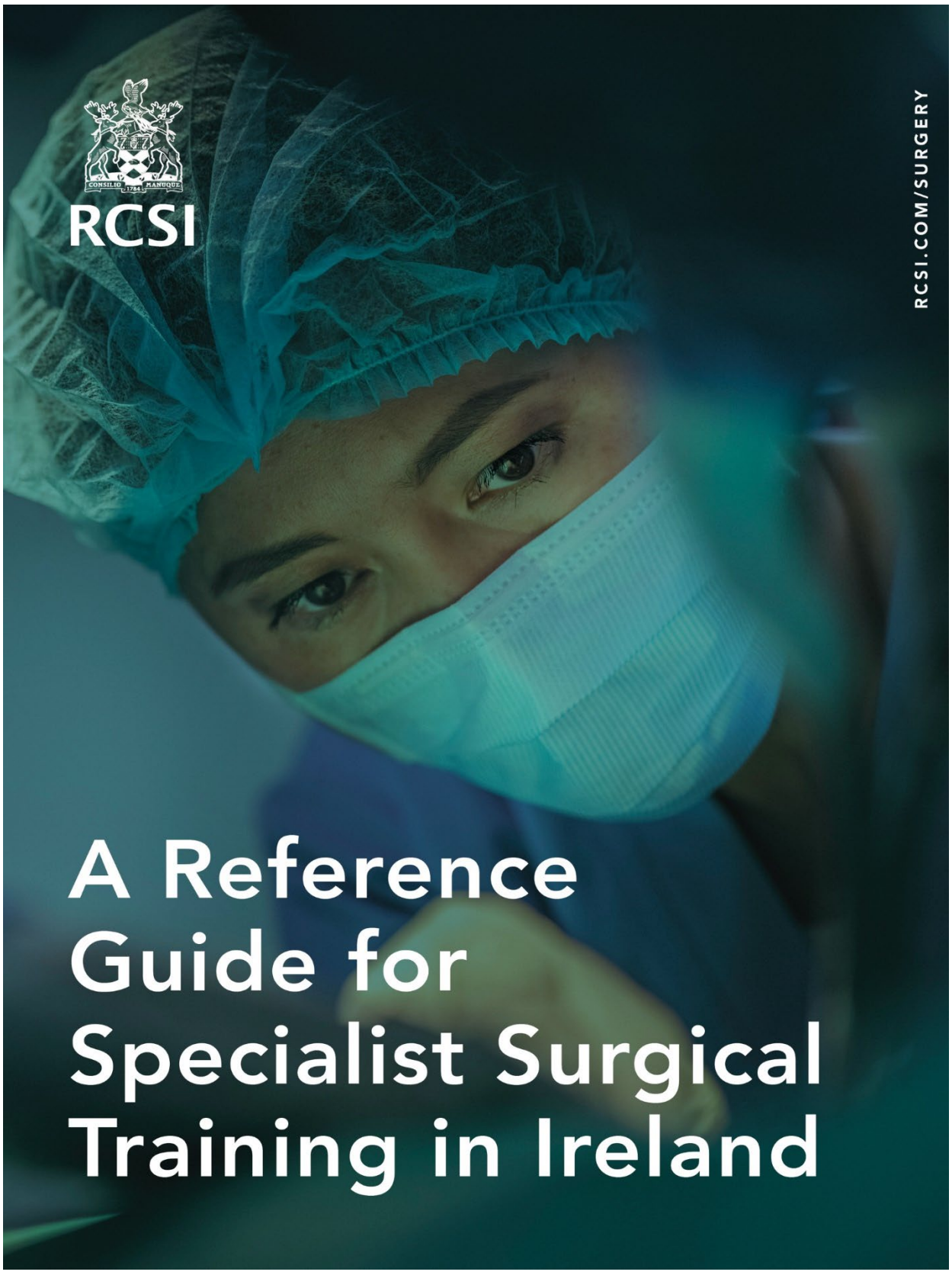
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A Reference Guide for Specialist Surgical Training in Ireland

Reference Guide for Specialist Surgical Training in Ireland

Adapted from the UK Gold Guide *Sixth Edition* February 2016

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June 2022	12.0	Indemnity cover	CMG information on Indemnity cover
June 2023	6.3	Final Revision 5.8	CMG Updates to Flexible training info.

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Preface

This Guide, “A Reference Guide for Specialist Surgical Training in Ireland” provides guidance to Trainers and Trainees on the arrangements for surgical specialty training in the Republic of Ireland. The standards and requirements set by the Medical Council are extensively quoted to ensure the guide is underpinned by the relevant national regulatory frameworks.

This guide is published in electronic format and is available on the RCSI https://msurgery.ie/ portal. This will facilitate periodic updates and ensure it reflects developments in postgraduate specialty training in Ireland. This document will be reviewed and updated as required by the Department of Surgical Affairs, Royal College of Surgeons in Ireland.

Specialist Training in Ophthalmic Surgery is delivered through a collaborative relationship between the Royal College of Surgeons in Ireland (RCSI) and the Irish College of Ophthalmologists (ICO). Due to the shorter duration of Specialty Training in Ophthalmic Surgery there are differences in that programme which are detailed in the subspecialty induction guide. Trainees should familiarise themselves with this Induction guide in order to meet the requirements and successfully progress to CSCST.

Glossary of Terms

S/N	Acronym	Meaning
1	AES	Assigned Educational Supervisor
2	ARCP	Annual Review of Competence Progression
3	AoA	Assessment of Audit
3	CBD	Case-based Discussions
4	CSCST	Certificate of Satisfactory Completion of Specialist Training
5	CEX	Clinical Evaluation Exercise
6	CiPs	Capabilities in Practice
7	CoE	Court of Examiners
8	CS	Clinical Supervisor
9	CSA	Committee for Surgical Affairs
10	CSTC	Core Surgical Training Committee
11	DOPS	Direct Observation of Procedural Skills
12	GO	Global Objectives
13	GPCs	General Professional Capabilities
14	HF	Human Factors
15	HSE	Health Service Executive
16	ICO	Irish College of Ophthalmologists
17	ISCP	Intercollegiate Surgical Curriculum Programme
18	ISPTC	Irish Surgical Postgraduate Training Committee
19	JCIE	Joint Committee on Intercollegiate Exams
20	JCST	Joint Committee on Surgical Training
21	LA	Learning Agreement
22	LCS	Lead Consultant Supervisor
23	Mini CEX	Clinical Evaluation Exercise
23	MCI	Medical Council of Ireland
24	MCR	Multi Consultant Report
25	MRCS	Membership exam of Royal College of Surgeons
26	MSF	Multi-Source Feedback
27	NDTP	National Doctor's Training Programme
28	NTN	National Training Number
29	NSTC	National Surgical Training Centre
30	OoT	Observation of Teaching
31	PBA	Procedure-based Assessments
32	RCSI	Royal College of Surgeons in Ireland
33	SAC	Specialty Advisory Committee
34	SPFB	Surgery and Postgraduate Faculties Board
35	TAF	Training Assessment Form
22	TPD	Training Programme Director
23	WBA	Workplace Based Assessments

1.0 Introduction & Background

The Reference Guide for Specialist Surgical Training in Ireland sets out the arrangements for Specialty Surgical Training Programmes in the Republic of Ireland. The reference guide is commissioned by the Department of Surgical Affairs to provide guidance to Postgraduate Deans, Members of the Irish Surgical Postgraduate Training Committee (ISPTC), Programme Directors for all Surgical Specialties, Trainers, Trainees and all stakeholders involved in the delivery of Surgical Training in Ireland.

The aim of the National Surgical Training Programme is to ensure that Trainees satisfactorily complete a comprehensive, structured and balanced training programme, which prepares surgeons for independent practice in a particular specialty, enabling them to enter the Specialist Register in their chosen specialty and be eligible for appointment as a Consultant in the Republic of Ireland.

RCSI is the accredited Postgraduate Training Body for the delivery of Surgical Training Programmes in the Republic of Ireland. It is recognised for this purpose by the Medical Council and the Health Service Executive (HSE). The RCSI is the advisory body for all matters in relation to Core and Specialist Training and makes recommendations for the award of the Certificate of Satisfactory Completion of Specialist Training (CSCST). The Core Surgical Training Trainee Guidebook, available through the mSurgery portal, provides an overview of Core Surgical Training (ST1-ST2) and covers key RCSI postgraduate surgical training policies, standards and procedures, including Appeals, Force Majeure, Resolution of Training Disputes, Leave Entitlements, Flexible Training Options, and Learning Support for Trainees etc. for those Trainees appointed to the programme.

This **Reference Guide for Specialist Surgical Training in Ireland** is thus a continuum of reference information, focused on Specialty Training (ST3-ST8). It is applicable to all Surgical Trainees taking up appointments in specialty training programmes. Throughout this document, reference to Postgraduate Dean includes those nominated by the Postgraduate Dean to act on his/her behalf. Reference to specialty training includes all Surgical Specialties. Where arrangements differ between specialty training, these differences are noted in the guide e.g Ophthalmic Surgery. All doctors recruited into the Irish Medical Council (IMC) and ISPTC approved Specialist Surgical Training Programmes are known as Specialist Registrars (SpRs) in all years of their programme.

The policies underpinning this guide are applicable to all RCSI Surgical Training Programmes throughout the Republic of Ireland.

Please note the guide is subject to ongoing review and revision change in line with the evolving nature of the delivery of Surgical Training in Ireland.

2.0 The Governance of Surgical Training in Ireland

2.1 The Medical Council

The Medical Council regulates medical doctors in the Republic of Ireland. The Council purpose is to protect the public by promoting and better ensuring high standards of professional conduct and professional education, training and competency among doctors. Its statutory purpose is 'to protect, promote, and maintain the health and safety of the public'. The Medical Council's powers and duties are set out in the Medical Practitioners Act of 2007. Its role is to ensure that patients can have confidence in doctors. It does this in the exercise of its main functions:

- Setting standards for entry to the medical register
- Keeping up to date registers of qualified doctors
- Promoting high standards of medical education and training
- Fostering good medical practice
- Taking firm but fair action where those standards are not met by doctors

The Medical Council has a membership of 25 including both elected and appointed members. They are also responsible for the standards of postgraduate medical education and training. They do this by:

- Establishing and overseeing standards and quality assurance in medical education and training by approving education and training, programmes and courses, and quality assuring institutions and trainers;

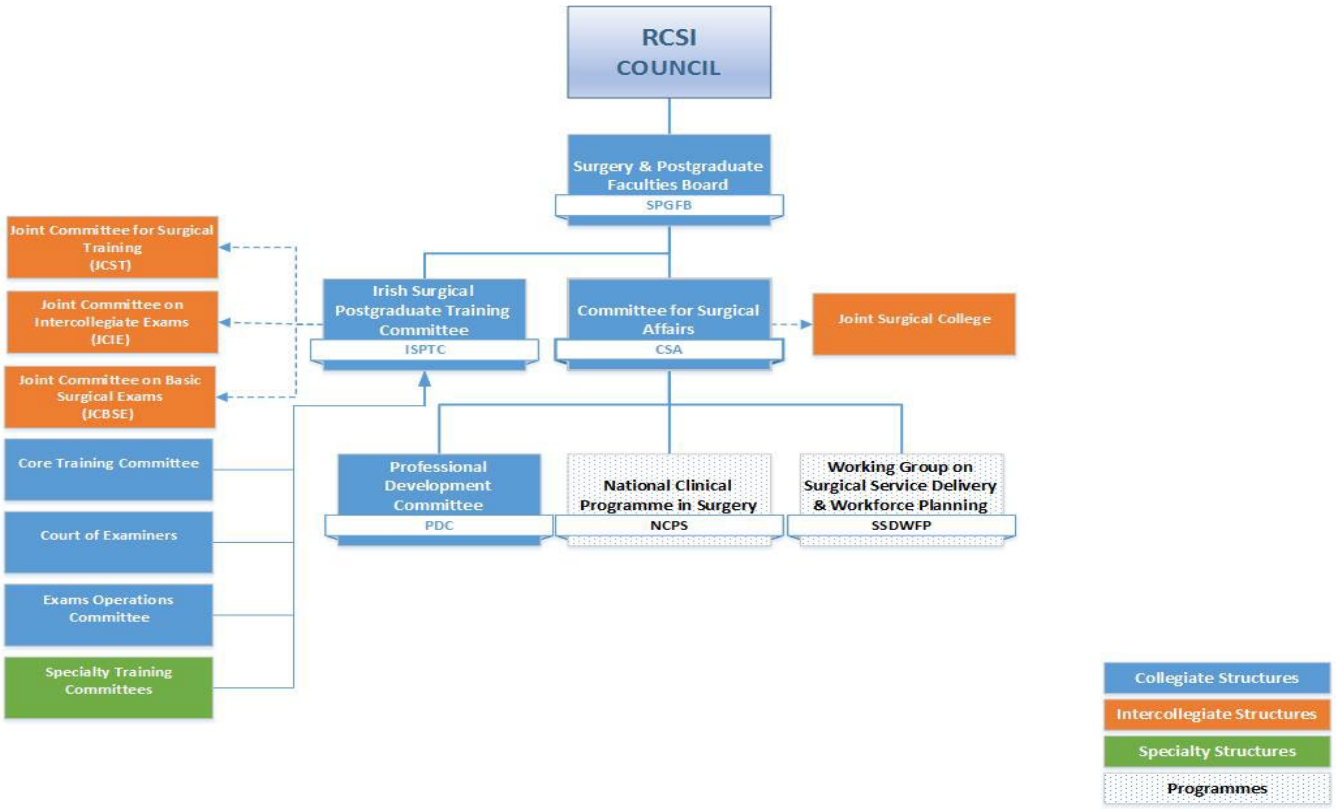
- Certifying doctors for eligibility to the Specialist Register;

- Promoting and developing postgraduate medical education, aiming to improve the skills of doctors and the quality of healthcare offered to patients.

The Medical Council holds and maintains the Surgical Specialist Register. In order to apply for a substantive or fixed term consultant post in the Republic of Ireland, a doctor is required to be on or eligible to be on the specialist register as described in the Medical Council registration fact sheet available on the Medical Council website.

Detailed information on the Medical Council including its roles and responsibilities are available on their website (www.medicalcouncil.ie).

2.2 Royal College of Surgeons in Ireland (RCSI)



RCSI is governed by a Council and is an independent degree-awarding institution, a Surgical Royal College and Professional Training Body. Two high-level boards govern these domains of activity in parallel:

- The Medicine & Health Sciences Board (MHSB) is the governing body responsible for all degree-awarding educational activities of RCSI;
- The Surgery & Postgraduate Faculties Board (SPFB) is the governing body responsible for the postgraduate training, competence assurance and professional examination activities of RCSI;

RCSI is led by a Senior Management Team, chaired by the Chief Executive Officer (CEO) and comprises of the Dean of the Faculty of Medicine and Health Sciences, Director of Surgical Affairs, Director of Research, Director of Finance, Director of Corporate Strategy and Director of Human Resources. Operational management is conducted through a series of management

meetings and working groups. RCSI achieved independent degree awarding status from the Irish Department of Education & Skills in 2010 and the Faculty of Medicine & Health Sciences (FMHS) oversees this degree-awarding activity.

RCSI, Surgical Affairs prepares Surgical Trainees to lead the delivery of surgical care, to support Surgeons in practice and to help inform and shape healthcare policy in Ireland. The strategy for the Department of Surgical Affairs supports these imperatives in order to ensure high standards in the training and practice of surgery.

The governance structure is illustrated in Figure 1.0 above:

2.2.1 Surgery & Postgraduate Faculties Board (SPFB)

The Surgery & Postgraduate Faculties Board (SPFB) of the Royal College of Surgeons in Ireland is the primary body responsible for co-ordinating the strategic direction of Surgical Affairs and the Postgraduate Faculties. The Board reports to the Council of RCSI.

The main responsibilities of the Board are:

- To coordinate and support the interests of the surgery and postgraduate faculties of RCSI.
- To consider matters of regional and national importance in the common interest of surgery.
- To agree and represent common RCSI positions, where relevant, in postgraduate training.
- To agree and coordinate areas for collaboration between sub-committees and faculties (e.g. competence assurance, CPD, international examinations, funding, specialist registration etc.).
- To develop synergies, efficiencies and best practice models
- To receive reports from key committees and Faculties as may be relevant to the Board (e.g. competence assurance, policy and standards, education, training, assessment, funding etc).
- When necessary, to consider and decide on matters for sub-committees or faculty
- To provide oversight for external and intercollegiate structures (FORUM of Irish Postgraduate Medical Training Bodies, Conjoint Board/Liaison Committee for RCSI/RCPI).
- Report to Council and develop proposals of the possible actions Council could take.
- Carry out any additional responsibilities as delegated by Council.

Detailed information on the SPFB is available through the RCSI Surgical Affairs website.

2.2.2 Irish Surgical Postgraduate Training Committee (ISPTC)

ISPTC provides governance, structure and standards for postgraduate surgical education, training and assessment in Ireland.

The remit and terms of reference for the ISPTC are outlined as follows:

- Advise on all surgical training programmes;
- Liaise with the HSE and the Forum of Irish Postgraduate Medical Training Bodies on education, training and assessment matters;
- Provide leadership and support to Department of Surgical Affairs in strategic initiatives relating to Surgical Training and Education, specifically:
    - Refinement of assessment processes to increase focus on skills development
    - Increased engagement of all specialties/groups;
    - Expansion of training curriculum.
- Work with the JCST and the Specialist Advisory Committees (SACs) in the appointment and supervision of Trainees, to oversee and inspect training posts/programmes and to ensure that standards are complied with;
- Consider proposals for creating new training posts or programmes;
- Consider relevant education, training and assessment issues raised by other bodies or committees and streamline process for same;
- Advise the IMC on matters of national and institutional importance, as may arise in relation to surgical education, training and assessment;
- Receive reports from the RCSI Core Surgical Training Committee and advise in matters related to:
    - Recognition of Core Surgical Training posts;
    - Evaluation of Trainee and Trainer assessments and its role as acting as a first line of appeal in the event of a Trainer or Trainee demurring his/her assessment;
- Oversee the development and the optimum delivery of an education, training and assessment strategy for all Surgical Trainees, and when relevant, Surgeons including:
    - approval of curricula and syllabi for all levels of surgical training and each surgical specialty;
    - quality assurance of existing courses;

    - devising and implementing new courses;
    - setting of criteria for trainee selection and matching to clinical rotations;
    - setting the requirements for training post accreditation;
- Where appropriate, align the education, training and assessment strategy with the Medicine & Health Sciences Board (MHSB);
- Where appropriate, develop educational synergies with the MHSB;
- Where relevant, work with the Professional Development Committee to define and validate areas and methods suitable for competence assessment;
- Ensure trainer, faculty, interviewer and assessor development initiatives align with the Education, Training and Assessment Strategy;
- Ensure that trainee numbers meet manpower requirements set by the HSE and forecast by the Policy and Standards Committee;
- Ensure appropriate processes are in place to facilitate feedback on education, training and assessment as well as continuous improvement;
- Advise on budget priorities for education, training and assessment;
- Receive reports from the Specialist Training Committees;
- Oversee management of training records from all surgical specialties, to ensure legal requirements are met;
- Receive reports from the JCST and Specialist Advisory Committees (SACs) on behalf of RCSI
- Nominate representatives to the JCST and Specialist Advisory Committees (SACs) on behalf of RCSI
- Carry out such tasks as may be required by the Council, the Surgery & Postgraduate Faculties Board and the Committee for Surgical Affairs.
- Receive reports and recommendations from Hospital Inspections .

