FINAL - Report on the Accreditation of The Programme of Specialist Training in Radiology 2021

APPROVED BY ETC 30 MARCH 2022

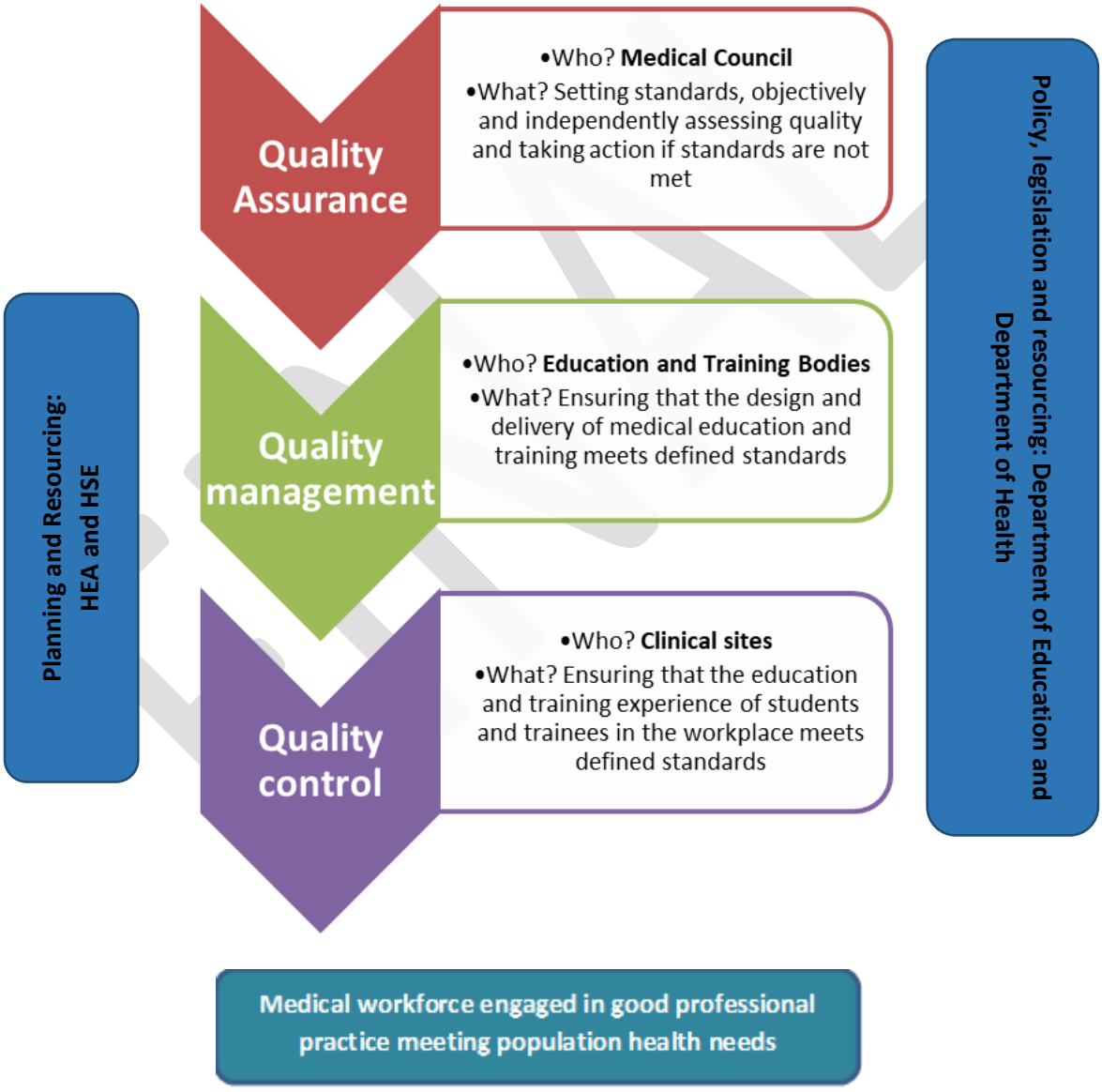
MINISTERIAL APPROVAL ON 13 APRIL 2022

Comhairle na nDochtúirí Leighis
Medical Council

Contents

1. Role of the Medical Council under Part 10 of the Medical Practitioners Act 2007 (as amended)

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 (as amended). 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.

