



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.
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- 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 its 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 breadth 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 are 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 Director of Quality and Quality Reviews Manager	PRG, QEO	Robert Smith Room
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.		

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