College of Psychiatrists of Ireland

REGULATIONS FOR BASIC AND HIGHER SPECIALIST TRAINING IN PSYCHIATRY

July 2012

Revision 6 July 2018

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PREVIOUS REVISIONS TO REGULATIONS FOR BASIC AND HIGHER SPECIALIST TRAINING IN PSYCHIATRY

Revision 6 July 2018

Section 1	The place of research in higher training
Section 2A	Return to training following extended leave of absence
	Appointment of examiners, ARP panels, and accrediting teams
Section 2C	Guidelines for the Vice-Deans on the allocation of BST posts
	Reflective practice for Basic Specialist Trainees
Section 4	Feedback
	Appeals Procedure
Section 5	Access to a Research Ethics Committee
	Compliance with the College's guidelines on commercial / industry support
	On-site availability of a designated bed manager

Revision 5 July 2017

(All sections revised and Policy on Bullying and Harassment added)

Revision 4 July 2016

(All sections revised)

Revision 3 July 2015

Addition of Section 5 - Accreditation

Amendments to Section 1 – Higher Specialist Training Scheme

Section 2B	Out of Programme Training
Section 2C	Time out of Training
Section 3	ARP Process at Completion of BST and ACCELERATION / DECELERATION OF TRAINING – SUMMARY

Revision 2 July 2014

(All sections revised)

Revision 1 September 2013

(Section 3: Annual Review of Progress)

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REGULATIONS FOR BASIC AND HIGHER SPECIALIST TRAINING

INTRODUCTION

The College of Psychiatrists of Ireland (referred to in this document as the College) is responsible for all aspects of postgraduate training in Psychiatry in Ireland. Its aim is to provide the best possible training at both basic and higher specialist levels in Psychiatry. Satisfactory completion of specialist training confers eligibility for inclusion on the Specialist Division of the Medical Register. The Medical Council of Ireland recognises four psychiatric specialties: Psychiatry*, Psychiatry of Old Age, Child & Adolescent Psychiatry and Psychiatry of Learning Disability.

* Throughout this document the term 'Psychiatry' refers to the specialty Psychiatry as recognised by the Medical Council's Specialist Register and which in practice is General Adult Psychiatry.

This document provides the regulations for Basic and Higher Specialist Training and should be read in conjunction with the Curriculum for Basic and Higher Specialist Training.

Section 1 deals with the structure of training and the regulations for the Completion of Basic Specialist Training and the award of Certificates of Satisfactory Completion of Specialist Training (CSCST).

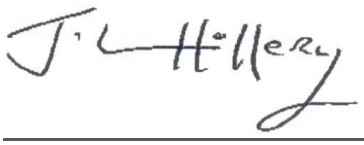
Section 2 deals with the Regulations for the Basic and Higher Training Schemes.

Section 3 deals with the Continuous Assessment process.

Section 4 deals with the Examination.

Section 5 deals with the accreditation of Schemes, Deaneries, clinical training sites, and clinical training posts.

This document, in conjunction with the Curriculum for Basic and Higher Specialist Training 2012, replaces the BST Blueprint (July 2011) and the Higher Specialist Training Handbook (January 2010). The development of regulations for Basic and Higher Specialist Training will include regular reviews and updates. Any member of the College of Psychiatrists of Ireland who wishes to suggest a change should submit that proposed change to the relevant Faculty and/or College committee. In turn, that Faculty/College Committee will make a recommendation on the proposed change to the Dean of Education. This edition would not have been possible without the support of the College staff and the commitment of the College membership who voluntarily contribute to the many Committees and Sub-committees that produced the above documents.



Dr John Hillery
President
College of Psychiatrists of Ireland

Prof Greg Swanwick
Dean of Education
College of Psychiatrists of Ireland

SECTION 1: COMPLETION OF BASIC SPECIALIST TRAINING & AWARD OF CERTIFICATES OF SATISFACTORY COMPLETION OF SPECIALIST TRAINING (CSCST)

Specialist training in Psychiatry includes both Basic Specialist Training (BST) and Higher Specialist Training (HST) and should be viewed as a continuous (streamlined) process. BST Deaneries are regional and the HST Schemes are national. Higher Specialist Trainees are also known as Senior Registrars (SRs).

BASIC SPECIALIST TRAINING IN PSYCHIATRY

Selection for training requires that the applicant is eligible for entry to the Trainee Specialist Division of the Medical Register maintained by the Medical Council of Ireland. Entry is by a centralised interview organised by the Postgraduate Training Department of the College of Psychiatrists of Ireland. The Training Department also monitors the quality of training available, approves applications for new BST posts and Educational Supervisors, and regularly assesses the Deaneries.

Completion of Basic Specialist Training requires that Trainees demonstrate attainment of all the learning outcomes listed in the curriculum and complete a specified period of experience. Attainment of outcomes will be demonstrated by Workplace Based Assessments (WPBAs), completion of the Portfolio, and Supervisors' Reports. An Annual Review of Progress (ARP) Panel must approve progression through and completion of training. In addition, Trainees must pass the College BST Clinical Examination. This exam must be passed within two years of completion of BST, meaning that Trainees must complete all parts of the exam within 2 years of completing their continuous workplace based assessments in a bona fide, registered BST post. This also applies to those who undertake flexible training.

The BST programme runs for 4 years and therefore will consist of eight, six-month clinical attachments. Learning outcomes for all specialties [General Adult, Psychiatry of Old Age, Psychiatry of Learning Disability and Child & Adolescent Psychiatry] and subspecialties (Forensic Psychiatry, Liaison Psychiatry, Social & Rehabilitation Psychiatry, Psychotherapy and Addiction Psychiatry) must be attained. Where this is not provided by clinical attachment the learning outcomes must be addressed by the Scheme / Deanery through other methods (e.g. a combination of courses, workshops, seminars, specialist clinic attendance, e-learning, etc.). In practice it will not be possible to achieve outcomes in some specialties without a clinical attachment.

The College does not intend to be prescriptive in relation to which clinical attachment may or may not be provided in each year of BST (excluding FY which must have placements that can meet the specific learning outcomes for that year). The Deaneries, in collaboration with the College, must assess and demonstrate the suitability (e.g. in terms of provision of experience relevant to the learning outcomes and level of supervision) of individual clinical attachments for BST. If a Trainee has previous training experience and can demonstrate learning outcome attainment, Basic Specialist Training may be accelerated by one year (generally in two steps of 6 months each), subject to the approval of an ARP Panel.

HIGHER SPECIALIST TRAINING IN PSYCHIATRY

The Postgraduate Training Department of the College of Psychiatrists of Ireland is the body with overall responsibility for the organisation and administration of the HST Schemes. It monitors the quality of training available, approves applications for new Senior Registrar (SR) posts, Educational Supervisors and research posts and regularly assesses the Schemes.

In order to gain a CSCST the Trainee will have achieved the learning outcomes for Higher Specialist Training detailed in the accompanying curriculum document (as assessed by Annual Review of Progress panels) and will have completed a specified period of experience in the relevant clinical placements (as described below).

Entry to HST requires the completion of BST (or equivalent from another jurisdiction). However, progression from BST to HST is not automatic but is by competitive interview. Separate interviews are held for the Adult Psychiatry & Related Disciplines and Child & Adolescent Psychiatry Schemes. BST Trainees appointed prior to July 2011 who wish to progress to HST must have completed at least three years' training in Psychiatry prior to commencing higher training and must have passed the MRCPsych Examination (or equivalent from another jurisdiction). For Trainees entering BST from July 2011 onwards, the entry criteria for HST will be the completion of BST, which is based on completing a minimum of 36 months of experience in approved BST training placements, attainment of learning outcomes, passing the College BST Clinical Examination, and satisfactory progression at the BST Year 3 Annual Review of Progress.

All of the examination and continuous assessment criteria for entry to HST must have been met by the closing date for application to the HST Programmes.

Streamlined Training

From July 2015 onwards Trainees who have successfully completed BST with the College of Psychiatrists of Ireland will be automatically deemed eligible for HST. There are additional eligibility criteria for the fully integrated Lecturer posts (see below) and for those who entered Foundation Year in July 2014 and subsequent years there is a requirement to complete two 6 month placements in Child and Adolescent Psychiatry during BST in order to be eligible for the Child and Adolescent Psychiatry HST scheme. Therefore, while all Trainees who have successfully completed BST with the College of Psychiatrists of Ireland will be automatically deemed eligible for HST they may not be eligible for the fully integrated Lecturer posts or the Child and Adolescent Psychiatry HST scheme. Final year BST Trainees must confirm that they wish to continue to HST and must attend an interview.

For all new entrants to BST from July 2011 onwards *eligibility* for entry to HST will be based on the ARP process and the College BST Clinical Examination rather than by interview. The interview process will remain in place for 3 reasons:

(i) To determine candidate suitability for the fully integrated Lecturer posts.
(ii) Ranking of applicants (to be used in the case of competition for specific placements).
(iii) Ranking of applicants in the event that the number of eligible candidates exceeds the number of available posts.

For Trainees who entered Foundation Year in the years 2011 to 2014:

If the number of Trainees who have successfully completed BST with the College of Psychiatrists of Ireland exceeds 90% of the number of available HST posts, entry to HST will be competitive and, for 90% of the available posts, it will be restricted to those Trainees who have successfully completed BST with the College of

Psychiatrists of Ireland. Trainees entering HST through this process can attain experience in lecturing or research as described in the paragraph below entitled "The Place of Research in Higher Training".

Up to and including the July 2018 entry to HST, open recruitment to the National Higher Training Schemes will take place for HST placements which are not restricted to those Trainees who have successfully completed BST with the College of Psychiatrists of Ireland (including any additional vacancies where the number of Trainees who have successfully completed BST with the College of Psychiatrists of Ireland is lower than 90% of available HST posts).

For Trainees who entered Foundation Year in July 2015 and subsequent years:

If the number of Trainees who have successfully completed BST with the College of Psychiatrists of Ireland exceeds the number of available HST posts (for which a Trainee is eligible – see above with regard to the fully integrated Lecturer posts and the Child and Adolescent Psychiatry scheme), entry to HST will be competitive and it will be restricted to those Trainees who have successfully completed BST with the College of Psychiatrists of Ireland. Trainees entering HST through this process can attain experience in lecturing or research as described in the paragraph below entitled "The Place of Research in Higher Training".

For July 2019 and subsequent years entry to HST by open recruitment will only take place if the number of posts exceeds the number of eligible Trainees who have successfully completed BST with the College of Psychiatrists of Ireland (Streamlined Trainees).

For Trainees who entered Foundation Year in July 2011 and subsequent years:

If the number of Trainees who have successfully completed BST with the College of Psychiatrists of Ireland (Streamlined Trainees) exceeds the number of available HST posts, such Trainees who are not offered a place will:

(i) Be placed on a panel and may be offered a place if one becomes available within the following 6 months.
(ii) If no place becomes available within the following 6 months the Trainee can compete with Trainees in the next cohort and be interviewed again with that cohort.
(iii) If a Trainee does not take up the option in (ii) above then that Trainee will no longer be considered to be eligible for the above process.
(iv) If a Trainee competes but is unsuccessful at (ii) above that Trainee may again compete with the following cohort.

Impact of exit from BST on streamlining status

1. In order to retain streamlining status all trainees who leave BST must apply for HST at the first intake for which they are eligible [Eligibility requirements are i) Completion of the minimum duration of BST; ii) Satisfactory ARP Outcome; iii) Completion of the CPsychI Clinical Examination]. Failure to apply for HST (or failure to accept an offer of a HST placement) will result in the loss of streamlining status.

2. Conditions for exit from BST and maintaining streamlining status:

a) Trainees who have received a satisfactory outcome at the BST Year 3 Annual Review of Progress (ARP) **AND** have completed the CPsychI BST Clinical Examination may exit BST with streamlining status (see note 1 above).

b) Trainees who have a satisfactory outcome at the BST Year 3 ARP but have completed less than 4 years of training and have not completed the CPsychI BST Clinical Examination will lose streamlining status if they exit BST. (They may continue to attempt the CPsychI BST Clinical Examination as non-streamlined Trainees for a maximum of 24 months following the satisfactory BST Year 3 ARP). Such Trainees should note that they are not required to leave BST following the successful BST Year 3 ARP until they have completed 5 years in BST (including Foundation Year).

c) For Trainees who have completed at least 4 years of training and have a satisfactory outcome at the BST Year 3 ARP but who have not completed the CPsychI BST Clinical Examination eligibility for retention of streamlining status will change progressively over the next 3 years as follows:

For those in Category c) above (*hereafter referred to as Category C Trainees):*

For the training year July 2017- July 2018 - Category C Trainees *(i.e. who meet the Category C criteria in July 2017)* may exit training and maintain streamlining status until completion of the CPsychI BST Clinical Examination (i.e. there is no change to the Regulation for these Trainees). As in previous editions of the Regulations, Trainees who do not complete the CPsychI BST Clinical Examination within 24 months of a satisfactory outcome at the BST Year 3 ARP will not be eligible for further attempts.

For the training year July 2018- July 2019 - Category C Trainees *(i.e. who meet the Category C criteria in July 2018)* must complete the CPsychI BST Clinical Examination within **12 months** of leaving training in order to maintain streamlining status. If Category C Trainees complete the CPsychI BST Clinical Examination between 12 and 24 months after leaving training they will be eligible to apply for HST as non-streamlined candidates (i.e. they will not retain streamlining status). As already noted, Trainees who do not complete the CPsychI BST Clinical Examination within 24 months of a satisfactory outcome at the BST Year 3 ARP will not be eligible for further attempts.

From July 2019 - Category C Trainees *(i.e. who meet the Category C criteria in July 2019 and subsequent years)* must complete the Examination **before leaving training** in order to maintain streamlining status. Category C Trainees who exit BST may attempt the CPsychI BST Clinical Examination, as non-streamlining candidates, for a maximum of 24 months after a satisfactory outcome at the BST Year 3 ARP. If they are successful at the CPsychI BST Clinical Examination they will eligible to apply for HST as non-streamlined candidates.

Any Trainee may stay in training after a satisfactory BST Year 3 ARP up to a maximum of 5 years in Basic Specialist Training (including Foundation Year).

"Gap Years" between BST and HST:

Trainees may attain experience in lecturing and research without the need to take "gap years" between BST and HST. This has been achieved by incorporating research/lecturing years into HST:

(a) 10 Adult Psychiatry & Related Disciplines and 1 Child & Adolescent Psychiatry HST special lecturer posts have been fully integrated into the National Higher Training Schemes.
(b) The College's process for the approval of additional research/lecturer posts to allow accrual of credit for a CSCST is fully implemented. Prospective application and subsequent review by Annual Review of Progress (ARP) process is mandatory (See below page 14).

PSYCHIATRY (GENERAL ADULT)

The training period for this CSCST will be three years. Two years are to be spent in General Adult Psychiatry clinical attachments. A third year may be spent in General Adult Psychiatry, psychiatric research or one of the other Adult specialties or subspecialties. If this year is spent in one of the subspecialties of Adult Psychiatry (Forensic, Liaison, Social & Rehabilitation, or Addiction) then the College will recognise this special experience by a formal record of the subspecialty learning outcomes achieved in the Annual Review of Progress Panel Report. The subspecialty learning outcomes are mandatory only for Trainees seeking certification in those areas. Recognition of Liaison, Social & Rehabilitation, and Addiction Psychiatry require attainment of all of the learning outcomes for the particular subspecialty and a minimum placement of 12 months in that subspecialty. However, the subspecialty learning outcomes may be attained during any HST placement. Recognition of Forensic Psychiatry requires a minimum of 36 months in Forensic Psychiatry placements and attainment of all of the Forensic Psychiatry learning outcomes.

PSYCHIATRY OF OLD AGE

The training period for this CSCST will be three years. Two years are to be spent in Psychiatry of Old Age clinical attachments. The third year must be in a General Adult Psychiatry placement. All Trainees in Psychiatry of Old Age must attain the learning outcomes for Psychiatry (General Adult) such that they can manage clinical situations when a General Adult Psychiatrist may not be available.

PSYCHIATRY OF LEARNING DISABILITY

The training period for this CSCST will be three years. Two years are to be spent in Psychiatry of Learning Disability clinical attachments. The third year must be in a General Adult Psychiatry placement. All Trainees in Psychiatry of Learning Disability must attain the learning outcomes for Psychiatry (General Adult) such that they can manage clinical situations when a General Adult Psychiatrist may not be available.

CHILD & ADOLESCENT PSYCHIATRY

The training period for this CSCST will be three years, all of which must be spent solely in Child & Adolescent Psychiatry clinical attachments of which a minimum of 24 months must be in community based Child & Adolescent Mental Health Services and 6 months in a Child & Adolescent Psychiatry in-patient service. Experience gained in other specialties during this period will not count towards training for a CSCST in Child & Adolescent Psychiatry. However the College will recognise additional special experience with a formal record of the subspecialty learning outcomes achieved in the Annual Review of Progress Panel Report.

DUAL CERTIFICATION

Trainees have the option of seeking dual certification. While the minimum duration of higher training for award of a single CSCST is three years there is considerable overlap between some of the psychiatric specialties so that a full six year training period is not required for all combinations of dual certification. Training should be agreed prospectively and the dual CSCST will be awarded on completion of the full programme of training.

There is considerable overlap between the core knowledge and skills required for a CSCST in the Adult Psychiatry specialties. The degree of this commonality varies between specialties. Accordingly, programmes for dual certification involving Adult Psychiatry will be as follows:

I. PSYCHIATRY (GENERAL ADULT) AND PSYCHIATRY OF OLD AGE

The basic skills of assessment and management of psychiatric disorders and treatment, including psychological and physical approaches, are common to these specialist areas with some variation in emphasis according to the patient group. Thus, training will be of four years duration, comprising of:

- One year of training in Psychiatry (General Adult)
- One year of training in Psychiatry of Old Age
- Two years gaining clinical experience common to both specialties (in practice one year of common training will be spent in Psychiatry of Old Age and one year in Psychiatry (General Adult)

One year of training for a dual CSCST in Psychiatry (General Adult) and Psychiatry of Old Age may be spent in research, provided it is undertaken with a balance of clinical experience per specialty.

II. PSYCHIATRY (GENERAL ADULT) AND PSYCHIATRY OF LEARNING DISABILITY

There is overlap in training between these two specialties. Thus the training programme will last four years and comprise of:

- One year of training in Psychiatry (General Adult)
- One year of training in Psychiatry of Learning Disability
- Two years gaining clinical experience common to both specialties, in settings which are also common to both specialties (in practice, one year of common training will be spent in Psychiatry of Learning Disability and one year in Psychiatry (General Adult)

One year of training for a dual CSCST in Psychiatry (General Adult) and Psychiatry of Learning Disability may be spent in research, provided it is undertaken with a balance of clinical experience per specialty.

III. PSYCHIATRY OF OLD AGE AND PSYCHIATRY OF LEARNING DISABILITY

Dual CSCSTs are not currently available in these two specialties of Psychiatry. However, it is possible that a programme could be devised to meet the training needs of this combination if requested. Alternatively, a Trainee may meet the requirements for one of these specialties and gain additional higher training experience in the other which does not meet the criteria for a CSCST in that specialty. In these circumstances the College will recognise this special experience with a formal record of the specialty learning outcomes achieved in the Annual Review of Progress Panel Report.

DUAL CERTIFICATION - OTHER PROGRAMMES

There are areas of commonality between a number of pairs of psychiatric specialties, for which joint training programmes may be developed, as detailed below.

I. CHILD & ADOLESCENT PSYCHIATRY AND PSYCHIATRY OF LEARNING DISABILITY

Dual CSCSTs are not currently available in these two specialties of Psychiatry. However, it is possible that a programme could be devised to meet the training needs of this combination if requested. Alternatively, a Trainee may meet the requirements for one of these specialties and gain additional higher training experience in the other which does not meet the criteria for a CSCST in that specialty. In these circumstances the College will recognise this special experience with a formal record of the specialty learning outcomes achieved in the Annual Review of Progress Panel Report. It should be noted that a Dual CSCST in Child & Adolescent Psychiatry and Psychiatry of Learning Disability would not meet the College recommendations for a Consultant post in the Psychiatry of Learning Disability of Childhood. The recommended training for such posts is a CSCST in Child & Adolescent Psychiatry with an additional 12 month placement in an approved HST post in Psychiatry of Learning Disability of Childhood (and demonstration of the relevant learning outcomes detailed in the Curriculum for *Child and Adolescent Psychiatry with a Special Interest in Intellectual Disability*).

II. PSYCHIATRY (GENERAL ADULT) AND CHILD & ADOLESCENT PSYCHIATRY

Dual CSCSTs are not routinely available in these two specialties of Psychiatry. However, it is possible that a programme could be devised to meet the training needs of this combination if requested. If such a programme were to be devised it would require six years such that the Trainee would meet all of the requirements for each of the two single CSCSTs as described above. In addition, this dual CSCST programme would require the Trainee to have placements in the Child & Adolescent Psychiatry and the Adult Psychiatry and Related Disciplines Schemes on alternate years (in either order). Alternatively, a Trainee may meet the requirements for one of these specialties and gain additional higher training experience in the other which does not meet the criteria for a CSCST in that specialty. In these circumstances the College will recognise this special experience with a formal record of the specialty learning outcomes achieved in the Annual Review of Progress Panel Report.

PRACTICE IN SUBSPECIALTIES

CSCSTs are available in four specialties: Psychiatry (General Adult), Child & Adolescent Psychiatry, Psychiatry of Learning Disability and Psychiatry of Old Age. Trainees may wish to prepare themselves for careers in subspecialties within Psychiatry for which CSCSTs are not available. As the need arises, the College will make recommendations as to appropriate training and supervision for subspecialties e.g. the College recommends that a doctor practising as an Addictions Psychiatrist, Liaison Psychiatrist, or Social & Rehabilitation Psychiatrist, in addition to meeting the criteria for CSCST in Psychiatry (General Adult), should have one year of higher training in the relevant psychiatric placement. A Forensic Psychiatrist, in addition to meeting the criteria for CSCST in Psychiatry (General Adult), should have three years higher training in Forensic Psychiatry placements. A Consultant Psychiatrist with a special interest in psychotherapy should have specialist training in Psychiatry or Child & Adolescent Psychiatry, have a postgraduate qualification in psychotherapy and be accredited by a national awarding organisation such as the Irish Council for Psychotherapy or other European equivalent. A Consultant Psychiatrist in Child & Adolescent Psychiatry with a Special Interest in Intellectual Disability should have a CSCST in Child & Adolescent Psychiatry and an additional 12 month placement in a HST post in Learning Disability Psychiatry of Childhood.

DURATION OF HST

National Higher Training Scheme in Adult Psychiatry and Related Disciplines

The HST training period for a CSCST in Psychiatry, Old Age Psychiatry, or Psychiatry of Learning Disability will be three years. Two years are to be spent in core specialty clinical attachments. For a CSCST in Psychiatry two years are to be spent in General Adult Psychiatry clinical attachments and a third year may be spent in any other Adult Psychiatry specialty or subspecialty. For a CSCST in Old Age Psychiatry or Psychiatry of Learning Disability the third year must be in a General Adult Psychiatry clinical attachment.

The College recommends that a doctor practising as an Addictions Psychiatrist, Liaison Psychiatrist, or Social & Rehabilitation Psychiatrist, in addition to meeting the criteria for CSCST in Psychiatry, should have one year of higher training in the relevant psychiatric placement. A Forensic Psychiatrist, in addition to meeting the criteria for CSCST in Psychiatry, should have three years higher training in Forensic Psychiatry placements. A Consultant Psychiatrist with a special interest in Psychotherapy should have specialist training in Psychiatry or Child & Adolescent Psychiatry, have a postgraduate qualification in Psychotherapy and be accredited by a national awarding organisation such as the Irish Council for Psychotherapy or other European equivalent.

In the above two paragraphs a “year” means twelve months of clinical placement including annual and educational leave. Any other leave which totals in excess of 3 weeks in a 12 month placement must be addressed. There are two potential mechanisms to address such periods of leave:-

(i) The Trainee may complete a further clinical placement. This placement will be for a minimum of 6 months (even if the period of leave was for less than 6 months) and on completion of the placement a satisfactory Endpoint Supervisor's Report must be submitted.

(ii) The Trainee may discuss with the HST Mentor if there is a possibility of utilising protected educational time to undertake clinical placements in the relevant specialty. This option will only be available if the period of leave in question is not greater than 3 months. This option is not available to Trainees undertaking a Dual CSCST and is not available to Trainees seeking recognition of a subspecialty (if the period of leave was taken during that subspecialty placement). The HST Mentor will make a recommendation to the Dean of Education as to the feasibility of such a proposal. There must be a specified clinical placement and a specified Educational Supervisor and a satisfactory Endpoint Supervisor's Report must be submitted. If the Trainee is not satisfied with the recommendation of the HST Mentor this may be appealed to a panel consisting of the Dean of Education, another HST Mentor, and an HST Educational Supervisor from the relevant specialty or subspecialty.

National Higher Training Scheme in Child and Adolescent Psychiatry

The training period for a CSCST in Child & Adolescent Psychiatry is three years, all of which must be spent solely in Child & Adolescent Psychiatry clinical attachments of which a minimum of 2 years must be in community-based Child & Adolescent Mental Health Services and half a year in a Child & Adolescent Psychiatry in-patient service. A Consultant Psychiatrist in Child & Adolescent Psychiatry with a Special Interest in Intellectual Disability should have a CSCST in Child and Adolescent Psychiatry and an additional 1 year placement in a HST post in Learning Disability Psychiatry of Childhood.

In the above paragraph a "year" means twelve months of clinical placement including annual and educational leave. Any other leave which totals in excess of 3 weeks in a 12 month placement must be addressed by the Trainee completing a further clinical placement in the relevant service. This placement will be for a minimum of 6 months (even if the period of leave was for less than 6 months) and on completion of the placement a satisfactory Endpoint Supervisor's Report must be submitted.

National Higher Training Schemes in Child & Adolescent Psychiatry and in Adult Psychiatry and Related Disciplines

Recommendation for a CSCST requires an Outcome 6 from an ARP review (see Section 3) and to be eligible for an ARP review the Trainee must, on the date of the ARP review, be participating in a training placement and be registered on the Trainee Specialist Division of the Medical Register.

If a final year HST Trainee will meet the duration of HST requirement for a CSCST before the ARP review scheduled for 12 months **and** has been awarded an Outcome 1 at the most recent ARP review then he/she may apply to the College to have the final ARP review after 6 months rather than 12 months.

If a final year HST Trainee has met the duration requirement for a CSCST **and** has completed a placement but was unable to participate in the scheduled ARP due to approved leave then the ARP review may be deferred to the next scheduled ARP date. In such cases, the Trainee must notify the College in writing of the reason for the deferral and the Trainee will not be required to be participating in a training placement and be registered on the Trainee Specialist Division of the Medical Register on the date of the ARP review.

THE PLACE OF RESEARCH IN HIGHER TRAINING

See also Section 2B (Regulations Specific to HST- page 27) and Section 3 (page 37)

One year spent in relevant research or lectureship may count towards training for a CSCST in Psychiatry, Psychiatry of Old Age, Psychiatry of Learning Disability, or Child & Adolescent Psychiatry.

No research post or lectureship may be considered to contribute to higher training unless prospective educational approval has been obtained from the College and the post has an appropriate clinical component (Minimum 2 clinical sessions and a maximum of 4).

If the Trainee intends to defer a clinical post on the National Higher Training Scheme, in order to undertake a research / lectureship post, the deadline for application for prospective educational approval is the same as the closing date for application to enter the HST Scheme.

For those who have not been offered a place on the National Higher Training Schemes (but have had a satisfactory outcome from a BST Year 3 ARP AND have passed the College's Clinical Examination), the deadline for application for prospective educational approval is the last Friday in May (so that the Trainee can begin to collect material for the training portfolio at the start of the training year in July).

Trainees who first become eligible for HST in December must apply for HST to begin the following July but potentially might wish to start a research / lectureship post in January. For these Trainees the deadline for application for prospective educational approval is the last Friday in December.

Trainees who first become eligible for HST in July must apply for HST to begin the following July but potentially might wish to start a lecturer/research post immediately. For these Trainees the deadline for application for prospective educational approval is the last Friday in June.

The clinical component must be supervised by a Consultant who is on the Specialist Register, is PCS compliant, and has been approved as an Educational Supervisor by the College. The weekly one-hour supervision session with the Educational Supervisor must be provided as in clinical posts. The specialty designation of the approved year depends on the content of both research and clinical time. Trainees must maintain the portfolio and attend the ARP panel. In addition, if the year of research experience is gained prior to appointment to HST, recognition will not be effective until a substantive Senior Registrar post is obtained. In all cases the ARP panels must be satisfied that all the learning outcomes required for award of the CSCST have been achieved.

