

# Training 21st Century Clinical Leaders

A review of the Royal College of Physicians of Ireland  
training programmes by Professor Kevin Imrie

*July 2014*



<b>Foreword</b>	<b>4</b>
<b>Executive Summary</b>	<b>5</b>
<b>Recommendations</b>	<b>7</b>
<b>Background</b>	<b>9</b>
<b>Terms of Reference</b>	<b>10</b>
Background	10
Overview of Review	11
Governance and Administration	12
Timeline for Review	13
<b>Methodology</b>	<b>14</b>
Visit One	14
Meeting key stakeholders	15
Establishment of working groups	16
Trainer Town Hall meeting	18
Visit Two	18
Working groups	18
Site visits	18
Trainer Town Hall meeting	19
Review of International Training	19
Phase One	20
Working group submissions	20
Phase Two	20
<b>Recent Irish Reports</b>	<b>21</b>
General Overview	21
Sub-Specialist Training	23
Hospital Groups	23
European Working Time Directive	24
<b>International Reviews of Postgraduate Medical Education</b>	<b>25</b>
Health professionals for a new century: Transforming education to strengthen health systems in an interdependent world	25
Ensuring an Effective Physician Workforce for the United States	26
A Collective Vision for Postgraduate Medical Education in Canada	26
Shape of Training: Securing the future of excellent care	26
Common themes	27
Competency-based medical education (CBME)	27
Medical human resource planning	27
Generalism	27
Integrated and distributed medical education	27
Transitions and the educational continuum	28
Efficiency	28

<i>Inter-professional education and care</i>	28
<i>Accreditation</i>	28
<i>Support and recognition of trainers</i>	28
<b>Findings</b>	<b>29</b>
Overall structure of training	29
Basic Specialist Training (BST)	29
<i>Curriculum design</i>	30
<i>Assessment</i>	30
<i>Variability</i>	30
<i>The dual role of residents as learners and service providers</i>	30
<i>Basic Specialist Training in General Internal Medicine (BST GIM)</i>	30
Higher Specialist Training (HST)	31
Generalism	31
Length of training	32
Competency-based medical education	33
Educational technology	34
Research	35
Accreditation of training sites	35
Trainer engagement and assessment	36
Trainee perspective	36
<i>Trainee engagement</i>	37
<i>Trainee feedback</i>	37
<i>European Working Time Directive (EWTD)</i>	37
<i>Mentorship</i>	37
<b>Recommendations and Actions</b>	<b>38</b>
<b>Vision for the Future</b>	<b>43</b>



## Foreword

The Royal College of Physicians of Ireland (RCPI) should be justly proud of the high quality of its specialty training programmes and the esteem in which its graduates are held around the world. This training has served Ireland well.

So why is it so important to review the programmes now?

The evolving needs of patients, rapid advances in models of care and education, and the changing expectations of physicians present challenges to traditional models of medical education worldwide. I commend the College on capitalising on these forces to undertake this comprehensive review of its training to ensure it is meeting Ireland's needs for the decades to come. It has been a privilege to have the opportunity to lead this review, and to interact and learn from trainees, trainers, staff and educators within the College.

I would like to particularly commend Royal College of Physicians of Ireland President, Prof John Crowe, in his request for, and support of, this external review, which I take to be a sign of the College's genuine commitment to developing their training programmes to the highest standards. This commitment was further evident in the frank and open discussions with all of the key stakeholders; perhaps most importantly of which were the trainees who shared their first-hand experience and provided thoughtful insights as the future leaders of Ireland's healthcare system.

The recommendations in this report have been informed by a variety of sources, including reports on national and international trends in training, international best practice, the working group reports, discussions with key internal and external stakeholders and my own experience in the field. The meetings I had with a multitude of key stakeholders including representatives from the Department of Health, the Health Service Executive, and the Medical Council along with CEOs and senior management from several hospitals, consultants, trainees and the Deans of the College's specialty programmes, greatly helped to inform my understanding of the challenges and opportunities within Irish healthcare system.

The challenges facing postgraduate specialist training and ultimately future healthcare provision in Ireland are numerous, but far from insurmountable. It is my hope that the recommendations made in this report will provide the College with an independent view to inform its own vision for the future of its postgraduate specialist training programmes. Through an informed collective vision I am confident that Ireland can play a leading role in the international medical education community.



**Professor Kevin Imrie**

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Professor of Medicine, University of Toronto  
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# Executive Summary

*Training 21st Century Clinical Leaders* is a fundamental review of postgraduate training provided by the Royal College of Physicians of Ireland.

The Royal College of Physicians of Ireland houses six of the 13 postgraduate specialist training bodies in Ireland. They are:

- The Irish Committee on Higher Medical Training
- Faculty of Occupational Medicine
- Faculty of Pathology
- Faculty of Paediatrics
- Faculty of Public Health Medicine
- Institute of Obstetricians and Gynaecologists

Although it has six separate training bodies on site, the College operates as a single organisation and delivers postgraduate specialist training from Basic Specialist Training to Higher Specialist Training to over 1,200 trainees in 26 specialities. This training takes place in structured rotations on hospital sites across Ireland, and is supported by its network of local trainers, Programme Directors, and National Specialty Directors.

All postgraduate specialist training bodies in Ireland work closely with the Medical Education and Training Unit in the Health Service Executive (HSE) to ensure that specialist training is delivered to a high standard on hospital sites.

The Royal College of Physicians of Ireland seeks to continually implement quality improvement initiatives to go far beyond the minimum standard required.

This review assesses the model of training the College currently offers taking account of Ireland's ageing population and the changes in health care provision required in Irish society in the future. It also considers the needs of those working in the Irish health service as well as international training models.

The review considered the views of medical specialists, trainees and representatives of key stakeholder organisations as well as reports of seven working groups established to address specific aspects of medical training from various perspectives. It also noted all relevant Irish reports on medical education and workforce planning as well as key International reviews of postgraduate medical education from comparable jurisdictions.

# Recommendations

## **1: Move towards a hybrid model of Competency-based Medical Education**

The College is well positioned to take an international lead role in the worldwide movement away from a strictly time-based model of medical education to an outcome-based approach organised around competencies.

## **2: Improve the efficiency of training by reducing unwanted gaps**

The College can reduce the interval from entry to training to entry to practice by removing unnecessary barriers to progression through training and removing incentives to step out of training.

## **3: Formalise and standardise the Basic Specialist Training programmes**

The College can ensure consistent delivery of high quality foundational training in a coordinated fashion across Ireland by formalising and standardising Basic Specialist Training, with a particular focus on General Internal Medicine.

## **4: Maintain and strengthen a commitment for generalism**

The College can strengthen its already enviable commitment to generalism in training and in practice by ensuring consistent, high-quality, high-intensity General Internal Medicine training, while maintaining generalist training in Paediatrics and Obstetrics and Gynaecology.

## **5: Strengthen and expand ePortfolio**

The College should refine and expand ePortfolio to improve access at the point of care and learning for doctors-in-training. RCPI can leverage the ePortfolio to drive the implementation of competency-based medical education and enable reporting of training outcomes.

## **6: Promote consistent high quality educational experiences in all training sites**

The College, in partnership with the Medical Council, should develop and implement a transparent, outcomes-based accreditation process for all of its programmes. Ensuring consistent high-quality education in all training schemes and at all training sites is of critical importance.

**7: Increase support and accountability of trainers**

Trainers must be developed, supported and recognised for their work and be accountable for the provision of high-quality teaching and assessment.