ISPTC meets every two months. The quorum for meetings is [8]. In the absence of the Chair at any meeting the Chair will nominate his or her representative for the meeting.

2.3 Joint Committee on Surgical Training (JCST)

The Joint Committee on Surgical Training (JCST) is an advisory body to the four surgical Royal Colleges of the UK and Ireland for all matters related to surgical training, and works

closely with the Surgical Specialty Associations in Great Britain and Ireland. The JCST is the parent body for all ten Specialty Advisory Committees (SACs) responsible for surgical specialties, the Core Surgical Training Committee (CSTC), the Training Interface Groups (TIGs) and the Intercollegiate Surgical Curriculum Programme (ISCP). The JCST and your SAC form an integral part of Specialist Surgical Training in Ireland from start to completion.

The current surgical specialties are:

- Cardiothoracic Surgery
- General Surgery
- Neurosurgery
- Oral and Maxillofacial Surgery
- Otolaryngology
- Ophthalmic Surgery
- Paediatric Surgery
- Plastic , Reconstructive & Aesthetic Surgery
- Trauma & Orthopaedic Surgery
- Urology
- Vascular Surgery

All Surgical Trainees in Ireland must be enrolled with the SAC in their respective specialty in order to ratify their appointment and expected certification date. Trainees must also obtain SAC support for any period spent outside the normal training rotation.

The JCST also:

- Maintains accurate records of training to ensure that Trainees have completed all stages satisfactorily;
- Provides advice and guidance about current surgical training regulations;
- Works closely with the regulatory bodies on matters affecting training, contribute to debates and press for improvements such as widespread access to simulation-based training;
- Supports the Colleges, Deaneries, and Schools of Surgery in monitoring the quality of training;
- Develops the syllabus and curricula for all ten surgical specialties, including the core curriculum which is available via the ISCP website;
- Develops and maintain the ISCP Online Training Management System;
- Undertake regular visits to the Irish training programmes;
- Consider and grant applications for post approval;
- Set training standards;
- Produces twice-yearly newsletters.

On satisfactory completion of training in Ireland, RCSI liaises with the JCST and recommends Trainees for Certificate of Satisfactory Completion of Specialist Training (CSCST) to the Medical Council following the SACs recommendation.

Specialist Training in Ophthalmic Surgery is delivered collaboratively with the Irish College of Ophthalmologists (ICO) and as such, is outside the remit of the JCST.

2.4 Irish Surgical Training Group (ISTG)

The Irish Surgical Training Group (formerly known as the Irish Higher Surgical Training Group) is an independent entity run by surgical Trainees. ISTG are represented on all the training programmes governance committees and all trainees are encouraged to join ISTG.

In addition to organising and running specific events, ISTG represents trainees from all subspecialties and levels of surgical training at a variety of committees influencing training. The ISTG ensures the voices of Trainees are heard and their interests are represented across the broader surgical training governance.
More details on ISTG can be found at www.istg.ie or you can email ISTG at irishsurgicaltraininggroup@gmail.com

2.5 Key Roles and Responsibilities

The key roles involved in Specialist Surgical Training are the Training Programme Director (TPD), Assigned Educational Supervisor (AES), Lead Clinical supervisor (LCS), Assessor and Trainee.

Allied Health Professionals (AHPs) and other members of the broader Multi-Disciplinary teams are also involved in the training and assessment of Surgeons.

2.5.1 Training Programme Director (TPD or PD)

Training Programme Directors manage specialty programmes. TPDs are responsible for:

- participating in the local arrangements developed by the Postgraduate Dean, which may include, Chair of Specialty Training Committees, to support the management of the specialty training programme(s), and work with delegated College or Faculty representatives (e.g. college tutors, regional advisors) and national training committees or Specialty Advisory Committees to ensure that programmes deliver the specialty curriculum and enable Trainees to gain the relevant competences, knowledge, skills, attitudes and experience
- Organising, managing and directing the training programmes, ensuring that the programmes meet curriculum requirements;
- Identifying, appointing and supporting local faculty (i.e. Assigned Educational Supervisor, Lead Clinical Supervisors & mentors where relevant) including their training where necessary;
- Overseeing progress of individual Trainees through the levels of the curriculum; ensuring that appropriate levels of supervision, training and support are in place;

- Helping the Postgraduate Dean and AES manage Trainees who are running into difficulties by identifying remedial placements and resources where required;
- Working with delegated College representatives (e.g. college tutors) and Specialty Advisory Committees (SACs) to ensure programmes deliver the specialty curriculum;
- Ensuring the local administrative support team are knowledgeable about curriculum delivery and are able to work with the Colleges, Trainees and Trainers;
- Administering and chairing the Annual Review of Competence Progression (ARCP).

TPDs also have a career management role. These include:

- Ensuring there is a policy for careers management to cover the needs of all Trainees in their specialty programmes and posts.
- Career management skills (or be able to provide access to them).
- Playing a part in marketing the specialty, where there is a need to do so, to attract appropriate candidates (e.g. coordinating taster sessions during foundation training, career fair representation or liaison with specialty leads and with the Colleges or Faculties)

2.5.2 National Director of Surgical Training

The role of the Director of the National Surgical Training Programmes is a pivotal role in maintaining the highest standards of excellence within our surgical training programmes and leading further developments in supports and guidance for RCSI's trainee surgeons, in collaboration with training programme directors, trainers, HSE, management and key senior stakeholders.

2.5.3 Assigned Educational and Clinical Supervision

The Assigned Educational supervision is a fundamental conduit for delivering teaching and training in Ireland. They use their experience, knowledge and skills as expert clinicians / consultant trainers and their familiarity with clinical situations to train. It ensures interaction between an experienced clinician and a Trainee. This is the desired link between the past and the future of surgical practice, to guide and steer the learning process of the Trainee. Clinical supervision is also vital to ensure patient safety and the high-quality service of Trainees. The curriculum requires Trainees reaching the end of their training to demonstrate competence in clinical supervision before the award of the CSCST. The College also acknowledges the process of gaining competence in supervision must start at an early stage in training with Trainees supervising more junior Trainees. The example set by the AES is the most powerful influence upon the standards of conduct and practice of a Trainee.

The Assigned Educational Supervisor (AES):

The AES is the lead Trainer in each unit/hospital

- They are responsible for between one and four trainees at any time. The number will depend on factors such as the size of the unit and the availability of support such as a Clinical Supervisors (CSs) or Clinical Tutors (CTs).

  The role of the Assigned Educational Supervisor is to:

- Have overall educational and supervisory responsibility for the Trainee in a given placement;
- Ensure that an induction to the unit (where appropriate) has been carried out;
- Ensure that the Trainee is familiar with the curriculum and assessment system relevant to the level or stage of training and undertakes it according to requirements;
- Ensure that the Trainee has appropriate day-to-day supervision appropriate to their stage of training;
- Act as a mentor to the trainee and help with both professional and personal development;
- Agree a learning agreement, setting, agreeing, recording and monitoring the content and educational objectives of the placement;
- Discuss the Trainee's progress with each Trainer with whom a Trainee spends a period of training and involve them in the formal report to the annual review process & MCR;
- Undertake regular formative/supportive appraisals with the Trainee (typically one at the beginning, middle and end of a placement) and create an AES report towards the end of the placement. Ensure that both parties agree to the outcome of these sessions and keep a written record on ISCP;
- Regularly inspect the Trainee's learning portfolio and ensure that the trainee is making the necessary clinical and educational progress;
- Ensure patient safety in relation to Trainee performance by the early recognition and management of those doctors in distress or difficulty;
- Inform trainees of their progress and encourage trainees to discuss any deficiencies in the training programme, ensuring that records of such discussions are kept;
- Keep the TPD informed of any significant problems that may affect the Trainee's training;
- Provide an end of placement AES report for the ARCP.

AES are appointed by the Specialty Training Committees. To become an Assigned Educational Supervisor, a Trainer must have demonstrated an interest and ability in teaching, training, assessing and appraising. They must have appropriate access to teaching resources and time for training allocated to their job plan. AESs must have undertaken training in a relevant 'Train the Trainer' programme offered by an appropriate educational institution and must keep up-to-date with developments in training.
They must have access to the support and advice of their senior colleagues regarding any issues related to teaching and training and to keep up-to-date with their own professional development.

2.5.4 Clinical Supervisor (CS)

Clinical supervisors are Consultant Trainers and responsible for delivering teaching and training in conjunction with the AES. They;

- Carry out assessments as requested by the TPD, AES, Mentor (if applicable) or the trainee. This will include delivering feedback to the Trainee, validating assessments and MSF raters;
- Ensure patient safety in relation to Trainee performance;
- Liaise closely with other colleagues, including the AES, regarding the progress and performance of the trainee with whom they are working during the placement;
- Keep the AES informed of any significant problems that may affect the Trainee's training;
- Contribute to the AES's end of placement report for the ARCP.

The training of CSs is similar to that of the AES.

2.5.5 Assessor

Assessors will carry out a range of assessments and provide feedback to the Trainee and the AES, which will support judgements made about a Trainee's overall performance. Assessments during training will usually be carried out by CS and other members of the surgical team, including (Multi-Source Feedback (MSF)) those who are not medically qualified, may be tasked with this role.

Those carrying out assessments must be appropriately qualified in the relevant professional discipline and trained in the methodology of Workplace based Assessment (WBA). This does not apply to MSF.

2.5.6 Trainee

The Trainee is required to take responsibility for their learning and to be proactive in initiating appointments to plan, undertake and receive feedback on learning opportunities. The Trainee is responsible for ensuring that:

- Register with the ISCP and set up their placement
- A learning agreement is put in place;
- Opportunities to discuss progression are identified;
- Assessments are undertaken;
- Evidence is recorded in the learning portfolio on weekly basis and LA, WBS's and MSF are competed in advance of ARCP.

2.5.7 Mentor

The role of the Mentor

- Each Trainee will have a nominated Mentor;
- Trainees should meet with their Mentors within the first six months of joining their specialty;
- Trainees are required to contact their Mentor to arrange meetings;
- Trainees are required to submit their mentor report electronically by the 31st of January each year; (one report each year)
- Mentor reports cover the calendar year from January to December.

2.5.8 Locum Consultants in Training Suitability and Role

The role of the locum consultant in training has being recognised by the ISPTC of the RCSI due to the ongoing dependency of these trainers in the Irish Healthcare system and the lack of robust or timely appointments to consultant posts in some cases. The support of Locum Consultants to train and support our trainees and their contribution to the training remit cannot be overlooked and is permissible under the following criteria

Suitability Criteria

- On the Specialist Registrar
- Registered and compliant with PCS
- Want to train
- Appropriate attitude and skills

Role of Locum Consultant in Training

- Can hold the role of Clinical Supervisor
- Can examine in mock clinics, vivas and participate in the teaching & training of trainees at core curriculums
- Cannot Undertake the role of an AES's, Mentors, Assis TPD's, TPD's, HBDST's or Specialty Lead on CST Committees
- Cannot review and as such participate in the final ARCP sign off for Trainees

3.0 Surgical Training Pathway

The National Surgical Training Programme is a minimum eight year training programme intended for medical graduates who have completed their internship and wish to pursue a career in surgery. There are however surgical specialties with reduced duration of training (e.g. OMFS, *Ophthalmic Surgery).

The Surgical Training Pathway in Ireland is a continuum of training from Core Surgical Training (ST1-ST2) to Specialty Training (ST3-ST8). Core Trainees are continuously assessed for progression to ST3 through the Competency Assessment Performance Appraisal (CAPA) process, successful completion of the MRCS exam, and specialty interviews.

The Equivalent Standards route (ESR) is an alternative route for entry into ST3. Currently candidates have unlimited opportunities to apply via this route, but this is subject to annual review by ISPTC. (section 4.0 for details).

Trainees on CST compete to progress to ST3 in their selected specialty towards the end of ST2. Whereas there are slight variations in the progression metrics amongst different surgical specialty groups, all are underpinned by the same set of core guiding principles.

The CST Cert. is awarded to trainees who have successfully completed and fulfilled all the requirements of the CST programme. The CST Cert. will only be awarded to Trainees who have completed the Core Surgical Training Programme. The rules to assess an applicant's eligibility for Certificate of Completion of Core Surgical (CST –Cert) Training are outlined below:

1) Trainees who have completed the 2-year Core Surgical Training Programme (CST) including successfully completing MRCS Part A&B or MRCS (ENT) OSCE.
2) Trainees must have achieved a minimum of 60% in at least 3 of their 4 CAPA assessments & completed the mandatory requirements of CAPA 4.
3) The CST-Cert will be issued automatically by the Surgical Training office.

The last sitting of the DO-HNS Part 1 examination was in September 2021. There will be no further sittings of the DO-HNS Part 1 after this time. As such, the DO-HNS qualification will no longer be available to new candidates from 2022.

The DO-HNS Part 2 (OSCE) examination will be renamed the MRCS (ENT) OSCE from February 2022. To gain the MRCS ENT candidates must complete the MRCS Part A and MRCS (ENT) OSCE.

A candidate who has previously passed the DO-HNS Part 1 (MCQ) examination may still obtain the DO-HNS diploma, provided they meet the eligibility criteria and are with the 7 year time frame by applying for the MRCS (ENT) OSCE and alerting the College that they wish to be awarded the DO-HNS

Trainees who are not progressing to ST3

In order to be eligible for a CST-CERT Trainees who are not progressing to ST3 must have completed the 2 year CST Programme and achieved a minimum of 60% in at least 3 of their four CAPA assessments. They must submit all required documentation for their 4th CAPA. Have passed all parts of the MRCS or MRCS (ENT) examinations within one year of completing the Core Surgical Training Programme, to be eligible to attain a CST Cert, by application only.

Note: A Trainee must have a CST Cert to be eligible to progress to ST3.

***Please note** Ophthalmic Surgery have a separate Basic Surgical Training Scheme which is administered by the Irish College of Ophthalmologists (ICO) for more information *http://www.eyedoctors.ie*

The surgical ophthalmology curriculum is a seven-year competence-based curriculum which consists of three common core years followed by four years of subspecialty training.
Trainees commence the four-year Higher Ophthalmic Surgical Training Programme in ST4. A ***minimum of three years*** must be completed on the Higher Ophthalmic Surgical Training Programme in Ireland and this is a mandatory requirement for completion of training.

3.1 Duration & Organisation of Specialty Training

Figure 2.0 below is an illustration of the generic Surgical Training Pathway. Please note that some surgical specialties have slight variations to this generic pathway. Detailed information on Core Surgical Training (CST) is presented in the CST Guidebook which is available for download on http://msurgery.ie/.

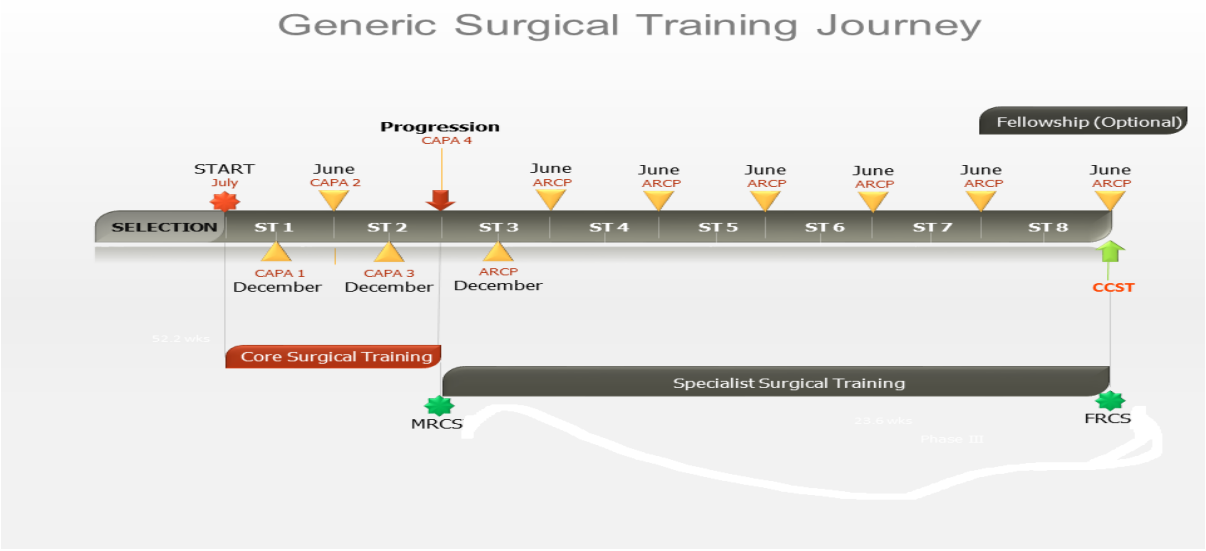


figure 2.0 Surgical Training Pathway

For Specialty Training (ST3 – ST8), each surgical specialty has a defined curriculum which Trainees need to follow. A detailed structure of training including components of the curriculum for each surgical specialty is outlined in the syllabus which is available for download from the ISCP website. Some surgical specialties will have additional mandatory requirements which will be outlined in the Global objectives for Trainees on ISCP, e.g. Core Curriculum, Mock vivas. In addition, Trainees are required to pass the relevant fellowship examination in order to achieve a Certificate of Satisfactory Completion of Specialist Training (CSCST). Awarding of CSCST deems eligibility for registration with Irish Medical Council.

See: https://www.iscp.ac.uk/curriculum/surgical/surgical_syllabus_list.aspx

In July 2021 the new ISCP curriculum was introduced for all Surgical Trainees, excluding Ophthalmic Surgery.

Please note Ophthalmic Surgery Trainees must have satisfactorily completed all assessments deemed appropriate by the Training Committee to be eligible to sit the final FRCSI exam in their final year of training.

3.2 Academic Surgery

All specialty training curricula require Trainees to understand the importance and purpose of research, and to develop the skills and attributes needed to critically assess research evidence. In addition, some Trainees will wish to consider or develop a career in academic surgery and may wish to explore this by undertaking a period of academic training (in either research or education) during their clinical training. Trainees may also wish to pursue a dedicated academic training pathway.

The Irish Surgical Postgraduate Training Committee (ISPTC) is committed to ensuring that Surgical Trainees have good exposure to Academic Surgery as an integral part of surgical training. As a first step, a taught course in research methodology was introduced in November 2015. This is a modular programme run over four days in ST3 and ST4 (i.e. two days in each training year). The programme will give a comprehensive introduction to research methodology relevant to surgeons and will be delivered in RCSI. Following ST4, some Trainees may apply to take time out of surgical training to pursue an MD or PhD through full time research for 2 years. However, the taught programme is intended for all Surgical Trainees, even if they do not plan to pursue an MD, MCh or PhD later.

For more information on Academic Surgery trainees are encouraged to review the RCSI report "Towards improved collaboration and coordination of surgical research in Ireland" which is available through the".

4.0 Selection into Specialist Training

The recruitment and selection process for Surgical Training Programme generally opens in early October and closes in November every year. Interviews for candidates take place the following February with commencement on ST1 of the National Surgical Training Programme that July.

There are two routes to Specialist Training;

A. Progression from ST2 direct to ST3
B. Equivalent Standards Route

Progression to specialist training after ST2 into ST3 is based on competitive ranking, performance and suitability metrics including a robust interview process. This process is managed by the Surgical Training Office in collaboration with the various Surgical Specialty groups.

The Equivalent Standards route (ESR) allows candidates to have unlimited opportunities to apply via this route. ESR candidates will be assessed against each other for a limited number of reserve places; this will be agreed with the Specialty & ISPTC as per normal course of business. The ratio of posts available for pathway/ESR will be such that the possibility of ESR candidates getting appointed is not greater than the pathway candidates progressing from ST2. Each surgical specialty will be involved in the pre-scoring of these applications and may undertake a shortlisting of candidates prior to interview.

