



**Faculty of Sports &
Exercise Medicine
Internal Quality Review**

PRG Report 2019

RCSI. DEVELOPING HEALTHCARE LEADERS WHO MAKE A DIFFERENCE WORLDWIDE.



Peer Review Group Report
Faculty of Sports and Exercise Medicine
June 2019

DOCUMENT CONTROL SHEET

Name of Unit	Quality Enhancement Office					
Project Title	FSEM Internal Quality Review					
Document Title	PRG Report					
This Document Comprises	DCS	TOC	Text	List of Tables	List of Figures	No. of Appendices

Rev	Status	Author(s)	Reviewed By	Approved By	Office of Origin	Issue Date
1	Final	PRG	PRG	PRG	QEO	27 Sept 2019

TABLE OF CONTENTS

1	CONTEXT FOR REVIEW.....	1
2	INTRODUCTION AND CONTEXT OF THE FACULTY.....	4
3	PLANNING, ORGANISATION AND MANAGEMENT	6
4	STAFF AND FACILITIES.....	8
5	STAKEHOLDERS.....	10
6	FUNCTIONS AND ACTIVITIES.....	11
7	SUPPORT SERVICES RELATIONS	13
8	FACULTY SWOT ANALYSIS.....	14
9	STRATEGIC PLANNING	15
10	SUMMARY OF COMMENDATIONS AND RECOMMENDATIONS	16
	APPENDIX 1: SITE VISIT SCHEDULE	19

1 CONTEXT FOR REVIEW

1.1 Introduction

This report presents the findings of a quality review of Faculty of Sports and Exercise Medicine, at the Royal College of Surgeons in Ireland, which was undertaken in June 2019.

The Royal College of Surgeons in Ireland (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 (RCSI & UCD Medical Campus, formerly Penang Medical College, RCSI-Bahrain & RCSI-Dubai). Following an institutional review commissioned jointly by the Higher Education Authority and the National Qualifications Authority of Ireland (NQAI), RCSI was granted independent degree awarding powers in 2010. In 2011, RCSI entered into a licensing agreement with Perdana University (Kuala Lumpur, Malaysia) to establish the PU-RCSI School of Medicine. In 2012, RCSI launched the '3U Partnership' in conjunction with Dublin City University and the National University of Ireland Maynooth. RCSI is ranked in the top two per cent of institutions worldwide in the Times Higher Education World University Rankings (2015-2016) and is in the top 50 in the world for 'International Outlook'.

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.

1.2 Methodology for Review

1.2.1 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:

- Monitor the quality of the student experience.
- 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.
- Encourage the development and enhancement of these systems, in the context of current and emerging provision.

- Inform the College's strategic planning process.
- Provide an external benchmark on practice.
- Provide public information on the College's capacity to assure the quality and standards of its awards. The College's implementation of its quality procedures also 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.

1.2.2 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 that includes external experts both national and international
4. Preparation of a peer review group 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

1.2.3 Membership of the Peer Review Group

- Professor Brian Bowe (Chair), Head of Academic Affairs & Assistant Registrar, Technological University Dublin.
- Professor Mark Batt, Consultant Sport and Exercise Medicine, Centre for Sports Medicine, Queens Medical Centre, Nottingham University Hospitals, England.
- Professor Don McKenzie, Chair of the Board of Directors of the Canadian Centre for Ethics in Sport, Division of Sport and Exercise Medicine at the University of British Columbia (UBC)
- Ms Paula Mansell, Professional Education and Learning Manager, Department of Surgical Affairs, RCSI
- Mr. Mark Collins (Technical Writer & Rapporteur),

1.2.4 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 Peer Review Group visited RCSI from 10th June to 13th June 2019 and held meetings with representatives/members/staff from:

- Quality Enhancement Office
- FSEM Board
- FSEM Fellows and Members
- FSEM Faculty Officers
- Collaborating RCSI Facilities & Schools
- RCSI support teams and business partners
- RCSI Senior Management Team
- RCPI
- ISCP, ARTI and ICGP
- HSE NDTP, Medical Council and FORUM
- Collaborating Universities and Research Groups

2 INTRODUCTION AND CONTEXT OF THE FACULTY

The Faculty of Sports and Exercise Medicine (FSEM) was established in 2002 as a joint faculty of the Royal College of Surgeons in Ireland (RCSI) and the Royal College of Physicians in Ireland (RCPI). The aims of the Faculty, as listed in the Standing Orders are to:

