RCPI TRAINER ENGAGEMENT PROJECT

PROJECT CLOSE OUR REPORT

The Trainer Engagement Project was established to improve Trainer support and engagement, and to identify and recognise Trainer excellence. This report outlines the phased approach and recommendations to engender a culture of training excellence at the Royal College of Physicians of Ireland.

Royal College of Physicians of Ireland
July 2024

ROYAL COLLEGE OF PHYSICIANS OF IRELAND

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1. GENERAL PROJECT INFORMATION

PROJECT TEAM

Clinical Lead	Project Manager	Start	Finish
Maeve Doyle		01/08/2020	15/12/2023
	Roisin Craven	01/08/2020	05/07/2021
	Seán O'Donnell	05/07/2021	14/10/2022
	Ken Carmody	14/10/2022	15/12/2023

PROJECT TIMELINE

Project	Baseline	Actual
Start Date	15/02/2021	15/02/2021
Finish Date	15/12/2023	15/12/2023

"Ultimately, we are seeking to assure that training and assessment is delivered to the highest standard by a body of suitably qualified, engaged and motivated Trainers, who feel supported and rewarded for supervising RCPI Trainees."

Dr Maeve Doyle,
RCPI Dean of Education and Academic Programmes

2. MANAGEMENT EFFECTIVENESS

Given the size and scope of the project it is worth looking at each phase and element within to best describe Management Effectiveness.

BRIEF SUMMARY:
Management Effectiveness
The management of the Trainer Engagement Programme met the evolving needs of both the Trainer and the project. Through proactive engagement, key management decisions, and effective change management, the project adeptly navigated various challenges.

Alignment with Irish Medical Council (IMC) Requirements
A significant facet of the Trainer Engagement Programme's management effectiveness was its alignment with the Irish Medical Council (IMC) requirements and standards for Trainer quality improvement and reaccreditation. The project strategically addressed the gaps in meeting these standards, ensuring that the RCPI's training initiatives were not only in compliance with regulatory requirements but also set a benchmark in Trainer quality and accreditation processes.

Baseline vs. Actual Comparison:
Scope: The original scope across three phases was expanded to include evolving Trainer needs and requirements that came to light during the process. Overall, the project delivered upon targets defined by the project charter and subsequent additional goals.
Cost and Schedule: Despite these scope changes, the project remained within budget constraints and met key milestone dates, indicating strong schedule management.

Change Management:
Additional deliverables included the Trainer Protected Time Survey (late November 2023), Trainer Toolkit/Checklist (On trainer Hub), Refresher Course add-on to Essential Skills Events, establishing a Trainer Refresher/Reaccreditation Model for beyond 2025 and a Simulation Training Workshop (delivered at Trainer Conference).

Refresher Course Adaptation:
Changes to the course were implemented based on trainer feedback, enhancing its relevance and efficacy. Previously identified gaps in meeting IMC standards were systematically addressed. The introduction of the Trainer Refresher Course and the continuous enhancement of the Trainer Hub were pivotal steps in bridging these gaps.

Trainer Hub Evolution:
The Hub's continuous development, particularly the integration of Mailchimp for analytics, showcased adaptive change management.

KEY CHALLENGES:
Technical Issues:
The underestimation of technical challenges in the Trainer Refresher Course, particularly regarding progress tracking, was a significant hurdle.

Information Management:
Ensuring the accuracy of the Approved RCPI Trainer Master list posed challenges due to system limitations and data management practices. The implement of the CONNECT programme will benefit this ongoing task.

TRAINER ENGAGEMENT PROJECT WORKING GROUP

The role of the Trainer Engagement Project Working Group was to provide oversight and direction on items pertaining to the Trainer Engagement Project.

Where possible the group met 4 times per year. The group comprised of representatives from

- Institute of Medicine
- Faculty of Paediatrics
- Faculty of Public Health
- Faculty of Pathology
- Faculty of Occupational Medicine
- Institute of Obstetricians Gynaecologists
- RCPI A&QI and Education Development

The group was chaired by clinical lead, Dr Maeve Doyle and attended by internal, relevant RCPI staff. Regular email correspondence and updates were provided.

Meetings:

2021

| 18 January | 26 April | 2 July | 21 October |

2022

| | | 16 June | 17 November |

2023

| 21 February | 17 May | | |

PHASE ONE: TRAINER FEEDBACK

1. National Trainer Survey

Description:
This comprehensive survey (Appendix A), designed with inputs from Dr. Maeve Doyle, Dr. Neil Reddy, Prof Anthony O'Regan, Georgina Farr, Roisin Craven, and Seán O'Donnell was pivotal in harvesting essential insights from RCPI Trainers. 1,316 Trainers across 34 specialties were contacted. Its breadth, involving 34 questions over the following six areas, provided a robust dataset for informed decision-making.

- Demographics / General information
- Trainer Education
- Trainer Activities
- Trainer Support
- Health and Wellbeing
- Trainer Communications

Experience and Outcomes:
Reviews of the Annual Trainer survey results from the UK and RCSI were used as a guide for the creation of the National Trainer Survey. The project also utilised 'Onsite' virtual focus group sessions held at CUH, UHL, UHW, TUH, SJH, GUH, and SUH and feedback sessions with RCPI training coordinators to direct the survey content. Executed in September 2021, the survey garnered a 34% response rate, with representation from six training bodies, 34 specialties and 81 training sites, a substantive response given the scale and scope. Key feedback included a strong sense of pride in Trainees' progression (99%) and a significant interest in a 'Trainer Refresher Course' (79%). This crucial feedback formed the project's foundational baseline.

Strategic Insights:
The varied response rates across different domains indicate potential areas for focused support and development, particularly in enhancing Trainer support where only 45% felt well-supported by RCPI.

2.2 Three Project Phases

PHASE ONE: TRAINER FEEDBACK

2.   Trial Sites for Refresher Course

Description and Execution
Informed by the survey responses, the Trainer Refresher Course was designed by Clinical Lead, Dr Maeve Doyle, with support from Education Specialists from the Education Development team. The course, influenced by international best practices, particularly the Royal Australasian College of Physicians (RACP) model (2017), focused on six key modules:

- Essential Skills
- Clinical Supervision
- Objective Setting
- Care-Based Discussion
- Directly Observed Procedural Skills
- Mini Clinical Examination Exercise

Initially, the Trainer Refresher Course was piloted at two sites, one in Dublin and one outside Dublin – Connolly Hospital, Blanchardstown and University Hospital Waterford.

Feedback and Refinements
Feedback sessions post-pilot revealed critical insights, leading to substantive refinements, such as condensing the Essential Skills module. Positive aspects highlighted included the course's practicality and online accessibility.

Feedback Highlights

Positives	Areas for Improvement
Good courses, well-presented, a useful reference	Essential Skill module is too long / some repetition – majority of participants (module was duly shortened)
Highlighted areas of importance for Trainers	Course could be sharper, shorter
Short courses were memorable, to the point, practical, useful	System has difficulty recognizing when course is finished / attendance not recorded
Good building blocks if Trainer feels 'out of practice'	(This initially appeared to be the case for a very small number of Trainers but later proved to be more significant).
Timeline for completion is appropriate	
Appreciate that it can be online	

Suggestions by Trainers
- Permanent access to this suite of courses for Trainers. A useful aid.
- Condense Essential Skills.
- Add one-page summary with key information at end of each piece.

Feedback Analysis:
Participants appreciated the course's comprehensive nature and practicality, though some pointed out the need for shorter, more focused content.

Technical Challenges:
The underestimation of progress tracking issues, initially attributed to 'user error', turned out to be a technical limitation, particularly with video modules and compatibility with certain IT systems. This would prove to be problematic when the Refresher Course went live in August 2022 for the broader Trainer group who had completed their Physicians as Trainer (PAT) course pre 2019 or were legacy approved.

