

Standards and criteria for quality assurance of Wellbeing in postgraduate medical education and training in Ireland

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This document was produced by a working group of the Forum of Irish Postgraduate Medical Training Bodies on behalf of the Health and Wellbeing Committee. These standards will be reviewed and brought before the Forum for re-approval every three years following the date of adoption. This document will track evidence of review and version changes. All versions of the standards will be stored by the Forum office. This project will feed into and inform the Forum strategy projects involved in generic site standards and common MoA for implementation.

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Context

According to the Centre for Disease control and prevention, wellbeing is defined as “a positive outcome that is meaningful for people and many sectors of society because it tells us that people perceive that their lives are going well”. (www.cdc.com). Seligman (2011) describes five elements that comprise wellbeing, including positive emotion, engagement, relationships, meaning and accomplishment.

The mission of the Forum is to enhance the effectiveness of the Postgraduate Medical Education and Training system in Ireland to ensure that the healthcare system is responsive to the changing healthcare needs of the population, to trainees and to the service delivery arrangements of the Irish health and social care system now and in the future. By developing and integrating these wellbeing standards into our programmes, we demonstrate that the health and wellbeing of our doctors is a core priority for us and our patients.

The COVID-19 pandemic has dramatically highlighted important fault lines within the Irish health service and the medical workforce now faces profound challenges within a difficult healthcare environment. This calls for action to support recruitment and retention of a skilled medical workforce. Hence, there is a pressing need to ensure that the postgraduate medical training programmes are responsive to the changing healthcare needs of the Irish population. In addition, we must support the career aspirations of medical trainees and those working within the health sector to deliver high quality medical care within the Irish health and social care system now and into the future.

The Forum maintained a Trainee-centred approach while drafting the training strategy “A Strategic Framework for Postgraduate Medical Training in Ireland 2021-2030”. This requires greater collaboration between healthcare providers and the PGTBs, not just in prioritising training, but also to create structures that evidence real commitment to meet the challenges of more flexible and family friendly contracts, as well as flexible training and career paths, eliminating gender, age, or ethnic bias in training, and making adequate provision for the health and wellbeing of trainees throughout.

Much research pre-COVID-19 indicates that more effort is required to safeguard and improve Trainee wellbeing. Researchers in Queensland Australia found that over a quarter of junior doctors experienced suicidal ideation in the last year (Kay et. al., 2016) While our national study of wellbeing of hospital doctors in Ireland published in 2017 identified that four out of five doctors reported significant work stress with the effort put into their work exceeding the rewards gained and only half of the 1,749 respondents reported normal psychological wellbeing. (Hayes et. Al., 2017). A Post-pandemic report following an IMO survey

indicated that wellbeing is trending downwards. 79% of doctors reported that their mental health was made worse by the COVID-19 pandemic. 90% of doctors reported having experienced some form of depression, anxiety, stress, emotional stress, or other mental health condition related to or made worse by work. These findings were in the report of the IMO Survey of Doctor Mental Health and Wellbeing which was open to IMO members from the 21st of December 2020 to the 18th of January 2021, at the beginning of the third wave of the COVID-19 pandemic in Ireland. (IMO, 2021).

Healthcare is the most difficult chaotic and complex industry to manage, according to Peter Drucker. However, as the way we train doctors and the way our health system is governed continues to evolve, it is imperative that we ignite systematic and cultural transformation, by starting with ourselves, leading ourselves well.

Mr Ken Mealy,

Chair, Forum of Irish Postgraduate Medical Training Bodies

Mr Jack O'Flanagan

Manager, Forum of Irish Postgraduate Medical Training Bodies

Introduction

In 2021 the Forum of Irish Postgraduate Medical Training Bodies approved a strategic renewal plan to accelerate.

- Improved Training experience and outcomes.
- Improved recruitment & retention of doctors in Ireland including coordinated initiatives to support trainee wellbeing.
- Measurable improvements in patient safety.
- Development of National learning analytics unit.
- Alignment to Healthcare policy
- Support for the National effort to recover and reinvigorate healthcare delivery post COVID.
- Better synergy between Workforce planning initiatives in particular

One key priority of the strategy was to address the wellbeing needs of the Trainees; the purpose of this project is to formally initiate that work within the framework of the strategy implementation. The primary objective of this project is to develop wellbeing standards, as part of this work there will be a review of the as-is situation in Ireland reviewing any existing policies or standards as well as reviewing international best practice.