1. achieve recognition for the specialty of Sports and Exercise Medicine in Ireland
2. promote Fellowship and Membership of the Faculty
3. education & training
 - a. structure education and training in Sports and Exercise Medicine in Ireland in order to provide a specialist Sports and Exercise Medicine service of the highest standard for the health of the Irish population including recreational and elite athletes.
 - b. devise and administer a specific curriculum and schedule of higher specialist training for the doctors who wish to specialise in Sports and Exercise Medicine to accredit those doctors who have satisfactorily completed Higher specialist Training.
 - c. devise and administer professional education and training programmes for general practitioners with an interest in Sports and Exercise Medicine.
 - d. devise and administer professional training programmes for hospital consultants in other specialities who have an interest in Sports and Exercise Medicine.
 - e. be responsible for continuing professional development programmes in Sports and Exercise Medicine.
 - f. actively promote and develop undergraduate and postgraduate medical education in academic institutions and liaise with academic institutions nationally and internationally.
 - g. become the recognized training body for Sports and Exercise Medicine as provided for in the Medical Practitioners Act.
 - h. Liaise with other similar international organisations.
4. support research in Sports and Exercise Medicine
5. communicate effectively and professionally with medical colleagues and other healthcare and sports science professionals nationally and internationally concerned with the welfare of athletes and sportspersons.
6. promote health and safety in all aspects of Sport and Exercise
7. promote participation in sports and increase physical activity to improve the health and well-being in the population as a whole.

It was clear from the review that the FSEM memberships and fellowships draw from a broad range of medical specialities and it collaborates within a multidisciplinary community that includes

physiotherapists, athletic therapists, sports scientists, sports nutritionists, strength and conditioning personnel and psychologists. The FSEM board have been discussing the possibility of broadening its Fellowship and Membership base to reflect its multidisciplinary nature to include physiotherapists and sports scientists and potentially other groups in the future.

The review process focused on the level of achievement of the aims of the FSEM as described in the SAR and the Standing Orders, and as discussed in the meetings with staff and stakeholders. The effectiveness of the following core functions were explored:

1. Alumni Activity – supporting Fellows and Members, organising conferring ceremonies, annual subscriptions, etc.
2. Continuous Professional Development (CPD) – development and delivery of CPD opportunities such as the Annual Scientific Conference, SEMSEP, etc.
3. Professional Competence Scheme (PCS) – provided on behalf of the Medical Council of Ireland.
4. HST SEM Programme – delivery of the specialist training in Sports and Exercise Medicine. The HST SEM programme has received formal accreditation from the Medical Council of Ireland and the first delivery, with an intake of two trainees in Sports and Exercise Medicine, starts in July 2019.
5. Statutory professional accreditation and assessment process – e.g. accreditation submissions, quality reviews, etc.

The Self-Assessment Report (SAR) described the process and outcomes of the FSEM's reflections and evaluations of its activities within these functions. The process adopted by the FSEM included engagement with stakeholders and identified all the issues that arose during the many PRG meetings with the staff and stakeholders, thus showing the effectiveness of the approach taken to this review process by the FSEM. However, it was clear the FSEM did not have sufficient time to deliberate and fully consider the outcomes from their own self-assessment, particularly in relation to expanding membership criteria, strategic planning and the prioritisation of activities.

One theme that emerged through the discussions with the FSEM members, fellows and stakeholders is the challenge the Faculty faces to ensure its relevance in sports and exercise medicine in Ireland. Comments such as "...challenge is the relevance of Sports and Exercise Medicine in the Irish healthcare system" and "FSEM does not have a relevant role" were expressed in a number of meetings. However, it is the view of the PRG that the FSEM currently does play a key role in this specialty in Ireland and its importance and influence can grow if the FSEM, and its parent Colleges, address the current weaknesses and threats while building and the many strengths and opportunities.

3 PLANNING, ORGANISATION AND MANAGEMENT

The Faculty is fortunate to have dedicated leadership and administrative staff who are supportive and passionate about the future of FSEM and the continued development of SEM in Ireland. The FSEM reports to the RCSI and RCPI via the SPFB and the RCPI Council. There is lack of clarity around governance and the relationship between the FSEM and the two Colleges, and this has the potential to lead to sub-optimal outcomes. Within the RCSI, the Faculties appear to operate in silos with little communication or sharing of expertise and resources and the role of the SPFB is unclear. There is potential for the SPFB to take a leadership and coordination role to ensure consistency and efficiency across the activities and operations of all the Faculties. The governance, communication processes and reporting structures are complicated, lack decision making that includes consistent accountability and are not transparent.