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

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 (as amended).

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 Faculty of Radiologists, RCSI on 29 April 2021. The Assessor Team's remit was to assess the Programme of Specialist Training in Radiology 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 one 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 and 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 Dr John Barragry (Chair and Council member), Mr Declan Ashe, Mr Joe Duignan and Dr Priya Suresh. They brought additional expertise in the 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 Radiologists, RCSI for their co-operation. In addition, the Medical Council wishes to thank the Trainers 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 Dean, and Vice Dean of the specialist training programme in Radiology and interviewed Trainers and Trainee specialists participating in specialist training programmes. 9 Trainers and 20 Trainees were present. The invitation to attend the accreditation interviews went out to all Trainers and Trainees.

3. Documentation

As part of the accreditation process, the Faculty of Radiologists, RCSI 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.

4. Schedule

The accreditation session included an in-depth discussion between the Assessor Team and representatives from the Faculty of Radiologists, Trainers 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 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 Radiologists, RCSI and the Programme of Specialist Training in Radiology. 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

I. **The Programme of Specialist Training in Radiology** is approved for a period of five years with two conditions, by the Council under the terms of Section 89(3)(a)(i) of the Medical Practitioners Act 2007 (as amended).

II. **The Faculty of Radiologists, RCSI** 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 Radiology approved under (i) above subject to the compliance with the conditions outlined below. This approval is from the date of approval by the Education and Training Committee (30 March 2022) of the Medical Council and the Minister of Health (13 April 2022) as set out in Statutory Instrument 529 of 2010.

III. A certificate of satisfactory completion in specialist training (CSCST) in Radiology 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 (30 March 2022) of the Medical Council and the Minister of Health (13 April 2022) as set out in Statutory Instrument 529 of 2010.

Condition

a. Develop a disability policy to support the specialty of Radiology.
Condition (a) is consistent with findings in "The Curriculum – Assessment of Learning – Assessment Approach" of the report under standard 5.1.3. This is to be addressed within six months and reported to the Education and Training Committee.

b. 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 Radiologists, RCSI 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 Training Programme Directors and Trainers to enable high quality delivery of the training programme.

Condition (b) 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.

4. Overview of compliance ratings for the Programme of Specialist Training in Radiology

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

Levels of compliance

Compliance ratings are determined based on each of the Assessor Team's appraisal of evidence provided for each standard. Documentary evidence considered includes the self-evaluation submission from the Body submitted prior to accreditation, together with evidence obtained through meetings on the day of accreditation with Management, Trainees and Programme Directors.

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 accreditation process. It is now monitored by the Medical Council's Professional Competence Directorate.

Please note standards rated as fully compliant for the Faculty of Radiologists, RCSI and the programme of specialist training in Radiology contained in this report are based on the documentary evidence provided (listed in Appendix 2) and discussions with the Faculty of Radiologists Executive, Trainers and Trainees. In some instances, it was considered that the speciality is meeting the standard and has been rated as fully compliant, however a recommendation may have been added to encourage improvement.

Overview of compliance rating for the Faculty of Radiology

The table presented below compares compliance ratings of the Faculty of Radiologists 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	FACULTY OF RADIOLOGY, RSCI 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 Faculty is to be commended for:

The overall excellence of the training programme is evident in the following:

- The strong/active Trainee Representation on Faculty Committees and Effective Trainee representation across governance structures including membership of all committees.
- Their use of Multi-source Feedback, competency-based assessments, Train the Trainer course and proctoring exams
- Their relationship with the Trainees especially in relation to feedback and the effective communication pathways
- The initiative to recognise undergraduate research by medical students in radiology by awarding The Fielding Medal.
- Moving lectures online and ensuring all the Trainees have been vaccinated. They are to be commended also for providing a home workstation for a Trainee who had to shield while recovering from serious illness.
- The Trainees were particularly enthusiastic about the standard of teaching, both formal and experiential, throughout the Programme and described the teaching as being teaching second to none.