As noted above, one year of training for a dual CSCST in Psychiatry (General Adult) and Psychiatry of Old Age may be spent in research, provided it is undertaken with a balance of clinical experience per specialty. Where a Trainee is undertaking any other combination of dual training it is unlikely that sufficient clinical experience could be gained if a year was devoted to full-time research. It is therefore anticipated that, with this single exception, programmes of higher training leading to dual certification will not include a research year.

With prospective approval a Trainee can collect evidence for the portfolio for two years but only if then directly appointed to the HST Scheme. The Trainee will then have the portfolio assessed by the ARP panel and can be credited with a maximum of 1 year of higher training (i.e. must subsequently complete a minimum of two more years on the Scheme for a single CSCST). However if a Trainee has done 3 sessions / week for two years (in a two-year research post) in a core specialty then the Trainee could gain credit for a full year experience in that core specialty and could therefore do one core year and one subspecialty year in the remainder of higher training. In order to utilise this process the Trainee must maintain the portfolio throughout the period with prospective approval. The ARP panel will only assess material that is contemporaneously recorded.

SPECIAL LECTURER POSTS IN PSYCHIATRY

There is a common interview for both Lecturer and Senior Registrar clinical posts. At application, candidates will be asked to state whether they are applying for the Lecturer posts, the Senior Registrar clinical posts only or both. Rotation to Lecturer posts will be for a maximum of 2 years duration with rotation to Senior Registrar clinical posts for the remainder of HST.

The Lecturer posts will be accredited according to the clinical component of the post. Criteria for completion of Higher Specialist Training may include 2 years as Lecturer and 1 year in a specialty or subspecialty. To gain a CSCST in Psychiatry (General Adult) the ARP panels must be satisfied that the equivalent of two years' experience in General Adult Psychiatry clinical attachments in different services has been achieved.

Lecturers will have both an academic and a clinical component to their post. Lecturers will receive academic supervision from one of the Professors or Senior Lecturers in Psychiatry. Lecturers in two-year posts will rotate their clinical post every year and will have a different Clinical and Educational Supervisor (the Academic Supervisor may not change). A detailed timetable for each Lecturer post is submitted to the College specifying the nature of both the academic and clinical components. This will ensure that the clinical component of each post has an appropriate Senior Registrar level of clinical responsibility and the clinical component of the post will determine the accreditation. Lecturer posts must have a minimum of 4 clinical sessions, with the balance of the week devoted to teaching and research. The on-call commitment must be the same as for clinical HST placements (see page 22), with a weekly timetabled hour for educational supervision. Supervisors must be members of the College, be on the Specialist Register and be PCS compliant. The salary scale must be that which applies to Senior Registrars. Trainees must maintain the portfolio and demonstrate progression of training at an ARP. The Educational Supervisor (responsible for weekly individual supervision sessions, Midpoint, Endpoint, and other Supervisor reports) may be the Supervisor for either the academic or the clinical component but there must be a different Educational Supervisor for each of the two years if it is a two-year post.

DURATION OF BST

The BST programme runs for 4 years and therefore will consist of eight, six-month clinical attachments. If a Trainee has previous training experience and/or can demonstrate learning outcome attainment, Basic Specialist Training may be accelerated by one year (generally in two steps of 6 months each), subject to the approval of an ARP Panel. The minimum duration of BST is 36 months to include annual leave and educational leave. Any other leave which totals in excess of 3 weeks (during a 36 month programme) must be addressed by the Trainee completing a further clinical placement. This placement will be for a minimum of 6 months (even if the period of leave was for less than 6 months) and on completion of the placement a satisfactory Endpoint Supervisor's Report must be submitted.

BST PLACEMENT PACKAGES

Each Vice-Dean will draw up packages of suitable/appropriate 6 month placements.

(i) Trainees who entered Foundation Year in *July 2015* and subsequent cohorts allocated to 4 year packages:

These packages must include the following eight 6-month placements:

- **4 in General Adult Psychiatry**
  (Must include at least two Adult centres & should include experience in community-based, in-patient, rural, urban, and deprived settings)
- **1 in General Adult Psychiatry or an Adult Psychiatry Subspecialty**
  (*Academic, Forensic, Liaison, Psychotherapy, Rehabilitation/Social, Substance Misuse)*
- **1 in Child & Adolescent Psychiatry (CAP)**
- **1 in Psychiatry of Old Age *or* Psychiatry of Learning Disability**
- **1 in any specialty or subspecialty** – For Trainees intending on progression to CAP HST this must be a placement in CAP

(ii) Trainees who entered Foundation Year *prior to July 2015* allocated shorter packages (i.e. six or seven 6-month placements in conjunction with one or two 6-month accelerations – see Section 3):

If a Trainee's training is accelerated, the number of placements during BST will be reduced to 7, and then to 6 with further acceleration. In this case, the Trainee will not complete 2 of the 8 placements listed above. Such packages are at the discretion of the Vice-Dean taking into consideration the Trainee's wishes, the Trainee's needs (e.g. ARP Reports), and availability of posts within the Deanery. For those who entered Foundation Year in July 2014 and subsequent years there is a requirement to complete two 6-month placements in Child & Adolescent Psychiatry during BST in order to be eligible for the CAP HST scheme.

(iii) Trainees who entered Foundation Year in *July 2015 and subsequent cohorts* allocated shorter packages (i.e. six or seven 6-month placements in conjunction with one or two 6-month accelerations – see Section 3):

The minimum duration of BST is 36 months and must include the following 6-month placements:

- **3 in General Adult Psychiatry**
  (Must include at least two Adult centres & should include experience in community-based, in-patient, rural, urban, and deprived settings)
- **1 in Child and Adolescent Psychiatry (CAP)**
- **1 in Psychiatry of Old Age *or* Psychiatry of Learning Disability**
- **1 in any specialty or subspecialty** – For Trainees intending on progression to CAP HST this must be a placement in CAP

(iv) **Trainees who entered BST Year 1 in July 2017 and subsequent cohorts:**
The minimum required duration of BST for eligibility for the NHTS in Adult Psychiatry and related disciplines is 36 months, of which 30 months must be in Adult Psychiatry specialties or sub-specialties. (As noted above, the minimum required duration of BST for eligibility for the NHTS in Child and Adolescent Psychiatry (CAP) is 36 months, which must include a minimum of 12 months of CAP BST training.) Therefore, if a Trainee is doing an accelerated 3 year BST programme and intending to enter the NHTS in Adult Psychiatry and related disciplines, it will not be possible for that Trainee to be allocated to two 6-month CAP BST placements.

The minimum duration of BST requirement for satisfactory completion of BST includes 3 six-month placements in General Adult Psychiatry posts and at least one of the BST Adult Psychiatry placements must be to a service with an on-call commitment to a General Hospital Emergency Department.

GUIDELINES FOR THE VICE-DEANS ON THE ALLOCATION OF BST POSTS

Please see page 29 of these Regulations.

SECTION 2: REGULATIONS FOR BASIC AND HIGHER TRAINING SCHEMES

A. REGULATIONS RELEVANT TO BST & HST

EDUCATIONAL SUPERVISORS

Educational supervision must be provided by the Consultant designated as the Supervising Consultant and should not be delegated to other staff except when the Consultant is on leave. No Consultant should be responsible for the educational supervision of more than three Trainees. All Educational Supervisors must be members of the College of Psychiatrists of Ireland, be on the Specialist Register (for the Specialty of the post which is being supervised), and be PCS compliant. Educational supervision should take place with Trainees individually rather than in pairs or in groups, although group supervision may be provided in addition.

TRAINING CENTRE TUTOR

Every Trainee must be linked to a specified training centre and a training centre is defined as the training location where the in-house teaching takes place. Every training centre must have a Tutor with protected time to carry out the responsibilities as described in this paragraph. The Tutor must be a permanently appointed Consultant, be a member of the College of Psychiatrists of Ireland, be on the Specialist Register, and be PCS compliant. Responsibilities include: liaison with the Vice-Dean (see below) with regard to Trainee placements, Trainee assessments, monitoring of quality of training and career advice to Trainees. Where difficulties arise during a particular clinical placement, the Trainee should raise these in the first instance with the Supervising Consultant. The Tutor may have a valuable role in helping to resolve such difficulties. The Tutor will be able to build up a picture of the quality of training in each placement. This information should be used for improving those aspects of the Scheme that are found to be inadequate or unsatisfactory.

FLEXIBLE (PART-TIME) TRAINING

Provision should be made for Trainees who wish to train on a part-time basis. Flexible training requires the agreement of the employer and the Vice-Dean or Dean of Education. Flexible Trainees are required to undergo the same whole time equivalent length of training as full-time Trainees and may therefore spend a longer period in each attachment.

The following rules and training guidelines apply to part-time/flexible training at **BST** level;

1. Part-time training is generally to be considered as at least 0.5 WTE of a full-time NCHD's working week (= 39 hours ÷ 2 = 19.5 hours per week).
2. Part-time Trainees must be able to meet the same amount and variety of learning outcomes as a full-time Trainee.
3. Trainees undertaking part-time training must have exposure to a full range of clinical activities including on-call, case presentations, journal club, reflective practice groups etc.
4. Part-time Trainees must be provided with weekly educational supervision by the Supervising Consultant. Each weekly meeting does not have to last one full hour but part-time Trainees must have access to the same amount of educational supervision over one year as a full-time Trainee has within 6 months.
5. Part-time Trainees must stay in the same post with the same Supervising Consultant for one full year (2 x 6 month placements).
6. The structure and provision of training (i.e. 5 x mornings, week on/week off, 3 days/2 days) must be

clearly specified in the Training Placement Plan at the start of each placement.

7. Ideally part-time Trainees should attend the in-house teaching programme every 2 weeks but a Trainee must not go a whole 6 months (one placement) without attending in-house teaching.
8. Part-time BST Trainees will have their documentation reviewed and meet with an ARP panel at the same frequency as full-time Trainees to monitor progress and to enable the Trainee to provide feedback on the post. At this point, a part-time Trainee may choose to apply for acceleration as he/she may not require double time in training if they are attaining the necessary learning outcomes above the expected rate.
9. At the time of the ARP each year, the Trainee must indicate if they plan to continue training on a part-time/flexible basis for the year ahead.
10. It is the responsibility of the Trainee to negotiate part-time/flexible working arrangements with the relevant employing authority/HR personnel. The College's concern is ensuring that the Trainee receives appropriate training and it was agreed that it is a role of the Vice-Dean to identify posts that are suitable for training within their respective Deanery and if necessary, match 2 part-time Trainees to one post.

The following rules and training guidelines apply to part-time/flexible training at **HST** level;

1. Part-time training is generally to be considered as at least 0.5 WTE of a full-time NCHD working week (= 39 hours ÷ 2 = 19.5 hours per week).
2. Part-time SRs must be able to meet the same amount and variety of learning outcomes as a full-time SR.
3. SRs can change Educational Supervisor after 1 full year in post, dependent on their individual training needs. The allocation of part-time/flexible SRs to posts will be discussed by the HST Mentors and Dean of Education at the pre-rotation allocation meeting with the Dean bearing the ultimate decision.
4. SRs undertaking part-time training must have exposure to a full range of clinical activities including on-call, case presentations, journal club, reflective practice groups etc.
5. The structure and provision of training (including a timetable for research) must be clearly specified in the Training Placement Plan at the start of each placement.
6. The SRs Initial Research Proposal must clearly specify how research time is going to be spread over the 2 years (or for the duration of the project).
7. Part-time SRs must be provided with weekly educational supervision by the Supervising Consultant. Each weekly meeting does not have to last one full hour but part-time SRs must have access to the same amount of educational supervision over two years as a full-time SR has in one year.

RETURN TO TRAINING FOLLOWING EXTENDED LEAVE OF ABSENCE

(See also page 27 – Time out from programme in a non-training post in HST and page 31 – Time out from programme in BST)

Extended leave of absence is defined as a period of 12 months or longer or any period during which the doctor has transferred from the Trainee Specialist Division of the Medical Council of Ireland Register to the General Division of the Register or has withdrawn from the Register.

On return to training from extended leave a Trainee will be required to:

(i) Sign declarations that s/he has not been the subject of an investigation by the Garda/Police, the Irish Medical Council or licensing body or authority in any jurisdiction or any professional medical training body or its equivalent.

(ii) Submit a satisfactory Professional Competence Scheme Certificate for the duration of the leave from training if during that period s/he has been a registered medical practitioner.

PROTECTED EDUCATIONAL TIME

Educational leave may be granted by the appropriate employing authority for educational activities approved by the College. There will be four categories of protected educational time:

A. Scheduled and protected time off-site attending training or undertaking study as required by the College.

B. On site regular weekly / fortnightly scheduled educational and training activities including conferences, grand rounds, etc.

C. Time to allow Trainees to observe and subject to Consultant approval, participate under supervision in certain planned procedures.

D. Research – including that taking place during paid non-clinical training days.

**** Throughout this section the term "/ week that the Trainee is at work" means per week that the Trainee is in employment and not on leave.***

For BST this means:

Category A
18 days / year for blended learning courses (9 days attendance at the face-to-face course and 9 days for completing e-modules, course reading, quizzes).
This leaves up to 18 days / year (from 36 days educational leave) to attend exams, study prior to an exam, or to attend approved scientific meetings.

Category B
3 hours / week of in-house activities split evenly across the clinical and professional domains of the curriculum.

Category C
1 hour / week: Protected one-to-one supervision with the Educational Supervisor
1 hour / week: Protected clinical skills training (should result in completed WPBA)
12 hours over BST (3 hours / year) Psychotherapy supervision
40 hours over BST (10 hours / year) Reflective practice

Categories B & C combined = 5 hours / week that the Trainee is at work* plus 52 hours across 4 years (i.e. 13 hours / year). Category D does not apply to BST.

For the HST – Child & Adolescent Scheme this means:

Category A
20 days / year for blended learning courses (16 days attendance at the face-to-face course and 4 days for completing e-modules, course reading, quizzes).
This leaves up to 16 days / year (from 36 days educational leave) to attend exams, study prior to an exam, or to attend approved scientific meetings.

Category B
10 days / year of in-house activities to include: 1 hour / week: Protected one-to-one supervision with the Educational Supervisor; Case Conferences & Journal Clubs.

Category C
10 days / year of clinical skills (e.g. psychotherapy / mental health tribunals / ECT).

Category D
1 day / week for specific research project (planning, implementation, publishing).

In summary, this amounts to 1.5 days / week that the Trainee is at work for categories B, C, and D combined (max. 492 hours per year) (and a further half-day / week worked to attend courses under category A).

For the HST – Adult Scheme this means:

Category A
8 days / year for blended learning courses (6 days attendance at the face-to-face course and 2 days for completing e-modules, course reading, quizzes).
This leaves up to 20 days for College approved training in non-clinical skills and
8 days / year to attend exams, study prior to an exam, or to attend approved scientific meetings.

Category B
20 days / year of in-house activities to include: 1 hour / week: Protected one-to-one supervision with the Educational Supervisor; Case Conferences & Journal Clubs

OR

Category C
20 days / year of clinical skills to include: 1 hour / week: Protected one-to-one supervision with the Educational Supervisor & specialised clinical skills (e.g. Psychotherapy / mental health tribunals / ECT)

Category D
1 day / week for specific research project (planning, implementation, publishing)

In summary, this amounts to 1.5 days / week at work for categories B, C, and D combined (max. 492 hours per year) with the College courses under category A (and up to a further half-day / week worked to attend College approved non-clinical training activities – also under category A). Note that the one-to-one supervision with the Educational Supervisor is mandatory but otherwise the use of categories B and C is flexible (to a combined maximum of 10 days / year). The previous term of 'special interest session' will cease to be used.

ON CALL

At BST:

- Trainees must participate in the local on-call rota in an equitable manner which should be evenly spread over the 4 years of BST with an absolute minimum of 90 sessions (or pro-rata for a 3 year BST training) as part of the employment contract.
- Note also the second paragraph under point (iv) on page 17 of these Regulations.

At HST:

- Eligibility for a CSCST in Psychiatry or Psychiatry of Old Age requires a minimum of 70 sessions of on-call on the senior on-call roster.
- Eligibility for a single CSCST in Learning Disability Psychiatry requires a minimum of 23 sessions of on-call on the senior on-call roster completed during the General Adult Psychiatry placement.
- Eligibility for a CSCST in Child and Adolescent Psychiatry requires a minimum of 40 sessions of on-call on the senior on-call roster.
- All on-call sessions must be supervised by an Educational Supervisor on the Specialist Register.
- In all placements on the National Higher Training Scheme in Adult Psychiatry & Related Disciplines, other than in Learning Disability Psychiatry, HST Trainees must complete a weekend on-call twice annually with a Workplace Based Assessment (WPBA) completed on each weekend. A weekend on-call is considered at least 3 sessions between a Friday night and Monday morning and at least 50% of mandatory weekend on-call sessions (throughout HST) must be supervised by the Trainee's own Educational Supervisor.
- Over a 3 year HST Programme on the National Higher Training Scheme in Adult Psychiatry & Related Disciplines (with the exception of a 3 year programme for a single CSCST in Learning Disability Psychiatry), a Senior Registrar must complete 18 sessions of weekend on-call (6 per year). Of these mandatory sessions, 9 must be with their own Educational Supervisor. Over the 18 sessions, a HST Trainee must complete 6 WPBAs with the Consultants (on Specialist Register) who were on-call with them for the relevant sessions. For a single CSCST in Learning Disability Psychiatry the requirement is 2 weekends on-call with 2 WPBAs over the 6 sessions.
- Eligibility for a single CSCST in Psychiatry where one year is spent in a Learning Disability Psychiatry placement has the same on-call requirements as any other combination of placements (i.e. 70 sessions including 18 weekend sessions).
- Each approved post on the National Higher Training Scheme in Adult Psychiatry & Related Disciplines (excluding Learning Disability Psychiatry posts) must offer a minimum of 35 sessions of on-call per 12-month placement.
- Payment of on-call is at NCHD rates.

MATERNITY AND/OR SICK LEAVE

All periods of maternity leave and / or sick leave must be notified to the Scheme Co-ordinator (BST), Vice-Dean (BST) or Dean of Education (HST). Notice of the intention to take maternity leave must be given to the Scheme Co-ordinator (BST), Vice-Dean (BST) or Dean of Education (HST) as soon as possible. Trainees who take maternity or sick leave must attain the learning outcomes to progress in training.

All periods of non-educational / non-annual leave (including maternity leave and / or sick leave) must be declared in the Trainee portfolio materials submitted for the Annual Review of Progress. The ARP panel will make a recommendation as to the requirement for additional training time, if any.

ACCREDITATION OF TRAINING SCHEMES

(For each of the following paragraphs please also see Section 5 of these Regulations).

INDUCTION PROGRAMME *(See also Section 5)*

All Trainees must participate in a structured induction programme at the time of taking up their duties. The form and content of induction programmes will vary according to local needs but must include the following elements as a minimum:

- Physical tour of facilities
- Management of on-site emergencies
- Procedure for emergency referrals/admissions
- Mental Health Act 2001
- Hospital information and patient information management systems
- Health and Safety Issues
- Policies and procedures for addressing bullying and undermining behaviour
- Non Violent Crisis Intervention
- ECT administration (in sites where ECT occurs)
- Basic Life Support Training
- Personnel issues (contract, on-call rota, etc.)

SAFETY *(See also Section 5)*

All training sites must provide safe working conditions for Trainees in all facilities including those in general hospitals and in the community. Safety issues must be highlighted in the initial induction programme and the Trainees' Induction Handbook must incorporate a section on safety including information on accessing local policies and procedures. Assessment rooms used by Trainees for assessment of acutely disturbed patients (in inpatient units, assessment suites, emergency departments and community facilities) should be safe, including a door opening outwards with an unobstructed visualization panel, and must not contain objects that could be used as potential weapons or barricades. Trainees must be provided with personal alarms which are regularly tested and fully monitored. Doctors, on-call at night, must be provided with mobile telephones if they are required to travel between sites. Non Violent Crisis Intervention training must occur at commencement of training and annually thereafter. Attendance at such training must be recorded in the portfolio. Each training Scheme should have a mechanism for monitoring violent incidents involving Trainees; these records may be examined by visiting College accreditation teams. Each site should have a clear policy for the management of Trainees involved in untoward incidents, including immediate reporting of the incident and subsequent counselling and support, if needed. Information about this should be incorporated in the Induction Handbook.

APPOINTMENT OF EXAMINERS, ARP PANELS, AND ACCREDITING TEAMS

Active Trainers and Senior Registrars (SRs) [SRs may not be examiners] will be prioritised. Active Trainers are defined as those named on an Educational Approval Form for the current training year. Within that group HST Mentors, Vice-Deans, and Tutors will be prioritised. After Active Trainers and SRs priority will be given to previous SRs who have been awarded a CSCST within the previous 12 months but are not Active Trainers. Retired Full Specialist Members are eligible if (i) They have been Active Trainers within the previous 5 years or (ii) They have been active Trainers within the previous 10 years AND have participated in the relevant activity within the previous year. If further participants are required this will be open to all Full Specialist Members who are in good standing with the Medical Council (including the Professional Competence Scheme) and who self-declare that they are not subject to an active investigation by the Medical Council or an employer.

EMPLOYMENT CONDITIONS

(See also Section 5)

1. **Contracts**

   All Trainees must be issued with appropriate contracts. A formal job description and timetable must be available for each training post and must be updated regularly. In addition and separate to the employment contract, the Trainee will sign a training agreement with the College.

2. **Educational leave**

   Trainees should be made aware of their entitlement to study leave and the local arrangements for applying for this. Trainees' clinical duties must not conflict with their ability to attend recognised training activities.

3. **Travel expenses**

   Trainees should be reimbursed necessary travel expenses in accordance with national rates and regulations.

4. **Office accommodation & secretarial support**

   All Trainees must have access to an office where they can carry out administrative duties without unnecessary interruption. Ideally such offices should be within the clinical workplace and may also serve as consulting rooms. Trainees must have access to adequate secretarial support to allow them to discharge their duties effectively.

POSTGRADUATE FACILITIES

(See also Section 5)

1. **Library**

   All Trainees must have access to a library which provides a comprehensive service under the direction of a qualified librarian. There must be an adequate range of up-to-date books and journals and facilities for inter library loans, photocopying and on-line literature searching (including out of hours). The library should include a minimum of ten psychiatric journals as well as access to general medical journals (e.g. BMJ, The Lancet). Adequate library facilities must be provided at each site where training is provided though the exact configuration will depend on local need. Satellite libraries should contain standard psychiatric texts and at least three psychiatric journals as well as photocopying facilities and telephone, fax and computer links with the nearest staffed library.

2. **Lecture & Seminar Rooms**

   Each training centre must have one lecture room large enough to accommodate all the psychiatric medical staff, together with non-medical staff and doctors from other specialities, who may attend postgraduate meetings. The lecture room should be equipped with appropriate audio-visual equipment. Seminar rooms may be less formal in character and should be able to accommodate 12-15 people. Where such rooms are used on a multidisciplinary basis, psychiatric Trainees must have sufficient access to allow adequate training. Video facilities should be available for interview skills training if required.

B. REGULATIONS SPECIFIC TO HST

DEAN OF EDUCATION

The Dean of Education is the HST Co-ordinator.

Guidelines for the Dean of Education in the allocation of HST posts:

1. First consideration should be the Trainee's training need(s). This should include recommendations made by an Annual Review of Progress Panel and consideration of Trainee's preference for dual or single specialisation.
2. Trainee preferences. Trainees should be asked prior to allocations to rank their 6 preferred posts.
3. For Trainees entering HST from July 2014 the ranking of HST posts via the accreditation process will be combined with the above two points.
4. Trainees should have experience in a range of demographic settings (to include urban, rural, and areas of deprivation), where possible.
5. Trainees should have experience in a range of services (as defined by a different ECD / employer / region), where possible.
6. If there is to be a period of paid leave that is known prior to allocation then priority is to be given Trainee needs and preferences rather than those of the service.
7. Posts for the remaining duration of the Trainee's rotation will be allocated but flexibility will be provided if there is a change to the Trainee's training needs or to the availability of training posts (e.g. new post approved or a post withdrawn).
8. Trainees will have an opportunity to provide a change to their preferences in December of each year. This will allow a Trainee already on the Scheme to submit a new preference prior to recruitment of new entrants for the following year but for a post that has not already been allocated to another Trainee on the Scheme.
9. Where none of the above considerations allow for a decision between two Trainees who wish for the same placement the Dean of Education may refer to interview ranking scores at entry to the Scheme.
10. If, following the issuing of placement packages, a previously allocated post becomes available due to the withdrawal of a Trainee, the Dean of Education may consider allocating that placement to a Trainee who was not allocated to his/her preferred placement. If the post becomes available following the withdrawal of a Trainee later than the last Friday in May the post will not be made available to other Trainees unless it fulfils a specialty / subspecialty requirement that was specified in the original placement preference form and could not otherwise be met.
11. For operational reasons the Dean of Education may have to make changes to placements at short notice.
12. **For HST Adult Scheme:** Placements must provide for a minimum of 70 sessions on the senior on-call roster.
13. **For HST Adult Scheme:** Trainees seeking a CSCST in Adult Psychiatry must have at least 24 months experience in General Adult Psychiatry.
14. **For HST Adult Scheme:** Trainees seeking dual Certificates of Satisfactory Completion of Specialist Training should, where possible, alternate placements between the two specialties (This may not be possible when a rotation includes a 2-year academic post).
15. **For HST Child & Adolescent Scheme:** Placements must provide for a minimum of 40 sessions on the senior on-call roster.
16. **For HST Child & Adolescent Scheme:** Trainees must have at least 6 months experience in an in-patient setting and at least 24 months in 'generic' Child & Adolescent mental health services.
17. If a trainee is required to change a placement due to the withdrawal of a post then that trainee's preferences may be prioritised over seniority and rank at interview.

HST MENTORS

HST Mentors are provided for each of the HST Schemes. Their roles include: career advice, an advocacy role (e.g. with Trainees and Educational Supervisors or with Trainees and the Dean of Education), advice to Dean of Education on rotations, ongoing review of each Trainee's portfolio for early identification of problems (in conjunction with Educational Supervisor), feedback to Accreditation Sub-Committee on quality issues, and assistance in preparation of Scheme accreditation.

RESEARCH AND PROTECTED EDUCATIONAL TIME

For Higher Trainees protected time is provided for under Categories A, B, C, & D (see above). This leave is not automatic and is dependent on the Annual Training Plan and the Initial Research records, which are compiled by the Trainee, Educational Supervisor and Research or other Supervisor at the beginning of a training post. The aims of the protected educational time must be specified and the outcomes recorded in the Trainee's portfolio, which must be presented to the ARP panel. Approval of training for the award of a CSCST requires that the aims are appropriate to that CSCST and that the outcomes have been achieved.

ACTING UP

The Medical Council of Ireland within its rules on the ***Limitations of Trainee Specialist Registration*** states: *Trainee Specialist registration in individually numbered, identifiable training posts only permits the practice of medicine within the clinical site/health service setting stated on the Certificate of Registration or clinics/health service settings formally connected with that training post. Trainee Specialist registration permits the prescribing of drugs only for those patients of the clinical site/health service setting in which the medical practitioner is employed. These limitations do not apply where a Trainee Specialist, in the final year of their training, is acting up at Consultant grade in that specialty for a period of up to three months*. The Medical Council of Ireland does not provide a further definition of 'acting-up'.

The College's definition of acting up is as follows: When 'acting up' the doctor is working as a Consultant but has access at all times to a named specialist who has undertaken to provide a second opinion and advice at the request of the doctor who is 'acting up'.

- Acting up must be compliant with regulations from the Medical Council of Ireland and is therefore, currently only permitted in the final year of training. [From an educational perspective the College argues that acting-up should not be confined to the final year of training and that Senior Registrars, on the recommendation of the Educational Supervisor, should be permitted to spend a period of time acting-up in any year of HST as part of the formal training programme but not within the first three months of first year (<u>if this were to be permitted by the Medical Council of Ireland</u>)].
- Senior Registrars may act up only for their Educational / Clinical Supervisors (as detailed on the Educational Approval Form for the post).
- Agreement of the employing authority must be sought and received before acting up.
- Each period spent acting-up can be for a maximum of 3 weeks at one time with a maximum of 6 weeks per year in total.
- Senior Registrars must be paid at the appropriate Consultant grade for the duration of the period.
- Periods spent acting-up are agreed in consultation and at the discretion of the Educational Supervisor and granted on an individual case-by-case basis in line with the training needs of the individual Trainee.
- Each period of acting-up must be followed up with a formal supervision session with the Educational Supervisor to report and feedback on the training experience.