The PRG recognizes that this is a critical point in time for the Faculty and manpower and resources need to be aligned to ensure success in the HST SEM program. The Faculty does not appear to have given much attention to succession planning and the development of a business plan to ensure a sustainable operation. The Committee and Working Group structure has been reorganized and the Faculty take responsibility for extensive and broad educational and training activities. There is however, an inequity in workload amongst faculty.

Commendations

- The PRG commends the RCSI for its support (past and present) of the FSEM and in particular would highlight the resources provided to the FSEM to support the administrative staff and the functions, such as HR, finance, graphics, etc.

Recommendations

The PRG makes the following recommendations, and those in all subsequent sections, in the context of its strong belief that the FSEM has significant potential for growth, as reflected in current national discussions, debates and policies. There are many collaborative, training, research and educational opportunities available that can ensure viability and sustainability in the medium term. However, it is the view of the PRG that taking advantage of these opportunities to realise this potential, is not achievable within the current FSEM resource or governance model. The PRG cannot see how the FSEM can develop, evolve and be successful without investment of additional resources. These resources should be provided when there is a clear business plan (see recommendations in Section 9) which aims to achieve self-sufficiency, growth and sustainability. The business plan should be underpinned by a clear strategic plan (see Section 8 and recommendation in Section 9), which sets out actions, responsibilities, timelines and deliverables.

Governance - Colleges

- Establish a MoU to provide the framework within which the FSEM is managed and supported by the RCSI and RCPI;
- Review the role of the SPFB to ensure more oversight of Faculties and to develop more collaboration and sharing of practices and resources;
- Ensure greater collaboration of the relevant Faculties across both Colleges to discuss common issues and challenges in support of FSEM.

Governance – Faculties

- Introduce clear and transparent executive decision making processes that include reporting and accountability;
- For operational effectiveness, establish a Forum for RCSI Faculty Deans and Faculty Administrators to discuss common issues and challenges, to share information, resources and collaborate, and to discuss and agree proposals to be taken to SPFB;
- Introduce FSEM Faculty Officer succession planning and leadership training;
- Applying the Standing Orders of the FSEM Board to ensure accountability of board members;
- Ensure the structure and membership of the board is fit for purpose and aligned to the strategic direction of the Faculty;
- Introduce weekly teleconference meetings for the Faculty Officers and relevant members of the Faculty to ensure the consistent productivity of the Faculty.

Planning (see Section 9 ‘Strategic Planning’ for further recommendations)

- Develop an active risk register for the Faculty;

4 STAFF AND FACILITIES

FSEM is managed by four Faculty Officers, elected or appointed by the Board for a period of two years. Their time is given pro-bono and they are not in receipt of salary or stipend. The PRG met the four Faculty Officers, each are very clear as to their responsibilities within FSEM and they are very committed to the future of FSEM. As stated in Section 3, it is the strong view of the PRG that growing and sustaining the FSEM will be extremely difficult within the current staffing and resource model. The operation and functioning of the FSEM is very dependent on one administrator and it is difficult to see how the development of strategic plan, and business plan, necessary for the success and viability of the FSEM, can be successfully completed within the current staffing structure. Comments such as "...small number of people doing a lot of things" were expressed during meetings with both internal staff and external stakeholders.

In relation to staffing, the PRG noted the following significant points:

- The current administrators have on average 12 years' experience within RCSI, but currently there is only one FTE administrator, with the knowledge and experience to ensure the FSEM can successfully carry out the wide range of its current activities. The FSEM is highly depended on this administrator and there is a significant risk associated with this post, as there are no standard operating procedures in place and no mitigating factors to address this risk in the event of changes in personnel.
- The administrative staff have excessive overtime, principally due to meetings conducted outside of core working hours, and it is not clear how sustainable this situation is despite the obvious dedication, passion and commitment of the administrative staff to the FSEM.
- Without the continuity associated with a senior Faculty Administrator/Manager, as there is in other FSEM Faculties, the relatively short appointment period of Faculty officers means that significant tasks, such as developing a strategic plan, are not being completed.

Finally, the PRG also noted that the FSEM's FTEs are part of RCSI's PDP process, but the PDP meetings are conducted by the FSEM Dean, who is not an RCSI employee. It is the PRG's view that all staff engaged in undertaking PDP meetings should be appropriately trained and governed under the RCSI policies.

