

INTERNAL QUALITY REVIEW DEPARTMENT OF SURGICAL AFFAIRS 2018

RCSI DEVELOPING HEALTHCARE LEADERS WHO MAKE A DIFFERENCE WORLDWIDE

Peer Review Group Report Department of Surgical Affairs

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1 Context for the Review

This report presents the findings of a quality review of the Department of Surgical Affairs (DoSA), at the Royal College of Surgeons (RCSI) in Ireland, which was undertaken in October 2018.

RCSI is the second oldest third-level academic institution in Ireland. RCSI is both [a] a health sciences Higher Education Institution with Schools of Leadership, Medicine, Nursing, Pharmacy, Physiotherapy and Postgraduate Studies, and [b] a Postgraduate Training Body in Surgery and related specialties. RCSI is one of four Royal Colleges of Surgeons in Great Britain and Ireland (Edinburgh, England, Glasgow and Ireland). The RCSI School of Medicine was established in 1886, and RCSI became a Recognised College of the National University of Ireland (NUI) in 1978. In the decade from 1996 to 2006, RCSI underwent significant expansion through the establishment of additional Schools/Institutes on the Dublin campus, and of three new international campuses [Penang Medical College now RCSI UCD Malaysia Campus (RUMC), RCSI-Bahrain & RCSI-Dubai]. Following an institutional review commissioned jointly by the Higher Education Authority and the National Qualifications Authority of Ireland (NQAI), RCSI independent degree awarding powers were activated by ministerial order in 2010. In 2011, RCSI entered into a licensing agreement with Perdana University (Kuala Lumpur, Malaysia) to establish the PU-RCSI School of Medicine. The Qualifications & Quality Assurance (Education & Training) Act 2012 established RCSI as a Designated Awarding Body in the Republic of Ireland.

RCSI is an independent, not-for-profit health sciences institution with charitable status in the Republic of Ireland. The institution operates a primarily self-funding model, with State funding accounting for less than 20% of total income. The model is based on the education of a substantial cohort of international students alongside Irish/EU students.

1.1 Purpose of the Review

The self-assessment exercise is a process by which a Unit reflects on its mission and objectives, and analyses critically the activities it engages in to achieve these objectives. It provides for an evaluation of the Unit's performance of its functions, its services and its administration. In line with the RCSI strategic plan 'Growth and Excellence' it provides assurance to the College of the quality of the units' operations and facilitates a developmental process to effect improvement. The fundamental objectives of the review process are to:

- Review the quality of the student experience, and of teaching and learning opportunities.
- Review research activity, including; management of research activity, assessing the research performance with regard to: research productivity, research income, and recruiting and supporting doctoral students.
- Identify, encourage and disseminate good practice and to identify challenges and how to address these.
- Provide an opportunity for Units to test the effectiveness of their systems and procedures for monitoring and enhancing quality and standards.
- Inform RCSI's strategic planning process.

- Provide robust evidence for external accreditation bodies.
- Provide an external benchmark on practice and curriculum.
- Provide public information on the RCSI's capacity to assure the quality and standards of its awards.
 RCSI's implementation of its quality procedures enables it to demonstrate how it discharges it responsibilities for assuring the quality and standards of its awards, as required by the Universities Act 1997 and the Qualifications and Quality Assurance (Education and Training) Act 2012.

1.2 The Review Process

The key stages in the internal review process are:

- 1. Establishment of a Self-assessment Committee.
- 2. Preparation of a Self-assessment Report (SAR) and supporting documentation.
- 3. Site visit by a peer review group (PRG) that includes external experts both national and international.
- 4. Preparation of a PRG report that is made public.
- 5. Development of a Quality Improvement Plan (QIP) for implementation of the review report's recommendations (that is made public).
- 6. Follow-up to appraise progress against the QIP.

1.3 Membership of the Peer Review Group

- Dr Roy Ferguson (Chair), UCD Director of Quality, University College Dublin.
- Mr Gareth Griffiths, Consultant Vascular Surgeon and Chair of the Joint Committee on Surgical Training and Chair of the Assessment Committee of the Academy of Medical Royal Colleges, UK.
- Professor Alan Horgan, Consultant Colorectal Surgeon and Professor of Surgical Education, Royal College of Surgeons of England, UK.
- Ms Aisling Reast, Director and National Coordinator of APPEL (Affiliation for Pharmacy Practice Experiential Learning), RCSI.
- Mr Mark Collins (Secretary), Technical Writer, Independent.

1.4 Terms of Reference for the Peer Review Group

The terms of reference of the PRG are to:

- Evaluate critically the SAR and the supporting documentation.
- Verify how well the aims and objectives of the Unit are being fulfilled, having regard to the
 available resources, and comment on the appropriateness of the Unit's mission, objectives and
 strategic plan.
- Comment on how well the Unit fits with the strategic plans for the College as a whole.
- Evaluate the Unit's strengths, weaknesses, opportunities and challenges as outlined in the SAR.
- Discuss any perceived strengths and weaknesses not identified in the SAR.
- Assess the suitability of the working environment(s).
- Comment on any recommendations proposed by the Unit in its SAR.
- Make appropriate recommendations for improvement, with due consideration of resource implications.

The PRG visited RCSI from 21-24 October 2018 and held meetings with a wide range of internal and external stakeholder groups, including trainee representatives (See Appendix 1 for details of the site visit schedule).

2 Introduction and Context of the Unit

The Department of Surgical Affairs (DoSA), is responsible for the delivery of the national surgical training programme (NSTP) and the national emergency medicine training programme (NEMTP) in Ireland, providing contemporary and robust curricula to its surgical and emergency medicine (EM) trainees across all recognised specialities and sub-specialities. DoSA is also responsible for the provision of a diverse range of postgraduate training and education, professional development, audit, research, Fellows and Members, and international development initiatives. All of these programmes are accredited by the Medical Council of Ireland.

DoSA is also responsible for accrediting surgical/emergency Training Posts and Training Departments in hospitals in Ireland; for certifying trainees who have completed its Core and Higher Surgical/EM Training Programmes satisfactorily; and for assessing equivalence of the training and experience of non-EU surgeons and emergency medicine doctors who wish to practice in Ireland. The Department is also mandated by the Medical Council to administer the statutory Professional Competence Scheme for the surgical profession and emergency medicine doctors in Ireland.

As outlined in the Unit's SAR, the scope of this current review covers the following areas of DoSA:

- Surgical and Emergency Medicine Training Programmes.
- Surgical Practice and Research.
- International Programmes.
- Master's Programmes.

The following areas have been excluded by DoSA as they are not core business functions of the Unit and are coordinated off-site:

- National Office of Clinical Audit (NOCA).
- Clinical Programmes.
- Affiliated Colleges: Radiology; Dentistry; Ophthalmology; Sports and Exercise Medicine.

The current strategy 2016-2020 concentrates on three key areas: Surgical training; surgical practice and international programmes. DoSA is active internationally and has increased the number of overseas centres from six to 12 in recent years — each advance offering a mix of MRCS examinations, examination preparation and/or surgical skills courses multiple times a year. Training Centres, programmes, courses and examinations are variously accredited, co-developed, quality assured or delivered under the auspices of a range of external institutions and bodies, including: Medical Council of Ireland; Network of Accredited Clinical Skills Centres of Europe; the American College of Surgeons; the Royal College of Surgeons of England; and the Inter-Collegiate Basic Surgical Examinations Committee.

DoSA has in the region of 173 staff, of whom approximately 45 are full-time employees and 10 part-time, with the majority being adjunct staff. RCSI opened a new state-of-the-art Academic and Educational Building in 2017, located in the centre of Dublin, and is the main facility for the delivery of DoSA based training for trainees in surgical and emergency training. At the time of the review DoSA had 274 specialist trainees and 193 Core trainees.

RCSI is governed by a Council and is an independent degree-awarding institution (a Designated Awarding Body as defined under the Qualifications and Quality Assurance Act 2012), a Surgical Royal College and Professional Training Body. Two senior boards govern these domains of activity in parallel: the Medicine and Health Sciences Board is the governing body responsible for all degree-awarding educational activities; and the Surgery and Postgraduate Faculties Board (SPFB), which is the governing body responsible for the postgraduate training, competence assurance and professional examination activities of RCSI. The SPFB is the primary body responsible for coordinating the strategic direction of DoSA and the postgraduate faculties. The Director of Surgical Affairs is a member of the RCSI Senior Management Team (SMT). Recognising the increasing complexity and breadth of RCSI's activities, a College Board was established in 2013, as an overarching advisory body for RCSI. DoSA is one of six academic units reporting to the Surgery and Postgraduate Faculties Board.

3 Organisation and Management

RCSI has an established reputation for a breadth of medical-educational activities; nonetheless, the provision of world class surgical education and training, through DoSA, remains core to its purpose.

DoSA has established a functional organisational structure with clear assignment of roles and responsibilities. The associated governance structure is also clear despite the challenge of a requirement for several sub-structures. The RCSI Council oversees the overall governance structures of DoSA. The membership, remit and terms of reference of committees are set out and there is evidence that there is effective engagement with senior departmental team members at committees.

Within the strategy for 2016-2020, strategic priorities and associated key initiatives have been identified in the areas of surgical training, surgical practice and international programmes. The strategy is disaggregated into business planning and further into Professional Development Planning for team members. Implementation of strategy is regularly monitored by, and reported to, the DoSA senior management team. Capacity to pivot between priorities is accommodated within the strategic planning process. The strategy informs, and is informed by, the wider RCSI institutional strategy. This is facilitated by DoSA representation on the RCSI Senior Management Team.