**8: Increase engagement and support for trainees**

Doctors-in-training must be actively engaged in the work of the College. They must feel valued and have opportunities to contribute meaningfully to its programmes; they are the future Fellows and trainers.

**9: Increase predictability and flexibility in training pathways**

While ensuring that trainees demonstrate the required competencies, RCPI should seek opportunities to increase predictability of training and allow flexibility in training to meet evolving trainee needs.

**10: Monitor and mitigate the impact of the European Working Time Directive on training**

The College's training programmes must adapt to the European Working Time Directive. The College should create mechanisms to monitor and mitigate potential impacts of these new requirements on its programmes and trainees.

Implementing these recommendations will require the College to work closely with key external stakeholders and will require effective planning and collective will. This will position RCPI well to meet the rapidly changing needs of the Irish population for the future and lead internationally in postgraduate medical training.



# Background

The mission of the Royal College of Physicians of Ireland is to develop and maintain high professional standards in specialist medical practice to achieve optimum patient care and to promote health nationally and internationally. Its Institutes and Faculties, which are accredited by the Medical Council, offer training in General Internal Medicine (and its subspecialties), Occupational Medicine, Obstetrics and Gynaecology, Pathology, Paediatrics and Public Health Medicine.

The College's postgraduate specialist training is organised into Basic Specialist Training (BST) and Higher Specialist Training (HST) stages mark the progression towards becoming a certified specialist. This training has served Ireland well; however, a convergence of factors within the health care system, as well as broader societal considerations, make a thoughtful re-evaluation of this system warranted and timely.

Challenges to current training models include demographic changes such as the ageing of the population, the increasing rates of co-morbidities such as diabetes and obesity, as well as system changes such as the introduction of the European Working Time Directive (EWTD), the challenges posed by the economic recession, changing patient expectations and participation as well as the changing consultant contracts.

The factors above, among others, have been the stimuli for a number of reports conducted by stakeholder organisations in the health care and medical education systems. While these reports have contributed to system change, not all of their recommendations have been implemented. These reports contain lessons that informed the work of this review.

# Terms of Reference

## Background

Ireland has an excellent international reputation for training doctors but it is imperative that it continues to ensure that its training programmes produce skilled, competent and experienced doctors to meet changing demographics and societal demands. Challenges to current training include an increasingly ageing population, the increasing rates of co-morbidities such as diabetes and obesity, as well as system changes such as the introduction of the European Working Time Directive, economic recession, patient expectations and participation, and changing consultant contracts.

The Royal College of Physicians of Ireland (RCPI) identified the need to carry out a fundamental review of postgraduate training and its training programmes to ensure that they are providing doctors with the skills and expertise required to meet the needs of patients and society for the next ten years. Consideration needs to be given to the increasing international trend in medical training of the balance between generalist and specialist training to determine which model shall better serve future patient needs.

The review takes into consideration international models of training, the duration, structure and content of postgraduate medical training and the use of new and emerging technologies, including high fidelity simulation. The review has given consideration to the needs of the population into the future to ensure postgraduate training is fit for purpose for the future profile.

The review was led by Prof Kevin Imrie, President-Elect of the Royal College of Physicians and Surgeons of Canada. He provided external, expert oversight and validation to the review group, which was chaired by Prof Colm Bergin, Dean of Postgraduate Specialist Training at RCPI and conducted by Dr Ann O'Shaughnessy, Head of Education and Professional Development, RCPI, and Mr Brian Costelloe, Project Manager, RCPI.

## Overview of Review

The Review included consideration of the following areas:

- The evolving demographic landscape and the change in the societal requirements
- Future workforce needs including the balance between generalists with specialty interests and specialists
- International models of training

In examining these issues, the Review Group took account of:

- The need to equip our doctors for the future needs of the Irish health service
- The duration, structure and content of training, including competency-based training and the introduction of new training technologies including simulation
- The need for flexibility within training programmes to accommodate trainees with various personal needs and professional interests and goals, including research and teaching.

The Review Group considered:

- The views of medical specialists of future service requirements
- The views of doctors-in-training
- The statutory roles, remits and responsibilities of key stakeholders to help develop a framework of shared responsibility and vision with common purpose
- Relevant reports regarding workforce planning and the strengthening of links between the present postgraduate training structures and the national clinical programmes

It should be noted that the internship was outside of the scope of this review as its governance does not rest with RCPI.

## Governance and Administration

The Advisory Committee was the steering group for the review. The Review Group reported to the Advisory Committee and to the Executive of the College and provided regular updates on its activities to Council.

The review was led by:

**Prof Kevin Imrie**

*Physician-in Chief, Sunnybrook Health Sciences Centre*

*Vice Chair, Education, Department of Medicine, University of Toronto*

*Professor of Medicine, University of Toronto*

*President-Elect of the Royal College of Physicians and Surgeons of Canada*

The Review Group consisted of an RCPI Medical lead, RCPI Administration Lead and a Project Manager. The Review Group appointed leads for a number of working groups to inform the review.

The Review Group consisted of:

**Prof Colm Bergin**

*Consultant in Infectious Diseases, St. James's Hospital, Dublin*

*Clinical Professor of Medicine, Trinity College Dublin*

*Dean of Postgraduate Specialist Training, RCPI*

**Dr Ann O'Shaughnessy**

*Head of Education and Professional Development, RCPI*

**Mr Brian Costelloe**

*Project Manager, RCPI*

#### The Review Group:

- Managed the review
- Engaged with key stakeholders and set up working groups to inform the preparation of this report
- Coordinated and supported the working groups
- Considered current initiatives of quality improvement in postgraduate training
- Carried out a review of international training, relevant reports on workforce planning, changing demographics, etc.
- Gave regular update reports

#### Timeline for Review

The review commenced in February 2014 and ended in July 2014.



# Methodology

Prof Imrie gathered information from a variety of sources to inform this review. They include:

- Seven working groups were formed to hold open discussions, review data and provide expert input using first-hand knowledge in summary format with regard to specific remits in relation to RCPI's postgraduate specialist training programmes. Each group provided:
  - *A summary of the current environment with background context*
  - *A summary of current and potential challenges to training*
  - *A set of recommendations in relation to their remit*
- Prof Imrie visited a variety of training sites to view first-hand the onsite training facilities and to discuss local training with trainees, trainers and hospital representatives. The sites were chosen to include training sites for a variety of specialties and training environments
- Meetings with the Deans of the RCPI Faculties and Institutes
- Input from the RCPI Executive on the College's future strategy
- A comparison of international training models was carried out to assess international best practice
  - *Relevant national and international reports and articles*
  - *Strategies of key stakeholders in postgraduate specialist training and the health care sector*
  - *Context of training within the current health service*

## Visit One

Prof Imrie made two visits to Ireland to meet with key stakeholders to gain a fuller understanding of RCPI's postgraduate specialist training programmes and the environment in which they operate.



## Meeting key stakeholders

In February 2014 Prof Imrie met with key stakeholders including;

- RCPI internal representatives
  - *RCPI Executive*
  - *RCPI Operations Management*
  - *RCPI Education Specialists*
  - *National Clinical Programmes management*
- Trainees (including representatives from the Collegiate Members Committee)
- RCPI Trainers
- Representatives from the training bodies including the Deans and National Specialty Directors:
  - *Faculty of Occupational Medicine*
  - *Faculty of Paediatrics*
  - *Faculty of Pathology*
  - *Faculty of Public Health Medicine*
  - *Institute of Obstetrics and Gynaecology*
  - *Irish Committee on Higher Medical Training*
- External stakeholder representatives:
  - *HSE Medical Training Unit (MET)*
  - *HSE Transformation and Change Programme*
  - *Medical Council*
  - *Department of Health and Children*

## Establishment of working groups

Seven working groups were formed to hold discussions, review data and provide summaries with regard to specific remits in relation to the College's postgraduate specialist training programmes. Each group consisted of two co-chairs, a trainee representative, and representatives with specialist knowledge in regard to each group's remit. This work was time-limited, undertaken by clinicians and team members in conjunction with clinical duties, addressed key issues only and was undertaken to inform the external report and put context to the proposed calendar of work to be undertaken as part of RCPI's *Continuous Quality Improvement Programme* and the Advisory Committee. The subgroup reports were collated into a single RCPI Advisory Committee/Imrie Review Steering Group report for submission to Prof Imrie.