Strategic Recommendations:
Rigorous pre-launch testing across diverse IT environments is advised for future online offerings. Additionally, customising content to cater to specific specialties could significantly enhance the course's relevance and uptake. Future course iterations should continue to focus on concise, practical content with continuous review and revision of content, adapting to the e-learning environment. The possibility of making the course suite (with additional learning options) permanently accessible for trainers is recommended for ongoing professional development.

2.2 Three Project Phases

PHASE ONE: TRAINER FEEDBACK

3.   Trainer Protected Time Survey

Description:
The survey was completed to assess the status of protected teaching time at Postgraduate Medical Training Sites from the perspective of RCPI medical trainers. The goal was to gather insight into the effectiveness of current practices and identify areas needing improvement.

Process:
The survey was distributed through the Trainer Hub platform, targeting RCPI trainers only. Participants were provided a two-week window to submit their responses, ensuring adequate time for thoughtful participation. A total of 60 trainers engaged with the survey, providing a reasonably diverse array of insights into the challenges and successes related to protected teaching time.

Key Findings:
The findings revealed a spectrum of opinions on the adequacy of facilities and services, with a noticeable split between satisfaction and dissatisfaction. Availability of protected teaching time varied greatly, with some trainers having no allocated time, while others managed to carve out hours amidst clinical duties. The majority of participants were unaware of any formal policies regarding protected teaching time, and many reported sacrificing teaching for clinical responsibilities. The quality of teaching sessions was deemed satisfactory by most, yet the need for more support and resources was evident.

Challenges Identified:
The survey pinpointed key challenges, such as the lack of formal policies, insufficient preparation time, and the need for more robust institutional support. There also was a desire to foster better communication between trainers and HR/MMP departments.

Lessons Learned:
The survey faced a significant challenge in terms of participant response rate, with 5.5% of trainers completing it. A pivotal factor contributing to this low response was the timing of the survey's release, which coincided with another RCPI survey, the 'Study Days Survey'. This overlap appears to have caused confusion among the trainers. Due to the close release dates, trainers may have misconstrued the two surveys as being redundant or mistakenly believed they had already responded to the Trainer Protected Time Survey after completing the Study Days Survey. To prevent future occurrences of such overlaps, it is recommended to implement a more staggered survey release schedule. This approach would ensure that each survey is given adequate visibility and attention, reducing the chances of confusion among the respondents. Also, explicitly stating the unique purpose and importance of each survey in all communications can help in garnering more focused and accurate responses.

Please see the Trainer Protected Time Survey Results summary in Appendix E (page 44).

2.2 Three Project Phases

PHASE TWO: TRAINER RESOURCES

1. Trainer Hub

Description and Development
A centralised online platform where trainers can access all essential trainer resources, supports, policies & procedures, and courses. The Trainer Hub was launched in March 2022.

Clinical Lead, Dr Maeve Doyle, led out on design prioritising simplicity, functionality, easy navigation, and quick access to essential resources, to ensure it is 'user-friendly' and to cater to the time constraints of trainers. Key features include direct link to ePortfolio, important dates and reminders, useful information/resources/contacts, large and clear icons, reduced necessity to scroll.

Evolution and Challenges
The Hub's development journey, from its initial sandbox testing in April 2021 to the eventual launch, highlights a commitment to iterative improvement based on user feedback. The challenge of keeping the Hub updated with relevant and accurate information was noted, particularly given the changing of RCPI staff and representatives.

Development Timeline:
- April 2021 - Sandbox test area created in Brightspace. This was an isolated space to test programs and designs for Maeve Doyle's approval.
- April – October 2021 - Refined over this period.
- November 2021 - Pilot Refresher Programme created in Brightspace and hosted on the Trainer Hub, access given to two training sites.
- January 2022 - Following focus group feedback, more refinements were made.
- March 2022 - Launch of hub

Forward-Looking Strategies:
Regular audits for content accuracy and a pathway for easy updates are recommended. The integration of Mailchimp in January 2024 for better analytics and communication is a forward-thinking step.

Trainer Hub Standard Operating Procedure (SOP) in Appendix B on page 38.

2.2 Three Project Phases

PHASE TWO: TRAINER RESOURCES

2. Trainer Refresher Course

Description and Impact

The course, serving as a reaccreditation vehicle for RCPI trainers in response to Condition B and C of Irish Medical Council Accreditation, has shown commendable success with a 65% completion rate as of December 2023. This rate favourably compares to international benchmarks and reflects the course's effectiveness and relevance. (Completion data Appendix D page 41). Completion data should be periodically fed back to ETCs and STCs.

Comparative Analysis

The course's success, when juxtaposed with the RACP benchmark, underscores the efficacy of RCPI's approach. Our RACP benchmark achieved 52% completion after 3 years and compelled the RACP to extend by a further 2 years. By 2022, out of approx. 9000 RACP supervisors, 42% have not started any workshop compared to only 34% of RCPI after one year.

Trainer Refresher Course Completion Survey

The survey was broadly positive with the vast majority of trainers welcoming the opportunity to refresh their knowledge and skills, improve their understanding of their trainer role and responsibility, and learn about tools and strategies for training doctors.

Suggested areas for improvement taken from the survey:
- Technical challenges including system failure to track progress.
- The need for additional customisation to specific specialties or interests.

Future Trainer Refresher Course

The Trainer refresher course was launched in 2022. The trainer will be required to show evidence of ongoing learning and maintenance of the skills and knowledge required to be a trainer.

The Irish Medical Council under Condition C of Accreditation require that RCPI trainers continue to engage in activities that maintain and develop their knowledge and skills as trainers. The trainers who completed their refresher course in 2022 will require new activities to support maintenance and development of competency in 2025.

The options for the new activities and framework were discussed with the trainer project working group. Table 1 is a summary of the options discussed (table next page).

Table 1: Options for the next iteration of the 'refresher course' for Trainers in 2025

No.	Description	Pros	Cons
1	The trainer repeats the refresher course they completed in 2022, with the same 6 modules. The modules would contain some updated material and formats, but the core focus of the 6 modules would remain the same.	The material is available and ready for access.	Trainers are likely to find it frustrating completing the same 6 modules again.
2	A new refresher course is designed with a different set of modules/courses. Once the trainer has completed this new refresher course, they would not need to complete another for three years.	The course could be made up of existing courses/material in RCPI. Feedback from trainers at the trainer conference and Essential skills could be used to direct the content of the course.	Some of the content chosen may not feel relevant to the individual trainer. Some trainers may have already attended the courses.
3	A continuous learning model. In this model, the trainer would be expected to engage in a number of activities over a three-year cycle. Activities will accrue a number of credits. See below for an example of what the continuous learning model might look like.	The trainer can choose their own learning activities.	The responsibility will lie with the trainer to ensure that the requirements are met. It will be more difficult for RCPI to ensure engagement by trainers.

The following is an example of what the continuous model might look like.

If the Trainer has a Trainee during the three-year cycle, they will need to accumulate e.g. 30 credits over the three-year period. If the trainer has not a trainee assigned, for one or more years of the cycle, they will need to accumulate e.g. 21 points over the three-year period. The trainer continuous learning activities should be recorded in the ePortfolio. An example of how this would work for a trainer with a trainee is outlined in table 2.

