
SUPPORTING EXCELLENCE IN SURGICAL TRAINING AND PRACTICE

A STRATEGY FOR 2016-2020



RCSI

*“We will support the RCSI Noble Purpose by delivering excellence in surgical Education and Training and by setting and supporting the highest possible standards in Surgical Practice.
We will at all times act in the interest of patients and the quality of their care.”*

- RCSI SURGICAL AFFAIRS MISSION



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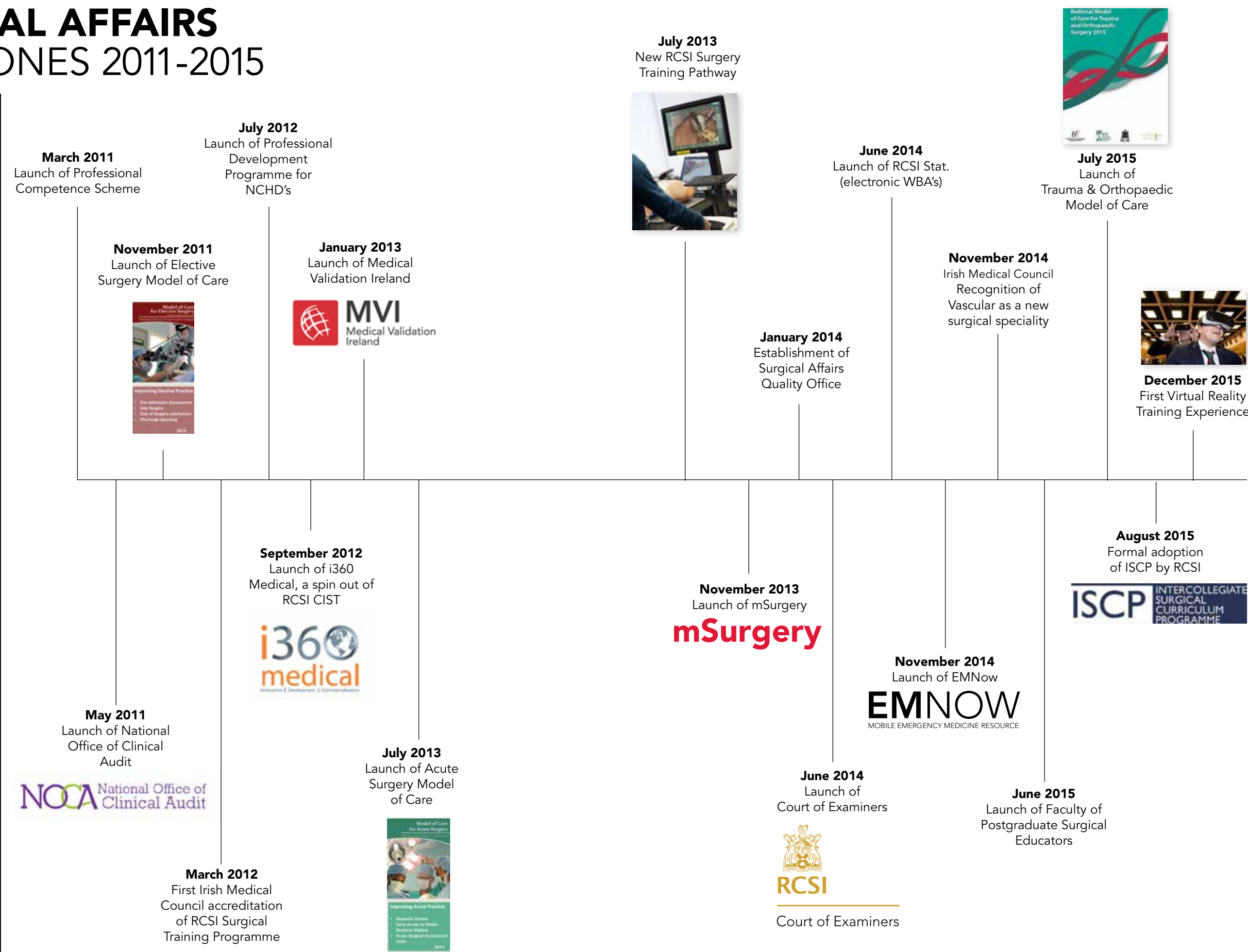
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SURGICAL AFFAIRS

MILESTONES 2011-2015

Five years ago in 2011, RCSI produced an ambitious strategy for Surgical Affairs for 2011 – 2015 which aimed to step-change the role of the college with regard to its impact on both surgical training and surgical practice. During the life of that plan, the management, staffing and resourcing of Surgical Affairs within the college have been greatly enhanced and the college has engaged collaboratively in several critical strategic initiatives with key external stakeholders. As a result, the college has delivered a number of critical milestones between 2011 and 2015 which have broadened and deepened the scope and relevance of the college as the professional body for surgery in Ireland.