The recommendations provided by the working groups of the Imrie Review Steering Group/RCPI Advisory Committee and the RCPI Executive are internal reflections and reports. They informed Prof Imrie of each group's views, but the recommendations made in this report have been developed independently of the working groups and RCPI staff.

Working Group	Remit
Trainee	Engagement and interaction with trainees
	Optimising feedback
	Impact of implementation of EWTD on training
Trainer	Recognition of training in consultant contract
	Faculty development
	Accountability
Workforce Planning	Barriers to recruitment and retention
	Data systems
	Workforce planning processes
	Career planning
Hospital Accreditation	Governance for accreditation
	Environment for Training
	Accreditation domains
	Motivators / hospital perspective
Basic Specialist Training	What makes an RCPI BST rotation?
	Evaluation through BST
	Impact of hospital groups on BST Training
Postgraduate Training	Generalist vs. Specialist
	Duration of training
	Impact of EWTD
	Role of research (in structured postgraduate training programmes)
Content and Methodology	Competency-based education and infrastructure
	Assessment tools
	Simulation
	Generalist vs. Specialist
	Role of research

## Trainer Town Hall meeting

All RCPI trainers were invited to attend a Town Hall format open forum to meet with Prof Imrie to discuss and inform this review in regard to the following topics:

- Is current training fit for purpose for future service needs?
- The debate on the role of generalist vs. specialist in regard to postgraduate specialist training
- Methodology of training
  - *The role of research*
  - *Duration of training*

## Visit Two

In March 2014, Prof Imrie and the RCPI Imrie Review Team met with the working group chairs to discuss the working groups' progress and also visited a number of RCPI training sites.

### Working groups

Between visits, each working group met to discuss their remits to inform initial draft submissions. The chairs of each of the working groups met with Prof Imrie to discuss each of their working group's initial discussions. These meetings provided Prof Imrie with initial early feedback and allowed for the working group chairs to further discuss the remit and expectations of their working group submissions.

### Site visits

Prof Imrie visited five RCPI training sites to meet with local representatives and to see first-hand the local training facilities. Each visit, where possible, consisted of the following:

- Meetings with:
  - *CEO/Master*
  - *Director of Postgraduate Training*
  - *Medical Board representatives*
  - *Directors of Quality Improvement and Safety*
  - *Medical Manpower*
  - *Local trainee representatives, including RCPI trainee representatives, RCPI Committee Members (from the Collegiate Members Committee and Standard Training Committee), and trainees from a variety of BST and HST training programmes*
- A tour of the local facilities, with an emphasis on the learning environment

The following sites were chosen as sample representatives of training opportunities in hospital models across the country, in BST and HST in General Internal Medicine (and its subspecialties), Obstetrics and Gynaecology, Paediatrics and Pathology programmes;

- Coombe Women and Infants University Hospital, Dublin
- Galway University Hospital, Galway
- Midland Regional Hospital, Mullingar
- Our Lady's Children's Hospital, Crumlin, Dublin
- St. James's Hospital, Dublin

#### *Trainer Town Hall meeting*

All RCPI trainers were invited to attend a second open forum meeting with Prof Imrie to discuss the following topics:

- The role of the trainer
  - *Recognition of training*
  - *Support for training from RCPI*
  - *Motivation for training*
- The effects of the development of the hospital groups on training
  - *Basic Specialist Training*
  - *Higher Specialist Training*

#### *Review of International Training*

A comparison of postgraduate specialist training models in Ireland to training carried out in Australia, Canada, Denmark, the UK and the USA was carried out and provided to Prof Imrie and the working group members.

This review compared models in relation to;

- Duration of training
- Rotations
- Examinations
- Assessments
- Protected time for training
- Governance
- Key trends / reports
- Generalist vs. specialist training
- The role of research

## Phase One

### *Working group submissions*

Each working group met on at least two occasions to discuss and agree on key discussion points and recommendations, to identify relevant reports and to make recommendations on work needed to be undertaken. Each group submitted an individual report to the Advisory Committee including a summary of the current environment with background context, challenges and recommendations for reaching a vision for the future of RCPI's postgraduate specialist training.

The RCPI Advisory Committee/Imrie Review Steering Group, the working group chairs, and the RCPI Executive presented the full submissions with relevant appendices to Prof Imrie to inform this final report.

## Phase Two

The reports of the working groups and the transcribed notes of the individual and group meetings were reviewed in detail in an effort to identify dominant themes as well as areas of divergent opinion. These were cross-referenced against major themes and recommendations from Irish and international reports. Additional information and RCPI administrative support was provided to Prof Imrie by request only.

Prof Imrie's final recommendations were presented to the Royal College of Physicians of Ireland President, Prof John Crowe.



# Recent Irish Reports

## General Overview

Postgraduate specialist training in Ireland is provided in tripartite between the Medical Council, the HSE Medical Education and Training Unit (MET), and the postgraduate training bodies, as outlined in the *Medical Practitioners Act* (Department of Health 2007). Under this legislation the Medical Council is broadly responsible for the setting of training standards, approval of training bodies and programmes and the inspection of clinical training sites. MET has responsibilities relating to the appropriate implementation of government policy in relation to medical education and training, planning for the future needs of the public health service and resourcing the delivery of training within the health service. MET also plays a central role in the organisation, structure, management, coordination and funding of postgraduate specialist training in Ireland. The training bodies, working with the Medical Council and MET, are responsible for the development of training curricula and the oversight of the delivery of postgraduate training within a framework of established standards and governance structures.

*Medical Education in Ireland: A New Direction* (Fottrel 2006) reviewed and made recommendations on undergraduate medical education and training. Among its recommendations, the report identified the need to increase the number of graduates required by the health service. Although the number of medical graduates was appropriate

for the service in Ireland, over 60% were non-EU students who were considered more likely to leave the country to work abroad after completing their degree. It was suggested that healthcare services were then frequently being provided by graduates from non-Irish medical schools recruited in from abroad. As a result of the report's findings, the number of medical school places available annually was increased from 340 to a peak of 725 to better align the number of graduates staying in Ireland with the future service needs.

In the same year, *Preparing Ireland's Doctors to meet the Health Needs of the 21st Century* (Buttimer 2006) identified barriers to improving graduate retention in postgraduate specialist training. The report recommended increasing the number of consultant posts while decreasing the number of doctors-in-training at SHO and Registrar levels in order to provide a more streamlined career path for trainees. It also found that, in order to meet the future service demands, agreed standards needed to be developed for postgraduate specialist education and training and additional research facilities needed to be developed.

Since the publication of these reports, the Irish economy has changed drastically from a boom economy to one in recession. This led to significant cuts in funding across all government departments, including financial support for the health care sector.