TIME OUT FROM PROGRAMME IN A RESEARCH OR LECTURESHIP POST IN IRELAND (PRIOR TO OR FOLLOWING COMMENCEMENT ON AN HST PROGRAMME)

Please see *"The Place of Research in Higher Training"* on page 14.

TIME OUT FROM PROGRAMME IN A HIGHER TRAINING POST OUTSIDE OF IRELAND (PRIOR TO OR FOLLOWING COMMENCEMENT ON AN HST PROGRAMME)

Any Trainee who is considering a period out from programme prior to commencement of the first clinical post in an HST programme should declare this by the date of the HST interview.

Out of programme training in a clinical training post generally applies to a Trainee on a Higher Training Scheme who is granted a period in another jurisdiction during which the Trainee must continue to collect evidence for the portfolio. This requires that the Educational Supervisor for the Out of Programme post completes the College of Psychiatrists of Ireland HST Educational Approval form. This form will be assessed by the Dean of Education, HST Mentors, and a nominee of the relevant Faculty if none of the above is a Consultant in the specialty relevant to the post. Generally, the remaining 2 years on the Scheme will be in the core specialty.

A Trainee who has accepted an offer of an HST training programme place may submit a written request to the Dean of Education, requesting a period of out of programme training. The deadline for this submission will be the same as for the submission of the placement preference form (new entrants) or a change of mind form (existing Trainees). The proposed post must be approved as suitable for training prior to being granted. During a period of approved out of programme training the Trainee will be on the Trainee Specialist Division of the Medical Register maintained by the Medical Council of Ireland. Ordinarily, a maximum of one year of out of programme experience may be granted towards a CSCST. The Trainee must continue to collect evidence for the portfolio.

For additional Regulations pertaining to research and lectureship posts please see:
Section 1: THE PLACE OF RESEARCH IN HIGHER TRAINING &
Section 3: APPLICATION TO ARP FOR RECOGNITION OF EXPERIENCE POST BST AND PRIOR TO HST

TIME OUT FROM PROGRAMME IN A NON-TRAINING POST (PRIOR TO OR FOLLOWING COMMENCEMENT ON AN HST PROGRAMME)

(See also page 19 - Return to training following extended leave of absence)

Any Trainee who is considering a period out from programme prior to commencement of the first clinical post in an HST programme should declare this by the date of the HST interview. If a Trainee wishes to request 'a deferral' upon receipt of a training post offer but before commencement on the HST scheme, he/she can

(i) accept the current training post offer to commence on the scheduled start date *AND*
(ii) within the deadline for submitting the placement preference form (new entrants) or a 'change of mind' form (existing Trainees), submit a written request to the Dean of Education, requesting a maximum 12 month leave of absence from training with effect from the scheduled commencement date on programme.

The Trainee will not commence on the HST programme until 6 months or 12 months later than scheduled AND will remain on the General Division of the Medical Register maintained by the Medical Council of Ireland until taking up the first / next clinical post on the programme. The Trainee will be allocated the predefined rotations for the duration of the programme and this will indicate the period of time out of programme and that this is not in training. Requests for periods out from training in a non-training programme other than at the time of submission of placement preference or 'change of mind' forms will only be considered in exceptional circumstances (akin to force majeure leave).

C. REGULATIONS SPECIFIC TO BST

THE VICE-DEAN

For those who commence psychiatric training from July 2014 onwards, Basic Specialist Training (BST) will be delivered via nine Deaneries each with a number of Training Centres. The Vice-Dean will be the link between the Deanery via the Dean of Education to the Postgraduate Training Committee (PTC). With the Dean of Education the Vice-Deans will be responsible for the organisation of BST. Roles will include: Deanery development, recruitment and retention of Trainees, quality of training, advice to Trainees, and Trainee placements (arrange Foundation Year Placements to the training centres in the Deanery according to PTC policy & with the Dean of Education, other Vice-Deans, Scheme Co-ordinators, Tutors, and Specialty Tutors arrange for pre-defined BST rotations for years BST1-3).

TRAINING CENTRE TUTOR

Every Trainee must be linked to a specified training centre and a training centre is defined as the training location where the in-house teaching takes place (including reflective practice – see page 30). Every training centre must have a Tutor with protected time to carry out the responsibilities as described in this paragraph. The Tutor must be a permanently appointed Consultant, be a member of the College of Psychiatrists of Ireland, be on the Specialist Register, and be PCS compliant. Responsibilities include: liaison with the Vice-Dean with regard to Trainee placements, Trainee assessments, monitoring of quality of training and career advice to Trainees. Where difficulties arise during a particular clinical placement, the Trainee should raise these in the first instance with the Supervising Consultant. The Tutor may have a valuable role in helping to resolve such difficulties. The Tutor will be able to build up a picture of the quality of training in each placement. This information should be used for improving those aspects of the Deanery that are found to be inadequate or unsatisfactory.

ALLOCATION TO DEANERY

On entry to Basic Specialist Training each Trainee will be allocated to a Deanery based on their preference and performance at interview. It is not ordinarily possible for a Trainee to switch between Deaneries during training. If a Trainee, who is progressing satisfactorily, wishes to move to an alternative Deanery, the following protocol will apply.

(i) The Trainee must resign from the current Deanery and re-apply and be interviewed through the centralised recruitment process at the next scheduled intake. The Trainee will not be considered a new entrant to training and therefore will not be competing for a training post. However, they will be competing with other applicants at that intake for posts in specific Deaneries (i.e. this process will not guarantee transfer to a different Deanery but will guarantee an offer of a training post in one or more Deaneries).

(ii) If the transfer [in (i) above] is required on a temporary basis (i.e. a shorter period than completion of BST) the two Vice-Deans involved may collaborate to devise a full BST rotation of placements such that the Trainee does not have to re-apply in a subsequent year to return to the original Deanery. This provision is subject to the availability of an appropriate combination of placements in both Deaneries.

(iii) If the transfer becomes necessary after the deadline for applications for a given BST intake then options (i) and (ii) above will not be possible and:

a. The Trainee must submit a request in writing to the Dean of Education, the Trainee's current Vice-Dean, and the Vice-Dean of the Deanery that the Trainee is requesting to move to.

b. The request will only be considered if the Trainee can demonstrate that the reason for the requested move occurred after the deadline for the process in (i) above.
c. The request will only be considered if the Educational Supervisor Reports are satisfactory and the Trainee's score at interview on entry to BST would have resulted in allocation to the requested Deanery (i.e. the Trainee would have been allocated to that Deanery if he/she had given it a higher preference than the Deanery he/she had actually been allocated to).
d. If all of the above conditions are met the request will be facilitated if there is an availability of appropriate placements.

(iv) In all of the above (i-iii) accredited training from both Deaneries will be combined towards the Trainee's continuous assessment.

GUIDELINES FOR THE VICE-DEANS ON THE ALLOCATION OF BST POSTS

1. First consideration should be the Trainee's training need(s). This should include recommendations made by an Annual Review of Progress Panel and consideration of Trainee's preference for Adult or Child & Adolescent Psychiatry at HST. The packages of BST placements must meet the requirements for (i) the duration of BST, (ii) on-call experience, and (iii) make-up of specialties / sub-specialties as detailed in the CPsychI Regulations (pages 16-17 of July 2018 Revision).
2. Trainee preferences. Trainees should be asked prior to allocations to rank their preferred posts (There may be Deanery-specific forms for submitting preferences).
3. Trainees should have experience in a range of demographic settings (to include urban, rural, and areas of deprivation), where possible.
4. Trainees should have experience in a range of services (as defined by a different Executive Clinical Director / employer / region), where possible.
5. If there is to be a period of paid leave that is known prior to allocation then priority is to be given to Trainee needs and preferences rather than those of the service.
6. Posts for the remaining duration of the Trainee's rotation will be allocated but flexibility will be provided if there is a change to the Trainee's training needs or to the availability of training posts (e.g. new post approved or a post withdrawn).
7. Trainees will have an opportunity to provide a change to their preferences between November and January of each Training Year. This will allow a Trainee already on the Scheme to submit a new preference prior to recruitment of new entrants for the following Training Year but for a post that has not already been allocated to another Trainee on the Scheme. There are two BST placements in each Training Year and it is not generally possible for a Trainee to request a change of placement during the Training Year. (i.e. during the first placement it is not possible to request a change to the second placement).
8. A Trainee must not be offered a placement that has already been offered to another Trainee.
9. Pairs of Trainees are not permitted to submit requests to 'swap' placements (i.e. all requests must be made by individual Trainees).
10. Where none of the above considerations allow for a decision between two Trainees who wish for the same placement the Vice Dean may refer to seniority and interview ranking scores at entry to BST.
    (a) Seniority: This will be defined on the basis of the earliest possible date that the Trainee would become eligible for HST (i.e. calculated on earliest possible date that a Trainee could complete all 3 of the following: (i) the CPsychI Clinical Examination, (ii) all the duration of Training requirements, and (iii) the ARP requirements (without any further acceleration).
    (b) Rank at interview for BST: This may be used if two or more Trainees have identical seniority.
11. If a Trainee is required to change a placement due to the withdrawal of a post then that Trainee's preferences may be prioritised over seniority and rank at interview.

REFLECTIVE PRACTICE FOR BASIC SPECIALIST TRAINEES

Basic specialist trainees must participate in 40 sessions during basic training.

Reflective practice groups allow participants to discuss cases that have been troubling or difficult to engage or which have otherwise affected the doctor. They are not solution focused but address the doctor-patient relationship. In the late 1950s Michael Balint and his wife, Enid, began holding groups for general practitioners in London, involving a discussion with a group leader who was a psychoanalyst. Balint groups are named after him.

CPsychI recommends that groups be run using the Balint group format, with 6-12 participants and a leader who is a psychiatrist with an interest in psychotherapy. This will mean that trainees who may participate in several groups as they rotate through training will have a consistent experience. The College has been describing the groups as reflective practice groups as most group leaders have not had Balint group training. There may be a second group leader. This could be a senior registrar with an interest in becoming a group leader.

The group members and the leader sit in a circle and the leader (or one of the leaders if there are two) asks 'who has a case?' Someone volunteers to talk about a patient who has been on his or her mind. The presenter speaks for approximately 10 minutes about the case. The group listens to the story without interrupting. Then the group members may ask questions of fact for a few minutes. The leader should ensure the questions are factual. Then the presenter listens to the reactions of the group members. The presenter does not participate in the discussion and may even move his or her chair back from the group circle. The leader invites the group members to speculate about what is happening in the doctor-patient relationship and ensures the presenter remains silent for the following 20-30 minutes. The group members cannot ask any more questions of the presenter and must rely on their own responses to the case. The group does not tell the doctor how to treat the patient but instead helps the presenter to look at what might be going on between him or her and the patient. The presenter is invited to rejoin the discussion and to respond to what he or she has heard for the final 10 minutes.

The role of the Leaders: The leaders strive to make the group a safe place, where confidentiality is observed and members feel free to talk about their feelings and their work (including their mistakes). The group is not a form of personal therapy, though its effect can be therapeutic. The leaders must aim to keep the discussion focused on the doctor-patient relationship. They may ask how the patient has made everyone feel. If the patient is being overlooked in the discussion they may represent him or her. Often doctors will fall into problem-solving mode and the leader will try to bring the group back to the doctor-patient relationship.

If there are two leaders, they will be trying to work in sympathy, picking up cues from each other. One may steer the discussion while the other watches for people trying to get a word in and discreetly keeps an eye on the time. The session ends when time runs out (45 minutes per case). If two cases are being discussed the leader closes the discussion and again asks for another case. The leader does not attempt to summarise the case or offer reassurance but thanks the presenter(s).

[The Balint Society (balint.co.uk) organises Balint weekends which take place in the UK (including Northern Ireland) and Ireland. The website provides information on how to become an accredited Balint group leader.]

TIME OUT FROM PROGRAMME
(PRIOR TO OR FOLLOWING COMMENCEMENT ON THE BST PROGRAMME)

(See also page 19 - Return to training following extended leave of absence)

If a Trainee wishes to

(i) request 'a deferral' upon receipt of a training post offer but before commencement on the BST scheme,
or
(ii) request time out of programme following commencement on the BST programme

s/he can:

1. Accept the current training post offer to commence on the scheduled start date

AND

2. Submit a written request to the respective Vice-Dean (and the Dean of Education, CPsychI) requesting a maximum 12 month leave of absence from training with effect from their scheduled commencement date.

The Trainee will not commence (or re-commence) on the BST programme until 6 months or 12 months later than scheduled AND will remain on the General Division of the Medical Register maintained by the Medical Council of Ireland until taking up first / next clinical post on the programme (the Trainee may be on the Trainee Specialist Division of the Register if during the time out from the Psychiatry BST programme he/she is undertaking training within another recognised training programme).

The Trainee will be allocated to the Deanery that they have accepted in point 1 above. On return to training the remaining duration of training will be as specified at the last Annual Review of Progress Report. If the doctor does not return to training after a maximum of 12 months he/she must reapply to enter training.

REQUESTS FOR CERTIFICATION OF BST

Trainees who are leaving or have left training (prior to receiving a CSCST) to work or train in another jurisdiction may request that the College provide written certification of their time spent in training in Ireland. In such cases a standardised letter will be issued to state that an Irish CCBST (Certificate of Completion of Basic Specialist Training) is awarded on successful completion of four components:

(i) A Progress Outcome at the BST Year 3 ARP
(ii) Attainment of the MRCPsych Written Papers and
(iii) Successful completion of the CPsychI Clinical Examination
(iv) A minimum duration of 36 months of experience in approved training posts.

Each letter will explicitly specify what the Trainee has and has not completed. A fee is applied to the issuance of all training certification letters.

SECTION 3: ANNUAL REVIEW OF PROGRESS

INTRODUCTION

The Annual Review of Progress (ARP) is an important function of the Postgraduate Training Department of the College of Psychiatrists of Ireland. The College has the responsibility for the provision and quality assurance of training and for the assessment of Trainees. The College decides whether a Trainee has satisfactorily completed BST and/or HST and whether he/she is eligible for receipt of certificates of completion of Higher Specialist Training (CSCST). The ARP panel examines evidence submitted to the College by Trainees and generates reports, which can lead to provision of certificates of completion of training, continuation of training or termination of training.

The ARP has replaced the previous form of assessment at Basic Specialist Training (BST), which was based on time served in training and passing the membership Examination of the Royal College of Psychiatrists (MRCPsych) and at Higher Specialist Training (HST), which was based on time served in training and reports by Supervising Consultants. The ARP can also be used as a method to assess candidates from other recognised speciality training Schemes (either in Ireland or abroad) for the purpose of recognition of training appropriate to Psychiatry. The ARP provides a yearly record of training attainments and is used to support the application for Certificates of Satisfactory Completion of Higher Specialist training (CSCST). The CSCST is required to allow a Trainee to be placed on the Specialist Division of the Medical Council's Register in one or more of the four recognised specialties of Psychiatry.

To progress in training, Trainees must demonstrate that they are acquiring the necessary learning outcomes at the appropriate rate. The ARP is a review of the evidence produced by the Trainee to demonstrate satisfactory progression. The ARP enables identification of a Trainee in difficulty, so that appropriate remedial measures can be put in place at an early stage.

One of the key functions of the ARP is to review the Trainee's educational evidence. Preparation for the ARP occurs throughout the year. The method to gather evidence both appropriately and efficiently is by using the Trainee portfolio. A portfolio is a collection of evidence that training (and more importantly learning) has occurred. WPBA (workplace based assessment) forms and other portfolio items can be downloaded from the College website. The College is moving towards the creation of an electronic portfolio. Attainment of learning outcomes is demonstrated in the portfolio by WPBAs and by a variety of other methods. WPBAs need to occur at regular intervals throughout the year and not be left until the period immediately before the ARP.

In advance of the ARP the College will send a reminder to each Trainee including information on the relevant ARP process and a portfolio checklist. The College requires that every Trainee completes and returns the learning outcomes attainment grid by the given deadline. The purpose of this form is to summarise the information contained within the portfolio and, along with the portfolio evidence submitted throughout the year by the Trainee, it allows the ARP panel members to make a determination as to whether or not a Trainee's progress is satisfactory. During each placement, as part of the Trainee portfolio, the Supervising Consultant will also be required to complete a number of formal meeting records with the Trainee (Initial, Midpoint and Endpoint) which will also help shape the ARP panel's opinion on a Trainee's progression through training. It is the responsibility of the Trainee to ensure that all documentation is periodically sent in to the College using the dedicated email address: portfolio@irishpsychiatry.ie. If evidence is incomplete or lacking then the ARP panel will not be able to support a Trainee's progression until such evidence is provided.

COMPOSITION OF THE ARP PANEL

(See also: APPOINTMENT OF EXAMINERS, ARP PANELS, AND ACCREDITING TEAMS on page 23 of these Regulations.)

Each ARP panel will be composed of at least three members who have completed ARP panel training provided by the College. For BST ARP assessments, one of the panel members may be a Higher Specialist Trainee currently on the Higher Training Scheme in Psychiatry. All other panel members must be approved Educational Supervisors or retired Consultants who have been involved in the supervision of Trainees within the previous five years. All ARP panel members must have an up-to-date certificate of ARP panel training provided by the College. Each panel will elect a chairperson who will ensure that the correct procedure is carried out during the entire ARP process and that all necessary forms are completed and returned to the College.

Panel members must not include anyone who may have a conflict of interest, such as the Trainee's current or immediately previous Clinical Supervisor or BST Tutor.

FUNCTIONS OF THE ARP PANEL

The Annual Review of Progress (ARP) plays a central role in the Trainee appraisal process. On behalf of the Postgraduate Training Committee (PTC), the panels will have the ability to recommend progression of the Trainee to the next stage of training, to ask for more evidence regarding the Trainee's performance, to stall such progress and recommend or insist on remedial training or to recommend termination of training. By its nature the ARP process is summative. The quality of the evidence submitted to the panel is of vital importance. It will consist mainly of reports from Clinical and Educational Supervisors and Tutors, workplace based assessment forms and evidence of attainment of a wider experiential nature.

The panel members will hear feedback from Trainees on their respective training experience(s). There is a policy to deal with negative feedback about Trainers or training sites. The panel members will give Trainees feedback on their submitted evidence.

THE ARP PROCESS

Trainees will be notified in advance of the panel meeting which will be convened by the College. Trainees must take full responsibility for the submission of their portfolios and other supporting documentation in advance of the meeting. Material submitted after the specified deadline will not be reviewed by the ARP panel. This may result in a Trainee being given an unsatisfactory outcome due to insufficient evidence.

The panel will systematically consider the evidence presented with respect to the curriculum and make a decision on a Trainee's progress. The panel has two objectives:

1. To consider the adequacy of the evidence provided by the Trainee.

2. Provided the documentation is adequate, to make a judgment about the Trainee's suitability to progress to the next stage of training or to confirm that training has been satisfactorily completed.

The panel's judgment will typically be based on 4 types of evidence:

1. Attainment of learning outcomes (as evidenced by workplace based assessments and other documented assessments of performance).

2. Judgments in the form of structured reports from the Educational Supervisor (or the Tutor) regarding the Trainee's overall performance.

3. Further experiential activities required by the College curriculum (e.g. reflective practice group participation, documented supervision sessions, approved course attendance, completion of e-learning modules, Examination success etc.).

4. Experiential activities beyond the requirements of the College curriculum (published research, conference presentation etc.).

The ARP panel will examine the submitted learning outcomes attainment grid and the Trainee portfolio to complete the ARP Panel Report Form.

Only written evidence or communication will be used by the ARP panel to make a decision on a Trainee's progression. Whilst a Trainee's Supervisors and Tutors may be phoned in relation to a specific query about submitted evidence, ARP panel decisions will be based on documented evidence.

REQUESTS TO DEFER A SCHEDULED ARP

If a Trainee feels s/he cannot attend a scheduled ARP due to issues such as long-term ill health or personal issues, s/he should apply for a leave of absence from training (see page 27 for HST and page 29 for BST) for an agreed period of time, **not exceeding one year**. For the duration of the leave of absence, the Trainee is permitted to continue to work but should be registered on the General Register with the Medical Council of Ireland and must maintain Professional Competence (PCS).

ARP DEADLINES

Prior to each submission deadline for mandatory portfolio materials Trainees will be sent a reminder notification of the upcoming deadline.

An e-mail will be sent to all Trainees at the start of the training year with deadlines for mandatory portfolio materials (e.g. Training Placement Plan, Supervisor Reports, Supervision Sessions). This notification will also explain that:

1. If any mandatory item is not submitted by the deadline the Trainee will be required to submit an explanation in writing to the Dean of Education within 10 working days.

Failure to comply will result in the Trainee being asked to leave training.

2. On receipt of the explanation, the Dean will advise the trainee of a revised date by which the overdue materials must be submitted. This date will be appropriate to the explanation provided in 1 above.

Failure to comply will result in the Trainee being asked to leave training.

A decision to ask the Trainee to leave training may be appealed in the same way as an Outcome 4 from an ARP Review.

EXPIRY OF PORTFOLIO ITEMS

All portfolio items that have not been submitted for an ARP review within 18 months of the last ARP (or demonstrated attainment of a competency) will expire.

IMPACT OF SUPERVISOR REPORTS ON ARP REPORTS

At each ARP review all Educational Supervisor Midpoint and Endpoint Reports due since the last ARP review must be reviewed. If any of these have not been submitted for the ARP review the Panel may only award a Decision 4 or 5 and if any are unsatisfactory the Panel may only award a Decision 3, 4 or 5.

If a satisfactory ARP outcome is changed to an unsatisfactory outcome following an unsatisfactory Supervisor's Report this may be appealed in the same way as an unsatisfactory outcome from an ARP Review.

OUTCOMES

There are six possible outcomes which fall into three categories (a) progress, (b) Unsatisfactory / insufficient evidence and (c) completion of training.

Progress

1. **PROGRESS:**
   The Trainee is progressing through training with the attainment of all learning outcomes as expected.

2. **PROGRESS WITH NEED TO DEVELOP (WITHIN TIME):** *Some outcomes outstanding, but no additional time required*.
   The Trainee is progressing through training; however, some learning outcomes have not been attained. Additional training time is not required. The Trainee may be required to meet with the panel. The Trainee will have to submit evidence of attainment of unmet outcomes at the ARP of the following year, along with outcomes for the next year of training.

Unsatisfactory or insufficient evidence

3. **NEED TO DEVELOP (FURTHER TIME ADDED)**: *Inadequate progress, further training time required*. Inadequate progress is being made by the Trainee and further training time will be required. The Trainee must meet with the panel.

4. **TRAINEE ASKED TO LEAVE THE SCHEME:** The Trainee will be released from the training programme with or without attainment of specified learning outcomes. The Trainee must meet with the panel.

5. **INCOMPLETE EVIDENCE:**
   Where the documentary evidence submitted is so incomplete or otherwise inadequate that a panel cannot reach a judgement, no decision will be taken about the performance or progress of the Trainee. The failure to produce timely, adequate evidence for the panel will result in this outcome and will require the Trainee to explain to the College (and panel) in writing the reasons for the deficiencies in the documentation submitted to date. This incomplete evidence outcome will remain as a part of the Trainee's record but once the relevant evidence has been submitted then a new outcome will be added according to the evidence evaluated by the assessment panel.

   An explanation outlining the reasons for the lack of evidence must be made in writing, to the Dean of Education, the College of Psychiatrists of Ireland, 5 Herbert Street, Dublin 2 within ten working days of being notified of the panel's initial decision to award a Trainee an Outcome 5- incomplete evidence. Any additional evidence must also be submitted by the same deadline. Failure to respond to this request within the specified time frame will result in Outcome 4- the Trainee being asked to leave the training Scheme. Therefore an Outcome 5 should be considered a serious outcome given as an alternative to an Outcome 4. Submitted evidence will be reviewed by the initial ARP panel members (if possible). An Outcome 5 will automatically be incorporated into the Step 1 Appeals process (see below). This means that additional documentation would be reviewed at the Step 1 stage and a revised decision made then. If the Trainee appeals this further, it will go straight to a Step 2 Appeal.

Recommended for completion of training

6. **TRAINING COMPLETE:**
   Outcome 6 is applicable only to HST. The Trainee has attained all the specified learning outcomes and will be recommended as having completed the training programme and for award of a CSCST.

HST TRAINEE RECEIVING AN OUTCOME 3 AT AN ARP

If a HST trainee receives an *Outcome 3 (Need to Develop: Further Time Added)* at their HST Year 1 or HST Year 2 ARP, they will have their next ARP review 12 months later, as originally scheduled. If, at the HST Year 3 ARP, the training issues noted at the previous ARP(s) have not been remediated, additional training will be required. An Outcome 3 at the HST Year 2 ARP (or HST Year 3 ARP if Trainee is dual training) may mean that the Trainee is provisionally allocated an additional placement at end of their HST, pending the result of their final ARP. Additional training will not be required if a Trainee has remediated all previously noted training issues and completed all HST portfolio requirements by the time of their final ARP.

BST YEAR 3 TRAINEE WISHING TO REVERSE A PREVIOUS ACCELERATION

If a BST Trainee has previously accelerated but at the BST3 ARP review has not met the criteria for completion of BST3 s/he may request a further BST3 ARP. In such cases no outcome will be awarded other than to confirm the BST2 outcome and set a new date for the BST3 ARP. The text of the ARP Report will also comment on progress made by the Trainee.

BST TRAINEE WISHING TO WITHDRAW FROM A SCHEDULED ACCELERATION ARP

If a Trainee in BST has been scheduled for an accelerated ARP s/he may withdraw from this at any time up to the closing date for submission of materials for that ARP.

BST YEAR 3 TRAINEE WISHING TO CONTINUE IN BST FOLLOWING A SATISFACTORY BST3 ARP

If a BST Trainee wishes to continue in BST placements following a satisfactory outcome in a BST3 ARP, this may be granted up to a maximum of 5 years (including Foundation Year) with the support of the relevant Vice-Dean.

BST OR HST TRAINEE WHO IS IN PART-TIME TRAINING OR WHO MISSES A PORTION OF THE TRAINING YEAR

A Trainee who is in part-time training or who has had a period of leave (other than annual leave) will be required to be assessed by the ARP process within 12 months from entry to the programme/last ARP review. If the Trainee has not returned from leave at that time then they will be required to complete an ARP review at the next available opportunity upon their return. At that point the Trainee may not have completed a year of training but will be assessed for two reasons. Firstly, the ARP process, in addition to assessment of the Trainee, provides an opportunity for feedback on training. Hence, for timely feedback it is important that every Trainee is given the opportunity to comment on the provision of training at least once per year. Secondly, it is important to ensure that the structure of part-time training/leave does not prevent the Trainee from gaining mandatory experience(s) and to address such problems in time. (For example, a part-time training based on working mornings only might result in the Trainee missing all reflective practice group sessions if they are always held in the afternoon. After 24 months of half-time training such a Trainee would have had 12 months of training but might not be able to progress having not had the opportunity to attend the reflective practice group).
Note that a Trainee who is in part-time training or who has had a period of leave and has not completed a year of training at the time of the ARP cannot be given an Outcome 1 or 2 (unless training is accelerated – see above).

The ARP Report will comment as to whether the progress is proportionate to the duration of time spent in training. If it is not appropriate to award a satisfactory outcome for the entire year then no outcome will be awarded. Instead the ARP Report will confirm the outcome for the previous year and set a new date for a review of the current year.

APPLICATION TO THE ARP PANEL FOR RECOGNITION OF PREVIOUS BASIC SPECIALIST TRAINING

Previous Specialist Medical Training in Psychiatry within Ireland prior to the introduction of the ARP process:
For Trainees who have previously undertaken Specialist Medical Training in Psychiatry within Ireland and can demonstrate learning outcome attainment, Basic Specialist Training in Psychiatry may be accelerated by a maximum of **three years**, subject to approval by an Annual Review of Progress (ARP) panel. Documentary evidence of the training must be submitted by the closing date for receipt of applications for entry to BST. This documentary evidence must include: (i) job descriptions of all posts held and (ii) certification of satisfactory participation in training. This evidence will allow a maximum of one year accreditation (exemption from Foundation Year) and must be submitted by the closing date for applications. Following appointment to the Scheme, training may be accelerated by a maximum of a further two years, subject to approval by an Annual Review of Progress (ARP) panel (supporting evidence will be required at a later stage and must include this College's BST1-3 Learning Outcome Attainment Grid).