As there are a limited number of places in the programme, entry to each Specialty is competitive. RCSI works in collaboration with the HSE/NDTP, to determine appointment numbers. More information on the National Surgical Training Programme and detailed information or criteria for progression can be found in the CST Guidebook via mSurgery (https://msurgery.ie) or on the RCSI website, Surgical Affairs http://www.rcsi.ie/surgicalaffairs .

On appointment to the Specialty Training Programme, Trainees are expected to complete a set of activities as represented in Figure 3.0 below.

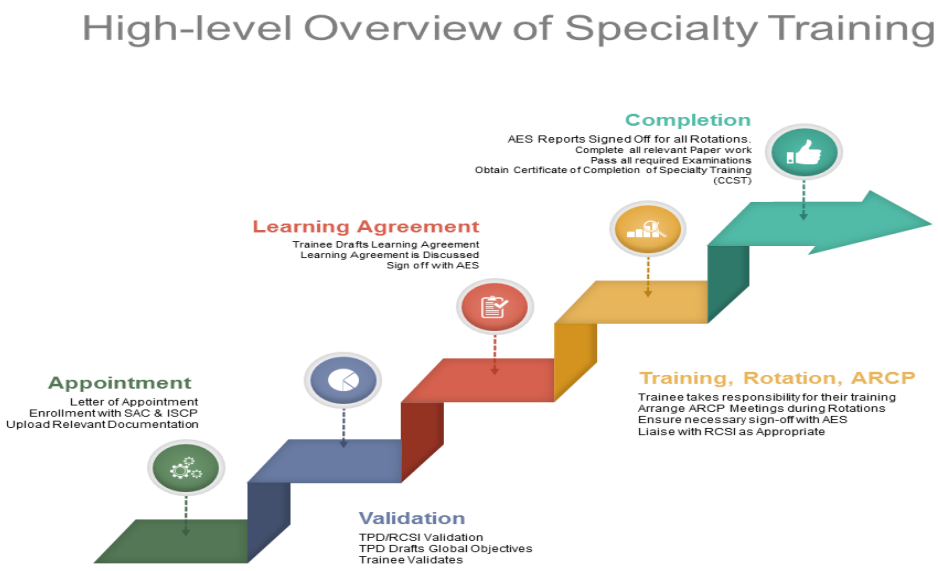


Figure 3.0 High-level Overview of Specialty Surgical Training in Ireland

RCSI promotes and implements equal opportunity policies. There is no place for unlawful discrimination on the grounds of age, disability, gender reassignment, marriage, civil partnership, pregnancy and maternity, race, religion or belief, sex, or sexual orientation. Training posts are offered on an equal opportunities basis, including the suitability of the post for part-time/job-share working. Appointment processes conform to employment laws as well as best practice in selection and recruitment. RCSI Promotes excellence and our code of practice require recruitment, selection and appointment to its programmes are open, fair and transparent.

4.1 Offers of Training

Trainees have an educational agreement with the College which indicated they may continue training programme subject to satisfactory progress. They will also be offered a contract of employment by the HSE for the placement(s) they will be working in. The Trainee's employment is separate from their training and their National Training Number (NTN) will be maintained throughout the duration of their training programme.

Once a programme allocation and offer has been made by RCSI and the applicant has accepted, the employing organisation will be informed of the applicant's details. RCSI offers of training and employment will be subject to the applicant being able to demonstrate Medical Council registration on the appropriate register, and criminal record and barring clearance at the appropriate level, as well as having completed all other pre-employment requirements, including references, according to current government legislation. Those intending to work with children require separate Garda Clearance to do so.

The employing organisation contacts the applicant to confirm the pre-employment process and set out the requirements for completion of satisfactory pre-employment checks. Contracts of employment remain the responsibility of the employing organisation. An offer of allocation to a training programme following the selection process is not an offer of employment. This can only be made by an employer, who will need to ensure that the candidate who has been allocated that employer meets the requirements of employability.

If an applicant is selected and offered a placement on a training programme, these offers are subject to satisfactory pre- employment checks and the employing organisation (HSE) ultimately has the right to refuse employment although any refusal must have a valid reasons.

4.2 National Training numbers (NTN)

Following appointment to a specialty training programme, a NTN will be awarded. The NTN is unique to the Trainee for the period they are in specialty training. The NTN may be changed for a given Trainee if that trainee is subsequently appointed competitively to a different specialty or academic programme.

A Trainee should not hold more than one training number (NTN) at any time.

Where a NTN has been issued, it will be held so long as the Trainee is in specialty training or is out of programme on statutory grounds, or for out-of-programme activity that has been approved with the Postgraduate Dean. NTNs will only be held by doctors in specialty training programmes until they have completed training (subject to satisfactory progress) & have an end point at that time. A Trainee cannot hold on to the NTN number beyond satisfactory sign off of ST8.

A CSCST can only be awarded to a doctor who has been allocated a NTN by competitive appointment to a JCST/RCSI approved training programme and who has successfully completed the relevant specialty training and their fellowship examination (FRCS).

4.2.1 Maintaining a NTN: Continuing Registration

Trainees in specialty training programmes will retain their NTNs through satisfactory progress and performance. They should also continue to comply with the conditions for taking up a training post.

Trainees can maintain their NTN and therefore continue registration with RCSI/JCST even if they take time out for research (and may no longer be employed by the HSE) or when they take an agreed career break. In advance of leaving a training programme, for a period of time, in accordance with the guidance for time out of programme, Trainees must agree the following:

- With the Postgraduate Dean the period of the time out of programme.
- To complete the appropriate out of programme document, which sets down the agreed terms of leave from the programme. Time out of programme will not normally be agreed until a Trainee has been on a training programme for at least one year.
- Where research is concerned, they will continue to pursue the research as previously agreed unless a change to the research programme was subsequently agreed with the ACS.
- That they intend to return to complete their training to CSCST.
- to provide the TPD with an up-to-date contact details so that regular communication about the Trainee's intentions and entitlements is maintained

The Postgraduate Dean cannot guarantee the date or the location of the trainee's return placement. It is therefore important that both the Postgraduate Dean and the TPD are advised

well in advance of a Trainee's wish to return to clinical training. Postgraduate Deans will attempt to identify a placement as soon as possible but Trainees should indicate their intention and preferred time of return as soon as they are able to do so.

The return of the Trainee into the programme should be taken account of by the TPD when planning placements. If a Trainee, having indicated that they are returning to the training programme, subsequently declines the place offered, then there is no guarantee that another place can be identified although every effort will be made to do so. Under these circumstances (but following discussion with the relevant TPD and the Postgraduate Dean), the Trainee may need to relinquish their NTN. Employing organisations need to be privy to any decisions by trainees to relinquish their NTN so that they can manage their service needs in order for the process to be timely and fair.

4.2.2 When is a NTN number withdrawn?

The NTN will be withdrawn when a Trainee:

a. Has completed their training programme (including a period of grace where relevant).
b. Is assessed by the Postgraduate Dean as not being suitable for continuing training in the specialty in the Republic of Ireland.
c. Does not comply with the requirements for registering or maintaining their registration.
d. Does not hold Medical Council registration.
e. Is erased or suspended (for any period of time) from the medical register or where restrictions are applied to their licence to practice (including loss of licence), where such measures are incompatible with continuing in a medical training programme at their level of training.
f. Is dismissed by an employer or resigns their place on the training programme.

In all cases where a NTN is withdrawn, the Postgraduate Dean, in collaboration with the surgical specialty, will inform the Trainee in writing of the reasons for this decision and (where necessary) their right of appeal. Depending on the reason for withdrawal of a training number, an ARCP panel is not necessarily required for this to occur.

In some circumstances, a Trainee may not be currently employed in the HSE (e.g. they may be working overseas or taking a break from employment). Where the Postgraduate Dean believes that the conditions under which such a Trainee holds the training number have been breached and that the training number should be withdrawn, the Dean will write to the training number holder, TPD & JCST to advise of the decision. The Trainee will have the right of appeal through the appeals process (section 5.4.14).

The relevant employing organisations need to be informed of any decision for withdrawal of a training number as this could also result in their employment contract will be terminated. However, the decision for the NTN to be withdrawn on educational grounds rests with the Postgraduate Dean.

In an instance where a doctor has their training number temporarily withdrawn but subsequently this decision is revoked and their registration reinstated, the Trainee may request the National Director of Surgical Training (NDST) & TPD to restore their NTN.

Training posts and programmes are not normally available to Trainees who have previously relinquished or been released or removed from a training post or programme. However, provided there is no outstanding fitness to practice issues, it is open to those who have had their NTN number withdrawn or have given their NTN up voluntarily to reapply to specialty training at a later date. In order to reapply for training in the same specialty, where a Trainee has previously been removed or resigned, they must have the support of the Postgraduate Dean and Specialty Training committee.

4.3 Deferring the start of a specialty training programme

The start of training for both specialty and core training may only be deferred on statutory grounds (e.g. maternity/paternity/adoption leave, ill health). For any reasons other than those mentioned above that they wish to have considered, the Trainee should declare these at the time of application to the training scheme.

4.4 Registering with SAC

Trainees are expected to complete all required administrative processes which will allow them enrol with the SAC in advance of progressing with the clinical rotations. Detailed information on requirements and process for enrolment is made available to all Trainees and is also available through the JCST website. (http://www.jcst.org/committees/specialty-advisory-committees-sacs-1)

RCSI also provides dedicated administrative support for each surgical specialty. Contact details for each surgical specialty is available in section 9.0 of this document.

4.5 The Intercollegiate Surgical Curriculum Programme (ISCP)

The ISCP provides the approved framework for surgical training from completion of core years (ST1 & ST2) through to consultant level. It achieves this through a comprehensive syllabus that lays down the standards of specialty-based knowledge, clinical judgement, technical and operative skills and professional skills and behaviour, which must be acquired at each stage of training in order to progress and allows the Trainee to maintain a portfolio via the site to record the various work based assessments (WBA), Multi Consultant Report (MCR) RCSI-portfolio and Annual Review of Competence Progression (ARCP) as the Trainee progresses through ST3 - ST8 years of training.

Trainees in ROI are required to use the ISCP portal for their surgical career from ST3 onwards. It is used as a portfolio for all achievements, publications, presentations, audits, surgical cases etc. It is important to point out that Trainees are responsible for driving their training. Trainees must ensure that the evidence to support their training and the required competencies they need to achieve each year for progression through specialty training along with successful completion of the FRCS exam and ultimately the award of Certificate of Satisfactory Completion of Specialist Training (CSCST), are maintained and managed through the ISCP portal. RCSI will support all Trainees and Trainers by providing necessary guidance and support on the use of the portal.

All Trainees commencing Specialty Training in ST3, with the exception Ophthalmic Surgery Trainees, are required to register with ISCP (https://www.iscp.ac.uk).

4.6 RCSI Structured Educational Programmes

It is mandatory for Trainees from ST3-ST8 to participate actively in the RCSI structured Education Programmes & Core Curriculum Programmes as defined by the various training programmes.
Details of the training requirements and number of training days vary from specialty to specialty and are provided to Trainees on appointment via the induction guides and in the global objectives on ISCP.

Broadly speaking, structured training programmes include Operative Surgical Skills (OSS) classes, Human Factors in Patient Safety (HFPS) modules, submission of the set number of assignments on School for Surgeons (VLE), Core Curriculum days.
These classes take place in RCSI in Dublin. It is the responsibility of Trainees to ensure that they have selected their module dates. The calendar for mandatory classes is available from mid-august each year and trainees are briefed on booking their classes at the induction session .Full details are also available in the CST Guide and on and via mSurgery http://msurgery.ie/.

4.6.1 Human Factors in Patient Safety

A programme of professional training in Human Factors in Patient Safety principles is a mandatory component of training for all surgical trainees commencing at Core Training and continuing up to the final year ST8 Specialty Training.

The Human Factors in Patient Safety programme provides a greater awareness of risk and error in the workplace by providing trainees with skills required to mitigate risk and prevent adverse outcomes. The programme supports the professional development of trainees and seeks to reinforce and ensure a culture of patient safety for the benefit of hospital patients The RCSI Human Factors in Patient Safety programme also has a unique focus on non-technical skills, such as communication, teamwork, decision-making, leadership and managing stress emphasising how these skills are facilitate better performance and enhanced self-care.

Training sessions use a combination of interactive classroom-based and experiential teaching methods. Classes are multi disciplinary in nature and all sessions are facilated by a Human Behaviour specialist and a specialist consultant. Each trainee must attend all mandatory components of training which have been tailored to their level and specialty.

4.6.2 Operative Surgical Skills

Education delivery for trainees can be broken down into a number of components Mandatory

(RCSI), Training courses to be completed for certification (CSCST) and sub specialty interest courses that the Trainee may undertake during the time on the programme

Trainees are expected to be in attendance as part of their mandatory curriculum.

All mandatory training days (OSS & HFPS) should be recorded on ISCP as part of the trainees portfolio of learning and education.

4.6.3 Mentorship

Many specialties are committed to supporting trainees at all stages of training and have developed a structured mentoring programme which is available to trainees at all levels. Mentoring allows trainees develop strong connections and get advice and direction on the challenges that all those embarking on a surgical training experience.

4.7 RCSI Logbook

RCSI have developed an in-house logbook for use by all trainees. The logbook was first introduced in 2018 for Core Surgical Trainees. Those who commenced ST3 post 2020 will be expected to use the RCSI logbook to record activity during Specialist Training in Surgery. The logbook is available on http://msurgery.ie/.

All trainees are required to keep an accurate and up to date surgical logbook to support the assessment of operative skills, using corresponding supervision levels.

E logbook has been phased out for use by Specialist trainees, ESR appointed trainees will be required to use the RCSI log look for their duration of training.

4.8 mSurgery Website

mSurgery is a custom built site for all Trainees that contains essential information for surgical trainees. It contains videos on surgical procedures and skills, access to online mobile medical books, case studies etc links to RCSI logbook and other useful sites and more. This site is accessible by all doctors throughout ROI. Information pertaining to training, generic polices, specialty induction guides and funding streams can be viewed under Specialist Training thumbnail. http://msurgery.ie/.

4.9 RCSI Student Card and Access to the RCSI Library

All Trainees require an RCSI email to access journals on the RCSI portal. Also, entry into the RCSI Library will require a student ID card which is obtained through the IT department, RCSI House, Ground floor, 121 St Stephens Green, Dublin 2.

The Surgical Training Office provides administrative support to facilitate the above process.

5.0 ISCP Curriculum, Assessment, Feedback & Progression

5.1 Curriculum overview

The ISCP contains the most up to date version of the curriculum for each of the surgical specialties listed in Section 3.0 above (Ophthalmic Surgery is managed in collaboration with the Irish College of Ophthalmologists). The responsibility for setting the curriculum standards for surgery rests with the Royal Colleges of Surgeons which operate through the Joint Committee on Surgical Training (JCST) and its ten Specialty Advisory Committees (SACs) and Core Surgical Training Committee (CSTC). The latest updates to ISCP was introduced in July 2021. ***(please see 5.4.15 on notes regarding updated Curriculum changes effective from 2021)***

The aims of the curriculum are to ensure the highest standards of surgical practice in the ROI by delivering high quality surgical training and to provide a programme of training from the completion of the foundation years, through to the completion of specialty surgical training, culminating in the award of a CSCST. The curriculum was founded on the following key principles which support the achievement of these aims:

- A common format and similar framework across all the specialties within surgery;
- Systematic progression from the end of the foundation years through to completion of surgical specialty training;
- Curriculum standards which are underpinned by robust assessment processes, both of which conform to the standards specified by the Medical Council and RCSI;
- Regulation of progression through training by the achievement of outcomes which are specified within the specialty curricula. These outcomes are competence-based rather than time-based;
- Delivery of the curriculum by surgeons who are appropriately qualified to deliver surgical training;
- Formulation and delivery of surgical care by Surgeons working in a multidisciplinary environment;
- Collaboration with those charged with delivering health services and training at all levels.

The curriculum is broad based and blueprinted to the eight Medical Council domains of good professional practice. Equality and diversity are integral to the rationale of the curriculum and underpin the professional behaviour and leadership skills syllabus. ISCP encourages a diverse surgical workforce and therefore encourages policies and practices which:

- ensure every individual is treated with dignity and respect irrespective of their age, disability, race, religion, gender, sexual orientation or marital status, or whether they have undergone gender reassignment or are pregnant;

- promote equal opportunities and diversity in training and the development of a workplace environment in which colleagues, patients and their carers are treated fairly and are free from harassment and discrimination.

It is expected these values will be realised through collaborative engagement with the HSE. This principle also underlies the Professional Behaviour and Leadership syllabus.

5.2 Components of the curriculum

The surgical curriculum has been designed around four broad areas, which are common to all the surgical specialties:

- Syllabus – defines topics Trainees are expected to know, and be able to perform at the various stages of their training;
- Teaching and learning – details how the content is communicated and developed, including the methods by which Trainees are supervised;
- Assessment and feedback - how the attainment of outcomes are measured or judged with formative feedback to support learning;
- Training systems and resources - how the educational programme is organised, recorded and quality assured.

In order to promote high quality and the safe care of surgical patients, the curriculum specifies the parameters of knowledge, clinical skills, technical skills, professional behavior and leadership skills which are considered necessary to ensure patient safety throughout the training process and specifically at the end of training. The curriculum therefore provides the framework for surgeons to develop their skills and judgement and a commitment to lifelong learning in line with the service they provide.

A similar framework of stages and levels is used by all the specialties. Trainees progress through the curriculum by demonstrating competencies to the required standard for their stage of training. Within this framework each specialty has defined its structure and indicative length of training. Each individual specialty syllabus provides details of how the curriculum is shaped to the stages of training.

In general terms, by the end of training, surgeons need to demonstrate:

- Theoretical and practical knowledge related to surgery in general and to their specialty practice;
- Technical and operative skills;
- Clinical skills and judgement;
- Generic professional and leadership skills;
- An understanding of the values which underpin the profession of surgery and the responsibilities which accompany a member of the profession;
- The special attributes needed to be a Surgeon;

- A commitment to their ongoing personal and professional development and practice using reflective practice and other educational processes;
- An understanding and respect for the multi-professional nature of healthcare and their role in it;
- An understanding of the responsibilities of being an employee in the ROI and or UK health systems and or a private practitioner.

In the final stage of training, when the Trainee has attained the knowledge and skills required for the essential aspects of the curriculum in their chosen specialty, there will be the opportunity to extend his or her skills and competencies in one or two specific fields. The final stage of the syllabus covers the major areas of specialised practice. The syllabi are intended to allow the future CSCST holder to develop a particular area of clinical interest and expertise prior to appointment to a consultant post. Some will require further post-certification training in order to achieve the competencies necessary for some of the rarer complex procedures. In some specialties, interface posts provide this training in complex areas pre-certification.

Acting up as a consultant (AUC) under supervision provides final year Trainees with experience to help them make the transition from Trainee to Consultant. A period of acting up offers Trainees an opportunity to get a feel for the consultant role while still being under a level of supervision. AUC is not a mandatory element of training but may present if as an opportunity for Trainees during the course of their training.

The Trainee acting up will be carrying out a consultant's tasks but with the understanding that they will have a named supervisor at the hosting hospital and that the designated supervisor will always be available for support, including out of hours or during on-call work.