Commendations

- The PRG is impressed with the level of engagement of the Faculty members and fellows who were a part of the review process. Their commitment and enthusiasm was reflected in the attendances, interactions and openness at the meetings.
- The PRG is highly impressed with the dedication and commitment of FSEM administrative staff. In particular, the panel would like to highlight the importance of the role of the fulltime administrator in ensuring the successful operation of the Faculty. The administrator's importance to the FSEM, level of commitment, attitude and professional approach were noted by many of the participants, including both internal and external stakeholders, during the panel's meetings.
- The PRG would like to acknowledge the work of FSEM Faculty Officers and Committee members and their dedication to working towards the success of the FSEM.

Recommendations

- Provide required levels of administrative support for the FSEM within the RCSI:

- Administrative grades should reflect the responsibilities, and be comparable to those with other Faculties
 - Consideration should be given to the appointment of an Executive Director to lead the 1.7 FTE Faculty administrative staff
- Given the current situation, for the purposes of the PDP and in the absence of an Executive Director, the administrative staff within the FSEM should be managed by the Dean and a Senior Administrator in the RCSI;
- Appoint administrative support for the FSEM within the RCPI, with a particular focus on supporting the HST SEM programme;
- Develop policies and procedures for all ongoing regular FSEM activities and where appropriate Standard Operating Procedures should be introduced;
- Ensure IT support is consistent with the activities of Faculty.

5 STAKEHOLDERS

Due to the diverse nature of the specialty of Sports and Exercise Medicine, a large number of stakeholders exist with common ground in clinical practice, education and research interests. Most of the FSEM members and fellows have previous specialist status with an additional expressed interest in Sports and Exercise Medicine. In the context of limited resources, the PRG is impressed by the level of stakeholder engagement and the FSEM's interactions with external organisations such as collaborating RCSI Facilities and Schools ISCP, ARTI, ICGP, HSE NDTP, Medical Council, FORUM, other education providers and higher education research Groups. The PRG recognizes the opportunity for FSEM to play a significant role in health care in Ireland and acknowledges the importance of exercise as medicine can be promoted and delivered by other medical specialties and allied health care teams. While the PRG realise the FSEM have been debating the possibility of broadening membership, and indeed many views and perspectives were expressed during the site visit, a decision should be made in the short term so that the FSEM can move forward.

Commendations

- The PRG is impressed by the stakeholder engagement in the review process.

Recommendations

- Increase collaborative activities and enhance links with other training bodies, particularly the ICGP, ISCP and ARTI;
- Develop and share resources and activities with international SEM organisations.

6 FUNCTIONS AND ACTIVITIES

The five pillars of the FSEM's core functions and activities were described within the SAR, discussed during the site visit, and understood by staff and stakeholders. It was appreciated that:

1. Alumni activity: The considerable work to increase the numbers of members and fellows was appreciated, yet of 653 members and fellows relatively few were actively engaged in the activities of the FSEM: hence the phrase "too much done by too few" was heard more than once.
2. CPD: The point above is reinforced by the poor attendance at AGM (20-25 members and fellows) – it is recognised that broader engagement across the FSEM is necessary for sustained success and growth.
3. Professional competence scheme (PCS): there are currently 36 users of the system (SEM physicians) amongst a total membership of 653: approx. 5%. The work involved running the PCS is largely the same irrespective of numbers and also reflects a relatively small number of SEM physicians within the membership and fellowship.
4. HST SEM: this is a pivotal development for FSEM and the specialty. Its development is a major step forward and its future success and growth is dependent upon many stakeholders. It provides a good opportunity for enhanced collaboration with RCPI, HSE, HSE NDTP and others.
5. Statutory Professional Accreditation/Assessment: there is potential for the SEM HST to expand given support from the above-mentioned bodies and IMC. The joint ICGP/FSEM MSK Diploma is a good collaboration with ICGP and sign-posts to a strengthening relationship as the specialty develops.

Commendations

- The PRG commends the Faculty on the development of the HST SEM programme, which will commence for the first time in July 2019. This initiative is fundamental to the future success of the specialty in Ireland. It should be a catalyst for closer collaboration with the RCPI.
- The PRG commends the FSEM in their acknowledgement of the role of exercise in promoting population health and wellness: lifestyle and exercise medicine.

Recommendations

Profile of SEM

- Develop a PR and Communication strategy which includes all stakeholders, and includes activities to promote the profile of *Exercise and Sports Medicine* in Ireland;
- Currently the activities of FSEM appear Dublin centric; broaden the appeal to members and fellows nationally;
- Broaden the appeal of Sports and Exercise Medicine by introducing Associate memberships for allied health professions;
- Collaborate with the Development Office to secure sources of funding to support additional activities such as research;
- Establish the teaching of SEM at undergraduate level across health care specialities.