Training Body: Faculty of Radiologists
Programme of Specialist Training: Radiology

The following standard was found to be non-compliant for the programme of specialist training in Radiology.

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 In its self-evaluation submission the Faculty stated that it subscribes to the general policies of the RCSI in relation to disadvantage and disability but these relate specifically to undergraduate students. However, there is no explicit policy relating to disability, disadvantage and special consideration in assessment of postgraduate Trainees. The Faculty advised of an instance where they accommodated a Trainee recovering from serious illness by facilitating and supporting them in working part-time at home. Trainees were aware of situations where other Trainees had been accommodated due to illness.	The Faculty should develop a stated disability policy to support all specialities. Trainees and trainers need to be made aware of the disability policy and implementation of same, complete within six months.	**Non-Compliant with CONDITION**

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 The Faculty in their self-evaluation submission stated that as part of the criteria and standards for the accreditation of Radiology training sites a number of general standards exist, including the need for the site to have a 1:1 ratio of Trainees to consultants. In addition to clinical training, there must be time for consultant teaching. At the accreditation interview, the Faculty reported that the service demand burden is constantly encroaching on non-clinical time because there are insufficient radiologists in Ireland. This leads to issues for Trainers in finding the time to train because the demands for clinical service delivery are so high. The Trainers reported that tutorial preparation, takes place in their personal time. While the tutorials are delivered during work hours it results in them having to stay late. The Trainers stated that it is not the fault of the training programme. It reflects the lack of staff at the service provision level. The Trainees stated that the Trainers do not always have adequate time for training due to the shortage of Consultant Radiologists. They reported that although informal tutorials might be cut short, the formal lectures that they get every week are well protected.	Protected time so far as possible should be provided for Tutors, Trainers and Training Programme Directors. This is not criticism for work being carried out, but to be fully able to deliver effectively in their roles, the Tutors, Trainers and Training Programme Directors require adequate protected time, particularly given ever increasing service load for Trainers and Trainees alike.	**Non- Compliant** **With CONDITION**

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

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 found 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 Consultant Trainers in their weekly job plan to undertake the role.	**Partially Compliant** **WITH CONDITION**

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 It was detailed in the self-evaluation submission that the Faculty maintains close relationships with its Fellows and Trainees as well as the Department of Health, the NDTP (National Doctors Training and Planning) and the HSE. The Faculty provided evidence of consultation with Fellows and members regarding the strategic goals for the next 5 to 10 years. As part of the next strategy review, the Faculty hopes to engage with allied health professionals in order to gain feedback in a consultative process to shape the training programme.	The Faculty should incorporate Allied Health Professional representation and Patient Interest representation into their governance structures, thereby facilitating relevant contributions to the further development of the training programme.	**Partially Compliant**

The Faculty advised at the accreditation interview that there is no lay or patient engagement in its governance structures.

The Trainers advised that one of the recommendations from Faculty's accreditation in 2011 was that they should have Trainee representation on all the committees of the Faculty and this recommendation has been fully implemented. At least one Trainee representative of the Trainee Subcommittee sits on each of the Faculty's committees and reports back to the subcommittee, as well as providing communication and consultation from the broader Trainee cohort.

The Trainee Survey issued by the Medical Council prior to the accreditation found that only 46 per cent of Trainees felt that they had an opportunity to participate in the governance of the Faculty.

The Trainees reported at the accreditation interview that participation in governance is done through the Trainee Sub Committee which meets 4 or 5 times a year. They advised that there is a rule whereby Trainee Representatives can only sit on the Committee for two years and then there is a changeover so most of those want to be on the Committee will get the opportunity to do so.

The Trainees stated that they meet by themselves for the first part of the Trainee Sub Committee meeting and then they are joined by representatives from the Faculty including the Dean which provides an opportunity to feed back any issues that they have.