MESSAGE FROM THE PRESIDENT



I welcome the publication of this important document, which sets out the strategic priorities for the Department of Surgical Affairs for the next 5 years, 2016-2020.

Improvement in the training and practice of surgery was the motivation for the foundation of this college in 1784. While the intervening years have seen the college expand and diversify across the whole spectrum of healthcare education, research and innovation, surgery remains at the heart of what we are and its well-being remains a priority for us.

However, the milieu in which we operate is ever-changing and now more rapidly than ever and we must adapt our activities too, so as to continue to deliver excellence in training and strength in support of surgical practice.

We have begun significant change in the training pathway and it is not surprising that this hasn't been without difficulty. But, we will continue to refine the process to ensure that we deliver an outcome which will best serve our patients and be fully acceptable to both trainees and trainers.

The entire clinical environment has seen changes which have made surgical practice more demanding and challenging than ever and we are determined to create structures which will assist surgeons through research leadership, frameworks of competency and professionalism and, most importantly, new support initiatives for the surgeon in difficulty.

I wish to congratulate the entire team in Surgical Affairs for their endeavours so far and for their vision, in developing this new strategy. I look forward to the fruits of its implementation in the coming years.

Mr Declan J Magee
President, RCSI

MESSAGE FROM THE MANAGING DIRECTOR OF SURGICAL AFFAIRS



As we look back on the period of the last Surgical Affairs strategic plan for 2011 – 2015, we have achieved many significant milestones in our journey to broaden and deepen the impact of RCSI in support of Surgical Training and Surgical Practice. We have grown very significantly in terms of capability, staffing and programmes but more critically, we have greatly enhanced and strengthened our role as both the national training body and the professional body for surgery. Critically, we have enhanced our engagement with our surgical Fellows and Members to better understand their needs and their expectations of their college.

Neither healthcare delivery or healthcare training stands still however and we must constantly refocus our efforts to better support the profession of surgery, a task that is both challenging and exciting. We look to a future where surgery will grow within a very complex and challenging, multi-stakeholder healthcare environment. It is our role to prepare and equip our surgical trainees to lead the delivery of surgical care within that new environment, to support our surgeons in practice to continue to lead in their fields and also to help inform and shape policy evolution as it seeks to design the care-pathways of tomorrow. Our initiatives in support of these imperatives are described in the pages that follow. You will also note our focus on training and assessment activities outside of Ireland. These initiatives are critical to not just build and sustain strategic relationships to support our thinking but also to help fund many of our new initiatives locally.

In conclusion, I would like to recognise the very constructive relationships we continue to rely upon to enable us to do what we do so well. In particular, I want to recognise the great support we receive from both HSE National Doctors Training & Planning as well as the Irish Medical Council. We also recognise the daily commitment and contribution from all of our surgical specialties, our faculty and staff, our consultant trainers as well as our Fellows and Members. We will continue to work with and for you to support ever higher professional standards in the training and practice of surgery.

Mr Eunan Friel
Managing Director, Surgical Affairs

SURGICAL TRAINING



Mission: To deliver excellence in Surgical Education and Training through innovative, structured and supervised training programmes that build measurable competencies across clinical skills, knowledge and behaviours to support the needs of our patients and our service partners

SURGICAL TRAINING IN NUMBERS

Core Surgical Trainees

115

Specialist Surgical Trainees

191

Emergency Medicine Trainees

93

Female surgical Trainees

40%

First year of new training pathway

2013

Seamless training duration

8yrs

1st Largest training specialty 2015
GENERAL SURGERY

2nd Largest training specialty 2015
TRAUMA & ORTHOPAEDICS



Since its inception in 1784, core to the purpose and identity of RCSI has been the education and training of surgeons to meet the needs of our patients. Over the years, RCSI has been both innovative and forward thinking in its educational approach in order to better meet the evolving needs of our health service and our patients. Surgery is unique among medical specialties in being both a 'craft' and a 'knowledge' based specialty requiring the simultaneous acquisition of knowledge, technical skills and behaviours as part of the training programme. The modern operating theatre is a highly complex space, bringing together complex technologies, team behaviours and patient outcome expectations. There is also rising regulatory and legal considerations in a highly pressurised environment. Training the future leaders of that space is a constantly evolving challenge, requiring innovation in both curriculum and delivery and yet constancy in the demand for the primacy of patient care in a clinical environment where the demands of service and training can often be in conflict.