Table 2: Options for the next iteration of the 'refresher course' for Trainers in 2025

Activity	Credits	Minimum or Maximum credits per 3-year cycle
Trainer trainee meetings e.g. at start of trainee attachment to agree training plan, at the end of each quarter for the quarterly assessment	One credit per meeting. Maximum of 5 credits per year for this activity	Maximum 15
Participation in other **trainer activities**, including but not limited to: Interviews Exam invigilating Exam question-writing Assessment Member of STC		No maximum or minimum
Workshop: The trainer will have access to a number of workshops related to training. The trainer can choose the workshop they feel best suits their needs or area of interest. If the trainer attends a workshop as part of a conference or training day, they will accrue credits for the workshop	Minimum of one workshop during the three year cycle Minimum of 2 credits	Minimum 2
Courses: The trainer will have access to a number of online and/or in person courses related to training. The trainer can choose the course they feel best suits their needs or area of interest. **Conference/Webinar:** The trainer can accrue 1 credit per hour of learning for attending a conference or webinar which focusses on improving trainers' knowledge and skills	Minimum of 5 hours (5 credits) for participation in online or in person course, conference or webinar during the 3-year cycle	Minimum 5

See below an example of how this might look for a Trainer with a Trainee

Activity	Details	Credit for activity year 1	Credit for activity year 2	Credit for activity year 3	Credits over 3 years
Trainer-trainee meetings:	1 meeting at start of year 4 quarterly assessments per year	5	5	5	15
Workshop	1 workshop	N/A	N/A	2	2
Trainer activities	Question-writing	4	0	0	4
Conferences/ Courses/webinar	Course Conference	2	5	2	9
Total		**11**	**10**	**9**	**30**

PHASE TWO: TRAINER RESOURCES

3.   The Trainer Agreement

Development and Execution

The Trainer Agreement, an evolution of the RCPI 'Roles & Responsibilities' document (previously reviewed in 2016), includes significant enhancements like clear eligibility criteria and practical checklists. The document was named 'The Trainer Agreement' to fall in line with international terminology, consistent with other training bodies, and to be in parallel to the Training Agreement used by RCPI Trainees. The 'Trainer Agreement' was signed off by the RCPI Training Committee. This revised document, based on feedback from the Trainer Survey, includes some new additions which we hope trainers will find helpful.

Amendments include:
- Clear Eligibility Criteria
- Practical Checklists for BST/ HST trainee-trainer meetings
- Information on mandatory Trainer Refresher work – an IMC condition
- Supporting and Guiding the underperforming Trainee
- Caveats outlining entitlement/ possible removal of Trainer Status
- Essential and optional matrix of Trainer activities

This comprehensive document was developed through extensive consultations with a wide range of medical bodies and institutions.

Internal and external consultation:
Institute of Medicine, Faculty of Pathology, Faculty of Paediatrics, Faculty of Occupational Medicine, Institute of Obstetrics & Gynaecology, Faculty of Public Health, Training & Faculties Office, RCPI, RACP, National Association of Clinical Tutors (UK), College of Anaesthesiologists Ireland, General Medical Council (UK), and Royal College of Surgeons Ireland.

Implementation and Review

Approved in June 2022, the agreement is now a key document for all trainers, available on various platforms including the Trainer Hub, in each trainer's ePortfolio, and on the RCPI website. A scheduled review in June 2024 will ensure its continued relevance and alignment with evolving training needs.

4.   Framework for delivery of Postgraduate Training

Description and Vision

This framework outlines the progression from CSCST receipt to education leadership roles e.g. accredited RCPI Trainer, RPD, NSD etc. It emphasises professional development opportunities for trainers, fostering a culture of continuous growth and advancement.

Framework

The Framework for delivery of Postgraduate Training must be formally scoped and defined within the next five years, the framework below should serve as an example for future work in this area.

In some countries there are different 'grades' of trainer with different roles and responsibilities in delivery of post-graduate training. Currently, in RCPI, the recognised trainer roles are:
- Registered Trainer
- Regional Director of Training/training lead (some training programmes)
- Director of Training (some Institutes/faculties)
- Dean of Institute/faculty.

It is recognized by the National Doctors Training and Planning (NDTP) and the Irish Medical Council (IMC), that delivery of quality post-graduate training requires protected time for trainers. It is also recognized by the NDTP and IMC that delivery of quality post-graduate training requires the trainers to be trained and to maintain their skills and knowledge with ongoing training. These requirements for quality postgraduate training are included in the recently published National Taskforce on the NCHD workforce and in the IMC accreditation standards for postgraduate training programmes.

As part of the Trainer Engagement Programme, we sought to outline a framework and governance structure for Trainers in RCPI. The following table outlines a framework for postgraduate training in RCPI. The Framework builds on existing roles which exist in some but not all Faculties and Institutes in RCPI. The framework also includes recommendations for the appointment process for leadership roles, a short summary description of the role and the qualifications that are desirable for trainers undertaking the leadership roles.

As a guide for the protected time required to fulfil these roles, a recommended minimum protected time for each role has been included. This was based on documentation from other jurisdictions e.g. Australasia and UK. The protected time required will vary according to role, the number of trainees, the other members in the training faculty, particularly in the leadership roles e.g. some NSDs have regional directors, some do not.

Framework for Postgraduate Trainer roles, with proposed appointment process, qualifications / criteria and proposed protected time

Role	Description	Qualifications/Criteria	Protected time[e]
Non-training	Doctors who do not deliver any post-graduate medical training, i.e. have no trainees assigned to their service	Consultant	N/A
Clinical supervisor	Doctors who have trainees assigned to their service, but they are not the assigned clinical trainer, they are a 'clinical supervisor'	Consultant	N/A
Accredited Trainer	Doctors who are an accredited trainer for their Training body. In RCPI, they will have completed their essential skills training and have been assigned a trainee. Maintaining accreditation would be dependent on the trainer participating in Trainer refresher courses/Trainer CPD.	Consultant. Completed RCPI Physicians as trainers during last 3 years or have completed RCPI Trainer refresher course during the last 3 years[a]	0.05 Whole Time Equivalent (WTE) 2h/week
Lead Trainer	In some hospitals department, a Consultant may have a remit to oversee the training and education in the department. This is likely to include the following duties: - Organising the department induction for new trainees - Organising the department tutorials and teaching sessions for trainees - Organising the SpR training days for their department, as part of National Training Programme of study days. - Representing their training site on the Specialist Training Committee. - Contributing to other RCPI training activities e.g. exams, interviews, evaluations Recognition of this type of role is limited to a few hospital sites/departments. The Trainer project survey of trainers indicated that trainers showed support for establishment/recognition of this role within a department.	Consultant. Experienced trainer, (minimum of 3 years desirable) Completed RCPI Physicians as trainers during last 3 years or have completed RCPI Trainer refresher course during the last 3 years[a] Additional postgraduate training experience is desirable e.g. additional RCPI training courses for training [b] and/or participation in RCPI training-related committees.	0.1 WTE 4h/week

RPD/RSA Appointed by application process [d]	Oversee training for the speciality in a specified region	Consultant. Completed RCPI Physicians as trainers during last 3 years or have completed RCPI Trainer refresher course during the last 3 years[a] Experienced RCPI trainer (Minimum of 3 years' experience desirable) Additional postgraduate training experience is desirable e.g. additional RCPI training courses for training. [b] Participation in RCPI training-related committees, e.g. STC.	0.1-0.2 WTE 4-8h/week
NSD Appointed by application process and interview [d]	Oversee training, as head of the National Training Programme for the Speciality	Consultant. Completed RCPI Physicians as trainers during last 3 years or have completed RCPI Trainer refresher course during the last 3 years[a] Experienced RCPI trainer. (Minimum of 5 years experience desirable) Additional postgraduate training experience is desirable e.g. additional RCPI training courses for training. [b] Participation in RCPI training-related committees e.g. STC. Additional qualification in Medical education is desirable.[c]	0.1-0.2 WTE 4-8h/week
Director of Training for Faculty or Institute Appointed by application process and interview [d]	Oversee all training programmes in their faculty/institute	Consultant. Completed RCPI Physicians as trainers during last 3 years or have completed RCPI Trainer refresher course during the last 3 years[a] Experienced RCPI trainer. (Minimum of 5 years experience desirable) Additional postgraduate training experience is desirable e.g. additional RCPI training courses for training. [b] Participation in RCPI training-	0.1-0.2 WTE 4-8h/week

		related committees e.g. STC, Faculty or Institute board or standing committee. Additional qualification in Medical education is desirable.[c]	
Dean of Faculty or Institute Appointed by application process and interview[d]	Provide education and professional leadership to their facility/institute	Consultant. Completed RCPI Physicians as trainers during last 3 years or have completed RCPI Trainer refresher course during the last 3 years[a] Experienced RCPI trainer. (Minimum of 5 years experience desirable) Additional postgraduate training experience is desirable e.g. additional RCPI training courses for training.[b] Participation in RCPI training-related committees e.g. STC, Faculty or Institute board or standing committee. Additional qualification in Medical education and/or leadership/management is desirable.[c]	0.2 WTE 8h/week

[a] The format of the Train the Trainer refresher activities is currently under review and is discussed in page 11 of this document
[b] RCPI could provide additional training courses for Trainers interested in becoming lead Trainers
[c] Additional qualification might include a postgraduate diploma or Masters in Medical Education or MD/PhD in Medical Education.
[d] This is already in place in some Faculties and Institutes
[e] The protected time outlined in this document is the **suggested minimum**

Other National Postgraduate Training Developments

In 2023, NDTP launched a pilot with a focus on recognizing that resources were required to deliver postgraduate medical education. A 0.5WTE clinical director to lead Postgraduate education across a hospital group, supported by Clinical leads, with protected time for their education and training leadership role, in each hospital site in that group.