Staff at all levels within the department reported a collaborative, open and supportive working environment. Excellent development opportunities are provided and taken up by staff at all levels, who described the Department as a good place to work and as an appreciative and facilitative employer. Some less senior staff described opportunities for moving across departmental roles but fewer opportunities to advance within the Department. Experience of the personal development planning process appears to be variable, and some team members would welcome the opportunity to engage in a 360-degree feedback exercise.

Staff communication is planned and meaningful with all staff describing their input as sought, valued and leading to change. The Kaizen board appears to be a universally welcome addition to the Department and examples of staff feedback leading to process change were described. It is less clear that there is engagement with administrative team members into the development of higher-level departmental documentation such as the self-assessment report and departmental strategy; though staff, at all levels, were familiar with the final documentation.

Staff described the departmental Town Hall meetings in very positive terms outlining an interactive and informal atmosphere. It was acknowledged that the Department is on a journey to encourage knowledge sharing and further acknowledgement that operational meetings could be better structured to ensure relevance for attendees. Interdepartmental collaboration occurs on a regular but informal basis, though perhaps less so at administrative levels within the Department. There are opportunities to implement mechanisms to greater encourage knowledge sharing.

Structures are in place for effective departmental management including rolling operational business plans, KPIs, detailed project plans and improvement logs. The commitment to a lean culture within DoSA and to standardise business processes as part of the Business Excellence Project is exceptional. Documentation of lower level standard operating procedures, and processes for departmental staff induction were described as incomplete.

High-level budgetary KPIs are reported by the DoSA SMT to RCSI on a monthly basis. There is close engagement with RCSI Finance both to prepare budgets and to review spending, and there is

engagement with managers for financial planning. It was acknowledged that there is some capacity for improvement in the area of accessing timely financial data.

3.1 Commendations

The PRG commends:

- The governance structure is clear despite the challenge of multiple functions.
- Team members described a culture of collaboration and noted that they felt valued.
- An innovative focus on lean process efficiency and improvement is embedded throughout the Department.

3.2 Recommendations

The PRG recommends:

- Identify further opportunities for planned and structured bottom-up and cross-functional communication.
- Increase the documentation of operational processes and role descriptions, including for purposes of induction, handover and collaboration.

4 Teaching, Learning, Assessment and Curriculum

The SAR identifies the changes to the delivery of training that have taken place over the last decade. The reduction in working hours has required the previously established apprenticeship model to develop into one centred on structured training delivery both in the workplace and using simulation training. This has posed challenges which DoSA has risen to and addressed with a proactive and innovative approach. Simulation training has been enhanced and has benefited significantly by the building of the National Surgical Training Centre.

Early years training has been formalised within a curriculum which describes clear end points and a well-structured programme of learning, which maps closely to the programme of assessment with simulation being integrated throughout. Specialist surgical training has been formalised by adopting the Intercollegiate Surgical Curriculum Programme with its associated curriculum for each surgical specialty, web-based trainee portfolio, formative assessment, reflection and feedback mechanisms. Progression is assessed annually, comparing evidence from the portfolio with the curriculum requirements. Formal summative assessment is addressed through the intercollegiate MRCS and FRCS examinations and the curriculum includes clear end points for training in each specialty. Similar arrangements are in place for Emergency Medicine. These formal curricula are supported by courses run in, or through, the National Surgical Training Centre, including human factors and research methodology. The one area which is lacking in the suite of available simulation training techniques is that of fresh frozen cadaveric simulation. This has become an important aspect of training for senior trainees and consultants over recent years and is the only way to simulate advanced surgical approaches and techniques. The PRG recommends (please see the associated recommendation in section 5 below - Staff & Facilities) that DoSA expedites the development of this capability within the National Surgical Training Centre.

Trainees face many challenges in their progression through training, including the importance of balancing work and personal life and of working within a potentially stressful environment. These can lead to difficulties with recruitment and retention and therefore challenges the system's ability to produce sufficient trained consultants. DoSA could help with these matters by working with trainers and the Health Service Executive to develop a mentoring programme and to encourage flexible training, helping trainees to work and train less than full time and to take time off from training for major life events. Returning to work after time away is stressful and DoSA should consider developing a supported return to work scheme which prepares trainees ahead of their time away, helps them retain skills while away and supports their return to work in a graduated fashion. Despite such stresses, some trainees still develop difficulties due to health, social, academic or personal matters, to list but a few. The establishment of a trainee support unit staffed by professionals capable of counselling trainees through such difficulties, can not only help individuals to continue training but the very presence of such support can help recruitment and selection.

The PRG found that all staff groups were united in their desire to deliver high quality training and a good experience for trainees in every interaction they have with DoSA. This aim is underlined by an annual trainee survey assessing training delivery and the continued process of five yearly quality assessment visits to hospital training units. These visits include the SAC Liaison Member to provide externality, something DoSA find particularly valuable and the PRG commends. The College fully supports this visit process and adds its weight to requirements placed on units, including the infrequent occasions when removal of trainees from a poorly performing unit is required. The PRG found that this process is recognised and appreciated by the Medical Council. DoSA should consider an annual cycle of feedback to training units using a range of parameters which give complimentary

information about the quality of training delivery. This would help units in their work and would feed into the five yearly visiting process.

This active approach to quality is further evidenced by daily collection of feedback and quality data on each training event delivered "in house". DoSA course faculty is drawn from actively practicing consultants, in house training staff and retired consultants. This last group provides a valuable resource of experience and expertise but the PRG felt that it, along with the other groups, should be monitored to ensure continued delivery of high quality, up-to-date techniques and approaches.

Another innovation has been the development of the Faculty of Surgical Educators. This is a small group of committed trainers, appointed through a competitive selection process, which works with the Academic Board to develop courses and monitor delivery. As well as harnessing enthusiasm and expertise, this provides recognition for trainers. It was clear to the PRG that DoSA provide a high level of practical support to Training Programme Directors and this is greatly appreciated. DoSA explained their plans to expand this support into a formal trainer recognition system which would apply to all trainers in the clinical workplace. This plan should include in house and local delivery of courses which teach trainers strategies to maximise adult learning and enhance assessment (e.g. Training the Trainers). Those with a greater training role (e.g. TPDs) should be further supported with more advanced courses on training (e.g. Trainees in Difficulty). DoSA should develop local faculty to deliver these courses.

DoSA explained its aspiration of enhancing the professionalization of trainers to the extent that they can focus their activity on the one-to-one delivery of training and clinical supervision in the workplace. This is a laudable aspiration, but DoSA recognise the extent of change to clinical practice that would be required to deliver it, requiring, as it does, a reduction in clinical workload in order to give sufficient time to train. Nevertheless, the PRG strongly encourage DoSA to actively pursue this goal. In the meantime, DoSA should actively monitor, and take corrective action where necessary, concerning the contractual delivery of training time as explained to the PRG by the Health Service Executive (HSE). This requires consultants to deliver two hours of training each week and for trainees to receive four hours of undisturbed teaching per week.

The run through training system includes a progressional assessment at the ST2/ST3 interface. This is a transparent and fair process with a published scoring system that is integral to the programme of learning and the programme of assessment described in the Core Surgical curriculum. While the scoring is criterion based the PRG did detect that there is also a normative aspect due to the element of competition that exists for a limited number of ST3 posts. DoSA has modified this progressional assessment since its introduction and trainees are no longer limited in the number of attempts they may take to succeed. The PRG feel that the scoring system should be kept under regular review to ensure continued fitness for purpose. Some aspects, particularly the logbook scoring algorithm, may encourage trainees to focus on particularly high scoring activities at the expense of potentially more valuable training opportunities.

The Specialist Training curricula will be undergoing change in the near future, as they are re-written to become outcomes based and to incorporate Generic Professional Capabilities. The ISCP will be modified to reflect these changes, at a time when many trainers are only becoming comfortable with it and others are yet to engage fully. The PRG advise DoSA to embark on a programme of trainer education to maximise ISCP engagement and to inform trainers about the forthcoming changes in good time ahead of their introduction.

Trainees are represented on the DoSA's training committees. The PRG were told by trainees that their opinions are heard but not always acted upon. The PRG fully recognise that the training committees need to take all views into account and that following a course of action suggested by trainees is not always possible. In these, and other circumstances, however, the trainees would appreciate enhanced communication from DoSA explaining plans and changes.

The Medical Council's processes to support the equivalence route to certification follow European Union legislation. This places a demand on DoSA to evaluate applications from doctors applying to be placed on the specialist register. The Medical Council told the PRG that DoSA engage well in this process and largely meet the requirements of the service level agreement. This will represent a considerable workload and the PRG commend DoSA for carrying out this work.

4.1 Commendations

The PRG commends:

- Proactive development of innovative training in surgery and EM.
- Excellent simulation training facility.
- Excellent human factors training.
- Five yearly quality visits with external SAC support.
- Well developed early years training leading to fair progression assessment.
- Trainee representation on training committees.
- Good engagement with the Medical Council's equivalence route to certification.

4.2 Recommendations

The PRG recommends:

- Develop a mentorship programme to enhance trainee support.
- Develop a supported return to work scheme.
- Work with the HSE and trainers to encourage Less Than Full Time training where this would be of benefit to trainees.
- Develop a trainee support unit to provide assistance to trainees in difficulty.
- Monitor the contractual delivery of training through the quality visit and trainee survey processes and consider developing an annual quality feedback mechanism.

- Develop a plan to formally recognise trainers.
- Argue for sufficient time for training to enhance trainer professionalization.
- Develop a feedback and appraisal process for course faculty.
- Enhance the communication strategy to keep trainees and trainers informed of training structures, updates and changes including the forthcoming changes to the ISCP.
- Keep the progressional assessment system under review to identify potential improvements.

