



Irish College of
Ophthalmologists
Eye Doctors of Ireland
Protecting your Vision

IRISH COLLEGE OF OPHTHALMOLOGISTS

***Governance, Procedures & Guidelines
for the Accreditation of Ophthalmic Training Posts in Ireland.***

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Irish College of Ophthalmologists Mission Statement

“The Irish College of Ophthalmologists is committed to the advancement and improvement of eye health and patient safety and works to protect, enhance and promote standards in the delivery of eye care.”

The delivery of healthcare requires a lifelong commitment to learning and the ICO’s goal is to provide and support education and learning for ophthalmologists in training, in practice and those who work alongside them as they deliver care to patients.

Educating Eye Doctors and other Medical Practitioners and support staff.

Advocating on behalf of patients & the specialty to make healthcare safer and better.

Leading on healthcare practice & patient focused policy decisions as a trusted, authoritative voice on public health policy.

Underpinning all ICO's activity is a commitment to:

Integrity acting with openness, consideration and respect.

Collegiality supporting trainees and members through all stages of their career.

Innovating in the delivery of education & healthcare.

Collaboration working with others involved in the delivery of eye health care nationally and internationally.

Acknowledgements

The ICO wishes to acknowledge the continued and strategically important support from the College Committees, Council, Educational Supervisors, and Consultant Trainers, without whose commitment and efforts, the delivery of Ophthalmic Training under its current framework could not be delivered.

Vision

“A critical part of the Irish College of Ophthalmologists Strategic Plan 2020 – 2023 is to develop a Governance, Procedures & Guidelines for the Accreditation of Ophthalmic Training Posts in Ireland”.

In order to deliver excellence in Ophthalmic Education and Training, the establishment of consensus on an agreed set of standards for Basic and Higher Training Posts is necessary. This first edition of ‘**Quality Standards for Ophthalmic Training Posts in Ireland**’ reflects the hard work and input from a wide range of stakeholders across the ophthalmic community to whom we owe significant gratitude.

These set of standards are not all encompassing. They, however, reflect a minimum set of standards that all training sites should aspire to and complement the Medical Council criteria for evaluation of training sites, which support the delivery of specialist training. These standards will form the basis for training post inspections and audit for all Basic and Higher Ophthalmic Training posts.

This document sets out the system of accreditation of the self-evaluation, assessment, Inspection and award and the governance and procedures underpinning it.

Objectives

The accreditation of Training Posts has the following objectives:

- To support the continued development of excellence in Ophthalmic Training in Ireland.
- To offer an internationally recognized high quality training experience to trainees.
- To provide the ICO with evidence based judgment on the quality of our learning programmes leading to educational awards.
- To support the development of internal quality assurance processes with information on emerging good practice and challenges, evaluative comment and continuing improvement.

Benefits of Accreditation

Patients, Trainees, Trainers, hospitals and the medical sector as a whole will all benefit from a properly accredited pool of quality managed Ophthalmic Training Posts.

The accreditation of training posts will contribute to the following:

- Support the ICO and the Educational Supervisor of the hospital in developing their training posts.
- To identify areas affecting the quality of Specialty Ophthalmic Training independent of a post and hospital.
- Share knowledge and best practice amongst all training posts to facilitate the continuing improvement in ophthalmic training in Ireland.

Strategy & Approach

The ICO recognises the enormous commitment made by the Training Programme Directors,, the Training Committees, Educational Supervisors and Consultant Trainers who facilitate the training and who support the development of all trainees. This is a very important responsibility, which has a major impact on patient safety, the quality of ophthalmic professionals and the ability of the health sector to meet the needs of the health care system and society.

The accreditation of Training Posts process will be structured on the basis of ensuring that the quality and standard of ophthalmic training is consistent across training posts and equivalent to best practice in the sector. The standards should be used as a guide to improvement. It is not expected that all Training Posts will achieve all standards from the outset of implementation.

The accreditation will be run in partnership with the ICO Board, Training Committees, Educational Supervisors and Consultant Trainers to ensure that there is a collaborative approach to developing the ophthalmic training standards.

The goal of the accreditation process is not to undermine individuals, identify failure or to rank one training post over another. Rather it is to work with the training post stakeholder to support the continual improvement, knowledge sharing and trainee learning experience.