In July 2023, the first ICET programme was launched with two Trainees participating. The trainees will undertake an MD in Medical Education during the programme. The ICET graduates will have the training required to become leaders in PG Medical education in the future.

Framework models outside Ireland

Country/Area	Source	Role	Trainee numbers	FTE (Full Time equivalent)
Royal Australasia College of Physicians	RACP Educational Leadership and Supervision	Network Director [a]	>90 75-90 50-74 30-49 <30	0.7 (may be shared) 0.6 (may be shared) 0.5 0.4 0.2
		Training Programme Director [b]	5-20 or multiple sites in an area with <5 trainee 20+ trainees or multiple sites in regional area	0.1-0.2 0.2-0.3

Source: https://www.racp.edu.au/fellows/supervision/supervisor-support-and-resources/educational-leadership-and-supervision-framework

[a] **Network Director:** Educational leadership and oversight of the network training program. Provides educational leadership across a network of training settings. Responsible for coordinating the delivery of a Basic Training Program (in the first instance, with a view towards all training programs) across all settings within a network.
[b] **Training Program Director:** Educational leadership and oversight of training program delivery. Provides educational leadership within a training site.

Learning from Frameworks in other sites:
- RCPI could offer additional courses, Training for trainers interested in undertaking leadership roles in postgraduate training e.g. RSAs, RPDs, NSDs, Directors of Education and Training.
- For applicants for more senior leadership roles, additional qualifications in Education or Leadership are desirable.
- Robust application and appointment process for the postgraduate training leadership roles
- Protected time/renumeration for time that reflects the workload and duties in each role.

Appendix F (page 47): Extract from job description for Training Programme Director, Health Education East of England. See Appendix F for Criteria for Speciality Training Programme Director Health Education East of England, 2015.

See Appendix G (page 48) for Research model in UK, where the 'protected time' for research is allocated to a department/team.

PHASE TWO: TRAINER RESOURCES

5. Simulation Training Workshop

Concept and Delivery

Identified as a key need from the National Trainer Survey, this workshop was aimed at trainers interested in developing a sim programme or training activity. The workshop introduced trainers to the key elements in delivery and design of sim activites/programme, the importance of standards and quality assurance in simulation and what resources are available to support.

Experience

Dr Maeve Doyle worked with Prof Dara Byrne, RCPI Clinical Lead for Simulation; to explore options for delivery of this introductory training. It was decided that to garner most exposure a workshop should be hosted at The RCPI Annual Trainer Conference. The workshop was held on November 3rd, co-hosted by Prof Dara Byrne and Dr Paul O'Hara.

Recommendation

A simulation workshop/interactive talk session opportunity at the RCPI Annual Trainer Conference should be offered to Prof Dara Byrne each year. Offering this workshop annually at the conference supplements the Train the Trainer Simulation courses delivered during the year significantly enhancing trainers' skills in simulation program development.

6. The Underperforming Trainee Guide

Utility and Scope

A short guide, designed as a concise and practical tool, to assist trainers in their approach to a trainee in difficulty. Its integration into the Trainer Agreement amplifies its accessibility and utility.

Enhancement Plans

RCPI recently underwent significant changes in the structure and delivery of their Health & Wellness department. It would be useful to develop a more comprehensive guide for trainers, spearheaded by the Health & Wellness department, to provide trainers with a deeper resource for managing complex training scenarios. Maria Golden's H&W department will focus on a guide relating to 'the 'trainee in difficulty' and Training will look to do similar with a 'Trainee' remediation guide. This may also be an area of training offered to trainers in the future as a workshop or online learning module. The "Approach to the Under-performing Trainee" in the Trainer agreement will be revised and renamed "The approach to the Trainee in Difficulty" and will 'sign-post' the first steps and resources for Trainers in RCPI.

PHASE TWO: TRAINER RESOURCES

7.   Trainer Toolkit/Checklists

Design and Application
These tools, created to facilitate structured trainer-trainee interactions, reflect a commitment to practical, user-friendly resources. Their availability on the Trainer Hub (in easy-print versions) and in the Trainer Agreement enhances their accessibility. The checklists were designed by Dr Maeve Doyle and trainers may find these resources useful during their trainer-trainee meetings. One-page summaries for mini-Cex, DOPs and CBD were created by Tracey Douglas.

8.   Recognition of an individual Trainers contribution to Training

This project also recommends the recognition of the 'Super Trainer' by award or special acknowledgement to a trainer who has significantly contributed to medical training e.g. participated on exam panels more than 40 times. This should be discussed further and progressed by the Training Committee.

PHASE THREE: QUALITY IMPROVEMENT

1.   Approved RCPI Trainer Masterlist

Compilation and Challenges
The Masterlist, primarily compiled through the PAT course application process, presented challenges in validation and accuracy. Specialty coordinators were asked to provide the most up to date list of Trainers that they had on file. Trainers on the Masterlist who were not accounted for from the information provided by specialty coordinators were contacted to verify their trainer status. Efforts to update and verify the list led to the removal of over 70 former trainers, predominantly due to retirement.

Learnings and Future Directions
Allowing too many people access to this file without specific training resulted in a significantly inaccurate document. The experience highlighted the need for a more streamlined, transparent process and better training for those managing the list. Transitioning from traditional spreadsheets to a more robust system is advised for enhanced management and accuracy. The ownership and responsibility of the Masterlist has been given to TFO to maintain. The accuracy and usability is expected to be improved by CONNECT going forward.

PHASE THREE: QUALITY IMPROVEMENT

2.   RCPI Annual Trainer Conference

Description
The RCPI Annual Trainer Conference is amongst other things, a tool to strengthen the relationship between the college and its valued Trainers through, an event dedicated to trainers. The inaugural event in December 2022 set a precedent, with the subsequent conference building on this success.

The Trainer Engagement Project looked to:
- deliver trainer-focused education sessions with the theme of postgraduate medical training underpinning each.
- present the Trainer Project and its objectives and outline future steps.
- provide an opportunity for RCPI trainers to network and share experiences.
- foster the relationship between the RCPI and its community of Trainers

Experience
The inaugural RCPI Trainers Conference was held at No 6 Kildare Street on 9 December 2022 and deemed successful enough to warrant the conference becoming an annual event. Planning for the event began in July. The event committee included Dr Maeve Doyle, Aisling Smith, Seán O'Donnell, Jessica Dowling, members of Events Team, and the Project Working Group. The conference featured a robust program of informative talks, workshops, and networking opportunities, all of which were underpinned by the theme of postgraduate medical training. The sessions provided attendees with an in-depth exploration of the latest research and best practices, as well as a platform to exchange ideas and collaborate with their peers.
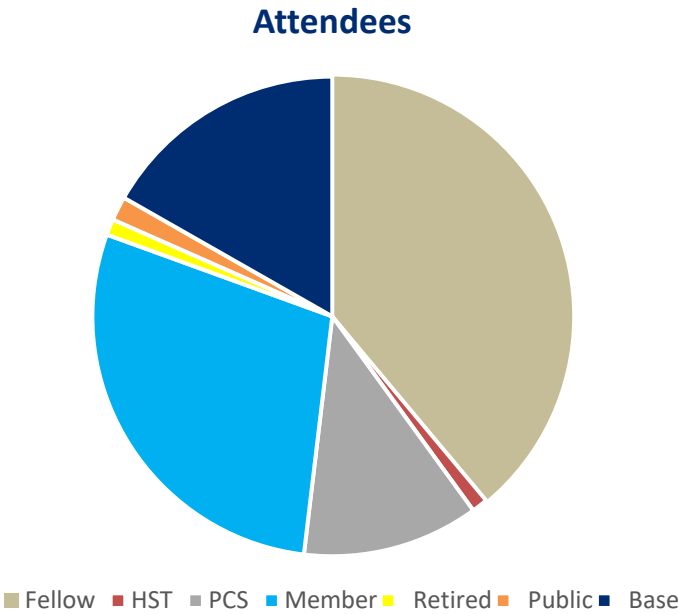
The Second Trainer Conference, which took place on 3 November at No 6 Kildare Street, built on the success of the inaugural event. We achieved a record attendance for a Friday RCPI event and feedback was overwhelmingly positive.