Remaining in Ireland has become less attractive for doctors, specifically those undertaking postgraduate specialist training. Leading factors in the increased difficulties in the recruitment and retention include a 30% cut in pay for new consultants and an increased pressure on clinicians to maintain a high level of service with reducing resources. Additionally, there is a requirement for the governance and structures of Basic Specialist Training (BST), as the initial entry phase of postgraduate specialist training, post-internship, to be improved. There is recognition that training can be over ridden by clinical needs and responsibilities as opposed to training provision, particularly in BST. The service requirements of the healthcare system and the training needs of postgraduate specialist training are heavily integrated, both financially and in delivery. These issues have collectively contributed to a reported “brain drain”, with over half of qualifying doctors in Ireland leaving to work abroad after completing their internship.

Despite a significant percentage of qualified doctors leaving the country, places within the training programmes remain competitive. This is particularly the case for entry to Higher Specialist Training (HST). The number of trainees finishing BST and applying to a HST programme each year can greatly exceed the number of available places, particularly in more competitive subspecialties. While there has been a significant increase in the number of undergraduate medical student placements in recent years, over the past decade there was no meaningful change in the number of approved HST positions across the specialties.

This has inevitably resulted in increasing competitiveness for HST appointment, that varies by subspecialty. Finally, compounding the emerging financial and contractual matters for new appointees, there is a significant challenge to retention in postgraduate training as a consequence of poor workforce planning for consultant numbers

*The Strategic Review of Medical Training and Career Structure Interim Report* (MacCraith 2013) set out to examine training and career pathways for doctors with a view to: improving graduate retention in the public health service, planning for future service needs and realising maximum benefit from investment in medical education and training. The first interim report addressed issues relating to training. This report made a number of recommendations including the need to protect training time for both trainees and trainers, the need to reallocate non-core tasks and administrative burden, to examine the duration of training in specialties for opportunities to make training more efficient, to promote predictability and flexibility in training, as well as improving career planning. The second interim report, published in April 2014, added recommendations regarding career structure and pathways, including the need to make the consultant contract more competitive for new entrants, explore a more differentiated consultant career structure with support for leadership, research and quality improvement activities, as well as support for greater flexibility.

## Sub-Specialist Training

Due to Ireland's relatively small population, specialist trainees traditionally spend time abroad as part of their postgraduate training. This international experience is undertaken for multiple reasons including lack of opportunity for direct consultant appointment from training, the inability to attain sufficient and complete subspecialty exposure in Ireland, personal preference and the wish to experience differing healthcare systems. This international experience at fellowship and consultant levels has historically been felt to contribute to the present high standard of healthcare delivered in Irish hospitals. Buttimer (2006) recommended that an agreed number of doctors be supported to train abroad in a subspecialty that will meet a service need in accordance with workforce planning requirements, but that, where sufficient subspecialty training can be provided, it is preferential that training is carried out nationally.

Internationally it is accepted that postgraduate training bodies and healthcare service providers face significant challenges in relation to the long term provision of general internal medicine (including acute medicine) and specialty medicine. Establishing the correct balance between training and service within general internal medicine and specialist medical care is also an important challenge for the Irish healthcare system.

## Hospital Groups

The health care system in Ireland is changing to adapt to new challenges, including demographic changes, increased public expectation and inequalities in care access. As put forward in *The Establishment of Hospital Groups as a transition to Independent Hospital Trusts* (Higgins 2013), six regional hospital groups are currently being developed. Each group will act as independent trusts, each with its own governance, management and regional academic partner. In each hospital group, specialist and complex care is being centralised at designated sites with acute care being provided by local hospitals. The hospital groups have been developed around undergraduate academic centres and service provision requirements and not postgraduate specialist training.

This restructuring of health care provision and Ireland's ageing demographics mean that acute care will play an increasing role in the long-term careers of the majority of RCPI's medical trainees. At present, trainees may place more importance on their specialist training, despite the significant role their general training is likely to take in their career as a consultant. However, unlike many other international training systems, for the majority of medicine subspecialties trainees are dual trained and registered in both internal medicine and specialty.

As part of the development of the hospital groups, there will be an increasing role for regional academic officers and other support positions to optimise local training and to ensure that regional training meets, and potentially surpasses, national standards. The Chief Academic Officers will have responsibility for education and research across all disciplines within the hospital group.

The individual sites in the hospital groups will be responsible for meeting the national safety standards as set out in the *HIQA National Standards for Safer Better Healthcare* (HIQA 2012). Site accreditation for training will be reviewed increasingly by the *Medical Council as per the Medical Council Statement of Strategy 2014 - 2018* (Medical Council 2014), in conjunction with the training bodies.

### European Working Time Directive

The implementation of the European Working Time Directive (EWTD) will change the landscape of training as working hours and clinical exposure times are reduced and clinical responsibilities are reallocated.

As early as 2001 *The Report of the National Steering Group on the Working Hours of Non-Consultant Hospital Doctors* (Hanly 2001) addressed the incoming introduction of a 48 hour working week for non-consultant hospital doctors (NCHDs). The report recognised that the reduced hours would have affects on training that would need to be addressed. Its recommendations called for dedicated training time to be 'ring fenced' for NCHD training. The Hanly report recommended that protected training time be established. The report also called for

the recognition of training as part of the consultant contract and that training be formally structured and recognised for each training post. Principal also among Buttimer's recommendations was the "Implementation of the training principles to be incorporated into new working arrangements for trainees (HSE, health employers)". These changes included the recommendation to develop time that is "protected for the trainer and the trainee so that the quality of training is safeguarded during the implementation of the EWTD". In addition to the core protected training hours, Buttimer called for some consultants to be facilitated time to take up mentoring and managerial roles.

The *RCPI Position Paper on EWTD* (RCPI 2013) recommended that "professional development and training should be maintained and improved in parallel with a high standard of patient care". It recognised that the reduction in and reconfiguration of working hours will mean that additional individuals will have to carry out the required work and identified the retention of the post-take ward round as a main focus for consultant-led teaching and learning.

# International Reviews of Postgraduate Medical Education

Large-scale reviews of the postgraduate medical education system have been recently conducted or are underway throughout a number of countries around the world. The end of the first decade of the twentieth century marks the hundredth anniversary of Abraham Flexner's famed examination of the medical education system in North America (Flexner 1910). Though this report examined the system only in the United States and Canada, its impact was felt internationally and its 100th anniversary served as a call to arms to reform the medical training systems around the world (Cook 2006). In the past few years, we have seen the publication of a number of influential reports from different jurisdictions outlining a vision and recommendations for reform. While these reports differed substantially in methodology and examined systems with significant structural differences, they identify similar themes and propose similar recommendations for change. These offer lessons that may be pertinent to the Irish context. The following is a brief summary of the most influential of these, identifying some of the important common themes contained therein.

**Health professionals for a new century: transforming education to strengthen health systems in an interdependent world**

This comprehensive report published in *The Lancet* (Frenk 2010) represented the work of a commission of 20 professional and academic leaders from diverse countries who came together to develop a shared vision and a common strategy for postsecondary education in medicine, nursing and public health beyond national borders. The commission recommended ten major educational reforms along with a road map for their implementation. This report called for a comprehensive global reform in how health professionals are educated promoting a systems-based transformation in an interdependent world. The proposed model is one of competency-based education with a focus on intra and trans-professional education. The call for 'adaptation locally, but harnessing of resources globally' is of particular relevance to this review; promoting the sharing of knowledge, experience and resources internationally.