5 Staff and Facilities

Having had the opportunity to meet with a large number of staff from throughout the Department, the PRG are satisfied that a representative sample of employees have been interviewed and have spoken frankly regarding their working relationship with DoSA.

Staffing levels in DoSA have increased in recent years to accommodate the increased activity and remit of the Department. Both full-time and part-time staff showed exceptional loyalty to the Department and the College at all levels. They felt that their opinions were valued and listened to and the overall level of satisfaction is evidenced by the low rate of staff turnover. The range of staff policies are appropriate and employees benefit from an annual Professional Development and Planning (PDP) Process which allows each member to discuss their training and development needs. Despite this some concerns were raised regarding the consistency, training and engagement of appraisers with the process, along with the lack of opportunity within the College for career progression.

The recent addition of the National Surgical Training Centre has placed RCSI at the forefront of training facilities globally. This state-of-the-art facility offers dedicated space within which DoSA can offer a wide range of simulation skills and Human Factors training. These include simulated operating theatres, clinical environment situation rooms, Virtual Reality Simulation, dry lab and animal tissue training areas along with a lecture theatre, gymnasium and library. The facilities are greatly appreciated by trainees and faculty. It was noteworthy that despite the centralisation of clinical skills training facilities and delivery, all trainees were happy to travel from all parts of the country to receive their skills training in Dublin. The PRG noted that the delivery of teaching regionally has previously been explored by DoSA using a mobile clinical skills training Unit which travelled regionally to deliver skills training using local faculty. This model has since been abandoned due to concerns regarding variability in the availability and quality of faculty.

Faculty employed for the delivery of courses include retired surgeons, newly appointed and established surgeons and in-house faculty employed by the College. In order to facilitate a consistent quality of delivery of skills training, DoSA has recently created a Faculty of Surgical Educators (FSE). This consists of a small group of enthusiastic clinicians with a background in the acquisition and delivery of education with a remit to engage, incentivise and ensure consistency in the delivery of educational courses throughout Ireland.

The PRG noted the absence of fresh cadaveric training facilities which would allow DoSA to provide advanced procedural skills training to senior trainees and hospital consultants. It would also facilitate the dissemination of new techniques and technologies, such as robotic surgery, to surgeons throughout the country in a safe and more effective manner. The ability to provide fresh cadavers would also allow closer interaction with healthcare industrial partners which would provide much needed funding and research collaborations. The PRG discussed this with a number of stakeholders, including trainees, specialty societies and commissioners, who supported the development of such a facility for the delivery of advanced clinical skills training.

Office space, which is mainly provided in No.121 is adequate but lacked an area where faculty could meet, perform administrative tasks and discuss course development.

5.1 Commendations

The PRG commends:

- DoSA is to be commended for the loyalty and work ethic that it engenders throughout the Department.
- World-class training facility which provides centralised, structured and well-organised clinical skills teaching to surgical trainees throughout the country.

Excellent Human Factors Training Programme and dissemination of non-technical skills to surgical trainees.

5.2 Recommendations

The PRG recommends:

• DoSA and surgical training in Ireland would benefit from the development of facilities within the National Surgical Training Centre, to use fresh frozen cadavers as part of their simulation portfolio.

6 Research activity

The PRG was pleased to confirm that DoSA considers Educational Research to play an important role within the Department. They have employed a Head of Research who has been active in the supervision of Postgraduate Higher Degree students and the publication of Educational Research in peer reviewed journals. Such a post is an important role in the opinion of the PRG, however, the PRG consider that the one-half-day session per week allocated for this activity is insufficient. The PRG recommend that consideration be given to extending the time allocated to this role in order to maintain standards and increase output.

The PRG learned that the research component in relation to faculty contractual roles within DoSA, was currently under review by the College.

The award of Degree Awarding Powers to the RCSI in 2010, has allowed DoSA to develop and deliver an active Master's Programme, including a Master's in Human Factors and Patient Safety. This is unique amongst the Royal colleges and worthy of commendation. The individual projects at present, appear to be chosen by the individual student and as a result, are not always aligned to the overall Research Strategy of the Department. The PRG recommend that consideration be given to ensuring alignment of Master's projects with a more cohesive Research Strategy.

The PRG were impressed by DoSA's dedication to the development of their research modules which is well ahead of the competition. In particular, the PRG commends the development and availability of modules in Research Methodology and Data Interpretation which has since been deemed mandatory for all Higher Surgical Training Programmes throughout the country. Whilst the completion and award of an MD Degree is no longer considered compulsory prior to appointment as a consultant surgeon in Ireland, there remains a strong enthusiasm for research amongst surgical trainees throughout the country, supported by DoSA which strongly encourages trainees to engage in research, frequently part-time, after completion of basic surgical training.

The PRG noted that the funding of DoSA research has been limited and somewhat ad-hoc. This has necessitated the performance of clinical duties on a part time basis, for those students undertaking MSc studies. The PRG recognises that this is currently necessary in order to support these students and that it also allows for the maintenance of clinical skills to some degree. However, the PRG recommend that efforts are made to secure robust, recurrent funding to support Educational Research. Closer collaboration with industry, which would be facilitated by the availability of a fresh cadaveric unit, would help to resolve this issue.

6.1 Commendations

The PRG commends:

- The provision of compulsory modules in research methodology and data interpretation for all surgical HSTs.
- The awarding of the College of Degree Awarding Powers and the resultant Comprehensive Master's Programme which has been developed.

• Ongoing efforts in the field of Educational Research which has resulted in a large number of publications in peer reviewed literature.

6.2 Recommendations

The PRG recommends:

- That efforts be made to align research projects and Master's Programme with a robust Strategic Plan for Research within DoSA.
- That DoSA consider additional sessional time be allocated to Head of Research position.
- That DoSA collaborates more closely with industrial partners with regard to educational projects and funding stream.

7 Management of Quality Enhancement

DoSA is subject to a number of internal and external quality assurance processes which, combined, can make considerable demands on a unit's resources. Overall 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 policies, standards, systems and processes that are in place to maintain and improve the quality of surgical training. A core part of this responsibility is to accredit programmes of specialist training and the bodies which deliver them. If a programme or body is approved, the school and programme enter a monitoring phase, which is a series of engagements and communication to ensure that progress against earlier recommendations is being made.

The Medical Council also uses a range of other quality assurance processes in collaboration with the HSE and postgraduate training bodies to ensure optimal patient safety and quality assurance of the training programmes. The review team found evidence to support the effectiveness of these processes and that DoSA had engaged constructively with them.

The RCSI Quality Committee is responsible for the development of policy and for the implementation of quality processes and quality assurance/enhancement activities across academic and administrative areas of all RCSI campuses. The Quality Committee reports both to the Medicine and Health Sciences Board and the Surgery and Postgraduate Faculties Board. The Irish Surgical Postgraduate Training Committee (ISPTC) provides governance, structure and standards for surgical education, training and assessment in Ireland. The ISPTC also works with the Joint Committee on Surgical Training (JCST) and the Specialist Advisory Committees in the appointment and supervision of trainees, to oversee and inspect training posts/programmes and to ensure that standards are complied with.

DoSA operates a process-based Quality Management System (QMS) which is underpinned by a Business Excellence Model. An electronic QMS system known as Q-Pulse, is used by DoSA to streamline business processes related to standards and regulatory compliance, safety management and risk management. This cloud-based platform is used to maintain records of all control documents, quality improvement actions/plans and audit material.

This current periodic review of DoSA, co-ordinated by the RCSI Quality Enhancement Office (QEO), is a key internal RCSI quality assurance process, which the PRG confirm is appropriately aligned with the expectations of the *QQI Core Statutory Quality Assurance Guidelines* for Irish higher education institutions. The effectiveness of the RCSI quality framework is evaluated on a cyclical basis every seven years, by an independent review team sponsored by QQI. The work of the RCSI QEO is complemented by DoSA's Quality Assurance Officer and the Quality and Business Excellence Unit team, whose core activities include: designing, implementing and supporting the QMS; accreditation of surgical and Emergency Medicine training posts; management of trainee feedback; supporting external accreditation programmes; disseminating best practice; and supporting Medical Council Accreditation of postgraduate medical education and training. The PRG also learned that RCSI had appointed a Curriculum Manager to support the implementation of the ISCP across all surgical specialities.

As stated above, a number of external bodies accredit DoSA provision and by doing so, also validate the internal quality assurance arrangements operated by DoSA and the RCSI. These external agencies include: The Medical Council of Ireland; the Network of Accredited Skills Centres in Europe; and the Joint Committee on Surgical Training. A recent legislative change now requires the submission of annual reports to the Medical Council detailing how recommendations arising from accreditation exercises are being addressed.

Primary responsibility for the development and review of surgical curricula lies with the Speciality Advisory Committees, on behalf of the JCST and the Royal Colleges. The JCST is an advisory body to the four surgical Royal Colleges of the UK and Ireland for all matters related to surgical training. The JCST is the parent body for: all 12 Speciality Advisory Committees (SAC) responsible for surgical specialities; the Core Surgical Training Committees; and the Intercollegiate Surgical Curriculum Programme. The primary body for emergency medicine is The Royal College of Emergency Medicine. Emergency Medicine independently reviews its training posts via the Irish Committee for Emergency Medicine Training and has recently developed its own training post standards, which will form the basis of future inspections. Review cycles are typically three years.

As part of its role in the quality management of surgical training, the JCST has developed its own quality assurance strategy based on quality indicators, trainee surveys, CCT guidelines and the annual speciality report developed by each SAC.