Research

- The speciality will not thrive without research; the FSEM should promote, support and engage in SEM research;
- Develop and promote links with relevant research groups and funders: nationally and internationally;
- Consider appointment of academic SEM post within RCSI.

7 SUPPORT SERVICES RELATIONS

During the review visit, the PRG had an opportunity to discuss the relationship between the FSEM and a number of internal stakeholders, including Department of Surgical Affairs, Media Services, Porters, Faculty of Radiology, Finance, Irish Institute for Trauma and Orthopaedic Surgery (IITOS), Human Resources, Design, Conference & Events and Finance. The PRG welcome the inclusion of these key stakeholders as part of the review, and note the considerable planning that had taken place to facilitate discussions with these stakeholders as part of the review. The PRG further acknowledges openness among these participants to fully engage with this element of the PRG visit, and the broader quality assurance process.

In almost all instances, the external stakeholders described their relationship with the FSEM in positive and warm terms. The PRG got a strong sense from internal stakeholders of the depth of knowledge and understanding of FSEM's requirements.

The general feedback from these groups noted that FSEM were short staffed, and worked long hours. The PRG's impression was if a position became available within FSEM, the role would not be filled by an internal staff member. There was no proper database / CRM to manage their member's /fellows/ trainees and the FSEM was described as a "Serene Swan" very efficient but managing a lot!

Whilst it is noted FSEM is one of the smallest faculty and smallest departments within RCSI, it does not seem to be considered a high priority with RCSI. There is a lack of interaction between the faculties, and a lack of shared resources which could benefit each other.

It was noted from the group that FSEM are taking on their first intake of trainees onto the HST SEM programme in July. The PRG is concerned that the FSEM may not have fully realised the amount of work associated with the running of the HST SEM programme. As mentioned previously, there are currently no SOPs or policies in place which is common within other faculties.

Commendations:

- An excellent working relationship with internal and external stakeholders
- FSEM administrative staff were described as "very efficient", "professional" and a "pleasure to deal with"

Recommendations

- Develop and implement a Service Level Agreement with each service provider
- Develop and implement an institutional CRM system for managing external stakeholders

8 FACULTY SWOT ANALYSIS

The existing and potential strengths of the Faculty are clearly recognised within the SWOT analysis within the SAR, as are the weaknesses, many of which were discussed in the Panel's meetings, highlighted and documented. The SWOT analysis identified the clear opportunities to advance the Faculty and specialty of SEM, however some clearly identified threats present obstacles to the realisation of this potential. As indicated within the strategic planning section below a clearly articulated and stratified strategic plan, underpinned by sound financial planning, is likely to help mitigate these risks (See Section 9). The SWOT analysis is not presented in any hierarchical structures and hence it is not clear how the FSEM views the size of the opportunities or the level of threats. Hence, it is not clear which weaknesses should be addressed as a matter of urgency and which ones are not urgent as their impact is not so significant. Hence, as presented, it would not be possible to use the SWOT analysis to fully inform a strategic plan. For example, if addressed, which weaknesses would have the greatest impact on the activities and success of the FSEM. Given the limited resources, the FSEM need to identify and prioritise key actions and activities that will have the greatest impact and build on existing strengths and take advantage of current opportunities. There is a danger that without proper strategic planning and prioritisation, the FSEM's relevance in sports and exercise medicine will diminish. The PRG note that all issues identified through the review of the documentation and through the discussions with staff and stakeholders identified the same issues within the SWOT analysis, which is an indication of the effectiveness of the approach taken by the FSEM to the SWOT analysis.

9 STRATEGIC PLANNING

The strategic plan presented in the SAR lists short, medium and long terms actions which align to the issues identified through the SWOT analysis. These actions are also reflected in the recommendations presented by the PRG in this report. The strategic plan as presented in the SAR, along with the PRG recommendations, can form the basis on which a full and SMART (specific, measurable, attainable, realistic, and timely) set of goals, which ensure the FSEM achieves its aims as set out in the Standing Orders, can be developed. It is the PRG's view that many of the actions within the strategic plan presented in the SAR are not achievable within the current resource and staffing module. In addition it is not clear who is responsible for each action and the interdependencies are not identified. As stated in the previous section, given the limited resources there is a need to prioritise the actions within the strategic plan that will have the greatest impact, build on existing strengths and take advantage of current opportunities. The Panel has recommended that an appropriate person is assigned the task of developing a full and SMART strategic plan.