Previous Specialist Medical Training in Psychiatry in the United Kingdom, Australia, and New Zealand:
For Trainees who have previously undertaken Specialist Medical Training in Psychiatry in the United Kingdom, Australia, or New Zealand and can demonstrate learning outcome attainment, Basic Specialist Training in Psychiatry may be accelerated by a maximum of **two years**, subject to approval by an Annual Review of Progress (ARP) panel. Documentary evidence of the training must be submitted by the closing date for receipt of applications for entry to BST. This documentary evidence must include: (i) job descriptions of all posts held and (ii) certification of satisfactory participation in training from the responsible national training body. This evidence will allow a maximum of one year accreditation (exemption from Foundation Year) and must be submitted by the closing date for applications. Following appointment to the Scheme, training may be accelerated by a maximum of a further one year, subject to approval by an Annual Review of Progress (ARP) panel (supporting evidence will be required at a later stage and must include this College's BST1-3 Learning Outcome Attainment Grid).

Previous Specialist Medical Training in Psychiatry in countries other than the United Kingdom, Australia, and New Zealand:
For Trainees who have previously undertaken Specialist Medical Training in Psychiatry in countries other than the United Kingdom, Australia, or New Zealand and can demonstrate learning outcome attainment, Basic Specialist Training in Psychiatry may be accelerated by a maximum of **two years**, subject to approval by an Annual Review of Progress (ARP) panel. Documentary evidence of the training must be submitted by the closing date for receipt of applications for entry to BST. This documentary evidence must include: (i) job descriptions of all posts held and (ii) certification of satisfactory participation in training from the responsible national training body. This evidence will allow a maximum of one year accreditation (exemption from Foundation Year) and must be submitted by the closing date for applications. Exemption from Foundation Year will be subject to review of the structure and content of the training by an ARP panel. Following appointment to the Scheme, training may be accelerated by a maximum of a further one year, subject to approval by an Annual Review of Progress (ARP) panel (supporting evidence will be required at a later stage and must include this College's BST1-3 Learning Outcome Attainment Grid).

Previous Specialist Medical Training in a specialty other than Psychiatry:
Trainees who have previously undertaken Specialist Medical Training in a specialty other than Psychiatry and can demonstrate learning outcome attainment, Basic Specialist Training in Psychiatry may be accelerated by a maximum of **one year**, subject to approval by an Annual Review of Progress (ARP) panel. The Trainee must submit evidence of having met relevant learning outcomes during a period of training (i.e. on the register of Specialist Trainees kept by the Medical Council or equivalent from another jurisdiction). That period of training must have provided the Trainee with experience relevant to Psychiatry. In practice this is most likely to have

been met by General Practice Trainees who have had a Psychiatry clinical attachment. Documentary evidence of the training must be submitted by the closing date for receipt of applications for entry to BST. This documentary evidence must include: (i) job descriptions of all posts held and (ii) certification of satisfactory participation in training from the responsible national training body. Following appointment to the Scheme the Trainee will be required during the first placement to complete the College of Psychiatrists of Ireland's Foundation Year Learning Outcome Attainment Grid. To achieve an acceleration, the evidence submitted must demonstrate to the ARP panel that (1) the Trainee has completed a satisfactory proportion of Psychiatry experience prior to application and (2) the Trainee has met an adequate number of learning outcomes to allow progression.

APPLICATION TO AN ARP PANEL FOR RECOGNITION OF EXPERIENCE POST BST AND PRIOR TO HST & FOR HIGHER SPECIALIST TRAING IN ANOTHER JURISDICTION

See also The Place of Research in Higher Training (Page 14) and Section 2B (Regulations Specific to HST – page 27).

There are two options for those eligible for HST to seek recognition of experience post BST and immediately prior to appointment to the HST programme. The experience must be in either a research or lectureship post. The Trainee must apply prospectively to the College and, if the proposal is accepted, complete a portfolio throughout the post (based on the learning outcomes for a year of HST). Materials may be collected over a maximum of 2 years and, subject to ARP review and appointment to the HST programme, may be credited towards a maximum of one year of HST. If given an Outcome 1 or 2, the Trainee may be able to complete the HST year 3 ARP after a further 2 (rather than 3) years.

For Trainees who have previously undertaken Higher Specialist Medical Training in Psychiatry in the European Union, United Kingdom, Australia, or New Zealand and can demonstrate learning outcome attainment, Higher Specialist Training in Psychiatry may be accelerated. Ordinarily the acceleration will be for a maximum of one year towards a single CSCST and is subject to approval by an Annual Review of Progress (ARP) panel. Documentary evidence of the training must be submitted by the closing date for receipt of applications for entry to HST. This documentary evidence must include: (i) job descriptions of all posts held and (ii) certification of satisfactory participation in training from the responsible national training body. Supporting evidence will be required at a later stage and must include the evidence required to fulfil this College's HST Learning Outcome Attainment Grid.

ACCELERATION / DECELERATION OF BST TRAINING – SUMMARY

If a Trainee has previous training experience and can demonstrate learning outcome attainment, Basic Specialist Training may be accelerated (subject to approval by an ARP panel) by a maximum of one, two, or three years, depending on the type of training and where it was undertaken. This may be implemented in two steps of 6 month accelerations. Any other Trainee who, at ARP, has met all learning outcomes for the year may be granted an ARP for the following year of training after six months. In total, throughout a programme of training, an individual Trainee will have no more than 12 months additional training, apart from exceptional circumstances. Trainees can accelerate only twice during a BST training programme, just as they can decelerate (Outcome 3: further time required) only twice. Therefore a BST Trainee can spend a minimum of 3 years and a maximum of 5 years in Basic Specialist Training.

ACCELERATION / DECELERATION OF HST TRAINING – SUMMARY

In relation to HST the option of accelerations is not provided – *see Duration of HST* pages 12-13.

In HST if a Trainee does not meet the criteria for a CSCST or the requirements for a subspecialty by the minimum duration of training required for that qualification then a maximum of 12 additional months of HST may be provided.

ARP AT THE COMPLETION OF A STAGE OF TRAINING - HST

Generally ARP reviews take place in May and October/November of each year. As training placements are completed in either January or July, Endpoint Supervisor Reports for the most recent placement will not be available at the time of the ARP review. Therefore, all ARP Outcome Reports are contingent upon a satisfactory Endpoint Supervisor's Report. In the case of Trainees who are continuing in training this will be reviewed at the subsequent ARP.

In the case of HST Trainees who are completing training the award of an Outcome 6 will be contingent upon items specified in the ARP report. At a minimum this will include a satisfactory Endpoint Supervisor's Report but may include additional reports or evidence. All such evidence must be submitted for review by the Dean of Education within 10 working days of completion of the final placement.

ARP AT THE COMPLETION OF A STAGE OF TRAINING - BST

(See also paragraph above **Conditions for exit from BST and maintaining streamlining status** on page 8)

Endpoint Supervisor Reports for the most recent placement will not be available at the time of the ARP review. Therefore, all ARP Outcome reports (and progression to HST) are contingent upon a satisfactory Endpoint Supervisor's Report.

At the end of BST3 there will be two groups of Trainees – Trainees on track to finish BST3 in January and Trainees on track to finish in July.

BST Trainees with a July completion date (Streamlining ARP in January):

In order to be eligible to commence Higher Specialist Training the Trainee must have completed the Exam process and have an Outcome 1 or 2 from the BST3 ARP. The application process for Higher Training takes place between December and February. Therefore to facilitate seamless training for Trainees who are due to complete BST in July, an additional ARP review will take place in January annually. Only BST3 Trainees who (i) have passed the CPsychI clinical examination prior to the application deadline for that ARP and (ii) who are due to complete training in July and (iii) intend to apply for a College of Psychiatrists of Ireland Higher Training programme at the next intake, will be eligible for this review. An Outcome 1 or 2 at this review will allow the Trainee to apply for HST with a start date in July (which is the Trainee's scheduled date of BST completion). As the Trainee will have a further 6 months of BST training following the ARP review it is to be expected that there will be a number of learning outcomes to be obtained in that final placement.

Any Trainee who receives an Outcome 1 or 2 at a January streamlining ARP and decides not to apply for the National Higher Training Programme that year will no longer be considered to be a streamlined Trainee.

There are three possible dates for ARP reviews for BST 3 Trainees:

1) Trainees due to finish BST3 *in January* will have an ARP in October and if successful (& have the MCPsychI examination) will be eligible to start HST the following July.
2) Trainees due to finish *in July* (& have the MCPsychI examination) will be offered a 'Streamlining ARP' in January to facilitate their eligibility for a July start in HST (see paragraph above).
3) Trainees due to finish *in July* (but do not have the MCPsychI examination) will not be eligible for a 'Streamlining ARP' in January and will have their ARP review in April (as will those who are offered but decline a January 'Streamlining ARP').

In all cases an **Outcome 1** will mean that **a**ll learning outcomes have been achieved and the Trainee will be eligible for HST subject to satisfactory Supervisor's Reports and MCPsychI examination.

For **Outcomes 2 and 3** the process and implications will differ depending on which of the 3 ARP reviews has been completed:

Outcome 2 at the *October* ARP*:* An additional placement is unlikely to be required but the portfolio will need to be reviewed. The ARP report must give sufficient detail to guide the Trainee as to what is required and the updated portfolio must be resubmitted to the College within 10 working days from the final day of the current placement.

- If the Trainee is successful at the interviews for the following July entry to HST, the initial review of an Outcome 2 will be limited to confirmation, by the Dean, of a satisfactory Endpoint Supervisor's Report and the review of outstanding learning outcomes will take place at the first HST ARP review in April following commencement of the first HST placement. These must have been obtained during a BST placement. If they have not been obtained during a BST placement the start date for the minimum duration of training requirement for HST will be the date on which all of the BST learning outcomes have been achieved.
- If the Trainee does not enter HST the following July, s/he will ordinarily have an ARP review at the October ARP review scheduled for that year (i.e. 12 months from the original BST3 Outcome 2). The ARP review of the outstanding BST learning outcomes must be no later than that date but the Trainee may request to have it at an earlier date (i.e. April – 6 months after the original BST3 Outcome 2. NB this option will probably only apply to those who choose not to enter HST as those who fail to enter HST may not know this in time for submission of materials). The outstanding BST learning outcomes must have been obtained during a BST placement. If they have not been obtained during a BST placement the Trainee will not have completed BST and will not be eligible to enter HST until all outstanding learning outcomes have been obtained in a BST placement.

The ARP report will include the following statement:
"Completion of BST in January will require the following learning outcomes to be attained: (*all outstanding learning outcomes will be listed here*)"
Depending on the amount of outstanding work the report will require the panel to endorse one of the following three condition statements:

1. Attainment of outstanding learning outcomes in order to complete BST in January is likely.
2. Attainment of outstanding learning outcomes in order to complete BST in January will require much work.
3. Attainment of outstanding learning outcomes in order to complete BST in January will be very challenging.

The wording of the Outcome 2 condition statements will allow the ARP panel to indicate to the Trainee how much has to be done and to indicate to the Dean of Education how likely it is that the Trainee will be able to do it; these statements will not have any bearing on the Trainee's career and cannot be appealed.

The ARP report will also include the following:

IMPORTANT NOTE (For Trainees awarded an Outcome 2 at a BST Year 3 October ARP):
An Outcome 2 at a BST Year 3 ARP means that you have outstanding learning outcomes from the BST curriculum but that the panel is satisfied that it will be possible for you to demonstrate attainment of these outstanding learning outcomes by the time you complete your final BST placement. Although the portfolio may not be reviewed by a College ARP panel until after you have left BST, the outstanding learning outcomes must be attained while you are in a BST placement.
Therefore:

(i) If you leave training prior to attainment of all the outstanding learning outcomes you must apply to re-enter Basic Specialist Training in order to complete BST.

(ii) The outstanding learning outcomes will be assessed at your next scheduled ARP (i.e. next October if you do not enter HST next July otherwise at your first HST ARP the following April). If you enter HST as a 'Streamlined Trainee' prior to attainment of all the outstanding learning outcomes your duration of HST (for the purpose of the minimum duration of training criterion for eligibility for a CSCST) will be calculated from the date of submission of the last outstanding BST learning outcome.

Outcome 2 at the *January* ARP: An additional placement may not be required but the portfolio will need to be reviewed and the Trainee will be eligible to apply for HST. The ARP report must give sufficient detail to guide the Trainee as to what is required and the updated portfolio must be resubmitted to the College within 10 working days from the final day of the current placement.

- If the Trainee is successful at the interviews for the following July entry to HST, the initial review of an Outcome 2 will be limited to confirmation, by the Dean, of a satisfactory Endpoint Supervisor's Report and the review of outstanding learning outcomes will take place at the first HST ARP review in April following commencement of the first HST placement. These must have been obtained during a BST placement. If they have not been obtained during a BST placement the start date for the minimum duration of training requirement for HST will be the date on which all of the BST learning outcomes have been achieved.
- If the Trainee does not enter HST in July of that year, s/he will ordinarily have an ARP review at the October ARP review scheduled for that year. The ARP review of the outstanding BST learning outcomes must be no later than that date but the Trainee may request to have it at an earlier date (i.e. April - NB this option will probably only apply to those who choose not to enter HST as those who fail to enter HST may not know this in time for submission of materials). The outstanding BST learning outcomes must have been obtained during a BST placement. If they have not been obtained during a BST placement the Trainee will not have completed BST and will not be eligible to enter HST until all outstanding learning outcomes have been obtained in a BST placement.

The ARP report will include the following statement:
"Completion of BST in July will require the following learning outcomes to be attained: (*all outstanding learning outcomes will be listed here*)"
Depending on the amount of outstanding work the report will require the panel to endorse one of the following three condition statements:

1. Attainment of outstanding learning outcomes in order to complete BST in July is likely.
2. Attainment of outstanding learning outcomes in order to complete BST in July will require much work.
3. Attainment of outstanding learning outcomes in order to complete BST in July will be very challenging.

The wording of the Outcome 2 condition statements will allow the ARP panel to indicate to the Trainee how much has to be done and to indicate to the Dean of Education how likely it is that the Trainee will be able to do it; these statements will not have any bearing on the Trainee's career and cannot be appealed.

The ARP report will also include the following:

IMPORTANT NOTE (For Trainees awarded an Outcome 2 at a BST Year 3 Streamlining ARP)
An Outcome 2 at a BST Year 3 ARP means that you have outstanding learning outcomes from the BST curriculum but that the panel is satisfied that it will be possible for you to demonstrate attainment of these outstanding learning outcomes by the time you complete your final BST placement. Although the portfolio may not be reviewed by a College ARP panel until after you have left BST, the outstanding learning outcomes must be attained while you are in a BST placement.

Therefore:

(i) If you leave training prior to attainment of all the outstanding learning outcomes you must apply to re-enter Basic Specialist Training in order to complete BST.
(ii) If you enter HST as a 'Streamlined Trainee' prior to attainment of all the outstanding learning outcomes your duration of HST (for the purpose of the minimum duration of training criterion for eligibility for a CSCST) will be calculated from the date of submission of the last outstanding BST learning outcome.

Outcome 2 at the *April* ARP: An additional placement may not be required but the portfolio will need to be reviewed. The Trainee may be eligible to apply for entry to HST the following year. The ARP report must give sufficient detail to guide the Trainee as to what is required and the updated portfolio must be resubmitted to the College within 10 working days from the final day of the current placement.

- The Trainee will ordinarily have an ARP review at the October ARP review scheduled for that year. The Trainee may choose to leave training prior to that (i.e. in July) or request a further placement from the relevant Vice Dean.
- If the Trainee leaves training prior to attainment of all the outstanding learning outcomes s/he must apply to re-enter Basic Specialist Training in order to complete BST.

The ARP report will include the following statement:
"Completion of BST in July will require the following learning outcomes to be attained: (*all outstanding learning outcomes will be listed here*)"
Depending on the amount of outstanding work the report will require the panel to endorse one of the following three condition statements:

1. Attainment of outstanding learning outcomes in order to complete BST in July is likely.
2. Attainment of outstanding learning outcomes in order to complete BST in July will require much work.
3. Attainment of outstanding learning outcomes in order to complete BST in July will be very challenging.

The wording of the Outcome 2 condition statements will allow the ARP panel to indicate to the Trainee how much has to be done and to indicate to the Dean of Education how likely it is that the Trainee will be able to do it; these statements will not have any bearing on the Trainee's career and cannot be appealed.

The ARP report will also include the following:

IMPORTANT NOTE (For Trainees awarded an Outcome 2 at a BST Year 3 April ARP)

An Outcome 2 at a BST Year 3 ARP means that you have outstanding learning outcomes from the BST curriculum but that the panel is satisfied that it will be possible for you to demonstrate attainment of these outstanding learning outcomes by the time you complete your final BST placement. Although the portfolio may not be reviewed by a College ARP panel until after you have left BST, the outstanding learning outcomes must be attained while you are in a BST placement.

Therefore:

(i) If you leave training prior to attainment of all the outstanding learning outcomes you must apply to re-enter Basic Specialist Training in order to complete BST.
(ii) The outstanding learning outcomes will be assessed at the next scheduled October ARP.

Outcome 3 at the *October* ARP: An ***additional placement is required*** so the new projected finish will be July. Trainees can apply for a January streamlined ARP.

Outcome 3 *at the January streamlined* ARP: An **additional placement is required** so the new projected finish will be **12 months later.**

Outcome 3 at the *April* ARP: An ***additional placement is required*** so the new projected finish will be January. The next ARP review will be in October.

Expiry of portfolio items following a final BST placement:

If a final year BST Trainee chooses not to streamline their training, and receives an Outcome 2 at their final ARP, they will need a further review in order to gain a certified letter that they have completed BST. This review would normally take place at the next available ARP process. However, if it does not, all portfolio items that have not been submitted within 18 months of the last ARP will expire.

ARP AT THE COMPLETION OF A STAGE OF TRAINING – FOUNDATION YEAR

Endpoint Supervisor Reports for the most recent placement will not be available at the time of the ARP review. Therefore, all ARP Outcome reports are contingent upon a satisfactory Endpoint Supervisor's Report and progression to BST Year 1 is contingent upon a satisfactory Endpoint Supervisor's Report from the final placement of Foundation Year.

MEETING WITH THE TRAINEE

The following Trainees will meet an ARP panel:

- All final year BST (B3) Trainees
- All final year HST Trainees
- All other Trainees whose outcome is other than an Outcome 1 or 2
- Trainees with an Outcome 2 where a meeting is required to explain the decision

All Trainees who have completed FY will be invited to a group meeting, organized by the College, near the end of the training year to obtain their feedback and to discuss any training issues they have.

BST Trainees who have received an Outcome 1 and wish to accelerate training must meet with their Vice-Dean to discuss the feasibility and advisability of this. The Trainee must request the meeting with the relevant Vice-Dean and, if the outcome of that meeting is for the Trainee to accelerate training, the Trainee must notify the College so that the interval to the next ARP review can be changed to 6 months rather than 1 year. If the Trainee receives an Outcome 1 or 2 at the subsequent ARP review he / she would accelerate by 6 months. This process may occur on a maximum of two occasions during BST.

The panel will, after reviewing the submitted evidence and finding that the outcome is other than Outcome 1 or 2 meet the Trainee to give feedback and provide an outline of what is expected to address the necessary concerns in relation to training. This will lead to the identification of unmet learning outcomes.

It is not envisaged that the ARP panel will routinely revise a decision (made on submitted evidence) after a meeting with a Trainee. In exceptional circumstances, however, this might be appropriate. The panel will clearly state the reasons for the change in decision in the ARP report.

REVIEWS AND APPEALS

Trainees, their Supervising Consultants and, at BST, their Tutors and Vice-Deans will be e-mailed the outcome of the panel members' review of the evidence. The timelines given below for reviews and appeals commence on the day the e-mail communicating the outcome is sent. A review or an appeal may be requested before the scheduled meeting with the panel (See section on *"Meeting with the Trainee",* above, for details of Trainees who must meet the ARP panel). This meeting will proceed, regardless of whether a review has been requested. The Annual Review Panel will explain to the Trainee the evidential basis on which the decision to assign a particular outcome was made and it will be documented on the ARP Report form. The Trainee may decide to withdraw the request for a review or an appeal after the meeting.

Review of Outcome 2: Progress with need to develop (within time)

Outcome 2 involves monitoring, supervision and feedback on progress to ensure that the specific learning outcomes, which have been identified for further development, are obtained, but does not require that the indicative date for completion of the training programme will change. An Outcome 2 does not automatically lead to a meeting with the Trainee. Such a meeting may be recommended by the panel in order to expand on the feedback provided in the report. In addition, a Trainee who disagrees with the decision has a right to ask for it to be reconsidered. Requests for such reconsideration (review) must be made in writing to the Dean of Education, The College of Psychiatrists of Ireland, 5 Herbert Street, Dublin 2 within ten working days of being notified of the panel's decision [or within 1 working day of a meeting that has been recommended by the panel (where the meeting takes place more than 10 days after notification of the panel's decision)]. The Dean of Education will then arrange a review for the Trainee (as far as practicable with all the parties of the Annual Review Panel) which should take place within fifteen working days of receipt of such a request from a Trainee. Trainees may provide additional evidence at this stage which must be submitted to the College at least 3 days

before the review meeting. It is not mandatory for the Trainee to attend the review meeting but the Trainee will be offered the opportunity to discuss the decision with the panel and to see all the documents on which the decision about the outcome was based.

The panel that is reviewing the Outcome 2 recommendation should have administrative support from the College so that its proceedings can be documented. An account of the proceedings should be given to the Trainee and also retained by the College. A decision of the panel following such a review is final and there is normally no further appeal process.

Appeals Process for Outcome 3: Need to develop (further time added) and Outcome 4: Trainee asked to leave the Scheme

Trainees will have the right of appeal if they receive a decision which results in a recommendation for an extension of the indicative time to complete the training programme (Outcome 3) or to leave the training programme with identified learning outcomes that have been achieved, but without completion of the programme (Outcome 4).
Appeals should be made in writing to the Dean of Education, The College of Psychiatrists of Ireland, 5 Herbert Street, Dublin 2 within ten working days* of the Trainee being notified of the panel's decision. As part of an appeal Trainees may submit materials for ARP review. Starting from the May 2016 ARP process, there will be a fee for such submissions. The appeal procedure has two steps:

Step 1: Discussion

*Note that the meeting to explain the ARP Outcome (see page 40) should take place within the deadline for application for a Step 1: Discussion and within the deadline for submission of materials for a Step 1: Discussion. If this is not possible the deadline for application is within 1 working day of the meeting to explain the ARP Outcome. The Step 1 process provides the opportunity for discussion between a Trainee, Supervising Consultant(s) / BST Tutors / BST Vice-Dean / HST Mentor and, in so far as possible, the original ARP panel members to resolve matters. A College representative may also be in attendance to document and record the outcomes of the meeting. The purpose of this stage is to reach a common understanding of a Trainee's problems and to decide on the best course of action. The Trainee may submit additional evidence for review by the panel. This must reach the College at least three days before the Step 1 discussion.
Where, following the Step 1 process, Trainees accept that learning outcomes have not been attained, thereby resulting in an extension to the planned training programme, an action plan should be developed for the attainment of learning outcomes that have not been met. In addition, a revised indicative date for completion of training should be set.
This should not normally be greater than an aggregated period of one year from the original indicative date of the end of training.

Step 2: Formal Appeal Hearing

A Trainee, who does not accept the Outcome of Step 1, should inform the Dean of Education, The College of Psychiatrists of Ireland, 5 Herbert Street, Dublin 2 within ten working days of receiving it. The Dean of Education will then arrange a formal appeal hearing (Step 2), which should normally take place within fifteen working days of receipt of a request for an appeal, where practicable. Members of the original Annual Review Panel must not take part in the appeal process. Trainees may support their appeals with further written evidence, which must reach the College at least 3 days before the appeal hearing. All documentation that will be considered by the Appeal Panel must be made available to the Trainee.

If the Annual Review Panel has recommended the Trainee should be withdrawn from the training programme, the Dean of Education should always assume that a Step 2 hearing will follow and take the necessary steps to arrange it. An appeal hearing in these circumstances should proceed unless the Trainee formally withdraws, in writing, from the programme at this stage. The Dean of Education should always confirm the position in writing with the Trainee where the Trainee declines an appeal hearing.

The Dean of Education will convene an independent Appeal Panel to consider the evidence and to form a judgement. It should consider representations and evidence from both the Trainee and from those who are closely involved with his / her training, such as the Supervising Consultant and / or BST Tutor. The Appeal Panel should normally include the Dean of Education or a nominated representative as Chair, and two senior Trainers, one of whom should be from a different specialty. The membership of the panel should not include any of those involved in the discussions under Step 1 nor should it include any members of the original Annual Review Panel. A representative from the College must be present to advise the Chair and to record the proceedings of the appeal.

Trainees also have a right to be represented at the appeal, to address it and to submit written evidence beforehand. They may choose to be accompanied, for example, by a friend, colleague or a representative of their professional body but this should not normally be a legal representative or family member. However, if a Trainee wishes to be accompanied by a Lawyer, the Appeal Panel Chair should normally agree to the request in advance. Legal representatives should be reminded that appeal hearings are not courts of law and that the panel governs its own procedure, including the questioning to be allowed of others by the legal representatives. Trainees should be notified in writing of the outcome of the appeal hearing. The appeal process described above is the final internal avenue of appeal.

The review or Appeal Panels may decide at any stage that Outcomes 2, 3 or 4 are not justified. If so, the facts of the case will be recorded and retained by the Dean of Education but the outcome should be amended to indicate only the agreed position following review or appeal. This revised documentation should be forwarded to those indicated.

It may be that the outcome of appeals under Step 1 and 2 is to alter an earlier recommendation while still maintaining the view that progress has been unsatisfactory. For example, a decision to withdraw a Trainee from a programme may be replaced by a requirement for an extension of training time in order to gain the required learning outcomes. In such cases, the outcome documentation should show only the position following the decision of the Appeal Panel. Where lack of progress may result in the extension or termination of a contract of employment, the employer should be kept informed of each step in the appeal process. Where, following the appeal process, Trainees accept that learning outcomes have not been achieved, thereby resulting in an extension to the planned training programme, an action plan should be developed, for the attainment of learning outcomes that have not been met. In addition, a revised indicative date for completion of training should be set.

COMMUNICATION OF ARP PANEL DECISIONS

The outcome from the ARP must be recorded on the ARP Panel Report Form. After the panel reviews the evidence the Trainee will receive a copy of the outcome by e-mail. The outcome will also be communicated to the Supervising Consultant and at BST, the Tutor. When all meetings have concluded the ARP report will be sent to the Trainee and to the following:

1. Trainee's Supervising Consultant
2. Tutor and Scheme Co-ordinator/Vice-Dean (for FY and other BST Trainees)
3. HST Mentor (for HST Trainees)
4. Trainee's employment body
5. In the case of Outcome 4, the Medical Council

CONDITIONS UNDER WHICH CPSYCHI TRAINEES MAY BE ASKED TO LEAVE TRAINING

(i) Outcome 4 at an ARP review.
(ii) Unsatisfactory Supervisor Reports subsequent to an ARP review.
(iii) Failure to submit documentation by the published deadline e.g. Training Placement Plan.
(iv) Termination of the contract of employment by an Employer.
(v) Medical Council of Ireland finding of professional misconduct.

POLICY FOR DEALING WITH NEGATIVE FEEDBACK ARISING FROM FORMAL ASSESSMENTS CARRIED OUT BY THE CPSYCHI

There are 3 types of negative feedback that might be reported during a formal assessment by the CPsychI (for example to an Annual Review of Progress (ARP) Panel:

1. Allegations of substandard training.
2. Allegations of professional misconduct in relation to patients/patient safety.
3. Allegations of professional misconduct not related to patient safety but including bullying, sexism, ageism etc. that in HSE would come under remit of the *"Dignity at Work"* policy (Note many Trainees are employed not by HSE but other organisations).

The purpose of formal assessments such as ARPs is to assess Trainees and training and NOT to address the above issues. ARPs should not be considered the most appropriate or most convenient forum for addressing such issues. Instead they should be addressed locally and actions should not be delayed until the next ARP meeting. However, if they are raised at an ARP the following pathways should be used:

Type 1 allegations may be 'against' Educational Supervisors, Tutors, the site, or the Scheme (or the College).
Types 2 & 3 may be against the Trainee, Educational Supervisors, Tutors, or other health professionals that the Trainee has had interaction with.