The standards and criteria for quality assurance of Wellbeing in medical education and training in Ireland was developed by the Wellbeing committee in the Forum and is designed for inclusion in the new Memorandum of Agreement between the HSE, the Clinical learning sites, and the Postgraduate Training Bodies in Ireland.

Wellbeing (physical, social, mental) requires that basic needs are being met, that you have a sense of purpose and that you feel able to achieve important goals, to participate in society, and to live the life you value. Self-care is at the heart of professionalism (* Medical Council of Ireland pillars of practice). The standards and criteria as set out here represent the minimum threshold acceptable and encouragement is given to all involved in medical education and training to continuously seek to improve and exceed the threshold set out.

The standards will aim to increase awareness of the importance of the safeguarding of mental wellbeing along with physical health. The World Health Organisation defines health as “a state of complete physical, mental

and social wellbeing and not merely the absence of disease or infirmity.” (World Health Organisation, Constitution, 1948)

The approach taken to developing the standards and criteria were to conduct a literature review for important constructs that need to be included in the wellbeing standards and horizon scanning to other jurisdictions for evidence of wellbeing curriculum.

It is clear from this that six key constructs need to be included in the standards:

1. Supporting fundamental health needs (physiological and psychological) of trainees and trainers
2. Cultural diagnostics (fair, transparent, and safety focused)
3. Evidence of support for second victim effects regarding adverse events
4. Wellness curriculum
5. Reflective practice, incorporated into learning and debriefing.
6. Return to work protocols.

The standards and criteria embrace the following principles:

Reasonable Workload Management: Implementation of reasonable work hours and workload limits to prevent excessive stress and burnout among doctors. This includes appropriate scheduling / rostering practices, regular breaks, and adequate time off.

Emotional Support: Evidence of a supportive work environment that encourages open communication, empathy, and psychological well-being. Access to counselling services, peer support programs, and confidential channels for reporting and addressing stressors and mental health issues to the Practitioner Health Matters Programme.

Work-Life Balance: Evidence of promotion of a healthy work-life balance by encouraging doctors to prioritize their personal lives, engage in self-care activities, and maintain hobbies and interests outside of work. Foster a culture that values time off and provides flexible scheduling options.

Professional Development and Growth: Evidence of support for maintenance of professional competence and support for continuous learning and professional development opportunities for doctors. Evidence of training programs, workshops, and mentorship initiatives to enhance their skills, knowledge, and career progression. This fosters a sense of fulfilment and promotes overall well-being.

Adequate Resources and Support: Ensure doctors have access to necessary resources, including up-to-date medical equipment, technology, and staffing levels. Insufficient resources can lead to increased stress and impact the well-being of doctors and patient care.

Recognition and Appreciation: Acknowledge and appreciate the contributions of doctors regularly. Implement recognition programs, peer-to-peer appreciation initiatives, and public acknowledgment of their efforts. This helps foster a positive work environment and boosts morale.

Workforce Diversity and Inclusion: Encourage diversity and inclusivity within the medical profession. Promote a culture that values and respects differences in race, gender, ethnicity, and other characteristics. This creates a supportive and inclusive environment that enhances the well-being of all doctors.

Transparent Communication: Foster transparent and effective communication channels between doctors, administrators, and other healthcare professionals. Ensure doctors are involved in decision-making processes that directly affect their work and provide regular updates and feedback on organizational changes.

Physical Health Support: Promotion of initiatives that prioritize the physical health of doctors, including access to healthy food options, exercise facilities, and wellness programs. Provide resources and education on maintaining a healthy lifestyle and managing stress through physical activity.

Continuous Evaluation and Improvement: Regularly evaluate the effectiveness of well-being initiatives and seek feedback from doctors to identify areas of improvement. Make necessary adjustments based on feedback to ensure ongoing support and wellbeing.

By implementing these standards and criteria, healthcare organizations can prioritise the wellbeing of doctors, creating a healthier and more sustainable work environment that ultimately benefits both doctors and patients.

Martin McCormack

Chair, Strategy Implementation Executive

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Wellbeing Standards

Theme 1- Clinical learning environment that supports the fundamental health needs (physiological and psychological) of trainees and trainers including creating an environment which supports psychological safety.

The focus of this Theme is the *Clinical* Learning Environment but matters of care, safety and learning learner support and supervision and staff and resources apply to *all* learning environments where medical education and training takes place.

The learning environment and organisational culture value and support education and training so that learners are safely and effectively supervised and supported to achieve the learning outcomes required by their curriculum. This includes both physical and psychological health as well as an environment that supports psychological safety.