Surgical Training around the world is facing unprecedented challenges at the present time. There is ongoing pressure from both trainees and those who fund surgical training to reduce the duration of surgical training and make it more streamlined and cost efficient. At the same time, there is an ongoing trend to reduce working hours within each year of surgical training. In Ireland, full implementation of the European Working Time Directive (EWTD) has limited the number of working hours to 48 hours a week. As a consequence, surgical trainees today have significantly less "contact time" devoted to surgical training than 10 years ago. Additional challenges include regular cancellation of elective operating lists (due to pressure on emergency departments), increased complexity of surgery, increased use of complex technology in surgery and changing societal expectations about who should perform surgical procedures. Furthermore, increased regulatory oversight (by the Irish Medical Council) places additional demands on training bodies/ RCSI to ensure that training programmes produce specialist doctors/surgeons who are "fit-for-purpose", competent and verifiably safe for independent practice.

RCSI has responded to these challenges by introducing a new streamlined surgical training pathway in July 2013 which reduced the duration of surgical training to 8 years. In response to the EWTD, we have increased the amount of non-workplace based training through increased use of simulation for both technical and non-technical skills and through increased reliance on Technology Enhanced Learning e.g. online and mobile technology platforms. But the challenge remains to produce fully competent consultant surgeons in just 8 years.



The new pathway has been generally welcomed by trainees, National Doctors Training and Planning (NDTP), the Irish Medical Council and many trainers but, understandably it has brought its own challenges. It is clear that our training programme must continually evolve to support the breadth of surgical training needs, the needs of our specialties and an evolving surgical service delivery model. It must also support and maintain the strong reputation and contribution of academic surgery from RCSI. We must be prepared to work together to respond to challenges and anticipate opportunities.

In looking forward to the next five years of that journey, the following represents our strategic priorities;

1. Refinement of the new Core Training pathway

While it is recognised that the seamless training pathway has successfully addressed several issues in training, there remains much to do to further refine the training pathway:

The following are key initiatives;

- › An independent review of our core training pathway to recommend appropriate refinements to selection, assessment and progression processes and to ensure broad based input from all specialties
- › Develop a structured and supportive trainer and training site development and accreditation programme
- › Develop a robust and broad based trainee support and mentorship programme to include personal, interpersonal as well as professional issues
- › Reinforce structures to promote flexible options for surgical training and support female participation in surgery
- › A curriculum and learning plan initiative to prepare for and leverage the capabilities of the new RCSI Academic and Educational Building
- › The development of the Faculty of Postgraduate Surgical Educators
- › Develop and enhance our links with undergraduate medical students through the student surgical societies and Open Day participation

The modern operating theatre is a highly complex space, bringing together complex technologies, team behaviours and patient outcome expectations. There is also rising regulatory and legal considerations in a highly pressurised environment

2. Development of the Specialist Training Pathway

As the first cohort of 'seamless' trainees progress to ST3, the following key initiatives have been identified;

- › The rollout of the Intercollegiate Surgical Curriculum Programme (ISCP) to all surgical specialties
- › Working through the Intercollegiate Surgical Curriculum Programme, develop a robust assessment framework which will provide the evidence that trainees have verifiably achieved the required competencies
- › Development of an online trainee management system which will allow us to manage all phases of the training process including selection, hospital rotations, workplace and RCSI based assessments, CAPA sessions, etc
- › Structured engagement with HSE NDTP to enable integrated consultant manpower planning
- › Revised ISPTC governance structures to ensure robust specialty input and best practice governance processes
- › Refreshed 'Human Factors and Patient Safety' curriculum to support broad based medical professionalism
- › A robust training programme accreditation programme with the Irish Medical Council and the development of quality plans to address areas of opportunity

Surgical Training around the world is facing unprecedented challenges at the present time

3. Develop a robust, integrated e-learning programme

As the breadth of technical and behavioural knowledge acquisition expands and as lifestyle and service demands evolve, it is clear that innovative forms of structured learning interventions will be critical to the formation of our future surgical consultants.

We will integrate a technology enhanced learning programme within a broader curriculum review in order to maximise value from Technology Enhanced Learning (TEL) to compliment learning programmes. The following reflect some specific initiatives;

- › Maximise remote and personalised learning opportunities
- › Re-focus RCSI based learning to practice based simulation
- › Integrate with broader RCSI TEL strategy and platforms
- › Further development of mSurgery and EMNow to support learning and assessment with the aim of maximising the focus of RCSI training days towards skills training versus didactic teaching
- › Leverage the content of mSurgery and EM Now apps to attract digital advertising/marketing
- › Maximise use of on-line assessment tools and support our trainers in this regard with on-line training tools
- › Partner externally for content development and licensing opportunities to develop a suite of on-line learning resources
- › Fully leverage for CPD purposes
- › Support our "Train the Trainer" programme



4. Develop a robust Quality Assurance programme and capability

A critical deliverable of the new surgical training pathway is to move towards more objective criteria to underpin our selection, assessment and progression processes. The high stakes implications in terms of training and progression require that these processes are robust and fully quality assured.