The Department has engaged positively with the internal RCSI quality review process, producing, as part of this exercise, a comprehensive and reflective self-assessment report. On the basis of the evidence reviewed by the PRG and in meetings with a wide range of internal and external stakeholders, the PRG concluded that DoSA effectively engages with the internal and external quality assurance processes. As part of the self-evaluation for this current review, DoSA has identified a need to strengthen how the various DOSA programme curricula are developed and implemented and to develop a structured system of independent programme quality review, which the PRG supports.

Trainee feedback is obtained through a variety of mechanisms such as annual training post surveys and focus groups. The CAPA process, for example, involves face-to-face meetings and allows trainees to raise positive aspects and areas of concern relating to their training experience.

7.1 Commendations:

The PRG commends:

- The establishment of a Quality Improvement and Business Excellence Unit within DOSA and the appointment of a DOSA Quality Assurance Officer.
- The appointment of a designated Curriculum Manager in RCSI to facilitate and manage the implementation of ISCP in all surgical specialities.
- The development of a comprehensive and self-critical SAR.

7.2 Recommendations

The PRG recommends:

• The development and implementation of a structured process for the monitoring and periodic review of DoSA academic programmes.

8 Support services

DoSA is effectively supported by a range of RCSI support service providers to deliver on its business objectives. These providers are generally described as professional, responsive, helpful and efficient. Good working relationships appear to exist between all parties.

The DoSA senior management team described the breadth of support provided and outlined how the business planning process supports the identification of priorities and timelines. Some capacity constraints were described by DoSA. Nonetheless, service providers indicated they could support the requests which they currently receive from the Department; this was reflected in the experiences described by DoSA operational team members.

Staff at all levels within DoSA describe relationships with support services as collaborative and supportive. Support service providers described the DoSA team as engaging, committed, very open to improvement and proactively adapting to change.

Engagement between DoSA and service providers varies between those where regular formal planning meetings occur and others where engagement is more ad-hoc and comprises of informal catch-up meetings. A proactive approach to engagement, establishing SLAs and collaborative planning, is being sought by DoSA in some areas. This is to be commended and supported.

8.1 Commendations

The PRG commends:

• The open and collaborative working relationships between support services and DoSA team members.

8.2 Recommendations

The PRG recommends:

• The proactive approach to engagement, establishing SLAs and collaborative planning, being sought by DoSA with all RCSI support services be further developed and supported.

9. External Relations

DoSA engages with a breath and range of external stakeholders. The PRG met with a number of these stakeholders including the Medical Council, the HSE National Doctors Training and Planning (NDTP), trainees and trainers.

Stakeholders described their interactions with DoSA staff in a universally positive and supportive manner. Very good working relationships were described by all key stakeholders with both formal and informal communication methods appropriately used as required. DoSA was described by its external stakeholders as an engaged partner, a pleasure to deal with and as a leader in their field.

DoSA described its stakeholder engagement as effective but taking place on an as required basis. DoSA identified that a structured and proactive approach to stakeholder engagement is critical to the Department's ongoing effectiveness and identified the need to develop a stakeholder engagement plan. It is essential that the plan developed incorporates both inward and outward communication.

DoSA has undertaken a stakeholder classification exercise with a large and varied range of stakeholders identified. Patients were acknowledged as an important and significant stakeholder, though they do not currently appear within DoSA's stakeholder classification. Nonetheless, DoSA's exceptional Human Factors programme illustrates the centrality of patients to their teaching and training.

Trainees are represented on each of the training committees ensuring their role in decision and policymaking. Trainees greatly appreciated their inclusion on committees but indicated that though their contributions were always considered, their impact was somewhat limited. Trainees acknowledged that there were often reasons why their propositions could not be implemented; their engagement with the committee was nonetheless useful in these cases as often it facilitated trainees to understand the reasons for the position adopted. Some difficulties securing sufficient trainees to engage with committees was acknowledged, and it was further acknowledged that there no formal structures for communicating the outcome of committee engagement to other trainees.

9.1 Commendations

The PRG commends:

• External stakeholders, trainees and training programme directors described their interactions with DoSA staff in a universally positive and supportive manner.

9.2 Recommendations

The PRG recommends:

 A comprehensive stakeholder engagement plan is developed including a review of stakeholders and identifying the key planned messages, frequency, method and channels of communication.
 Patients should be included as stakeholders. A proactive communication methodology with trainees is established to ensure that matters raised by trainee representatives and the subsequent communication and decision making is shared with all trainees, other than where such information is sensitive.

10 Summary of Commendations and Recommendations

10.1 The PRG commends:

- 10.1.1 The governance structure is clear despite the challenge of multiple functions.
- 10.1.2 Team members described a culture of collaboration and noted that they felt valued.
- 10.1.3 An innovative focus on lean process efficiency and improvement is embedded throughout the Department.
- 10.1.4 Proactive development of innovative training in surgery and EM.
- 10.1.5 Excellent simulation training facility.
- 10.1.6 Excellent human factors training.
- 10.1.7 Five yearly quality visits with external SAC support.
- 10.1.8 Well developed early years training leading to fair progression assessment.
- 10.1.9 Trainee representation on training committees.
- 10.1.10 Good engagement with the Medical Council's equivalence route to certification.
- 10.1.11 DoSA is to be commended for the loyalty and work ethic that it engenders throughout the Department.
- 10.1.12 World-class training facility which provides centralised, structured and well-organised clinical skills teaching to surgical trainees throughout the country.
- 10.1.13 Excellent Human Factors Training Programme and dissemination of non-technical skills to surgical trainees.
- 10.1.14 The provision of compulsory modules in research methodology and data interpretation for all surgical HSTs.
- 10.1.15 The awarding of the College of Degree Awarding Powers and the resultant Comprehensive Master's Programme which has been developed.
- 10.1.16 Ongoing efforts in the field of Educational Research which has resulted in a large number of publications in peer reviewed literature.
- 10.1.17 The establishment of a Quality Improvement and Business Excellence Unit within DOSA and the appointment of a DOSA Quality Assurance Officer.

- 10.1.18 The appointment of a designated Curriculum Manager in RCSI to facilitate and manage the implementation of ISCP in all surgical specialities.
- 10.1.19 The development of a comprehensive and self-critical SAR.
- 10.1.20 The open and collaborative working relationships between support services and DoSA team members.
- 10.1.21 External stakeholders, trainees and training programme directors described their interactions with DoSA staff in a universally positive and supportive manner.

10.2 The PRG recommends:

- 10.2.1 Identify further opportunities for planned and structured bottom-up and cross-functional communication.
- 10.2.2 Increase the documentation of operational processes and role descriptions, including for purposes of induction, handover and collaboration.
- 10.2.3 Develop a mentorship programme to enhance trainee support.
- 10.2.4 Develop a supported return to work scheme.
- 10.2.5 Work with the HSE and trainers to encourage Less Than Full Time training where this would be of benefit to trainees.
- 10.2.6 Develop a trainee support unit to provide assistance to trainees in difficulty.
- 10.2.7 Monitor the contractual delivery of training through the quality visit and trainee survey processes and consider developing an annual quality feedback mechanism.
- 10.2.8 Develop a plan to formally recognise trainers.
- 10.2.9 Argue for sufficient time for training to enhance trainer professionalization.
- 10.2.10 Develop a feedback and appraisal process for course faculty.
- 10.2.11 Enhance the communication strategy to keep trainees and trainers informed of training structures, updates and changes including the forthcoming changes to the ISCP.
- 10.2.12 Keep the progressional assessment system under review to identify potential improvements.
- 10.2.13 DoSA and surgical training in Ireland would benefit from the development of facilities within the National Surgical Training Centre, to use fresh frozen cadavers as part of their simulation portfolio.
- 10.2.14 That efforts be made to align research projects and Master's Programme with a robust Strategic Plan for Research within DoSA.
- 10.2.15 That DoSA consider additional sessional time be allocated to Head of Research position.
- 10.2.16 That DoSA collaborates more closely with industrial partners with regard to educational projects and funding stream.
- 10.2.17 The development and implementation of a structured process for the monitoring and periodic review of DoSA academic programmes.

- 10.2.18 The proactive approach to engagement, establishing SLAs and collaborative planning, being sought by DoSA with all RCSI support services be further developed and supported.
- 10.2.19 A comprehensive stakeholder engagement plan is developed including a review of stakeholders and identifying the key planned messages, frequency, method and channels of communication. Patients should be included as stakeholders.
- 10.2.20 A proactive communication methodology with trainees is established to ensure that matters raised by trainee representatives and the subsequent communication and decision making is shared with all trainees, other than where such information is sensitive.