9 December 2022 Conference	3 November 2023 Conference
45 In-person	80 In-Person
102 Virtual	185 Virtual
147 Total	265 Total

PHASE THREE: QUALITY IMPROVEMENT

Second Trainer Conference – 3 November Engagement Breakdown

Attendees

Fellow ■ HST ■ PCS ■ Member ■ Retired ■ Public ■ Base

Attendee Feedback

- *100% would recommend the event.*

- *100% said they could relate to the content.*

Attendees recurring one-word descriptions			
Innovative	Engaging	Perfect	Brilliant
Comprehensive	Positive	Great	Thought-provoking
Informative	Useful	Motivating	Excellent

Event Information

The event featured a diverse set of speakers from Belfast, Dublin, Waterford, Kerry, and Galway to ensure a comprehensive, representative, and well-rounded perspective. Our chairs on the day, Dr Diarmuid O'Shea, Dr Maeve Doyle and Prof Michael O'Neill, created a positive and inclusive energy. The engagement, discussions, and networking opportunities that took place during the event reflect the genuine enthusiasm and commitment of our postgraduate medical trainers. The event has now been given a permanent place on the RCPI calendar for early November going forward.

PHASE THREE: QUALITY IMPROVEMENT

Lessons learned
The second conference organisation was greatly enhanced by excellent support from both the Events team and Comms Team. The date of the second event was confirmed early by the Events Team which meant we were able to send 'save the date' notices several months earlier which contributed to the high attendance confirmations. There was an IT issue relating to a survey presentation tool, MentiMeter, at the second conference. The Events team did not inform the video audio team about the use of this tool so they were not able to test it. The issue was explored and a number of contributing factors were identified that may prevent this occurring again; The Events team should liaise with the video audio team about the use of this tool, prior to the event, to ensure that the tools has been tested. The presenter should meet with the audio team at least 30 mins before the session, to test the system fully. With these measures in place, any issues should be identified and resolved before the presentation goes live.

Recommendations
- ✓ The *'RCPI Annual Trainer Conference Operational Outline'* is in the appendices on page 41. Save the date notifications should be sent out in May and the event should be in place on the RCPI events calendar on the RCPI website from January.

- ✓ The Events team should coordinate the event and the programme content should be informed by a Scientific Advisory Group with elected Chair. The Scientific Advisory Group should be responsible for Theme Selection, Speaker Identification, and Agenda Setting. Proposed Scientific Advisory Group structure:

  - Chair
  - Representative from Events Team
  - Representative from Education Delivery
  - Representatives from the RCPI Training Committee

- ✓ Creating a 'table of entitlements' with respect to travel, accommodation and registration fee supports for invited speakers and chairs, would help to increase the transparency of the event.

- ✓ Ear to the ground, try to get a feel of topics and themes that trainers may want to see featured at the conference. PAT events, STC meetings etc may be a good source of information.

PHASE THREE: QUALITY IMPROVEMENT

3. Enhancing the Trainer Hub

Ongoing Development and Focus
The Hub's accessibility has been well-received and continues to focus to ensuring content accuracy and relevance. Regular content audits and updates are vital for maintaining its utility.

Strategic Enhancement
Implementing Mailchimp for improved analytics and communication will provide valuable insights into user engagement and content effectiveness.

3. PROJECT BENEFITS

Project Benefits Overview
The Trainer Engagement Programme, in its comprehensive three-year journey, aligning closely with the objectives and success criteria outlined in the project charter has been a success. This program has made significant strides in enhancing the quality of training, support structures for trainers, and in the overall enrichment of the training environment within RCPI.

Improvement in Training Quality
Central to the program was providing Trainers with education and support to enhance the quality of training for RCPI trainees, which should contribute to improved patient care. Through initiatives like the Trainer Refresher Course, trainers were equipped with up-to-date methodologies and skills, ensuring that the training delivered was of the highest standard. This elevation in training quality has a ripple effect, enhancing patient care outcomes.

Support and Resource Accessibility for Trainers
A key achievement of the programme was the significant improvement in the support and resources available to trainers. The development and launch of the Trainer Hub revolutionised how trainers access resources, making them more readily available and user-friendly. This digital transformation not only saved time but also increased the awareness and utilisation of existing resources. It is also a useful tool for RCPIs communication with their Trainers.

Enhanced Communication with RCPI Trainers
There has been a substantial improvement in communication with and to RCPI trainers, primarily achieved through the implementation of The Trainer Hub. This digital platform has been instrumental in streamlining and enhancing the flow of information, crucial for the time-constrained trainers. The Hub serves as a central repository for vital trainer information and timely reminders, ensuring that trainers are kept up-to-date with essential details relevant to their roles and responsibilities. The Trainer Hub's communication strategy was the development of a unique, succinct email template, designed to be instantly recognisable to trainers. The bespoke design aimed to capture trainers' attention amidst their busy schedules, reducing the likelihood of important communications being overlooked or ignored.

Development and Implementation of the Refresher Course
The creation of the Trainer Refresher Course addressed a critical need for ongoing professional development and fulfils a recognised Irsh Medical Council (IMC) requirement. This course ensured that trainers were not only aware of their roles and obligations but were also kept abreast of the latest developments in medical training. The course's relevance and practicality, as evidenced by positive feedback and high completion rates, underscored its success.

Platform for Information and Communication
The programme successfully established a dynamic platform for information sharing, which included a comprehensive range of resources, supports, policies, and procedures. The Trainer Hub served as a centralised point for all communication, significantly enhancing the ease of information dissemination and accessibility.

3. PROJECT BENEFITS

Feedback and Evaluation Process

One of the program's cornerstones was the establishment of a robust feedback and evaluation mechanism. This process enabled RCPI to swiftly and effectively respond to trainers' needs, ensuring continuous improvement in training quality. The feedback from various stages of the program, particularly the National Trainer Survey and the pilot phase of the Refresher Course, Refresher Course Completion Survey, Trainer Protected Time Survey, Trainer Conferences, PAT events, was instrumental in shaping the program's direction and focus.

Improved Accuracy Database Development for Trainer Succession Planning

The program successfully developed a more accurate and up-to-date database of trainers across HST and BST. This achievement is crucial for effective succession planning, ensuring a seamless operational transition, tracking Refresher Course completion and eligibility, continuity in training quality, ensuring/supporting trainer CPD activities and will be further enhanced by CONNECT.

Demonstration of International Standard Services

Finally, the program has positioned RCPI's services at the highest international standards. The comprehensive approach to trainer engagement, the adoption of best practices, and the focus on continuous improvement have collectively ensured that RCPI's support of Trainers is in line with international standards.

In conclusion, the Trainer Engagement Programme has not only met but exceeded its outlined objectives, delivering multifaceted benefits that have fundamentally transformed the trainer experience within RCPI, hopefully setting a benchmark in medical training excellence for others to follow.