The Trainees felt that they have strong voice within the Faculty due to their representation on all of its Committees: These are the Education Committee; Trainee Subcommittee; Fellowship Advisory Committee; Scientific and Research Committee; Finance and General

Purposes Committee; Radiation Oncology Committee; and Professional Competence Scheme (PCS) and Quality Committee.		

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 In the self-evaluation the Faculty reported that graduate outcomes are submitted biannually to the NDTP. The exact number of Trainees at each stage of training in the Radiology programme are detailed. They are not published otherwise.	Anonymised data of aggregate graduate outcomes should be made publicly available in their annual report.	**Partially Compliant**

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	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
3.3.2 The Faculty provided documentary evidence of supporting and incentivising Trainees in carrying out research within the training programme. In their self-evaluation they reported that Trainees are awarded annual bursaries to assist them in travelling to international meetings. The Faculty has an annual award for publication of research in peer-reviewed journals by Trainees during their time in the scheme. The Faculty encourages suitable Trainees to participate in the Wellcome–Health Research Board Irish Clinical Academic Training Programme (ICAT), leading to a combined CSCST/PhD qualification.	The Faculty should introduce Out of Programme experience (OOPE) to award credit for research engagement.	**Partially Compliant**

The Trainers reported that being based on the one site for four years allows the Trainees the opportunity to take part in longitudinal research projects. The Trainees confirmed that they are notified when the application process for ICAT is open. However, Specialist Registrar (SpR) clinical training years 1-4 are considered minimum requirements of clinical experience and cannot be replaced by full-time research.		

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 Faculty in their self-evaluation submission reported that electronic graduate records up to the time of CSCST are maintained as part of the 'Trainee Passport', including details of courses, modules, assessments and exam results. The Faculty confirmed at the accreditation interview that there is no follow-up information beyond this point. An alumni data base which will capture details of graduates who undertake further fellowships abroad was described as a nascent platform and no long-term data can be extrapolated from it at this time.	The Faculty should establish an alumnus database post CSCST to record graduates' progression beyond that point including international fellowships and other qualifications and achievements.	**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 from the self-evaluation submission and from discussions at the accreditation interview that Local Training Co-ordinators and representatives from all the training sites sit on the Education Committee. This Committee has oversight of and	The Faculty should develop a mechanism to incorporate feedback from health care professionals, administrators and	

responsibility for the training programme. Feedback at this level, as well as at Training Site assessments, Annual Trainee Assessment and at the Train the Trainer meeting contribute to the evaluation process. The Education Committee also has Trainee Subcommittee representation, which facilitates their feedback. Feedback is also facilitated by Trainee Surveys, Training Site Assessments and Annual Trainee Assessment. As referenced under Standard 2.1.2 the Faculty confirmed that that they had no representation from allied health professionals, consumer/patient interest groups in their governance structures. They are looking at ways in which to incorporate the patient voice into their structures. The Faculty advised that they have formal links with Institute of Radiographers in Ireland and their "educational arm" UCD School of Radiography. That engagement informs the Faculty of developments that may be necessary to reflect in the curriculum but they do not have direct input into the curriculum. The Trainers stated that they contribute to the evaluation process through their representation on the Education Committee. The Trainees confirmed that through their representation on the Education Committee and the Trainee Sub-Committee they have an opportunity to contribute to the evaluation process.	consumers/patients as part of the curriculum and monitoring evaluation process, such as Multisource Feedback.	**Partially Compliant**

The following standards were found to be fully compliant for the programme of specialist training in Radiology

