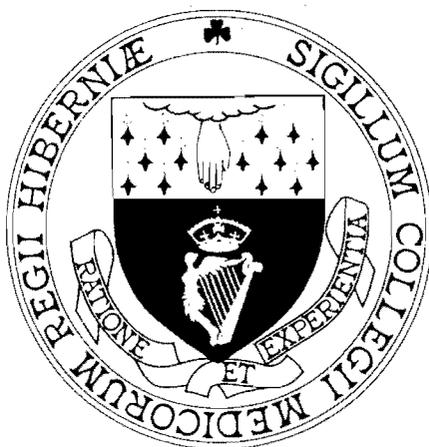


TRAINING HANDBOOK

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Irish Committee on Higher Medical Training



The Royal College of Physicians of Ireland

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Irish Committee on Higher Medical Training



The Royal College of Physicians of Ireland

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PREFACE FROM THE PRESIDENT, ROYAL COLLEGE OF PHYSICIANS OF IRELAND

To the first edition

The reputation of Irish-based medical training for maintaining the highest international standards is firmly established. That this is justified is evidenced by the many outstanding achievements of doctors trained in Ireland in practice world-wide.

The competence of any practising doctor has become increasingly a matter of public interest, and the authorities responsible now rightly seek corroborative evidence of adequate training.

Within Europe, legislation has been put in place to facilitate the free movement of doctors. The mutual recognition of their Diplomas and the confirmation that their capabilities are of an acceptable standard is now required. Minimum standards for entry and for the duration, content and supervision of specialist training are also agreed.

It was the ICHMT, within the Royal College of Physicians of Ireland, which engaged itself in establishing the structures and systems necessary to provide for the Medical Council evidence which allows certification of properly completed training in any of the medical and related specialties. The responsibility of the College, incorporating its Faculties and Institute, to provide a framework for training extends over General Medicine and its sub-specialties, it now includes Public Health and Occupational Medicine and most recently Paediatrics, Obstetrics and Gynaecology and Pathology.

This has been an enormously complex task. Add to it the adoption of new techniques in education and the assessment of competence, as well as advances in medical science and you will appreciate that the task must be ongoing. A good start has been made, but we are still just beginning.

The day-to-day work involved in the supervision of the training process is carried out within the Education Office of the Royal College of Physicians of Ireland by the secretariat of the ICHMT, under the direction of its executive officer, the Dean of Higher Medical Training. The framework to support the work of the executive officer and secretariat is derived from policy agreed at meetings of the ICHMT. The College has required that the membership of this Committee must be representative of all the interested parties. It therefore includes representatives of the trainees themselves. The ICHMT meets every few months and its business is conducted in a very open manner. Its minutes are circulated to every member to ensure that they are kept fully informed.

In order to inform as widely as possible on the details of the Higher Medical Training (Specialist Training) process in Ireland this Handbook has been published. It has been widely circulated and I would ask you to refer to it for reliable information. Its contents have been carefully reviewed and agreed this year by the full committee. When you do read it I hope that you will be reassured that the training system being employed is robust and fair. We are all stakeholders in the training process and each of us has an investment in its' success.

It would be inappropriate not to stress how much the success of Irish Higher Medical Training depends on the support of its principle participants, namely the trainees and

the individual trainers. The quality of the training provided directly depends on the experience, dedication and enthusiasm already busy consultants have for training their junior staff. Support must quickly be provided for them if they are to carry on with this important task.

The training processes do much to empower trainees to take more responsibility for their own progress, and the Royal College of Physicians of Ireland and other professional bodies support them in seeking improved training environments and access to the opportunities for learning, including protected time and study leave.

I commend this first edition of the Training Handbook to you. This will not be the last. If others appear soon this will reflect genuine enthusiasm for the training process established and our recognition of the need for constant refinement.

Dr. J.A.B. Keogh,
PRESIDENT(1997-2000)

FOREWORD FROM THE PRESIDENT

To the second edition

As anticipated, this second edition of the ICHMT Training Handbook has been brought out barely three years after the first. It was necessary to refer to a number of issues arising from the inclusion of a wider range of specialties, access now having been extended to laboratory-based medicine. Concurrently the text has been revised in the light of experience learned over the past three years.

The Handbook remains a reliable source of information on Higher Medical Training for Specialist Registrars (SpRs) in the medical and related specialties in Ireland. The training processes are supported by the staff of the Education Office of the Royal College of Physicians of Ireland and are under the direction of the Dean of Higher Medical Training. The College acknowledges its debt to these people in particular, and also to the trainers and National Specialty Directors on whom the success of the process ultimately depends.

In addition to this Training Handbook, more detailed information is contained in the Training Records ("logbooks") provided to all SpRs at entry, and in a number of other publications available from the Education Office, and from the College website at www.rcpi.ie

Dr. D. A. Canavan,
PRESIDENT
May 2003

ACKNOWLEDGEMENTS

Much benefit has been derived through long-standing contacts with our sister Colleges and liaisons developed between ICHMT and the (UK) Joint Committee for Higher Medical Training.

We also wish to acknowledge the valued assistance of various members of the ICHMT and of members of the College Staff in the preparation of this Handbook, especially Ms. Jacquie Brett, Education Officer.

INTRODUCTION

The Irish Committee on Higher Medical Training (ICHMT), representing the Royal College of Physicians of Ireland (RCPI), its Faculties of Occupational Medicine, Paediatrics, Pathology, Public Health Medicine and the Institute of Obstetricians and Gynaecologists, is the body responsible for the supervision of Higher Training in medicine and related specialties in Ireland. It has been devolved sufficient authority to enable it to establish and monitor training in the specialties under its supervision and to recommend doctors for admission to the Specialist Register, maintained by the Medical Council (Ireland). The Medical Council now performs many of its functions in relation to training and accreditation in these areas through the agency of the RCPI, but it retains the ultimate responsibility for ensuring that all the requirements set out in the specialist training programmes are met, and that all agreed procedures have been adhered to. The Medical Council requires the College, its Faculties and Institute to set standards, design appropriate curricula for each specialty and develop higher medical training programmes, each of which must be capable of providing all the opportunities necessary to gain the full range of competencies required.

Although the ICHMT relies heavily on its Curriculum Sub-committee and Specialty Training Committees (STCs) to determine detailed agenda relevant to the duration and content of training in each particular specialty, it is the ICHMT which is finally responsible for agreeing to those standards and the competencies required of all trainees. By approving programmes of posts as being capable of furnishing all of the training experiences necessary for those wishing to be recognised as having satisfactorily completed their Higher Medical Training (HMT) in Ireland, the ICHMT, on receiving an application to have specialist training recognised, can attest to this by issuing a Certificate of Satisfactory Completion of Specialist Training (CSCST). The ICHMT monitors trainees' performance throughout, prior to its recommending on behalf of the College, the award of its CSCSTs.

The supervision and day-to-day management of the medical training process is administered by the Dean of Higher Medical Training and the Education Office of the RCPI, who rely on the ICHMT to provide them with the framework by means of which training in the physician specialties can be conducted.

As some of the specialties for which the ICHMT has responsibility have training needs that fall outside the exclusive province of a physician's College, the RCPI depends on close collaboration with its Faculties and Institute and with other outside bodies to achieve consistency in standards between specialties. Examples of how co-ordination is achieved are the inclusion on ICHMT of representatives from all the medical specialties engaging in higher training in Ireland, and from Universities, each Faculty and from the Institute¹. Observers from the Irish College attend U.K. SACs (Specialty Advisory Committees) and the Chairman of ICHMT attends at the JCHMT of the U.K. In this way, the ICHMT has been able to take responsibility for developing and co-ordinating the management of training in Ireland in the specialties listed² in Appendix 1.

Higher medical training cannot fulfil its obligations without taking into account the service needs of the main providers of health care in the community. In transforming a spectrum of independent training units into comprehensive and co-ordinated specialist training programmes, the ICHMT and the College have benefited greatly from advice, encouragement and financing provided through contacts with Officers of the Department of Health and Children.

¹ Composition of the ICHMT

² Specialties, recognised in Ireland, for which training is available, supervised by ICHMT

SECTION 1

GENERAL PROFESSIONAL TRAINING

1.1 General professional training in medical and related specialties

Following registration, postgraduate medical education is conveniently organised into two phases. General professional ("basic specialist") training (GPT) is followed by higher medical ("specialist") training (HMT). This administrative division is to a large extent artificial, for medical education is intended to be a continuing process of development throughout the professional career. GPT is therefore considered to be an integral part of a specialist's training, and its satisfactory completion in both content and duration is a mandatory requirement for the accreditation of higher training in every specialty and the award of a CSCST.