In the broader arena of organisational efficiency, we must strive to ensure that our responsibilities across training, professional development and fellowship management are discharged efficiently, impartially and in a reproducible and defensible manner. The quality of what we do must be beyond challenge and we are committed to put the resources in place to allow us to work to this objective.

The following are key initiatives;

- › We will invest in the development of a quality management office and a Quality Management System to support the quality and objectivity of our training processes and the efficiency of our internal organisational capability
- › Establish consensus on an agreed set of standards for surgical training posts which will be used as a measure of quality assurance
- › Reintroduce training site visits/training post accreditation for Core Surgical Training posts and formalise Specialty Advisory Committee (SAC) visits/accreditation for Specialty Training posts. Define the criteria for accreditation and approval of all training posts
- › Develop a quality assurance process, based on participant feedback, for all RCSI based education activities (e.g. Operative Surgical Skills classes, Human Factors and Patient Safety classes etc.)
- › Provide a standard source of information to surgical trainees about all hospital training posts in order to allow trainees make an informed choice of hospital rotations

5. Curriculum Refresh

The planned opening of the new clinical skills and simulation suite within the new RCSI Academic and Educational Building represents an unprecedented opportunity to reimagine and radically change the structure and delivery of both skills and behavioural curricula.

The parallel investment in on-line learning supports the strategy to refocus RCSI based learning towards simulated skills, procedural and behavioural learning events. Our curriculum will support the broad dimensions of surgical professionalism and underpin the medical competencies as defined by the Irish Medical Council.

The increasing challenges within the clinical environment as well as the requirements under the European Working Time Directive make it critical that we create innovative, controlled and transferrable learning opportunities within our new simulation suite.

The following are key initiatives;

- › We will conduct an 'end-to-end' review of our Core Training curriculum, in both technical and procedural skills as well as Human Factors. In addition we will expand our Human Factors and Patient Safety curriculum across Specialist training to supplement the ISCP curriculum
- › We will develop new programmes of technical skills and Human Factors and Patient Safety training for consultant surgeons to include training in new procedures as well as the use of surgical technology
- › Leverage the capabilities of the National Surgical Training Centre to develop a new approach to acquisition of competence in operative surgery

- › Develop a specific programme of Surgical Professionalism, to be included within the curriculum of Human Factors and Patient Safety. The professionalism module will be delivered to a defined curriculum and will be available online as a short course and also within the Human Factors and Patient Safety programme
- › Continue to develop the "Masterclass" series for consultants in practice
- › Develop the concept of inter-professional training, to include all members of the "surgical team" including the new Physician Associates
- › Develop a module on healthcare economics and integration of health outcomes research for senior surgical trainees
- › Design a "transition to practice" programme for ST7/ST8 surgical trainees to prepare them for practice as consultant surgeons
- › Expand the Masters programme in Human Factors in Patient Safety to include other healthcare professionals (e.g. anaesthetists, nurses, etc)



6. Research and Academic Surgery

RCSI has a long tradition of excellence in academic surgery and our surgeons have over many decades, earned positions in leading academic surgery institutions across the world, not just by virtue of their clinical skills but also by virtue of their strong academic record in training.

However it is clear that the quality of surgical education and training can be refined and improved through the pursuit of original research within Surgical Affairs with a singular focus on surgical education and training.

The following are key initiatives;

- › Development and delivery of a structured research methodology trainee module to support the new training pathway
- › Develop a suite of Masters programmes including Masters in Human Factors and Patient Safety, Modular MCh, Postgraduate Diploma in Laparoscopic Surgery
- › Development of a structured and funded academic surgery pathway as an option for qualified candidates who wish to take time out from surgical training in order to pursue original research for a PhD or MD degree
- › Development of a structured surgical research plan within Surgical Affairs which leverages the strength of our trainee numbers and focuses on the development of a sound and published research basis for our selection, assessment and progression processes
- › Develop a sound funding model as well as research fellowships within the National Surgical Training Centre to support trainees opting for an academic stream

- › Significantly increase our publication rate in high impact surgical education journals and our presentation rate at international surgical meetings

We will further integrate with the RCSI Research pillar to leverage capability and resource and add to RCSI's strategic research agenda.