## Ensuring an Effective Physician Workforce for the United States

The Macy Foundation convened two conferences of leaders in health care, academic medicine and physician education in 2010 and 2011 to review the governance, regulation and financing of (post)graduate medical education as well as its content and format (Weinstein 2011). They made five high-level recommendations in each of these two broad domains. The vision advanced in these reports is one of a graduate medical education system that is transparent and accountable to the public; one that is efficient, competency-based, and that produces physicians able to meet the needs of individual patients as well as the broader societal need.

## A Collective Vision for Postgraduate Medical Education in Canada

This multi-stakeholder consortium, led by the Association of Faculties of Medicine of Canada (AFMC) and certifying colleges in Canada reported (Health Canada 2012) on the second phase of a project, building upon a prior review of the undergraduate training system, and presented a vision for postgraduate education making ten overarching recommendations. The composition of the project team reflected the complex governance of the Canadian medical education system engaging a broad array of stakeholder organisations. The report envisioned a competence-based system in which undergraduate, postgraduate and continuing medical education programmes are tightly integrated and function as a

continuum. The report proposes a system that is accountable to the needs of the Canadian population and that thoughtfully ensures the right mix, distribution and number of doctors to meet societal needs.

## Shape of Training: Securing the future of excellent care

Building on the findings of six major inquiries over the past ten years in the UK, the *Shape of Training* (Greenaway 2013) review was a multi-stakeholder initiative with participation of the training bodies, regulators and health system funders. Its aim was to ensure that the UK continues to train doctors who are fit to practice there and able to meet patient and service needs, and provide safe and high quality care. The report proposes a fundamental redesign of postgraduate training, particularly the training of specialists by proposing that training be broad-based and generalist in nature with sub-specialisation occurring after the completion of formal structured training through a credentialing process tailored to the needs of patients and employers. This report is recent, having completed work in late 2013, and further work is underway to plan implementation. More time will be required to assess the implications of these potentially profound changes.



## Common themes

Though these reports contain a number of recommendations specific to their jurisdictions and medical education structures, there is a remarkable concordance in their vision for the future of postgraduate training and in their recommendations for change. Some of the major themes that are of relevance to the Irish context include:

### *Competency-based medical education*

**(CBME)** All of the above reports advocate the movement away from time-based structures to ones defined by measurable attainment of competencies. This movement began with the development and implementation of competency frameworks such as CanMEDS in Canada and the Accreditation Council for Graduate Medical Education (ACGME) competency framework in the United States and is moving towards outcome-based approaches to the design, implementation and assessment of medical education programmes using these organising frameworks (Frank 2010). The implementation of such systems is underway in the United States with the 'new accreditation system' and in Canada through the reform entitled 'competency by design'.

### *Medical human resource planning*

All reports identify the need for training systems to be better able to produce the number and type of physicians to meet societal needs. Greater thought needs to be given to the monitoring of rapidly changing needs of society; the design and funding of programmes should align with these needs and trainees should be made aware of needs and opportunities throughout the course of their training to empower them to make career choices.

### *Generalism*

A consistent theme emerging from all of the reports above is the need to produce physicians who can meet the needs of patients and society and have a sufficiently broad scope of practice, particularly in the provision of acute care and the management of chronic disease in patients with multiple co-morbidities.

### *Integrated and distributed medical education*

These reports highlight the importance of educating trainees in a variety of clinical care and work environments including both large academic sites and smaller community sites and that these experiences need to be thoughtfully integrated with clear objectives established relevant to each setting.

### *Transitions and the educational continuum*

Though the stages of training differ in different jurisdictions studied, all reports identify gaps in the progression between these stages and recommend better alignment to allow a more streamlined progression for trainees.

### *Efficiency*

A consistent theme emerging from the reports is the need for training to be efficient. The design of training needs to be carefully reviewed to eliminate non-educational experiences and reduce redundancy in training.

### *Inter-professional education and care*

All of the reports highlight the need for training systems to prepare their graduates to practice in a changing environment with increasing emphasis on inter-professional team-based care. Achieving this will require deliberate attention to inter-professional education with other health care professionals as well as increased emphasis on teaching of communication and collaboration skills as well as leadership development.

### *Accreditation*

The importance of robust systems of accreditation is identified in all of the cited reports. This is of critical importance to ensure a high standard of education given the diversity of training settings recommended. Such systems must have the authority to ensure that training is of a consistent high standard and should not simply be quality assurance exercises, but viewed also as vehicles to drive system reform and a culture of continuous quality improvement.

### *Support and recognition of trainers*

The importance of trainers is a consistent theme. Training systems need mechanisms to engage trainers and support them in their role. Trainers must be supported to develop and maintain the skills to teach and mechanisms must be in place to recognise them.

# Findings

The following findings represent the synthesis of the information gathered, as outlined in the *Methodology*. Particular consideration was given to the recommendations in the Irish and international reports outlined above, the meetings with the key stakeholders and the recommendations from the working groups. These findings provide the foundation for this review's recommendations.

## Overall structure of training

There was a consensus among the stakeholders interviewed that the overall structure of the College's programmes has served Irish needs well, but it is important it adapt to meet evolving pressures. There was a general perception among the stakeholders interviewed that graduates of the intern programme are suitably prepared for entry into postgraduate training. It should be noted that many jurisdictions, most notably those in North America, have moved away from internships towards a system in which registration or licensure takes place at the end of medical school. The model of a period of basic specialist training serving as foundational training followed by higher specialist training that is generalist in focus was widely supported. The lesser emphasis on subspecialty training within Ireland and the reliance on training abroad to acquire enhanced skills in highly specialised fields of practice were perceived differently by different stakeholders (see below).

## Basic Specialist Training (BST)

The BST programmes are felt by all stakeholders to serve an important role as foundational training. While its importance is universally acknowledged, there are significant challenges with its governance and organisation. These challenges include issues that apply across the four BST programmes, namely General Internal Medicine (GIM), Paediatrics, Obstetrics and Gynaecology, and Histopathology, as well as issues that are specific to BST GIM, the largest programme. These issues are well described in a recent comprehensive internal review entitled, *Report of the Basic Specialist Training Review Group 2014* (the Keane report) published in January 2014. The themes highlighted in the Keane report were echoed in the input provided to this review, and in particular to the findings and recommendations of the BST Working Group. This report does not reiterate the many observations highlighted in the design and conduct of the BST programmes, but will instead highlight the broad areas of concern.

### *Curriculum design*

In contrast to HST, BST is relatively unstructured. The formal curricula are relatively unstructured, and study days which are in place in Paediatrics, Histopathology, and Obstetrics and Gynaecology are not in place in GIM. While these shortcomings are most evident in GIM, the structure of all of the BST programmes are less well developed than those of the HST programmes.

### *Assessment*

The assessment matrix is similarly less sophisticated for BST than for HST. While annual assessments have been introduced, these are not well standardised and rely heavily on the holistic global assessment by the trainer.

### *Variability*

There is a clear perception among trainees and educators of variability in the quality of training schemes, rotations and individual trainers. This perceived variability is difficult to objectively evaluate as trainee satisfaction and training outcomes are not systematically collected or reported. The hospital inspection system that is in place for HST does not extend to BST, outside of Obstetrics and Gynaecology and Histopathology, and there is no structured system for trainees to provide anonymous feedback of their experience at different training sites.

### *The dual role of residents as learners and service providers*

Senior House Officers (SHOs) are integral to the provision of care for patients throughout the system. There is concern that increased expectations of training sites and of trainers may make it more difficult for some, typically smaller, centres to mount educational experiences, leading to the risk of loss of trainees and difficulties in the provision of clinical care. This presents the risk that decisions such as allocation or elimination of training posts may be influenced by clinical care provision rather than educational factors. It should be noted that a number of examples of outstanding educational experiences in smaller centres were identified in this review.