The period of GPT is intended to provide a wide range of experience, mainly at senior house officer (SHO) level, in a variety of specialties. A fuller description of the objectives of this period of training is given in the "Handbook and Core Curriculum" (see below). Structured GPT is available in the form of programmed rotations in hospitals in Ireland and beyond and may be considered ideal for those who have already in mind a particular career pathway. But the content of GPT is not rigidly defined because, although some doctors will have decided on a career path, others will see their future only in broad terms. A significant proportion of trainees do change the direction of their plans, and flexibility is essential during these early years to accommodate change. Training hospitals and units offer the option of different periods of attachment of between 3 months and 2 years. Sometimes, e.g. for a career in paediatrics or obstetrics & gynaecology, particular experience is specified as a requirement prior to entering into specialist training. Those planning clinical, as opposed to Public Health or laboratory-based careers, must spend at least two years in posts involving direct contact with patients. It is therefore important that a trainee ensures that he/she knows what GPT requirements need to be fulfilled for his/her choice of specialty. Information is available relevant to any special requirement and on the core components of GPT from the College.

A "*Handbook and Core Curriculum*", prepared and regularly reviewed by the General Professional Training Committee of the RCPI, (the College committee responsible for supervising that the educational requirements of GPT are fulfilled), may be obtained from the Education Office. All trainees will be required to show the acquisition of certain basic skills and competencies. Besides providing the SHO with core skills and the basic clinical experience necessary, it is emphasised that personal development, including leadership, communication and presentation skills, basic management and clinical audit are all important components of GPT.

Besides the Colleges, their Faculties and the Institute of Obstetricians and Gynaecologists, for further guidance and advice on career development and choice in Ireland the Postgraduate Medical and Dental Board (PgMDB) should be approached. This body, which has a commitment to higher training in Ireland and providing essential support, also has a statutory responsibility in facilitating the whole of the training process.

1.2 Dealing with medical emergencies

In General (Internal) Medicine and related adult clinical medical specialties a broad range of medical experience is required. Within the present requirement of a minimum of 2 years of GPT, 18 months must be spent in posts providing experience in the admission and early follow-up of acute emergencies. Some experience of one or more of the medical specialties is often desirable, and ideally not more than 12 months should be spent in posts whose clinical activity is restricted solely to acute general medicine. But not more than 6 months should be spent in a single specialty (such as Neurology, Dermatology etc.) during the 2 year GPT period.

For adult clinical medical specialties, the training committees have specified that trainees should be exposed during GPT to the whole range of common medical emergencies and in addition to the above, ICHMT requires a minimum of 12 months experience in posts giving exposure to "*acute unselected medical take*". This is defined as follows:

"Acute unselected take" is the acute medical intake of the broad generality of medicine i.e. it is not confined to any single or small group of specialties. Thus, if any major component of acute medicine (e.g. cerebrovascular accidents or myocardial infarctions) is excluded from the intake, this experience must be obtained in other posts during GPT.

Posts recognised by the GPT Committee of the RCPI as fulfilling the requirements for acute unselected 'take' are designated GIM. Posts that are based in a single specialty and do not participate in general medical on call rotas with acute unselected medical 'take' are designated SIM.

It is expected that during this time trainees will undertake an on-call commitment of no less than an AVERAGE of 4 takes per month, each on-call period admitting, on average, 10 patients or more.

1.3 Basic specialist training in Paediatrics, Obstetrics & Gynaecology, Laboratory Medicine and other related Specialties

Following full registration, the young doctor will wish to select from among the full range of opportunities available, those posts which increasingly begin to reflect his or her main career interest. As in adult clinical medicine, other Specialties such as Paediatrics, Laboratory Medicine and Obstetrics & Gynaecology look at the content of any applicant's Basic Specialist Training (BST or GPT) for evidence of prior contact with the subject. Besides a genuine commitment, in some Specialties e.g. Histopathology, success in an assessment of aptitude is sought prior to full enrolment at SpR grade in a programme of HMT. In selecting from among the posts approved for basic training, the SHO should not be unduly constrained by pressures to declare a career intention too quickly. Nevertheless, it is important to obtain information from a reliable source on the minimal essential and desirable experiences necessary for entry to HMT, including details of any diplomas specified.

1.4 Postgraduate qualifications required

The College examinations remain available as a form of a summative assessment of GPT. So, in addition to completion of the present minimum period of two years GPT experience, most trainees wishing to advance into higher specialist training (HMT) must satisfy another requirement as specified in the curriculum document of the chosen specialty, e.g. the acquisition of a relevant postgraduate qualification. In many cases this will be the MRCPI or equivalent diploma [e.g. MRCP(UK)]. (Examples of equivalent overseas qualifications are given in paragraph 11.4 below, on page 28).

In some specialties, HMT can be entered on the basis of qualifications which are alternative to MRCPI. Examples are given below, but all applicants are strongly advised to consult the relevant current specialty curriculum of training, available from the Education Office at the Royal College of Physicians of Ireland.

- for General Paediatrics MRCPCH
- for Genito-Urinary Medicine MRCOG
- for Palliative Medicine FRCA, FRCR, MICGP or MRCGP
- for Rehabilitation Medicine ARCS, FRCS, MRCS, MRCGP or MRCPsych
- for Public Health Medicine MFPHMI Part I (IRL) MFPHM (Part I) UK
- for Occupational Medicine MICGP or MRCGP

HIGHER MEDICAL TRAINING

2.1 Specialist Training Programmes

Following confirmation of successful completion of Basic Specialist Training (BST) or General Professional Training (GPT) and the acquisition, where appropriate, of the relevant certificate, the trainee may seek to pursue a career in a medical or related speciality. Higher Medical Training (HMT) in Ireland is conducted in the grade of specialist registrar (SpR). Those intending to train as a specialist under ICHMT supervision must succeed in obtaining such an appointment in open competition. All available SpR posts are advertised and short listed candidates are interviewed. The successful applicants will then receive a Registered Training Number (RTN) and details of their programme from the Dean of HMT.

Programmes which, on completion, are capable of leading to the award of a Certificate of Satisfactory Completion of Specialist Training (CSCST) are called "**Specialist Training (Type 1) Programmes**". Specialist training programmes are constructed in such a way as to provide experience in both teaching and general hospitals, or in other training institutions, and provide opportunities to meet all the curricular requirements specific to the chosen specialty or specialties. They must also enable the acquisition of the full range of competencies required of all physicians as set out in the "generic skills" sections of the training record. Although structured, programmes are intended to be flexible to allow for the development of particular interests within a specialty, to permit movement of trainees between regions, to provide access for those who wish to train on a part-time basis (flexible training) and to ensure that those wishing to take a limited period of time out, e.g. for research, can do so without disadvantage.

2.2 Curricula

A curriculum is published by the ICHMT for each specialty. The curriculum for the specialty is a document that describes the elements of training to be completed by the trainee, and to be provided in the specialist training programmes for that specialty. This may be obtained on application to the Education Office of the RCPI. Each curriculum is drawn up by the relevant specialty group, with the agreement of the National Specialty Society where one is available. It is updated regularly. Curricula usually indicate the temporal sequence that the trainee is expected to follow, but it is considered essential that there should be flexibility in sequencing the components of the programme and that time out for research should be acceptable at any stage. Many curricula allow trainees a degree of choice so that any special interests within the specialty can be developed. Provided that the core requirements are met, there is no reason why additional modules should not be available on an optional basis, allowing for example, a trainee in haematology to have the opportunity to gain extra experience in coagulation disorders over and above the basic requirements of the curriculum.

2.3 The Training Record ('logbook')

Each trainee who successfully enrolls as a SpR is supplied with a logbook in which to record experiences gained during training as well as the acquisition of competencies specified in the curriculum documents. This training record reflects in detail the requirements for completion of training in the chosen specialty.

As the logbook is supplied to the trainee at the commencement of Higher Medical Training it provides the means of assessing progress through the programme. **It remains the property of the trainee** throughout the whole period of training, and it must include reports from trainers and their signatures attesting to satisfactory completion of the various components of the course. The logbook will play an essential part in the assessment process, and must be presented as an up-to-date record each year at the PeTRA Assessment (*see paragraph 5.3 on page 12*)

2.4 Dual certification

European legislation allows training experience common to two specialties to be counted towards both. Thus it is possible, with a moderate increase in the duration of the programme, to train in two specialties concurrently and thereby to achieve dual certification. The most common linked training is likely to be between general (internal) medicine and a second specialty, but other combinations may be accommodated.

2.5 Empowering the trainee

In order to complete a programme of training successfully, the trainee must assume considerable responsibility for his/her own learning. Satisfactory completion depends on trainees actively seeking the learning opportunities necessary to enable them to meet in full the curricular requirements and develop their own training plan in their specialty.

Crucial to the success of each part of a training programme is the establishment of working partnerships between trainee and trainers for the achievement of goals (*see 5.1 on page 12*). Encouragement as well as guidance must be provided by means of continuous appraisal.

2.6 Generic training, a requirement for every specialty

Higher training programmes must not neglect the knowledge, skills and attitudes that are essential for the trainee to develop for the good practice of medicine, irrespective of the specialty in which training is being undertaken. They are emphasised in undergraduate medical education and listed as core competencies for general professional training. They are no less relevant in higher training. They include such skills as communication, teamwork, audit, management and data handling. They involve an understanding of the ethical and legal framework

within which medical practice is conducted and they require acceptance of the need to participate in audit and self-assessment. There are also many practical skills such as resuscitation, drug administration and pain relief, which are universally applicable in all clinical specialties.