The planned opening of the new clinical skills and simulation suite within the new RCSI Academic and Educational Building represents an unprecedented opportunity to reimagine the structure and delivery of both skills and behavioural curricula

SURGICAL PRACTICE



Mission: To be the lifelong professional 'home' for our Fellows & Members through the provision of meaningful professional and collegiate support and to provide leadership, insight and support to healthcare policy makers, regulators and service providers in pursuit of excellence in surgical care

SURGICAL PRACTICE IN NUMBERS

Patients publically treated 2014

249,230

Patients treated as day cases

10%

Average length of in-patient stay

6.10 days

Total Consultant Surgeons

605

Total Trauma & Orthopaedics Surgeons

127

Equivalent per capita number in Australia

238

Average cost of surgical bed night

€813

Change in surgical volume 2010-2014

+12%

Change in bed day usage 2010-2014

-13.4%



Our 'Mission' in support of surgical practice reflects our role as both a college of surgeons, in supporting the lifelong professional needs of our Fellows and as a college of surgery in the provision of leadership in the care of our surgical patients.

We believe that we can best achieve our goals through effective collaboration with other key stakeholders. During the period of our 2011- 2015 strategic plan, we worked with the HSE in leading the National Clinical Programme in Surgery (NCPS) and in Trauma and Orthopaedics. We have worked with the Patient Safety and Quality Improvement Directorate and many of our sister training bodies in establishing the National Office of Clinical Audit. We have worked closely with the Irish Medical Council in developing and growing a Professional Competency Scheme (PCS) in Surgery and Emergency Medicine. Through these initiatives, RCSI has made an impact in the delivery of surgical care on the ground as well as supporting the measurement of the standards at which that care is delivered.

As we consider the unprecedented challenges we face in healthcare delivery across all specialties, RCSI is committed to play a leadership role in supporting the journey that our policymakers, our clinical and non-clinical healthcare partners, our regulators and our Fellows will make to deliver the standards of surgical care that our patients both expect and deserve.

We have identified the following strategic priorities;

1. Working with our surgical specialty associations, we will develop and support a Lifelong Professional Development Framework for surgeons

Since 2011, we have, under the direction of the Irish Medical Council, established and supported the Professional Competence Scheme (PCS) to support the continuing professional development needs of both surgical and emergency medicine practitioners. While the existing PCS meets the obligations set out under the Medical Practitioners Act, it is necessary that we move beyond supporting "competence" to leading and developing the whole breadth of "medical professionalism" in a world where the interfaces between the doctor and professional partners as well as patients is a dynamic one.



The following are key initiatives;

- › The development and maintenance of a "Surgical Professionalism" framework document that will map the Irish Medical Council Ethical Guidelines and other guidance on medical practice to the specific setting of surgical practice in Ireland
- › The development of a framework to help surgeons plan and map their professional development activities appropriately to the Domains of Good Professional Practice as devised by the Irish Medical Council
- › Continuing to develop the Professional Competence Scheme into a personalised Professional Portal for surgeons that will become their "destination resource" for all their professional needs
- › The development of conference-based, classroom and on-line programmes to provide access for surgeons to as broad a menu of educational activities as possible to allow them meet their professional development needs. This will include expanding our portfolio of formal diploma and masters programmes
- › Expansion of our Masterclass programme to support surgical clinical leadership and facilitate discussion on challenging topics
- › Refreshing the CPD Programme aimed at those on the General Register who we have found to have particular challenges in meeting their Professional Development obligations
- › Exploring in partnership with other stakeholders, the development and deployment of novel tools for self-assessment, peer-assessment and practice review to help guide practitioners in identifying professional development needs
- › Exploring how access to speciality specific learning resources provided by third parties such as international speciality associations might enhance and seamlessly link into the surgeons professional portal

RCSI is committed to play a leadership role in supporting the journey that our policymakers, our clinical and non-clinical healthcare partners, our regulators and our Fellows will make to deliver the standards of surgical care that our patients both expect and deserve

2. Develop a Healthcare Outcomes Research Centre

RCSI's broad based research strategy focuses on the improvement of human health through translational research across clinical, laboratory and health service settings. The new Healthcare Outcomes Research Centre will leverage and benefit from RCSI's existing research infrastructure to develop a dedicated unit to provide evidence based input to improved patient pathways in the clinical care setting. The unit will bring together existing capability and related research output as well as conduct its own bespoke research to better understand differential patient outcomes across care pathways. The unit will provide a platform for both domestic and international thought leadership in the emerging field of "System Science".