### *Basic Specialist Training in General Internal Medicine (BST GIM)*

The BST GIM programme faces unique challenges due to its larger scope, both in terms of the number of trainees as well as the number of training sites and schemes. An additional challenge is its role as a feeder to a large number of HST programmes within the college as well as training provided by other colleges. These factors make alignment of BST and HST challenging and preclude 'run-through' training. The issue of variability appears to be a greater problem within GIM than the other BST programmes, in large part due to the large number (19) of training schemes.

The Keane report recommended a major change to the governance of BST GIM, suggesting that it be organised into a single national programme according to a 'Hub and Spoke' model with six hubs. Such a reorganisation would greatly facilitate the deployment of a more standardised curriculum and assessment strategy. It must be recognised that the College has invested significant effort in BST reform, most notably efforts to better structure the programmes, introduce annual assessments and deploy Regional Directors, and these efforts appear to be resulting in early improvements.

### Higher Specialist Training (HST)

RCPI administers 26 HST programmes across its four faculties and institutes. In contrast to the concerns with the BST programme above, the governance and structure of the HST programmes appear to be functioning well. Through the auspices of RCPI's *Continuous Quality Improvement Programme* a number of quality improvement initiatives to increase consistency in the structure and standards of the programmes and specialties have been implemented. There is a consensus that the current model has resulted in graduates who are competent and fit for practice in the Irish context (see 'Generalism' below). The need for programmes to adapt to prepare trainees for the evolving healthcare landscape were emphasised by a number of stakeholders. These include the increasingly inter-professional and team-based nature of care, the increasing focus on quality and patient safety, and the need for physicians to lead and participate in change

to the healthcare system. While these competencies are outlined in the Medical Council's *Eight Domains of Good Professional Practice* and the College has incorporated teaching on these subjects into the study days in a number of programmes, they are insufficiently imbedded into the curricula and assessment strategies across the College. Other areas for improvement identified by the trainees included the need for training plans to be more prescriptive, with rotations and posts assigned well in advance, particular in the early years of training, while retaining flexibility in the later years.

### Generalism

Despite the increasing worldwide trend towards sub-specialisation, generalism is a strength of the Irish Medical care and education system. The dominant model of care in most specialties is for physicians to practice the full breadth of the specialty, with subspecialties being areas of focused competence within the broader scope of practice. This is in contrast to the model of care in many other jurisdictions, most notably in North America, where the majority of sub-specialists do not practice their base specialty, such as internal medicine or paediatrics, and may not even practice the full scope of their subspecialty. RCPI programmes appear to prepare trainees well for this type of practice. Although a clear strength, generalism was perceived by many stakeholders as being under threat, with the greatest concern being expressed about GIM. Dual training in GIM is available in Cardiology, Geriatric Medicine, Respiratory Medicine, Rheumatology,



Infectious Diseases, Gastroenterology, Endocrinology and Diabetes Mellitus, and Nephrology. It is optional but currently most trainees choose dual training. There is a perception that GIM training and practices are undervalued and that a greater proportion of recent graduates are choosing to specialise their practices. Some recent changes in policy are perceived as contributing to the devaluing of GIM training. These include the ability for trainees to now do their high intensity GIM year within their core specialty area as well as the ability for trainees to do their GIM training within Acute Medical Units (AMUs) in larger urban centres, with the potential to avoid any exposure to smaller non-urban practice settings. There is also a concern that assessment of GIM competencies are inconsistent and could be improved.

In Paediatrics, the emphasis of training is on generalist paediatric training, with trainees frequently choosing to develop sub-specialty competencies abroad. Some stakeholders expressed the desire to develop paediatric subspecialty programmes in Ireland, this has led to the development of subspecialties in paediatric cardiology and neonatology, but the small size that would be anticipated for some other subspecialties would make mounting them potentially unsustainable. Similarly, in Obstetrics and Gynaecology, some subspecialty modules are available, but the training is primarily generalist focused.

## Length of training

A number of stakeholders expressed concerns about the length of training, citing it as an important contributor to issues regarding the recruitment and retention of doctors within the health service in Ireland. While research is ongoing, there is no systematic process for tracking trainees throughout training. It does appear that the time from medical school graduation to assuming a consultant post is often more than ten years; an interval longer than typically seen in many other jurisdictions. The reasons for this interval appear to be multi-factorial and largely driven by influences other than the length of the training programmes themselves. As part of this review, we conducted an inventory of specialty training duration in selected jurisdictions in Europe, North America and Australasia. The duration of specialty training in Ireland is comparable to that in most of the jurisdictions assessed, apart from the United States, where the duration of mandated training is shorter but post-residency fellowship training is common and scope of practice is typically much narrower. An important contributor to the total training interval is time spent outside of a formal training programme as a result of waiting to get on a training scheme and pursuing additional clinical or research experience in order to improve competitiveness for a consultant post.



Another factor cited by some as a contributor to the training interval is the common practice for trainees to spend time abroad gaining subspecialised clinical skills or research expertise. This does not appear to mandate a lengthening of training as up to one year of this time can be credited towards time in training, at the discretion of the National Specialty Director. There was a consensus view among trainees and consultants interviewed that strong incentives exist to spend time outside of training to gain additional clinical or research experience as such experience is highly valued in the selection process to enter training schemes as well as securing consultant posts, even in non-academic positions. Efforts to shorten the training interval, either by shortening the training period or placing barriers to stepping out of training, are unlikely to have a significant impact while such incentives exist or are perceived to exist. An additional challenge to efforts to reduce the training interval is the pending implementation of the European Working Time Directive (EWTD) which will reduce the time available for both patient care and training activities.

## Competency-based medical education

The organisation of training programmes within RCPI are time-based, however, the College is well positioned to capitalise on the worldwide movement towards Competency-based medical education (CBME). A framework of competencies, the *Eight Domains of Good Professional Practice*, has been adopted by the Medical Council and teaching on non-medical expert competencies, such as communication skills and quality improvement, are increasingly being incorporated into the curricula of programmes. Equipping trainees with the competencies to practice collaboratively within increasingly inter-professional models of care will require increasing emphasis on deliberate teaching and assessing collaboration and teamwork skills. The ePortfolio offers the potential to measure progression in competency across each of these domains. The ePortfolio is at an early stage of development and is very much a work in progress. Challenges include technological barriers such as the lack of a handheld/portable interface, poor wireless access within the hospitals, relatively low and inconsistent uptake and the need to ensure that logging is more than a record-keeping exercise. These are challenges that are being faced by all of the jurisdictions implementing CBME. Careful consideration should be given to opportunities to leverage work being done on milestones and portfolio development in other jurisdictions such as the United States and Canada.

## Educational technology

'Exploitation of the power of information technology for learning' is one of the ten key proposed reforms put forward by the Lancet Global Commission in their report, *Health Professionals for a New Century* (Frenk 2010). The programmes of the College would benefit from increased availability of such resources. Wireless internet access is inconsistent and training site dependent. In some cases access is limited by the lack of infrastructure, but in other cases barriers appear to be administrative, relating to security and access rights. Improvements to such access can greatly facilitate learning at the point of care, improve patient care and be of benefit to learners from multiple disciplines across the education continuum. The prevalence of smartphones and other mobile devices provides opportunities to make mobile versions of the ePortfolio available to trainees and trainers at point of care as well as making other teaching and evaluation tools available.