Although there is a tendency to concentrate on the physical aspects of the diseases dealt with in each particular specialty, there is a burden of psychological disorders common to all. Awareness of this dimension of human suffering is an essential, if sometimes a neglected, ingredient of all specialist practice.

It is important also that the health needs of groups and of populations as well as of individuals are recognised in training programmes and that proper emphasis is given to the prevention of illness and to the promotion of health. These ***generic aspects of training*** feature in all curriculum documents and training records and cognisance will be taken of the attention that has been paid to them in the course of the assessment process.

ENROLMENT AND THE PeTRA PROCESS

3.1 Appointment to the SpR grade

Applications for entry to HMT are received through a process open to all those with the specified qualifications and GPT experience. This process is strictly regulated by the Dean, according to fair employment legislation in Ireland. Details of the procedure for appointment to the grade of SpR are contained in separate guidance³ provided for chairmen and members of selection and recruitment panels by the Education Office. Applicants should note that all appointments and placements are competitive.

3.2 Enrolment

Trainees are required to enrol with the ICHMT immediately after appointment to a training programme at specialist registrar grade and to pay any training fee. It is in the trainee's interest to enrol as soon as possible [*telephone (01) 661 6677, ask for the Education Office, website = www.rcpi.ie]. Following appointment, each trainee will be allocated a Registered Training Number (RTN) by the Dean's Office and, subject to satisfactory progress through HMT, the trainee will retain this number until the award of the CSCST. Each will receive a training record ('logbook'). The ICHMT will calculate prospectively estimated CSCST dates for all trainees upon enrolment, based on the evidence available at that time. These estimated CSCST dates may be reviewed and recalculated in the event of an alteration in the trainee's individual circumstances, in accordance with the training regulations. Details of the individual's appointment and enrolment on a programme will be entered by the Dean on a special "PeTRA" form (Form A) as part of the trainee's Progress in Training and Records of Assessment (PeTRA) documentation. ICHMT will retain this form and a copy will be provided for the trainee to keep. It will be part of the trainee's personal file. PeTRA Form B provides for any amendments to be made at a later date.*

After a training appointment at SpR grade has been accepted, any trainee failing to report for duty and engage in the training process on the due date (without giving sufficient notice and an adequate explanation), will be regarded as having voluntarily withdrawn from HMT under the supervision of the ICHMT. Re-application may be made should a post in the Specialty be advertised at a later date, but information regarding the previous withdrawal will be available at any subsequent interview and may be considered. The Training Committee regards it as a professional and ethical obligation, once having accepted a post, not then to withdraw without giving the employer both a reason and sufficient time to make other arrangements.

3.3 The PeTRA process

Each trainee should proceed as a specialist registrar (SpR) within a pre-planned

³ Principles of recruitment and selection to training programme - guidance notes

specialty programme, at the end of which, subject to satisfactory achievement, a CSCST can be awarded.

Reports are obtained from each trainer on progress and, if appropriate, from the supervisor of any period of research. Progress through training is also documented on a series of forms on which decisions made at end-of-year assessments are recorded. These records and assessments of progress comprise the "PeTRA process". There are seven PeTRA forms in all, as follows.

The PeTRA Forms:

- **PeTRA Form A** = *core information obtained at enrolment*
- **PeTRA Form B** = *annual updates to core information*
- **PeTRA Form C** = *satisfactory progress made; or*
- **PeTRA Form C₁** = *significant weakness in some areas identified, but progress to next year allowed provided the specified deficiencies are made good; or*
- **PeTRA Form C₂** = *repeat training (period of so many months) required. Date given of next Assessment of Progress Report, (hopefully) leading to issuance of PeTRA "C" grade.*
- **PeTRA Form O** = *report on out-of-programme training, in research, academic, overseas or other post.*
- **PeTRA Form T** = *completion of training in the chosen specialty or specialties*
On this form the trainee confirms his/her wish to obtain the CSCST from the College.

SUPERVISION, RESPONSIBILITY AND THE AWARD OF CSCSTs

4.1 Supervision

Within a recognised training programme, a consultant/specialist trainer (educational supervisor) supervises training and the trainee in each post. General responsibility for the functioning and supervision of programmes of training in a specialty, including responsibility for provision at local level, falls mainly on the National Specialty Director (NSD). In most specialties, the NSD has the support of a Specialty Training Committee (STC), to assist in developing, co-ordinating and supervising training programmes and following the progress of the SpRs in them.

4.2 Responsibilities of the Dean and National Specialty Directors

The Dean of Higher Medical Training acts as the moderator of the training process. He/she has direct responsibility for all the trainees, for their progress through the SpR grade and, within the educational environment, for the fulfilment of their educational goals with the assistance of their trainers. At the same time, the Medical Council, having the statutory responsibility, must ensure that training meets the educational standards set in Ireland and meets or exceeds the minimum standards required by European Union legislation. This it accomplishes through the agency of the training bodies of the College. It is by the operation of training structures established by these bodies for the College that the Medical Council obtains information as to the eligibility of trainees for accreditation of training, the award of its Certificate of Specialist Doctor and for assurances that any other requirements of the Council in its regulatory function have been properly met.

The roles of the Dean and the ICHMT are complementary. In matters of policy, the Dean will refer to the ICHMT; the ICHMT will look to the Dean to ensure that its policies are being strictly applied throughout the training process. Both in turn look to the NSDs for assurances that all the regulations appertaining to the running of individual higher training programmes are being complied with. As described earlier, the NSD with the STC, has been given a responsibility for the design of the curriculum and supervision of the specialist training programmes. NSDs are present at the appointment of the SpRs and at their annual assessments and will be involved in any appeal. The NSDs will also ensure the adequacy of appraisal. They arrange the placement of trainees transferring into and out of out-of-programme experience. They can advise overseas doctors or other locum appointees seeking entry into vacated posts in training programmes. NSDs are accountable both to the Dean and to the training bodies of the College. The NSDs' links with the Dean, ICHMT, their STC, trainers and trainees are of vital importance in enabling the ICHMT to develop and monitor training.

4.3 Responsibility for assessment

Although NSDs are required to initiate each annual assessment, the final responsibility for its formal completion rests with the Dean, who is required to sign the appropriate PeTRA document, a copy of which will be sent to ICHMT where it will be included in the trainee's personal file.

The NSD, acting on behalf of the STC, will monitor the progress of each individual trainee on the basis of these files, which will include both the PeTRA forms and full details of the assessment interview process.

In the penultimate year of a training programme a more detailed assessment of progress (the Penultimate Year Assessment - PYA) is made so that in the time remaining, training opportunities can be adjusted if necessary to provide for any outstanding items on the Curriculum to be covered. An assessor who is external to the process is usually present at these PYAs, (see 5.6, on page 13)

4.4 Applying for a CSCST

Following successful serial (annual) assessments, and usually at the expected CSCST date minus 6 months, when the SpR is nearing completion of the training programme, the Dean will alert the relevant NSD/NSDs who will initiate a process of review of the records, to confirm or otherwise that all the training requirements can be met by the date due for completion. On receipt of this confirmation from the Dean, the ICHMT if satisfied will endorse the recommendation made. By giving its approval the ICHMT accepts responsibility on behalf of the Specialty for the decision made. The trainee is informed (on PeTRA form T). Successful trainees who apply will be issued with a CSCST, giving the date of completion of training and identifying the specialty or specialties. They will be informed that the ICHMT's recommendation for entry on the Register of Medical Specialists is going forward to the Medical Council and will be supplied with the appropriate application form. Although there are several steps in the above process, it has been streamlined as far as possible to avoid unacceptable delays. *Again, it is in the trainees' interest that all the relevant documentation is completed and returned to the ICHMT Secretariat as soon as requested to do so.*

4.5 Appealing against a decision of the ICHMT

In a case in which the ICHMT on behalf of the College declines for example, to recognise previous or overseas training or qualifications, or to issue a CSCST, the trainee may apply to the ICHMT asking for an *informal review* and for the reasons why the recognition was withheld. If not fully satisfied, a process has been established through which a formal *appeal* can be lodged. The means of initiating the Appeals Procedure of the College is available through the Registrar, RCPI.

4.6 Appointment to a specialist/consultant post

Possession of a CSCST in a recognised specialty confirms that the holder has completed a specialist training (*type 1*) programme recognised by the ICHMT and has attained a standard consistent with independent medical practice in the designated medical specialty. By presenting the relevant CSCST to the Medical Council, together with any other evidence that may be required, an applicant can have his/her name entered on the Register of Medical Specialists ('Specialist Register') in that field in Ireland, and subject to certain specific conditions receive the Medical Council's Certificate of Specialist Doctor⁴, which is the passport to independent medical practice throughout the EU. However, it must be clearly understood that this is a minimum requirement for independent practice and in Ireland, does not guarantee appointment as a consultant/specialist to a post recognised by Comhairle na nOspidéal. Consultant/specialist appointments in Ireland are highly competitive and any successful candidate will need to anticipate presenting also an extensive C.V. of experience in the specialty as well as the minimum standard CSCST document.