Recommendations

- Develop a Strategic Plan that aligns to both the RCSI and RCPI strategic plans, and includes priorities, timelines, responsibilities and deliverables, and
 - Ensure the Strategic Plan is underpinned by careful resource planning
 - Ensure the Strategic Plan is approved (and endorsed) by the RCSI and RCPI
 - Include actions to maximise the engagement of FSEM Members and Fellows
 - Include activities to promote and advocate SEM in order to continue to raise the profile of exercise in health promotion and lead to the creation of HSE Consultant posts in Sports and Exercise Medicine
- Develop a clearly articulated business plan to request the provision of the resources required to complete the actions within the Strategic Plan.
- Engage former FSEM Deans and Faculty Officers to advise on the development of the FSEM Strategic Plan

10 SUMMARY OF COMMENDATIONS AND RECOMMENDATIONS

10.1 Commendations

- The PRG commends the RCSI for its support (past and present) of the FSEM and in particular would highlight the resources provided to the FSEM to support the administrative staff and the functions, such as HR, finance, graphics, etc.
- The PRG is impressed with the level of engagement of the Faculty members and fellows who were a part of the review process. Their commitment and enthusiasm was reflected in the attendances, interactions and openness at the meetings.
- The PRG is highly impressed with the dedication and commitment of FSEM administrative staff. In particular, the panel would like to highlight the importance of the role of the fulltime administrator in ensuring the successful operation of the Faculty. The administrator's importance to the FSEM, level of commitment, attitude and professional approach were noted by many of the participants, including both internal and external stakeholders, during the panel's meetings.
- The PRG would like to acknowledge the work of FSEM Faculty Officers and Committee members and their dedication to working towards the success of the FSEM.
- The PRG is impressed by the stakeholder engagement in the review process.
- The PRG commends the Faculty on the development of the HST SEM programme, which will commence for the first time in July 2019. This initiative is fundamental to the future success of the specialty in Ireland. It should be a catalyst for closer collaboration with the RCPI.
- The PRG commends the FSEM in their acknowledgement of the role of exercise in promoting population health and wellness: lifestyle and exercise medicine
- The PRG notes the excellent working relationship with internal and external stakeholders
- The PRG highlights the engagement of the FSEM administrative with internal support staff - described as "*very efficient*", "*professional*" and a "*pleasure to deal with*"

10.2 RCSI Level Recommendations

- Establish a MoU to provide the framework within which the FSEM is managed and supported by the RCSI and RCPI;
- Review the role of the SPFB to ensure more oversight of Faculties and to develop more collaboration and sharing of practices and resources;
- Ensure greater collaboration of the relevant Faculties across both Colleges to discuss common issues and challenges in support of FSEM.
- For operational effectiveness, establish a Forum for RCSI Faculty Deans and Faculty Administrators to discuss common issues and challenges, to share information, resources and collaborate, and to discuss and agree proposals to be taken to SPFB;
- Provide required levels of administrative support for the FSEM within the RCSI:
 - Administrative grades should reflect the responsibilities, and be comparable to those with other Faculties
 - Consideration should be given to the appointment of an Executive Director to lead the 1.7 FTE Faculty administrative staff
- Given the current situation, for the purposes of the PDP and in the absence of an Executive Director, the administrative staff within the FSEM should be managed by the Dean and a Senior Administrator in the RCSI
- Ensure IT support is consistent with the activities of Faculty
- Consider appointment of academic SEM post within RCSI
- Develop and implement a Service Level Agreement between Faculties and each service provider

- Develop and implement an institutional CRM system for managing external stakeholders

10.3 RCPI Level Recommendations

- Establish a MoU to provide the framework within which the FSEM is managed and supported by the RCSI and RCPI;
- Consider appointment of academic SEM post within RCSI
- Appoint administrative support for the FSEM within the RCPI, with a particular focus on supporting the HST SEM programme