Number	Standard	Criteria
1.1.1	The clinical learning environment must respect the fundamental health needs (both physical and psychological) of trainees and trainers.	<p>Access to healthy food and drink options 24/7 (preferably subsidised).</p> <p>Access to appropriate rest facilities.</p> <p>Provision of on-site breastfeeding facilities for doctors who are parents in accordance with the “Work Life Balance and Miscellaneous Provisions Act 2023.”</p> <p>Compliance with arrangements and legislation relating to NCHD working hours, rota requirements, and mandatory rest periods.</p> <p>Provision of secure storage for personal belongings.</p> <p>Protected time to complete mandatory induction modules, including training in personal safety.</p>

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<p>1.1.2</p>	<p>Appointment of named NCHD Wellbeing officer(s) in each training site.</p>	<p>Hospital Switchboards to be provided with an SOP for contacting trainees on their personal devices. This SOP must specifically outline criteria for contacting trainees outside of regular working hours.</p> <p>Compliance, signposting, and enforcement of policies relating to professionalism and civility in the workplace.</p> <p>Ensuring financial transparency for NCHDs on site by providing information on pay slips, salary scales, and progression as well as entitlements as part of induction.</p> <p>A clear reporting structure is maintained and communicated to NCHDs to track compliance with HSE Task Sharing arrangements, with a defined pathway for reporting and escalating breaches.</p> <p>All NCHDs should be made aware of this/these named individual(s).</p> <p>This includes (but is not limited to):</p> <ol style="list-style-type: none"> 1. Compliance with legislation and arrangements that regulate working hours and rest periods. 2. Workplace professionalism and civility (e.g. incivility reports and follow-on actions taken) <p>They should have an appropriate governance framework and support network to oversee and guide their activities.</p> <p>They should have frequent engagement with relevant stakeholders (including NCHDs, trainers, Medical Manpower, and executive management teams) to report the above wellbeing metrics and to coordinate necessary response actions.</p>
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Theme 2 – An environment rich in cultural diagnostics that actively assesses and analyses itself to foster a culture of continuous improvement.

Cultural diagnostics involves examining the beliefs, values, behaviours, norms, and underlying assumptions that shape the collective identity and patterns of behaviour within a work environment.

Cultural diagnostics typically involve various research methods, such as surveys, interviews, observations, and data analysis. These methods help to gather information about different aspects of culture, including communication patterns, decision-making processes, leadership styles, teamwork, diversity and inclusion and the overall work environment.

Through cultural diagnostics we can enhance teaching methods, improve learning outcomes, and promote a supportive learning environment that is aligned with our goals and values.

Number	Standard	Criteria
2.1.1	The clinical learning environment must have built-in methods of cultural diagnostics that are clearly defined with the goal of continuous improvement.	Training bodies must monitor trainee wellbeing and the factors that impact wellbeing. The annual evaluation process should include some element of assessing physical psychological wellbeing.
2.1.2	Trainees are trained by Consultants/ Senior Doctors who recognize and support them while they are experiencing difficulties.	Ensuring that trainees recognise their responsibility to practice self-care and be self-aware of their individual stressors during mandatory wellbeing training. Assessing if trainees are aware of their personal capacity to meet the demands of their current and/or training programme position.

		<p>Evidence that trainees are Informed on the principles of stress management risk assessment (Demands, Control, Supports, Organisational Change, Role, and Responsibilities).</p> <p>Evidence that trainees have received training on identifying the signs and symptoms of increasing stress and burnout and recognise the importance of accessing supports promptly.</p> <p>Evidence that trainees know what supports, including GP services, are available to them and how to access them in a timely way</p> <p>Evidence that employers provide and promote a supportive environment for colleagues who are experiencing difficulties</p>
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Theme 3 – Systems and procedures to support trainees following adverse incidents to mitigate the personal and professional impacts.

Second victim effects refer to the psychological, emotional, and professional impact experienced by healthcare providers involved in adverse events or medical errors, often resulting in feelings of guilt, self-doubt, anxiety, and stress.

Effective supports cover a range of immediate to long term interventions and include but are not limited to debriefing, peer support programmes, counselling, training, cultural openness, and follow-ups.

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It is essential to recognise that support for second victims should be an ongoing and multifaceted approach, addressing both immediate and long-term needs and promoting a culture of compassion, learning and wellbeing within clinical settings. It also contributes to patient safety by addressing the emotional needs of healthcare workers, reducing the risk of burnout, and fostering a culture of open communication and learning from errors rich in psychological safety.