⁴Eligibility for the award of a Certificate of Specialist Doctor

THE ASSESSMENT PROCESS

5.1 Continuous appraisal

The ICHMT has agreed that progress through a training programme should be supported by continuous appraisal and judged by regular assessments. Adult learning depends on a partnership between trainer and trainee, with frequent appraisal as an aid to the achievement of goals rather than as an obstacle to progress. It is the role of the trainer to commend progress made and to provide encouragement and guidance, as much as to testify to the completion of training objectives. Trainees have been shown to benefit from this type of positive support during their training. The success of the system of continuous appraisal and regular assessment depends also in large measure on the acceptance of responsibility on the part of the trainees for their own professional development.

There is an obligation on the Dean and NSD to make sure that trainers provide such informal support and advice to trainees in order to ensure that their educational needs are being met and to assist in their career development. This system, which is commonly referred to as "*appraisal*", should be based on regular meetings, ideally at monthly or at least three-monthly intervals.

5.2 Regular assessment

To meet the requirements of legislation, the Medical Council must be assured that the trainee has satisfactorily completed all stages of a programme designed and approved by the ICHMT, the Faculties or Institute and has fulfilled all the requirements of the relevant curriculum. The system of assessment adopted for the medical specialties must therefore be of sufficient rigour and documentary validity to satisfy the Medical Council on all counts. The lines of accountability involving the trainee, the consultant or specialist trainer/educational supervisor, NSDs, STCs, Dean, the ICHMT and the College itself, must be clearly defined and understood by all and be fully reliable. The ICHMT has discussed and agreed broad principles which govern programmes, assessments, the rotation of trainees during training, the maximum number of trainees that can be accommodated in any one training unit in relation to its consultant or specialist staffing, and the maximum time that a trainee can spend with a single trainer or within the same unit.

5.3 Use of the training record ('logbook')

Assessment in the programme is competence-based. To this end a key element in the assessment system will be the training record held by the trainee and used to record the acquisition of the experience and of the competencies set out in the published specialty curriculum. The generic skills common to all physicians as well as the particular specialty skills will be included. During each attachment

the consultant or specialist trainer/educational supervisor together with the trainee, will sign the record to confirm fulfilment of each of the requirements of the curriculum. Research achievement, teaching commitments, courses attended and other such relevant activities will also be recorded.

5.4 Use of the training record at the annual reviews

Each year trainees will undergo a formal review by a panel including the Dean, the National Specialty Director, and a member from another specialty. The panel will review in detail the training record, will explore with the trainee the range of experience and depth of understanding which has been achieved and consider individual trainer's reports. An opportunity is also given to the trainee to comment on the training being provided; identifying in confidence any deficiencies in relation to a particular post,

5.5 Documenting progress, the "PeTRA" process

The decision reached at each annual assessment and the documentary evidence on which it is based are entered on one of a set of standard PeTRA Forms. There are separate forms to record successful completion of a year of training (PeTRA Form "C"); completion but with a need for additional targeted training (Form "C₁"); and non-completion, implying delayed progress into the next stage of the programme (Form "C₂"). Where the need for remedial action is identified but the trainee wishes to dispute the decision, a process of internal review is available through the Dean. A formal appeal against a decision made by ICHMT on behalf of the College may be undertaken. Details of the College's Appeals Procedure can be obtained from the office of the Registrar, RCPI. There is also a Form "O" for keeping track of those who are taking time out e.g. for research. It is especially important that while "out of programme", trainees maintain regular contact with the training body through the Education Office. Besides keeping an account of the training or research being undertaken and its supervision, it is necessary to signal well in advance the intention to return to train in an Irish programme so that an accommodation can be made (see also 6.3 Interrupted Training on page 16).

5.6 Penultimate Year Assessments (PYAs)

In order to ensure evenness of standards and impartiality, the assessment held in the penultimate year will be conducted by a panel that includes an external assessor nominated by the relevant SAC of the Joint Committee on Higher Medical Training (UK). The PYA will focus mainly on the training record and on the individual reports and assessment forms that it contains, and any other documents which may be developed in future. On the basis of the documentation, augmented by direct enquiry, the panel must satisfy itself that the requirements of training as set out in the specialty curriculum have so far been met and can be completed in a specified time. When dual training (e.g. in

G(I)M with another specialty) is involved, there will be a separate assessment for each specialty in order to satisfy the demands of the Medical Council.

It is only at the PYA that the date for completion of and the date of issue of the CSCST can finally be confirmed.

The PYA will also provide an opportunity to review the training programmes provided in the specialty for which the assessment is being carried out.

5.7 Exit qualifications

Laboratory Medicine and some other medical specialties have identified exit criteria in addition to the requirement for satisfactory performance as assessed at annual review. For example, trainees in Haematology and in Histopathology are required to pass MRCPATH examinations, trainees in Public Health Medicine the MFPHMI Part II, trainees in Occupational Medicine the MFOM (I) or (UK) examination and trainees in Tropical Medicine must acquire the DTM&H. Although in all cases success in these examinations must be achieved before the award of a CSCST, they can be taken well in advance of completion of training so that a single failure does not necessarily delay progress or postpone a CSCST award.

5.8 Regulation of the process

The Dean, the ICHMT and its Curriculum Sub-Committee, keep the policy, process and documentation of assessment under constant review. Any difficulties being experienced or any suggestions for improvement should be drawn to the attention of the ICHMT through its membership or through the Dean of Higher Medical Training.

FLEXIBLE & INTERRUPTED TRAINING

6.1 Guidelines

The ICHMT wishes to accommodate as far as possible doctors, of either gender, who may wish to train on a part-time basis (*flexible training*) or need to interrupt continuous training for legitimate reasons (*intermittent training*). Consideration, both for the needs of individual doctors and the needs of the service, has persuaded ICHMT that this should be so. In line with public policy all trainees entering the SpR grade will be eligible to apply for flexible training or to indicate their intention to interrupt their training programme for a period, but they will have to show that training on a full-time, continuous basis would, for them, not be practical and for well-founded reasons. Under European Law (EC93/16/EEC), provision of a facility for flexible training is a requirement for consideration.

6.2 Regulations

It is not anticipated that the Dean will be unreasonably restrictive in his/her interpretation of the rules, but the Directive does however set limits on the degree of flexibility of part-time training. It states that:

- *Part-time training shall meet the same requirements as full-time training, from which it will differ only in the possibility of limiting participation in medical activities to a period of at least half of that provided for full-time trainees;*
- *The competent authorities shall ensure that the total duration and quality of part-time training of specialists are not less than those of full-time trainees.*

In practice, this means that flexible training would involve *at least* five sessions per week and *must* include pro rata on-call and emergency duties where applicable. Candidates for flexible training are assessed by the same criteria as those seeking full-time appointments. All advertisements for SpR posts will indicate that they are open both to full-time and part-time applicants on a competitive basis. Applicants are not required to declare their intentions prior to appointment, nor are Appointment Committees entitled to enquire. This need not deter intending flexible trainees from discussing their plans in confidence with the Dean *in advance* of their interview. (They will then know whether or not their reasons are likely to be accepted as "well-founded". Also, the Dean in consultation with the NSD, will have the opportunity to plan in advance for an appropriate training slot and to make application for the funding necessary). If a flexible training opportunity in a suitable programme is not immediately available for a successful applicant, there will be the options of waiting until one can be arranged or accepting full-time engagement on an interim basis.

6.3 Interrupted Training

Prolonged interruption to an SpR's training, whether for a legitimate reason or not, can cause difficulties for other participants in the training process: for example, the trainers who are providing a service and for other trainees in the programme, as well as for those organising training. Additional difficulty arises when the trainee fails to maintain contact with the Education Office or even to confirm the intention to continue.

Trainees are assured that sympathetic consideration will be given to all requests to be allowed to discontinue training for a period if a valid reason is offered, supported by evidence if necessary. Up to 3 months legitimate absence in total can usually be accommodated without having to postpone the predicted date for CSCST issuance (see paragraph 10.3 page 24). Where absence is unavoidably prolonged, recalculation of the period required to complete training is necessary. Exceptionally, when a very long period of absence has been allowed, re-training in some of the curricular components may be advised.

As the ICHMT's certification of training depends on attested satisfactory completion of all the curricular components, verified in signed records, confirmed at each annual assessment, trainees who intentionally or even inadvertently frustrate this process, have in effect removed themselves from the ICHMT's supervision of their training. Trainees who agree to enter HMT as SpRs in an Irish Programme do so on the basis that they will accept the postings offered. Failure to comply with the recommendations made by, or on behalf of, the ICHMT, or to co-operate sufficiently to allow adequate supervision, will after a period of 2 consecutive years, render the trainee no longer eligible to receive a CSCST. Accordingly, the Dean will recommend the withdrawal of the trainee's Registered Training Number (RTN) and advise the trainee accordingly.

ACADEMIC & RESEARCH MEDICINE

7.1 ICHMT policy

That the need for continuing commitment to academic and research medicine is in the long-term interests of the Irish Health Service remains unchallenged. The ICHMT is committed to safeguarding the academic sector and to facilitating those contemplating entry to it. The ICHMT has addressed many issues of special importance to those who, prior to completion of higher training, may wish to enlist in an academic unit or to undertake research over longer or shorter periods, whether or not they are destined for long-term careers in universities or other academic institutions.