Specialty Advisory Committee (SAC) support is required and must be sought prospectively through an application to the JCST. Trainees will need to follow the JCST guidance which can be found on the JCST website

Guidelines:

- Trainee must be in final year of training
- Have passed the Intercollegiate Specialty Exam or relevant
- Trainee can only be considered where there are no other suitable candidates have applied for the position
- The post does not exceed a total of three months
- Trainee acting up will be carrying out a consultant's tasks but with the understanding that they will have a named supervisor at the hosting hospital and that the designated supervisor will always be available for support, including out of hours or during on-call work
- Trainee must apply to the TPD for approval.
- The post must be defined as acting up for an absent consultant, and cannot be used to fill a new locum consultant post or to fulfil service needs.
- The Postgraduate training body, The Hospital CEO and Clinical directors must all approve the trainee acting
- The TPD or nominee must be agreeable to the AUC and confirm in writing to the employer as per HSE Circular (document 2)

5.3 Educational Framework

The educational framework is built on three key foundations that are interlinked:

- Stages in the development of competent practice;
- Standards in the areas of specialty-based knowledge, clinical judgement, technical and operative skills, and professional behaviour and leadership;
- Framework for Appraisal, Feedback and Assessment.

The modular surgical curriculum framework has been designed to define stages in the development of competent surgical practice, with each stage underpinned by explicit outcome standards. This provides a means of charting progress through the various stages of surgical training in the domains of specialty-based knowledge, clinical and technical skills and professional behavior and leadership (including judgement).

Each surgical specialty has adapted this approach to reflect their training pathway. Therefore, although the educational concept is similar for all specialties the composition of the stages will differ.

During the intermediate and final stages, the scope of specialty practice increases with the expansion in case mix and case load. This is accompanied by the need for greater depth of knowledge and increasing skills and judgement. The content is therefore based on progression, increasing in both depth and complexity through to the completion of training.

Surgeons need to be able to perform in differing conditions and circumstances, be highly responsive to unpredictable factors, and make decisions under pressure and frequently in the absence of all of the desirable data. Surgeons use professional judgement, insight and leadership in everyday practice, working within multi-professional teams. The Professional Behaviour and Leadership Skills syllabus is mapped to the Leadership framework as laid out and is underpinned by the Medical Council domains of professional practice. The Professional Behaviour and Leadership skills section of the syllabus is common to all surgical specialties.

The syllabus lays down the standards of specialty-based knowledge, clinical judgement, technical and operative skills and professional skills and behaviour that must be acquired at each stage in order to progress. The syllabus comprises the following components:

- A specialty overview which describes the following:
  - Details of the specialty as it practised in the ROI
  - The scope of practice within the specialty
  - The key topics that a trainee will cover by the end of training
  - An overview of how, in general terms, training is shaped

- Key topics that all trainees will cover by certification and will be able to manage independently, including complications. These are also referred to as essential topics;

- Index procedures refer to some of the more commonly performed clinical interventions and operations in the specialty. They represent evidence of technical competence across the whole range of specialty procedures in supervised settings, ensuring the required elements of specialty practice are acquired and adequately assessed. Direct Observations of Procedural Skills (DOPS) and Procedure-based Assessments (PBAs) assess Trainees carrying out index procedures (whole procedures or specific sections) to evidence learning;

- The stages of training, comprise of a number of topics to be completed during a notional period of training. Within each stage there is the syllabus content which contains the specialty topics to be covered. Each of these topics includes one or more learning objectives and the level of performance or competence to be achieved at completion in the domains of:

    - Specialty-based knowledge;
    - Clinical skills and judgement;
    - Technical and operative skills.

5.4 Assessment and Feedback

The purpose of the assessment system is to:

- Determine whether Trainees meet the standards of competence and performance specified at various stages in the curriculum for surgical training;

- Provide systematic and comprehensive feedback as part of the learning cycle;

- Determine whether Trainees have acquired the common and specialty-based knowledge, clinical judgement, operative and technical skills, and generic professional behaviour and leadership skills required to practise at the level of Certification in the designated surgical specialty;

- Address all Eight Domains of Good Professional Practice and conform to the principles laid down by the Medical Council.

5.4.1 Components of the assessment system

The individual components of the assessment system are:

- Workplace-based assessments covering knowledge, clinical judgement, technical skills and professional behaviour and attitudes. These are complemented by the surgical logbook of procedures to support the assessment of operative skills;

- Mandatory Training days such as Core Curriculum, Operative Surgical Skills, Endoscopy days etc if applicable;

- Examinations held at key stages; during the early years of training and towards the end of specialty training;

- The Learning Agreement and the Assigned Educational Supervisor's report;

- An Annual Review of Competence Progression (ARCP).

In order to be included in the assessment system, the assessments methods selected must meet the following criteria:

- **Valid** - ensure face validity, the workplace based assessments comprise direct observations of workplace tasks. The complexity of the tasks increases in line with progression through the training programme. To ensure content validity all the assessment instruments have been blueprinted against all of the standards of good medical practice;
- **Reliable** - in order to increase reliability, there will be multiple measures of outcomes. ISCP assessments make use of several observers" judgements, multiple assessment methods (triangulation) and take place frequently. The planned, systematic and permanent programme of assessor training for trainers and Assigned Educational Supervisors (AESs) is intended to gain maximum reliability of placement reports;
- **Feasible** - the practicality of the assessments in the training and working environment has been taken into account. The assessment should not add a significant amount of time to the workplace task being assessed and Assessors should be able to complete the scoring and feedback part of the assessment in 5-10 minutes;
- **Cost-effectiveness** – once staff have been trained in the assessment process and are familiar with the ISCP website, the only significant additional costs should be any extra time taken for assessments and feedback and the induction of new AES. The most substantial extra time investment will be in the regular appraisal process for units which did not previously have such a system;
- **Opportunities for feedback** – all the assessments, both those for learning and of learning, include a feedback element. Structured feedback is a fundamental component of high quality assessment and should be incorporated throughout workplace based assessments;

- **Impact on learning** - the workplace-based assessments are all designed to include contemporaneous feedback as part of the process. A minimum number of three appraisals with the AES per clinical placement are built into the training system. The assessment process thus has a continuous developmental impact on learning. The emphasis given to reflective practice within the portfolio also impacts directly on learning.

5.4.2 Types of Assessment

Assessments can be categorised as for learning or of learning, although there is a link between the two.

Assessment for Learning - is primarily aimed at aiding learning through constructive feedback which identifies areas for development. Alternative terms are Formative or Low-stakes assessment. Lower reliability is acceptable for individual assessments as they can and should be repeated frequently. This increases their reliability and helps to document progress. Such assessments are ideally undertaken in the workplace.

Assessments for learning are used in the curriculum as part of a developmental or ongoing teaching and learning process, mainly comprise of workplace-based assessments. They provide the Trainee with educational feedback from skilled clinicians which should result in reflection on practice and an improvement in the quality of care. Assessments are collated in the Trainee's learning portfolio. These are regularly reviewed during each placement, providing evidence which inform the judgement of the AES who report to the TPD and the ARCP review board. Assessments for learning therefore contribute to summative judgements of the Trainee's progress.

Assessment of Learning - is primarily aimed at determining a level of competence to permit progression through training or for certification. Such assessments are undertaken infrequently (e.g. MCQ's, UKITE, FRCS examinations) and must have high reliability as they often form the basis of decisions.

Assessments of learning in the curriculum are focused on the waypoints in the specialty syllabuses. For the most part these comprise of the examinations and AES reports which, taken in the round, cover the important elements of the syllabus and ensure no gaps in achievement to develop. They are collated at the ARCP panel, which determines progress or otherwise.

The balance between the two assessment approaches principally relates to the relationship between competence and performance. Competence (ability) is necessary but not sufficient for performance. As Trainees" experience increases performance-based assessment in the workplace become more important.

5.4.3 Workplace Based Assessment (WBA)

The primary purpose of WBAs is to provide short loop feedback between Trainers and their Trainees – a formative assessment to support learning. They are designed to be mainly trainee driven but may be triggered or guided by the Trainer. Also the number of types and intensity of each type of WBA in any one assessment cycle will be initially determined by the Learning Agreement (LA) which is created by the Trainee at the beginning of each training placement and regularly reviewed. The intensity may be altered to reflect progression and Trainee requirements. For example, a Trainee in difficulty would undertake more frequent assessments above as agreed by the Training Committee baseline for all trainees. In that sense WBAs meet the criterion of being adaptive.

WBAs are designed to:

- Provide feedback to Trainers and Trainees as part of the learning cycle;
- Provide formative guidance on practice;
- Encompass the assessment of skills, knowledge, behaviour and attitudes during day-to-day surgical practice;
- Provide a reference point on which Trainees levels of competence can be compared with those required at the end of a particular stage of training;
- Inform the AESs (summative) assessment at the completion of each placement;
- Contribute towards a body of evidence held in the trainee's learning portfolio and be made available for the ARCP, both interim and annual.

The assessment methods used are:

- CBD (Case Based Discussion)
- CEX (Clinical Evaluation Exercise)
- PBA (Procedure-based Assessment)
- DOPS (Direct Observation of Procedural Skills in Surgery)
- MSF (Multi Source Feedback (Peer Assessment Tool)
- AoA (Assessment of Audit)
- OoT (Observation of Teaching)

These assessments can be divided into:

- Observational Tools (CEX, DOPS and PBA)
- Discussion Tools (CBD)
- Insight Tools (MSF)

Assessment of Audit (AoA)

The AoA reviews a Trainee's competence in completing an audit. Like all workplace-based assessments, it is intended to support reflective learning through structured feedback. It was adapted for surgery from an instrument originally developed and evaluated by the UK Royal Colleges of Physicians.

The assessment can be undertaken whenever an audit is presented or otherwise submitted for review. It is recommended more than one assessor takes part in the assessment, and this may be any Surgeon with experience appropriate to the process. Assessors do not need any prior knowledge of the Trainee or their performance to date, nor do the assessors need to be the trainee's current AES.

Verbal feedback should be given immediately after the assessment or within a reasonable timeframe and should take no more than 5 minutes to provide. A summary of the feedback with any action points should be recorded on the AoA online and uploaded on the Trainees ISCP portfolio.

The AoA guidance notes, available through the ISCP website (https://www.iscp.ac.uk) provide a breakdown of competences evaluated by this method.

Case Based Discussion (CBD)

The CBD was originally developed for the foundation training period and was contextualised to the surgical environment. The method is designed to assess clinical judgement, decision-making and the application of medical knowledge in relation to patient care in cases for which the Trainee has been directly responsible. The method is particularly designed to test higher order thinking and synthesis as it allows Assessors to explore deeper understanding of how trainees compile, prioritise and apply knowledge. The CBD is not focused on the Trainee's ability to make a diagnosis nor is it a viva-style assessment. The CBD should be linked to the Trainee's reflective practice.

The CBD process is a structured, in-depth discussion between the trainee and the Trainee's Assessor (normally the AES) about how a clinical case was managed by the trainee; talking through what occurred, considerations and reasons for actions. By using clinical cases that offer a challenge to the trainee, rather than routine cases, the Trainee is able to explain the complexities involved and the reasoning behind choices they made. It also enables the discussion of the ethical and legal framework of practice. It uses patient records as the basis for dialogue, for systematic assessment and structured feedback. As the actual record is the focus for the discussion, the Assessor can also evaluate the quality of record keeping and the presentation of cases.

Most assessments take no longer than 15-20 minutes. After the discussion and completing in the assessment form, the Assessor should provide immediate feedback to the Trainee. Feedback would normally take about five minutes.

Clinical Evaluation Exercise and Clinical Evaluation Exercise for Consent (CEXC)

The CEX/C is a method of assessing skills essential to the provision of good clinical care and to facilitate feedback. It assesses the Trainee's clinical and professional skills on the ward, on ward rounds, in Accident and Emergency or in outpatient clinics. It was designed originally by the American Board of Internal Medicine and was contextualised to the surgical environment.

Trainees will be assessed on different clinical problems which they encounter from within the curriculum in a range of clinical settings. Trainees are encouraged to choose a different assessor for each assessment but one of the assessors must be the trainee's current AES. Each Assessor must have expertise in the clinical problem.

The assessment involves observing the Trainee interact with a patient in a clinical encounter. The areas of competence covered include: consent (CEXC), history taking, physical examination, professionalism, clinical judgement, communication skills, organisation or efficiency and overall clinical care. Most encounters should take between 15-20 minutes.

Assessors do not need to have prior knowledge of the Trainee. The assessor's evaluation is recorded on a structured form that enables the Assessor to provide developmental verbal feedback to the trainee immediately after the encounter. Feedback would normally take about five minutes.

Direct Observation of Procedural Skills (DOPS)

The DOPS is used to assess the Trainee's technical, operative and professional skills in a range of basic diagnostic and interventional procedures, or parts of procedures, during routine surgical practice in order to facilitate developmental feedback. The method is a surgical version of an assessment tool originally developed and evaluated by the UK Royal Colleges of Physicians.

DOPS are used in simpler environments and can take place in wards or outpatient clinics as well as in the operating theatre. DOPS are set at the standard for Core Surgical Training (ST1 and ST2) although some specialties may also use specialty level DOPS in higher specialty training.

The DOPS online form can be used routinely every time the Trainer supervises a trainee carrying out one of the specified procedures, with the aim of making the assessment part of routine surgical training practice. The procedures reflect the index procedures in each specialty syllabus which are routinely carried out in the Trainee's workplace.

The assessment involves an Assessor observing the Trainee perform a practical procedure within the workplace. Assessors do not need to have prior knowledge of the trainee. The assessor's evaluation is recorded on a structured online form that enables the Assessor to provide verbal developmental feedback to the Trainee afterwards. Trainees are encouraged to choose a different assessor for each assessment but one of the Assessors must be the current AES. Most procedures take no longer than 15-20 minutes. The Assessor should provide feedback to the Trainee after completing the observation and evaluation. Feedback would normally take about five minutes.

The DOPS form is completed for the purpose of providing feedback to the Trainee. The overall rating on any one assessment can only be completed if the entire procedure is observed. A

judgement will be made on completion of the placement about the overall level of performance achieved in each of the assessed surgical procedures.

Multi-Source Feedback (MSF)

Surgical Trainees work as part of a multi-professional team with other people who have complementary skills. Trainees are expected to understand the range of roles and expertise of team members in order to communicate effectively to achieve high quality service for patients. The MSF (previously known as 360° assessment) is a method of assessing professional competence within a team-working environment and providing developmental feedback to the trainee.

Trainees should complete an MSF once a year in ROI. The Trainee's AES may request further assessments if there are areas of concern at any time during training.

The MSF comprises a self-assessment and assessments of a trainee's performance from a range of co- workers. It uses up to twelve raters with a minimum of eight. Raters are chosen by the Trainee and will always include the AES and a range of colleagues covering different grades and environments (e.g. ward, theatre, outpatients) but not patients. The AES will be based placed to advise/guide Trainees who their raters should be.

Observation of Teaching (OoT)

The OoT provides formative feedback to Trainees as part of the on-going culture of reflective learning that workplace-based assessment seeks to develop. It was adapted from the Teaching Observation Tool developed by the Joint Royal Colleges of Physicians Training Board (JRCPTB) for use in surgery. It assesses instances of formal teaching delivered by the trainee as and when they arise.

The form is intended for use when teaching session by a Trainee is directly observed by the Assessor. This must be in a formal situation where others are gathered specifically to learn from the speaker, and does not include bedside teaching or other occasions of teaching in the presence of a patient. Assessors may be any surgeon with suitable experience to review the teaching event.

Possible areas for consideration to aid assessment and evaluation are included in the guidance notes available through the ISCP website. It should be noted that these are suggestions for when considering comments and observations rather than mandatory competences.

Procedure Based Assessment (PBA)

The PBA assesses the Trainee's technical, operative and professional skills in a range of specialty procedures or parts of procedures during routine surgical practice up to the level of certification. PBAs provide a framework to assess practice and facilitate feedback in order to direct learning. The PBA was originally developed by the Orthopaedic Competence Assessment Project (OCAP) for Trauma and Orthopaedic surgery and was further developed by the SAC for surgery for use in all the surgical specialties.

The assessment method uses two principal components:

- A series of competences within five domains. Most of the competences are common to all procedures, but a relatively small number of competences within certain domains are specific to a particular procedure;
- A global assessment which are divided into eight levels of global rating. The highest rating is the ability to perform the procedure to the standard expected of a specialist in practice within the HSE (the level required for certification or equivalent).

The assessment form is supported by a worksheet consisting of descriptors outlining desirable and undesirable behavior's which assist the Assessor in deciding whether or not the Trainee has reached a satisfactory standard for certification, on the occasion observed, or whether they require development.

The procedures chosen should be representative of those that the Trainee would normally carry out at that training level and will be one of an indicative list of index procedures relevant to the specialty. The Trainee generally chooses the timing and makes the arrangements with the Assessor. The Assessor will normally be the Trainee's, Clinical Supervisor or another surgical consultant trainer. One of the Assessors must be the Trainee's current AES. Some PBAs may be assessed by senior trainees depending upon their level of training and the complexity of the procedure. Trainees are encouraged to request assessments on as many procedures as possible with a range of different assessors.

Assessors do not need to have prior knowledge of the Trainee. The Assessor will observe the trainee undertaking the agreed sections of the PBA in the normal course of workplace activity (usually scrubbed). Given the priority of patient care, the Assessor must choose the appropriate level of supervision depending on the Trainee's stage of training. Trainees will carry out the procedure, explaining their intention throughout. The Assessor will provide verbal prompts, if required, and intervene if patient safety is at risk.

5.4.4 Examinations

Examinations are held at two key stages: during initial training and towards the end of specialty training.

The Membership Examination of the Surgical Royal Colleges of Great Britain and in Ireland (MRCS)

The MRCS is designed for candidates in the generality part of their specialty training. The purpose of the MRCS is to determine that Trainees have acquired the knowledge, skills and attributes required for the completion of core training in surgery, and to determine their ability to progress to higher specialist training in surgery. The MRCS examination has two parts: Part A (written paper) and Part B Objective Structured Clinical Examination (OSCE).

Core Surgical Trainees who wish to pursue a career in Otolaryngology, Head and Neck Surgery can also undertake the MRCS Part A examination followed by the DO-HNS Part 2 OSCE leading to the award of MRCS (ENT) in order to progress to ST3 interviews (please note this is only applicable to Trainees who wish to pursue specialty training in Otolaryngology, Head and Neck Surgery).

The last sitting of the DO-HNS Part 1 examination was in September 2021. There will be no further sittings of the DO-HNS Part 1 after this time. As such, the DO-HNS qualification will no longer be available to new candidates from 2022.

The DO-HNS Part 2 (OSCE) examination will be renamed the MRCS (ENT) OSCE from February 2022. To gain the MRCS ENT candidates must complete the MRCS Part A and MRCS (ENT) OSCE.

A candidate who has previously passed the DO-HNS Part 1 (MCQ) examination may still obtain the DO-HNS diploma, provided they meet the eligibility criteria and are with the 7 year time frame by applying for the MRCS (ENT) OSCE and alerting the College that they wish to be awarded the DO-HNS

MRCS Part A (written paper)

Part A of the MRCS is a machine-marked, written examination using multiple-choice Single Best Answer and Extended Matching items. It is a four-hour examination consisting of two papers, each of two hour's duration, taken on the same day. The papers cover generic surgical sciences and applied knowledge, including the core knowledge required in all surgical specialties as follows:

Paper 1 - Applied Basic Science
Paper 2 - Principles of Surgery-in-General

The marks for both papers are combined to give a total mark for Part A. To achieve a pass the candidate is required to demonstrate a minimum level of knowledge in each of the two

papers in addition to achieving or exceeding the pass mark set for the combined total mark for Part A.