The following are key initiatives;

- › Inform critical decision making in relation to health service transformation
- › Research, analyse and evaluate the increasing flow of healthcare outcomes data and health system delivery data
- › Develop evidence based best practice models for healthcare delivery
- › Develop guidelines and policy papers in health system delivery
- › Facilitate networking, collaboration and knowledge sharing across stakeholders and thought leaders
- › Leverage data from the Health Outcomes Research Centre to design new models of surgical care and provide training programmes for inter-professional teams in these new models
- › Support RCSI's broader research strategy
- › Inform both undergraduate, postgraduate as well as professional development curricula

3. Develop and launch a "Surgeons Assistance Programme"

Surgeons, at all levels of experience practice in highly stressful environments with escalating clinical, training, governance and regulatory demands. Both as professionals and peers, surgeons experience many pressure and change points throughout their careers which can challenge the provision of excellent training and optimum patient care. We will develop a professional, collegiate and trainee support unit to facilitate the provision of both clinical and 'pastoral' care support.

The following are key initiatives;

- › Develop a 'surgeons in difficulty' programme to offer process and mentorship/support to surgeons undergoing regulatory or employer investigation or disciplinary processes
- › Develop an appropriate education and support programme for surgical trainees to prevent the difficulties that can arise as a result of challenges within their professional training environment or their personal lives and mentorship/support when difficulties do occur
- › Develop support structures to support newly appointed surgeons in practice
- › Develop and deploy a flexible framework to appropriately support surgical re-skilling / re-training programmes for surgeons who are returning to practice or who have had a specific skill and/or behavioural deficiency identified. This will be developed, delivered and evaluated in partnership with service providers, regulators and others with expertise in this field and will define specific roles for the college in re-training, remediation and 'sign-off'



4. Support the development of service delivery structures

The National Clinical Programme in Surgery (NCPS) and the Trauma & Orthopaedic Clinical Programme (TOP) represent a step-change in the college's clinical leadership role in moving beyond the surgeon to the context in which surgical care is delivered. In collaboration with the HSE, these programmes have shaped both the surgical service delivery model and the surgical patient pathway. To date, this collaboration has contributed significantly to both quality and process initiatives and yielded considerable benefit to our patients. The scale of the service re-engineering challenge rapidly broadened as service and pathway recommendations had to be implemented in an increasingly austere financial environment. RCSI remains committed to provide the clinical leadership to inform service improvement planning, to support the broader service aspiration towards more 'Integrated Care' pathways as well as the practical implementation of the hospital networks in support of both service and training.

RCSI believes that it is necessary to refocus our efforts in the programmes as the 'design authority' in the following areas;

- › Develop appropriate specific service models of care and service pathways across all surgical specialities including robust referral pathways for care that is regionally or nationally centralised
- › Develop a robust system of validating, measuring, reporting and mitigating the mismatch between capacity and demand for both outpatient and inpatient treatment
- › Support the development of integrated care pathways for those with chronic diseases that requires surgical input including the development, resourcing and support of both hospital and community based multi and interdisciplinary clinical pathways

- › Support the development and deployment of acute surgical assessment and admission units to facilitate appropriate admission avoidance and prompt care and discharge of those patients presenting as emergencies
- › Build on the metrics already developed on the National Quality Assurance Intelligence System (NQAIS) platform to develop a comprehensive suite of quality and process measures for surgery
- › Appropriate expansion of the prospective funding initiative for elective orthopaedic surgery to drive efficiency
- › Explore the development and expansion of novel clinical posts roles in areas such as Orthogeriatrics to improve the quality and efficiency of care for those with complex co-morbidity
- › Expansion of consultant-supported (rather than consultant-led) clinics in musculoskeletal areas such as back pain services

5. Expansion of national clinical audit

The National Office of Clinical Audit (NOCA) was established in 2011 by RCSI in collaboration with the HSE Quality Improvement Directorate as a clinically led quality improvement process to improve patient care through the systematic independent measurement of care process and outcomes. Since then NOCA has grown significantly and established robust governance, data collection and management frameworks to enable a national approach to clinical audit across a range of medical specialties. Some established audits such as those relating to maternal and perinatal care have been brought under the NOCA governance framework. In addition, audits have been established and are collecting data in trauma care, critical care, and hip fractures. Audits of in-hospital mortality and joint replacement are already well advanced. Continuing to develop this critical initiative will be a major strategic priority for RCSI in the coming years.