7.2 Entry into and transferring between academic and clinical posts

The timing of entry to research or academic posts is often determined by the arrival of an opportunity, such as the availability of a grant or the occurrence of a vacancy. For those already in higher training posts, the regulations permit transfer to a research or an academic appointment at any stage, subject to the agreement of the National Specialty Director and the Dean. There is no general agreement on the optimum timing during training for a period of research. In making the choice, the individual's own training needs and preferences should be paramount.

SpRs who are already part way through their training programmes, are encouraged to take time out for research whilst retaining their RTN, pending re-entry. Trainees may, but need not necessarily count any research experience or its clinical component (*see paragraph 7.5 on page 18*) towards their CSCST programme. But they must decide whether or not they wish to do so immediately upon its completion as late (retrospective) recognition cannot be allowed. For those in academic appointments where an obligation exists for the trainee to engage in activities which are not part of the specified curriculum (e.g. a substantial commitment to teaching or lecturing) educational credit is awarded for the period of specialist training at SpR grade proportionate to the training time spent (*see paragraph 7.6 on page 19*). After experiencing a period in research or in an academic post a trainee may wish to return to train in a purely clinical environment. This intention to change direction will be accommodated as quickly as possible.

There is concern about doctors who remain in the gap between the two phases of their postgraduate training career i.e. completion of GPT and entry to higher training. This can often appear to be a convenient time for trainees to undertake a period of research, perhaps relevant to their future planned career path. Anxiety about securing a place on the specialist training ladder must not discourage an inclination towards research. The regulations permit trainees in this situation to compete for SpR posts, to obtain their RTN and immediately take up a research appointment, thus delaying their entry to a training programme within the specialty.

Alternatively, a trainee may decide to engage in a period of research ***before competing*** for a SpR appointment, perhaps in order to allow delaying making the final choice of specialty until after completing the research. Up to a year of that completed supervised research may still be counted towards higher training, and it is not essential to have obtained prospective approval for this research prior to enrolment, although its acceptance towards a programme of higher training will remain at the discretion of the Dean, advised by the NSD and the relevant STC. The research need not be clinically based or even relevant to the trainee's eventual intended specialty, but on enrolment into higher training the trainee would need to apply immediately through the Dean if it is to be recognised, giving details if he/she wishes for time spent to count towards CSCST. Late applications for retrospective approval will not be accepted.

7.3 Time allowed for research

Although many trainees may wish to take only one year out for research, others may opt for longer periods, for example to complete a higher degree. Subject to the agreement of the National Specialty Director and the Dean and to an assurance of adequate monitoring of progress, no limit will be set to the time that can be spent in research, although in practice the period is rarely more than three years.

Some specialties do not accept any time spent in research as counting towards a CSCST programme, in others research is mandatory. Trainees should consult the relevant curriculum for information and the National Specialty Director for advice. Trainees intending to carry out research will be required to arrange in advance for the supervision of their research experience by a person qualified to confirm the progress made (*see 7.4 below*).

7.4 Reviewing progress

All those holding a RTN are subject to annual review. This applies equally to those in academic or in research posts. Trainees in research posts are required to submit annually to the Dean a completed PeTRA Form O, the record of Out-of-Programme Experience, if they wish to retain their number. ICHMT will receive this copy of PeTRA Form O and may seek additional information regarding the progress of the trainee and the quality of his/her supervision. It is emphasised that the annual review system does not preclude research appointments overseas, provided adequate monitoring is maintained, and information on satisfactory progress (Form O) received.

7.5 Credit towards training from a period of research

In specialties in which it is recognised as part of the prescribed training programme, up to one year of research can count towards the award of a CSCST. Because of the variations in the content of research projects and programmes, the precise entitlement for educational credit can only be assessed on an

individual basis. For each enrolled trainee the end of year assessment panel will determine the amount to be awarded for the period of research undertaken. It will generally be the case however, that an estimation of the educational credit for a particular period of research can be agreed in advance with the NSD and the Dean.

Those whose research commitment extends ***beyond a single year***, may be eligible for some educational credit in respect of ***clinical work*** undertaken along with the research project. Such clinical work must be relevant to the intended specialty and conform to the training requirements set out in the curriculum. No fixed rules can be applied to the calculations of the educational credit granted, but the following guidelines have been agreed by the ICHMT:

- *A single session (half day) out-patient clinic per week conducted over the course of a year should equate to one month of educational credit, provided the experience conforms to the requirements of the specialty programme*
- *Two 24-hour "acute takes" per month conducted over the course of a year should likewise equate to one month of educational credit subject to the same provision as above.*
- *The amount of educational credit noted above may be scaled up or down pro rata according to the extent of the clinical commitment undertaken, subject to a maximum of six months credit in total whether undertaken as part of a single or multiple specialty programme.*
- *Educational credit for clinical work undertaken during research is only awarded to those holding RTNs at that time.*

N.B. Any credit given relates only to ***the second and subsequent years*** of the research period.

7.6 Honorary (Specialist) Registrar (SpR) status

Holders of university lectureships or equivalent who are pursuing higher training will need to acquire honorary (Specialist) Registrar status in order to carry RTNs. They will in most cases follow training programmes comparable to those of their Health Service counterparts, so that movement between academic and non-academic posts can be accommodated. During training and on completion they will be required to meet the same annual assessment criteria, and the conditions for the award of a CSCST are the same as are applied to all SpRs. It is recognised that the work patterns in some university appointments may differ significantly from those of the recognised training programmes e.g. in respect of the amount of research, administration or teaching that is involved. In such circumstances, the amount of educational credit given will be determined by the ICHMT. Rigidity in the ordering of the components of higher training programmes will not be allowed to compromise opportunities for research or other academic pursuits, but it is important that proposals for any academic trainee's programme be agreed in advance with the NSD acting on behalf of the relevant STC.

7.7 Academic route to entry on the Specialist Register

There will be some doctors whose careers in academic medicine do not permit them to complete clinical training in a form which meets all the requirements for the award of a CSCST in one of the specialties identified in EU legislation. Their research may have taken them into a narrow specialist field in which they have great expertise and to which they wish to limit their clinical practice. For them, the route to entry in the Specialist Register will be through the Medical Council, on the basis of a recommendation from the ICHMT. However, it is expected that the majority of doctors in academic medicine will obtain their CSCST in an identified specialty.

7.8 Benefit of research provision

Not all trainees have the inclination or indeed the aptitude for a period of personal research *and it is undesirable for research to be undertaken too early in a career* with the sole purpose of gaining perceived advantage in the competition for a place in higher training. However, there is a need for all doctors to have an understanding of scientific principles, statistical methods, an appreciation of research methodology and the ability to evaluate critically any reported research. To this end, most HMT programmes include these attributes amongst their required competencies and look for evidence of their acquisition at the assessment procedures.

OVERSEAS EXPERIENCE

8.1 Recognition of training abroad

Overseas experience is encouraged and whenever possible it will be given educational approval. Higher training programmes constitute courses planned around formal curricula with annual assessment requirements. In order for overseas experience to be recognised for CSCST purposes, it must be accepted as representing a component of such a programme. Therefore, it is essential that trainees contemplating going abroad should discuss their plans well in advance with their National Specialty Director and Dean, so that their agreement, acting on behalf of the STC, can be sought and obtained. They will wish to satisfy themselves as to the quality of training and the adequacy of supervision, though they will not withhold approval without good reason. Documentation attesting to satisfactory performance will be required while outside Ireland just as in the case of the Irish programmes. The conditions outlined elsewhere in this document will be applied equally to those who undertake their research overseas.

This paragraph should be read in conjunction with paragraph 10.1(Page 24)

LOCUM APPOINTMENTS

9.1 **Training or service?**

Arising from the necessity to accommodate free movement and flexibility of training opportunities for trainees, it seems inevitable that gaps will be left in training programmes. These could provide valuable opportunities for offering training to doctors *other than SpRs* who may wish to train in Ireland. A distinction must be made between locum appointments which are made purely to cover service needs (*LAS*) and an appointment at registrar grade acknowledged to have training value (*RAT*).

9.2 **Locum Appointment to Service (*LAS*) regulations**

LAS appointments (Locum Appointments to Service) will be short-term and service-based and they should not exceed twelve months. Even if they are in SpR graded posts, they attract neither educational credit nor an RTN. SpRs who already hold a number are not necessarily precluded from taking up such locum posts, while at the same time retaining their number, but any time spent in the LAS post will not convey any educational credit.

9.3 **Registrar Appointment for Training (*RAT*) regulations**

RAT appointments (Registrar Appointments for Training) are designed to fill SpR Programme vacancies, but with the assurance of training as well as the service element. When an unfilled post, already recognised for specialist training arises in a programme (for example, due to unexpected illness, absence while gaining experience out of programme, or for other reasons), the vacancy might be filled by appointing a registrar in lieu to cover service only - a LAS appointment (see 9.2).