10.4 FSEM Level Recommendations

- Introduce clear and transparent executive decision making processes that include reporting and accountability;
- Introduce FSEM Faculty Officer succession planning and leadership training;
- Applying the Standing Orders of the FSEM Board to ensure accountability of board members;
- Ensure the structure and membership of the board is fit for purpose and aligned to the strategic direction of the Faculty;
- Introduce weekly teleconference meetings for the Faculty Officers and relevant members of the Faculty to ensure the consistent productivity of the Faculty.
- Develop an active risk register for the Faculty
- Develop policies and procedures for all ongoing regular FSEM activities and where appropriate Standard Operating Procedures should be introduced
- Increase collaborative activities and enhance links with other training bodies, particularly the ICGP, ISCP and ARTI;
- Develop and share resources and activities with international SEM organisations.
- Develop a PR and Communication strategy which includes all stakeholders, and includes activities to promote the profile of *Exercise and Sports Medicine* in Ireland;
- Currently the activities of FSEM appear Dublin centric; broaden the appeal to members and fellows nationally
- Broaden the appeal of Sports and Exercise Medicine by introducing Associate memberships for allied health professions;
- Collaborate with the Development Office to secure sources of funding to support additional activities such as research;
- Establish the teaching of SEM at undergraduate level across health care specialities.
- The speciality will not thrive without research; the FSEM should promote, support and engage in SEM research;
- Develop and promote links with relevant research groups and funders: nationally and internationally
- Develop a Strategic Plan that aligns to both the RCSI and RCPI strategic plans, and includes priorities, timelines, responsibilities and deliverables, and
 - Ensure the Strategic Plan is underpinned by careful resource planning
 - Ensure the Strategic Plan is approved (and endorsed) by the RCSI and RCPI
 - Include actions to maximise the engagement of FSEM Members and Fellows
 - Include activities to promote and advocate SEM in order to continue to raise the profile of exercise in health promotion and lead to the creation of HSE Consultant posts in Sports and Exercise Medicine
- Develop a clearly articulated business plan to request the provision of the resources required to complete the actions within the Strategic Plan.
- Engage former FSEM Deans and Faculty Officers to advise on the development of the FSEM Strategic Plan

APPENDIX 1: SITE VISIT SCHEDULE

FSEM Internal Quality Review – Site Visit Schedule – 10th to 13th June 2019

Evening prior to site visit: Monday 10th June 2019

Dur.	Time	Meeting Theme	Attendees	Venue
30	17.00 – 17.30	Welcome & Introduction for PRG Director of Quality and Quality Reviews Manager	PRG, QEO	President's Meeting Room
30	17.30 – 18.00	Private planning meeting for members of the Peer Review Group	PRG	
30	18.00 – 18.30	Meeting with FSEM Dean	PRG, Dean	
30	18.30 – 19.00	Private planning meeting for members of the Peer Review Group - Continued	PRG	
	19.15 – 21.00	Dinner	PRG, QEO	

Day 1 – Tuesday 11th June 2019

Dur.	Time	Meeting No.	Meeting Theme	Attendees	Venue
	0845		Review of preparatory work		President's Meeting Room
50	09.15 – 10.05	M1	Meeting with past FSEM Board Members, Deans, FOs Theme / Focus: governance, challenges, HST SEM training programme, CPD activities, staff, and current strategy SAR sections: 1, 2, 3, 4 and 6		President's Meeting Room
50	10.15 – 11.05	M2	Meeting with current FSEM Board Members Theme / Focus: governance, challenges, HST SEM training programme, CPD activities, staff, and current strategy SAR sections: 1, 2, 3, 4, 6, 7, and 8		President's Meeting Room
20	11.10 – 11.30		Tea/coffee - Private meeting time for PRG	PRG	President's Meeting Room
50	11.30 – 12.20	M3	Meeting with FSEM Faculty Administrator Theme / Focus: corporate governance, staff, career development and opportunities, workload, facilities, operational challenges, core functions / activities, collaboration,		President's Meeting Room

			teamwork, relationships, and service levels SAR sections: 1, 2, 4, 5, 6, 7, and 8		
20	12.30 – 12.50	M4	Meeting with FSEM CPD Co-ordinator Theme / Focus: staff, operational challenges, core functions / activities, relationships, and service levels SAR sections: 2, 4 and 5		President's Meeting Room
20	13.00 – 13.20	M4B	Additional Meeting to facilitate stakeholder engagement		President's Meeting Room
55	13.30 – 14.00		Lunch & private meeting time for PRG (PRG to go to 121 SSG after lunch)		President's Meeting Room