MRCS Part B (OSCE)

The Part B (OSCE) integrates basic surgical scientific knowledge and its application to clinical surgery. The purpose of the OSCE is to build on the test of knowledge encompassed in the Part A examination and test how candidates integrate their knowledge and apply it in clinically appropriate contexts using a series of stations reflecting elements of day-to-day clinical practice.

Further information can be obtained from the RCSI website (http://www.rcsi.ie).

Fellowship of the Royal College of Surgeons (FRCS)

The FRCS is a summative assessment in each of the surgical specialties. It is a mandatory requirement for certification and entry to the Specialist Register. It forms part of the overall assessment for Trainees who have participated in a formal surgical training programme leading to a Certificate of Satisfactory Completion of Specialist Training (CSCST). Training Programme Directors (TPDs) are required to sign off on Trainees in advance of the Trainee applying to sit the FRCS.

Section 1 is a written test composed of two multiple choice questions papers; Paper 1: single best answer [SBA] and Paper 2: extended matching items (EMI). Candidates must meet the required standard in Section 1 in order to gain eligibility to proceed to Section 2.

Section 2 is the clinical component of the examination. It consists of a series of carefully designed and structured interviews on clinical topics, some being scenario-based and some being patient-based. Further information can be obtained from www.jcie.org.uk

5.4.5 Feedback

All assessments in the curriculum, both those for learning and of learning, include a feedback element. Workplace based assessments are designed to include feedback for learning as part of two-way dialogue towards improving practice. Formal examinations provide limited feedback as part of the summative process. AES are able to provide further feedback to each of their Trainees through their regular LA meetings at the commencement, middle and end of each (6 month) placement. Feedback is based on the evidence contained in the portfolio.

Educational feedback:

- Enhances the validity of the assessment and ensures trainees receive constructive criticism on their performance;

- Is given by skilled clinicians, thereby enhancing the learning process. Constructive formative feedback should include three elements;
    - An outline of the strengths the trainee displayed;
    - Suggestions for development;
    - Action plan for improvement.

Feedback is complemented by the Trainee's reflection on his or her practice with the aim of improving the quality of care.

5.4.6 The Annual Review of Competence Progression (ARCP)

Purpose of the ARCP

The ARCP is a formal process which scrutinises each surgical Trainee's suitability to progress to the next stage of, or complete, the training programme. It follows on from the appraisal process and bases its recommendations on the evidence collated in the Trainee's learning portfolio during the period between ARCP reviews. The ARCP records that the required curriculum competencies and experience are being acquired, and judges if Trainee progress is at an appropriate rate. It also provides a coherent and easily accessible space and record of a Trainee's progress. The ARCP is not in itself an assessment exercise of clinical or professional competence.

The ARCP should normally be undertaken on at least an annual basis for all Trainees in surgical training. It is however done twice at the end of each six-months in ST3. An ARCP panel may be convened more frequently if there is a need to deal with progression issues outside the normal schedule.

The surgical SACs use the opportunity afforded, through their regional Liaison Member on the panel, to monitor the quality of training being delivered by the programme and/or its components.

Pandemic /COVID 19 – ARCP outcomes

With the outset in 2020 of a global health pandemic "COVID-19 " the intercollegiate structures recognised that there may be challenges for trainees and trainers in preparing and providing evidence for ARCP as well as acknowledging difficulties for Training programmes in delivering ARCPs during the present COVID-19 pandemic agreed on the introduction of a number of ARCP outcomes that aims are to ensure that patient safety remains a primary focus and to reduce the burden on trainees, trainers and the health services in the 4 countries during this pandemic while enabling as many trainees as possible to progress in their training at the normal rate. To ensure a process was introduced to protect and support the Trainee, TPD and trainers during this time.

Please refer to additional document 1.0 Supporting the COVID-19 Response: Enabling Progression at ARCP for full information on this process.

The ARCP fulfils the following functions:

- Provides an effective mechanism for reviewing and recording the evidence related to a Trainee's performance in the training programme or in a recognised training post.
- Provides a means whereby the evidence of the outcome of formal assessments, through a variety ISPTC approved workplace-based assessments.
- Provides assessment tools and other assessment strategies (including examinations) which are part of the assessment system, ensuring they are coordinated and recorded to present a clear record of a Trainee's progress.
- Provides an effective mechanism for the review of out of programme experience and recording its contribution (where approved) to progress.
- Provides evidence to make judgements about the competences acquired by specialty Trainees and their suitability to progress to the next stage of training if they are in a training programme.
- Provides a final statement of the Trainee's successful attainment of the curricular competences and thereby the completion of the training programme.
- Enables the TPD and Postgraduate Dean as representatives of RCSI to present evidence to the ISPTC & JCST in order that a Trainee can be evaluated for award of CSCST.

The ARCP process is applicable to:

- All specialty Trainees including those in less than full-time (LTFT) training and Trainees in academic programmes whose performance through a specialty training programme must be assessed to evaluate progression.
- Trainees who are out of programme with the agreement of the TPD, Postgraduate Dean & SAC
- Trainees who resign from a programme. Such Trainees should normally have their progress made up to their resignation date reviewed by an ARCP panel and an appropriate outcome should be recorded.

Preparation for the ARCP

The Trainee's learning portfolio provides the evidence of their progress. It is the Trainee's responsibility to ensure the documentary evidence is complete in good time for the ARCP.

The SAC representatives on ARCP Panels will monitor Trainee's progress throughout their training to assess whether they are on course to obtain a CSCST. Particular attention will be paid in the final two years of training to ensure any remedial action can be taken, if necessary, to enable individual trainees to successfully complete their training.

Trainees should familiarise themselves with the relevant specialty curriculum, assessment arrangements and other documentation requirements needed for the assessment of their progress (and the supporting educational review and planning processes) at the start of the training programme. When changes are made to the assessment system or expectations for Trainees, it is the responsibility of RCSI to inform Trainees and Trainers of the new requirements so that the changes can be implemented.

Trainees must:

- maintain a portfolio of information and evidence, drawn from the scope of their medical practice;
- reflect regularly on their standards of medical practice with Medical Council Guidelines;
- take part in regular and systematic clinical audit and , or quality improvement;
- respond constructively to the outcome of audit, appraisals and the ARCP process;
- undertake further training where required by the TPD, Training Committee and Postgraduate Dean;
- engage with systems of quality management and quality improvement in their clinical work and training (e.g. by responding to requests for feedback on the quality of training;
- participate in discussion and any investigation around serious untoward incidents in the workplace, and record reflection of those in their educational portfolio;
- inform their TPD & Postgraduate Dean if they self-report to the Medical Council and if they receive a criminal or civil conviction or a police caution.

If genuine and reasonable attempts have been made by the Trainee to arrange for workplace-based assessments to be undertaken but there have been logistical difficulties in achieving this, the Trainee must raise this with their AES immediately since the workplace-based assessments must be available for the ARCP panel. The AES should raise these difficulties

with the TPD. Between them, they must aim to facilitate appropriate assessment arrangements within the timescales required by the assessment process.

ARCP: Educational supervisor's report

Each specialty is required by the JCST to map its assessment processes against the approved curriculum. A report should be prepared by the Trainee's AES, which should reflect the evidence the Trainee and supervisor agreed should be collected to reflect the educational agreement for the period of training under review. The purpose of the report is to provide a summary of progress including collation of the results of the required workplace-based assessments, examinations and other experiential activities required by the specialty curriculum (e.g. course, core curriculum, logbooks, evidence of research activity, publications, quality improvement activities and audits). AES should familiarise themselves with the relevant curriculum and assessment framework.

Through triangulation of evidence of progression in training and professional judgement, the AES will contribute a structured report to the ARCP. This report must:

- reflect the learning agreement and objectives developed between the AES and the Trainee;
- be supported by evidence from the workplace based assessments planned in the learning agreements;
- take into account any modifications to the learning agreement or remedial action taken during the training period for any reason;
- provide a summary comment regarding overall progress during the period of training under review, including (where possible) an indication of the recommended outcome supported by the views of the training faculty.

The report should be discussed with the trainee prior to submission to the ARCP panel. The report and any discussion that takes place following its compilation must be evidence-based, timely, open and honest. If such a discussion cannot take place, it is the duty of the AES to report the reasons to the ARCP panel in advance of the panel meeting.

If there are concerns about a Trainee's performance, based on the available evidence, the Trainee must be made aware of these concerns. The concerns should be documented in their learning portfolio. Trainees are entitled to a transparent process in which they are assessed against agreed published standards, advised of the outcome of assessments and given the opportunity to address any shortcomings. Trainees are responsible for listening, raising concerns or issues promptly and taking the agreed action(s). The discussion and actions arising from it should be documented. The educational supervisor and trainee should each retain a copy of the documented discussion, which will be available to both parties via ISCP.

ARCP: Collating the evidence

The Specialty Training Committee through the TPD will make local arrangements to receive the educational portfolio from Trainees, and will give the Trainees and their Trainers at least six weeks' notice of the date by which it is required so that Trainees to complete all the necessary components. Trainees will not be "chased" to provide access to their educational portfolio by the required date. As a consequence, if Trainees have not documented attained competences, they will not be able to progress.

The responsibility lies with the Trainee to ensure that their documentary evidence is submitted, and their LA is complete. This must include all required evidence (including some items which the Trainee may view as negative). All evidence is available to the ARCP panel and retained in the Trainee's educational portfolio so it is available for discussion with the AES during review sessions.

It is important to ensure that all relevant evidence' including details of all areas in which the Trainee has worked as a doctor (including voluntary) as well as details of any investigations yet to be completed have been included in their portfolio. Please note reflective notes around completed investigations should have already been included in the educational portfolio. This evidence assists the TPD in making a recommendation to the Training committee when required.

In the case where the documentary evidence submitted is incomplete, or inadequate resulting in the panel being unable to reach a judgement, no decision should be taken about the performance or progress of the Trainee. The failure to produce timely, adequate evidence for the panel will result in ARCP 5. (incomplete paperwork)

It may be necessary for the TPD to provide an additional report, for example detailing events which led to a negative assessment by the Trainee's AES. It is essential the Trainee has been made aware of this report and has seen it PRIOR to its submission to the panel. This is to ensure the Trainee is aware of what has been reported; it is not intended that the Trainee should agree the report's content. Where the report indicates that there may be a risk to patients, arising from the Trainee's practice (and this has not already been addressed), this risk needs to be shared immediately with the Postgraduate Dean, TPD and the current employer. The Trainee needs to be made aware that this will happen also.

Trainees may submit as part of their evidence to the ARCP panel a response to their Trainer's report or to any other element of the assessment documentation for the panel to take into account in its deliberations. While it is understood that for timing reasons, such a document will only be seen by the ARCP panel in the first instance, it should be expected that the contents of any document will be investigated appropriately. This may involve further consideration by the TPD.

The ARCP panel is constructed to look at matters of educational performance and assess progression in training. However, the evidence provided to the panel may relate to other issues and concerns such as clinical or patient safety etc. While the panel is not in a position to

investigate or deal with allegations of this nature, it will bring such matters to the attention of the Training Committee and the Postgraduate Dean (if required) in writing immediately following the panel meeting for further consideration and investigation as necessary. Panels must take such allegations very seriously. Employers of specialty Trainees will have policies on managing allegations of inappropriate learning and working environments. Trainees must ensure they are familiar with these educational and clinical governance or risk management arrangements and follow these policies, including reporting their concerns. Employers must make such policies known to Trainees as part of their induction.

The ARCP Panel

Please note that during the time of the panel meeting, members of an ARCP panel will have access to the portfolios of the Trainees they review. Panel members should where possible include the following;

- Training Programme Director , Assistant TPD
- Chair of the Specialty Training Committee (where applicable)
- Liaison member from the surgical specialty SAC
- Clinical Supervisor (CS)/Assigned Educational Supervisors (AES) who have been directly responsible for the trainee's placements (minimum of four excluding TPD)
- Specialty Administrator, RCSI Surgical Affairs

How the ARCP panel works

The ARCP panel will be convened by the TPD. The panel will usually be chaired by the Chair of the Specialty Training Committee or the TPD.

The process is a review of the documented and submitted evidence which is presented by the Trainee. As such, the Trainee may not need to attend the panel discussion. However, the panel may wish to have Trainees present on the day to meet with the panel after its discussion of the evidence and agreement as to the outcome(s). This is to discuss next steps and their future training requirements.

For practical and administrative reasons, the Training Committee may wish to discuss other issues (e.g. the Trainee's views on their training or planning of future placements, OOPT, retrospection etc) on the same occasion as the ARCP meeting. However, the review of evidence and the judgement arising from the panel must be kept separate from these other issues. Trainees must not be present at the meeting following the ARCP.

Where the TPD, educational supervisor or academic educational supervisor has indicated that there may be an unsatisfactory outcome(s) through the ARCP process (ARCP 2, 3 or 4), the Trainee will be informed of the possible outcome prior to the panel meeting. After the panel has considered the evidence and made its judgement, if an unsatisfactory outcome is

recommended, the Trainee must meet with either the ARCP panel or a senior educator involved in their training programme at the earliest opportunity.

The purpose of this meeting is to discuss the recommendations for focused or additional remedial training if these are required. If the panel recommends focused training towards the acquisition of specific competences (ARCP 2), then the timescale for this should be agreed by the ARCP panel and communicated with the Trainee.

If additional remedial training is required (ARCP 3), the panel should indicate the intended objectives and proposed timescale. The framework of how a remedial programme will be delivered will be determined by the TPD and Training Committee. The remedial programme will be planned by the TPD, taking into account the needs of other Trainees in the specialty and in related programmes, and it must be arranged with the full knowledge of the employer to ensure clinical governance aspects are addressed.

This additional training must be agreed with the Trainee, Trainers and the employer. Full information about the circumstances leading to the additional training requirement must be transmitted from the TPD, and the Trainee for that period of training, including the reason for the remediation. The information transmission will be shared with the Trainee, AES and Mentor. Agreement to it being shared with the Trainers is a requisite of joining and continuing in the training programme.

The panel should systematically consider the evidence as presented for each trainee against the specialty or sub-specialty curriculum, the assessment framework, and make a judgement based on it so that one of the outcomes is agreed for each specialty.

Details of placements, training modules etc. completed must be recorded on the ARCP form including where Trainees continue to hold a training number but are out of the programme as approved by the TPD and Training Committee.

At the ARCP, the provisional CSCST date, which is set by the Postgraduate Dean's Specialty Training Committee, should be reviewed and adjusted if necessary, taking into account such factors as:

- Statutory leave, sickness or other absence of more than fourteen (normal working) days in any year.
- Prior agreement with the TPD and Training Committee for training time to be paused (for the "clock to be stopped").
- A change to or from LTFT training.
- Time out of programme for experience (OOPE), time out of programme for research (OOPR) or time out of programme for a career break (OOPC).

- Rate of acquisition of competences that might bring forward the CSCST date.
- The academic component of joint clinical/academic programmes.
- Failure to demonstrate achievement of competences (ARCP 3) as set out in the specialty curriculum.
- Failure to comply with the requirements for maintaining a NTN.

The adjusted date should be entered in the supplementary documentation section of the ARCP outcome form. The expected date for the successful completion of training is important, information since it enables proactive recruitment into the specialty training programme and monitoring the potential future workforce in the specialty.

Outcomes from the ARCP

The initial outcome from the ARCP may be provisional until quality management checks have been completed. The outcome(s) recommended by the panel for all Trainees will be made available by the Postgraduate Dean to:

a. The trainee – can view the ARCP outcome electronically via ISCP. The outcome does not change the Trainee's right to request a review or appeal if required.

b. The TPD – The TPD (and/or the Trainee's educational supervisor) records the ARCP comments on ISCP. The ST Admin writes to all Trainees to advise comments are online and requests Trainees login in and sign off on the comments, take action if necessary and setup next placement should meet with the Trainee to discuss the outcome and plan the next part of their training, documenting the plan fully via the LA.

c. The Trainee AES – This should be used to form the basis of the further educational review and workplace-based assessment that the AES undertakes on behalf of the employing organisation. It is the AES responsibility to raise any areas of concern about the trainee's performance that link to clinical governance as documented by the ARCP process, with the Medical Director (or their nominated officer). If the review has been undertaken shortly before rotation to a new placement occurs, the documentation should be forwarded by the TPD or AES to the Medical Director where the Trainee is due to start.

d. The relevant College or Faculty – These outcome documents are part of the minimum data set that will need to be maintained by the Department of Surgical Affairs, RCSI to substantiate its recommendation to the Medical Council for award of the CSCST.

All Trainees should receive standard written guidance relevant to their outcome, which as appropriate should detail the duration of any extension to training, requirements for remedial action, and reference to the review and appeal processes.

Any concerns that emerge about a Trainee's fitness to practice must be reported to the TPD & Postgraduate Dean for further advice and guidance.

The panel will recommend one of the six ARCP outcomes described below for each specialty for each Trainee, including those on integrated clinical or academic programmes.

ARCP 1

Satisfactory progress – Achieving progress and the development of competences at the expected rate

Satisfactory progress is defined as achieving the competences in the specialty curriculum approved by JCST at the rate required. The rate of progress should be defined in the specialty curriculum (e.g. with respect to assessments, experiential opportunities, examinations etc.). (It is possible for trainees to achieve competences at a more rapid rate than defined and this may affect their CSCST date.)

For the following outcomes (ARCP's 2–5), the Trainee is required to meet with the panel after the panel has reached its decision.

ARCP 2

Development of specific competences required – Additional training time not required

The Trainee's progress has been acceptable overall but there are some competences that have not been fully achieved and need to be further developed. It is not expected that the rate of overall progress will be delayed or that the prospective date for completion of training will need to be extended or that a period of additional remedial training will be required.

Where such an outcome is anticipated, the Trainee should appear before the panel. The panel will need to specifically identify in writing on ISCP the further development required. The documentation will be returned to the TPD, AES and Mentor, who will communicate to the Trainee the required actions to achieve the necessary competences as well as the assessment strategy. At the next annual assessment of outcome, it will be essential to identify and document that the previous deficient competences have been met.

ARCP 3

Inadequate progress – Additional training time required

The panel has identified that a formal additional period of training is required which will extend the duration of the training programme (e.g. anticipated CSCST date). Where such an outcome is anticipated, the trainee must attend the panel meeting. The Trainee, AES will need

to receive clear recommendations from the panel regarding the required additional training along with circumstances under which it should be delivered (e.g. concerning the level of supervision). It will, however, be a matter for Postgraduate Dean, TPD and the Training Committee to determine the details of the additional training in the context of the panel's recommendations since this will depend on local circumstances and resources. The Postgraduate Dean or nominee may attend this meeting if required or requested by the Panel or Trainee.

ARCP 4

Released from training programme – With or without specified competences

The panel will recommend the Trainee is released from the training programme if there is insufficient and sustained lack of progress despite having had additional training to address concerns over progress. The panel (which should include the Postgraduate Dean or nominee) should ensure any required competences which were not achieved by the Trainee are documented. The trainee will have their NTN withdrawn and may wish to seek further advice from the Postgraduate Dean or their current employer about future career options, including pursuing a non-training, service-focused career pathway.

ARCP 4 may also be recommended in circumstances where there is no performance- linked need for additional training.