However, a RAT appointment may be considered instead, in exceptional circumstances. In this case, the post will be advertised as such, to which any suitably qualified applicant may gain entry **-after a competitive interview -** as through the normal ICHMT process. The standard required for such an appointment must not be less than that required at the SpR interview. If successful, the candidate would register with ICHMT and would keep a logbook of training completed in the RAT post, and be expected to apply for a SpR grade appointment **the following year**. Only if successful in obtaining a SpR grade post at this interview would training while in a RAT be counted. These considerations apply to all RAT appointments.

The ICHMT wishes to take a flexible approach to the recognition of time spent in RATs and therefore in ***exceptional circumstances*** more than 1 year may be counted towards training, but then only if it is undertaken in a continuous programme and prospectively approved in its entirety by the Dean and relevant STC. A minimum of three months in a RAT must be completed for that training

to be counted. RATs cannot be "chained" together in an attempt to satisfy the time element of a Training Programme. *It must be understood that a series of Registrar Appointments for Training CANNOT themselves lead to the award of a CSCST.* Only holders of an RTN may be awarded a CSCST.

9.4 "Acting- up" as a consultant or specialist

The ICHMT has agreed that where a trainee "acts - up" as a consultant or specialist, the experience may be given educational approval, but only subject to the following conditions being met:

- *The prior approval of the National Specialty Director must be obtained in writing and recorded in the training record. In cases of doubt the Dean should be consulted.*
- *The term "acting - up" and not "Locum" must be applied.*
- *The total duration and educational credit of such attachments will be for a maximum of three months within a programme of training.*
- *Attachments are restricted to the final year of higher specialist training.*
- *The trainee must have a named consultant or specialist trainer/educational supervisor in the hospital or training institution where attached. He/she need not necessarily belong to the same specialty but should be from a similar field of practice, and be available to give advice on administrative, ethical or legal matters.*
- *The trainee must also have access to a named educational supervisor (trainer) in the same specialty nearby, but not necessarily in the same hospital or training institution.*

MINIMUM TIME IN TRAINING, STUDY LEAVE, EXCEPTIONAL LEAVE
FLEXIBLE TRAINING & FAILURE TO CO-OPERATE

10.1 Maximum and minimum time in Irish training

The ICHMT has set no limits on the time that may be spent in gaining experience "Out-of-Programme" in educationally approved activities, in addition to those provided within the specialty training programme. As a consequence of this, the ICHMT lays down no maximum time for which a trainee can hold a RTN. There is also no minimum time which must be spent training *in Ireland* in order to complete the prescribed period of training recognised for the purposes of registration as a specialist in a European member-state. However, EEC legislation specifies that the CSD equivalent is awarded by the country in which the larger proportion of whole years, (*i.e.* > 50%) of the training experiences have been gained.

10.2 Study leave

The RCPI has made known its view that, within the contract of employment, provision must be made for the necessity for doctors in this grade to be able to complete in full their mandatory training requirements, as specified in the curriculum documents of their chosen specialty(s). SpRs must be entitled to sufficient protected time, (including time to attend full- or part-time courses both in and outside the training site). Trainees should liaise with the Dean over the local arrangements for study leave.

At the time of formal ICHMT inspections of training programmes and posts, specific enquiry is made regarding provisions for protected study time and study leave. Training recognition is dependent on proper and adequate arrangements being put in place to ensure that this is available.

10.3 Exceptional and maternity leave, sickness absence

The European Directive makes no allowances for "time-out" of training for maternity or any other reason; however, the ICHMT will allow a maximum of three months for exceptional leave within a programme of specialist training, after which absences will be deducted and the date of completion advanced accordingly. No additional allowance for flexible trainees is permitted. It is recognised that short absences e.g. due to sickness, are inevitable but any absence of longer than one month should be reported to the ICHMT and entered in the training record.

(read also 6.3 on Page 16)

10.4 Cumulative absence

In the case of long term or repeated cumulative sickness absence, ICHMT will attempt to assist the trainee to complete his/her training programme. However, ICHMT reserves the right to withdraw supervised training if the absence or absences exceed a cumulative total of two years.

10.5 Flexible training

In line with European Law (EC Directive EC93/16EEC) Flexible Training is made available subject to certain conditions and availability. Full details and application forms are available on request from the Postgraduate Medical and Dental Board, Corrigan House, Fenian Street, Dublin 2, www.pgmdb.ie

10.6 Failure to co-operate in the training process

While a minimum time for completion of training is specified for each specialty, a maximum is not. Although Irish structured programmes of training have been made reasonably flexible, respect for the needs of other stakeholders in the process (the employers, the training committees and National Specialty Directors and particularly the trainers offering posts) requires that the trainees always cooperate and act in ways which conform with and support the training process.

Where a trainee has demonstrably failed to cooperate in the training process, that trainee will be regarded as in effect having withdrawn him/herself from the ICHMT's supervision of training. Having withdrawn, he/she will no longer be eligible to receive a CSCST. In order to avoid exclusion in this way through default, even inadvertently, SpRs are reminded that it is in their own interest to maintain contact with the Education Office and Dean of HMT, and to respond promptly to all correspondence relating to training.

'Failure to co-operate' can comprise an unexplained or unapproved period of absence from ICHMT approved and supervised training of two (2) years or more; or refusal of a trainee to take up an appointment as recommended by or on behalf of the Training Committee; or any other arbitrary behaviour and clear evidence of non-cooperation with the training process.

10.7 Failure to progress

If a trainee is issued with a PeTRA form C₁ or C₂ following an assessment, that trainee will be reassessed after a period of time of not more than one year following the issuance of this form. If at this assessment the weaknesses/deficiencies in training have not been adequately addressed, then the trainee may be withdrawn from the training programme. This course of action will be decided upon following a further assessment, the panel for which will consist of the Dean, the relevant NSD or NSDs, the trainer or trainers and should also include an external assessor.

It is in the interests of natural justice that a trainee, who because of his/her failure to co-operate, or failure to make satisfactory progress, or for any reason, is considered to have in effect withdrawn from the ICHMT's supervision of his/her training, should be made aware of the evidence available and the reasons for this determination and provided with an opportunity to be heard and to call evidence on his/her behalf.

10.8 Disciplinary Issues

If a trainee is involved in a disciplinary issue within his/her training institution, ICHMT reserves the right to withdraw training recognition for this trainee following a full assessment by ICHMT.

10.9 Occupational Health Assessment

In the situations annotated in paragraphs 10.3, 10.4, 10.6, 10.7 and 10.8, ICHMT reserves the right to refer the trainee for an occupational health assessment prior to any final decisions being made on the trainee's progress.

DOCTORS FROM NON-EU COUNTRIES

11.1 Employment of overseas doctors

The arrangements for the employment of doctors from non-EU countries are the same as for those with EU nationality with one exception. Where a European national and other non-EU national are considered at an appointment panel to be equally qualified, then this order of merit will apply - the EU national will take precedence.

11.2 Training guidelines for non-EU doctors with the right of indefinite residence in Ireland

In summary, the intention is that non-EU doctors should have the benefit of specialist training of equal quality to that available to trainees from Ireland and other EU member states. Those who have right of indefinite residence in Ireland will be on equal terms with their EU counterparts as regards *eligibility* for higher training, appointment to the SpR grade, placement in training programmes, annual assessments and CSCST award. They will be included in the same numbering system (RTN) and will not be subject to any separate quota arrangements.

11.3 Shorter periods of specialty training for non-Irish doctors and for non-EU doctors without indefinite residence rights (*Fixed Term Training Appointments*)

Non-EU doctors who do not have right of indefinite stay are free to undertake specialist training. Like non-Irish doctors from member-states of the EU, they may compete for any SpR post and may achieve CSCSTs. Alternatively, they may undertake Fixed Term Training Appointments (FTTAs), *which are for shorter periods*, usually six months to two years. These FTTAs provide opportunities to non-Irish doctors for training, often in specialised areas, meeting a particular defined need for the individual concerned. It is important to set clear objectives for FTTA training in advance. The appointments will often conveniently be held in posts that are part of higher training programmes but have been temporarily vacated by specialist registrars e.g. taking time out for research. These doctors will be designated with a training number (fixed-term) - TN(F). Educational credit for time spent in FTTAs (if the trainee subsequently obtains a SpR post capable of leading to the award of a CSCST), may be given by ICHMT under the same general terms as for a RAT (*see paragraph 9.3 on page 22*)

11.4 Overseas equivalents to MRCP(I) or MRCP(UK)

Overseas qualifications considered as being equivalent to the MRCP (I) or (UK) are regularly reviewed. Those currently considered as equivalent are:

FRACP Part 1	FCPS Pakistan	FCP South Africa
FRCP Canada	US Boards of Internal Medicine	

11.5 Equivalent training allows entry on the Specialist Register

For those who have completed a formal programme of training overseas, application for entry to the Irish register of medical specialists must be made to the Medical Council. The ICHMT, a Faculty or the Institute may be asked by the Council to make an assessment as to whether the applicant has completed training equivalent in content and duration to that required for a CSCST in a specialty, so that he/she may be entered on the Specialist Register by virtue of this overseas training. A special set of regulations has been drawn up by the ICHMT in this regard⁵.