As a general principle, only comments about the Trainee should be included in an ARP final report.
Comments about any other individual or organisation should be addressed by another mechanism but the Trainee should be assured that they will be addressed.

1. Allegations of substandard training

Step 1 The ARP panel will report to the Dean of Education.
Step 2 The Dean of Education will write to the subject of allegation for response.
Step 3 If the allegation is not disputed the information is shared with the accreditation process, Tutor, and Scheme Co-ordinator. If the allegation is disputed the parties should be invited to a meeting facilitated by a Consultant approved by the College [e.g. by an independent Consultant agreed by both and chosen from a list of volunteers for such a role]. If any part of the allegation is upheld this information would then be shared with accreditation process, Tutor, and Scheme Co-ordinator / Vice-Dean.
Step 4 The Dean of Education will report annually to PTC (and thereby) Council on statistics but not named individuals.

This process would not necessarily be used for ARPs only. For example, if written information submitted to the College as part of a Trainee's portfolio raises such allegations then action should be taken and not postponed to the next ARP.

2. *Allegations of professional misconduct in relation to patients/patient safety*

The allegation may be against a Trainee in information supplied to an ARP panel or made by a Trainee at an ARP panel meeting.
Step 1 The individual making the allegation will be informed that the subject of the allegation will be informed of the allegation.
Step 2 The ARP panel will report to the Dean of Education.

Step 3 The Dean of Education will forward all information to the relevant Executive Clinical Director (or equivalent if the employer is not the Health Service Executive) for investigation.

Step 4 The Dean of Education will seek confirmation from the Executive Clinical Director (or equivalent if the employer is not the Health Service Executive) that the matter has been dealt with.

Step 5 The Dean of Education will report annually to PTC (and thereby) Council on statistics but not named individuals.

3. Allegations of professional misconduct not related to patient safety but including bullying, sexism, ageism etc

Step 1 An individual making an allegation about a Trainee will be informed that the Trainee will be informed of the allegation and asked to respond at the ARP panel meeting. The ARP panel will only consider the allegation in context of suitability for training. The individual making the allegation will be advised that the matter may also be pursued through the employing organisation's structure (e.g. *Dignity at Work*).

A Trainee making an allegation about an Educational Supervisor (in the context of clinical work) will be advised as to how to pursue the matter through the employing organisation's structures and the Chair of the ARP panel should facilitate the Trainee in seeking the support of the Tutor or the relevant Executive Clinical Director (or equivalent if the employer is not the Health Service Executive). The Trainee will be informed that the matter will not be pursued further by the College.

A Trainee making an allegation about an Educational Supervisor (in the context of work on behalf of the College) may be addressed as allegations of substandard training.

Step 2 In the case of an allegation against a Trainee, the ARP report will include the decision regarding the Trainee and his/her suitability for training. The ARP report will not include any reference to allegations about a Trainee. The ARP panel will separately provide statistics to the Dean of Education regarding advice to Trainees regarding complaints mechanisms but will not give details.

Step 3 The Dean of Education will report annually to PTC (and thereby) Council on statistics but not named individuals.

SECTION 4: BST CLINICAL EXAM

A. INTRODUCTION

PURPOSE OF THE EXAMINATION

The purpose of the Examination is to ensure that a national standard is both set and met in the assessment of curriculum based competencies set for basic specialist Trainees in Psychiatry. In turn, this will ensure uniformity of practice and consistent levels of attainment of the standards such that they may be used as an entry criterion for higher specialist training.

Background

The College of Psychiatrists of Ireland commenced a revised programme for Basic Specialist Training (BST) in July 2011. This programme is outcomes-focused, monitoring and validating Trainee progression by incorporation of structured continuous assessment, which is both formative and summative. The components of the assessment programme include workplace based assessment (WPBA), structured supervision sessions, regular progress meetings, structured course participation, maintenance of a training portfolio, self-directed learning activities and an annual review of progress (ARP). With the exception of the ARP, assessment is carried out in the Trainee's workplace by the Trainee's Educational Supervisor, local Tutor or another Consultant level Trainer or occasionally by a Senior Registrar colleague.

The College Examination

Whilst the emphasis on assessment of outcomes in the workplace (by WPBA, frequent local evaluation and periodic certification) is important, there is a requirement for a national Examination to allow Trainees to be formally assessed by independent practitioners who are external to their training. It is important that Trainees are not solely assessed by, and rely solely on, the opinions of their local educators.

The College has therefore decided to develop an Examination that is fair, reliable, informative and defensible. Furthermore the Examination will be integrated with the local continuous summative assessment process. A national (College) Examination will add to the reliability and validity of an assessment matrix which includes local assessment of competence and performance and therefore it is prudent to combine locally based appraisal/assessment with central Examinations.

In summary, the use of a centrally organised assessment enables a national standard to be set which ensures both uniformity of practice and consistency in levels of competency. In addition it helps identify underperforming Trainees and contribute important additional evidence using a national reference as a benchmark. A college Examination, therefore, would allow progression in training to become dependent on assessment against a nationally agreed benchmark and not a local standard which by its very nature would be variable.

Hence the overall purpose of the Examination is to ensure that a national standard is both set and met to ensure both uniformity of practice and consistency in levels of attainment of curriculum outcomes.

HOW EXAMINATION CONTENT IS DETERMINED

The Examination must validate the outcomes set by the curriculum. Therefore, Examination content must be determined with reference to the curriculum. This has been greatly facilitated by the development of the new BST curriculum, which is an outcomes based document. This has resulted in sets of outcomes for each phase of training, within both clinical and professional domains. Trainees are expected to have achieved these outcomes and the Examination is therefore an objective benchmark which all Trainees must achieve to progress towards basic training completion and as a foundation to progress towards higher training.

The Examination content is determined by the creation of an Examination blueprint, utilising the BST curriculum as the framework against which outcomes are determined for assessment. A methodology will be selected for how each learning outcome will be assessed (*see appendix 1*). For example, a learning outcome may be assessed by the ARP process, by an Objective Structured Clinical Examination, a Clinical Formulation and Management Examination or by a combination of these (see below). This will be determined by the Exam Sub-Committee of the Postgraduate Training Committee of the College (PTC), chaired by the Dean of Education.

In summary, to achieve alignment between assessment and curriculum outcomes a blueprinting process will be performed. This will allow an Examination to be developed to assess explicitly stated outcomes utilising appropriate assessment types.

Test method selection

A variety of test methods have been selected to ensure that the widest ranges of outcomes, both theoretical and practical are assessed. Assessment must be reliable, valid, feasible, cost-effective, acceptable and also provide feedback to candidates being assessed. These attributes are collectively termed “assessment utility”. Review of Examination instruments and methods used in Psychiatry in other major jurisdictions revealed that the multiple choice question paper (MCQ), short answer question (SAQ), critical appraisal paper and structured oral Examination (OSCE) are both widely and effectively utilised in assessing Trainees. No single assessment instrument can assess every single outcome satisfactorily. The College Examination will be developed in two phases. In Phase 1 Trainees will continue to be required to complete the written components of the Royal College of Psychiatrists MRCPsych Exam. In addition, they will be required to complete the College of Psychiatrists of Ireland Clinical Exam. In Phase 2 the College of Psychiatrists of Ireland written exam will be developed and implemented. By the conclusion of these two phases the College Examination will therefore have been developed incorporating all the above components in a structured and integrated fashion.

STANDARD SETTING & MAINTENANCE

The Postgraduate Training Committee (PTC) will have overall responsibility for the creation, setting and ongoing review of the College Examination. The PTC will be assisted by the Exam Sub-committee of the PTC, chaired by the Chief Examiner and will consist of accredited Trainers (including senior clinical academic Psychiatrists) with demonstrated knowledge and expertise in Trainee supervision and assessment.
The content expert group will have access to educational expertise (a statistician with knowledge of the education literature), both within the College and through appointment of an external Examiner panel.

The group will utilise the assessment blueprint to develop the required examination formats outlined previously. The group will be responsible for examination test item development, proofing, and standard setting. A standard is set for each component using an absolute standard. This means that there is no pre-determined number of candidates who pass or fail. Candidates pass or fail according to their own performance and not on how well they perform in relation to the other candidates.

Standard setting will occur using the Angoff method. This method utilises Examiners (selected from College Educational Supervisors or Tutors, etc.) who are asked to review each element in the clinical exam. Each element is independently assessed in relation to an external standard set by the Examiners. These estimates are discussed and averaged across assessors to reflect the standard for each question. The standard for each element is averaged across an exam to provide a pass mark.

The group will also be responsible for oversight of the delivery of the test, and post-test analysis of results, in particular, determination of final cut-off score and test scores of candidates.

SELECTION, TRAINING & MONITORING OF EXAMINERS

(See also: APPOINTMENT OF EXAMINERS, ARP PANELS, AND ACCREDITING TEAMS on page 23 of these Regulations.)

All postgraduate training is supervised by accredited Trainers. Trainers are required to be on the Specialist Register of the Irish Medical Council, members of the Irish College and be compliant with the Professional Competence Scheme (PCS). Trainers will have undertaken a Train-the-Trainer programme and prospective Examiners, an Examiner training programme (a specific training part to standardise scoring). Periodic refresher training for both Trainers and Examiners will be put in place. For Examiners this will be mandatory every 3 years. It is from within this pool that Examiners will be selected, both to develop and standard set/maintain the Examination, and also to deliver the clinical component of the Examination.

Examiners will be provided with a list of the Trainees being examined prior to the exam and will be required to declare any conflict of interest. Examiners should not examine a candidate for whom they have been an Educational Supervisor or if the candidate(s) is known to them (e.g. relative, friend). It will be permissible for an Examiner to examine a candidate which they have previously reviewed as part of the Annual Review of Progress (ARP) process. Performance of Examiners will be routinely monitored during the clinical exam by external Examiners and post-assessment feedback meetings for Examiners will take place to share experience and allow dialogue to occur between Examiners. Examiners who do not maintain a suitable standard, as determined by the College Exam Sub-committee of the PTC, will be offered retraining or will be required to relinquish their role in future Examinations.

CANDIDATE FEEDBACK & APPEALS PROCEDURE

Feedback is given to candidates on an ongoing basis during the formative component of their continual assessment process. The College Examination will also allow structured feedback to be given to candidates on their performance.

In particular, the OSCE should permit focused feedback on performance to be given to candidates due to the nature of the marking constructs used for the OSCE assessment. The College has developed its appeals procedure for candidates in line with international best practice.

CLINICAL EXAMINATION FORMAT

In order to be eligible to sit the Clinical Examination, candidates are required to have received an Outcome 1 or 2 at the BST1 Annual Review of Progress (ARP) and must be registered BST Trainees in Psychiatry or have received a BST3 ARP Outcome 1 within the previous 2 years.

In Phase 1 candidates for both the Clinical Formulation and Management Examination (CFME) and the Objective Structured Clinical Examination (OSCE) will be required to have obtained a pass in all written papers of the

MRCPsych prior to sitting the College of Psychiatrists of Ireland Clinical Examination. The first offering of the clinical component took place in June 2014 and will run biannually (summer and winter) thereon in.

The CFME will occur in tandem with the OSCE Examination at a single national centre.

(A) CFME (Clinical Formulation and Management Examination):
The CFME will take the format that involves all candidates watching the same video (of an interaction between a Psychiatrist and a patient) in one test centre with each candidate then being interviewed by a panel of two Examiners. The focus of the Examination will be the development of, and discussion surrounding, formulation and clinical management. In the interview the Trainee is asked to present and assess the case making an appropriate diagnosis and to formulate a management plan. This will be repeated once with a second video and a different set of Examiners.

Each of the videos will be for 20 minutes followed by a 20 minute interview.

The CFME may assess any of the 4 recognised Psychiatry specialties (General Adult Psychiatry, Child & Adolescent Psychiatry, Learning Disability Psychiatry and Old Age Psychiatry) or a subspecialty (Addictions, Forensic, Liaison, Psychotherapy, and Social & Rehabilitation).
Candidates will be provided with a formatted sheet for notes for personal use, not to be marked but to be retained by the College in case of appeals.

Examiners will have been trained in advance of the roll out of this Examination and will assess candidates utilising a structured answer template and a Likert Scale or Global Rating Scale (GRS). All opening questions will be standardised before the assessment and Examiners will be permitted to interact and probe candidates during the interview. Two Examiners will be required per interview with a number of extra Examiners/Invigilators available on site if and when required to step in.

(B) OSCE (Objective Structured Clinical Examination):
The purpose of the OSCE is to provide a valid and reliable assessment of knowledge and clinical skills. The OSCE will include both patient and clinical data focused material.
The Exam Sub-committee of the PTC will develop an OSCE blueprint and will determine the pass mark based initially on the Angoff Method and subsequently utilising the Borderline Group Method. The pass mark will not only set a threshold for each station or a number of stations that must be 'passed' but, in addition, core domains will be assessed across a number of stations such that the candidates will be required to pass each of these core domains. These will cover at least the following 4; (i) Communication Skills, (ii) Physical Examination and Health, (iii) Prescribing Skills and (iv) Risk Assessment. The blueprint, marking schema, and detailed Examination outline will be made available to candidates in advance of the Examination.

OSCE stations may be both unlinked and linked (paired stations) and will utilise actors, suitable patients or consist of data interpretation. The entire scope of practice will be assessed. Examiners, therefore, would not be restricted to Psychiatry and patients/carers or allied specialities could also be represented, for example general practice, neurology, geriatric medicine and paediatrics. One Examiner will be required per station with a number of extra Examiners/invigilators 'floating' between stations and available on site if and when required to step in.

In order to pass the Clinical Examination candidates must be successful at both the CFME and OSCE components. At the first attempt candidates must be examined in both components. Candidates who are unsuccessful at only one component (CFME or OSCE) are only required to be examined on that component at subsequent attempts.

CLINICAL EXAMINATION PROCESS

Preparation

Examiners will arrive in time to prepare for the BST Clinical Examination. This includes attending an Examiners briefing meeting, checking the questions, being confident with questions and answers, and, being completely familiar with any relevant OSCE station. The start time of the exam may be delayed to ensure that this occurs. Examiners will be given a copy of the College's Examiners Regulations document to review well in advance of the day of the Examination.

Allocation of Candidates

If an OSCE Examiner finds that he/she knows a candidate, or, the candidate considers that the Examiner knows him/her an alternative station, alternative Examiner, or Observer may be used. In the case of the CFME the Candidate or Examiner must inform a member of the Postgraduate Training Department immediately. The Candidate should inform a member of the Postgraduate Training Department, with reasons; if he/she considers that an Examiner's impartiality is prejudiced. It will be permissible for an Examiner to examine a Candidate which they have previously reviewed as part of the Annual Review of Progress (ARP) process. If an Observer knows the Candidate the Observer should move to another station in the OSCE.

Beginning the CFME

Examiners introduce themselves to the candidate and may very briefly explain the format of the CFME. The Examiners must check and record the candidate's number. Questioning begins only when the stopwatch has been started/ bell sounds to ensure that each candidate is examined for the same period of time.
Examiners should start the Examination with a question that is neutral in tone and difficulty. The aim is to avoid candidates being discouraged at the start of the CFME by an unreasonably difficult or aggressive question.

Questioning in the CFME

The Examiner must ensure that every candidate is provided with the appropriate opportunity to demonstrate knowledge.

The Examiner has a list of standard questions and a list of topics that should be addressed within each question. These are used to suggest the general areas of questioning. However the CFME is not absolutely rigid in structure. It is not necessary for Examiners to stick to the order of these topics precisely. They can thus respond flexibly and appropriately to the responses of the candidate. However, the presence of the topic list ensures that approximately the same subject matter is examined by all CFME Examiner panels. The areas listed are all included in the syllabus. The question list also helps guide the Examiners, ensuring that the topics asked are within the College's published curriculum.

B. CANDIDATE REGULATIONS

INTRODUCTION

The overall purpose of the Examination is to ensure that a national standard is both set and met to ensure both uniformity of practice and consistency in levels of attainment of curriculum outcomes.

The Examination will occur biannually (summer and winter). This will ensure that Trainees will have 4 attempts to pass the Examination whilst in training posts. All components of the exam must be completed within 2 years of successful completion of the Annual Review of Progress (ARP) for BST year 3.

In Phase 1, its current format, Trainees will continue to be required to complete the written components of the Royal College of Psychiatrists MRCPsych Exam. In addition, they will be required to complete the College of Psychiatrists of Ireland Clinical Exam. The Clinical Exam will consist of the following:

(A) CFME (Clinical Formulation and Management Examination)

(B) OSCE (Objective Structured Clinical Examination)

REGISTRATION REQUIREMENTS

Candidates are required to have received an Outcome 1 or 2 at the BST1 Annual Review of Progress (ARP) and must be registered BST Trainees in Psychiatry or have received a BST3 ARP Outcome 1 within the previous 2 years.

Candidates will be required to have obtained a pass in all written papers of the MRCPsych prior to sitting the College of Psychiatrists of Ireland Clinical Examination.

APPLICATION PROCEDURE

Examination dates together with application periods will be published on the BST Clinical Examination page of the College website at least 5 months prior to the following Examination.

All applications must be received within the specified dates. Application forms can be obtained from the Clinical Examination page of the College website. Please note the following:

- It is the candidate's responsibility to ensure that applications sent are complete, and that all necessary documentation required (including any relevant fee) is attached. NB - incomplete applications will be returned and must be resubmitted within the application period.
- Applications must be received no later than 5:00pm on the published closing date, and, applicants are strongly advised to apply as early as possible within the application period.
- Once a complete application has been received by the College this will be acknowledged.
- The College cannot accept responsibility for postal delays or loss of documentation in the postal system or insufficient postage paid.
- Is it required that applicants for the exam have completed the MRCPsych written papers by the date of application (this is necessary to determine numbers sitting & logistics regarding the organisation of the exam). However, if there are vacancies, these will be re-advertised with a closing date after the next written paper results. If the number of later applicants exceeds the number of vacancies, places will be determined by a lottery.

EXAMINATION CENTRES

Details of Examination dates and venues will be made available on the BST Clinical Examination page of the College's website. Applications received are only valid for the specific date and venue that the candidate has applied for.

Candidates must bring proof of identity to each Examination. Proof of identity must be an official document, such as a current passport or driver's licence that includes the candidate's name, signature and photograph.

CONDUCT IN EXAMINATIONS

It is strictly forbidden to take books, notes, aids, overcoats, handbags, cases, and any electronic, computer, recording or other equipment into the Clinical Examination rooms or test stations. Writing materials for use in

the Examination will be provided and must be returned together with all notes made. It is strictly forbidden to remove Examination material from the Examination. This includes written questions and any material received at the OSCE stations.

During the Examination, the use of telephones, computers, or any form of communication, messaging or electrical/electronic equipment, including recording devices by candidates is strictly prohibited.

Please note that failure to comply with these requirements will lead to disqualification from the Examination.

Please also note that some participants in the Clinical Exam will be actors while others may be volunteers who have consented to participate with the understanding that confidentiality will be maintained. Candidates must respect confidentiality as in any clinical situation. Failure to do so may be considered as professional misconduct. Similarly, candidates' behaviour towards participants must be consistent with the Medical Council's guide to professional conduct. http://www.medicalcouncil.ie/News-and-Publications/Reports/Guide-to-Professional-Conduct-Ethics-8th-Edition.html

PUBLICATION OF RESULTS

Dates for publication of results will be published on the BST Clinical Examination page of the College website or are available from the Postgraduate Training Department.
Results are sent by post and e-mail to candidates on the predetermined dates as published on the College website.
RESULTS WILL NOT BE GIVEN OVER THE TELEPHONE, BY FAX, OR in response to enquiries. Candidates should not contact the Postgraduate Training Department to enquire about or discuss results.

FEEDBACK

Feedback is available for the Clinical Examination. It is provided only for those who have been unsuccessful.

WITHDRAWALS

a) Withdrawal Prior to an Examination

It is the responsibility of Candidates to satisfy themselves that they are fit to take the Examination(s). If the candidate is not fit, or if he/she thinks there may be other grounds for withdrawal - for example, illness / bereavement or personal problems of a very serious nature – he/she should inform the College of Psychiatrists in writing together with a GP's letter (*if applicable*).

b) Withdrawal during an Examination

Candidates who attend the Examination Centre and are or become unwell on the day of the Examination should speak to a member of the Postgraduate Training Department present. If the candidate wishes to continue the Examination, the Examiners/Examinations Sub-Committee of PTC will not normally make allowances for adverse performance levels due to illness. Candidates should be aware that if they decide to continue under such circumstances their attempt will stand whatever the circumstances. It will not be possible to allocate another date outside of the biannual Examination schedule for candidates who withdraw.

SPECIAL NEEDS FOR CANDIDATES TAKING THE BST CLINICAL EXAMINATION

Notification of Disability or state of health within an Examination centre

Applicants should inform the Examinations contact in the Postgraduate Training Department of any disabilities or factors that may hinder their movements within an Examination centre *within the application period*. Supporting documentation from the applicant's Physician should also be submitted together with details of requirements. If a Candidate is not able to supply the above documents within the application period, the Candidate may choose to (i) withdraw, or (ii) proceed without special arrangements. In the event that a Candidate requires special assistance at an Examinations centre outside of the application period due to unforeseen circumstances they should contact the Examinations contact in the Postgraduate Training Department immediately.

COMPLAINTS PROCEDURE

Trainees who wish to make a complaint regarding assessment of their eligibility to sit for any Examination should write to the Chief Examiner. All such complaints will be discussed with the Chief Examiner and the Examinations Sub-Committee of PTC if appropriate.

Candidates who wish to make a complaint about the conduct of an exam/ Examiner at the Examination should in the first instance immediately ask to speak to a member of the Postgraduate Training Department, who will complete an incident report. In addition, the Candidate should make a formal complaint in writing to the Chief Examiner no later than FOUR DAYS after the date of the Examination. It is the responsibility of the Candidate to comply within the stipulated timeframe. The Chief Examiner will investigate the complaint and report to the Examinations Sub-Committee of PTC.

APPEALS PROCEDURE

Candidates who wish to appeal against the result of the BST Clinical Examination should apply on the official BST Clinical Examination Appeal Form and should follow the appeals procedure both of which can be obtained from the Postgraduate Training Department (*see also Appendix 1 to this document*). Appeals must be initiated within 14 days of issue of the results letter.

HIGHER SPECIALIST TRAINING

Trainees are expected to have achieved the outcomes for Basic Specialist Training outlined in the curriculum and the Examination is an objective benchmark which all Trainees must achieve to progress towards Basic Specialist Training completion. Sitting the BST Clinical Examination therefore is a foundation to progress towards higher training.

APPENDIX 1:

THE COLLEGE OF PSYCHIATRISTS OF IRELAND - BST CLINICAL EXAMINATIONS APPEALS PROCEDURE
(Drafted 12th May 2014)

Candidates who wish to make representations with regard to the conduct of their BST Clinical Examination must initially submit them to the Postgraduate Training Department / Dean of Education within 14 days of the date of issue of feedback from the Examination (*see paragraph 7 above*). Representations will be dealt with according to this policy.

Definitions

"Days"	Calendar days
"Examinations Appeal Panel"	A panel of five comprising of the Dean of Education or his/her nominee as Chair, and, four others jointly agreed by the Chair of the Postgraduate Training Committee and the Dean of Education.
"Final Appeals Panel"	An independent panel determined by the Council of the College.
"Final Appeals Panel Hearing"	The hearing of the final appeal comprising of the Final Appeals Panel and the candidate.
"Application"	An appeal submitted for consideration under these rules before acceptance.
"Candidate"	A Trainee who has attempted the BST Clinical Examination.
"Postgraduate Training Committee"	The Committee responsible for all matters regarding Examinations and Training.

GROUNDS FOR APPEAL

An appeal will only be permitted to proceed provided the candidate has complied with all applicable procedures as set out in the Examination. One or more of the following shall constitute grounds for an appeal under the appeal procedure:-

I. An Examination result is incorrect, for example, due to an administrative error.
II. There is evidence of administrative irregularity or procedural failure and there are reasonable grounds to believe that, were it not for that irregularity or failure, the Examination result would have been different.
III. There were circumstances affecting the candidate which were not known to the Examiners or to the Examinations Sub-Committee at the time it determined the Examination result and, had those circumstances been known to the Examiners or to the Examinations Sub-Committee, it is likely that the Examination result would have been different.

An appeal must satisfy at least one of the above grounds and cannot be solely due to dissatisfaction with the result.

WRITTEN APPLICATION

I. The Application must be typed, signed and submitted to the Postgraduate Training Department on the official College of Psychiatrists of Ireland BST Clinical Examination Appeal Form – this can be obtained from the Postgraduate Training Department.
II. Where relevant to the appeal, all supporting documentation on the Candidate's medical condition at the time of the Examination including, where appropriate, a medical report from a suitably qualified medical practitioner written at about the time the candidate sat the exam the subject of the appeal.
III. The current fee for an appeals application is: €600. If the Candidate's appeal is successful the administrative fee will be refunded in full.
IV. The Chief Examiner may request in writing further information from the Candidate. The Candidate must supply such further information within 7 days of the date on which the request for further information was sent. In the event of it not being supplied within that period the application will automatically be void.
V. Providing that the applicant complies with the preceding provisions then, not later than 14 days after receipt of the application, the Chief Examiner will contact the Candidate in writing notifying them that the application for the appeal has been accepted and to whom it has been referred for consideration.

CONSIDERATION OF APPEALS

I. The grounds for appeal will be considered by the Examinations Appeals Panel who will review all documentation submitted by the Candidate, together with comments and mark sheets from the Examiners, and from the External Observer if available and appropriate. The Chief Examiner will advise the Candidate of the panel's decision in writing as soon as reasonably possible.
II. An anonymised report on the outcome of the appeals will be presented to the Postgraduate Training Committee and the Examinations Sub-Committee by way of information.

FINAL APPEAL

I. Candidates who remain dissatisfied following consideration of their appeal, can, within 14 days of issue of the result of such consideration, lodge a Notice of Final Appeal by hard copy in writing only with the Chief Examiner. This will only be accepted within the given time frame.

II. The Notice of Final Appeal must contain the information and documentation that was submitted with the original appeal and any further information requested.

III. The President, Vice-President, or Chief Executive Officer shall convene a Final Appeals Panel and will endeavour to fix a date for the Final Appeals Panel hearing within 14 days of receipt of the Notice of Final Appeal and inform the Candidate in writing of the date of the Final Appeals Panel Hearing.

IV. The Final Appeals Panel will consider all written evidence submitted by the Candidate and the Examination Appeals Panel. Not more than 7 days after the date of notification of the Final Appeals Panel Hearing, the candidate may request in writing all written evidence submitted on behalf of the Examination Appeals Panel. The Chief Examiner will supply such documentation within 7 days of the date of receipt of the candidate's written request or as soon as reasonably practicable following submission on behalf of the Examination Appeals Panel.

V. The candidate may attend the Final Appeals Panel hearing and present an oral submission. In addition, the Candidate may wish to bring a representative or friend to the Final Appeals Panel hearing. It is not normally envisaged that such representative will be a Lawyer, and if the Candidate does intend to bring a Lawyer representative at the Candidate's own expense, then he/she must obtain the College's prior written agreement. In the event that the Candidate is legally represented, the College reserves the right to have its own legal representation. If a Candidate wishes to be accompanied by a Lawyer, the Appeal Panel Chair should normally agree to the request. Legal representatives should be reminded that appeal hearings are not courts of law and that the panel governs its own procedure, including the questioning to be allowed of others by the legal representatives.

VI. If it is not possible immediately to make a decision whether to uphold or reject the Appeal, the Final Appeals Panel may at its discretion adjourn the hearing and / or carry out further investigations. Once a decision has been made, the Final Appeals Panel will present its determination in writing to Dean of Education who will send the determination to the candidate forthwith. The appeal process described above is the final internal avenue of appeal

VII. An anonymised report on the outcome of the Final Appeal will be presented to Postgraduate Training Committee by way of information. A copy of the report on the outcome of the Final Appeal will be provided to the Candidate.

SECTION 5: ACCREDITATION

Accreditation includes feedback from ARP panels and inspections by Accreditation Teams appointed by the College.

There will be 3 levels of Inspection / Accreditation:

1. Individual posts
2. Clinical sites
3. BST: The Deanery & HST: The Programme

APPLICATION FOR ACCREDITATION OF TRAINING POSTS

The Educational Supervisor must submit an Educational Approval Form (EAF) for each post by the last working day of September each year. All new applications and changes to previously accredited posts since the last accreditation visit will be reviewed by the Accreditation Sub-Committee of PTC. The EAFs for accredited posts will then be made available to Trainees, The Dean of Education, Vice-Deans, Tutors, and Educational Supervisors. These EAFs should then be used to facilitate the allocation of placements.