4. LESSONS LEARNED

The Trainer Engagement Programme, while achieving its objectives, provided numerous learning opportunities. These lessons, spanning from technical challenges to stakeholder engagement, have offered insights for future projects.

Rigorous Testing of Digital Solutions

Challenge
The project faced significant technical challenges, particularly with the Trainer Refresher Course's progress tracking system. This issue, initially perceived as user error, was later identified as a system incompatibility issue.

Lesson
This underscored the critical importance of exhaustive testing of digital solutions in diverse IT environments. Future projects should allocate substantial resources and time for rigorous testing phases, ensuring that digital platforms are robust and compatible across various user-end systems. It is expected that the CONNECT programme may address some of these issues.

Feedback Integration for Tailored Solutions

Challenge
Integrating diverse feedback, especially from the National Trainer Survey and pilot phases, posed challenges in balancing varied needs and perspectives.

Lesson:
The project's success in integrating this feedback into the development of the Trainer Hub and the Refresher Course highlighted the value of active listening and responsiveness to stakeholder needs. Future initiatives should continue to prioritise stakeholder feedback as a key driver for project development and refinement.

4. LESSONS LEARNED

Advanced Data Management Practices

Challenge
Managing the Approved RCPI Trainer Masterlist presented significant challenges in maintaining data accuracy and validity, due to outdated data management practices and systems.

Lesson:
This experience highlighted the necessity for advanced data management solutions. Adopting more sophisticated systems, such as cloud-based databases with real-time updating capabilities, can enhance accuracy and efficiency in data management. It is expected that the CONNECT project will be of benefit here.

Effective Change Management and Adaptability

Challenge
Adapting to scope changes, particularly in expanding the Trainer Refresher Course content, required nimble project management and resource (time) reallocation.

Lesson
The programme demonstrated that effective change management is crucial for project success. Future projects should incorporate flexible strategies and contingency plans to accommodate scope changes without compromising project timelines or quality.

Stakeholder Engagement and Communication

Challenge
Ensuring effective communication and engagement with a diverse group of stakeholders, including trainers, IT teams, and management, was a complex aspect of the project.

Lesson
The programme's success in this area was attributed to its multi-channel communication strategy and regular stakeholder engagement sessions. Future initiatives should maintain robust communication frameworks to ensure all stakeholders are consistently informed and engaged.

4. LESSONS LEARNED

Managing Expectations and Transparency

Challenge

Balancing expectations, especially in terms of project deliverables and timelines, was at times a challenge and required careful management.

Lesson

Transparent communication about project progress, challenges, and changes in scope or timelines is essential in managing stakeholder expectations. Regular updates and open dialogue can help in aligning expectations with project realities.

Project Team Performance and Collaboration

Challenge

Coordinating across various teams and maintaining high performance was critical, especially in the face of project scope expansions and technical difficulties.

Lesson

The programme benefitted from a collaborative team culture and strong leadership from Dr Maeve Doyle. There were regular coordination and strategy meetings between the Programme Manager, Ken Carmody, and the Clinical Lead, Dr. Maeve Doyle. The weekly meetings were critical in maintaining the project's momentum by facilitating a dynamic and responsive approach to project management, allowing for real-time problem-solving, quick decision-making, and agile responses to emerging challenges and opportunities. Future projects should continue to foster a collaborative environment, encourage cross-functional teamwork, and provide strong leadership to navigate challenges effectively.

5. ADMINISTRATIVE CLOSURE

Transfer to Operations

The Trainer Hub (see Trainer Hub and Trainer Conference SOP, Appendix B, page 36) and other resources were successfully transitioned into regular operations, ensuring ongoing support for trainers.

Stakeholder Approval

All deliverables received approval from stakeholders, confirming that the project met the outlined requirements.
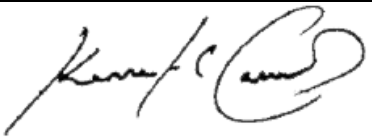
Regulatory Compliance

The project adhered to all regulatory standards, particularly in the development and implementation of the Trainer Refresher Course.

6. CONTRACT CLOSURE

Clinical Lead appointed for the duration of the Trainer Engagement Project.

7. PROJECT CLOSE OUT

The undersigned acknowledge they have reviewed the **Project Close-Out Form** and agree with the approach it presents. Changes to this **Project Close-Out Form** will be coordinated with and approved by the undersigned or their designated representatives.

Name	Role	Signature
Kenneth Carmody	**Project Manager**	
Dr Maeve Doyle	**Clinical Lead**	
Jessica Dowling	**Accreditation Manager**	

RCPI Trainer Engagement Programme Trainer Survey 2021

1316 Trainers were surveyed. Responses were received from 34%, with representation from 6 Training Bodies, 34 Specialties and 81 Training Sites.

In your career practice, how would you rate your role as Trainer? (Priority Level)	
High	**60%**
Medium	**38%**
Low	**2%**

How long have you been a registered RCPI Trainer?	
<1 year	**7%**
1-5 years	**24%**
5-10 years	**31%**
>10 years	**38%**

Are you a Trainer for:	
Both BST and HST Trainees	**44%**
BST Trainees only	**6%**
HST Trainees only	**17%**
BST and HST Trainees, International Trainees	**25%**
International Trainees only	**<1%**

Consultants were asked what motivated them to become an RCPI Trainer

- Expectation/ "I always have been"
- Interest and enjoyment
- Leading by example
- Desire to improve training
- Desire to improve workplace
- Share own skills
- Personal development

99% of respondents reported "I take pride in my Trainees' career progression".
90% of respondents know where their former Trainees are working at present.

RCPI 'Physicians as Trainers (PAT): Essential Skills' course

73% of respondents had previously completed RCPIs 'Physicians as Trainers (PAT): Essential Skills'.

Trainers were asked when they completed the course and responded:
- <1 year ago (5%)
- 1-5 years ago (32%)
- 5-10 years ago (29%)
- >10 years ago (10%)
- unsure (24%)

50% of Trainers felt the course was beneficial.
16% reported that it was no beneficial.
34% felt it was neither beneficial nor unbeneficial.

The 'Trainer Role & Responsibilities' document:

64% reported having a clear understanding of the 'Trainer Role & Responsibilities' document, however 8% were not aware of this document.

Trainers were asked when they last reviewed the document and reported:
- <1 year ago (33%)
- >5 years ago (49%)
- Never (18%)

Future Trainer training activities:

	Agree	Neither agree or disagree	Disagree
I would support a move to online learning for Trainer Courses	74%	13%	13%
A 'Trainer Refresher Course' would be beneficial to me in my role as Trainer	79%	15%	6%
I would welcome more locally delivered courses	74%	13%	13%

Trainers were asked what areas they would like training in:

Continuing professional development for trainers:	
• Supporting the trainee in difficulty	94%
• Mentoring	87%
• Delivering effective teaching	86%
• Giving effective feedback as a trainer	84%
• Managing interpersonal relationships and boundaries	80%
• Preparing trainees for examinations	78%
• Coaching	76%
• Balancing the needs of service delivery with education	73%
• Unconscious bias	69%
• Developing a professional development plan	68%
• Curriculum development	67%
• Writing effective trainer reports	60%
• Integrating trainees returning from absences	59%

Other suggestions for Trainer Courses:
- Health and wellbeing of Trainee
- Improving research skills
- Career advice and guidance
- Dealing with underperforming Trainees
- Using ePortfolio
- Preparing Trainees for consultancy roles

Additional Trainer Activities e.g. delivery of exams, participation in interview boards
- 95% of respondents think it is reasonable to expect trainers to engage in some of the additional trainer activities e.g. exams, interview boards, end of year assessments.
- 88% Support the monitoring and feedback of their engagement in activities e.g. exams, interview boards, end of year assessments.
- 67% would be interested in training and education roles within their training body e.g. NSD, RPD, STC membership, training lead.