Those who have completed a formal programme of training in one EU Member-state and are in possession of that country's CSD equivalent, have rights to practise as a specialist within the EU and of direct entry on the Register of Specialists of any of the other Member-states.

⁵ Criteria for the assessment of doctors trained other than in Irish structured training programmes who seek entry on the Specialist Register.

SECTION 12

APPENDIX

12.1 Documents referred to in the Handbook

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Additional publications and information (not attached) which are available from the Education and Training Team

7. General Professional Training Handbook and Core Curriculum

COMPOSITION OF THE ICHMT

1. FUNCTIONS

The Irish Committee on Higher Medical Training (ICHMT) functions as a Committee of the Royal College of Physicians of Ireland (RCPI) at 2nd Floor, International House, 20-22 Lower Hatch Street, Dublin 2. Its terms of reference are:

- 1.1 To confirm the requirements for entry to higher training for each specialty and to arrange for an interview to be conducted for prospective candidates as appropriate.
- 1.2 To publish details of the curriculum of experience necessary for the completion of training in each medical specialty.
- 1.3 To approve hospitals and other facilities as suitable for Specialist training, on the basis of inspections carried out on behalf of the Committee and to maintain a list of all those approved.
- 1.4 To identify rotations of posts and single posts, which will be accepted as counting towards completion of higher training in that specialty.
- 1.5 To arrange for the supervision and assessment of trainees in training.
- 1.6 To advise the College and the Medical Council of the date of satisfactory completion of curricular requirements of training.
- 1.7 To co-ordinate its operations with the JCHMT through its representatives on that body.
- 1.8 To carry out any/all such other functions as may be deemed necessary.

2. MEMBERSHIP

The Membership of the ICHMT is intended to provide the breadth of experience necessary for the Committee to discharge its functions. The range of the representation currently in attendance reflects widespread interest and support for the Committee's work.

- 2.1 The membership of the ICHMT consists of its Officers, Representative and Ex-officio Ordinary Members and any co-opted Additional Members.
- 2.2 The Officers of the ICHMT are its Chairman and Secretary.

The President of the RCPI is the Chairman of the Committee. The President may appoint a deputy to act as Chairman on his/her behalf.

The Registrar of the RCPI is the Secretary of the Committee. The Registrar may appoint a deputy to act as Secretary on his/her behalf.

2.3 Representative Ordinary Members. The Ordinary Membership of the ICHMT includes Representative Members as follows: -

(a) One Representative from each of the following bodies within the RCPI -

- The Education Committee
- The Examination Committee
- The General Professional Training Committee
- The Faculty of Occupational Medicine
- The Faculty of Paediatrics
- The Faculty of Pathology
- The Faculty of Public Health Medicine
- The Institute of Obstetricians & Gynaecologists

(b) Other Representatives include: -

- two medically qualified representatives from each of the Medical Schools
- a Representative from the Membership of the Postgraduate Medical & Dental Board
- a Representative from Comhairle na n-Ospidéal
- a Representative of the Department of Health & Children
- a Representative of the Medical Council
- a Representative for each of the specialties for which Higher Training (i.e. Specialist Registrar Training) is under the supervision of the ICHMT, in addition to those specialties already represented through their Faculties and the Institute, as listed at (a) above [see separate Annex]
- two trainee representatives
- one JCHMT representative

2.4 Ex-officio Ordinary Membership:

The Treasurer of the RCPI is, ex-officio, an Ordinary Member of the ICHMT

2.5 The Deans and Associate Deans of Higher Medical Training will have the right to attend meetings of the ICHMT and receive notices, Minutes and other papers but they do not vote.

2.6 Appointment of members and tenure:

- (i) The College Officers serve by virtue of their Office.
- (ii) The Representative ordinary members of the ICHMT will normally serve for a term of three years. They will be eligible for one further consecutive term only, also of three years. The Secretary will seek nominations for ordinary membership of the ICHMT on this basis from the appropriate bodies or groups.

2.7 The Committee has the power to co-opt any additional member to enable it to conduct its affairs. Co-opted additional members will be appointed, initially for a period not exceeding 12 months. The membership of each co-opted additional member will be reviewed at a General Meeting each year, and may be renewed for each following year in accordance with the rules of business of the Committee. Co-opted additional members may not vote.

3. BUSINESS

The ICHMT has regular meetings about 4 times a year. Its business is conducted in an open manner normal for College meetings. All members are entitled to be present. The Agenda is published in advance, and Minutes are kept and circulated to every member so that all are kept fully informed.

The Committee has been given the authority to make such other provisions as it considers necessary to enable it to carry out the function assigned to it. These include the appointment of an Executive Committee or such other sub-committees or advisory groups as the ICHMT may from time to time require to carry on its interim business; also the delegation of sufficient authority to its Officers, that is the Chairman and Secretary, and to the Deans and Associate Deans and secretariat, to enable them to deal with the day to day business of the Committee.

4. DEAN OF HIGHER MEDICAL TRAINING

The ICHMT's role is to formulate policies to develop a framework of systems and processes that enable the Dean in turn to perform his duties. The Dean is, in effect, the Chief Executive of the ICHMT.

5. SECRETARIAT

The Education and Training Manager of the ICHMT and the Secretariat of the Education and Training Office support the ICHMT and its sub-committees and fulfil the function of an office of administration for the Dean of Higher Medical Training. Although the ICHMT, through its Members and Dean, intend to be accessible, in practice most approaches will be made by contacting the administrative officers.

**SPECIALTIES RECOGNISED IN IRELAND,
FOR WHICH TRAINING IS AVAILABLE, SUPERVISED BY ICHMT**

- **Cardiology**
- **Chemical Pathology**
- **Clinical Microbiology**
- **Clinical Pharmacology & Therapeutics**
- **Dermatology**
- **Endocrinology & Diabetes Mellitus**
- **Gastroenterology**
- **General (Internal) Medicine**
- **Genito-Urinary Medicine**
- **Geriatric Medicine**
- **Haematology**
- **Histopathology**
- **Immunology**
- **Infectious Diseases**
- **Medical Oncology**
- **Nephrology**
- **Neurology**
- **Obstetrics & Gynaecology**
- **Occupational Medicine**
- **Paediatrics**
- **Palliative Medicine**
- **Public Health Medicine**
- **Rehabilitation Medicine**
- **Respiratory Medicine**
- **Rheumatology**

IRISH COMMITTEE ON HIGHER MEDICAL TRAINING

Specialist registrar training programmes

Principles of recruitment and selection to training programmes - guidance notes (additional material available from the Education and Training Team)

Because acceptance on a specialty training programme and the issue of an RTN (registered training number) is a trainee's passport to the award of a certificate of satisfactory completion of specialist training it is vital that candidates of an appropriate calibre are recruited and selected.

The Irish Committee on Higher Medical Training performs this task on behalf of the hospitals and other training institutions contributing to the training programmes. Recruitment is to a training programme not to an individual post.

The task of the shortlisting and interview panel is solely to determine the professional competence and suitability of applicants to a training programme. All processes must be conducted in accordance with national and European law. The appointment panels have a responsibility to ensure that all candidates are dealt with fairly and equitably.

Each panel will determine the suitability for appointment of the shortlisted candidates who attend for interview, then relate the training requirements of each successful candidate to the specialty programme and thereafter recommend to which post each should be assigned.

Specific matters of employment practice such as the employability and appointability of overseas non-EU doctors are matters solely for employing bodies and not for the selection panels to consider. The issue of contracts of employment and the subsequent application of the relevant terms and conditions of employment as determined by the Department of Health and Children are also matters for the employing bodies.

**ELIGIBILITY FOR THE AWARD OF THE
CERTIFICATE OF SPECIALIST DOCTOR
BY THE MEDICAL COUNCIL**

The requirements are:

- 1. Citizenship of a member state of the European Union.**
- 2. Possession of a primary qualification in medicine granted by a member state.**
- 3. Satisfactory completion of the majority of the training within the Republic of Ireland.**

CRITERIA FOR THE ASSESSMENT OF DOCTORS TRAINED OTHER THAN IN IRISH STRUCTURED TRAINING PROGRAMMES WHO SEEK ENTRY ON THE REGISTER OF MEDICAL SPECIALISTS

MANDATORY CRITERIA. The candidate must satisfy the ICHMT that he or she,

either

- A**
- i. has full registration with the Medical Council or eligibility to be so registered if he or she applied; and
 - ii. has specialist registration, and be of good standing with the national regulatory authority and has evidence that he or she may undertake independent specialist practice, in the country in which training was completed and in the country which he or she last practised if different.

or

- B**
- i. has received specialist training in a centre or centres approved for training by the national authority concerned. It would be expected that applicants will not have spent all their training time in one centre, but will have moved between centres to gain a range of exposure; and
 - ii. has completed a formal programme of specialist training, equivalent in duration and content to that required for the award of a Certificate of Satisfactory Completion of Specialist Training in Ireland. Such a programme should include:
 - participation in all the medical activities of the department where the training was carried out, including on call duties, if appropriate, and
 - work in posts involving both theoretical and practical training
 - iii. and, has been subject to satisfactory summative assessment by the appropriate body in order to ensure that a proper standard has been met. Where examination forms part of the summative assessment process, that examination must have been passed. In the absence of a nationally recognised qualification the applicant must provide evidence of some form of final assessment.