New applications and changes to EAFs after the annual deadline for submissions:

The process for updating EAFs to reflect changes that have occurred since the annual deadline for submission of EAFs and for submitting applications for new posts that have become available since the annual deadline for submission of EAFs is as follows:

In all such cases the Educational Supervisor or Tutor must submit the EAF to the Dean (HST) or relevant Vice-Dean (BST). If the Dean / Vice-Dean supports the change s/he will:

(i) *If a New Post:* Make a recommendation to the PTC's Accreditation Sub-Committee by forwarding the new EAF and also including the reason as to why this post is *immediately* necessary. The documentation will be included as an Agenda item for the following Accreditation Sub-Committee meeting.

(ii) *If an Update to Existing Post:* The Dean / Vice-Dean will approve the change and notify the PTC's Accreditation Sub-Committee of the update by forwarding the updated EAF to the College (copying the Educational Supervisor, Tutor and any affected Trainee for their information).

The College will update the listing of EAFs at specific times each year. This will be following each Accreditation Sub-Committee meeting.

THE ACCREDITING TEAM

(See also: APPOINTMENT OF EXAMINERS, ARP PANELS, AND ACCREDITING TEAMS on page 23 of these Regulations.)

The team will include a Consultant in each of the following: General Adult Psychiatry, Old Age Psychiatry, Learning Disability Psychiatry, Child and Adolescent Psychiatry, and two other Consultants from Adult Psychiatry sub-specialties as appropriate to the sites to be visited. The team will include two Higher Specialist Trainees. The Accreditation Sub-committee of PTC will invite external members of the team (e.g. Universities – from a panel nominated by the Vice-Deans, other Postgraduate Medical Training Bodies, UEMS). Each team will have a Chair who is approved by the Accreditation Sub-Committee of PTC. The visits will be carried out in pairs. One Consultant of each pair should be specialty specific.

In order to be a member of the Accrediting team a Consultant must be:

1. On the Specialist Register.
2. PCS compliant.
3. Not more than 5 years post-retirement.
4. Within 5 years of having been an Educational Supervisor (i.e. having been listed on an Educational Approval Form on Moodle within the last 5 years).
5. The majority of the Accrediting Team must be actively working & specifically actively working as an Educational Supervisor.

PRIOR TO SITE VISITS

Before the Accrediting Team commence their work the team will receive an induction programme and pack to orientate them to the task.
In advance of the Accreditation visit the Accrediting Team must assess:

1. The Educational Approval Forms for both BST & HST posts.
2. The relevant Mental Health Commission (MHC) reports.
3. The Trainee Post Appraisal Forms and relevant ARP reports for each location.
4. The Induction Packs for each training centre.
5. The Safety Statement for each clinical site.

Data collated by the Medical Council's *"Your Training Counts"* National Trainee Experience Survey can be used by the Sub-committee to give more data to the Accrediting Teams. This data, coupled with the collated Trainee Post Appraisal forms (from the ARP documentation) can be used to give the Accrediting Team further insight into how the situation on the ground compares to the documentation. Each Tutor and Educational Supervisor receives a copy of the Post Appraisal form from the Trainee when it is submitted for the ARP – this form will then be provided by the Tutor/Supervisor to the Vice-Dean so they will have access to the forms that the Accrediting Team will be reviewing. Reviewing this documentation prior to the site visits will allow the Accrediting Team to analyse whether the documentation is consistent with what happens on the ground.
Trainees who want to give feedback anonymously to the Accrediting team can do so via the Trainee Rep, or alternatively, via the Higher Trainee on the Accrediting Team – but the Training site must have the right of reply with regards to feedback.

All of the available documentation will be sent to the Accrediting Team and to the Vice-Dean and Tutors in time to prepare for the site visits. To organise the site visit the Accrediting Team will liaise with the Vice-Dean and the Mentors. The Tutor is responsible for coordinating the visit to each site. The Vice-Deans and Mentors are responsible for coordinating the visit to the Deanery. The Accrediting team will meet on site with: Trainees;

Tutors; Trainers; Executive Clinical Directors (ECDs); Clinical Directors and Managers. The ECD can decide which Business Managers should also attend this meeting.

On the first day of the visit the Accrediting Team will meet with the Trainers/Trainees and ask them if there are any particular issues they would like addressed in the site visit. The post locations for the site visits will be based on the information supplied in the Educational Approval Forms. The Accrediting Team will need to assess and may visit every physical location mentioned in the Educational Approval Forms. Where it is not possible to visit every location, at a minimum the Accrediting Team will visit:

1. Every Inpatient unit
2. Every Emergency Department
3. Where the in-house training takes place at every site
4. Outpatient facilities
5. Every on-call residence (over-night facilities) – If there is a shared residence between medical specialties, reports from another Postgraduate Medical Training Body may be used instead of a visit
6. Facilities for food when on-call
7. Library facilities – computers/desks
8. Every Day Hospital
9. NCHD office space
10. ECT facility; to include a review of comments in the Inspectors' Reports and a note as to whether it is ECTAS approved
11. Other community facilities where Trainees work

The policies for each of the individual sites should be reviewed (may be referred to in Mental Health Commission [MHC] Reports & Inspectors' Reports) for example:

- Lone-working policy
- Site specific health & safety statement for every location (Reviewed in advance)
- Bullying policy (for the HSE this is *"Dignity at Work")*

CRITERIA FOR ACCREDITATION

There are three possible decisions that the Accrediting Team can make on a visit

1. Accreditation immediately suspended pending remedy of the stated requirements.
2. Accreditation continued but stated mandatory requirements must be completed by a specified date, otherwise accreditation will be suspended from that date.
3. Accreditation continued with stated recommended improvements, if any.

The basis for a recommendation to suspend accreditation may include the following:

1. The post / site / rotation does not allow the Trainee(s) to meet the Learning Outcomes necessary to progress with their training.
2. It is unsafe to work in the post / clinical site.
3. The education is not supported (by: the Educational Supervisor; the facilities; or agreed protection of educational time is not facilitated).

With respect to Deaneries, the main purpose of the site visits is to advise the Vice-Deans on how to improve the training experience for Trainees, for example: post X provides no Y; therefore, it should be combined with another post that offers Y to meet the training needs.

The emphasis of the accreditation process of individual posts is giving/getting a sense of the reality of the post in the context of the Educational Approval Form, which the Trainees use to make their placement decisions.

THE ACCREDITATION REPORT

The initial report from the Accrediting Team will be approved by the Chair of the Accrediting Team. This report will be submitted back to the individual sites for factual verification, and at this stage of the process, any section of the report that mentions an individual/post will only be circulated to that individual (for their response). Following receipt of any responses the Chair of the Accrediting Team will make any necessary amendments to the report (the Educational Supervisor may also be required to make amendments to the Educational Approval Form). The report will then be submitted to the Accreditation Sub-Committee (this will be a version with no negative comment relating to any named individual). Once this is approved by the Accreditation Sub-committee it will become the final report.
That final report will be submitted to Council and when Council has accepted the report it will be published.

The content of the report will address:
(i) CLINICAL POSTS: All Educational Approval Forms for a particular site should be brought on the site visit and referred to by the Accrediting Team. The Accrediting Team must consider whether, or not, each Educational Approval Form is an accurate description of the post. If there are inconsistencies between the documentation and the findings from the on-site inspection these must be documented by the Accrediting Team.

(ii) CLINICAL SITES: Any training centre which does not meet the conditions stipulated in the training agreement between the College of Psychiatrists of Ireland and the training centre will be deemed unsatisfactory and accreditation will be automatically suspended from the next changeover of placement.

(iii) BST DEANERY: The inspection of a Deanery can begin prior to the actual site visits. All of the documentation will be given to the Accrediting Team before the Deanery visit and this will provide a picture of the psychiatric specialties access in that Deanery (including training opportunities such as psychotherapy and ECT). The College can then advise the Vice-Dean(s) of areas in need of improvement in a Deanery (e.g. it is apparent from the recent visit and the documentation received that only 1 site in your Deanery has access to [a specified training opportunity], can you please outline how all of your Trainees are currently gaining access to [that specified opportunity]).

Each training centre must:

1. Meet the conditions stipulated in the training agreement between the College of Psychiatrists of Ireland & the training centre.

2. Have a Vice-Dean (BST) and Mentor/Dean (HST) who has drawn up packages of suitable/appropriate placements.

3. Ensure that Trainees have been provided with a set rotations (with flexibility) meeting the requirements of the College.

4. Provide for protected educational time.

5. Provide sufficient access to Reflective Practice to all Trainees (see page 30 of these Regulations).

6. Be compliant with the College of Psychiatrists of Ireland guidelines on commercial/industry support.

7. Meet all Trainees' Psychotherapy requirements (inc. 1 short case over 12 sessions).

8. Meet all of the on-call requirements for training (BST min. 90 sessions over 4 years or pro-rata over 3 years).

9. Everywhere Trainees are on-call they should have access to bed management including an on-site designated bed manager.

10. Provide access to ECT for all Trainees – the in-house teaching programme must include a course on ECT as well as direct exposure to ECT; this includes being a direct observer to an ECT treatment.

11. Provide a caseload that is appropriate to the stage of training. (Trainers will be given feedback with regard to caseload for similar posts at other training sites. The caseload data in the Educational Approval Form will be discussed.)

12. Provide appropriate employment conditions:
    I. Contracts
    II. Compliance with national and European legislation (e.g. EWTD)
    III. Prompt payment of travel and other expenses / allowances
    IV. Office and secretarial - All Trainees must have access to an office where they can carry out administrative duties without unnecessary interruption. Ideally such offices should be within the clinical workplace and may also serve as consulting rooms. Trainees must have access to adequate secretarial support to allow them to discharge their duties effectively.

13. Provide appropriate education & training facilities
    I. Library - Adequate library facilities must be provided at each site where training is provided though the exact configuration will depend on local need. This must be detailed in the induction handbook.
    II. Lecture rooms - Each training centre must have one lecture room large enough to accommodate all the psychiatric medical staff, together with non-medical staff and doctors from other specialities, who may attend postgraduate meetings. The lecture room should be equipped with appropriate audio-visual equipment.
    III. Must have access to internet
    IV. Access to a Research Ethics Committee

14. Provide an induction programme and handbook
    - All Trainees must participate in a structured induction programme at the time of taking up their duties.
    - The form and content of induction programmes will vary according to local needs but must include the following elements as a minimum:
        I. Physical tour of facilities
        II. Management of on-site emergencies
        III. Procedure for emergency referrals/admissions
        IV. Mental Health Act 2001
        V. Hospital information and patient information management systems
        VI. Health and Safety Issues
        VII. Non Violent Crisis Intervention
        VIII. ECT administration (in sites where ECT occurs)
        IX. Basic Life Support Training
        X. Personnel issues (contract, on-call rota, etc.)
        XI. Procedures & Policies relevant to bullying and undermining behaviour

15. Provide a safe working environment

- All training sites must provide safe working conditions for Trainees in all facilities including those in general hospitals and in the community.
    i. Safety issues must be highlighted in the initial induction programme and the Trainees' Induction Handbook must incorporate a section on safety including information on accessing local policies and procedures.
    ii. Assessment rooms used by Trainees for assessment of acutely disturbed patients (in inpatient units, assessment suites, emergency departments and community facilities) should be safe, including
        a. Unobstructed door opening with a clear visualization panel, and not lockable from the inside.
        b. must not contain objects that could be used as potential weapons or barricades.
        c. A safety statement must be available for every clinical site.
    iii. Trainees must be provided with personal alarms which are regularly tested and fully monitored.
    iv. Doctors, on-call at night, must be provided with mobile telephones if they are required to travel between sites.
    v. Non Violent Crisis Intervention training (theoretical and practical) must occur at commencement of training and thereafter updated as specified in the certificate. Attendance at such training must be recorded in the portfolio.
    vi. There must be a Risk Register for every service.
    vii. Each training Scheme should have a mechanism for monitoring violent incidents involving Trainees; these records may be examined by visiting College Accreditation Teams. Each site should have a clear policy for the management of Trainees involved in untoward incidents, including immediate reporting of the incident and subsequent counselling and support, if needed. Information about this should be incorporated in the Induction Handbook.
    viii. Appropriate rest periods must be provided in order to support training and education.

Supporting Documents are provided in the following 3 Appendices:

APPENDIX 1: ACCREDITATION GUIDANCE FOR CLINICAL SITES

APPENDIX 2: THE COLLEGE OF PSYCHIATRISTS OF IRELAND – STRUCTURED DECISION PROCESS FOR INSPECTION TEAMS

APPENDIX 3: THE COLLEGE OF PSYCHIATRISTS OF IRELAND – CLINICAL SITE INSPECTION – INITIAL REPORT

APPENDIX 1: ACCREDITATION GUIDANCE FOR CLINICAL SITES

BACKGROUND

The Mission of the College of Psychiatrists of Ireland is to promote excellence in the practice of Psychiatry

The College fulfils its mission through the following actions:

1. Education and Training of Psychiatrists.
2. Provision of lifelong learning for Psychiatrists.
3. Advocacy for resources to support best practice in the delivery of mental health services.
4. Promoting best practice in education, training and research in Psychiatry.
5. Public education in issues related to psychiatric illness, psychiatric services and mental health promotion.

The College supports the delivery of mental health services in line with the recovery model and supports the delivery of the national policy on mental health services *Vision For Change*.

The College of Psychiatrists of Ireland is the sole body recognised by the Medical Council and the HSE for the training of doctors to become specialists in Psychiatry and for the continuing assurance of the career long competence of specialists in Psychiatry.

Accreditation includes feedback from Annual Review of Progress (ARP) panels and inspections by accreditation teams appointed by the College. There will be 3 levels of Inspection / Accreditation:

1. Individual posts
2. Clinical sites
3. Basic Specialist Training (BST): The Deanery
   Higher Specialist Training (HST): The National Scheme

The Medical Council

The Medical Council's primary statutory responsibility, under the Medical Practitioners Act 2007 (MPA 2007), is to protect the interests of the public. As part of this role, it sets standards for undergraduate and postgraduate education and training and monitors compliance with those standards.

Its remit includes responsibility for approving or otherwise the bodies which may grant evidence of the satisfactory completion of specialist training in relation to medical specialties recognised by Council.

The Medical Council approved its *"Accreditation Standards for Postgraduate Medical Education and Training"* in June 2010 and amended in October 2011. These standards were adapted from the Australian Medical Council's postgraduate standards. The Medical Council's Strategy is described in its publication: *Doctors' Education, Training and Lifelong Learning in 21st Century Ireland*
http://www.medicalcouncil.ie/News-and-Publications/Reports/Doctors-Education-Training-and-Lifelong-Learning-in-21st-Century-Ireland.pdf

This explains that the Medical Council is both assessing quality and supports the bodies it assesses to improve quality on a continuing basis. A number of complementary approaches to assess quality of medical education, training and lifelong learning include:

- Scheduled, routine inspections: The Medical Council has a programme of regular reviewing education and training bodies and clinical sites. Knowledgeable and skilled assessors review the standards of medical education and training through document review, direct observation, interviews with staff, and interviews with students and Trainees.
- Triggered inspections in response to issues: While most inspections are programmes and routine, the Medical Council may trigger an inspection earlier than scheduled to explore a specific issue.
- Regular reports from education and training bodies and clinical sites: Regular information is provided to the Medical Council on the quality of medical education and training.
- Regular surveys of Trainee experience: In addition to interviews of students and Trainees, the Medical Council now surveys all interns and Trainee doctors to gather their feedback on their experience of training at clinical sites.
- Other sources of information: The Medical Council may gather insights into the quality of medical education and training from other sources, for example, national reports.

Improvement in medical education and training quality is supported in a number of ways.

- The Medical Council has legal power to approve programmes, bodies and clinical sites that are involved in medical education and training.
- Guidance and feedback can be provided on good practice and this can be shared across the sector.
- Recommendations can be made on areas for improvement.
- Where prioritised and time-bound action is required to address quality, the Medical Council can issue conditional approval.
- Where medical education and training associated with a programme, body or clinical site does not meet proper standards, approval can be withdrawn or refused.

The Medical Council has developed a **self-evaluation questionnaire** for sites which support the delivery of specialist training. The questions contained in this questionnaire should be taken into consideration in the accreditation process of clinical training by the College of Psychiatrists of Ireland.

The Medical Council's self-evaluation questionnaire for sites which support the delivery of specialist training

A – Clarity of educational governance arrangements

(i) There will be clear organisational structures and lines of accountability for the learning environment at training sites.
(ii) Management/board level reporting arrangements will be in place e.g. via an oversight committee including Trainees, to maintain institutional oversight of the learning environment.
(iii) There will be transparent arrangements with postgraduate training bodies to clarify the relevant responsibilities and expectations of each party involved in the delivery of specialist training.

B – Clarity of clinical governance arrangements

(i) Trainees will be made aware of their responsibilities as doctors in training, their level of authority and lines of accountability.
(ii) Trainees will be made aware of local procedures for reporting clinical incidents.
(iii) Local clinical practice will reinforce with Trainees the importance of communicating critical information to ensure continuity of care e.g. at patient handover.

C – Accountability: There will be a named individual (or individuals) on each site with identified responsibility and accountability for ensuring the following:

(i) That the site meets the Medical Council's requirements for training sites.

(ii) That the site meets any requirement agreed locally with postgraduate training bodies.
(iii) That there is effective communication and collaboration with HSE's education and training function.
(iv) That education and training on-site is supported through any organisational changes.

D - Induction arrangements for Trainees

(i) Each site will have a policy for induction.
(ii) There will be arrangements in place to monitor implementation of the policy.
(iii) There will be a site-specific health and safety induction for all Trainees at the beginning of their first rotation at individual training sites. This induction will be common to all Trainees regardless of programme specifics.
(iv) There will be an appropriate programme-specific/specialty-specific induction for all Trainees to prepare them for the particulars of their forthcoming rotation.
(v) Trainees will be made aware of all relevant local and national policies which apply at their training site.
(vi) There will be a named individual (or individuals) on each site with identified responsibility and accountability for ensuring the following: Training sites will make every effort to minimise the duplication of employment-related documentation as and when Trainees transition between sites.

E – Clear supervisory arrangements for Trainees

(i) Trainees will be supervised appropriately.
(ii) Trainees will be made aware of their clinical supervisors.
(iii) The level of supervision of individual Trainees will take account of individual Trainee capability and limitation.
(iv) The level of supervision of individual Trainees will take account of each Trainee's stage of training.

F – Opportunities for training through clinical practice for Trainees

(i) Participation in clinical practice will be at a level appropriate to the Trainee's level of competence.
(ii) Day-to-day activities will maximise opportunities for learning through participation in clinical practice.

G – Access to formal and informal education and training for Trainees

(i) The work schedules of Trainees will take account of specific training programme requirements.
(ii) Trainees will be facilitated and encouraged at a local level to attend formal scheduled education and training opportunities.
(iii) Trainees will be facilitated and encouraged at a local level to avail of informal education and training opportunities.

H – Opportunities for trainers to train through protected training time

(i) The role of trainers will be reflected in individual trainer work schedules and through protected training time.
(ii) Trainers will be supported and encouraged at a local level in recognition of their significant role in specialist training.
(iii) Trainers will be facilitated at a local level to participate in activities intended to support and develop them in their role as trainers.

I – Access to resources which support directed and self-directed learning

(i) There will be sufficient study space and IT facilities in order for Trainees to maximise opportunities for self-directed learning.
(ii) There will be access to relevant and up-to-date medical literature, to include online access.

J – Access to pastoral and health supports for Trainees

(i) Trainees will be made aware of, and have access to, local occupational health supports.
(ii) Trainees will be made aware of, and have access to, appropriate mental health supports.
(iii) Reasonable adjustment will be made to support the particular training needs of Trainees with disability.

K – Access to resources to maintain close contact with parent training bodies

(i) Trainees will be facilitated to maintain close contact with their parent training body, to include I.T. access.
(ii) Trainees will be made aware of their primary point of contact with their training body for training queries.

L – Promotion of Medical Council guidance on professionalism, including promotion of current ethical guidance

(i) There will be an explicit commitment to promoting professional attitudes and behaviour among trainers and Trainees, including promotion of the current Guide to Professional Conduct and Ethics for Registered Medical Practitioners ('Ethical Guide') published by the Medical Council.
(ii) The site will promote good professional practice by all staff which is centred on patient safety and quality of care.
(iii) There will be an explicit commitment, and accompanying policies and procedures, to address any instances of unprofessionalism at a local level.
(iv) Where local resolution is not possible, there will be clear pathways for the referral of concerns to the Medical Council.

M – Safe working environment

(i) There will be ongoing monitoring to ensure that training sites remain a safe physical environment for Trainees.
(ii) Working hours will be rostered with reference to the provisions of the European Working Time Directive, and other applicable employment legislation.

N – Specialty-specific supports

(i) There will be sufficient resources to meet the specialty-specific requirements of all training programmes which are supported at the training site.
(ii) There will be ongoing dialogue with postgraduate training bodies to ensure that speciality-specific resources remain fit-for-purpose.

O - Participation in on-call duty rota

(i) There will an appropriate on-call ratio which takes account of the capabilities of Trainees and which reflects the volume of on-call activity.
(ii) There will be appropriate supervision of all Trainees during the on-call period.
(iii) There will be appropriate post-call leave arrangements for Trainees.
(iv) There will be safe and secure on-call accommodation.

P - Support for assessment of Trainees

(i) There will be local support for the assessment of Trainees, in line with explicit learning outcomes, and as per the assessment methodology of the relevant training body.

(ii) Trainees will be facilitated at a local level to participate in all assessments required by their parent training body.

Q – Opportunities for multi-disciplinary teamwork

(i) There will be local encouragement and promotion of multi-disciplinary teamwork.

(ii) There will be opportunities for Trainees to benefit from interaction and collaboration with clinical colleagues across the healthcare delivery spectrum.

R – Opportunities for Trainees to provide feedback to employing authority

(i) There will be opportunities for Trainees to provide feedback on their training experience to the management of their training site.

(ii) Trainee feedback will be actively sought and encouraged with a view to maintaining and improving general standards for Trainees of all disciplines.

The Forum of Postgraduate Medical Training Bodies

The Medical Council's *"Your Training Counts"* surveys have highlighted the growing requirement to provide support and protect postgraduate medical Trainees who are experiencing difficulty.

In response to this the Forum of Postgraduate Medical Training Bodies published a report in 2016 – "*Supporting Postgraduate Medical Trainees in Ireland".* This report noted that the majority of doctors who undergo training will not find themselves experiencing major difficulties however it is necessary that structures are put into place to protect and support postgraduate Trainees. The report made the following recommendations and these should be taken into consideration in the accreditation process of clinical training by the College of Psychiatrists of Ireland:

Supporting Postgraduate Medical Trainees in Ireland – Recommendations

1.	**Identifying aptitude for the specialty and understanding of the day-to-day work**
1.1	Improved collaboration between Universities and Forum/Training Bodies at undergraduate level to provide: • Information on available career choices to help reduce career mismatch • Improved support during the transition between undergraduate to intern to postgraduate training
1.2	Postgraduate training bodies to explore further development of reciprocal recognition of basic specialist training across the training programmes.
1.3	Training Bodies to explore establishing a career guidance service for medical students/interns/postgraduate Trainees
2.	**Induction Programmes**
2.1	Employers to introduce induction process which includes information on how to access help for: • Physical or mental health disorders • Stress in the workplace • What help is available • Bullying and undermining
2.2	Postgraduate training bodies to offer induction programme to Trainees entering a training programme (BST/HST/ST1 level) which includes information on how to access help for: • Physical or mental health disorders • Stress in the workplace • What help is available
2.3	Postgraduate training bodies to provide to Trainees training in resilience

3.	**Mentoring**
3.1	Postgraduate training bodies to review existing mentoring programmes to ensure that: • All mentors are trained for their role • The type and purpose of the mentoring role is clear to the mentor & mentee • Policies related to mentoring role are clear to mentor & mentee • Trainees are facilitated with access to an appropriate mentor
4.	**Train the Trainer**
4.1	All trainers must attend a train the trainer course run by the postgraduate training body. This programme should include elements on "Identifying Trainees in Difficulty" and "Managing Trainees in Difficulty".
4.2	Postgraduate training bodies to support and equip trainers by providing training on types of feedback and how to give feedback.
4.3	Incorporation of collated anonymous Trainee feedback regarding the training environment as part of the postgraduate training body training site accreditation. This process should: • Identify the key indicators of a trainer (ie communication skills, ability to give feedback, facilitates training time, agree educational objectives with Trainee, availability) • Have Trainees evaluate using a likert scale provide feedback against these key variables • Results of evaluation and national average to be provided to trainer and used to support their development This process must ensure that Trainees are isolated from repercussions of negative feedback which may arise from the training programme, training site or educational supervisor.
4.4	Recognising that Trainees are also trained by their senior Trainee colleagues the Postgraduate training body to include teaching and learning outcomes as part of the higher specialist training curriculum.
4.5	Employer to provide more multi-disciplinary training activities to help reduce barriers between the professions and discourage bullying and undermining.
5.	**Accreditation of Training Sites**
5.1	To address work related stress caused by poor working conditions and training environment the Postgraduate Training Bodies to establish a "learning agreement" with each training site. The appointment of postgraduate Trainees should be contingent on a signed "learning agreement" in place. The agreement will include the minimum requirements the site must provide for postgraduate Trainees as per the accreditation standards required by the Medical Council and Postgraduate Training Bodies. Minimum requirements include: • Clearly communicated anti-bullying policy • Paid Induction • Training Ethos • Training support (Trainees & trainers) • Employer has policy & process for dealing with adverse events • Caseload appropriate to training • Facilities appropriate to training safety

	• Appropriate on-call arrangements This recommendation must be supported by the following processes: • Training site accreditation process conducted by the postgraduate training body (minimum three – five years accreditation cycle) • Clinical site accreditation process conducted by the Medical Council • Robust system which allows for the removal of accreditation of non-compliant training sites
5.2	Employer to give protected time for trainers to train as recommended in the 2001 Hanly report, 2004 Buttimer Report.
5.3	Where not already in place Postgraduate Training Bodies to introduce Trainee representation on the training site accreditation committees.
6.	**Policies and Procedures**
6.1	Training bodies to develop clear protocols to support struggling Trainees. It is recognised that sources of difficulties that arise are varied and can include physical challenges, mental health issues, stress and addictions. The type and level of support provided by the training body to be decided on a case by case basis to ensure each Trainee receives appropriate support from the training body. Identification of a struggling Trainee by a training body can be through a number of avenues: *a) Postgraduate Trainee approaches the training body requesting assistance*. Policy to be developed which outlines at a minimum a commitment by the postgraduate training body to: i. Confidentially discuss the difficulties with the Trainee and together decide on an appropriate course of action. This could include recommending the Trainee meets with an Occupational Health Physician, mental health professional or Practitioners Health Programme ii. Commitment by the training body to accommodate the Trainee appropriately in relation to facilitating reduced working hours and/or adjusting training plan *b) Educational supervisor contacts the training body to advise that a Trainee is experiencing academic difficulty and/or personal difficulties.* Policy to be developed by the training body which includes the following elements: i. In cases of academic difficulty the postgraduate training body works with the educational supervisor and Trainee to address the academic difficulties ii. In cases of serious difficulty impacting the postgraduate training body advises the educational supervisor to inform the employer. The postgraduate training body works with the educational supervisor and Trainee to support the Trainee. The support plan will be determined on a case by case basis iii. Commitment by the training body to accommodate the Trainee appropriately in relation to facilitating reduced working hours and/or adjusting training plan c) *The training body is made aware of a risk to patient safety* – in cases where the training body has been made aware of a risk to patient safety the training body has an obligation to inform the Medical Council
6.2	Training Bodies to develop guidelines for Trainees on call to be circulated to hospitals, trainers, Trainees

6.3	Postgraduate Training Bodies to explore the introduction of a confidential telephone line which offers a point of access for Trainees who have a concern, complaint or who may in distress. This model is currently being run in RCPI with the RCPI Confidential Helpline.
7.	**Audit**
7.1	To adequately address the issues of bullying raised in the Medical Council *Your Training Counts* survey further information regarding the type and source of the behaviour must be determined. Each training body to conduct a survey of Trainees to determine the type and source of bullying being experienced.