Trainer Support and Time for Delivering Training:

Time spent with Trainees	
I can regularly make time in my week to meet my trainee(s)	51%
I can make time to meet my trainee(s) when they request it	92%
I have enough time in my week to provide feedback to my trainee(s)	43%
I struggle to find time to meet my trainee(s)	30%
I do not regularly meet my trainee(s)	7%
I do not have enough time to provide training to the standard I would like	43%

- 48% Feel supported by their training site in the role of consultant trainer in the delivery of training and education.
- 76% Feel their department would benefit from a **lead Trainer role**.

Comments from Trainers re 'time to deliver training':
- "There is a need for protected time".
- Heavy clinical commitment in addition to training".
- "Lack of recognition or support for trainers on site from management/HR".
- "Service commitment is too high".

RCPI Support for Trainers:
- 94% reported 'overall, I enjoy my role as a Trainer.
- I feel well-supported by RCPI in my role as a trainer – 45%.
- I feel supported by RCPI when raising Trainee performance issues – 43%.
- I would welcome feedback on my performance as a trainer – 92%.

Are you aware of the following RCPI supports available to you?	Yes	No
Documentation & policies	55%	45%
Regional offices	41%	59%
RCPI administrative support	80%	20%
Scheme governance	38%	62%
Health and wellbeing department	49%	51%
Are you aware of the Health & Wellbeing resources & supports available in RCPI?	Yes	No
One-to-One Consultation	27%	73%
Mentoring Scheme	36%	64%
Courses & Events	60%	40%
Wellbeing Website	47%	53%
Site Visits	50%	50%
Disability Officer	20%	80%
Parents Support Group	10%	90%
Trainee Committee	35%	65%
Mandatory Courses for Trainees	80%	20%
Psychological Capital Courses	29%	71%

Trainer Communications
74% feel a Trainer newsletter would be beneficial and 82% feel this should be distributed 3-6 times per year.

Are you satisfied with the RCPI communication with you on the following:	Yes	No
Training: Upcoming courses for Trainees that require them to be absent from clinical commitments	40%	60%
Training: Paperwork and assessments to be completed by Trainers	56%	44%
Events: Upcoming courses and events related to training	52%	58%
Specialty: Health service issues	33%	67%

The responses from this survey were used to inform the development of the Trainer Hub, the Trainer Refresher course, Trainer Framework, the Trainer agreement and the Trainer Conference.

Trainer Hub Standard Operating Procedure (SOP)

Title: Management and Operational Guidelines for the Trainer Hub Platform. (The Trainer Hub is a centralised online platform where trainers can access all essential trainer resources, supports, policies & procedures, and courses.)
Version: 1.0
Effective Date: 15 December 2023
Review Date: 16 December 2024
Approved By: RCPI Training Committee on 25 January

1. Purpose
Objective: To facilitate a seamless operational transition of the Trainer Hub beyond the culmination of the Trainer Engagement Project (December 2023). This SOP aims to establish a standardised, efficient framework for managing and updating the Trainer Hub, ensuring alignment with organisational strategic objectives and continuous improvement in trainer engagement and resource dissemination.

Scope: Initially, this SOP applies to Ken Carmody, Project Manager of the Trainer Engagement Project, under the oversight of the Accreditation and Quality Improvement (QI) Team. Post six months from 15th December 2023, stewardship of the Trainer Hub will transition to the designated Training & Faculties Coordinator, with strategic oversight by the Training & Faculties department and support from Education Development.

2. Main Contents of the Platform
TRAINER INFORMATION and Reminders
RESOURCES: Admin, Policies, Handbooks, Toolkit
COURSES: Refresher, Additional, Upcoming
TRAINER NEWS & MEDICAL EDUCATION LINKS
ANNOUNCEMENTS
CALENDAR: Upcoming Events

3. Procedure
 In General:
Content Management: Regular updates in each section, ensuring accuracy and relevance of information, following a predefined content calendar.
Stakeholder Engagement: Proactive communication with trainers and related personnel to ensure effective use of the platform.
Compliance and Quality Assurance: Adherence to GDPR and other relevant standards, routine quality checks for content and functionality.

3. Procedure
In Detail:

TRAINER INFORMATION and Reminders 1. Within *TRAINER INFORMATION and Reminders,* all relevant information relating to Governance should be kept up to date e.g. names of Deans & Directors, NSDs, RPDs, Admin support, SMT etc. 2. The 'Activities recently approved for CPD Credit' list must be updated/uploaded at the start of each year. CPD department will provide this list. 3. The 'Trainer Activities with CPD Credits' list must be verified by CPD at the beginning of each year also.
RESOURCES: Admin, Policies, Handbooks, Toolkit 1. RCPI Admin names and contact details must be kept up to date 2. The latest Training Handbooks and Training Policies, Toolkit should be available to trainers here.
COURSES: Refresher, Additional, Upcoming 1. Whilst the Trainer Refresher Course is still in use, relevant trainers must be encouraged to complete the course. Email reminders must be sent via the Hub periodically. Templates are available. 2. The next cohort of trainers for reaccreditation must be added to the course at the beginning of September each year and informed (email templates available). As of Dec 2023, the latest cohort to be added was that of 2019-2020 PAT graduates. 3. Respond to Trainers queries about the Refresher Course in a polite and timely manner.
TRAINER NEWS & MEDICAL EDUCATION LINKS 1. Most of the content here is linked directly to the RCPI website. Check links periodically. 2. Advertise the RCPI Annual Trainer Conference here 3 months prior.
ANNOUNCEMENTS 1. On the home page click the drop-down menu under Announcements, select new announcement and highlight key trainer relevant RCPI events. See previous examples.
CALENDAR: Upcoming Events 1. Populate this calendar with trainer relevant events and meetings.
QUARTERLY TRAINER REMINDERS 1. Each quarter send out BST and HST Trainer reminders via the Trainer Hub (templates available). These reminders list upcoming trainer associated activities.

4. Documentation and Records
All files relating to the Trainer Hub should be stored **HERE**

5. Safety and Compliance
Standard GDPR compliance.

Signature:

Ken Carmody MBS | Project Manager
Accreditation & Quality Improvement Projects
Date: 15/12/2023

RCPI Annual Trainer Conference Operational Outline
Title: Strategic and Operational Framework for the RCPI Annual Trainer Conference.
Version: 1.0
Effective Date: 15 December 2023
Review Date: 16 December 2024
Approved By: RCPI Training Committee on 25 January

1. Purpose

Objective: The RCPI Annual Trainer Conference was successfully held Dec 2022 and Nov 2023 and as such has been given a permanent place on the RCPI Events Calendar. The objective of this document is to ensure that the success of these events is built upon, and the conference continues to sustain high standards in terms of its execution, calibre of speakers, quality of sessions, and relevance of themes.

Scope: The RCPI Annual Trainer Conference will be under the remit of the Events Team organisationally and logistically. The team will coordinate the event, informed by strategic inputs from a dedicated Scientific Advisory Group with elected Chair.

2. Scientific Advisory Group

Primary Responsibilities:
Theme Selection: The Scientific Advisory Group will be pivotal in deciding the overarching themes and specific topics of the conference. This involves understanding the current trends, challenges, and advancements in the field of medical training.

Speaker Identification: The group will identify and invite speakers. This ensures the conference features a diverse range of knowledgeable and experienced voices. A good geographical spread of representatives would be ideal.

Agenda Setting: Crafting a balanced and comprehensive agenda that aligns with the interests and educational needs of postgraduate medical trainers.

Proposed Scientific Advisory Group structure:
- Chair
- Representative from Events Team
- Representative from Education Delivery
- Representative(s) from the RCPI Training Committee

3. Events Team Role

Logistical Management:

Venue Coordination: Securing and preparing the conference venue, including arrangement of spaces for different sessions, workshops, and networking events.

Technical Arrangements: Ensuring all necessary technical support, such as audio-visual equipment, is in place for effective presentations and discussions.
Speaker Management: Handling accommodation, travel expenses, gathering of presentation material etc.

Attendee Management: Handling registrations, and on-site attendee support.

Entitlement: Create a table of entitlement for the those supporting the event i.e. information regarding speakers and chairs accommodation provision, travel, registration fees etc.