GUIDANCE FOR APPLICANTS

General guidance

Applications should address three main issues in respect of specialist training in the medical specialties:

(1) Duration of training

Evidence will be required that the period of specialist training followed is no less than that set out for the relevant specialty in article 27 of Council Directive 93/16/EEC. The European directive does not designate the minimum period of training for the specialties listed at Part II (other specialties) of the Schedule, accordingly the ICHMT specialist training times will be required.

(2) Qualifications and registration

Details of any specialist qualifications and registrations held by applicants must be provided.

- (a) Qualifications will be assessed on the basis of their comparability to the MRCP (I) and MRCP (UK). Current recognised alternative qualifications in the medical specialties are:

FRACP PART I

FRCP CANADA

FCPS PAKISTAN

US BOARDS OF INTERNAL MEDICINE

The above list is based on knowledge currently held within the Royal College of Physicians of Ireland. Holders of other qualifications must provide information on the content, conduct and rules governing entry to the relevant examination or assessment.

- (b) Additionally, an important measure of assessment is evidence of specialist registration in the country in which training may have been completed, as discussed in (A) (i) or (ii) earlier.

(3) Content of training.

This must equate to the training, in terms of clinical and theoretical content, required for recognition as a specialist in Ireland. It will be judged in the case of specialties in which Irish Certificates of Satisfactory Completion of Specialist Training (CSCST) are awarded on the basis of its equivalence to the requirements for such CSCST award. The ICHMT publishes detailed curricula for each specialty and these are available on request. Where possible the ICHMT will despatch the appropriate curriculum(s) to the applicant with the information/application pack.

- (a) General Professional Training: Specialist training in Ireland, for clinical medical specialties includes a minimum of two years of general professional training (GPT) during 18 months of which the trainee must be involved in the admission and early follow-up of acute emergencies and *a minimum of twelve months must be spent in posts giving exposure to acute unselected medical take*. Acute unselected medical take is defined as follows:

During GPT trainees must be exposed to the whole range of common medical emergencies.

On this basis 'unselected take' is defined as acute medical intake encompassing the broad generality of medicine, i.e. not constrained to any single or small group of specialties. If any major component of acute medicine (e.g. cerebrovascular accidents or myocardial infarctions) is excluded from the take, this experience must be obtained in other posts during GPT.

There are a number of models of service provision / organisation which can provide this educational experience. Thus for acute general medicine admissions it is accepted that many systems of care delivery involve triage to different sub-specialties. However, it is important to involve all medical SHOs in admitting systems that incorporate broad experience of acute admissions during the equivalent of at least six months of their training programme.

It is expected that during this time trainees will undertake an on-call commitment of no less than an average of four takes per month.

- (b) Higher Specialist Training
Applicants must have completed a programme of specialist training equivalent in duration and content to that required for the award of a CSCST in Ireland, as defined in the current curriculum in the speciality(s) concerned.
- (c) Experience gained after completion of training is not a relevant consideration.
- (4) Documentation required to accompany the completed application form**
- (a) A full curriculum vitae (C.V.) which indicates the postgraduate qualifications obtained, courses attended, training posts held and lists of publication, etc.;
- (b) Original or certified copies of primary and postgraduate qualification diplomas
- (c) Original or certified copies of documentation from a national training authority which sets out
- the training programme followed indicating its clinical content,
 - the assessment process and
 - details of any exit examination:
- (d) Original or certified copies of documentation awarded by the appropriate training body of the country concerned confirming that the applicant has completed the full programme of training including passing any examination or formal assessment.
- (e) Documentary evidence that the applicant is eligible to undertake independent specialist practice in the country in which training was completed;
- (f) Payment in Euro of the relevant fee (currently €200.00 per specialty).

Procedure for assessment

- (a) Before sending the completed application form an applicant must ensure that he or she is able to satisfy all the criteria set out above, and enclosed all the appropriate documentation. This will save time and money both for the applicant and the ICHMT.
- (b) Provided the ICHMT has the completed application form, the required supporting documentation and the fee and the applicant can satisfy the criteria shown above, the application will be sent to assessors appointed by ICHMT for evaluation.
- (c) When the assessment is complete a recommendation can then be forwarded to the Medical Council who will notify the applicant as to whether the application has been successful or not.
Note: the ICHMT is not allowed to notify applicants of the recommendation.
- (d) Applicants should note that this is a lengthy and complex process in which most delays are caused by incomplete documentation.

GLOSSARY OF TERMS

Annual Review:

A yearly interview at which Training Reports and Logbook information can be considered by appropriate National Specialty Representatives, arranged by the ICHMT.

Appraisal:

The means whereby trainees receive regular advice and support on an informal basis from their Trainer and/or Programme Director. At the same time the Trainer is required to attest to the fact of satisfactory attainment of goals by signing the Training Record.

Assessment:

Usually conducted at an annual review. This process is designed to confirm that progress has been satisfactory and the requirements of the Specialty Curriculum are being met. At the assessment the outcome will be recorded on a series of forms which comprise the Progress in Training & Record of Assessments (PeTRA). These forms will be signed on behalf of the ICHMT and by the trainee as a correct record.

Certificate of Satisfactory Completion of Specialist Training (CSCST):

Awarded if the ICHMT is requested to do so by the trainee on completion of a programme.

Dean of Higher Medical Training:

The postgraduate Dean within the Royal College of Physicians of Ireland with responsibility for supervising that the process of training is carried out in accordance with the ICHMT's regulations.

Dual Certification:

Where the trainee has undertaken a programme involving two Specialties (e.g. Gastroenterology and General (Internal) Medicine) the CSCST will record the completion of training in both Specialties.

General Professional Training (GPT):

Period of training usually at SHO level prior to entry to a Higher Training Programme as a Specialist Registrar.

Higher Medical Training (HMT):

Period of Specialist Training capable of leading to a CSCST award.

Irish Committee on Higher Medical Training (ICHMT):

The Irish Committee on Higher Medical Training is the body recognised for training in the Medical specialties by the Medical Council.

Joint Committee on Higher Medical Training (JCHMT):

This body recognised for higher medical training in the United Kingdom.

Medical Council:

The Medical Council of Ireland through its Specialist Register Committee acting on advice derived through the ICHMT will issue the **Certificate of Specialist Doctor (CSD)** from Ireland, and if requested will enter names on its **Specialist Register**.

National Specialty Director (NSD) :

For each Specialty which is registerable in Ireland, and for which a Training Programme has been established, a National Specialty Director has been appointed in order to supervise the integrity of the Specialty Training Programme.

Penultimate Year Assessment (PYA):

A special assessment with an external (to Ireland) specialty assessor present, undertaken before the Specialist Registrar enters the final phase of the Training Programme, in order to provide an opportunity to identify any outstanding deficiencies that need to be made good during the final year.

Programme Director

Within a Specialty for which training is available in Ireland Programme Directors will be appointed, each individually responsible for all trainees within the Specialty in the same Institution. The Programme Director is also available to the Trainee and the Trainer when difficulties arise during training.

Postgraduate Medical & Dental Board (PMDB):

The Postgraduate Medical & Dental Board has a commitment to higher training in Ireland and also has a statutory responsibility in facilitating the whole of the training process.

Progress in Training & Record of Assessments (PeTRA Forms):

Signed documented records of entry into and progress through a Specialist Training programme at the grade of Specialist Registrar.

Regional Specialty Advisor (RSA):

A Regional Specialty Advisor plays a pivotal role in assisting the National Specialty Director to achieve the desired training and supervision results in the relevant Specialty Training Programmes.

Registered Training Number (RTN):

A unique identifying number allocated to an individual trainee. This number should be entered on all correspondence with the ICHMT

RCPI:

Royal College of Physicians of Ireland.

Specialist Register:

Maintained by the Medical Council in Ireland. Doctors holding CSCSTs are eligible to apply to the Medical Council for entry on the Specialist Register. Other categories of Doctors without CSCSTs may also gain entry to the Specialist Register.

Specialist Registrar (SpR):

The grade held by Doctors in Higher Medical Training.

Specialty Advisory Committee (SAC):

For each Specialty which is registerable in the United Kingdom, and for which a Training Programme has been established under the auspices of the JCHMT a Specialty Advisory Committee exists to supervise the integrity of the Specialty Training Programme.

Specialty Training Committee (STC):

For each Specialty which is registerable in Ireland, and for which a Training Programme has been established, the ICHMT has recommended the introduction of a Specialty Training Committee whose remit is to assist the National Specialty Director supervise the integrity of the Specialty Training Programme.

Trainer:

The Specialist or consultant in charge in relation to the SpR post to which the trainee has been assigned usually on an annual basis.

NB: In some specialties a particular term may be used which differs from the usual. This section, as indeed in the case for all other general statements, should be read in conjunction with the appropriate Specialty Curriculum (Section 3) and Log Book (Section 6) documents.

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