Another education technology with significant promise that is scarce within the College programmes is simulation (both low and high fidelity). Pockets of simulation resources do exist, particularly in larger urban sites, but these appear to reside largely within the undergraduate programmes and do not appear to be widely utilised within RCPI programmes. Simulation does offer real potential to accelerate the acquisition of competencies, but simulation equipment can be expensive, requires other resources (space, administrative support, maintenance, and faculty development) and can present

access challenges for programme learners distributed in multiple sites. A considered strategy for simulation should be developed before moving forward with high-fidelity simulation in particular. Lower-fidelity simulation resources such as role plays, written case studies, simulated patients as well as certain simulators used in procedural skill acquisition, may not require the same investment and infrastructure.

There are significant opportunities to build on the currently available resources to support asynchronous and distributed learning. These include the use of portals or learning management systems for distribution and archiving of educational materials including presentations as well as video-conferencing technology. Given the anticipated impact the implementation of the EWTD will have on trainee scheduling, ability to attend educational events and the organisation and coordination of training across geographically disparate sites, these resources will become increasingly important.

## Research

A significant proportion of trainees in College programmes take up the opportunity to step out of training to pursue research opportunities or to seek research opportunities out of country in the terminal phase of their training. Concerns regarding this practice were expressed by some stakeholders as it is seen as potentially delaying entry into practice. The value of such experiences was questioned by some, particularly for trainees who will ultimately practice outside of large academic centres. Furthermore, the pervasive expectation that trainees engage in research is felt by some to devalue non-academic clinical practice and may contribute to difficulties in recruitment and retention for smaller centres.

Other stakeholders noted that research engagement contributes to the atmosphere of critical inquiry and scholarship in the programmes and that engagement in research does not necessarily delay entry into practice as up to one year of out of clinical programme experience can be credited towards training. Furthermore, out of country experiences were perceived as strengthening the Irish medical education and health care systems by providing exposure to new models of care and education. This tension is noted in other jurisdictions and is not new. The need for medical education to occur in an environment of critical enquiry was one of the principal recommendations in the Flexner report that led to the transformation of the medical education systems in the early 20th century. 'Scholarship' is one of the Medical Council's *Eight Domains of Good Professional Practice* and

is one of the CanMEDS Framework's seven key roles as all physicians must understand how new knowledge is generated and be able to contribute to its generation, dissemination, application and/or translation. It is important that trainees be exposed to this activity while ensuring that career opportunities outside of the academic setting not be devalued. A potential solution to address the concerns identified above is to continue to allow out of programme recognition for research activities in Ireland and to extend recognition to other areas of scholarship such as medical education and quality and patient safety.

## Accreditation of training sites

The perception of variability across training sites was pervasive in the feedback provided by a wide variety of stakeholders interviewed. The extent of this variability is difficult to gauge objectively as training outcomes and trainee satisfaction are not systematically collected or reported by site. A site inspection process does exist for the HST and some BST programmes, but it is a paper-based process that is not integrated with the ePortfolio and is a quality assurance process that is not perceived to carry significant consequences for sites not meeting standards. Ensuring a consistent high quality training experience across programmes and sites must be a priority for the College.

Opportunities exist to leverage the inspection process to drive change. A revision of this process should be undertaken with the intent to extend its scope to address BST as well as HST sites, and move it from an episodic review exercise to a continuous quality improvement process.

### Trainer engagement and assessment

Trainers play a critical role in delivery of the curriculum and in assessment within programmes. Although the importance of this role is widely recognised, it is perceived as being undervalued. The consultant contract (HSE 2012) identifies the expectation that consultants 'contribute to the education, training, and supervision' of trainees, but time is not protected for this activity, which is generally an add-on to clinical expectations. There is an expectation that HST trainers participate in faculty development in the form of the 'Physicians as Trainers - Essential Skills' course, but no such requirement exists for BST trainers and there are no further formal faculty development opportunities. There is no means of measuring or reporting trainer performance and no process for removing trainers from the register. Given the vital importance of the trainer role, it will be important for the college to clarify the expectations of the role, to work with the HSE to ensure appropriate financial support and time protection to meet these expectations and to formalise a process of trainer evaluation, recruitment, performance measurement and ongoing development.

### Trainee perspective

During the time this review was conducted, between February and July, 2014, it was evident that trainee morale had ebbed; a fact recognised by the College and a major driver of the decision to conduct this review. We are very grateful to the trainees who provided valuable insights in the group meetings, in the open trainee forums, as well as to those trainees who contributed thoughtfully to the Trainee Working Group submission. The factors influencing trainee morale and satisfaction with their training are complex and include factors external to the College, such as the availability of consultant posts in Ireland upon completion of training and the perceived unattractiveness of working conditions for junior consultants. While these are critically important and need to be addressed, this report will focus on the discussion and recommendations to those areas within the College's purview to address, specifically: trainee engagement with the College, feedback on trainers and sites, the European Working Time Directive (EWTD) and mentorship.

## Trainee engagement

Many trainees currently report feeling disengaged from the College and express a desire for an increased sense of belonging. This sentiment appears to be greater for those trainees in BST and those based at more geographically remote sites. Trainees do value the opportunities that currently exist to engage with the College such as study days and the St. Luke's Symposium, and would welcome more opportunities. There is trainee representation at a number of levels within the College including the Collegiate Members Committee (CMC) as well as other committees; though, for the most part, trainees are elected by their peers to these positions, this mechanism is not perceived as providing sufficient two-way communication with the College, especially for trainees at more remote sites. Efforts to promote communication and engagement should be directed at the transition from internship to BST. Greater visibility within individual training sites as well as mechanisms to promote regional input from trainees should be considered.

## Trainee feedback

Trainees perceive the aforementioned variability among sites and trainers and expressed the desire to contribute positively to efforts to improve the training experience for their peers. Current processes for provision of input are largely informal and are not felt to be sufficiently confidential and anonymous. Trainees are also unclear on how the information provided is responded to.

They expressed the desire to have access to high level data from inspection/accreditation processes. Finally, where grievances or disputes occur within a programme, trainees identify the need for a more transparent process of resolution and more effective communication of the outcome.

## European Working Time Directive (EWTD)

Trainees have expressed dissatisfaction with the long working hours and at the perceived slow adoption of the EWTD as well as variability in its interpretation and implementation. Trainees are seeking an opportunity to participate in the College's response to EWTD, in particular the effects of new rotas and models of clinical coverage on educational opportunities.

## Mentorship

Trainees emphasised the importance of the trainer/trainee relationship and the value that mentorship can have in important career and life decisions. While mentorship opportunities exist, they are largely informal, variable in quality and easier to access at senior stages of training when trainees interact with trainers for a longer period of time. The development of a formal mentorship programme including development of mentorship skills among trainers, with support for the mentor role, should be considered. In addition, mechanisms should be sought to develop more senior trainees, who can serve as important mentors for more junior trainees.



# Recommendations and Actions

## **I: Move towards a hybrid model of Competency-based Medical Education**

The College is well positioned to take an international lead role in the worldwide movement away from a strictly time-based model of medical education to an outcome-based approach organised around competencies.

### *Actions:*

- a. Embed the Medical Council's *Eight Domains of Good Professional Practice* throughout RCPI programmes
- b. Align competency framework with international frameworks to leverage work on CBME
- c. Ensure programmes systematically teach and address each of the competencies
- d. Consider development of milestones to measure progression of competency across all domains
- e. Systematically embed quality and patient safety competencies in all programmes
- f. Prepare trainees for new inter-professional models of team-based care through deliberate teaching and assessment of collaboration and teamwork competencies
- g. Explore use of simulation (low and high-fidelity) to teach and assess competencies

## **2: Improve the efficiency of training by reducing unwanted gaps**

The College can reduce the interval from entry to training to entry to practice by removing unnecessary barriers to progression through training and removing incentives to step out of training.