Safety and Compliance: Ensuring GDPR compliance and all health and safety regulations are met.

4. Collaboration Between Steering Group and Events Team

Regular Meetings: Scheduled meetings to ensure alignment of objectives and smooth planning.

Information Exchange: Clear and continuous communication for updates on speaker confirmations, agenda changes, and logistical arrangements.

Feedback Loop: Incorporating feedback from both teams to refine and improve the conference plan.

Signature:

Ken Carmody MBS | Project Manager
Accreditation & Quality Improvement Projects
Date: 15/12/2023

Refresher Course Data – Overall Completion 65%

		COMPLETION RATE %
1	OCC HEALTH	80
2	CLINICAL MICROBIOLOGY	76
3	DERMATOLOGY	72
4	PUBLIC HEALTH	68
5	PALLIATIVE	67
6	GERIATRIC MEDICINE	65
7	ENDOCRINOLOGY	61
8	PAEDIATRICS	61
9	NEPHROLOGY	59
10	NEUROLOGY	58
11	RHEUMATOLOGY	57
12	HISTOPATHOLOGY	57
13	INFECTIOUS DISEASES	55
14	OBS & GYNAE	52
15	GIM	50
16	RESPIRATORY	43
17	GASTROENTEROLOGY	43
18	CARDIOLOGY	43
19	HAEMATOLOGY	42

N.B. Only Specialties with 20 or more eligible trainers are included in the data above. Data from Jan 2024

Protected Teaching Time Survey Report

Introduction
The survey, focused on RCPI medical trainers, delved into the specifics of protected teaching time at Postgraduate Medical Training Sites. The intent was to understand the current status and sufficiency of time allocated for educational duties.
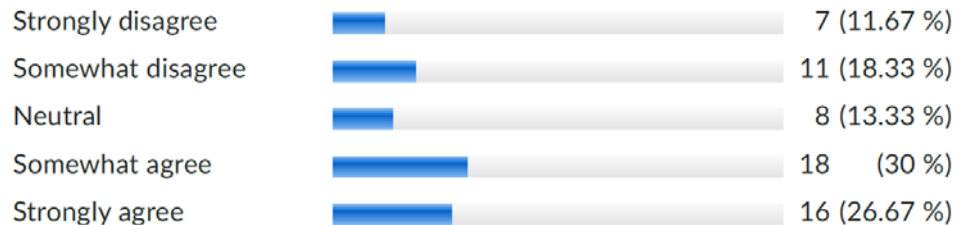
Methodology
Responses were collected from 60 trainers on various aspects of protected teaching time, with trainers expressing their experiences through both quantitative metrics and open-ended feedback. The response rate was 5.5%.

1. **Facilities and Services Support**

The findings indicate a split perspective on the supportiveness of facilities for training delivery, with 30% somewhat agreeing and 26.67% strongly agreeing. In contrast, 30% were in disagreement, and 13.33% remained neutral.

The facilities and services at your Postgraduate Medical Training Site support the effective delivery of training?

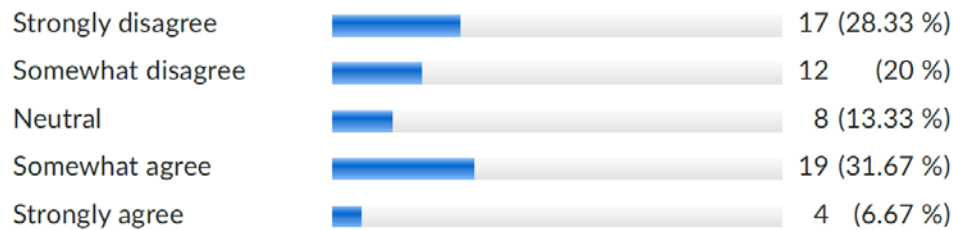|	
Strongly disagree	7 (11.67 %)
Somewhat disagree	11 (18.33 %)
Neutral	8 (13.33 %)
Somewhat agree	18 (30 %)
Strongly agree	16 (26.67 %)

2. **Protected Teaching Time Availability**

Responses varied from zero to eight hours, with some indicating that teaching time is interwoven with clinical supervision, others citing "no work plan" or "no protected time," and a few allotting up to four hours per week specifically for teaching.

3. Preparation Time for Teaching Sessions

A considerable 48.33% disagreed (28.33% strongly) with the statement that they have sufficient time to prepare for teaching, while 31.67% somewhat agreed, and only a minimal 6.67% strongly agreed.

You have sufficient time to prepare for teaching sessions?

Strongly disagree	17 (28.33 %)
Somewhat disagree	12 (20 %)
Neutral	8 (13.33 %)
Somewhat agree	19 (31.67 %)
Strongly agree	4 (6.67 %)

4. Sacrifice of Protected Time

Many trainers reported sacrificing teaching time for clinical duties, citing emergencies, service demands, and the prioritization of patient care as common reasons.

5. Quality of Teaching Sessions

The quality of teaching sessions garnered mixed satisfaction levels, with 46.67% somewhat satisfied and 16.67% very satisfied, against 20% expressing some level of dissatisfaction.

Are you satisfied with the quality of your teaching sessions at your current site?

Very dissatisfied	1	(1.67 %)
Somewhat dissatisfied	11	(18.33 %)
Neutral	10	(16.67 %)
Somewhat satisfied	28	(46.67 %)
Very satisfied	10	(16.67 %)

6. Resources and Support

The call for more resources was clear, with needs ranging from IT and administrative support to protected time for preparation and proper facilities.

7. HR/MMP Discussions

Few trainers have discussed protected teaching time with HR/MMP, and those who did often found it to be an unfruitful conversation or felt that HR was too overwhelmed with other issues to address this need effectively.

8. Improvement Suggestions

Recommendations for improvement included formalizing protected teaching time in job plans, ensuring adequate resources, and recognizing teaching as a core part of medical roles.

9. Negative Consequences

The lack of protected teaching time has had negative impacts, such as added stress, compromised.
work-life balance, and potential deterioration in the quality of training.

10. Required Protected Time

The consensus suggests a need for 1-4 hours of protected time weekly, with some advocating for a half-day to a full day per month, tailored to the number of trainees and the nature of training duties.

Conclusion
The survey highlights a disparity in the allocation and utilisation of protected teaching time, with many trainers experiencing challenges in fulfilling their educational responsibilities.

Extract from job description for Training Programme Director, Health Education East of England, 2015.

Person Specification for Speciality TPDs	
Essential criteria	**Desirable Criteria**
Membership of the relevant Royal College	Fellowship of the relevant Royal College. Current or recent past member of the relevant STC
Have genuine enthusiasm for education and relevant, up-to-date training in teaching methods.	Relevant PG certificate
Have detailed, up-to-date knowledge of the speciality's curriculum, portfolio, selection criteria, examinations and other assessment methods.	
Equality and diversity training in the last 3 years	
Training in appraisal and giving feedback	Training within the last 3 years
Training in Selection methods	Training within the last 3 years
Awareness of the issues around dealing with trainees who are failing to progress or otherwise require additional support	Training within the last 3 years
Ability to attend relevant national and local College and HEEoE meetings	
Excellent organisational skills	
Excellent communication, counselling and liaison skills – a readiness to listen and empathise	Strong sense of professionalism
Problem solving abilities and a flexible, practical approach.	

UK model for implementing protected time for research – Alder Hey hospital.

Source: https://www.rcplondon.ac.uk/news/how-alder-hey-hospital-enabled-research-time-healthcare-professionals

Research time for healthcare professionals

Creating capacity for NHS healthcare professionals to design and deliver research has been a core theme in the Alder Hey research strategy. For example:

1. Team job plans for research intensive departments

Strategic use of NIHR Research Capability Funding (RCF) allowed creation of a new, part-time NHS consultant post, with seven Programmed Activities (PAs), in the Dept of Paediatric Rheumatology. This enabled seven research PAs to be distributed among the four NHS consultants in the team. The generation of research income through outputs from the research PAs has allowed the new post to be sustainable and RCF to be recycled.