Dur.	Time	Meeting No.	Meeting Theme	Attendees	Venue
30	14.00 – 14.15		Tour of Unit Facilities (121 St Stephen's Green) (Note: Stephanie Billault will do the tour and walk with the PRG back to the next meeting)		President's Meeting Room
15	14.15 – 14.30	M5	Meeting with FSEM SAR Co-ordinating Committee Theme / Focus: QEO review process, survey feedback, challenges etc. SAR sections: 2, 3, 6, 7, and 8		President's Meeting Room
40	14.40 – 15.20	M6	Meeting with FSEM Faculty Officers Theme / Focus: Faculty overview, corporate governance, management, staff, current challenges, strategic planning and future developments / aspirations SAR Sections: 1, 2, 4, 6, 7 and 8		President's Meeting Room
15	15.30 – 15.45		Tea/coffee - Private meeting time for PRG		President's Meeting Room
40	15.50 – 16.30	M7	Meeting with RCSI Colleagues (DoSA, Faculties / Schools, and others) Theme / Focus: collaboration, relationships, projects SAR sections: 3, 4, 7 and 8		President's Meeting Room
40	16.40 – 17.20	M8	Meeting with RCPI representatives Theme / Focus: joint faculty status, governance, staff, challenges, finances, support, collaboration, and strategy SAR sections: 1, 2, 6, 7 and 8		President's Meeting Room
30	17.30 – 18.00	M8B	Additional meeting to facilitate stakeholder engagement		President's Meeting Room

30	18.00 – 18.30		Review of afternoon's meetings		President's Meeting Room
	19.30		PRG Dinner and a chance to discuss key issues (if required)	PRG	Hotel

Day 2 – Wednesday 12th June 2019

Dur.	Time	Meeting No.	Meeting Theme	Attendees	Venue
25	08.45		Private meeting time for PRG		President's Meeting Room
40	09.10 – 09.50	M9	Meeting with RCSI Support Teams / Business Partners Theme / Focus: collaboration, relationships, communications, service levels, success inhibitors, recommendations SAR sections: 4 and 5		President's Meeting Room
40	09.55 – 10.35	M10	Meeting with RCSI and SMT representatives Theme / Focus: joint faculty status, governance, staff, challenges, finances, support, collaboration, and strategy SAR sections: 1, 2, 6, 7 and 8		President's Meeting Room
20	10.40 - 11.00		Tea/coffee - Private meeting time for PRG		President's Meeting Room
40	11.00 – 11.40	M11	Meeting with ISCP, ARTI, and ICGP Colleagues Theme / Focus: collaboration, relationships, projects		President's Meeting Room

			SAR sections: 3, 4, 7 and 8		
30	11.45 – 12.15	M12	Meeting with HSE NDTP, Medical Council, and FORUM Theme / Focus: accreditation, funding for HST SEM programme, funding for administrative staff to support the HST SEM programme, assessment of Medical Council applications, collaboration SAR sections: 3, 4 and 8		President's Meeting Room
50	12.20 – 13.10		Lunch & private meeting time for PRG		President's Meeting Room
30	13.10 – 13.40	M13	Meeting with HST SEM Trainees (meeting cancelled)		President's Meeting Room
60	13.50 – 14.50	M14	Meeting with FSEM Fellows and Members Theme / Focus: governance, staff, facilities, support, engagement, CPD activities, learning experience, future developments SAR sections: 1, 2, 3, 4 and 8		President's Meeting Room
20	15.00 – 15.20		Tea/coffee - Private meeting time for PRG		President's Meeting Room
40	15.20 – 16.00	M15	Meeting with Academics / Colleagues Theme / Focus: collaboration, engagement, research activities, CPD activities, pedagogy, teaching, future developments, staff, facilities, governance, opportunities going forward SAR sections: 1, 2, 3, 4 and 8		President's Meeting Room
120	16.00 – 18.00		Private meeting time for PRG members to draft commendations and recommendations	PRG	President's Meeting Room
	19.30		PRG Dinner and a chance to discuss key issues (if required)	PRG	Hotel

Day 3 – Thursday 13th June 2019

Dur.	Time	Meeting Theme	Attendees	Venue
105	08.45 – 10.30	Private meeting time for PRG – discussion and finalisation of Commendations and Recommendations for all sections	PRG	President's Meeting Room
15	10.30 – 10.45	Tea/coffee - Private meeting time for PRG	PRG	

75	10.45 – 12.00	Private meeting time for PRG – Continued	PRG	
30	12.00 – 12.30	Private meeting with QEO	PRG, QEO	
15	12.30 – 12.45	Private meeting with FSEM Dean	PRG, Dean	
20	12.45 – 13.05	Meeting / Exit Presentation with FOs, Staff and QEO	PRG, QEO, FOs, Staff	
55	13.05 – 14.00	Light Lunch and Private meeting with QEO	PRG, QEO	President's Meeting Room
	14.00	Review ends		

Quality Enhancement Office

RCSI Royal College of Surgeons in Ireland

Coláiste Ríoga na Máinleá in Éirinn

123 St Stephen's Green, Dublin 2

Tel: +353 1 402 2773

Email: quality@rcsi.ie

www.rcsi.ie/quality