11 Appendix 1: Site Visit Schedule 21 – 24 October 2018

Evening prior to site visit – 21st Oct

Dur. mins	Time	Meeting Theme	Attendees	Venue
30	1700 – 1730	Welcome & Introduction for PRG	PRG, QEO	Robert Smith Room
		Director of Quality and Quality Reviews Manager		
90	1730 – 1900	Private planning meeting for members of the Peer Review Group	PRG	Robert Smith Room
	1915 – 2100	Dinner	PRG, QEO	

Day 1 - 22nd Oct

Dur.	Time	Meeting No.	Meeting Theme	Attendees	Venue
	0845		Review of preparatory work		
45	09.15 – 10.00	M1	Meeting with Managing Director and the DOSA Senior Team Theme/focus: Current strategy, challenges and future direction Sections 2 & 3	See list of attendees	Robert Smith Room
45	10.10 – 10.55	M2	Meeting with DOSA Operational Management Theme/focus: Organisational design, governance, management, quality, resources, staff and facilities Section 4,5 & 9	See list of attendees	Robert Smith Room
20	10.55 – 11.15		Tea / coffee. Private meeting time for PRG		
45	11.20 – 12.05	M3	Meeting with Operational Team Leads/Technical support staff: Theme/focus: Collaboration, interdependence, teamwork, quality and empowerment Section 4, 5 and 10	See list of attendees	Robert Smith Room
50	12.15 – 13.05		Tour of Unit Facilities: 121 St. Stephens Green and No 26 St Stephen's Green	See list of attendees	
45	13.10 - 13.55		Lunch & private meeting time for PRG		

50	14.00- 14.50	M4	Meeting with Operational Staff Theme/focus: working environment, career development and opportunities, empowerment, team work, collaboration and support, reward and recognition Section 5,10	See list of attendees	Robert Smith Room
55	15.00 – 15.55	M5	Meeting with Faculty, Adjunct Faculty & Heads of Masters Programmes Theme/focus: Academic governance, curriculum development, assessment, pedagogy, communications, feedback mechanism & supports. Section 6, 7, 8 & 9	See list of attendees	Robert Smith Room
15	16.00 – 16.15		Tea/coffee Private meeting time for PRG		Robert Smith Room
55	16.15 – 17.10	M6	Meeting with ISTG, ASiT, IEMTA, Trainees, Master Students/Graduates, Alumni, Fellows, Theme/focus: Facilities, staff, supports and learning experience Section 5,6 and 7	See list of attendees	Robert Smith Room
40	17.10 – 17.50		Review of afternoon's meetings.		Robert Smith Room

Day 2 - 23rd Oct

Dur. mins	Time	Meeting No.	Meeting Theme	Attendees	Venue
25	08.45		Private meeting time for PRG		Robert Smith Room
45	09.10 -09.55	M7	Meeting with Medical Council Theme/focus: Accreditation Section 9	See list of attendees	Robert Smith Room
45	10.10 – 10.55	M8	Meeting with Business Partners: Theme/focus: Relationships, service levels, interdependence, success inhibitors, recommendations Section 4, 5 & 10	See list of attendees	Robert Smith Room
20	11.00 – 11.20		Tea / coffee. Private meeting time for PRG.		Robert Smith Room
50	11.20 – 12.10	M9	Meeting with RCSI Senior Management Team: Theme/focus: DOSA Strategy and alignment with RCSI strategy, support, collaboration, future developments	See list of attendees	Robert Smith Room

			Section 2, 3, 4 & 5		
40	12.20 – 13.00	M10	Meeting with HSE-NDTP Theme/focus: Service Level Agreements, funding, resources Insert relevant SAR sections e.g. Section 2, 3 & 5	See list of attendees	Robert Smith Room
50	13.00 – 14.00		Lunch & private meeting time for PRG		
45	14.10 – 14.55	M11	Meeting with Research Team Theme/focus: Strategic alignment of research, activities and resources Section 8	See list of attendees	Robert Smith Room
120	15.00 – 17.00		Private meeting time for PRG members to finalise draft commendations and recommendations		Robert Smith Room
45	17.00 – 17.45	M12	Meeting with Specialty Chairs, TPDs and Trainers Theme/focus: Facilities, staff, supports and learning experience Section 5,6 and 7	See list of attendees	Robert Smith Room
30	17.45 – 18.15		Private meeting time for PRG members to finalise draft commendations and recommendations		Robert Smith Room

Day 3: 24th Oct

Time	Meeting Theme	Attendees	Venue
08.45 - 12.45	Private meeting time for PRG – discussion and finalisation of Commendations and Recommendations for all sections.	PRG	Robert Smith Room
10.30	Tea / coffee.		Robert Smith Room
08.45 – 12.00	Private meeting time for PRG – discussion and finalisation of Commendations and Recommendations for all sections.	PRG	Robert Smith Room
12.00 – 12.15	Private meeting with QEO	PRG, QEO	Robert Smith Room
12.15 – 12.30	Meeting with Managing Director & QEO	See list of attendees	Robert Smith Room
12.40 – 13.00	Exit presentation to all Unit Staff	Open invitation to staff	VC Room
13.00 – 14.00	Light Lunch and Private meeting with QEO		Robert Smith Room
14.00	Review ends.		

Surgical Affairs Quality Improve			ement Plan 2019-2021				LEGEND AT RISK		Existin	g Project	1	Dela	ayed	by 1 Q	uarter	1 -				
	Doc No. Date	PEX - QJP01 End of Feb 2019	Resource required	€	Funding required	Æ	Funding and Resources required IN PROGRESS/ON TRACK COMPLETE NOT COMMENCED					2	Dela	ayed	by 2 Q	uarters				
	Doc Owner	Paul Sheridan, Surgical Affairs								2018	201			20			2021		202	
Proj No	Link to RCSI Strategy	Quality Improvement Project	Owner	Dur.	SA Committee	Project Team	Main Project Deliverables	Resources Implications	RAG	Q4 Q	1 Q2	Q3 Q	4 Q5	Q6	Q7 Q8	Q9	Q10 Q	11 Q12 Q1	3 Q14 (Q15 Q16
	RCSI Pillar 1	SA Pillar 1 - Improving the learning experience and supports available to Trainees/Students																		
A Code		Pillar Owner: Caroline McGuinness																		
SAP1.1	RCSI.P1.6 Action 38	Publish a "Guide to Surgeons Health & Wellbeing"	Eva Doherty	12 months	Operational Management Committee															
SA.P1.2	RCSI.P1.6	Work with the HSE and Trainers to encourage "Less than full-time" training where beneficial	Caroline McGuinness	Ongoing	Operational Management Committee		Create a joint policy with HSE and Specialty Training Bodies Design an application and administration process Promote the facility to potential and existing trainees Develop a communications plan													
SA.P1.3	RCSI.P1.5 Action 37	Launch a "Preparing to Practice Programme" incorporating QI/ Lean thinking, Health Care Economic and Train the Trainer for ST7/8's	Padraig Kelly s	12 months	Academic and Quality Committee															
SA.P1.4	RCSLP1.4 Action 37	Develop Trainee Support Unit - The Threes Rs Project	Eva Doherty	9 months	Operational Management Committee		1. Appoint Project Manager to develop a framework of support for trainees 2. Create a communication plan 3. Develop an engagement programme to identify the needs of trainees a. Focus Groups b. One to One meetings with key stakeholders c. Develop and run Trainee Survey 4. Develop Al books Chat Boss to assist trainees to access the information they need or to help guide them to	o our												
SA.P1.5	RCSI.P1.2 & RCSI.P1.5	Analyse/report on trainee performance in their FRCS exams and benchmarking against the other colleges	Emeka Okereke	6 months	Academic and Quality Committee															
SA.P1.6	RCSI.P1.6	Develop a return to work process for trainees after extended absence	Ciara Greene	6 months	Operational Management Committee		Support for time away from training, particularly around major transition periods Create a communications plan													
SA.P1.7	RCSI.P1.4 & RCSI.P1.5	Develop a mentorship programme for trainees support	Patricia Malone	9 months	Operational Management Committee		Work with Trainers and the ISPTC to develop a standard mentoring programme Commence a programme of engagement with stakeholders to promote the programme and stakeholders													
SA.P1.8	RCSI.SE2.25	Introduce biannual workshops with ISTG focused at enhancing the training experience for trainees	Patricia Malone	9 months	Operational Management Committee		Assess how this can be linked to SAP2.19 (Annual Trainers Events)													
SA.P1.9	RCSI.P1.4 & RCSI.SE2.25	The training programme will annually publish Progression Metrics by year & specialty so that trainees can make informed career decisions	Caroline McGuinness	6 months	Operational Management Committee															
SA.P1.10	RCSI.P1.1 & RCSI.P1.7	Invite ST 7 & 8 suitably qualified Trainees to deliver elements of the curriculum	Barbara white	9 months	Operational Management Committee															
6AP1.11	RCSLP1.5 Action 37 Action 38	Integrate the Generic Professional Capabilities into Surgical Training	Oscar Traynor	15 months	Academic and Quality Committee		Form SPTC Workgroup to plan and oversee the implementation of generic professional capabilities in practi framework 1. Agree membership, duration, scope and ToR for vorkgroup 2. Appoint exec and admin support for the group 3. Develop a plan to implement the capabilities 4. Develop standardised report mechanism 5. Engagement plan 6. Knothor implementation of capabilities into practice	ice												
SA.P1.12	RCSLP1.3	Publish the CST Curriculum and Syllabus online	Oscar Traynor	15 months	Academic and Quality Committee															