ARCP 5

Incomplete evidence presented – Additional training time may be required

The panel can make no statement about progress or otherwise since the Trainee has supplied either no information or incomplete information to the panel. The Trainee will have to supply the panel with a written account within five working days as to why the documentation has not been made available to the panel. The panel does not have to accept the explanation given by the Trainee and can request the Trainee submit the required documentation by a designated date, noting that available "additional" time is being used in the interim. If the panel accepts the explanation offered by the Trainee accounting for the delay in submitting their documentation to the panel, it can choose to recommend that additional time has not been used. Once the required documentation has been received, the panel should consider it (The panel does not have to meet with the Trainee if it chooses not to and the review may be done "virtually" if practicable) and issue an ARCP outcome.

Alternatively, the panel may agree which outstanding evidence is required from the Trainee for an ARCP 1 (and the timescale in which it must be provided) and give authority to the Chair of the panel to issue ARCP 1 if satisfactory evidence is subsequently submitted. However, if the Chair does not receive the agreed evidence to support ARCP 1, then a panel will be reconvened.

ARCP 6 - Recommendation for completion of training:

Gained all required competences for the programme– Will be recommended as having completed the Specialty training programme for award of a CSCST

The panel will need to consider the overall progress of the Trainee and ensure that all the competences of the curriculum have been achieved prior to recommending the Trainee for aware of CSCST to the JCST.

ARCP - COV-ID 19 affected ARCP Outcomes of Training:

In recognition that the outcome of an ARCP may be affected by COVID-19 through no fault of the trainee, the SEBs have agreed that two new ARCP outcomes should be introduced for 2020 onwards (Appendix 1).

b. Outcomes 10.1 and 10.2 recognise that progress of the trainee has been satisfactory but that acquisition of competences/capabilities by the trainee has been delayed by COVID-19 disruption. These are therefore 'no-fault' outcomes.

c. Outcome 10.1 should be used when a trainee is not at a critical progression point in their programme and facilitates the trainee to progress to the next stage of their training. Any additional training time necessary to achieve competences/capabilities will be reviewed at the next ARCP.

d. Outcome 10.1 should be used when a trainee is at a critical progression point in their programme where the relevant Medical Royal College or Faculty has amended the curriculum and mandated that the competences/capabilities can be acquired at the next stage of training1. Any additional training time necessary to achieve competences/capabilities will be reviewed at the next ARCP

e. Outcome 10.2 should be used when a trainee is at a critical progression point in their programme where there has been no derogation to normal curriculum progression requirements given by the relevant Medical Royal College or Faculty (e.g. specific professional examination; mandatory training course). Additional training time is therefore required before the trainee can progress to the next stage in their training

Duration of extension to training:

Where such additional training is required because of concerns over progress, in the hospital and non-general practice community specialties, this could be up to **one year** within the total duration of the training. This will be decided by the TPD and the Training Committee based on the progress deficient of the Trainee. Exceptionally, this additional training time may be extended at the discretion of the TPD, Training Committee, Postgraduate Dean. This does not include additional time that might be required because of statutory leave such as ill health or maternity/paternity/adoption leave. While not exclusive, examples of exceptional circumstances for extension to training beyond a normal period that may have a significant impact on the ability to train or on training opportunities may include significant unforeseen changes to personal circumstances, service reorganisation, a major epidemic or catastrophe, or the unforeseen absence of a Trainer.

The extension does not have to be continuous (i.e. a block of one year) but may be divided over the course of the training programme as necessary. An extension to training of less than six months may be particularly appropriate where the reason for extension is exam failure. For LTFT Trainees, should an extension to training be required following the award of ARCP 3, this will be on a pro rata basis if training requirements for progression have not been met. If an extension to training is required following the award of ARCP 3 and the LTFT Trainee has failed to progress solely on the basis of exam failure, then an extension to training will be on a fixed-term basis and is not pro rata.

5.4.7 The role of the National Director of Surgical Training in the ARCP

National Director of Surgical Training with the support of the ISPTC and Specialty TPD has responsibility for a range of managerial and operational issues with respect to postgraduate surgical training. Among these is the oversight of the ongoing implementing of the ISCP and the ARCP process, including the provisions for further review and appeals. The ARCP process is carried out by a panel. It is good practice for the panel to take advice from the RCSI specialty advisor where appropriate.

The National Director of Surgical Training has access to the training record for each trainee, in which completed ARCP outcome forms are stored. For security purposes, a photograph of the trainee should be incorporated on their hardcopy file or ISCP. The supporting documentation for training progression will be held on the Trainees ISCP portfolio. The record of training progression of each Trainee (including previous outcome forms and supporting documentation) is available to the panel whenever the Trainee is reviewed. The Department of Surgical Affairs will provide administrative support for the panel.

Where concerns about a Trainee have been raised with the National Director – either following an outcome from the ARCP process or through some other mechanism – the Postgraduate Dean (or nominated deputy) should liaise directly with the TPD and AES where the Trainee is employed to investigate and consider whether further action is required depending on the nature of the concerns.

When an ARCP 4 recommendation is made by the ARCP panel, the National Director will be notified of that recommendation and will confirm this in writing to the Trainee, including their right to appeal the decision. The National Director or nominee may also be in attendance at this ARCP meeting.

If the Trainee requests an appeal, the outcome documentation from the original ARCP panel should not be signed off by the National Director and no further action should be taken until all review or appeal procedures have been completed. Only at this stage should the Dean sign off the ARCP panel's outcome. If the Trainee chooses not to appeal, the effective date for the cessation of the training programme is the date of the letter confirming the decision by the National Director. This will also be the date of removal of the training number.

5.4.8 ARCP for integrated clinical and academic training programmes

Some doctors will undertake integrated clinical and academic training programmes. There are important differences in the structure of academic programmes in the four countries. Trainees in such programmes will have to both successfully complete the full training programme and meet the requirements of the academic programme.

Individuals undertaking academic training must have an academic educational supervisor, who will normally be different from the Trainee's clinical educational supervisor.

The academic supervisor is responsible for drawing up an academic training programme with the Trainee and their clinical educational supervisor so that there is a realistic/achievable timetable with clear milestones for delivery, covering both academic and clinical aspects of the programme. Research plans should be drawn up to include specific training, where required, together with plans for research experience and outputs. These targets will be summarised in the overall personal development plan for the Trainee, which should be agreed within a month of commencing work and annually thereafter.

On entry to specialty training, the academic supervisor should make research plans with the Trainee and the context against which to assess their academic progress. This should be within the framework of a general statement about the standards expected of the Trainee if they are to make satisfactory progress throughout the programme and should reflect the fixed time period of the combined programme. A joint meeting with both clinical and academic educational supervisors should be held to ensure both aspects of the programme are realistic. The educational supervisor and academic supervisor should work together to ensure that clinical and academic objectives are complementary. Both supervisors and the Trainee should be aware of the Trainee's overall clinical and academic requirements. There should be close liaison between the academic and clinical training community to ensure adequate academic governance mirrors the Training Committee's scrutiny of clinical progress.

Assessment of clinical progress of academic Trainees should be competence- based, rather than time-based. Setting a target CSCST date should be determined flexibly and tailored to the needs of the individual academic Trainee. The target date for achieving a CSCST for an academic Trainee who continues beyond a Doctorate degree (MD or PhD) is usually best determined at the first annual ARCP for clinical lecturers, when stock can be taken of initial progress at this more advanced post-doctoral academic training stage.

5.4.9 Recording academic and clinical progress – academic assessment

At the start of the academic placement and annually thereafter, academic Trainees must meet with both their clinical and academic supervisors to agree objectives for the coming year. There is considerable advantage in coordinating this meeting so that the Trainee is able to meet both academic and clinical supervisors together at least annually (although there may be a need for separate meetings on other occasions). Regular meetings with the academic and clinical educational supervisors should take place throughout the year to review progress,

and decisions taken should be agreed and documented for later presentation to the annual assessment of academic progress.

An annual assessment of academic progress must be undertaken and should take place at least one month before the joint academic/clinical ARCP panel convenes. Those present at this assessment should include the Trainee and educational supervisor, together with the Director of the academic programme and other members of the academic unit as appropriate.

The academic supervisor is required to complete the "Report on Academic Trainees' Progress" form, which needs to be signed by the Trainee for submission to the ARCP panel. The form must include details of academic placements, academic training modules and other relevant academic experience, together with an assessment of the academic competences achieved.

The report and any supporting documentation should be submitted to the joint academic/clinical ARCP panel as part of the evidence it receives

The Trainee is not required to attend the panel meeting. Plans for academic Trainees to meet with members of the panel should only be made if the TPD or the academic educational supervisor/lead for academic training indicates that ARCP 2, 3 or 4, for either clinical or academic components (or both), are a potential outcome from the panel. The ARCP outcome is a global assessment of progress, dependent on both clinical and academic reports to assess achievement.

5.4.10 ARCP for Trainees undertaking Out of Programme Research

Trainees who wish to undertake full-time research out of programme must have their research programme agreed with their academic educational supervisor. This should form part of the documentation sent to the Postgraduate Dean when requesting OOPR.

Trainees must submit an annual OOPR return to the ARCP panel, along with a report from their research supervisor. All academic Trainees on OOPR should have a formal assessment of academic progress, which is submitted as part of the documentation for the ARCP panel. The report must indicate whether appropriate progress in the research has taken place during the previous year and also whether the planned date of completion of the research has changed. Any request for a potential extension to the OOPR will need to be considered separately by the Postgraduate Dean.

Both the Trainee and the academic supervisor must remain aware that normally a maximum of three years is agreed for OOPR. If a request to exceed this is to be made, this request must be made to the Postgraduate Dean at least six months prior to the extension commencing. The request must come from the research supervisor, who must set out clear reasons for the extension request. Adequate governance structures must be in place to allow for discussion between the RCSI and HSE on such requests.

The joint panel should seek appropriate advice from academic and clinical colleagues if it is in doubt whether a recommendation to extend the normal three years out of programme should be made.

The joint ARCP panel should issue an OOP outcome, recommending continuation of the OOPR or its termination and the date for this.

OOPR can provide credit towards a CSCST only if it has been prospectively approved by the SAC through the JCST and demonstrates achievement of competences defined in the relevant specialty curriculum.

5.4.11 ARCP for trainees in LTFT training

The annual review process for Trainees in LTFT training will take place at the same frequency as for full-time Trainees (i.e. at least once per calendar year). The panel should take particular care to note progress has been appropriate to the training time undertaken and that the estimated time for completing the training programme is reviewed. It is helpful to express the part-time training undertaken by a trainee as a percentage of full-time training so that the date for the end of training can be calculated based on the specific specialty curriculum requirements.

5.4.12 Annual Planning

Once the ARCP for a Trainee is known, they must meet with their AES to plan the next phase of training. Please note this may be different to the previous six months if the Trainee has changed placement.

The plan for the Trainee's next phase of training should be set in the context of the objectives which must be met during the next phase of training. The plan must reflect the requirements of the relevant specialty curriculum.

The educational review and planning meetings should be coordinated to ensure the Trainee's objectives and review outcomes drive the planning process, rather than the reverse.

Once the plan for the Trainees next phase of training has been agreed, this should be documented in the Trainees educational portfolio.

5.4.13 Appeals of the ARCP outcomes

It should not come as a surprise to Trainees that action through the ARCP process is under consideration since any performance and/or conduct shortcomings should be identified on the educational portfolio and discussed with the Trainee during the educational review process.

Either the ARCP panel (wherever reasonably practicable) or a senior educator in the training programme with delegated responsibility will meet with all Trainees, who are judged on the evidence submitted to:

- require further development on identified specific competences (ARCP 2, or 7.2)
- require additional training time for all reasons other than "the clock stopped" (ARCP 3, or 7.3)

- be required to leave the training programme before completion, with identified competences achieved or with an identified and specified level of training attained (ARCP 4)

The purpose of the post-ARCP review meeting is to inform the Trainee of the decision of the panel. The meeting should also plan the further action required to address progression issues of progress (in relation to ARCP 2 and 3), make clear to the Trainee the competences with which they will leave the programme (in relation to ARCP 4) or explain the rationale for withdrawal of a training number for another reason.

However, a Trainee has the right to request a review and (in some circumstances) an appeal if one of these outcomes is recommended by the ARCP panel.

5.4.14 Reviews and appeals

A **review** is a process where an individual or a group who originally made a decision, reassembles in order to reconsider their earlier decision. This does not require the panel to be formally reconvened and can be undertaken virtually. The review must take into account the representations of the Trainee asking for the review and any other relevant information, including additional relevant evidence, whether it formed part of the original considerations or has been freshly submitted.

An **appeal** is a procedure whereby the decision of one individual or a group is considered by another (different) individual or group. An appeal can take into account information available at the time the original decision was made, newly submitted information relevant to the appeal and the representations of the appellant. Those involved in an appeal panel must not consist of members of the original panel.

Through the process of review or appeal, it may be decided at any stage that ARCP 2, 3 or 4 unjustified. If so, the facts of the case will be recorded and retained but the ARCP should be amended to indicate only the agreed position following review or appeal. This revised documentation should be forwarded to those indicated in paragraph 7.71.

Review of ARCP 2

As set out in section 7.64, where there is an unsatisfactory ARCP outcome, it is essential that the ARCP panel or a senior educator in the training programme with delegated responsibility

meets with the Trainee after the ARCP panel has made its decision. The purpose of this meeting is set out in section 7.65.

If the Trainee disagrees with the decision, they have the right to ask for it to be reviewed. Requests for such review must be made in writing and with supporting evidence to the Chair of the ARCP panel or a nominated alternative within ten working days of being notified of the panel's decision. Trainees may provide additional evidence at this stage (e.g. evidence of mitigating circumstances or other evidence relevant to the original panel's decision) and this must be received as part of the request for the review so that the panel is able to consider it in detail. The original ARCP panel will review its decision within ten/fifteen working days of receipt of such a request from a Trainee. This may be undertaken virtually and the Chair will endeavor to include as many panel members as possible. After the review, the panel will ensure the trainee receives its decision with reasons in writing. If the panel considers it appropriate, it may invite the trainee to meet with a senior representative to discuss the decision of the review.

The decision of the review of ARCP 2 is final and there is no further appeal process.

Appeal against ARCP 3 and 4 or withdrawal of a training number

Trainees have the right to make an appeal if their training number is or if they receive an ARCP outcome that results in a recommendation for:

- an extension of the indicative time to complete the training programme (ARCP 3)
- release of the trainee from the training programme with or without identified competences having been achieved and without completion of the programme (ARCP 4)

Appeal requests should be made in writing to the Postgraduate Dean within ten working days of the Trainee being notified of the decision. The request must specifically state the grounds for appeal. The Postgraduate Dean will determine local arrangements for receiving such requests.

On receipt of an appeal request, the Postgraduate Dean and the TPD will arrange for a review of the original recommendation. The decision of the review panel will be communicated to the Trainee.

Where the review panel has modified the decision of the original ARCP panel to ARCP 2, this finalises any appeal process.

Where the review panel does not alter the decision of the original ARCP panel, the Postgraduate Dean will confirm with the Trainee that they wish to proceed to an appeal hearing which will subsequently arranged.

Appeal hearing

A formal appeal hearing should normally take place where practicable within ten/fifteen working days of the completion of the review. If the Trainee agrees, it is not always necessary for an appeal hearing to be face to face. An appeal can be dealt with on the basis of written submissions. Members of the original ARCP panel must not take part as members of the appeal panel. Trainees may support their appeals with further written evidence relevant to the grounds of the appeal but this must be received at least five working days before the appeal panel meets so that the panel is able to consider it in detail. All documentation presented to the appeal panel must also be made available to the Trainee.

The appeal panel Chair should consider postponing the appeal hearing if the appropriate documentation has not been circulated to the panel and/or the Trainee within the stated timescales. It may, however, be appropriate to proceed if there is agreement on the day between the appeal panel Chair and the Trainee.

The Postgraduate Dean will convene an appeal panel to consider the evidence and to form a judgement. It should consider evidence from both the Trainee and those who are closely involved with their training such as the AES and / or TPD. Where the Trainee has agreed to this, written-only evidence is acceptable.
The appeal panel should include:

- the Postgraduate Dean or a nominated representative as Chair
- a College/Faculty representative from outside the locality in HSE and from the same specialty as the Trainee (May be required to come from the UK in the small specialities)
- a senior doctor from the same locality in HSE as the Trainee and from a different specialty to the trainee
- a senior Trainee from a different specialty to the Trainee

Membership of the panel should not include any of those involved in the original ARCP panel. A representative from the Human Resources Directorate of the employer, or from HSE must be available to advise the Chair on, for example, equal opportunities matters. Administrative support should also be available to ensure there is a record of the proceedings of the appeal.

Trainees have a right to address the appeal panel. They may attend with a representative (e.g. a friend, colleague or representative from their professional body) or send a representative to the appeal in their place. Trainees must inform the panel within five working days before the appeal whether they wish to attend the hearing. They must also provide the name and status of any representative. Alternatively, if the Trainee agrees, an appeal can be dealt with on the basis of a written submission. If a Trainee wishes to be represented by a lawyer, then legal representatives should be reminded that appeal hearings are not courts of law and the panel

governs its own procedure, including the questioning to be allowed of others by the legal representative.

Trainees will be notified in writing of the panel's decision within five working days (where possible) of the appeal hearing. The decision of the appeal panel is final and there is no further right of appeal.

Outcome documentation from the original ARCP panel should not be signed off by the TPD and the Training Committee and no further action should be taken until all review or appeal procedures have been completed. Only at this stage should the Dean sign off the ARCP panel's outcome.
It may be that the outcome of an appeal is to alter an earlier decision while still maintaining the view that progress has been unsatisfactory. For example, a decision to withdraw a Trainee from a programme may be replaced by a requirement for an extension of training time to gain the required competences. In such cases, the outcome documentation should show only the position following the decision of the appeal panel.

The ARCP appeal panel should not impose an increased sanction on the Trainee (i.e. ARCP 3 should not be changed to ARCP 4). In such circumstances where new information has come to light that may inform such a decision, these issues will be brought to the attention of the Postgraduate Dean.

In appeals relating to ARCP 3 and 4, the employer should be kept informed of progress at each step in the appeal process.

When an ARCP 4 recommendation is upheld by the appeal panel or it upholds the decision to withdraw a training number under section 6.39, the Postgraduate Dean will be notified. They will write to the Trainee to confirm the decision and the withdrawal of the training number. This will be done, either ten working days after the original recommendation is made, or at the completion of the appeal process whichever is later. The effective date for the cessation of the training programme is the date of the letter confirming the decision by the Dean. This will also be the date of removal of the training number.

Appeal against a decision not to award a CSCST

The decision regarding the award of the CSCST is the responsibility of the RCSI in conjunction with the JCST. Therefore all appeals against decisions not to award such a certificate should be directed to the RCSI in the first instances**.**

5.4.15 New Curriculum Implementation July 2021

For trainees in ST7 & ST8 the curriculum and process of assessment and sign off will remain unchanged as per above. For those trainees in ST3, ST4, ST5, ST6 in July 2021 the ISCP updates to the curriculum will take effect and trainees will move to the new curriculum. A

parallel process will run until the ST7 complete training by the end of 2023. By 2023 all trainees will be on the 2021 edition of the curriculum.

Transition arrangements to the new curriculum will apply. Trainees at various stages in their training can transition accordingly, having the options at varying points to change over to the new curriculum. So, that by August, 2023, all trainees will be working under the new curriculum and assessment system.
Whilst many of the assessment process will remain there are additional changes and updates as highlighted below

- Outcomes-based
- CiPs - end-point of training
- GPCs – professional behaviours
- MCR / Self-assessment
- GPCs – appropriate for phase
- CiPs - supervision levels – certification
- New learning Agreement
- Role of WBAs rebalanced
- Training in phases

The new curriculum will move from competency-based to outcomes-based. At the end of training, trainees must be able show that they can perform outcomes at the level expected of a day one consultant. And, it could be in certain demonstrated circumstances that trainees may be able to gain their CSCST in a shorter time, provided their outcomes are judged as being at the standard of a Day one consultant.