STANDARD 5 – THE EDUCATION AND TRAINING PROGRAMME – CURRICULUM CONTENT – FLEXIBLE TRAINING – 5.1.2 *The training organisation uses a range of assessment formats that are appropriate aligned to the components of the Training Programme.*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
5.1.2 The Faculty detailed in their self-evaluation submission and during the accreditation interview the assessment formats they use which includes E-portfolio/Log book, MSF (Multi-Source Feedback), CBME (Competency-based Medical Education). The E-portfolio is a record of a Trainee's development and progress towards achieving the CSCST. All appraisal meetings, personal development plans, and informal assessments should be recorded in the e-portfolio. It is the Trainee's responsibility to ensure that the e-portfolio is kept up to date. It is the responsibility of the Supervisor to use the evidence recorded in the e-portfolio (such as outcomes of assessments, reflections, and personal development plans) to inform appraisal meetings. The Faculty stated that competency-based workplace assessment identifies skills that are pertinent to the practice of Radiology and the Trainees are assessed as they are performing them in the workplace. The Trainers reported that the PACS manager (Picture Archive and Communication Systems) has prebuilt queries for Trainees so all reporting data and procedural work is produced in such a way that it's very simple to analyse for the Trainer to analyse. All of the data is exported electronically, and the Trainees can upload it to MedHub for their assessment. The	Trainees should be encouraged to use the logbook as a tool for self-directed reflective learning	**Fully Compliant**

Trainers confirmed that IT and PACS will provide the Trainees with printouts of their outputs from PACS, so they get all that data provided, broken down by modality. The Trainers advised while they do not have formalised reflective practice sessions within the programme, most of the clinical sites provide short rounds for interdisciplinary reflective practice within the hospital. The Trainees stated that as part of MSF they are encouraged to reflect on their own practice. Consultants, non-radiology Trainees, radiographers, nurses, allied health professionals and other team members provide feedback on them. They provide general feedback on how they approach their work, their interactions with them, and reporting styles. The Trainees found the programme which was formalised a few years ago to be very helpful. The Trainees expressed mixed views regarding the log book. The Trainers felt that while it was straightforward to use it does not represent all of the procedures carried out by the Trainees. Some of the Trainees found the log book cumbersome so not all of the procedures undertaken are recorded in the logbook. The Trainees are aware that at the end of the year the IT department will print off everything reported by each Trainee irrespective of whether it was all recorded in the log book.		

STANDARD 7 – IMPLEMENTING THE CURRICULUM – TRAINEES – ADMISSION POLICY AND SELECTION – 7.1.2 *The processes for selection into the training programme* • *are based on the published criteria and the principles of the training organisation concerned* • *are evaluated with respect to validity, reliability and feasibility* • *are transparent, rigorous and fair* • *are capable of standing up to external scrutiny* • *include a formal process for review of decisions in relation to selection, and information on this process is outlined to candidates prior to the selection process.*		
FINDING	**REQUIREMENT/RECOMMENDATION**	**COMPLIANCE**
7.1.2 The programme entry requirements in regard to initial on-line application, the scoring system that leads to short-listing, the interview process and the training site application & matching system are clearly described by the Faculty in their self-evaluation submission. The Faculty stated that they have not formally analysed how a Trainee's scoring in the selection process correlates with their subsequent performance in the training programme and outcome. The Trainers advised that they are involved in the interview process but not the shortlisting. They found the interview process to be well standardised. The Trainees found the selection process to be transparent.	The Faculty should consider correlating the Trainees' scorings in the selection process with their subsequent performance in the training programme, as a quality assurance of their selection processes.	**Fully Compliant**

Appendix One - Attendance Record

Medical Council Postgraduate Accreditation

Faculty of Radiologists

Programme of Specialist Training in Radiology

Thursday, 29 April 2021

Virtual Accreditation

Medical Council Assessor Team in attendance:

- Dr John Barragry, Chair of Accreditation Team & Medical Council member
- Mr Declan Ashe, Assessor
- Mr Joe Duignan, Assessor for the Medical Council
- Dr Priya Suresh, Specialist Assessor for the Medical Council

Medical Council Executive in attendance:

- Dr Ellen Moran, Postgraduate Accreditation Manager, Medical Council
- Ms Elizabeth Molloy,Accreditation Executive, Medical Council
- Ms Colette Costello, (Zoom host) Quality Improvement Executive, Medical Council

Faculty of Radiologists Representation in attendance:

- Dr Peter Kavanagh, Dean
- Dr Patricia Cunningham, Honorary Secretary;
- Dr Rachel Ennis, Vice Dean
- Dr Jerome Coffey, Honorary Treasurer;
- Dr Mark Knox, Education Committee, Vice Chair
- Dr Barry Hutchinson, National Training Programme Coordinator
- Dr Kevin Cronin, Educational Development Officer
- Ms Jennifer O'Brien, Executive Officer
- Ms Karen Milling, Training Programme Coordinator

Number of Trainers in attendance: 9

Number of Trainees in attendance: 20

Appendix Two – Overview of Documentation

List of documentation submitted by the Faculty of Radiologists

1	Faculty of Radiologists Mission Statement
2	Faculty of Radiologists Governance Document
3	Faculty of Radiologists Job Descriptions of National Training Coordinator and Education Development Officer
4	CV of Dr Kevin Cronin, Faculty of Radiologists Education Development Officer
5	CV of Dr Barry Hutchinson, Faculty of Radiologists National Training Coordinator
6	Guidelines for the Implementation of a National Radiology Quality Improvement Programme, Version 3.0
7	Radiology National Quality Improvement Programme Information Governance Policy v2.0
8	Royal College of Surgeons in Ireland 2020 Charter Day Programme
9	Faculty of Radiologists Criteria and Standards for the Accreditation of Radiology Training Sites
10	Faculty of Radiologists 2020 Training Site Satisfaction Survey
11	Faculty of Radiologists 2020 Train the Trainers Meeting Agenda
12	Faculty of Radiologists 2017 Train the Trainers Meeting Changes to Final FFR Exam Presentation
13	Faculty of Radiologists 2017 Train the Trainers Meeting EPA Presentation
14	Faculty of Radiologists Multisource Feedback 2020 Sample 2nd Year Trainee Feedback Report
15	Faculty of Radiologists 2018 Annual Scientific Meeting Programme
16	Royal College of Surgeons in Ireland Dignity at Work Policy
17	Faculty of Radiologists Reference Guide: Contacts for Wellbeing
18	Faculty of Radiologists Trainee in Difficulty Policy
19	Faculty of Radiologists 2019–2020 Human Factors Course Programme
20	Faculty of Radiologists Sample Trainee MedHub Logbook
21	Faculty of Radiologists 2020-2021 Trainee Guide
22	Faculty of Radiologists 2019–2020 Interventional Radiology Skills Course Programme
23	Faculty of Radiologists Emergency Medicine Course Overview
24	Faculty of Radiologists Practice-Based Learning Programme Overview
25	Faculty of Radiologists 2019 Ultrasound Course Programme
26	Faculty of Radiologists Summative Assessments and Progression Criteria, rev. May 2020
27	Faculty of Radiologists Trainee Journey Map
28	HSE National Supernumerary Flexible Training Scheme, rev. 2 September 2020
29	Faculty of Radiologists 2020 Fellows and Members Survey re Faculty Strategic Plan
30	Faculty of Radiologists Radiology Curriculum, rev. September 2020
31	Faculty of Radiologists 2020 Graduate Outcomes Reports
32	Faculty of Radiologists Statement of Research Practice within Training
33	Faculty of Radiologists CBME Overview Document

34	Faculty of Radiologists Multisource Feedback 2020 Briefing Document
35	Faculty of Radiologists 2020 Trainer Survey
36	Faculty of Radiologists CSCST
37	Faculty of Radiologists 2021 Shortlisting Guidance for Applicants Document
38	Faculty of Radiologists 2021 Standard Selection Process Document
39	Faculty of Radiologists Trainee Newsletter October 2020
40	Faculty of Radiologists Dispute Resolution Policy
41	Faculty of Radiologists Sample Trainee Assessment Forms
42	Faculty of Radiologists Sample Trainee Passports
43	Faculty Board agenda 25.11.2019
44	Faculty Board minutes 25.11.2019
45	RCSI Annual Report 2019-2020
46	Terms of References of the Board of the Faculty of Radiologists
47	Training Agreement 2020-2021
48	Income and Expenditure Summary
49	National Results Survey 2020
50	Trainers Survey 2020

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