### *Actions:*

- a. Better align HST and BST recruitment numbers
- b. Eliminate entry requirements to HST that require time out of training
- c. Continue to allow for up to one year out of clinical programme experience to count towards training presuming other requirements are met
- d. Consider establishing an upper limit on interval from entry to HST to certification



### 3: Formalise and standardise the Basic Specialist Training programmes

The College can ensure consistent delivery of high quality foundational training in a coordinated fashion across Ireland by formalising and standardising Basic Specialist Training, with a particular focus on General Internal Medicine.

*Actions:*

- a. Establish a formalised rotation scheme for BST that ensures a diversity of clinical experiences including required experiences outside of tertiary care teaching hospitals
- b. Establish a curriculum for BST that includes study days and tutorials
- c. The configuration of BST rotations should be based on the ability to mount an education programme rather than by the clinical hospital groupings
- d. Consider the development of a single national BST programme for GIM with six regional hubs in keeping with recommendations of the Keane Report
- e. Measure and report training outcomes including trainee satisfaction, membership rates and successful progression to HST to ensure comparability

### 4: Maintain and strengthen a commitment for generalism

The College can strengthen its already enviable commitment to generalism in training and in practice by ensuring consistent, high-quality, high-intensity General Internal Medicine training, while maintaining generalist training in Paediatrics and Obstetrics and Gynaecology.

*Actions:*

- a. Reconsider whether dual training should be optional in specialties in which it exists
- b. Revisit the decision to allow the high intensity GIM year to be within a trainee's base subspecialty area
- c. Ensure all trainees in dual training schemes are assessed on a consistent set of GIM core competencies
- d. Ensure all trainees have some exposure to high intensity GIM training outside of tertiary hospitals

## 5: Strengthen and expand ePortfolio

The College should refine and expand ePortfolio to improve access at the point of care and learning for doctors-in-training. RCPI can leverage the ePortfolio to drive the implementation of competency-based medical education and enable reporting of training outcomes.

*Actions:*

- a. Expand ePortfolio to serve as a 'pass book' that follows trainees throughout their training including time spent out of the formal training programme
- b. Track research and other academic activities during time outside of formal training schemes
- c. Leverage mobile technologies and the internet to allow for inputting and review of activities at point of learning/care
- d. Review ePortfolio elements to maximise reflective components and minimise or facilitate entry of activity
- e. Ensure all mandated ePortfolio elements are present and signed off independently to allow for trainee progression

## 6: Promote consistent high quality educational experiences in all training sites

The College, in partnership with the Medical Council, should develop and implement a transparent, outcomes based-accreditation process for all of its programmes. Ensuring consistent high-quality education in all training schemes and at all training sites is of critical importance.

*Actions:*

- a. Develop clear standards for hospital sites
- b. Expand inspection process to include all BST sites
- c. Work collaboratively with the Medical Council to move from an inspection to an accreditation process
- d. Ensure there are consequences from failing to meet standards, including the possible removal of trainees
- e. Work to develop a transparent reporting system for site quality
- f. Identify training sites that are appropriate for specific training programmes, year of training and for attaining specific training competencies

## 7: Increase support and accountability of trainers

Trainers must be developed, supported and recognised for their work and be accountable for the provision of high-quality teaching and assessment.

*Actions:*

- a. Clearly outline roles, responsibilities and work with the HSE to implement into the consultant contract as recommended in the Buttimer report
- b. Develop competency framework for trainers
- c. Establish an accreditation system for trainers
- d. Promote appropriate compensation and/or protected time for trainers to perform their role
- e. Establish and deploy faculty development to support trainers in the role
- f. Implement a system of feedback on trainer performance which includes opportunity for development and/or remediation
- g. Promote identification with the College among trainers
- h. Define, develop and appropriately support educational, administrative and leaders roles

## 8: Increase engagement and support for trainees

Doctors-in-training must be actively engaged in the work of the College. They must feel valued and have opportunities to contribute meaningfully to its programmes; they are the future Fellows and trainers.

*Actions:*

- a. Increase trainee representation on all RCPI committees
- b. Clarify and strengthen the role of the CMC
- c. Develop ombudsmen role
- d. Improve trainee support including a mentorship programme and peer support 'buddy system' for more junior trainees
- e. Improve two way communications with trainees regarding RCPI programmes and initiatives
- f. Develop a feedback system to solicit input from trainees on trainers, schemes, training sites and violations
- g. Further develop, recognise and support the role of trainees as trainers for more junior trainees

### 9: Increase predictability and flexibility in training pathways

While ensuring that trainees demonstrate the required competencies, RCPI should seek opportunities to increase predictability of training and allow flexibility in training to meet evolving trainee needs.

*Actions:*

- a. Explore couples matching as part of the recruitment and selection process
- b. Encourage flexible work arrangements to enable part-time training
- c. Continue to allow up to one year outside of clinical programme experience, with prior approval of the NSD, to be credited towards training
- d. Expand out of programme options to include formal training in preparation for careers in education, quality and patient safety and leadership training
- e. Organise BST and HST schemes so that rotations are known in advance while retaining flexibility for changes

### 10: Monitor and mitigate the impact of the European Working Time Directive on training

The European Working Time Directive is a reality to which RCPI's programmes must adapt. The College should create mechanisms to monitor and mitigate potential impacts of these new requirements on its programmes and trainees.

*Actions:*

- a. Create mechanism to share best practices in alternate scheduling between sites and training schemes
- b. Create and disseminate educational resources to teach safe and effective patient handovers
- c. Monitor the impact of the EWTD implementation on trainees' educational and professional experience and training sites

# Vision for the Future

With effective planning and collective will, the College is well positioned to capitalise on its strong foundation to lead internationally in postgraduate medical training and to meet the rapidly changing needs of the Irish population for the future. The recommendations above will help ensure:

- All of the RCPI training programmes produce doctors suitable to the changing demographics of the Irish population to ensure the best possible patient outcomes
- BST programmes provide trainees with established, set rotations, each covering the core competencies to ensure better aligned progression to HST
- HST programmes that ensure that trainees are competent and ready to practice both in tertiary hospitals and in smaller centres to best meet the needs of the Irish population
- An ePortfolio that is an accessible, easy to use, and effective tool for trainees, trainers and assessors and is not simply a record of what a trainee has done, but an indication of what they are able to do
- A hospital accreditation programme that provides all of the BST and HST programmes with a clear set of standards, accredits them for training through a transparent reporting system and provides support, and where necessary sanctions, to underperforming training sites
- Trainers who have a clear understanding of their responsibilities, are supported and valued, and held accountable

- Trainees who, upon completing the training, are ready to effectively work as consultants in their specialty area and actively identify and engage with the College

Achieving this will require the College to work closely with key external stakeholders, in particular the Medical Council and the HSE. The new models of care from the National Clinical Programmes, including changes in the settings of the provision of care from acute units to primary care in the community, will need to be integrated into training. The development of Universal Health Insurance (UHI) and changes to funding models will bring both challenges and opportunities. The increased move, both nationally and globally, toward a culture of quality assurance and quality improvement for patient safety demands, increased transparency and improved data management.

The College must ensure it is well structured, that its programmes are well-assessed and that it has clear governance, to be adaptable to a changing environment. By having a strong structural base and operational insight, the College will gain the flexibility to thrive to meet changing demands and expectations. The commissioning of this report is a signal that the College has taken the important step of being proactive rather than reactive in its approach to its current and future challenges.

