments are not to the detriment of educational development. This must be enshrined in the process for the accreditation of hospitals for training The College must work with the Health Service Executive to determine minimum guidance for the balance between directly-supervised training and service provision. This must be enshrined in the process for the accreditation of hospitals for training.	**Partially Compliant with CONDITION**

Trainees reported that they have responsibilities around administration in the hospitals that they are currently in, for example they manage their own rotas, so one of the senior Trainees would be responsible for the leave, call, day-to-day rotas. Trainees felt that while they are not required to act outside of their comfort zone but are given ample opportunity to practice without too close supervision so that they learn to practice independently. Tutors reported that they have multiple demands on their time, and many noted they do not have protected time for their training role. Trainees noted that, whilst their training adequately covers the breadth of the discipline, service commitments often overtook their training needs. They reported that they do not have a minimum number of clinical sessions per week for directly supervised practice and training. Every solo clinical session is supervised by a named consultant, however consultants may be supervising two or three Trainees at a given time. There are no requirements for a minimum amount of directly supervised training, although direct requests for access to training in specific techniques are usually respected.		

6. Next steps

Action and Implementation Plan

The CAI is to develop an Action and Implementation Plan (AIP) to address the condition made in the Medical Council's Anaesthesiology Accreditation Report. The CAI 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 Accreditation Report. On receipt of the Action and Implementation Plan, key personnel from the CAI will be requested to present the Plan to Medical Council representatives. This meeting will also provide the CAI with an opportunity to give feedback on the accreditation process. The Medical Council reserves the right to:

(a) share the Action and Implementation Plan 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.

Thereafter, the College of Anaesthesiologists of Ireland will enter the Medical Council's Annual Returns monitoring process where it will provide updates on its progress towards the implementation of conditions and recommendations. This process applies to programmes and bodies approved under the terms of Section 89(3)(a)(i) and 89(3)(a)(ii) of the Medical Practitioners Act 2007.

It is recommended that the College of Anaesthesiologists of Ireland publishes this Accreditation Report and subsequent Action and Implementation Plan on their website and shares it with Tutors, Trainers and Trainees.

Appendix One - Attendance Record

Medical Council Postgraduate Accreditation

College of Anaesthesiologists of Ireland

Programme of Specialist Training in Anaesthesiology

15 September 2020

Venue: Held virtually via zoom

Medical Council Assessor Team in attendance:

- Prof Mary O'Sullivan, Medical Council member & Chair of accreditation Team
- Dr John Barragry, Medical Council member and Assessor for the Medical Council
- Dr Ailis ní Riain, Assessor for the Medical Council
- Dr Janet Barrie, Specialist Assessor for the Medical Council
- Dr Ellen Moran, Accreditation Manager, Medical Council
- Ms Elizabeth Molloy, Accreditation Executive, Medical Council
- Ms Marian Brosnan, (Zoom host), Accreditation Executive, Medical Council
- Ms Hannah McGrath, (Zoom co-host) Accreditation Executive, Medical Council

College of Anaesthesiologist of Ireland Representation in attendance:

- Dr Brian Kinirons, President CAI
- Mr Martin McCormack – CEO
- Ms Margaret Jenkinson – COO
- Dr Brian O'Brien – Chair of Training & Education Committee
- Dr Camillus Power – Director of Training
- Dr Eilis Condon – Deputy Director of Training
- Dr Rory Page – Chair of Hospital Accreditation
- Dr Barry Lyons – Director of Patient Safety & Quality Improvement
- Ms Ann Kilemade – Senior Executive Officer