There are 5 broad, high-level outcomes called CiPs or ***Capabilities in Practice***.
The same 5 CiPs are for each specialty.

These CiPs, are assessed against the benchmark of how a day one consultant would carry out these capabilities. They represent the end-point in training.

They are as follows

1)	Manages an out-patient clinic
2)	Manages the unselected emergency take
3)	Manages ward rounds and the on-going care of in-patients
4)	Manages an operating list

5)	Manages multi-disciplinary working

A further change in assessment is the General Professional Capabilities or GPCs for short. They were developed by the GMC and the Academy of Medical Royal Colleges, and will replace the current professional skills syllabus.

- The GPCs carry equal weight to the CiPs in a trainee's assessment. Professional skills are just as important as technical skills.

- **The MCR - Multiple Consultant Report** - is the main change in the assessment system. It promotes the professional judgement of a group of supervisors about a trainee. In a sense, it is a return to the apprenticeship model. The professional judgement of a group of supervisors about a trainee in both their technical and professional skills is now key to trainees' assessment. The MCR assessment is carried out by the consultant Clinical Supervisors (CSs) involved with a trainee, with the AES contributing as necessary to some domains (and particularly to GPC domains 6-9). The MCR includes a global rating in order to indicate how the trainee is progressing in each of the CiPs. This global rating is expressed as a recommendation:

- **Self-Assessment (SA) -** Trainees must complete a Self-Assessment for each MCR. This is identical to the form that clinical supervisors use for the MCR report. The trainee's Self-Assessment captures his/her own impressions of their progression in training. A trainee should highlight which areas they believe they need to develop, and also those areas they believe they are good at.

- The completed SA will be compared with the supervisor's MCR report at the trainee's feedback meeting. So, side by side on the same screen, they allow a comparison and will generate discussion and highlight areas where further action is needed so that the trainee can progress according to his/her own needs.

- So, both the CiPs and GPCs are assessed through the new assessment tool – the **Multiple Consultant Report or MCR**.

- The GPCs are listed under 9 domains which represent professional behaviour for doctors. They can be marked for the trainee as ***Appropriate for Phase of Development Required.***

- Each of the 5 CiPs is assessed via a supervision level chosen by the trainee's supervisors. These consultants determine how well a trainee can perform each CiP against the benchmark of a Day 1 Consultant.

- **Learning Agreement** - The Learning Agreement is fundamental to the whole training process. It works in conjunction with the MCR. The aim of the LA is to develop the trainee's progression incrementally throughout their training. Each process in the LA

adds to or feeds into the next, for example, the Objective Setting of the LA feeds into the MCR. The MCR feeds into the Learning Agreement meetings which in turn feed into the AES report which then feeds into the ARCP process. Each individual step along the LA trail adds to and enhances the trainee's progression towards the end goal - that of a day one consultant.

- **Work bases Assessments (WBA**) in the new curriculum, there will be less focus on WBAs. There will be a removal of the current emphasis on ticking off numbers of WBAs They will still form part of the assessment suite. For each specialty, they will be needed at certain points – for example, to show breadth and depth of critical conditions and index procedures, as part of each specialty's certification requirements. Further information about WBAs and where they are required are listed in Appendix 4 in each specialty's curriculum.

- **Case Based Discussions**

  The CBD assesses the performance of trainees in their management of a patient case to provide an indication of competence in areas such as clinical judgement, decision-making and application of medical knowledge in relation to patient care. The CBD process is a structured, in-depth discussion between the trainee and a consultant supervisor.

In the new curriculum, training are now be divided into 3 phases (instead of stages of the old curriculum).

- Phase 1 – Indicative 2 years where trainees learn Core surgical skills
- Phase 2 – Indicative 4 years where the outcome is to gain experience in breadth and depth of the specialty
- Phase 3 – Indicative 2 years where trainees will further develop their technical skills to the level of a day one consultant

Figure 1 shows the sequencing of assessment for trainees.

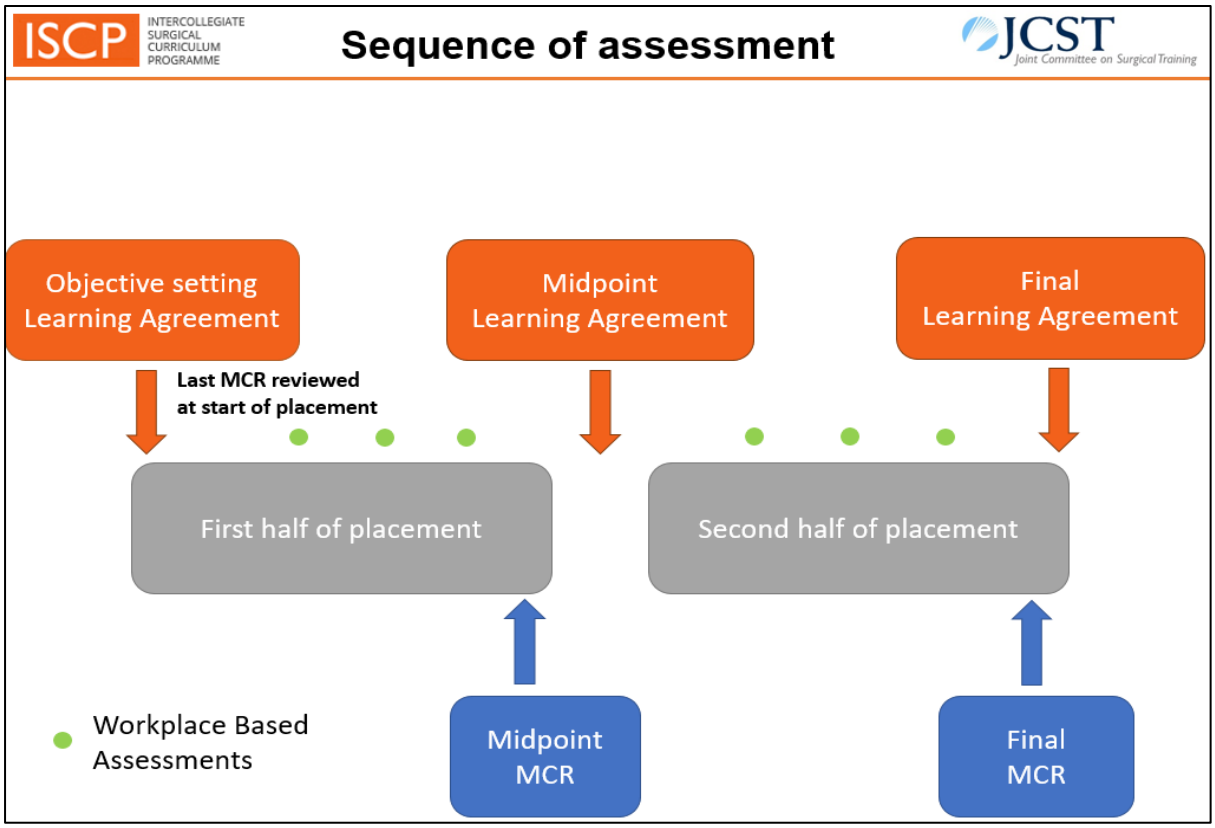
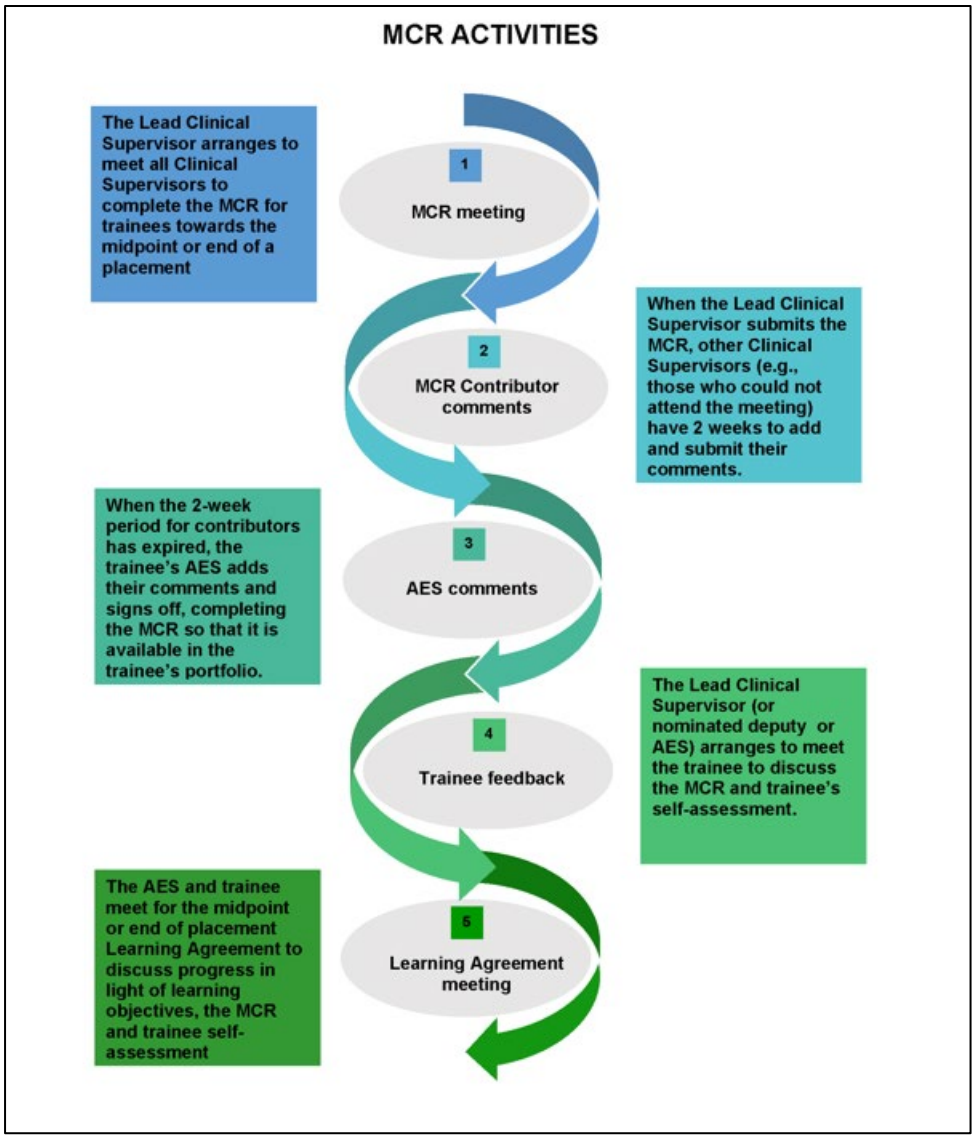


Figure 2 shows the sequencing for the use of the Multi Consultant Reports (MCR)



6.0 Policies, Procedures and Guidelines

There are many policies, procedures and guidelines that underpin the delivery of Surgical Training in the Republic of Ireland. Some are intercollegiate/JCST policies; some are RCSI policies while others are policies of the Health Service Executive. Trainees are encouraged to review these policies, procedures and guidelines regularly. You can access these policies through mSurgery (https://msurgery.ie/home2/policies-procedures-guidelines).

Some of the policies are listed below:

6.1 Maternity Leave

As Maternity Leave also affects the CSCST date, trainees will be required to inform the Programme Director and the College of their Maternity leave start and finish dates as soon they have them. Trainees must also inform their employer as per their HSE contracts.

6.2 Exceptional Leave

Trainees can be granted a maximum of twelve weeks exceptional leave for illness/exceptional circumstances over the entirety of their training. The SAC and the TPD require a letter from the trainee outlining the reasons for the exceptional leave.

An application will then be considered by the Specialty Training Committee at their nearest meeting and if approved, the documentation along with Training Programme Director letter of support will be submitted to JCST to confirm your new CSCST date.

Trainees must also inform their employer as per their HSE contracts.

6.3 Flexible Training

There are many routes to Flexible training as outlined below but the aims of Flexible training are too

- Retain in the workforce doctors who are unable to continue their training on a full-time basis.
- Promote career development and work/life balance for doctors training in Ireland.
- Ensure continued training in programmes on a time equivalence (pro rata) basis.
- Maintain a balance between flexible training arrangements, the educational requirements of both full-time and flexible Trainees, and service need

The following options are open to trainees who wish to apply for Flexible training

6.3.1 HSE National Supernumerary Flexible Training Scheme

RCSI has a strong commitment to helping all doctors in training to reach their full potential and to supporting those with caring responsibilities, health concerns or individual developmental or professional opportunities to continue training on a less than full-time (LTFT) basis. The National Supernumerary Flexible Training Scheme is managed and funded by the HSE (NDTP).

The HSE National Flexible Training Scheme Guide sets out details of the National Flexible

Training Scheme and provides information for Trainees, training bodies and employers about the programme. Details can be accessed for the Flexible Training Policy 2023 which includes all information relating to this programme including eligibility, application process and relevant forms: Flexible Training Policy 2023

6.3.2 Flexible Training – RCSI

RCSI has Flexible training guidelines which are designed to support trainees regardless of their circumstances by ensuring every trainee has the opportunity to continue their training on a flexible basis. These guidelines can be located via the link Guidance on Supporting Flexible Training RCSI

6.3.3 Progression in training as a Flexible trainee

As for all Trainees, Flexible trainees will need to meet the requirements for progression in training as set out by JCST approved curricula for specialty training and they will be assessed in accordance with the ARCP processes.

Key points with regard to progression in training for flexible trainees have been set out below.

- The ARCP is normally undertaken on at least an annual basis for all Trainees, both full-time and flexible trainees.
- Flexible trainees will be expected to undertake the requirements for assessment as set in their relevant curricula on a pro rata basis and to spread the balance of workplace- based assessments evenly.
- Should an extension to training be required following the award of ARCP 3, this will be on a pro rata basis if training requirements for progression have not been met.
- If an extension to training is required following the award of ARCP 3 and the flexible trainee has failed to progress solely on the basis of exam failure, then an extension to training will be on a fixed-term basis and not pro rata.
- As all Trainees, Flexible trainees may apply for a consultant post and can be interviewed up to six months prior to their anticipated CSCST date; this is on a fixed-term basis and not pro rata.

6.4 Retrospection

Retrospection is a process by which recognition is given to training or research activity undertaken prior to appointment to specialist training. Retrospection may shorten training by a maximum of one year (12 months). There are strict criteria for consideration of retrospective recognition. ***Retrospection is only applicable to Trauma & Orthopaedic Surgery***

The process of Retrospection involves the following steps:

- The paperwork (as per checklist below) is submitted to the Specialty Administrator in the Surgical Training Office for review by the Training Programme Director.

- The application needs the support of the Training Programme Director.

- The application will then be considered by the **T&O Specialty Training Committee** at their nearest meeting and if approved, the documentation along with Training Programme Director letter of support will be submitted to JCST.

- The JCST will then present it to the SAC. If approved the JCST will email you an approval letter of retrospection with an amended CSCST date. This will be recorded by the Surgical Training office.

- This process is managed by the Specialty Administrator in the Surgical Training Office who will review all paper work before submission to the JCST.

6.4.1 Training Retrospection Application checklist

Letter from Trainee to the Training Programme Director requesting approval of application for retrospection.

Up-to-date CV
A letter of support from the current Training Programme Director & Specialty Training Committee, stating support and how much time can count towards training. (max 12 months)

Trainee Assessment Forms and Training Post Assessment Forms covering the whole period

Validated Consolidated Logbook (stating the exact dates it covers, those of the previous training, and signed by the Training Programme Director)

6.4.2 Research Retrospection Application checklist

Letter from Trainee to the Training Programme Director requesting approval of application for retrospection.

Details of research undertaken
Name and contact details of research supervisor

Up to date CV

Evidence that the research has met at least one of the following minimum criteria;

1. It has been written up and submitted for a higher degree and there is a satisfactory reference from the research supervisor
   or
2. The research has resulted in a peer-reviewed publication that the SAC considers to be of an appropriate level (either accepted or published)
   or
3. A higher degree has been awarded

To demonstrate one of the above the trainee will need to submit;

1. A satisfactory reference from the supervisor (demonstrating that the higher degree thesis has been written up and submitted)
   or
2. Evidence of publications produced during your research period
   or
3. Your Degree certificate (this can be a certified copy instead of the original)

A letter of support from the current Training Programme Director & Specialty Training committee, stating support & how much time can count towards training (max 12 months)

Please note: For the application to be accepted it must contain everything listed on the above checklist. Otherwise the application cannot be processed further.

6.5 OOP (Out of Programme)

OOP (Out of Programme) is a general term for any time spent outside of a training rotation. OOP can range from specialised fellowship training to maternity/paternity leave, but does not include annual leave and short term sick leave as that is included in your training time.

There are a number of circumstances when a Trainee may seek to spend some time out of the specialty training programme. All such requests need to be agreed by the Training Programme Director in advance, so Trainees are advised to discuss their proposals as early as possible.

OOP will not normally be agreed until a Trainee has been in a training programme for at least one year of training (unless at the time of appointment, deferral of the start of the programme has been agreed for leave on statutory grounds). Time out of programme must be prospectively approved training posts or for other purposes.

The purpose of taking time out of a specialty training programme is to support the Trainee in:

- Undertaking clinical training that is not a part of the trainee's specialty training programme (OOPT).

- Gaining clinical experience that may benefit the doctor (e.g. working in a different health environment/country) or that may help support the health needs of other countries (e. g. with Médecins Sans Frontières, , global health partnerships) (OOPE).

- Undertaking a period of research (OOPR).
- Taking a planned career break (OOPC).

Type	Counts towards training
OOPT – Training	Yes
OOPR – Research	Yes
OOPE – Experience	No
OOPC - Career	No
Maternity / Paternity Leave	No
Long Term Sick Leave	No

6.5.1 Applying for OOPT /OOPR – Out of Programme Training /Research

If deemed appropriate by the Training Committee, a Trainee can apply for **time out of programme**, to count towards training. To go on OOP training a Trainee will need to:

- Discuss their intention with their Training Programme Director and gain their Committee support.
- Once a trainee has a letter of support from the Training Programme Director and the Specialty Training Committee they can submit their application to the Specialty Administrator in the Surgical Training Office who will review and forward to the SAC for prospective approval.

There are **restrictions on the amount of OOPT** that can count towards training i.e. across the whole of training a **maximum of 12 months OOPT** can be counted towards training.

The SAC must prospectively approve any OOPT activity if it is going to count towards certification. No retrospective applications will be considered.

Note:

- ***Ophthalmic Surgery is a four year programme -*** Ophthalmic Surgery is a four year programme - Trainees must complete ***four years*** of Higher Surgical Training in accredited posts in Ireland together with meeting the requirements of the curriculum to be awarded CSCST.
- Out of Programme Training (OOPT) is no longer part of Higher Surgical Training in Ophthalmology. The decision to remove OOPT from the programme was approved at the Irish Surgical Postgraduate Training Committee (ISPTC) on 29th September 2021. This decision comes into effect as of July 2021 inclusive.
- Trainees who commenced Higher Surgical Training prior to July 2021 may apply for Out of Programme Training (OOPT). Approval for OOPT is subject to certain well defined criteria outlined in the OOPT application process (see below). Any application for OOPT must be submitted to the College 6 months prior to the intended start date of the period of OOPT. OOPT will only be considered for trainees who are in their final year of training and who have satisfactorily completed all assessments deemed appropriate by the ICO. The post must be a recognised post deemed suitable for a surgical training programme. A maximum of one year OOPT can be recognised for training. Trainees must complete a minimum of 3 years on the programme approved Irish training post. Trainees must continue to meet the requirements of the programme while they are on OOPT.