THE ACCREDITING TEAM

The team will include a Consultant in each of the following: General Adult Psychiatry, Old Age Psychiatry, Learning Disability Psychiatry, Child and Adolescent Psychiatry, and two other Consultants from Adult Psychiatry sub-specialties as appropriate to the sites to be visited. The team will include two Higher Specialist Trainees. The Accreditation Sub-Committee of PTC will invite external members of the team (e.g. Universities – from a panel nominated by the Vice-Deans, other Postgraduate Medical Training Bodies, UEMS). Each team will have a Chair who is approved by the Accreditation Sub-Committee of PTC. The visits will be carried out in pairs. One Consultant of each pair should be specialty specific.

In order to be a member of the Accrediting team a Consultant must be:

1. On the Specialist Register.
2. PCS compliant.
3. Not more than 5 years post-retirement.
4. Within 5 years of having been an Educational Supervisor (i.e. having been listed on an Educational Approval Form on Moodle within the last 5 years).
5. The majority of the Accrediting Team must be actively working & specifically actively working as an Educational Supervisor.

PRIOR TO SITE VISITS

Before the Accrediting Team commence their work the team will receive an induction programme and pack to orientate them to the task.
In advance of the Accreditation visit the Accrediting Team must assess:

1. The Educational Approval Forms for both BST & HST posts.
2. The relevant Mental Health Commission (MHC) reports.
3. The Trainee Post Appraisal Forms and relevant ARP reports for each location.
4. The Induction Packs for each training centre.
5. The Safety Statement for each clinical site.

Data collated by the Medical Council's *"Your Training Counts"* National Trainee Experience Survey can be used by the Sub-committee to give more data to the Accrediting Teams. This data, coupled with the collated Trainee Post Appraisal forms (from the ARP documentation) can be used to give the Accrediting Team further insight into how the situation on the ground compares to the documentation. Each Tutor and Educational Supervisor receives a copy of the Post Appraisal form from the Trainee when it is submitted for the ARP – this form will then be provided by the Tutor/Supervisor to the Vice-Dean so they will have access to the forms that the Accrediting Team will be reviewing. Reviewing this documentation prior to the site visits will allow the Accrediting Team to analyse whether the documentation is consistent with what happens on the ground.
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All of the available documentation will be sent to the Accrediting Team and to the Vice-Dean and Tutors in time to prepare for the site visits. To organise the site visit the Accrediting Team will liaise with the Vice-Dean and the Mentors. The Tutor is responsible for coordinating the visit to each site. The Vice-Deans and Mentors are responsible for coordinating the visit to the Deanery. The Accrediting team will meet on site with: Trainees; Tutors; Trainers; Executive Clinical Directors (ECDs); Clinical Directors and Managers. The ECD can decide which Business Managers should also attend this meeting.

On the first day of the visit the Accrediting Team will meet with the Trainers/Trainees and ask them if there are any particular issues they would like addressed in the site visit. The post locations for the site visits will be based on the information supplied in the Educational Approval Forms. The Accrediting Team will need to assess and may visit every physical location mentioned in the Educational Approval Forms. Where it is not possible to visit every location, at a minimum the Accrediting Team will visit:

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2. Every Emergency Department
3. Where the in-house training takes place at every site
4. Outpatient facilities
5. Every on-call residence (over-night facilities) – If there is a shared residence between medical specialties, reports from another Postgraduate Medical Training Body may be used instead of a visit
6. Facilities for food when on-call
7. Library facilities – computers/desks
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9. NCHD office space
10. ECT facility; to include a review of comments in the Inspectors' Reports and a note as to whether it is ECTAS approved
11. Other community facilities where Trainees work

The policies for each of the individual sites should be reviewed (may be referred to in Mental Health Commission [MHC] Reports & Inspectors' Reports) for example:

- Lone-working policy
- Site specific health & safety statement for every location (Reviewed in advance)
- Bullying policy (for the HSE this is *"Dignity at Work")*

CRITERIA FOR ACCREDITATION

There are three possible decisions that the Accrediting Team can make on a visit

1. Accreditation immediately suspended pending remedy of the stated requirements.
2. Accreditation continued but stated mandatory requirements must be completed by a specified date, otherwise accreditation will be suspended from that date.
3. Accreditation continued with stated recommended improvements, if any.

The basis for a recommendation to suspend accreditation may include the following:

1. The post / site / rotation does not allow the Trainee(s) to meet the Learning Outcomes necessary to progress with their training.
2. It is unsafe to work in the post / clinical site.
3. The education is not supported (by: the Educational Supervisor; the facilities; or agreed protection of educational time is not facilitated).

With respect to Deaneries, the main purpose of the site visits is to advise the Vice-Deans on how to improve the training experience for Trainees, for example: post X provides no Y; therefore, it should be combined with another post that offers Y to meet the training needs.

The emphasis of the accreditation process of individual posts is giving/getting a sense of the reality of the post in the context of the Educational Approval Form, which the Trainees use to make their placement decisions.

THE ACCREDITATION REPORT

The initial report from the Accrediting Team will be approved by the Chair of the Accrediting Team. This report will be submitted back to the individual sites for factual verification, and at this stage of the process, any section of the report that mentions an individual/post will only be circulated to that individual (for their response). Following receipt of any responses the Chair of the Accrediting Team will make any necessary amendments to the report (the Educational Supervisor may also be required to make amendments to the Educational Approval Form). The report will then be submitted to the Accreditation Sub-Committee (this will be a version with no negative comment relating to any named individual). Once this is approved by the Accreditation Sub-committee it will become the final report.
That final report will be submitted to Council and when Council has accepted the report it will be published.

The content of the report will address:
(i) CLINICAL POSTS: All Educational Approval Forms for a particular site should be brought on the site visit and referred to by the Accrediting Team. The Accrediting Team must consider whether, or not, each Educational Approval Form is an accurate description of the post. If there are inconsistencies between the documentation and the findings from the on-site inspection these must be documented by the Accrediting Team.

(ii) CLINICAL SITES: Any training centre which does not meet the conditions stipulated in the training agreement between the College of Psychiatrists of Ireland and the training centre will be deemed unsatisfactory and accreditation will be automatically suspended from the next changeover of placement.

(iii) BST DEANERY: The inspection of a Deanery can begin prior to the actual site visits. All of the documentation will be given to the Accrediting Team before the Deanery visit and this will provide a picture of the psychiatric specialties access in that Deanery (including training opportunities such as psychotherapy and ECT). The College can then advise the Vice-Dean(s) of areas in need of improvement in a Deanery (e.g. it is apparent from the recent visit and the documentation received that only 1 site in your Deanery has access to [a specified training

opportunity], can you please outline how all of your Trainees are currently gaining access to [that specified opportunity]).

Each training centre must:

1. Meet the conditions stipulated in the training agreement between the College of Psychiatrists of Ireland & the training centre.
2. Have a Vice-Dean (BST) and Mentor/Dean (HST) who has drawn up packages of suitable/appropriate placements.
3. Ensure that Trainees have been provided with a set rotations (with flexibility) meeting the requirements of the College.
4. Provide for protected educational time.
5. Provide sufficient access to Reflective Practice to all Trainees (see page 30 of these Regulations).
6. Be compliant with the College of Psychiatrists of Ireland guidelines on commercial/industry support.
7. Meet all Trainees' Psychotherapy requirements (inc. 1 short case over 12 sessions).
8. Meet all of the on-call requirements for training (BST min. 90 sessions over 4 years or pro-rata over 3 years).
9. Everywhere Trainees are on-call they should have access to bed management including an on-site designated bed manager.
10. Provide access to ECT for all Trainees – the in-house teaching programme must include a course on ECT as well as direct exposure to ECT; this includes being a direct observer to an ECT treatment.
11. Provide a caseload that is appropriate to the stage of training. (Trainers will be given feedback with regard to caseload for similar posts at other training sites. The caseload data in the Educational Approval Form will be discussed.)
12. Provide appropriate employment conditions
    i. Contracts
    ii. Compliance with national and European legislation (e.g. EWTD)
    iii. Prompt payment of travel and other expenses / allowances
    iv. Office and secretarial - All Trainees must have access to an office where they can carry out administrative duties without unnecessary interruption. Ideally such offices should be within the clinical workplace and may also serve as consulting rooms. Trainees must have access to adequate secretarial support to allow them to discharge their duties effectively.
13. Provide appropriate education & training facilities
    i. Library - Adequate library facilities must be provided at each site where training is provided though the exact configuration will depend on local need. This must be detailed in the induction handbook.
    ii. Lecture rooms - Each training centre must have one lecture room large enough to accommodate all the psychiatric medical staff, together with non-medical staff and doctors from other specialities, who may attend postgraduate meetings. The lecture room should be equipped with appropriate audio-visual equipment.
    iii. Must have access to internet
    iv. Access to a Research Ethics Committee
14. Provide an induction programme and handbook
    - All Trainees must participate in a structured induction programme at the time of taking up their duties.
    - The form and content of induction programmes will vary according to local needs but must include the following elements as a minimum:
        i. Physical tour of facilities
        ii. Management of on-site emergencies
        iii. Procedure for emergency referrals/admissions

iv. Mental Health Act 2001
v. Hospital information and patient information management systems
vi. Health and Safety Issues
vii. Non Violent Crisis Intervention
viii. ECT administration (in sites where ECT occurs)
ix. Basic Life Support Training
x. Personnel issues (contract, on-call rota, etc.)
xi. Procedures & Policies relevant to bullying and undermining behaviour

15. Provide a safe working environment

- All training sites must provide safe working conditions for Trainees in all facilities including those in general hospitals and in the community.
    i. Safety issues must be highlighted in the initial induction programme and the Trainees' Induction Handbook must incorporate a section on safety including information on accessing local policies and procedures.
    ii. Assessment rooms used by Trainees for assessment of acutely disturbed patients (in inpatient units, assessment suites, emergency departments and community facilities) should be safe, including
        a. Unobstructed door opening with a clear visualization panel, and not lockable from the inside.
        b. must not contain objects that could be used as potential weapons or barricades.
        c. A safety statement must be available for every clinical site.
    iii. Trainees must be provided with personal alarms which are regularly tested and fully monitored.
    iv. Doctors, on-call at night, must be provided with mobile telephones if they are required to travel between sites.
    v. Non Violent Crisis Intervention training (theoretical and practical) must occur at commencement of training and thereafter updated as specified in the certificate. Attendance at such training must be recorded in the portfolio.
    vi. There must be a Risk Register for every service.
    vii. Each training Scheme should have a mechanism for monitoring violent incidents involving Trainees; these records may be examined by visiting College Accreditation Teams. Each site should have a clear policy for the management of Trainees involved in untoward incidents, including immediate reporting of the incident and subsequent counselling and support, if needed. Information about this should be incorporated in the Induction Handbook.
    viii. Appropriate rest periods must be provided in order to support training and education.

APPENDIX 2:

THE COLLEGE OF PSYCHIATRISTS OF IRELAND – STRUCTURED DECISION PROCESS FOR INSPECTION TEAMS

1. Accreditation continued with stated recommended improvements, if any	1. **Educational ethos:** Improvements could be implemented with regard to any of the following. However, with regard to: a. Educational governance • The Dean/Vice-Dean is in post and is supported by CPsychI • The Tutor is in place and is supported by the employer • The employer has signed the Training/Learning Agreement with CPsychI b. All categories of educational time are protected c. Induction programme & manual • Programme provided in accordance with CPsychI guidance • Manual provided in accordance with CPsychI guidance d. Training centre education programme –there is satisfactory provision of • Reflective practice • Psychotherapy training • Case conferences • Journal Clubs And the centre is compliant with the College of Psychiatrists of Ireland guidelines on commercial/industry support. e. Appropriate education & training facilities – the following are provided • Library facilities • Lecture Rooms • Internet access • Access to a Research Ethics Committee f. Appropriate employment conditions are met with regard to • Provision of contracts • EWTD compliance • Prompt payment of expenses & allowances • A bed manager is available on-call • Accommodation and Catering

	2. **Facilitation of education & training:** Improvements could be implemented with regard to any of the following. However, a. The Educational Supervisor • Meets the criteria for an Educational Supervisor (including Train-the-Trainer requirements) • Provides the weekly one-hour supervision sessions • Facilitates the Trainee in completing the CPsychI portfolio b. The caseload is appropriate to the stage of training c. There is appropriate office and secretarial support, d. The description of the post in the Educational Approval Form is accurate
	3. **Training opportunities:** Improvements could be implemented to further facilitate the Trainee(s) to meet the Learning Outcomes necessary to progress with their training. However, a. Core work provides an appropriate range of experience b. Psychotherapy supervision is provided or facilitated c. On-call is appropriate to the stage of training d. ECT experience is provided or facilitated (if CAP post then not applicable) e. Subspecialty experience appropriate to stage of training is provided f. Research opportunities appropriate to the stage of training are provided or facilitated
	4. **Safety:** Improvements could be implemented with regard to safety of the work environment in the post / clinical site. However, a. In-patient assessment rooms are safe b. Emergency Department assessment rooms are safe c. Personal alarms are provided d. Safety statements are in place e. A risk register is in place f. NVCI training is provided g. Relevant policies (including lone working policies) are in place h. Procedures for monitoring incidents are in place

2. Accreditation continued but stated mandatory requirements must be completed by a specified date, otherwise accreditation will be suspended from that date	1. **Educational ethos:** Amendments required to any of the following: a. Educational governance – temporary issue with regard to • Dean/Vice-Dean in post and/or support by CPsychI • Tutor and/or supported by employer • Employer has signed Training/Learning Agreement with CPsychI b. Protection of educational time c. Induction programme & manual • Programme provided but not fully in accordance with CPsychI guidance • Manual provided but not fully in accordance with CPsychI guidance d. Training centre education programme – satisfactory provision of most, but not all of • Reflective practice • Psychotherapy training • Case conferences • Journal Clubs And the centre is compliant with the College of Psychiatrists of Ireland guidelines on commercial/industry support. e. Appropriate education & training facilities – the following are partially provided • Library facilities • Lecture Rooms • Internet access • Access to a Research Ethics Committee f. Appropriate employment conditions are not fully met with regard to one or more of the following: • Provision of contracts • EWTD compliance • Prompt payment of expenses & allowances • A bed manager is available on-call • Accommodation and Catering
	2. **Facilitation of education & training:** Amendments required in relation to any of the following: The Educational Supervisor • Meets the criteria for an Educational Supervisor (But needs to attend a Train-the-Trainer event) • Provides the weekly one-hour supervision sessions – evidence that limited number of sessions • Facilitates the Trainee in completing the CPsychI portfolio – evidence that input is limited a. The caseload is too high / too low for certain stages of training

	b. There is limited office and secretarial support c. The description of the post in the Educational Approval Form requires revision
	3. **Training opportunities:** Amendments required to any of below to ensure that: The post / site / rotation allows the Trainee(s) to meet most of the Learning Outcomes necessary to progress with their training a. Core work provides a limited range of experience b. Psychotherapy supervision is limited c. On-call experience is below that required for the stage of training d. ECT experience is unavailable(if CAP post then not applicable) e. Subspecialty experience appropriate to stage of training is limited f. Research opportunities appropriate to the stage of training are limited
	4. **Safety:** Amendments required to ensure that it is safe to work in the post / clinical site (see f-h) The clinical site / post must be fully compliant with a-e below: a. In-patient assessment rooms are safe b. Emergency Department assessment rooms are safe c. Personal alarms are provided d. Safety statements are in place e. NVCI training is provided Amendments required to one or more of the following to ensure that it is safe to work in the post / clinical site f. Relevant policies (including lone working policies) need to be addressed g. A risk register needs to be addressed h. Procedures for monitoring incidents need to be improved

3. Accreditation immediately suspended pending remedy of the stated requirements	1. **Educational ethos:** Not supported as evidenced by any of the following: a. Educational governance, • Dean/Vice-Dean in not in place • Tutor not in place • Employer has not signed Training/Learning Agreement with CPsychI b. Protection of educational time • One or more of the categories not supported c. Induction programme & manual • Programme not provided • Manual not provided d. Training centre education programme – no provision of one or more of • Reflective practice • Psychotherapy training • Case conferences • Journal Clubs Or the centre is non-compliant with the College of Psychiatrists of Ireland guidelines on commercial/industry support. e. Appropriate education & training facilities – the following are not provided • Library facilities • Lecture Rooms • Internet access • Access to a Research Ethics Committee f. Appropriate employment conditions are not met with regard to • Provision of contracts
	2. **Facilitation of education & training:** Not supported as evidenced by any of the following: a. The Educational Supervisor • Does not meet the criteria for an Educational Supervisor • Has not provided any of the weekly one-hour supervision sessions • Has not completed supervisor reports for the CPsychI portfolio b. The caseload is inappropriate to the stage of training c. The description of the post in the Educational Approval Form is misleading

	3. **Training opportunities:** The post / site / rotation does not allow the Trainee(s) to meet the Learning Outcomes necessary to progress with their training due to either of the following: a. Core work provides an unsatisfactory range of experience b. On-call experience is unsatisfactory or unavailable
	4. **Safety:** It is unsafe to work in the post / clinical site due to any of the following a. In-patient assessment rooms are unsafe b. Emergency Department assessment rooms are unsafe c. Personal alarms are not provided d. Safety statements are not in place e. NVCI training is not provided

APPENDIX 3:

THE COLLEGE OF PSYCHIATRISTS OF IRELAND – CLINICAL SITE INSPECTION – INITIAL REPORT

Notes on completion of the Initial Report

Sections in White to be completed by CPsychI / Vice-Deans / Tutors / Dean

Sections in Lavender to be completed by Accreditation Team

This is the template for the Initial Report.

The Final Report will include Training Centres / Clinical Sites / Training Posts that have been approved and therefore will not have Section 5.1.

Individuals involved with posts that have been suspended will be independently informed of the basis for the suspension and the requirements for remedy.

SECTION 1:

1.1 THE DEANERY

University	*Vice-Dean*

THE TRAINING CENTRES

Centre	*Specialty*	*Tutor*

1.2 ACCREDITING TEAM

Team Membership	*Name*
Chair	
Consultant General Adult Psychiatry	
Consultant Old Age Psychiatry	
Consultant Learning Disability Psychiatry	
Consultant Child and Adolescent Psychiatry	
Consultant Adult Psychiatry sub-specialties (Specify)	
Consultant Adult Psychiatry sub-specialties (Specify)	
Higher Specialist Trainee (Adult Specialty)	
Higher Specialist Trainee (Adult or CAP Specialty)	
External Member	

1.3 HST POSTS

(Please list every post for which there is an Educational Approval Form)

Educational Supervisor	*Specialty*	*Location*	*Employer*

1.4 BST POSTS

(Please list every post for which there is an Educational Approval Form)

Educational Supervisor	*Specialty*	*Location*	*Training Centre*	*Tutor*	*Employer*

SECTION 2:

2.1 PRIOR TO SITE VISITS - DEANERY

In advance of the Accreditation visit the Accrediting Team must assess:

1. The Educational Approval forms for BST posts to determine:

Specialty / Experience	*No. of posts in the Deanery providing this specialty / experience*
General Adult Psychiatry	
Psychiatry of Learning Disability	
Old Age Psychiatry	
Child & Adolescent Psychiatry	
Addictions Psychiatry	
Forensic Psychiatry	
Liaison Psychiatry	
Social & Rehabilitation Psychiatry	
Other Adult Psychiatry subspecialty Please specify	
Child & Adolescent Psychiatry subspecialty Please specify	
ECT	

2.2 PRIOR TO SITE VISITS – TRAINING CENTRES

In advance of the Accreditation visit the Accrediting Team must assess:

1. The Educational Approval forms for BST posts
2. The Induction Packs for each training centre to determine:

Training Centre (List all training centres mentioned in any EAF)	*Reflective Practice (no./month)*	*Journal Club (no./month)*	*Case Conf. (no./month)*	*On-Call (sessions / 6month)*	*Induction Pack √ / X**

* - √ = In order / X = issue that needs to be addressed on site visit

2.3 PRIOR TO SITE VISITS – CLINICAL SITES (BST & HST)

In advance of the Accreditation visit the Accrediting Team must assess:

1. The relevant Mental Health Commission (MHC) reports
2. The Trainee Post Appraisal Forms and relevant ARP reports for each location
3. The Safety Statement for each clinical site

to determine: (√ = no concerns raised or X = issue raised – please specify)

Clinical Site (List all clinical sites mentioned in any EAF)	*MHC Report √ / X*	*Safety Statement √ / X*	*Appraisal Forms √ / X*	*ARP Reports √ / X*	*Needs Visit √ / X*

2.4 PRIOR TO SITE VISITS – INDIVIDUAL POSTS (BST & HST)

In advance of the Accreditation visit the Accrediting Team must assess:

1. The Educational Approval forms for all BST & HST posts
2. The Trainee Post Appraisal Forms and relevant ARP reports for each post

to determine: (√ = no concerns raised or X = issue raised – specify)

Post (List all posts for which there is an EAF)	*EAF √ / X*	*Post Appraisal Form √ / X*	*ARP Reports √ / X*	*Needs Visit to clarify √ / X*

SECTION 3:

FIRST DAY OF THE VISIT

The Accrediting Team will meet with the Trainers/Trainees and ask them if there are any particular issues they would like addressed in the site visit.

Free text for any issues raised:

SECTION 4:

4.1 SITE VISITS – DEANERY

The Accrediting Team must assess that:

Each Deanery has:

1. A Vice-Dean who has drawn up packages of suitable/appropriate BST placements
2. Ensured that BST Trainees have been provided with a set rotations (with flexibility) meeting the requirements of the College

Deanery (Name)	*Yes*	*No - (comment)*
1. Vice Dean - packages		
2. Range of posts in Deanery		

4.2 SITE VISITS – NHTS (ADULT & CAP)

Each NHTS has:

1. A Dean who has drawn up packages of suitable/appropriate HST placements
2. That each HST Trainee has access to a named HST Mentor

While HST inspections are carried out simultaneously with BST inspections Section 4.2 needs to be completed only once every 3 years for each of the two NHTS

Deanery (Name)	*Dean*	*Date Inspected*	*Comments re Packages*
1. NHTS - Adult			Specialty content
			Psychotherapy
			In-Patient
			ECT
2. NHTS - CAP			Specialty Content
			In-patient
			Psychotherapy

4.3 SITE VISITS – TRAINING CENTRES

The Accrediting Team must assess that:

Each training centre has (List all training centres mentioned in any EAF):

1. Met the conditions stipulated in the training agreement between the College of Psychiatrists of Ireland & the training centre.

Training Centre	*Yes*	*No - (comment)*

2. Provided for protected educational time.

Training Centre	*Yes*	*No - (comment)*

3. Provided sufficient access to Reflective Practice to all Trainees (See page 30 of the College Regulations).

Training Centre	*Yes*	*No - (comment)*

4. Met the College guidelines on commercial / industry support.

Training Centre	*Yes*	*No - (comment)*

5. Met all Trainees' Psychotherapy requirements (including 1 short case over 12 sessions).

Training Centre	*Yes*	*No - (comment)*

6. Met all of the on-call requirements for training (BST min. 90 sessions over 4 years or prorata over 3 years; HST Adult 70 sessions over 3 years; HST CAP 40 sessions over 3 years).

Training Centre	*Yes*	*No - (comment)*
BST HST Adult HST CAP		
BST HST Adult HST CAP		
BST HST Adult HST CAP		

7. Everywhere Trainees are on call they should have access to an on-site designated bed manager.

Training Centre	*Yes*	*No - (comment)*

8. Provided access to ECT for all Trainees – the in-house teaching programme must include a course on ECT as well as direct exposure to ECT; this includes being a direct observer to an ECT treatment (not applicable to CAP only training centres).

Training Centre	*Yes*	*No - (comment)*

9. Provided appropriate employment conditions.
   i. Contracts

Training Centre	*Yes*	*No - (comment)*

ii. Compliance with national and European legislation (eg EWTD)

Training Centre	*Yes*	*No - (comment)*

iii. Prompt payment of travel and other expenses / allowances

Training Centre	*Yes*	*No - (comment)*

iv. Office and secretarial support: All Trainees must have access to an office where they can carry out administrative duties without unnecessary interruption. Ideally such offices should be within the clinical workplace and may also serve as consulting rooms. Trainees must have access to adequate secretarial support to allow them to discharge their duties effectively.

Training Centre	*Yes*	*No - (comment)*

10. Provided appropriate education & training facilities

i. Library: Adequate library facilities must be provided at each site where training is provided though the exact configuration will depend on local needs and this must be detailed in the Induction Handbook

Training Centre	*Yes*	*No - (comment)*

ii. Lecture rooms: Each training centre must have one lecture room large enough to accommodate all the psychiatric medical staff, together with non-medical staff and doctors from other specialities, who may attend postgraduate meetings. The lecture room should be equipped with appropriate audio-visual equipment.

Training Centre	*Yes*	*No - (comment)*

iii. Must have access to internet.

Training Centre	*Yes*	*No - (comment)*

iv. Must have access to a Research Ethics Committee.

Training Centre	*Yes*	*No - (comment)*

11. Provided an Induction Programme and Handbook

i. All Trainees must participate in a structured induction programme at the time of taking up their duties.

Training Centre	*Yes*	*No - (comment)*

ii. The form and content of Induction Programmes will vary according to local needs but must include the following elements as a minimum:

(a) Physical tour of facilities
(b) Management of on-site emergencies
(c) Procedure for emergency referrals/admissions
(d) Mental Health Act 2001
(e) Hospital information and patient information management systems
(f) Health and Safety Issues
(g) Non Violent Crisis Intervention
(h) ECT administration (in sites where ECT occurs)
(i) Basic Life Support Training
(j) Personnel issues (contract, on-call rota, etc.)
(k) Procedures & Policies relevant to bullying and undermining behaviour

Training Centre	*Yes*	*No - (comment)*

12. Provide an Induction Handbook
    (to cover at a minimum all issues listed in 10 above)

Training Centre	*Yes*	*No - (comment)*

13. Provide a safe working environment
    i. Safety issues must be highlighted in the initial Induction Programme and the Trainees' Induction Handbook must incorporate a section on safety including information on accessing local policies and procedures.

Training Centre	*Yes*	*No - (comment)*

ii. **In-patient assessment rooms** used by Trainees for assessment of acutely disturbed patients should be safe, including
    (a) Unobstructed door opening with a clear visualization panel, and not lockable from the inside.
    (b) Absence of objects that could be used as potential weapons or barricades.
    (c) A safety statement must be available for every In-patient unit.

Training Centre	*Yes*	*No - (comment)*

iii. **Emergency Department assessment rooms** used by Trainees for assessment of acutely disturbed patients should be safe, including
    (a) Unobstructed door opening with a clear visualization panel, and not lockable from the inside.
    (b) Absence of objects that could be used as potential weapons or barricades.
    (c) A safety statement must be available for every Emergency Department.

Training Centre	*Yes*	*No - (comment)*

iv. Trainees must be provided with personal alarms which are regularly tested and fully monitored.

Training Centre	*Yes*	*No - (comment)*

v. Doctors, on-call at night, must be provided with mobile telephones if they are required to travel between sites.

Training Centre	*Yes*	*No - (comment)*

vi Non Violent Crisis Intervention training (theoretical and practical) must occur at commencement of training and thereafter updated as specified in the certificate. Attendance at such training must be recorded in the portfolio.

Training Centre	Yes	No - (comment)

vii. There must be a Risk Register for every service.

Training Centre	Yes	No - (comment)

viii. Each training centre should have a mechanism for monitoring violent incidents involving Trainees; these records may be examined by visiting College accreditation teams. Each site should have a clear policy for the management of Trainees involved in untoward incidents, including immediate reporting of the incident and subsequent counselling and support, if needed. Information about this should be incorporated in the Induction Handbook.

Training Centre	Yes	No - (comment)

ix. Appropriate rest periods must be provided in order to support training and education

Training Centre	Yes	No - (comment)

4.4 SITE VISITS – CLINICAL SITES & INDIVIDUAL POSTS (BST & HST)

The Accrediting Team must assess that:

Each clinical site and each individual post is compliant (Please list all training centres mentioned in any EAF and all the posts / EAFs associated with each clinical site):

If an issue: Identify in the table below (Table 4.4a) using the number from the subsequent list(s) and then describe details in following table (Table 4.4b)

Table 4.4a

Training Centre (List all training centres mentioned in any EAF)	*Clinical Site (List all clinical sites mentioned in any EAF)*	*Issue identified with a Clinical Site*	*Individual Training Posts (EAF & Educational Supervisor) HST posts in Red*	*Issue Identified with an Individual Post*

Lists of potential issues relating to BST and HST Clinical Sites / Posts

Each BST / HST Clinical Site and Individual Post must:

1. Be appropriately described in the Educational Approval Form.

2. Provide for protected educational time including a weekly one-hour individual face-to-face supervision session with the Educational Supervisor.