	RCSI Pillar 1	SA Pillar 2 - Increasing the supports we																		
		have for our <u>Trainers</u>																		/
		Pillar Owner: Prof. Oscar Traynor			SA			Resources Implications		Q4										/
SA Code		Tillal Owner. Tiol. Oscal Trayhor	Owner	Dur	Committee	Project Team	Main Project Deliverables		RAG	2018	Q1 Q2	Q3	Q4 Q5	Q6	Q7 Q8	Q9	Q10	Q11 Q12 Q13	Q14 Q1	5 Q16
SA.P2.13	RCSI.SE2.26 RCSI.SE2.28 Action 37	Introduce Annual Structured Specialty Engagements with Specialty Associations and Training Committee	Padraig Kelly	6 months	Operational Management Committee		1. A key element of these engaged ent is to establish how we can be more effective at deliverying value to our stabilidering CST, HST and EM activities such as Committee Weetings, CAPA thate and Progression. 2. Establicative what needs can be fulfilled by active participation of Trainers in training activities 3. How can we reduce the "pain" and enhance the experience of participation.													
SA.P2.14	RCSLP1.7 Action 37	Laurch Faculty called The Surgical Educators to support excellence in training.	Patricia Malone	3 months	Operational Management Committee		From the engagement with Traners design a system of supports for them in their role as trainers 2. In collaboration with the trainers create a set of standards for consultant trainers 3. Design an 'on-Bounding' system to support new consultants to meet the trainer standards. 4. Appoint a board to the Faculty of Educators and Design a governance structure including ToRs and decision and change control mechanisms 5. Create grades of membership for the Faculty of Educators (Trainers in training Consultant Trainers/Training Post Directors) 6. Design an application system for new consultant trainers to apply for membership of the Faculty of Surgical and Emergency Medicine Trainers 7. Create a mission and 3 year operational strategy for the Faculty of Educators 8. Assess and deploy the necessary resources to support the operation of the Faculty of Educators 9. Create and implement a Quality Improvement System to promote continuous improvement of trainer supports and standards including a *Teedback system* to capture trainer recommendators and corrective actions													
SA.P2.15	RCSI.P1.4 & RCSI.F1	Launch Specialty Training Posts Quality Standards to be used as part of the SAC inspection process	Emeka Okereke	12 months	Operational Management Committee		Engage with the SAC to put in place external validation and presence at launch and at inspection days.													
SA.P2.16	RCSI.P1.7 & & RCSI.F1	Introduce an Annual Survey of Surgical Trainers focused at enhancing the training programme improving	Patricia Malone	6 months	Operational Management Committee															
SA.P2.17	RCSI.P1.7	Introduce a Trainers Welcome and Benefit Pack for new and current Trainer	Patricia Malone	6 months	Operational Management Committee															
	RCSI.P1.4 Action 37	Expand Boot Camp for all Surgical Specialties in ST3	Leonie Heskin	3 months	Academic and Quality Committee		Perform a scope and feasibility study to assess the resources, materials, facilities, faculty and operation staff support to implement this Meet with Specialties with robust business proposals and seek their buy in													
	RCSI.P1.7	Introduce an Annual Trainers Event focused on critically analysing our training model and offering	/ Kieran Ryan	9 months	SA Senior Management Team		Link to SA.P1.8.1. (ISTG Trainee day) - There is an opportunity to link the trainer and trainee events to enhance networking and interaction													
SA.P2.20	RCSI.P1.6	Automating the capture of Trainer CPD Points for training activities with direct upload into the PCS system on the trainers' behalf	Kieran Ryan	15 months	Operational Management Committee	Donncha Ryan														
SA.P2.21	RCSI.P1.7 action 38	Develop a Trainers Guide to Surgical Training in Ireland and training material to support trainers in their difficult and important role.	TBD	12 months	Operational Management Committee															
SA.P2.22	RCSI.P1.7	Develop a Trainers Portal within Msurgery to containing trainer support material	Donncha Ryan	6 months	Operational Management Committee															
SA.P2.23	RCSLP1.7 Action 37	Lobby/Argue for Trainer Professionalisation and for sufficient time for support it.	Kieran Ryan	15 months	SA Senior Management Meetings		Based on the outputs from the above projects, commence a concerted campaign to promote the professionalisation of trainers with key stakeholder based on: a. Political campaign b. Marketing campaign c. implementation of actions Compensation for trainers 3. Review of training obligation clauses in HSE consultant contracts 4. Mathly-year funding models to support long term planning													
	RCSLP1.2 & RCSLP1.7	Acquire the necessary facilities for faculty to allow creative workspaces to support the development and visual planning of new training and academic programmes	Oscar Traynor	18 months	Academic and Quality Committee															
SA.P2.25	RCSI.P1.7	Acquire additional "Desk Space" for adjunct faculty to perform administrative duties	Oscar Traynor	18 months	Academic and Quality Committee															

	Enabler 3	SA Pillar 3 - Developing <u>Our People</u> to deliver better services to our trainees, trainers and the specialties																		
SA Code		Pillar Owner: Padraig Kelly	Owner	Dur	SA Committee	Project Team	Main Project Deliverables	Resources Implications	RAG	Q4 2018	01 02	Q3	Q4 Q5	Q6 ·	O7 Q8	09	Q10	Q11 Q12 Q13	3 014 01	5 Q16
	RCSI.SE3.32	Promote and enhance the Personal Development Planning Process	Kieran Ryan	12 months	SA Senior Management Meetings	rojour roam	1. Training for Managers and Leaders in how to run effective POP processes 2. Training for Managers in coaching, mentoring and career development, particularly in how to link performance to behavioral competence and learning and development. 3. Training for all stiff in career development, self reflection and developing a learning map 4. PDPs to be focused on learning and development including assessment of competence performance. 5. Develop a SA specific PDP form with our strategic objective pillars and competences			2010										
SA.P3.27	RCSI.SE3.32	Continue efforts to build resources around training post administration, support, inspection and accreditation	Caroline McGuinness		Operational Management Committee		Assess the resources requirements, job design, person specifications and recruit/redeploy resources as necessary													
SA P3.28	RCSISE3.32	Develop faculty capacity and capability development in the areas of resources, curriculum, pedagogy, assessment and teaching resources	Marie Morris	18 months	Academic and Quality Committee		1. With the support of HR, carry out a detailed analysis and benchmarking of Faculty operational requirements (in the context of Surgial Affairs) for Teaching, research, preparation, feedback, quality and governance duties 2. Include in this analysis an assessment of the application of the RCSI academic career pathway to Faculty in surgical affairs and that any conflicts are addressed. 2. Based on this analysis develop a urgent action plan to implement any recommendations 3. Engage with the HFCE and develop a support framework to develop faculty pedagogical development 4. Perform a SLA analysis to determine where the funding can be found for this. Assess requirement for specially curriculum leads and commence recruitment and appointment of necessary Assess requirement for specially curriculum leads and commence recruitment and appointment of necessary Season and the special continual means and commence recruitment and appointment of necessary Season and the special special season and the special													
SA.P3.29	RCSI.SE1.18	Staff training on the facilities booking system	Paula Mansell	3 months	Operational Management Committee		Training on how to use system Develop an SOP and best practice to book a room and facilities and administer operation changes													
	RCSI.SE3.32	help support their on-boarding process	Orla Mockler		Operational Management Committee		 Support their integration into the team and assist them with setting up their roles, work station and general advice and introductions 													
SA.P3.31	RCSI.P2.8 & RCSI.SE3.33	Assess the capacity to increase the sessional time allocated to the Head of Research position and action any recommendations	Kieran Ryan	3 months	SA Senior Management Meetings															
SAP3.32	RCSI SE3.32 RCSI SE3.33 RCSI SE3.35	Engage with Human Resources for consultative with project support to develop an action plan to strategically develop and align our human resource capability	Padraig Kelly	12 months	Operational Management Committee		1. Ensure Organisation Design aligns with an innovative relational value proposition. 2. Work with managers to develop standard AbD besigns and descriptions for all roles including interdependences with other functions. 3. Develop and to regular staff skills and qualification surveys and reports. 5. Develop a skills and completence for Surgical Affairs. 6. Develop a skills and completence for Surgical Affairs. 6. Develop a skills and completence for Surgical Affairs. 7. Design and develop an standard semining and development induction framework for new staff and researchers. 7. Design and develop an Empowered Relationship Management training programme for all staff aligned to our operational strategy. 7. Design and develop an standard star of the staff staff straining and development in the staff straining and development of the staff straining and development in Surgical Affairs. 7. Under with Respect staff in cross dunctional working 10. Put in place a mechanism to record and monitor learning and development in Surgical Affairs. 7. Under with Respect to staff in cross dunctional working 10. Put in place a mechanism to record and monitor learning and development in Surgical Affairs. 7. Learning the staff in the staff sta													
SA.P3.33	RCSI.SE1.17 & RCSI.SE3.32	Support the development of a centralised learning and development database for all staff which can also records staff training hours, skills, qualifications etc.	Emeka Okereke	9 months	Operational Management Committee		1. HR to develop a database 2. Request staff to fill out database 3. Use the PDP process to get the information 4. Assess the feasibility of using 0-Pulse													
SA.P3.34	RCSI.SE1.23 RCSI.SE3.35 RCSIIF3	Human Resources to produce an annual HR and Staff Development report for Surgical Affairs incorporating KPI, Demographics and Development activities	Rachel Hipwell	3 months	Operational Management Committee															