6.5.2 Out of Programme Training Application checklist (OOPT)

Out of Programme Training Application checklist (OOPT)

Up-to-date CV

Signed offer letter

Letter of support from Training Programme Director showing exact dates of OOPT period and whether the time is counting towards training

Application for OOPT must be completed & approved not less than 6 months prior to commencement.

Educational contract signed by Trainee and OOPT site Supervisor, which includes details of Learning Agreements and Objectives and timetable

Job description

Name and contact details of the OOPT Supervisor

Logbooks from two previous incumbents of the post or a report from the Supervisor on the expected number of operations

OOPT links on JCST website:

- http://www.jcst.org/irish-trainees/out-of-programme/oopt

  http://www.jcst.org/irish-trainees/out-of-programme

6.5.3 Out of Programme Experience (OOPE)

The process for Out of Programme Experience (OOPE) is as follows:

Out of programme Experience checklist (OOPE)

Applicant receives a letter of support from Specialty Training Committee indicating exact dates of OOPE period & approval to take time out of training.

The applicant sends a Letter detailing the OOPE accompanied by a letter of support from the Training Committee to the Surgical Training Office.

The Surgical Training Office will forward the application to the SAC.

Confirmation of new CSCST date issued from SAC & advised to Trainee & Committee

- http://www.jcst.org/irish-trainees/out-of-programme

6.5.4 Out of Programme Experience (OOPE)

Out of programme career break cannot be counted towards training and will therefore extend the Trainees CSCST date.

Periods of OOPC are undertaken by trainees who need to step out of programme for a reason other than experience, research or training.

Although OOPC posts are not counted towards training, The Specialty Committee must inform the SAC so the Trainees final CSCST date can be amended appropriately.

The process for Out of Programme Experience (OOPC) is as follows;

6.5.5 Out of Programme Career Break checklist (OOPC)

Applicant discusses intention to take OOPC with Specialty TPD & receives a letter of support from Specialty Training Committee indicating exact dates of OOPC period & approval to take time out of training.

The applicant sends a letter detailing the OOPC accompanied by a letter of support from the Training Committee to the Surgical Training Office.

The Surgical Training Office will forward the application to the SAC.

Confirmation of new CSCST date issued from SAC & advised to Trainee & Committee

6.7 Fellowship

Many Trainees undertake an overseas Fellowship following completion of training. This is known as a Post CSCST Fellowship and does not need approval from the Training Committee or SAC as it is post training. This should not be confused with OOPT which is undertaken during training and pre-approved by Specialty Committee and SAC if time is to be considered for training.
If trainees undertake a Post CSCST Fellowship the RCSI recommends that the trainee selects a Fellowship that meets the ***"RCSI Criteria and standards for the accreditation of fellowship posts".*** These Standards can be found through the Msurgery portal.

6.8 General Information

Doctors who are in a specialist training programme in Ireland leading to a Certificate of Satisfactory Completion of Surgical Training who are taking period out of clinical programme approved by their training committee are NOT required to register for a Professional Competence Scheme.
During your time out of programme, you must demonstrate that you are maintaining your competence by satisfactorily meeting the requirements of the training committee.
This would include periods in approved research posts, in training posts in other jurisdictions or other approved out of programme activities.
Doctors who undertake research who are not enrolled in a specialist-training programme who are the General or Specialist Register must enroll in an appropriate PCS.

6.9 Post Reassignment Request

The post reassignment process has been established to support Trainees who have had an unforeseen and significant change in their personal circumstances since the commencement of their current training programme (ST3 - ST8) which requires a change to the agreed post/rotation. This process is managed by Postgraduate Training and governed by the specialty and ISPTC; please contact your ST administrator to progress a reassignment request.

6.10 Funding and Support Available to Trainees

There are a number of funds currently in place to support SpR Trainees in educational and training activities. Please see table below for a brief overview of all available funds.

Full eligibility criteria, guidelines and refund forms along with more information can be accessed via
mSurgery/financial-supports-for-sprs **or** http://www.rcsi.ie/TraineeInformationFAQ

https://www.hse.ie/eng/staff/leadership-education-development/met/ed/fin/

TRAINEE SUPPORT SCHEME	▪ EUR 2000 maximum per year per trainee. ▪ Funding is not carried over year-on-year. ▪ Processed via HSE ▪ Available from July 2019 ▪ Further Information https://www.hse.ie/eng/staff/leadership-education-development/met/ed/fin/
SPECIALIST TRAINING FUND	▪ Run by RCSI on behalf of HSE/NDTP. ▪ For training courses/activities, equip, books, expenses. ▪ EUR 500 per year per Trainee. ▪ Funding is carried over year-on-year e.g. three years unclaimed will give the Trainee €1500 to claim. ▪ Further information ▪ https://msurgery.ie/home2/specialist-training/financial-supports-for-sprs
CLINICAL COURSES AND EXAMS FUND	▪ Run by HSE/NDTP for courses and exams only on the approved list. ▪ EUR 450 per claim, no restrictions on how many claims can be submitted per year. ▪ Trainees must claim for this fund through the HR Departments in their hospital within six months of attending the exam/course. ▪ Further Information ▪ https://www.hse.ie/eng/staff/leadership-education-development/met/ed/fin/

	▪ https://msurgery.ie/home2/specialist-training/financial-supports-for-sprs
SURGICAL LOUPES FUND	▪ Amount available to Trainees dependant on number of claims in the year. ▪ The Surgical Loupes application form will be emailed to trainees as soon as it is available. (March each year) ▪ Trainees must submit application and loupes receipt in order to qualify for funding to their ST Administrator. ▪ https://msurgery.ie/home2/specialist-training/financial-supports-for-sprs
RCSI pays fees for Trainees for: **INTERCOLLEGIATE SURGICAL CURRICULUM PROGRAMME (ISCP)**	▪ Registration fee for ISCP is supported in full by RCSI for the duration of training (ST3 - ST8). Once registered with ISCP, RCSI automatically pays these fees on behalf of the trainee. RCSI also fund ongoing ISCP training and support during the year. ▪ Available to ST3-ST8 (Surgical Specialty Training). ▪ EUR 300 per year.

* Please note while it is our intention to meet funding requirements, funding is subject to review and annual approval by the HSE/ NDTP on an annual basis.

6.10 Appeals Policy

The Appeals Policy represents a mechanism to allow an appellant appeal results or decisions affecting the individual's application or progression through either a Surgical or Emergency Medicine Programme at Core or Specialty training run under the auspices of the Royal College of Surgeons.

This policy as well as other relevant policies are available for download through mSurgery

(http://msurgery.ie/policies-procedures-guidelines).

7.0 Quality Assurance & Management

7.1 Medical Council Quality Assurance Systems

Quality assurance is the responsibility of the Medical Council and is the overarching activity under which both quality management and quality control sit. It includes all the policies, standards, systems and processes that are in place to maintain and improve the quality of Surgical Training.

Part 10 of the Medical Practitioners Act 2007 places responsibility on the Medical Council in relation to the quality assurance of medical education and training in Ireland at both undergraduate and postgraduate levels. A core part of this responsibility is to accredit

programmes of specialist training and the bodies which deliver them. There are 13 postgraduate training bodies in the State which are currently recognised by Council and who between them are responsible for delivering programmes of specialist training in 52 specialties. The Medical Council's accreditation standards for postgraduate medical education and training form the basis of the accreditation process.

Medical Council accreditation activities can be broken down into the following stages.

- The Medical School (or Postgraduate Training Body, or Clinical Site) is asked to provide a written submission to the Medical Council, providing confirmation and evidence that each of the accreditation standards are being met;

- The Medical Council forms an accreditation team, which is typically made up of Council members, and experts in medical education and training from within, and outside of Ireland. The team receive a copy of the written submission, noting any areas of concern, or areas which may require further clarifications;

- The accreditation team visits the medical school and clinical sites such as teaching hospitals which contribute to programme delivery. During the visit, the team meets with representatives of the school to discuss the submission, and to confirm that our standards are being met. The team also meets with a large number of medical students whose views and feedback on the programme, and the medical school, are a crucial element of the accreditation process.

At the end of an accreditation process for programmes and bodies, the Medical Council has a range of options open to it under the Act. Its decision is based on the extent to which the body and the programme complies with the rules, criteria, standards and guidelines specified by Council.

The options open to the Medical Council are:

- Approval with one or more conditions attached;
- Amendment or removal of conditions previously attached;
- Withdrawal of approval;
- Refusal of approval (this option applies only to the body and not to the programme).

If a programme or body is approved, the school and programme enter a monitoring phase, which is a series of regular engagements and communication to ensure that progress against earlier recommendations is being made. Through monitoring arrangements, the Medical Council is kept abreast of significant developments with schools and programmes which may require further assessment and evaluation.

The Council also uses a range of other quality assurance processes in collaboration with the Health Service Executive and the Postgraduate Training Bodies to ensure optimal patient safety and quality assurance of the training programmes.

7.2 RCSI Quality Enhancement Office

Quality management is the responsibility of the Postgraduate training body and refers to the processes through which they ensure that the training provided meets the Medial Council and JCST standards.

The RCSI Quality Enhancement Office (QEO) is the executive function of the Quality Committee (QC) and of its sub-committees. The role of the QEO is to support the implementation of the RCSI quality assurance/quality improvement (QA/QI) strategy by coordinating all relevant activities and by collecting the data needed to allow the QC to quality assure all aspects of product delivery. The QEO will report directly to the Chair of the Chief Executive Officer of RCSI.

The responsibilities of the RCSI Quality Enhancement office include:

- to assist the QC in developing and maintaining a quality focus in all RCSI activities;
- to assist the QC, and RCSI, in fulfilling all QA/QI requirements of the relevant statutory bodies;
- to provide administrative support to the QC;
- to coordinate the programme of internal reviews of Schools and non-academic units;
- to advise and assist RCSI units in their participation in internal and external QA/QI activities;
- to assist the QC in monitoring the implementation of Quality Improvement Plans following unit reviews;
- to assist and support Heads of School in their preparation for and response to accreditation site-visits by the statutory professional regulatory authorities;
- to assist colleagues in RCSI campuses in their preparation for and response to site-visits by the local statutory professional regulatory authorities and QA/QI authorities;
- to carry out bespoke reviews of units or programmes within RCSI as mandated by the QC;
- to advise the RCSI Senior Management Team on quality issues affecting the College
- to conduct institutional research; *i.e.:* to collect routine institutional data as quality metrics;
- to support and monitor all assessment QA/QI activities;
- to carry out external QA/QI work on a consultancy basis as opportunities arise;
- to maintain a record of internal and external QA/QI activities;
- to produce an annual report.

7.3 RCSI Surgical Affairs Quality & Business Excellence Unit

The Quality and Business Excellence Unit provides a dedicated set of resources and expertise whose role is the support the quality agenda of the RCSI Surgical Affairs Department in line with the strategy of *Supporting Excellence in Surgical Training and Practice*.

Key activities of the Quality and Business Excellence Unit include:

- Supporting the Medical Council accreditation process;
- Supporting the Quality Improvement strategy of the National Surgical Training Centre;
- Managing Trainee/Training Post Surveys;
- Developing and supporting optimal Surgical Training Post Standards;
- Developing and supporting improved Trainer Standards;
- Supporting the Business Intelligence efforts of RCSI Surgical Affairs;
- Quality check and validation of all Surgical Training assessments;
- Driving business excellence and improvement in business processes;
- Helping to improve the culture of Continual Process Improvements and Renewal;
- Implementing and managing internal quality systems;
- Carrying out internal audits as necessary;
- Liaising with the RCSI Quality Enhancement Office and other external agencies in line with the RCSI quality improvement framework.

7.4 JCST Quality Indicators

The JCST, the SACs and the Core Surgical Training Committee have developed a series of Quality Indicators (QIs) to enable the quality of training placements within each surgical specialty and at core level to be assessed. The QIs will be used to identify good and poor quality training placements, in order that appropriate action may be taken, and will be measured through the JCST trainee survey. The QIs can be accessed via the JCST website (http://www.jcst.org/quality-assurance/jcst-quality-indicators-and-trainee-survey).

The first 9 QIs are generic and are applicable to all training placements, regardless of their specialty or level. The remainder of the QIs are divided into two groups: those for all placements within each surgical specialty; and those relevant to training placements at specific levels. It is not expected that all placements will immediately be able to achieve all of the QIs and a period of 'bedding in' is therefore required before measurement of their achievement can begin in the medium term.

7.5 HSE

Quality assurance controls are maintained during clinical rotations and are underpinned by the HSE Quality Management Systems under the leadership of the Quality and Patient Safety Directorate.

The HSE Quality and Patient Safety Directorate was established to ensure that high quality safe services are designed and delivered to patients and clients. The directorate is committed to a multi-agency approach being taken under the auspices of the *Patient Safety First* initiative to ensure high-quality care is available to all patients and clients. The directorate is focused on the development and implementation of safe quality healthcare where all service users receive high quality treatment at all times, are treated as individuals with respect and dignity, are involved in their own care, have their individual needs taken into account, are kept fully informed, have their concerns addressed and are treated/cared for in a safe environment, based on best international practice.

Details of the Quality and Patient Safety Directorate include the set of policies and standards can be accessed through their website. See:
http://www.hse.ie/eng/about/Who/QualityPatientSafetyDirectorate/

8.0 Trainee Support & Wellbeing

'The most important patient we have to take care of is the one in the mirror' Robert Wah, MD.

The central theme of improving patient safety, which underpins all RCSI Surgical Training programmes cannot be achieved without clear support structures for the surgeons in training. See: https://msurgery.ie/home/trainee-support-section/ for all information.

8.1 Dealing with Inappropriate Behaviour

Discrimination, bullying and sexual harassment either in the practice of surgery or in surgical training is completely unacceptable and inappropriate under any circumstance and should not be tolerated. Inappropriate behaviour in any modern workplace can have a serious and lasting adverse impact on those who are subjected to it. Discrimination, bullying and harassment demean individuals and prevent them from reaching their true potential.

Workplace bullying and harassment adversely affect the quality of patient care by undermining employee morale and can result in absenteeism, stress-related illnesses, and higher turnover of staff. Bullying and harassment may also have a damaging impact on trainees not directly subjected to inappropriate behaviour but who witness it or have knowledge of it.

Everyone involved in Surgical Training has a responsibility to treat colleagues with dignity and respect, irrespective of their sex, race, marital status, age, disability, sexual orientation, religion, political conviction, membership or non-membership of a trade union/professional organisation or real or suspected health status. RCSI is committed to taking a leadership role in supporting the standards of professionalism behaviour that are required of health professionals in positions of leadership and/or influence. We are committed to ensuring that appropriate procedures are in place to firstly support and empower, but also support any victims of discrimination, bullying and sexual harassment.

Should you be a victim of, or observe others being a victim then please refer to RCSI's "Guidelines on Dealing with Inappropriate Behavior" or the HSE policies and procedures on Dignity at work.

If you witness harassment or inappropriate conduct, you are strongly encouraged to report it to your employer and/or appropriate authorities. You can of course, if appropriate, make a Protected Disclosure under the Protected Disclosures Act 2014. Protected Disclosures can be emailed confidentially to rcsiombudsman@protecteddisclosure.ie

9.0 Childcare

RCSI provides a subsidy and has an agreement in place with Giraffe Childcare www.giraffe.ie (at its Dublin sites) for a limited number of childcare places for children of ***RCSI staff and registered full-time students in the Schools of Medicine (including Physician Associates programme), Physiotherapy, Pharmacy and School of Postgraduate Studies students studying full-time on a Research programme i.e. MCh by Research, MSc by Research, MD and PhD.***
Please note this offer does not extend to Postgraduate Surgical or Emergency Medicine Trainees who are not in full time education in RCSI. Giraffe develop and operate childcare and early learning centres for pre-school children from three months and upwards. Emergency care is also available when other care arrangements are temporarily unavailable.

10.0 RCSI Privacy Policy

As advised in your training agreement and set out in the Surgical Affairs Privacy Policy (available on mSurgery.ie under CST Policies, Procedures & Guidelines), the College routinely collects data which includes trainee feedback and examination results for internal quality assurances purposes. This data is used to inform the Surgical Affairs Department of current trends within the training environment and help us develop and review training practices in line with these. Cohort data may occasionally be published in the medical literature. All reporting on such data will always be anonymised.

11.0 ISCP Trainee Data

When a trainee completes training and completes their final ARCP with outcome 6 along with receipt of their CSCST they can ask ISCP to change their user type to consultant. This means that they lose access to their training records but it does not mean that the data is lost, it is merely hidden. We can change their user type back to trainee, if they asks us to, and they will regain access to their training account/data.

12.0 Indemnity

If you are employed by the state (a HSE hospital or a HSE funded hospital) , and treat patients in a state facility, then the state provides indemnity against claims arising from your professional practice through the State Claims Agency.

State indemnity will only cover the financial consequences of a claim for clinical negligence. Its purpose is to ensure patients are compensated if they suffer harm, rather than protect you or your professional interests.

However, the State Claims Agency does not cover:

- Internal complaints and disciplinaries related to your clinical practice.
- Regulatory body actions such as medical council complaints.
- Criminal allegations arising from the provision of clinical care.

Medical indemnity bodies (such as the Medical Protection Society) do provide cover for these situations. They can also advise on how best to protect yourself in your professional

practice, assisting in preparing and checking reports for the State Attorney and providing assistance with media relations to help protect your reputation.

RCSI advises all doctors, regardless of their working arrangements to seriously consider obtaining their own professional indemnity.

Additional benefits include, but are not limited to, free communication skills and risk management workshops, verifiable CPD and CEU, emergency medico legal advice available 24/7, and support and assistance for Good Samaritan acts.

More information about Medical Protection membership for state-indemnified professionals can be found here https://www.medicalprotection.org/ireland/membership/faq.

13.0 Relevant Contact Details

Below are some of the relevant contact details for all RCSI Trainees and Trainers. Additional information and relevant dates are available through the RCSI websites, mSurgery, School for Surgeons, Colles Portal, CRM System and other RCSI web-based training resources.

Intercollegiate Surgical Curriculum Programme (ISCP)
Tel: 0044 20 7869 6299
E-mail: helpdesk@iscp.ac.uk or
URL: https://www.iscp.ac.uk

Joint Committee on Surgical Training (JCST)
34-43 Lincoln' Inn Fields
London
WC2A 3PE
URL: http://www.jcst.org

RCSI IT Department
Ground Floor
Royal College of Surgeons in Ireland
121 St. Stephen's Green
Dublin 2
E-mail: ITHelpdesk@rcsi.ie
RCSI Self-service Portal
URL: http://sspm.rcsi.ie

RCSI Library
No.26 York Street
26 York Street, Dublin 2
Tel: +353 1 402 2407
Email: library@rcsi.ie
http://www.rcsi.ie/library

RCSI Surgical Affairs
Royal College of Surgeons in Ireland
1st Floor, 121 St. Stephen's Green
Dublin 2
Tel: 003535 1 402 2719
URL: www.rcsi.ie/surgery_nstc

RCSI Royal College of Surgeons in Ireland
Coláiste Ríoga na Máinleá in Éirinn
123 St Stephen's Green, Dublin 2
Tel: +353 1 402 2719/2166/2524
Email: surgicalaffairs@rcsi.ie
www.rcsi.ie