The following are key initiatives;

- › Finalise data governance, management, data access and escalation policies to international best practice as determined by external audit and peer review
- › Ensure hospital based processes for data collection and validation are defined, resourced and implemented
- › Ensure the NOCA organisational structure evolves appropriately to support the growth and quality agenda
- › Develop a process to appropriately grow the range and scope of audits to meet service requirements



- › Work closely with each speciality and audit stream to ensure that outcome data effectively feeds back into clinical service provision in a constructive and supportive way
- › Develop and support an audit educational programme
- › Acting as a resource for service delivery research in partnership with other stakeholders to exceed data protection requirements

6. Support and engage our Fellows and the wider surgical community

As a 'college' of professionals, RCSI is no more or less than the sum of its surgical specialties, its Fellows and its Members. Through continued outward and practice focus, engagement and communication programmes as well as networking and collegiate initiatives, RCSI is committed to becoming and representing the best of our 'Fellowship'. We will continue to develop a strong professional, academic and collegiate value proposition to support the growth in our membership.

The following are key initiatives;

- › Reinvention of the "Fellows and Members Office" within the recently enhanced RCSI Alumni office and ensure that this office has a current accurate database of all Fellows and Members, modern effective processes for communicating with Fellows and efficient processes to support fee payment
- › Enhance and standardise the "welcome aboard" process for new Fellows and Members with particular focus on developing supports for career transitions including appointment to a consultant post

- › Effective use of technology to communicate with Fellows and Members developing, in particular, more responsive listening strategies
- › Expanding the schedule of regional meetings to ensure these occur regularly and predictably
- › Exploring the feasibility of regional officers to facilitate engagement with Fellows and Members
- › Development of an International Fellows and Members engagement plan
- › Explore practical ways of supporting the surgical specialties and their speciality associations including the provision of administrative supports, financial and office services, meeting and event management services
- › Development and promotion of a 'Fellows and Members Room'

NOCA will work closely with each speciality and audit stream to ensure that outcome data effectively feeds back into clinical service provision in a constructive and supportive way

INTERNATIONAL PROGRAMMES



Mission: To provide an unrivalled suite of surgical training, assessment and professional development services to medical professionals and client organisations in the healthcare sector worldwide. A commitment to creativity, innovation and excellence will underpin everything we do



Our strategic rationale when operating in international markets is to build the reputation and awareness of RCSI and to generate financial resources that can be re-invested domestically in both professional practice and postgraduate surgical training initiatives. Our operating model focuses on developing partnerships, IP and know-how internationally that can be leveraged domestically in support of surgical training and surgical practice. During the 2011- 2015 period, the imperative was to re-structure our international offering so that it was reflective of the core competencies in Surgical Affairs. We concentrated on developing our MRCS examination offering across domestic and international centres. We also built models for providing training to International Medical Graduates (IMGs). In addition to that, Surgical Affairs at RCSI, in partnership with six other postgraduate medical and dental training bodies, established Medical Validation Ireland (MVI). MVI was appointed by healthcare providers in Qatar to undertake the revalidation of c. 800 consultant clinicians working in the public health system there.

Much progress has been achieved in the last four years on the above initiatives. The imperative now is to consolidate this progress, increase scale and maximise impact. We will drive volume by increasing awareness in existing markets through intensive marketing communications efforts and by targeting new markets and client organisations.

We have identified the following strategic priorities across our International Programmes;

1. Examinations for the Membership of the Royal College of Surgeons in Ireland

The Membership of the Royal College of Surgeons (MRCS) examination is a two-part examination. Part A is a written paper and Part B is an Objective Structured Clinical Examination (OSCE). RCSI began offering the intercollegiate MRCS Part B OSCE in 2012 and was the first of the four surgical Royal Colleges of Great Britain and Ireland to provide the format in all of its centres. The move to the MRCS Part B OSCE format enhanced examination candidates' experience and dealt with perceptions that RCSI's MRCS examination was not recognised by regulatory bodies in Ireland and the UK. In the years since, RCSI has prioritised driving membership examination candidates in Bahrain, Ireland, Jordan and Malaysia. These centres are now well-established and have viable candidate throughput. This improved performance has been achieved by having dedicated staff members responsible for marketing communications. RCSI will increase its marketing efforts in 2016 and beyond with a view to further growing examination candidate numbers. RCSI is also actively exploring new MRCS Part A centres that will act as 'feeder' sites for MRCS Part B centres in Bahrain, Ireland, Jordan and Malaysia. RCSI is also focused on developing a suite of services (logistical, examination preparation content and / or courses) for the college's MRCS examination candidates to make the prospect of taking that examination with RCSI more compelling.