Number	Standard	Criteria
3.1.1	The clinical learning environment must be supportive to trainees following an adverse incident.	<p>Professional debriefing (guided reflection and support) should be available to every trainer/ trainee involved in an adverse incident.</p> <p>Information about second victim effects should be provided to all trainees and trainers.</p> <p>Trainees should be facilitated to step away and recompose privately following an incident.</p> <p>Trainers should be encouraged to speak to trainees about adverse incidents and to follow up with trainees following an incident.</p> <p>Debriefs must be facilitated in a private location i.e., not on wards.</p> <p>The second victim phenomenon be covered in the trainee wellbeing curriculum.</p>

Theme 4- Mission and governance to manage, assure and improve wellbeing are incorporated in Wellbeing curriculum.

Effective systems of educational governance and leadership, informed by a clearly stated mission and ethos in a wellbeing curriculum, are in place to manage, assure and improve the wellbeing of trainees and trainers. Such systems are adequately resourced, fairly, and transparently implemented, regularly reviewed and clearly communicated to stakeholders.

Number	Standard	Criteria
4.1.1	The governance and management framework to manage, assure and improve wellbeing must be defined, accessible and clearly monitored	<p>Provision of formal training supports and modules to promote physical and psychological wellbeing, for both trainers and trainees.</p> <p>Develop and implement a communication plan to promote awareness of existing options for family-friendly training and part-time training arrangements.</p> <p>Develop a clear set of guidelines and support structures to enable and support a trainee to return to training following extended leave.</p> <p>Incorporating wellbeing into logbooks and training measurement parameters as an integral part of training goals and training programmes for trainees and trainers with reflective practice as a component.</p> <p>Ensuring that wellbeing is a mandatory component of the training programmes for trainers to enable them to address issues relevant to trainee wellbeing issues.</p> <p>Having a designated point of contact for wellbeing issues as well as a defined referral process for trainees in distress within the training body.</p> <p>Developing and implementing a diversity and inclusion policy (including training accommodations for exceptional circumstances).</p>

Theme 5 – Embedding reflective practice into clinical practice as well as educational activity.

Reflective practice involves actively analysing and evaluating one's own experiences and actions to gain insights, learn from them, and improve future performance. It allows doctors to critically review their clinical encounters, decision-making processes and interactions with patients and colleagues.

Reflective practice plays a vital role in the ongoing professional development, self-awareness, critical thinking, and emotional wellbeing of healthcare professionals, ultimately leading to improved patient care and outcomes.

Number	Standard	Criteria
5.1.1	Reflective practice will be a component of both regular clinical work and educational activity.	<p>Reflective practice must be integrated into the specialist training curriculum.</p> <p>All consultant trainers should be trained in reflective practice.</p> <p>Reflective practice should be incorporated into capturing learning from mandatory training programmes across all specialities.</p> <p>The theories and practice of reflective practice should be incorporated into trainer training.</p>

Theme 6 – A supportive environment with built in mechanisms to ensure safe and effective reintegration into learning and clinical work after a period of absence.

Trainees may need to take extended leave from clinical work and training for reasons such as maternity leave, illness, injury, or other personal leave. An environment that supports the safe and successful reintegration of these trainees will prioritise trainee wellbeing as well as maintaining patient safety standards.

Number	Standard	Criteria
6.1.1	Training bodies and clinical sites will both have processes in place to facilitate successful reintegration following absence with a focus on trainee wellbeing and patient safety.	Clearly defined return to work policies and supports in place for doctors who have not engaged in clinical practice for a period of ≥ 12 months. This includes the option to opt-out of on-call where possible for the first month following a return to clinical practice.

Appendix

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References:

Kay M, O'Dwyer S, Cooke G, Fergusson L. My Health: A Doctors' Wellbeing Survey 2016. Brisbane: Medical Employment and Workforce Planning Unit, Metro South Hospital and Health Service, 2016.

<https://metrosouth.health.qld.gov.au/research/myhealth-report>.

IMO 2021, Report of the IMO Survey of Doctor Mental Health and Well-Being available at:

<https://www.imo.ie/policy-international-affair/documents/IMO-Doctor-Wellbeing-Survey-Report-Final.pdf>

Hayes, Blanaid (2016): A National Study of Wellbeing of Hospital Doctors in Ireland. Royal College of Surgeons in Ireland. Thesis. <https://doi.org/10.25419/rcsi.10817900.v1>