While ensuring that the standards and guidelines associated with the accreditation process are implemented in a consistent, fair and transparent way the peer review panels and the ICO will take a pragmatic view on how best to resolve any challenges that may arise during an accreditation.

ICO will endeavor to keep the administrative burden of the accreditation process to a minimum.

Evidence Based Process

The most important aspect of the accreditation process is that it is evidence based. The addressing or resolution of recommendations arising from previous reviews may be highlighted as part of the accreditation process. The resources that manage and maintain the delivery of the training post should be clear, identifiable and unambiguous.

The details of processes for training post management should be provided, as well as the context in which this aligns with the overall hospital quality assurance processes. The hospital should demonstrate evidence of adequate resources to support the delivery of training at the site and within the ophthalmic unit for the duration of the accreditation period.

The working environment, buildings, laboratories, theatres, wards and equipment should be such as to satisfactorily support the learning process of the trainee.

Useful sources to help the panel to assess the evidence vis a vis the standard are below (not-exhaustive):

- Self-evaluation report
- eLogbooks, WBAs and Core Competencies
- Consultant Trainer Reports

- CAPA B Forms
- Trainee surveys
- Trainees who left programme
- Learning opportunities
- Rotas
- Hospital policies
- Risk register
- Quality improvement plans
- Governance policy and procedures
- Structures & Business processes
- Trainee support systems
- Training Timetables
- Hospital facilities

General Guidelines on Governance

It is important that appropriate governance and quality processes are in place within the Training Post, and that the hospital can adequately resource the delivery of the ophthalmic training curriculum to the required standard. Clinical sites should submit their Hospital Training Post for accreditation at least every five years. It is expected that the Clinical site should inform ICO of any material changes to a training post in writing outlining the rationale and potential impact the change will have on the post and the learning experience of the trainee.

Accreditation Support Systems and ICT

In order to reduce the administrative burden the accreditation systems and processes, where practical and within resource constraints; will utilise the latest technology to enable the submission and communication of evidence, reports, assessments, discussions and knowledge sharing.

The Accreditation Process

1. ICO contacts the training site to confirm the Inspection timeline.
2. Virtual Briefing session hosted by ICO with training site.
3. Training Site submits self-assessment documentation.
4. ICO reviews and follow-up visit (virtual or in-person) is agreed.
5. ICO findings and recommendations are published.

Notification of Accreditation

The schedule for accreditation and inspection will be proposed by the ICO and agreed at the ICO Board.

Briefing Session

The ICO will contact the Educational Supervisor to brief key personnel on the accreditation requirements and to respond to any questions, queries or clarifications.

Self-Assessment Report and Supporting Documentation

As part of the accreditation process, the training site prepares the Training Post Self-Assessment Report. This forms the basis for the accreditation process. This report is strictly confidential to the ICO. However, to promote knowledge sharing and support best practice across Training Posts, ICO may share innovations, ideas and good practice identified within a particular Training Post with other posts. The report should be balanced between analytical and descriptive content and give highlights of good practice and any identified challenges or development opportunities that are being, or need to be addressed.

The Self-Assessment report is in an electronic format and will be sent directly to the Educational Supervisor by the ICO. It is suggested that the document be completed by the Educational Supervisor with assistance from Medical Manpower as required.

ICO Review and Audit

A virtual or in-person visit to the training site by the ICO panel, will take place as part of the accreditation process in order to meet the team, validate evidence within the Self-Assessment report, clarify and/or gather additional evidence and to gain a better understanding of facilities and the training environment.

The following representatives should be available to meet the ICO Panel: Educational Supervisor, Consultant Trainers, Trainees, Relevant support staff and Senior Management, and Medical Manpower.

The Accreditation Panel

The ICO will assemble and appoint a peer review panel consisting of:

- Members of the ICO Training Standards & Regulations Committee
- An RCSI Representative

- ICO administrative support

Duties of the Peer Review Panel

The following are the roles and responsibilities of the ICO Panel:

- The accreditation process is coordinated and facilitated by the ICO and governed by the ICO Board. The Panel members will participate in the visit at the request of the ICO and will act in an advisory capacity by providing externality to the process.
- The Chair of the panel is responsible for ensuring that the accreditation of the training post is carried out in accordance with the accreditation standards, guidelines and these procedures.
- The ICO Panel shall recommend, whether, in its expert judgement, the Training Post satisfies each of the accreditation standards.
- The members of the panel will be required to sign off on the report before it is issued.
- It remains at the discretion of the ICO Board to reject the content and recommendations of the report and request amendments as necessary.