Our strategic rationale when operating in international markets is to build the reputation and awareness of RCSI and to generate financial resources that can be re-invested domestically in both professional practice and postgraduate surgical training initiatives

Specific priorities under the development of MRCS examinations will include;

- Extensively marketing examinations / prep courses in partnership with overseas centres
- Surveying all examination / prep course candidates and, based on insights generated, establishing a suite of MRCS candidate resources and supports
- Develop an insights-based Integrated Marketing Communications Plan for examinations / courses / centres
- Rolling out MRCS Part B prep courses in all Part B centres
- Establishing a Chapter of the Court of Examiners in the Middle East

2. International Medical Graduate training

Surgical Affairs at RCSI has been working with other postgraduate training bodies, the HSE, client organisations and internal stakeholders since 2012 to develop a framework that would allow sponsored International Medical Graduates (IMGs) undertake discrete periods of training in Ireland. This has facilitated high-potential trainees in coming to Ireland for 2 year Residency or Fellowship-level surgical training with RCSI. These programmes, as well as supporting the training agenda of international trainees, can make a contribution to medical manpower requirements on clinical sites in Ireland.

The following briefly outlines the structure of these programmes and plans for growth in the coming years;

Academic & Clinical Fellowship Programme

RCSI launched the Academic & Clinical Fellowship Programme (ACFP) in July 2013. This pilot programme saw three Saudi Board certified candidates commencing Fellowship training with RCSI. This included clinical sub-specialty training in General Surgery, Human Factors and Patient Safety modules, a Masters' Degree in Leadership, and other elective courses. The programme was refined for 2014 and a further three candidates commenced the ACFP in August 2014.

Collaborative Residency Programme

RCSI also established a Collaborative Residency Programme (CRP) in 2014. This programme is modelled on Core Surgical Training and includes pre-clinical modules on Human Factors and Patient Safety, English for Academic and Clinical Purposes and Research Methods. We are actively examining how this can be adapted to support programmes in partner countries.

Specific priorities under the development of IMG programmes will include;

- › Applying learning's from ACFP and CRP Pilots
- › Ensuring that candidates meet Irish Medical Council registration criteria before taking up places on the programme
- › Ensuring that clinical placements are of high quality and that IMGs are fully integrated members of clinical teams on hospital sites
- › Establish a high profile RCSI Surgical Academy to attract international surgical trainees for Masters programmes in Surgical Science and Practice and other intensive skills courses in the new National Surgical Training Centre



3. Medical Validation Ireland

Medical Validation Ireland (MVI) is a wholly-owned strategic business unit of RCSI. It was established in 2013 to undertake a Revalidation Programme for all consultants working at Hamad Medical Corporation and the Primary Health Care Corporation in Qatar. MVI subsequently pioneered an innovative approach to assessing the standing of consultant clinicians, based on domestic models such as the Professional Competence Scheme and the approach used for assessing non-EU trained clinicians who wish to practice as Consultants in Ireland. The Revalidation Programme undertaken in Qatar proved very successful and culminated with an awards event in Doha in February 2015. Client organisations in Qatar were most satisfied with the programme's delivery.

MVI is now uniquely positioned with the capacity to assess the full breadth of medical and dental practitioners. There is much scope also for MVI to assess disciplines such as Nursing, Pharmacy, Physiotherapy and Allied Health Specialties. Having fully discharged its commitments under the above programme, MVI is pursuing new business with existing clients in Qatar and working with Enterprise Ireland to identify new clients and business opportunities in the United Arab Emirates and other Gulf States.

The following briefly outlines the services offered by MVI and plans for growth in the coming years;

Clinician Assessment Programmes

MVI originally offered a Baseline Validation model which involved the benchmarking of consultants' qualifications and training against certification standards in Ireland, and the assessment of clinical, academic and managerial experience, CME/CPD activities and professional attributes. MVI has now developed a suite of clinician assessment tools to complement the baseline model. The MVI 'Annual Review' examines discrete aspects of a clinician's profile to ensure ongoing professional development and engagement with validation. 'Cyclical Re-Validation Assessments' build on the original validation assessment and annual submissions to assess how initially identified development areas have been addressed by individual clinicians. MVI is also developing a model that would allow for the assessment of service grade doctors.

Other MVI Services

There is significant opportunity for MVI to leverage its operational structure as well as insights generated from clinician assessment projects to advise client organisations on health system and organisational development initiatives, and to assist in the delivery of same. MVI also offers a range of bespoke assessment, accreditation and consultancy services that includes:

- › Bespoke multisource feedback programmes for healthcare professionals and patient surveys
- › Maintenance of professional standards
- › Management of major change initiatives in healthcare environments



These programmes, as well as supporting the training agenda of international trainees, can make a contribution to medical manpower requirements on clinical sites in Ireland

2017

The new state-of-the-art Academic and Educational Building, due to open in 2017 will enhance RCSI's capacity to deliver outstanding medical and surgical education and training and will further strengthen our global reputation as a leader in both undergraduate and postgraduate healthcare education and training.

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