		Pillar 4 - Continuous and incremental improvement of our <u>Processes and Services</u>																	
					SA		Resources Implications		Q4									L L.	
SA Code SA P4.35	RCSISE1.17 RCSIF1	Pillar Owner: Paul Sheridan Carry out a strategic operational audit of Surgical Affairs and develop a coherent action plan which aligns the activities of all units in SA.	Owner Paul Sheridan	Dur 3 months	Operational Management Committee	Main Project Deliverables 1. The QP is the outcome of this audit along with the recommendations contained in the QEO SAR and Panel Report	Implications	RAG	2018 Q	Q2	Q3 Q	4 Q5	Q6	Q7 Q8	Q9	Q10	Q11 Q12 Q13	Q14 Q1	15 Q16
	RCSISE1.17 RCSIF1	Enhance the Governance Structure by introducing Academic Quality Committee, Operational Management Committee	Padraig Kelly	3 months	SA Senior Management Meetings	1. Realign teams into a cross functional marks to ensure alignment of all activities with the operational strategy 2. Develop terms of reference, policy and procedures for committees and Americanial groups 3. Include governance framework within the Academic Committee to support Research excellence 4. Put in place an effective change control mechanism for curricula, courses and modules to support operational 4. Put in place an effective change control mechanism for curricula, courses and modules to support operational 5. Build in Quality Assurance and Audit into the academic function of the department under the new committee structure. Structured review processes will be incorporated to ensure stakeholder feedback is captured and actional. 6. The operational management committee will go it place change controllusiones procedure nesterns 6. The operational structure will be consumed to a structure of the course of timeled resources to strange place properties it existence 7. The committee structure will be for all committees of the RCSI 8. Put in place a meeting schedule for all committees and functional meeting outlining standard agendas driven by task and quality check lists. 6. Ensure that ther is a regular review of progressional assessments to ensure continuous improvement. Include													
SA.P4.37	RCSI.SE1.23 RCSIF1	with surgical training into all areas of Surgical Affairs incorporating the Business Planning Process	Paul Sheridan	3 months	Operational Management Committee	This is being done as part of the QIP Include QIP projects in PDPs													
	RCSI.SE2.26	Link the SA strategy to Fellows and Members	Kieran Ryan	6 months	SA Senior	Alignment of Strategies													
SA.P4.39	RCSISE1.18 RCSIF1	Design, develop and implement a stakeholder feedback systems to support Continuous Value Quality Improvement for our beneficiaries	Zoe Cruise	3 months	Academic and Quality Committee and Operation Management Committee	 Create a stakeholder feedback looj including a reporting and communication framework Engage with relevant stakeholder to ensure feedback is collated from the following areas: CAPA, Courses, Academic Programmes, Modules, Training Post Data, Accreditation and Inspections Scapture recommendations and actions on the OMS. Develop an annual report which is communicated to all stakeholder highlight what has been done to improve our service and activity. 													
	RCSI.P1.3 RCSI.SE1.22	The alignment of the Digital Strategy for Surgical Affairs with the operational strategy for the department			Operational Management Committee	1. Include the following: a. automation and integration of the training pathways b. risk mitigation c. data efficiency and accuracy d. performance measurement e. communications f. digital tracking and records of traineristudent pathways g. Training, education and professional file long learning h. Accessibility strategy for all programmes L. Degaw this recars at shalloffer to schold workshops L. Degaw this recars at shalloffer to schold workshops													
SA.P4.41	RCSI.SE3.32 RCSI.SE3.33	Enhance the Governance Structure by introducing Cross functional operations teams	Paul Sheridan	3 months	Operational Management Committee	Engage with relevant stakeholder to schedule workshops Integrate the project into normal operational planning					1								
SA.P4.42	RCSI.SE1.23	Develop a reporting mechanism to highlight and monitor the progression of the aligned SA and RCSI strategies	Paul Sheridan	6 months	SA Senior Management Meetings														
SA.P4.43	RCSI.SE1.23	Develop SA organisation level KPQs and KPIs and associated reporting mechanisms	Paul Sheridan	6 months	SA Senior Management Meetings	 Coordinate the development of standardised reporting tools from all functional managers/learn leads which show performance indicators across our activities Work with key staff to develop KPOs and identify related metrics. 													
SA.P4.44	RCSI.P1.4 RCSI.SE1.18 RCSI.SE2.22	Develop and implement an accreditation system for Training Posts, Research Fellowships and Training Courses	Emeka Okereke	9 months	SA Senior Management Meetings	Piloting Develop and implement a communications team and plan Implement a stakeholder engagement plan and enlist the endorsement of major influencers													
	RCSI.SE1.18	Design and implement a Cost Efficiency and Effectiveness Project	Padraig Kelly	9 months	Operational Paul Sheridan Management Committee	Work with key staff to identify processes/activities where costs effectiveness could be recognised Bentify costs sawings Support the implementation of action plans to capture and report on sawings													
SA.P4.46	RCSI.P1.2 RCSI.P1.3 RCSI.P1.4	Continue to develop and record OSCE Scenarios banks which are validated and tested.	Simone		Academic and Quality Committee	Use Opercom to support this.													
SA.P4.47	RCSI.SE1.23	GDPR, Data Management and Filing Policy and Procedures	CMG		Operational Management Committee														
SA.P4.48	RCSI.P1.2 RCSI.SE1.23	analyse the correlation between our intake criteria for our training programmes and actual learning outcomes achieved by our trainees and students	Oscar Traynor	12 months	Academic and Quality Committee Dara O'Keeffe	1. Review eating work done to date on this and outline a programme of work 2. Appoint a researcher to leverage our existing bank of data on all our activities in the areas of training and education to help shape intake requirements and post training activities of our graduates													
	RCSLP1.2	frozen cadavers within the National Surgical Training Centre	Padraig Kelly	12 months	Operational Management Committee	1. Roll out ENT plot 2. Build relationship with Anatomy team 3. Engage with the Simulation and Anatomy Team and set up work group of experts 4. Assess storage and license requirements 5. Assess the facehability of apinion to human tissue licenses													
SA.P4.50	RCSI.P2.10 Action 37	Develop a cohesive operational strategy for research across training, oducation, academic programmes linked to the overall SA strategy.	Dara Kavanagh	6 months	Academic and Quality Committee	1. Delivery through new Academic Committee 2. Define objective targets and clear objectives 3. Ensure that Emergency Medicine is included in the strategy and assess resource 3. Assess and melpinement the integration of the work of the academic and research teams 4. Ensure the alignment of curriculum, teaching and research activities 5. Develop effective communication and promotion of research activities and link with communications team to help achieve this. 6. Leverage the work of the master student to produce align research with tot the 7 ducation of surgeons 8. Ensure that teaching and research are mutually informed and reinforcing 9. Put in place a structure to allow the traineful research knowledge into teaching practice													

SA.P4.51	RCSI.SE1.17 RCSI.SE1.18	Develop and implement a SA Process Risk Management Policy and Process	Paul Sheridan 6 me	ths SMT and Operational Management Committee	New operational committee will take over monitoring of process risk Develop a policy and Procedure Shertly risk events and calculate risk Metryl cover tisks and assign owners Shevelop accord priesr and reporting system to mitigate the risk					
SA.P4.52	RCSLSE1.18 RCSLSE1.23	including OA check lists -SOPS: 1. Quality - ZC 2. HST - BW 3. EM - OM 4. CST - JC	Zoe Cruise, Barbara White, Orla Mockler, Jane Cunningham, Emer Pyke. Pauline Lyons	nths Operational Management Committee	1. Carry out a gap analysis of outstanding and expired SOPS and assign owners to developtupdate. 2. Use standard temphate develope by Quality Assurance team 3. Continue to emphasise the standardisation of systems and practices across our activities particularly in the academic programmes. academic programmes. academic programmes. academic programmes. by a decided programmes. by a decided programmes. control of solid programmes.					
SA.P4.53	RCSI.P1.3 RCSI.P1.4 RCSI.SE1.23	Support a project to integrate SARA IT and Data systems with RCSI CRM to enable better data management, processing and reporting with other RCSI ICT	Emer Pyke 9 m	ths Operational Management Committee						
SA.P4.54	RCSI.SE1.22	SLA with the IT Team which outlines a clear differentiation between resources required for development projects and operational database and system supports	Donncha Ryan 6 me	ths Operational Management Committee	1. Develop a specification outlining service requirements for all IT systems etc. 2. Engage with IT to develop an SLA 3. Appoint key protracts between teams 4. Work with IT Help desk to induct new starts on our systems					
SA P4.55	RCSLSE1.23	Put in place a new Finance SLA and associated reporting tools	Paul Sheridan 3 mi	ths Operational CMcG/PM Management Committee	1.Establish the categories necessary for effective budgeting of the training and CPD-SS programmes activities. 2. Support resources 3. Work with finance to develop a system which allows the reporting of payroll data in financial reports 4. Develop functional control sheets to moritor day-to-day financial performance 5. Enable functional heads to run their own reports off agresso					
SA.P4.56	RCSLP1.3 RCSLSE1.22 RCSLSE1.23	Complete the full automation of Core Training into the Advance/Higher training programmes	Donncha Ryan 15 m	nths Operational Management Committee	1. Work with IT to incorporate future SA IT development plans for: a. ST3 progression b. Specialty selection c. Financial system integration with CRM					
SA.P4.57	RCSI.SE1.18 RCSI.SE1.21	Benchmark our Quality systems and programmes against similar institutions	Emeka Okereke 3 m	ths Operational Management Committee	Produce a regular annualised report					
SA.P4.58	RCSI.P2.9 RCSI.SE2.31 Action 37	Following the production of the research strategy commence a project to identify sources of research funding and implement actions	Dara Kavanagh 6 me							