Agenda for the ICO Review Meeting – Virtual or In-Person

The review should take no longer than one half day and may consist of the following events:

- Welcome and presentation by hospital – main changes from last visit (20 min max).
- Q & A and Assessment of Evidence.
- Inspection of the facilities.
- Interviews with trainees, trainers & support staff as appropriate
- Private panel meeting and Close of meeting.

Preparation by the Clinical Unit for the Review Meeting

The Clinical Site's first step is to prepare a Self-Assessment Report as outlined above.

Pre-Accreditation Briefing Session

ICO admin are available to meet with the Educational Supervisor, should they wish, in advance of the completion of the self-assessment report. The purpose of this is to:

- Confirm the scope of the inspection;
- Confirm the supporting documentation to be made available for the review
- Outline the Accreditation Guidelines

Findings and Recommendations

The panel will produce a written report containing the findings and its recommendations to the ICO Board on the accreditation of a training post. The main sections of the report are:

- Training Post Details
- Analysis of previous recommendations/conditions
- Analysis and implementation of training post standards
- Recommendations to the Board
- Period of award
- Deficits
- Conditions
- Recommendations for improvement
- Timelines

The process around the presentation and reporting of the panel findings is outlined below:

Accreditation Reporting Outcomes

A report will be provided to the training site following the review. This report will indicate the level of compliance with the standards. The report may also contain recommendations which must be addressed by the training site to ensure its continuing accreditation. The recommendations may be specific to individual training posts or to the training site as a whole.

If recommendations are made, the training site will be required to submit an action and implementation plan with a defined timeline within which it will address the recommendations.

Exceptional Risk of Loss of Accreditation status

A training site's accreditation status will be at risk if the panel forms an expert opinion that any of the following circumstances exists.

1. There is an immediate threat to patient safety, public health, trainee or staff safety within the post.
2. There is insufficient evidence that the case mix and access to training within the unit is not at the level required to allow for the acquisition of the minimum set of ophthalmic skills as defined by the curriculum.

Post-Visit Process and Activities

1. The Panel Chair will provide oral feedback at the end of review meeting to offer immediate qualitative information to the training site in line with good practice.

2. Within 12 weeks of the review meeting the report containing the panel's recommendations will be drafted and agreed upon.
3. The Draft report will be sent to the members of the inspection panel.
4. The draft report will be adopted if the panel is satisfied that:
 - a. The report is endorsed by all members of the inspection panel
 - b. The structure of the report is in line with the template
 - c. The scope of the report is appropriate to the training posts being reviewed
 - d. The report offers evaluations and conclusions that are evidence based
 - e. There is consistency between the evaluations in the main text and conclusions.
5. Formal communication of the inspection outcome will be sent to the training site.
 - a. Where there are conditions (mandatory) attached to the decision, the training site must make proposals on how it plans to deal with these conditions, by submitting these to the ICO no later than six months following the date of receipt of the report
 - b. When the response from the training site is confirmed as satisfactory, an ICO evaluation of how these are being implemented will occur within a period of two years. If this implementation is deemed satisfactory, ICO may determine that the accreditation period be extended up to the maximum of five years.
 - c. Where accreditation of an individual training post is not being recommended, a training site may submit, at a later date, proposals to deal with the deficits in achievement of the standards for that post. If these are deemed satisfactory following consultation with the ICO, the Training site will be invited to submit new accreditation documents for consideration. A full accreditation review will then follow. The Board will be kept apprised of these developments.

Data Governance

- All members of the Panel are acting on behalf of ICO and are thus covered within the context of the ICO Data Use Guidelines.
- All international members of the Panel acting on behalf of the ICO and are covered within their own educational bodies relevant the Data Protection Acts and does not need to register in his/her own right.
- Any data collected during the visit will be held within the terms of the DPA and once the report has been finalized, all copies held by the individual members of the visit team will be destroyed. Copies of all relevant information will be held centrally by the ICO.