Number of Trainers in attendance: Eight Trainers in attendance

Number of Trainees in attendance: Seven Trainees in attendance

Appendix Two - Overview of documentation

LIST OF DOCUMENTATION SUBMITTED BY CAI

Appendix	Title
1	Draft Flexible Training Policy 2018, This policy is currently under review by the Training & Education Committee.
2	Flexible Training Principles
3	Draft Policy on Bullying 2018, This policy is currently under review by the Training & Education Committee.
4	CAI Regulations for Specialist and Accreditation in Anaesthesia April 2015.
5	Tutor Training Day – Programme November 2018
6	Trainee Hospital Assessment Sample.
7	Annual Progression Assessment SAT 3 – 5.
8	Trainer identification, development and Support DRAFT Role & Responsibility Policy for CAI Tutors
9	ToR Training & Education Committee.
10	Inspection Report -Temple Street Hospital
11	DRAFT Training Site Accreditation Policy
12	CAI Trainee Attrition rates 2016 – 2018
13	Draft Lead Anaesthesiology Trainee Information Document 2018
14	Terms of Reference for Committee of Anaesthesia Trainees (CAT)
15	College Council Members 2018.
16	Standing Orders for the College of Anaesthetists of Ireland
17	EPA Pilot Programme Executive Summary
18	DRAFT In-Training Assessment Process
19	CAST - Simulation Training Programme Professionalism Document Competency Based Medical Education – EPA hub
20	ICAT Programme Prospectus
21	SAT Streamlined Programme
22	EPA Pilot Programme – Executive Summary
23	CAI Examinations Syllabus

24	CAI Governance & Organisational Structure
25	Memo and Articles of Association for CAI.
26	Terms of Reference for the Credentials Committee
27	DRAFT Terms of Reference for the Education Professional Development Committee
28	Terms of Reference for the Examinations Committee
29	Terms of Reference for the Quality & Safety Advisory Committee (incl Professional Competence)
30	Terms of Reference for the Academic Committee
31	Terms of Reference for the Finance & General Purpose Committee
32	Terms of Reference for the Training & Education Committee (including Hospital Accreditation)
33	Draft ToR for the Council Committee 2018
34	Draft Terms of Reference for the Education and Professional Development Committee.
35	Anaesthesiology Training Agreement with HSE
36	Annual Report for 2017.
37	Council Meeting Agenda December 2018.
38	HSE Proposal Form for Anaesthetics
39	Mandatory Courses for SAT Trainees
40	CAI Annual Report 2017
41	CAI Examination Syllabus
42	Draft Clinical Component of the SAT Curriculum
43	Model of Care for Anaesthesiology 2018.
44	CAI Examinations Regulations
45	DRAFT Supporting Trainees with a Disability Policy
46	Assisting Trainees in Difficulty Policy
47	Trainee Exit Form
48	Training Department Annual Review Feedback 2018.
49	DRAFT Recruitment & Selection Policy
50	Draft Recruitment Appeals Process 2018
51	SAT Marking Scheme for 2019
52	Marking System for Recruitment & Selection July 2018
53	Training Guide 2018.
54	SRMTCS Interim Report 2013
55	DRAFT Communication Policy for Training
56	Introduction to Anaesthesia Programme 2018
58	Terms of Reference for the Examinations Committee
59	Role of the Chair of Examinations Committee.
60	Assisting Trainees in Difficulty Policy.
61	Draft Guidelines for Tutors
62	CAI Examinations Regulations
63	Trainee Hospital Assessment Form
64	MCAI Examiner Guidelines
65	FACI Examiner Guidelines
66	Programme for Examiner Training Day 2017
67	Non-Technical Skills Training

68	Terms of Reference for Council
69	Terms of Reference for Committee of Anaesthesiology Trainees
70	CAI Annual Report 2019
71	CAI Flexible Training Policy
72	Evaluation of the reliability and validity of assessment methods
73	Process for completion of an Assessment
74	Policy for the selection, support and QA of Tutors
75	Appendix 8: Training Regulations 2018
76	Guidelines for Hospital Accreditation
77	Hospital Accreditation Addenda for Inspections
78	Draft Policy Supporting Trainees with a Disability
79	Draft Policy on Terms of Reference CAI Executive Committee
80	Key principles for Trainees off site

Comhairle na nDochtúirí Leighis
Medical Council