3. Provide a caseload that is appropriate to the stage of training. (Trainers will be given feedback with regard to caseload for similar posts at other training sites. The caseload data in the Educational Approval Form will be discussed.)

4. Meet all of the on-call (BST min. 90 sessions over 4 years or pro rata over 3 years; HST Adult 70 sessions over 3 years; HST CAP 40 sessions over 3 years).

5. Provide appropriate employment conditions
    i. Contracts
    ii. Compliance with national and European legislation (e.g. EWTD)
    iii. Prompt payment of travel and other expenses / allowances
    iv. Accommodation and Catering Facilities
    These must be appropriate to meet Trainee cultural and health needs
    v. Provide appropriate office and secretarial support:
    All Trainees must have access to an office where they can carry out administrative duties without unnecessary interruption. Ideally such offices should be within the clinical workplace and may also serve as consulting rooms. Trainees must have access to adequate secretarial support to allow them to discharge their duties effectively.

6. Provide appropriate education & training facilities
    i. Library: Adequate library facilities must be provided at each site where training is provided though the exact configuration will depend on local needs and this must be detailed in the induction handbook
    ii. Must have access to internet

7. Provide an induction programme and handbook
    - All Trainees must participate in a structured induction programme at the time of taking up their duties.
    - The form and content of induction programmes will vary according to local needs but must include the following elements as a minimum:
        i. Physical tour of facilities
        ii. Management of on-site emergencies
        iii. Procedure for emergency referrals/admissions
        iv. Mental Health Act 2001
        v. Hospital information and patient information management systems
        vi. Health and Safety Issues
        vii. Non Violent Crisis Intervention
        viii. ECT administration (in sites where ECT occurs)
        ix. Basic Life Support Training
        x. Personnel issues (contract, on-call rota, etc.)
        xi. Procedures & Policies relevant to bullying and undermining behaviour

8. Provide a safe working environment. All training sites must provide safe working conditions for Trainees in all facilities including those in general hospitals and in the community.
    i. Safety issues must be highlighted in the initial induction programme and the Trainees' Induction Handbook must incorporate a section on safety including information on accessing local policies and procedures.
    ii. Assessment rooms used by Trainees for assessment of acutely disturbed patients (in inpatient units, assessment suites, emergency departments and community facilities) should be safe, including
        a. Unobstructed door opening with a clear visualization panel, and not lockable from the inside
        b. Absence of objects that could be used as potential weapons or barricades.
        c. A safety statement must be available for every training site
    iii. Trainees must be provided with personal alarms which are regularly tested and fully monitored.
    iv. Doctors, on-call at night, must be provided with mobile telephones and other appropriate supports if they are required to travel between sites.
    v. Non Violent Crisis Intervention training (theoretical and practical) must be updated as specified in the certificate. Attendance at such training must be recorded in the portfolio.
    vi. There must be a Risk Register for every service
    vii. Each Clinical Site should have a mechanism for monitoring violent incidents involving Trainees; these records may be examined by visiting College accreditation teams. Each site should have a clear policy for the management of Trainees involved in untoward incidents, including immediate reporting of the incident and subsequent counselling and support, if needed. Information about this should be incorporated in the Induction Handbook.

Table 4.4b

Clinical Site (List only clinical sites where an issue identified)	*Describe the issue identified with a Clinical Site*	*Individual Training Posts where an issue identified HST posts in Red*	*Describe the issue identified with with an Individual Post*

SECTION 5:

CRITERIA FOR ACCREDITATION

There are three possible decisions that the Accrediting Team can make on a visit:

1. Accreditation immediately suspended pending remedy of the stated requirements.
2. Accreditation continued but stated mandatory requirements must be completed by a specified date, otherwise accreditation will be suspended from that date.
3. Accreditation continued with stated recommended improvements, if any.

The basis for a recommendation to suspend accreditation may include the following:

1. The post / site / rotation does not allow the Trainee(s) to meet the Learning Outcomes necessary to progress with their training.
2. It is unsafe to work in the post / clinical site.
3. The education is not supported (by: the Educational Supervisor; the facilities; or agreed protection of educational time is not facilitated).

With respect to Deaneries / NHTS, the main purpose of the site visits is to advise the Vice-Deans / Dean on how to improve the training experience for Trainees, for example: post X provides no Y; therefore, it should be combined with another post that offers Y to meet the training needs.

The emphasis of the accreditation process of individual posts is giving/getting a sense of the reality of the post in the context of the Educational Approval Form, which the Trainees use to make their placement decisions.

5.1 Accreditation immediately suspended pending remedy of the stated requirements.

Deanery / NHTS	*Training Centre*	*Post*	*Clinical site**

*Note that a post may continue to be accredited but with the caveat that accreditation of site, previously involved with that post, has been suspended.

The basis for a recommendation to suspend accreditation & requirements for remedy

5.2 Accreditation continued but stated mandatory requirements must be completed by a specified date, otherwise accreditation will be suspended from that date.

Deanery / NHTS	*Training Centre*	*Post*	*Clinical site**

Mandatory Requirements

5.3 Accreditation continued with stated recommended improvements, IF ANY.

Recommendations

APPENDIX A:

College of Psychiatrists of Ireland

Policy on Bullying and Harassment

September 2016

Introduction

The College of Psychiatrists of Ireland recognises the right of all employees, members, trainers, and trainees to be treated with dignity and respect and is committed to ensuring that all employees, members, trainers, and trainees are provided with a safe environment which is free from all forms of bullying, sexual harassment and harassment.

Central to the delivery of the highest possible quality training is a working environment where College employees, members, trainers, and trainees feel valued, recognised and safe. The promotion and maintenance of the dignity of all involved plays a key role in ensuring this environment.

Bullying and harassment can have a devastating effect on the health, confidence, morale and performance of those subjected to it. Bullying and harassment may also have a damaging impact on employees, members, trainers, and trainees not directly subjected to inappropriate behaviour but who witness it or have knowledge of it.

This Policy is based on the Health Service Executive Policy Document *Dignity at Work* and on the following Codes of Practice which issued under the Safety, Health and Welfare at Work Act 2005; the Industrial Relations Act, 1990; and the Employment Equality Act 1998 respectively: The Health and Safety Authority's Code of Practice for Employers and Employees on the Prevention and Resolution of Bullying at Work ; The Labour Relations Commission's (LRC) Code of Practice Detailing Procedures for Addressing Bullying in the Workplace; The Equality Authority's Code of Practice on Sexual Harassment and Harassment at Work.

A key objective of this Policy is to ensure that all reasonable efforts are made by the College of Psychiatrists of Ireland to deal with complaints of bullying or harassment at local level. The procedure promotes the use of mediation as an alternative to a formal investigation where both parties jointly agree to participate in this process. In the event that the complaint cannot be resolved locally or through mediation, the procedure sets out an investigation process which is designed to deal with complaints expeditiously and with minimum distress for the parties involved. The Policy has a strong preventative focus and emphasises that every College employee, member, trainer, and trainee has a duty to maintain an environment in which the dignity of everyone is respected.

The Policy also places particular emphasis on the role of the College's Council, Management Committee, Postgraduate Training Committee, Continuous Professional Competence Committee, External Affairs Committee, and Faculty Officers in promoting the Policy and ensuring a working environment free from bullying and harassment.

What is Bullying, Harassment and Sexual Harassment?

This section contains the definitions of bullying, harassment and sexual harassment as set out in the following Codes of Practice: The Health and Safety Authority's Code of Practice for Employers and Employees on the Prevention and Resolution of Bullying at Work; The Labour Relations Commission's (LRC) Code of Practice Detailing Procedures for Addressing Bullying in the Workplace; The Equality Authority's Code of Practice on Sexual Harassment and Harassment at Work.

Bullying is repeated inappropriate behaviour, direct or indirect, whether verbal, physical or otherwise, conducted by one or more persons against another or others which could reasonably be regarded as undermining the individual's right to dignity. An isolated incident of the behaviour described in this definition may be an affront to dignity but as a once off incident is not considered to be bullying. A key characteristic of bullying is that it usually takes place over a period of time. It is regular and persistent inappropriate behaviour which is specifically targeted at one (or a group) of employee(s), member(s), trainer(s), or trainee(s). It may be perpetrated by someone in a higher, lower or same grade/position as the recipient.

What Bullying is Not:

The following do not constitute bullying:

- An isolated incident of inappropriate behaviour may be an affront to dignity but, as a once-off incident, is not considered to be bullying, e.g. an occasional bout of anger or a conflict of views.
- Fair and constructive criticism of an employee's, member's, trainer's, or trainee's performance, conduct or attendance.
- Reasonable and essential discipline arising from the good management of the performance of an employee at work or trainee in a training programme.
- Actions taken which can be justified as regards the safety, health and welfare of the employees, members, trainers, and trainees.
- Legitimate management responses to crisis situations which require immediate action.
- Complaints relating to instructions issued by a manager, assignment of duties, terms and conditions of employment or other matters which are appropriate for referral under the normal grievance procedure.

Examples of Bullying:

The following are some examples of the type of behaviour which may constitute bullying. These examples are illustrative but not exhaustive:

- Constant humiliation, ridicule, belittling efforts – often in front of others.
- Verbal abuse, including shouting, use of obscene language and spreading malicious rumours.
- Showing hostility through sustained unfriendly contact or exclusion.
- Inappropriate overruling of a person's authority, reducing a job/training experience to routine tasks well below the person's skills and capabilities without prior discussion or explanation.
- Persistently and inappropriately finding fault with a person's work and using this as an excuse to humiliate the person rather than trying to improve performance.
- Constantly picking on a person when things go wrong even when he/she is not responsible.

What is Harassment?

Harassment (other than sexual harassment) is any form of unwanted conduct related to any of the discriminatory grounds covered by the Employment Equality Acts 1998 to 2008. These grounds are: gender, marital status, family status, sexual orientation, religion, age, disability, race, and membership of the traveller community. Harassment is defined in the Act as any form of unwanted conduct related to any of these discriminatory grounds which has the purpose or effect of violating a person's dignity and creating an intimidating, hostile, degrading, humiliating or offensive environment for the person. The unwanted conduct may include acts, requests, spoken words, gestures or the production, display or circulation of written words, pictures or other material. Harassment is inappropriate behaviour based on the relevant characteristic of the employee such as race, religion, age or any of the other grounds covered by the Act. Inappropriate behaviour that is not linked to one of the nine discriminatory grounds is not covered by this definition. Harassment may be targeted at one (or a group of) College employee(s), member(s), trainer(s), or trainee(s). Harassment may consist of a single incident or repeated inappropriate behaviour. The following are examples of inappropriate behaviour which may constitute harassment. These examples of harassment are illustrative but not exhaustive:

- Verbal harassment, e.g. jokes, derogatory comments, ridicule or song
- Written harassment, e.g. faxes, text messages, e-mails or notices
- Physical harassment, e.g. jostling or shoving
- Intimidatory harassment, e.g. gestures or threatening poses
- Visual displays, e.g. posters, emblems or badges
- Persistent negative body language
- Ostracising a person

An act of harassment may occur outside the work / training premises or normal working hours provided the perpetrator was acting in the course of employment or training, for example, at a training course, conference or work-related social event.

What is Sexual Harassment?

Sexual harassment is any form of unwanted verbal, non-verbal or physical conduct of a sexual nature which has the purpose or effect of violating a person's dignity and creating an intimidating, hostile, degrading, humiliating or offensive environment for the person. The unwanted conduct may include acts, requests, spoken words, gestures or the production, display or circulation of written words, pictures or other material. Sexual harassment may consist of a single incident or repeated inappropriate behaviour. It may be targeted at one (or a group of) College employee(s), member(s), trainer(s), or trainee(s). The following are some examples of inappropriate behaviour which may constitute sexual harassment. These examples are illustrative but not exhaustive:

- Physical conduct of a sexual nature, e.g. unwanted physical contact such as unnecessary touching, patting or pinching or brushing against another person's body.
- Verbal conduct of a sexual nature, e.g. unwelcome sexual advances, propositions or pressure for sexual activity, continued suggestions for social activity outside the workplace / training environment after it has been made clear that such suggestions are unwelcome, unwanted and offensive flirtations, suggestive remarks, innuendos or lewd comments.

- Non-verbal conduct of a sexual nature, e.g. the display of pornographic or sexually suggestive pictures, objects, written materials, emails, text-messages or faxes.
- Unwanted or derogatory comments about dress or appearance e.g. Leering and suggestive gestures.

An act of sexual harassment may occur outside the work / training premises or normal working hours provided the perpetrator was acting in the course of employment or training, for example, at a training course, conference or work-related social event.

How does Sexual Harassment and Harassment differ from Friendly Workplace Banter? It is the unwanted nature of the conduct which distinguishes sexual harassment and harassment from friendly behaviour which is mutual and welcome. It is up to each College employee, member, trainer, or trainee to decide what behaviour is unwelcome, irrespective of the attitude of others, and from whom such behaviour is unwelcome. The fact that the College employee, member, trainer, or trainee has previously tolerated the behaviour does not stop him/her from objecting to it now.

Is Motive Relevant?

The intention of the person engaging in the unwelcome behaviour is irrelevant – the effect of the behaviour on the employee, member, trainer, or trainee concerned is what is important.

Roles and Responsibilities under the Policy:

This section sets out the responsibilities of:

- The College of Psychiatrists of Ireland
- Employees of the College of Psychiatrists of Ireland
- Members of the College of Psychiatrists of Ireland (Including those acting on behalf of the College of Psychiatrists of Ireland)
- Trainees of the College of Psychiatrists of Ireland (Including those acting on behalf of the College of Psychiatrists of Ireland)

This Policy protects College employees, Members, trainers, and trainees from bullying, sexual harassment or harassment during the course of activities that are directly related to the activities of the College.

Bullying, sexual harassment or harassment of College employees, members, trainers, and trainees during the course of activities that are indirectly related to the activities of the College (for example, bullying of a member or Trainee in the course of their clinical work) should be addressed using the policies and procedures of the relevant organisation responsible for those activities / employment of the person in the workplace.

The College of Psychiatrists of Ireland will ensure that all approved clinical training sites have a policy to address bullying, sexual harassment, and that this is communicated within the induction programme for all new employees.

Scope of this Policy:

This policy refers in particular to all activities directly relating to College business. Persons involved could be College administrative employees, members, trainers, and trainees, officers. This list is not exclusive; it may be the case that a complaint not directly relating to College business may be better dealt with by employer procedures such as Dignity at Work.

Bullying/Harassment by Non-Employees, Non-Members, Non-Trainers, Non-Trainees:

This Policy protects College Employees, Members, Trainers, and Trainees from bullying, sexual harassment or harassment perpetrated by a patient/client, supplier, visitor or any other person with whom College Employees, Members, Trainers, and Trainees may come into contact during the course of their work or training.

Bullying/harassment by non-employees, non-members, non-trainers, non-trainees may result in the termination/non-renewal of business contracts, the suspension/non-renewal of services, exclusion from the premises or the imposition of other appropriate sanctions. If a College employee, member, trainer, or trainee feels that s/he has been subjected to inappropriate behaviour by a non-employee, non-member, non-trainer, non-trainee, s/he should bring the matter to the attention of his/her manager (employees), Dean of Education (trainees and trainers); Director of College External Affairs Department or Director of College Professional Competence Department (members) so that the matter can be investigated and appropriate action taken.

The College of Psychiatrists of Ireland will ensure that adequate resources are made available to promote respect and dignity in the workplace / training environment and to deal effectively with complaints of bullying and harassment. This policy and procedure will be communicated throughout the organisation and all College

employees, members, trainers and trainees will be made aware of their responsibilities to create a working / training environment which is free from bullying and harassment. The Policy will form part of the induction process for all College employees, members, trainers and trainees and appropriate training will be provided to supervisors and managers to enable them to communicate the Policy to College employees, members, trainers and trainees and deal with complaints.

Support Contact Persons will be appointed to provide confidential information and support to College employees, members, trainers and trainees who feel that they are being subjected to bullying or harassment. Appropriate training and ongoing support will be provided to enable Support Contact Persons to carry out their role effectively.

Progress on the implementation and effectiveness of the Policy will be regularly monitored and reviewed at local level.

Responsibilities of College employees, members, trainers and trainees:

All College employees, members, trainers and trainees have a responsibility to help maintain a working / training environment in which the dignity of all individuals is respected.

All College employees, members, trainers and trainees must comply with this policy and ensure that their behaviour does not cause offence to fellow employees, members, trainers and trainees or any person with whom they come into contact during the course of their work / training. College employees, members, trainers and trainees should discourage bullying and harassment by objecting to inappropriate behaviour.

College employees, members, trainers and trainees should inform a manager (employees), Dean of Education (trainees and trainers); Director of College Department of External Affairs or Director of College Professional Competence Department (members) if they are concerned that a colleague is being bullied or harassed.

Responsibilities of Managers, Dean of Education, and Directors of College Departments of External Affairs and Professional Competence:

These individuals have a particular responsibility to implement this policy and to make every effort to ensure that bullying and harassment does not occur, particularly in work / training areas for which they are responsible. Managers and Department Directors have an obligation to deal promptly and effectively with any incidents of bullying or harassment of which they are aware or ought to be aware. Managers and Department Directors should:

- Circulate the Policy to all employees, members, trainers, and trainees and ensure that they understand their roles and responsibilities and how the complaints procedure operates.
- Explain the Policy and complaints procedure to new employees, members, trainers, and trainees as part of their induction.
- Promote awareness of the Policy amongst employees, members, trainers, and trainees on an ongoing basis.
- Communicate the Policy to non-employees, non-members, non-trainers, and non-trainees (e.g. ensure posters and leaflets are prominently displayed and copies of the Policy are readily available).

- Set a good example by treating all employees, members, trainers, and trainees and any other person with whom they come into contact in the workplace or training environment with courtesy and respect.
- Be vigilant for signs of bullying and harassment and intervene before a problem escalates.
- Respond sensitively to any employee, member, trainer, or trainee who makes a complaint of bullying or harassment.
- Respond promptly and discreetly to requests from employees, members, trainers, and trainees to intervene and seek to resolve the matter informally where appropriate.
- Facilitate Support Contact Persons (see Appendix 1) to carry out their role.
- Ensure that an employee, member, trainer, or trainee is not victimised for making a complaint of bullying or harassment in good faith.
- Monitor and follow up the situation after a complaint is made so that the behaviour complained of does not recur.
- Keep a record of all complaints and how these were resolved.

Procedure for Dealing with Allegations of Bullying, Sexual Harassment and Harassment:

Making a Complaint:

Any employee, member, trainer, or trainee who feels that s/he is being subjected to behaviour which undermines his/her dignity should let his/her objections be known, otherwise the person engaging in the unwelcome behaviour may be unaware of the effects of his/her actions. The employee, member, trainer, or trainee may either approach the alleged perpetrator directly and make the person aware that the behaviour in question is unwelcome or request a Contact Support Person to approach the person on his/her behalf.

Sometimes the alleged perpetrator is genuinely unaware that his/her behaviour is unwelcome and causing distress. An informal discussion is often sufficient to alert the person concerned to the effects of his/her behaviour and can lead to greater understanding and an agreement that the behaviour will stop.

Before deciding what course of action, if any, to take, the employee, member, trainer, or trainee may wish to discuss the matter on a confidential basis with a Support Contact Person, manager or union representative (if applicable).

Support Contact Person:

An employee, member, trainer, or trainee who feels that s/he is being bullied or harassed may wish to avail of the support of a Support Contact Person whose function is to listen, be supportive and outline the options open to him/her. Details of Support Contact Persons are displayed on the College moodle website. The Support Contact Person will explain the definitions of bullying/ harassment and the various elements of the procedure to assist the employee, member, trainer, or trainee to make an informed choice about what action, if any, s/he may wish to take.

Alternatively, the employee, member, trainer, or trainee may seek information and advice regarding the policy and procedure on a confidential basis at any time from any member of the College's Management Committee. If, having consulted with the Support Contact Person or other appropriate person, the employee, member, trainer, or trainee decides to pursue the matter, s/he may approach the alleged perpetrator directly or request the intervention of an appropriate manager / Director of College Department.

Approach the Alleged Perpetrator Directl:y

In this case the employee, member, trainer, or trainee may find it helpful to rehearse what s/he intends to say to the person concerned so that s/he feels more confident about initiating the discussion and articulating the precise nature of the offending behaviour and its effects.

Intervention of an Appropriate Manager or Director of the relevant College Department:

Where the employee is not confident about approaching the alleged perpetrator or where a direct approach has not resolved the matter, s/he should request the intervention of an appropriate manager or the Director of the relevant College Department. The manager / Director may attempt to resolve the matter in an informal low-key and non-confrontational manner by making the alleged perpetrator aware of the effects of his/her behaviour (see Appendix 2). Where this does not bring about a satisfactory outcome, the matter may be referred to the

College Management Committee / Council which will make every effort to resolve the matter between the parties. This may include the use of mediation.

Mediation:

Mediation is the preferred method under this Policy for resolving complaints of bullying and harassment. The objective of mediation is to resolve the matter speedily and confidentially without recourse to a formal investigation and with the minimum of conflict and stress for the individuals involved.

Preliminary Screening:

The purpose of the preliminary screening is to decide if the alleged behaviour, which is the subject of the complaint, falls within the definition of bullying, harassment or sexual harassment as outlined in pages 3 to 5 of this Policy. The rationale for this provision is that some complaints of bullying, harassment or sexual harassment referred under the Policy do not fall within the definition of bullying, harassment or sexual harassment or have not occurred in the context of activities that are directly related to the activities of the College.

In order to carry out the preliminary screening, the complainant must set out details of the alleged behaviour in writing including approximate dates and witnesses (if any) and the context in which the alleged behaviour occurred.

The preliminary screening will be carried out by a member of the College Management Committee (or appointed by the Management Committee) who will decide whether or not it is appropriate to progress the complaint under this Policy.

This assessment will be based exclusively on the written details of the complaint as set out by the complainant. The employee, member, trainer, or trainee will be notified in writing of the outcome of the preliminary screening within 7 working days.

If the complaint is deemed not to come within the scope of this Policy, the employee, member, trainer, or trainee will be so informed and advised on the appropriate procedure for dealing with the matter (e.g. using the policies and procedures of the more relevant organisation). If the complaint is deemed to come within the scope of this Policy, the matter may be referred for mediation. If the matter cannot be resolved through mediation, a formal investigation will be carried out.

Formal Investigation:

The alleged perpetrator will be advised that the complaint is the subject of a formal investigation. S/he will be given a copy of the written complaint and invited to respond to the allegations in writing within 2 weeks. A copy of the response will be forwarded to the complainant. Both parties will be offered the opportunity to avail of in-house counselling and support services.

Principles Governing the Investigation Process:

- The investigation will be conducted thoroughly and objectively and with due respect for the rights of both the complainant and the alleged perpetrator.
- Both parties will be required to co-operate fully with the investigation.
- Confidentiality will be maintained throughout the investigation to the greatest extent consistent with the requirements of a fair investigation. It is not possible however to guarantee the anonymity of the complainant or any person who participates in the investigation.
- While the circumstances may be difficult, both the complainant and the alleged perpetrator may be expected to continue with their normal duties and maintain a professional working relationship during the course of the investigation.
- The College Management Committee will however have due regard at all times for its obligations to safeguard the health, safety and welfare of employees, members, trainers, and trainees.
- A written record will be kept of all meetings and treated in the strictest confidence.
- The investigator may interview anyone who they feel can assist with the investigation.
- Employees, members, trainers, and trainees are expected to co-operate fully with the investigation and will be fully supported throughout the process.
- Employees, members, trainers, and trainees who participate in the investigation process will be required to respect the privacy of the parties involved by refraining from discussing the matter with other work colleagues or persons outside the organisation.
- It will be considered a disciplinary offence to intimidate or exert pressure on any person who may be required to attend as a witness.

Conducting an Investigation:

The investigation will be conducted by person(s) who are acceptable to the parties and are not connected to the complaint in any way. These will be appointed by the Management Committee.

The investigator(s) will be issued with written terms of reference based on the written complaint and any other matters relevant to the complaint. The terms of reference shall specify that the investigation will be conducted in accordance with this Policy.

If issues persist in relation to the acceptability or otherwise of the nominated person(s), the matter may be referred to the College Council within 2 weeks for a decision regarding the nominated person(s)

1. The investigator(s) will determine:

   (i) whether the complaint falls within the definition of bullying, harassment or sexual harassment as defined in this Policy

   (ii) whether the complaint is upheld as the offending action amounted to inappropriate behaviour, bullying, harassment or sexual harassment. - Where appropriate the investigator(s) may make recommendations (excluding disciplinary sanction).

2. The investigator(s) may set time limits for completion of various stages of the procedure to ensure the overall timescale is adhered to.

3. Both parties will be given copies of all relevant documentation prior to and during the investigation process, i.e. - Written complaint - Written response from the alleged perpetrator - Witness statements (which should be signed) - Minutes of meetings.

4. Both the complainant and the alleged perpetrator may provide details of witnesses or any other person whom they feel could assist in the investigation.

5. The investigator(s) will conduct separate interviews with the complainant and the alleged perpetrator with a view to establishing the facts surrounding the allegations. Both the complainant and the alleged perpetrator may be accompanied by a staff representative or work colleague if so desired.

6. The investigator(s) will interview any witnesses to the alleged incidents of bullying/ harassment and other relevant persons. An agreed minute of each meeting will be issued to both parties. Confidentiality will be maintained as far as practicable.

7. Persons may be required to attend further meetings to respond to new evidence or provide clarification on any of the issues raised.

8. The investigator(s) may, depending on the circumstances of the case, convene joint hearings subject to the agreement of both parties.

9. The investigator(s) will present preliminary conclusions based on the evidence gathered in the course of the investigation and invite any person adversely affected by these conclusions to provide additional information or challenge any aspect of the evidence.

10. On completion of the investigation, the investigator(s) will submit a written report to the College Management Committee who will ensure that the terms of reference have been complied with.

11. Both the complainant and the person(s) against whom the complaint is made will be given a copy of the investigation report and will be advised in writing that they may submit any comments on the report within two weeks.

Outcome of the Investigation:

If the complaint is upheld, appropriate action will be taken e.g. progression through a disciplinary procedure, counselling and/or mediation. The College will monitor the workplace / training environment to ensure that there is no recurrence.

Where a complaint is not upheld, no action will be made against the complainant provided that the complaint was made in good faith.

In the interests of all employees, members, trainers, and trainees any malicious or vexatious complaints will be treated very seriously and may lead to disciplinary action against the complainant.

Victimisation or retaliation against a complainant, witness or any other party will constitute a serious disciplinary offence.

Non-Employees, Non-Members, Non-Trainers, Non-Trainees:

Where complaints against non-employees, non-members, non-trainers, non-trainees are the subject of a formal investigation the alleged perpetrator will be expected to co-operate fully with the process and will be afforded fair procedures and an opportunity to respond fully to the complaint. If the complaint is upheld, appropriate sanctions will apply which may include:

- Exclusion of the individual from College premises / activities
- Suspension or termination of service or other contract.

Statutory Redress:

This policy is designed to support employees, members, trainers, and trainees in the resolution of complaints of bullying/ harassment. However, it does not prevent employees from exercising their statutory entitlements under the Industrial Relations Acts, 1946 to 2004 or the Employment Equality Acts 1998 to 2008. Complaints under the Employment Equality Act must be brought within 6 months of the last act of discrimination.

Appendix 1. Support Contact Persons

- Deanery Vice-Deans
- Higher Specialist Training Mentors
- Clinical Training Centre Tutors
- College Department Directors
- College Department Managers
- Nominee of each Faculty
- Nominees of the Trainee Committee
- Nominee of REFOCUS

Appendix 2. Useful Resources

1. College of Psychiatrists of Ireland Regulations:

http://www.irishpsychiatry.ie/Libraries/PGT_Curriculum_Regulations_ARP_docs/Regulations_-_July_2015_24_07_15.sflb.ashx

2. Health Service Executive: Dignity at Work:

http://www.hse.ie/eng/staff/Resources/hrppg/Dignity_at_Work_Policy.html

3. Royal College of Psychiatrists – Bullying and Harassment Information Guide:

www.rcpsych.ac.uk/workinpsychiatry/.../**bullying**andharassment.aspx

4. Royal College of Psychiatrists: On Dealing with Difficult Colleagues:

http://www.rcpsych.ac.uk/pdf/13%20-%20difficult%20colleagues%20-%20for%20web.pdf