		Pillar 5 - Increasing the <u>Relevance</u> of Surgical Affairs to our Trainees, Trainers, customers, sponsors,																
		influencers, faculty and other important stakeholders																
SA Code		Pillar Owner: Paul Nolan	Owner	Dur	SA Committee	Project Team	Main Project Deliverables	Resources Implications	RAG	Q4 2018	Q1 Q2	Q3 Q	4 Q5 Q	5 Q7	Q8 Q9	Q10 Q11	Q12 Q13	Q14 Q15 Q16
SA.P5.59	RCSI.SE1.24	Develop marketing communications plan for key business areas to support growth commitments outlined in current Business Plan	Paul Nolan	3 months	SMT and Operational Management Committee	Paul Nolan/ Brenda Farrell/ Aina Artola	Develop Marketing Communications Plans (B2C & B2B) for the following: 1.CPL SS Courses 2. Academic Programmes 3. MRCS Examinations and Courses											
SA.P5.60	RCSI.SE1.20 RCSI.SE1.24	Implement marketing communications campaigns to support growth commitments outlined in current Business Plan	Brenda Farrell (B2B)/ Aina Artola (B2C)	9 months	Operational Management Committee	Paul Nolan/ Brenda Farrell/ Aina Artola	Implement Marketing Communications Campaigns (B2C & B2B) for the following: 1, CPD s. St. Courses 2. Academic Programmes 3. MRCS Examinations and Courses											
SA.P5.61	RCSI.SE1.21 RCSI.SE1.24	Undertake a marketing communications programme to highlight the benefits of & mitigate misperceptions about a career in surgery	Brenda Farrell	6 months	Operational Management Committee	Paul Nolan/ Brenda Farrell/ Aina Artola	Develop and implement BZB Marketing Communications Campaign, targeted at undergraduate medical students, surgious ocieties and inform networks in Hadran (Rol and Ni) Design ongoing review process for effectiveness of activities											
SAP5.62	RCSISE226 RCSISE228 RCSISE229 RCSISE3151 RCSISE3153 Action 39	Consolidate progress mask by the RCSI Court of Examiners in engaging and quality assuring the College's MRCS and FRCS Examiners	Paul Nolan	21 months	Operational Management Committee	Paul Nolan' Aina Artola	Internsity engagement with RGSI Court of Examiners Chapters in heland Creat Britain, South East Asia and Gulf Area and put in Jace a detailed FRGS and MRGS Examiner Recorliment Place. 2. Identify groups that may be underrepresented in the Court sewarniner pools across all Chapters (on the basis of protected characteristics) and if where appropriate, prioritise examiner pools across all Chapters (on the basis of protected characteristics) and if where appropriate, prioritise examiner continuent on the basis of a Cooperate with RGSI Fallows and Members Office to ensure RGSI Fallows in Chapter regions have an opportunity to contribute to FRGSI MRGS examined that all active examiners are in good standing with the College A Work with RGSI Equality Diversity & Inclusivity Office and SARA Office RGSI Dublin to establish and operationate examiner rotation guidelines. Develop protocols that will allow for examiners to move between Chapters with Cesaminations in Chapters with LGE of RGSE Garbinations in Control of Communication and Communication of the College A RGSI Control of Examiners Could step to support for inter-collegate committees, sub-committees and examiner pools. Communicate those opportunities to Court Members (FRGS Clicinical Examiners) MRGS Clinical and Basis Science Examiners) 8. Work with RGSI Fellows and Members (TRGS and Sales Sales Cesaminers) and Amanders (FRGS AGS Conferrings) 7. Establish an Emerthus Parel within Court so that examiners who have supported examinations in the past but and FRGS / MRGS Conferrings 8. Confirme cooperation between RGSI Court of Examiners who have supported examinations in the past but and FRGS / MRGS Conferrings 8. Confirme cooperation between RGSI Court of Examiners and CoOSEGSA Support the establishment of the RGSI Institute of Colobal Surgery 9. Develop new suite of RGSI Court of Examiners and ensure process is consistently applied across all 10. Light Court of Examiners (RGSI SARA Office RGSI FAMS Office reles in engaging with examiners 11. Clarify Court of E											
SA.P5.63	RCSI.SE1.24	Unify the SA online presence and plan how to present SA on RCSI's new corporate website, social media platforms etc.	Aina Artola	6 months	SMT and Operational Management Committee	Paul Nolan/ Brenda Farrell/ Aina Artola	1. Assign content owners for areas of websites 2. Create update schedule and notification cycle 3. Design ongoing review process for effectiveness of online real estate											
SA.P5.64	RCSI.SE1.20	Consolidate/ unifying all customer databases for stakeholder reporting	Donncha Ryan		Operational Management Committee		 Establish a "single source of truth system" internally in SA Collaborate with other departments who interact with the same customers and/or stakeholders to maintain the data 											
SA.P5.65	RCSI.SE1.18 RCSI.SE1.24	Put in place a new Design Office SLA	Aina Artola		Operational Management Committee		Develop a specification outlining service requirements for all Design requirements etc. Engage with Design to develop an SLA Appoint key contacts between teams											
	RCSI.SE1.24	Consolidate SA departmental branding	Aina Artola	6 months	SMT and Operational Management Committee	Paul Nolan/ Brenda Farrell/ Aina Artola	 Unify the branding and the 'look and feel' of all the internal and external documents generated by the department (thems, brochures, corporate reports, faculty presentations, lecture materials, etc.). Centralise and coordinate the production of marketing collateral of the department (folders, pop ups, etc.). 											
SA P5.67	RCSISE124 RCSISE226 RCSISE226 RCSISE228 RCSISE229	Develop a comprehensive Stakeholder Engagement Plan and projects	Brenda Farrell	12 months	SMT and Operational Management Committee	Paul Nolan/ Brenda Farrell/ Aina Artola	1. Establishing a robust network of advocates both in heland and overseas: a. Strengther relationships with consultant traines, trainers, examiners and hospital manpower managers b. dentity relevant international stakeholders and establish robust working relationships with them c. Lowrange the establing relations and otherhests network and training activations in the establishing the establi											
	RCSI.SE1.20	Establish a departmental marketing research agenda for SA	Paul Nolan	6 months	SMT and Operational Management Committee	Paul Nolan/ Brenda Farrell/ Aina Artola	Profile all existing customers from all business pillars to inform development of long-term approach to marketing communications and clampaigns that successfully promote both existing and new products Profile the market and the customers and inform future product development											
	RCSI.SE1.24	Developing an agenda of internal marketing and PR	Aina Artola	Ongoing	Operational Management Committee	Paul Nolan/ Brenda Farrell/ Aina Artola	Visualise the successes of the department and effectively communicate the department's value and its contribution to RCSI within SA and across the College											
SA.P5.70	RCSI.SE1.20	Collect market and customer insights for SA Marketing Information System	Aina Artola	12 months	Operational Management Committee	Paul Nolan/ Brenda Farrell/ Aina Artola	Gather data/ information/ insights and analyse based on agreed approach to marketing research Filter insights back into Marketing Communications Plan and development of new products											

		Supporting Doctors on their <u>Life Long</u> <u>Learning</u> Journey																			
SA Code		Pillar Owner: Paula Mansell	Owner	Dur	SA Committee	Project Team	Main Project Deliverables	Resources Implications	RAG	Q4 2018	Q1 Q	2 Q3	Q4 Q5	Q6 Q	7 Q8 Q9	Q1	0 Q11	Q12 Q	13 Q14	4 Q15	Q16
SA.P6.70	RCSLP1.6 RCSLP3.14 Action 37 Action 38	Develop a Programme of Master Classes for Consultants	Paula Mansell	9 months	Operational Management Committee		1. Create project team including faculty and exec staff 2. Carry out a training needs analysis of market segment 3. Design programme and Learning Outcomes (relevance and applicability) 4. Assess the design of the delivery of the programme and accessibility 5. Reconstition of the programme and the CRUSS corrorations for CPD. 1. Reconstition of the programme and the CRUSS corrorations for CPD.														П
SA.P6.71	RCSI.P2.9 RCSI.SE1.24	Publish the Annual Compendium of Surgical Research in Ireland to support research networking	Padraig Kelly	9 months																	
SA.P6.72	RCSI.SE1.18	Develop a Scheduling System with Simulation Team in the National Surgical Training Centre	Paula Mansell	6 months	Operational Management Committee		This should be linked to the training on the room and facilities booking systems														
SA.P6.73	RCSI.P1.6 RCSI.P3.14 Action 38	Launch a series of multiday certificated CPD courses for NCHD's	Paula Mansell	15 months	Operational Management Committee																
SA.P6.74	RCSI.P1.2 RCSI.P1.3 RCSI.P1.4 RCSI.SE1.22	Identify & report on emerging technology and cadaveric simulation opportunities on a quarterly basis	Donncha Ryan	3 months	Operational Management Committee		 Representatives of the CSA to work with the Learning Technology Team to research developing technologies in surgical practice which the RCSI could fer training and redentishing. Ensure that the tech is linked to learning outcomes in the curriculum. Robotics should form part of this (Da - Verc) Assess current simulated cadeveric technologies available in the market A Put in place register audit and reporting system 														
SA.P6.75	RCSI.P1.6 RCSI.P3.14	Launch the new ATLS 10th Edition hybrid course	Pauline Lyons	3 months	Operational Management Committee																
SA.P6.76	RCSLP1.2 RCSLP1.3 RCSLP1.4 RCSLSE1.22 RCSLSE2.30 Action 06	Collaborate with Technology and Industry Partners to develop new educational and training products	Paula Mansell	18 months	Operational Management Committee		Based on analysis of technologies, create a list of industry partners for potential collaborations Design a provisional "collaborative framework" for potential industry partners Launch campaign of engagement														
SA.P6.77	RCSI.SE1.20	Launch a series of Introduction to Surgery & Emergency Medicine courses for final year meds and potential trainees and associate members	Paula Mansell	3 months	Operational Management Committee																
SA.P6.78	RCSLSE1.18	Create a business partner relationship with Events Tearn and put in place an SLA	Paula Mansell	3 months	Operational Management Committee		Develop a specification outlining service requirements for all SA events etc. Engage with Events to develop an SLA Appoint key contracts between teams														
SA.P6.79	RCSLSE1.18	Put in a new Media Service SLA	Adina Orac	3 months	Operational Management Committee		1. Agree operational support levels with Media Services 2. Develop Dusines Partner Model as appropriate 3. Review the current AN/Media equipment vis a vis SA needs with the Media team 4. Organise training from Media Services on critical equipment 5. Propare a media services requirement schedule for all SA events 6. Notly media services of all our events schedules to assist them to plan resources														
SA.P6.80	RCSI.SE4.36	Grow revenue through industry collaboration and training in new technology	Padraig Kelly	12 months	Operational Management Committee		Create a business development and targeted revenue plan														